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LIAISON

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LIAISON is a publication of the Center for Excellence in Disaster Management and Humanitarian Assistance (CFE-DM) and serves to inform its diverse audience of current and emerging issues related to civil-military relations across the broad spectrum of disaster relief in order to enhance understanding among civilian and military practitioners and policy makers.

Content is prepared in accordance with the Associated Press Style Guide. Contributions are welcomed and highly encouraged. The editor reserves the right to make editorial changes to any material submitted as deemed necessary.

The authors in this issue of LIAISON are entirely responsible for opinions expressed in their articles. These opinions are not to be construed as official views of, or endorsed by, CFE-DM, any of its partners, the Department of Defense, or the U.S. Government.

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LETTER FROM THE DIRECTOR

JOSEPH MARTIN, SES

The Center for Excellence in Disaster Management and Humanitarian Assistance has reached an honorable milestone of 25 years of service to the nation.

CFE-DM was founded as part of the late Senator Daniel K. Inouye's vision. The Senator had witnessed the effects of Hurricane Iniki that struck the Hawaiian Islands in 1992 and felt the civil-military coordination could have been more effective.

In 1994 it was determined that the center would open its doors to help bridge understanding between civil and military responders, and to provide a DoD platform for building Disaster Management and Humanitarian Assistance (DMHA) awareness and expertise in U.S. forces, and with partner states in the Asia-Pacific.

Since then, CFE-DM has provided nonstop education, training, engagement, and support to states across the Pacific. CFE-DM has been instrumental in providing that connection between the U.S. military and both governmental and nongovernmental organizations (NGOs) to alleviate human suffering and hardship caused by natural and man-made disasters.

Examples of unique work provided by this great organization include: security workshops with NGOs that have provided protection to countless non-combatants in the Pacific region; the development and execution of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) initiative in the early 2000s; and civil-military coordination on the ground during many natural disasters, thereby allowing for ease in disaster response.

The most exciting work is still to come as the CFE-DM grows its effectiveness and efficiency, and builds stronger partnerships and international stakeholder relationships.

The center has always and will continue to be transparent with the highest sense of integrity to ensure our relationships remain relevant and productive.

CFE-DM would not be what it is today without the support of our partner nations and all of the government and nongovernmental organizations who stand committed to saving lives and alleviating human suffering by connecting people, improving coordination and building capability.

In the spirit of celebration, this issue highlights who we were, who we are and who we will become.

The Liaison is a publication that has told our story and allowed CFE-DM to share its experiences and lessons that have shaped how the humanitarian community can assist those in need.

The Liaison will continue to tell our story and highlight the great work of all our partners.

Aloha,
CONTRIBUTORS

Dr. David Tarantino

Dr. David A. Tarantino, Jr. is a family medicine/preventive medicine physician serving as senior physician, Medical Planning and Preparedness, Global Strategy at International Medical Corps. He has also served at the Center for Disaster and Humanitarian Assistance Medicine/Uniformed Services University, Headquarters Marine Corps, Washington D.C., and 3rd Marine Expeditionary Force in Okinawa, Japan. He received a Bachelor of Arts degree in Human Biology from Stanford University, including studies in the Stanford Overseas Studies Program in Florence, Italy; an M.D. Degree from Georgetown University School of Medicine; and a Master’s in Public Health from the Uniformed Services University of Health Sciences. His career has taken him to six continents, including medical and humanitarian missions in Iraq, Afghanistan, Indonesia, the Philippines, Peru, Haiti, Guyana, Tanzania, Cambodia, Turkey, Guatemala, and several Pacific Rim nations. Biography information from LIAISON, Volume VIII, 2016.

