

# Disaster Coordination Needs More than the “Health Cluster”

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Your *Prehospital and Disaster Medicine* editorial in Volume 25, Number 2 covers some important issues, but ultimately contradicts itself.<sup>1</sup> On the one hand, it expresses concerns about the time wasted before Urban Search and Rescue (USAR) teams arrived on scene in Haiti, but then advises disaster responders to work through the National Health Cluster. Unfortunately, the Health Clusters are not functional for days after a sudden impact disaster, and often are not very functional at any point in time.

The USAR teams benefit from a Virtual Operations Center on the Internet,<sup>2</sup> and a real Operations Center as a first priority on the ground. While the World Health Organization has contradictory publications on the use of Field Hospitals, ranging from getting there as fast as possible<sup>3</sup> to “Don't send them!”<sup>4</sup> it appears that they have a utility in disasters such as Haiti, with no good way to coordinate prior to arrival. The in-country providers who survive a disaster generally are too busy and inundated with victims to attend cluster meetings. Organized healthcare groups have been able to find their way to health facilities and have been able to provide care for many victims,<sup>5–10</sup> but often have not been able to find the Health Cluster.<sup>11</sup> The one report that mentions the Health Clusters is critical of the wasted time.<sup>7</sup>

Major health providers, such as Médecins Sans Frontières and the International Committee of the Red Cross, are some of the organizations best skilled in disaster response, and the type of organization you would suggest potential volunteers join, rarely attend the Health Cluster meetings. The leadership at Cluster meetings often have little idea what actually is going on around them, nor what resources are available.<sup>12</sup> Last year, following the Philippine floods, the Health Cluster was unaware that the Philippine Society of Nephrology had established a task for renal failure in Leptospirosis patients. By the time the Cluster was concerned about this topic, the incidence already had peaked.

It is important to support the national Ministry of Health and not undermine the local health system. The vast criticisms of disaster health response, ranging from problems with field hospitals,<sup>13</sup> personnel working outside their skill range,<sup>12,14,15</sup> to dumping of pharmaceuticals,<sup>16–18</sup> are unquestionably valid. The Cluster concept may have been a good one, however, other than helping prepare and then split funds from the flash appeals, does not provide much coordination. Reports about difficulties and inadequacies of coordination despite the activation of the Health Cluster system remains a lesson unlearned.<sup>12,16,19–21</sup> It is time for improvement; possibilities could include a virtual operations center for the health sector, followed by a real, on the ground operations centers, and then some amount of logistical support to facilitate coordination.

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