

Impacts of Disasters on Health System Performance, Security and Health Protection

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ABSTRACT

Purpose of the work

Disasters may have direct and indirect impacts on the population's health and healthcare system (Shoaf and Rottman, 2000). Deaths, injuries, psychological effects, and diverse diseases and illnesses can be measured in varying degrees of rigor and substance. Frederick et al. (2008) have remarked that the indirect impact factors (e.g., losses to primary healthcare and living conditions, damages to healthcare systems and external infrastructures, provision of water and/or electricity) including their consequences are very often not subject to planning or political attention and mostly remain undetected, unmeasured, and under-evaluated. The purpose of the study is to identify various direct and indirect impacts of different European disasters on health system performance, security and health protection. This study is part of the international multi-disciplinary project PsyCris (PSYcho-social Support in CRISis Management) that is funded by the European Union with the overall objective to improve psycho-social support in crisis management.

Methodology

Based on different impact models (Lindell and Prater, 2003; Lindell, 2011; Lindell et al., 2006; Shoaf and Rottman, 2000) the authors present an analysis of impacts of five European disasters. The collection of the data was organized by a questionnaire that serves as assessment tool of each disaster. The questionnaire consists of different questions concerning the disaster and its management. In this regard existing material (e.g., reports, articles, films, photos) served as foundation in answering the questions. Additionally, interviews with people, who were involved in the management of each disaster, complemented the questionnaire.

Results

The analysis of the case studies has shown that each disaster causes aftermaths in different fields. Many identified impacts are the result of a learning process because of inadequate outputs during and after the disaster. For example, because of the fact that during the avalanche in Galtür (Austria) the psycho-social support did not work, the Red Cross founded the KIT (crisis intervention team), which represents a long-term impact on the health system performance. In Lithuania we have identified health protections measures such as individual consultations in advance of a flood with the objective to inform newly settled residents to be better prepared in the case of the flood (e.g., long-term impact concerning preparedness planning).

Conclusions

Different short, middle and long-term impacts of disasters on the health system performance (e.g., changes and adaptations in medical, psychological or psychiatric treatment, psycho-social support) and on security and health protection (e.g., optimisations in contingency/preparedness planning, infrastructure, training, increase in security research funding activities, information and communication activities) have been identified. The analysed communities have engaged in different types of emergency management and risk reduction interventions to minimize further disaster's impacts. The results have shown that hazard mitigation and emergency preparedness practices can reduce direct and indirect impacts because of reflections and learning experiences.

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