Kenneth Tingman

Kenneth R. Tingman was a Department of Homeland Security Federal Emergency Management Agency Federal Coordinating Officer in the Pacific Area Office from 2007 - 2010. During his three years as an FCO, he deployed to 15 disasters across the region, his final deployment being the earthquake and tsunami in American Samoa, where he spent six months leading the disaster response. Before joining FEMA, Tingman spent 24 years in the U.S. Air Force as a communications officer. During his time in the military, he served in a variety of locations and positions around the world, including serving as a military assistant to the senior U.S. Diplomat on the United Nations staff in Kosovo and was the communications squadron commander at the Prince Sultan Air Base, Saudi Arabia, on September 11, 2001. He is also a certified instructor for the National Disaster Preparedness Training Center. Biography information from LIAISON, Volume VII, 2015.

Kelly Suter

Kelly Suter is currently the senior nurse for the Medical Planning and Preparedness Unit, International Medical Corps. Suter is an experienced emergency department nurse and holds a master’s in Nursing Education. Prior to her current position, she spent five years as an emergency response nurse for International Medical Corps. She has numerous deployments supporting humanitarian assistance and disaster response operations, including the 2010 earthquake response in Haiti, Northern Haiti during the 2011 Cholera response, and to the Malakal IDP camp in 2014 at the height of the civil war in South Sudan. Most recently, she has supported operations in Liberia, Sierra Leone during the recent Ebola epidemic, Nepal after the 2015 earthquake, and Guinea Bissau. She has also worked with other humanitarian organizations in the Amazon, Mexico, East Timor, and Haiti. Biography information from LIAISON, Volume VIII, 2016.

Sudhir Kumar

Sudhir Kumar is a disaster risk reduction specialist for the United Nations Development Programme in the Philippines. He has more than 13 years of disaster risk management experience and has worked with Asian Disaster Preparedness Center, Bangkok, for five years, handling a number of projects ranging from mainstreaming disaster risk management to community-based disaster risk management. In Nepal, he spent two years involved in technical assistance and capacity building with ministries at the national and district level on risk resilient development planning. He also worked with UNDP, India, for three years and was involved in drafting disaster risk management-related policy documents and capacity building, and has worked with the Government of Gujarat, India, in the post-Gujarat earthquake R&R Program. He worked in Afghanistan with UNDP and GIZ to prepare disaster planning guidelines and capacity building. His areas of interest include recovery, knowledge management and mainstreaming. Biography information from LIAISON, Volume VII, 2015.

James Cooper

James Cooper currently works in Medical Planning and Preparedness at International Medical Corps, where he is a part of the organization’s effort to build a United States emergency response capacity. Prior to his employment at International Medical Corps, he was a program coordinator for a community service district in the San Francisco Bay Area. He holds a Bachelor of Arts degree in Political Science from Lewis & Clark College and is a nationally registered emergency medical technician. Biography information from LIAISON, Volume VIII, 2016.
This publication is a journal of civil-military disaster management and humanitarian relief collaborations and aims to engage and inform readers on the most current research, collaborations and lessons learned available. If you are interested in submitting an article for consideration, email your story idea to cfe.dmha.fct@pacom.mil.

**Format** - Email submissions in an unformatted Microsoft Word file. Footnotes are the preferred method of citation, if applicable. Email images separate from the word document as JPG files.

**Provide original research** - We prefer original submissions, but if your article or paper is being considered for publication elsewhere, please note that with the submission. Previously published articles will be considered if they are relevant to the issue topic.

**Clarity and scope** - Avoid technical acronyms and language. The majority of LIAISON readers are from the Asia-Pacific nations and articles should be addressed to an international audience. Articles should also be applicable to partners in organizations or nations beyond that of the author. The aim is for successful cases to aid other partners of the disaster management and humanitarian community.

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**Supporting imagery** - Original imagery supporting any and all articles is welcome. Ensure the images are high-resolution and can be credited to the photographer without license infringement. Images should be attached to the submission separately, not embedded within the Microsoft Word document.

**Biography and photo** - When submitting an article, include a short biography and high-resolution photo of yourself for the contributor’s section.
In the early 1990s, natural disasters and humanitarian crises in Iraq, Bosnia-Herzegovina, Somalia and Bangladesh gave the military a renewed sense of purpose, yet coordination between the military and civilian humanitarian organizations remained disjointed. Recognition of this gap led the United States Congress to establish the Center for Excellence in Disaster Management and Humanitarian Assistance (CFE-DM) in 1994 as a way to build partnerships and collaborations between the military and civilian disaster management and humanitarian assistance (DMHA) organizations.

Hawaii Senator Daniel K. Inouye, a military veteran and Medal of Honor recipient, spent decades in the House of Representatives and Senate working to build a stronger, more prepared Hawaii and Pacific community. Inouye was the primary proponent of the legislation drafted in 1994 to create CFE-DM, and his office tirelessly advocated for a more comprehensive disaster preparedness and response environment.

CFE-DM began the work of partnering with the United Nations, universities, the Centers for Disease Control and Prevention (CDC), and a variety of civilian nongovernmental organizations to realize a more connected civil-military DMHA community.

For 25 years, CFE-DM has reached beyond Hawaii’s borders to endorse Pacific partnership among the disaster management, preparedness and humanitarian communities to better prepare and inform those most at risk. As written in its congressional mandate, CFE-DM focuses on education, research, and training “in civil-military operations, particularly operations that require international disaster management and humanitarian assistance and operations that require coordination between the Department of Defense and other agencies.”

Functioning as the coordinating authority for U.S. Indo-Pacific Command, CFE-DM is not operational in the traditional sense – the Center does not deliver water or food to disaster victims. CFE-DM employees work behind the scenes, before the disaster strikes, to help responding organizations be more effective through best practices, lessons learned and educational programs.

“The only proper way to respond to a disaster is to be prepared for one,” said Joseph Martin, director of CFE-DM since May 2014. “That’s why this organization is so unique: we help coordinate exercises and educational programs that build capacities and capabilities in our partner nations before a disaster strikes.”

At the forefront of CFE-DM’s efforts to build capabilities in Asia-Pacific states stands an effort to improve civil-military coordination during disaster response.

CFE-DM addresses issues that no single agency or...
organization can address on its own, and it builds the groundwork of cooperation between the civilian (where many issues are addressed) and the military (who are requested to assist), said Martin.

“The intent is to get the military in and out as quickly as possible,” he said. “Let the nongovernmental organizations and the humanitarian community do what they do best – help people and communities rebuild. But, to smoothly coordinate that transition, there has to be communication and interoperability.”

According to the “Oslo Guidelines,” by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the military is a means of “last resort,” only acting as “a tool complementing existing relief mechanisms in order to provide specific support to specific requirements, in response to the acknowledged ‘humanitarian gap’ between the disaster needs that the relief community is being asked to satisfy and the resources available to meet them.”

However, the military represents a cornucopia of assets: transportation (land, air and sea); fuel; communications; medical personnel and supplies; commodities including food, building supplies and materials; tools and equipment; manpower; technical assistance (especially logistics and communications); and facilities.


This means that the moment an affected state’s government requests international assistance, military forces from around the world rush to help. Humanitarian groups already operating in the affected state traditionally have warehouses of supplies pre-stationed for distribution to those in need. CFE-DM helps prepare the two sides for coordination to get the aid where it needs to go through its three main lines of effort.

Training & Education

The Center's efforts to better prepare for disasters are equally important to its aim of improving civil-military coordination during disaster response. It accomplishes preparation partly through education, both for civilian humanitarians and U.S. military personnel. CFE-DM instructs 8-12 Humanitarian Assistance Response Training (HART) courses each year for U.S. military service members around the globe. The HART course focuses on civil-military relations, including how to interact with agencies of the affected state and humanitarian organizations during response operations.
After nearly 19 years at Tripler Army Medical Center, CFE-DM finds a new home in historic Building 76 on Ford Island in the heart of Pearl Harbor June 2013. The building was built in 1940 under the architectural guidance of notable architecture firm, C.W. Dickey, and served as a naval medical facility. During the Dec. 7, 1941, attack on Pearl Harbor, more than 960 wounded were treated over a three-hour period. On that fateful day, the original structure withstood a bomb that exploded in the courtyard at the center of the facility. Photo illustration by Rufino E. Ballesteros

Additionally, for personnel unable to attend a course in person, the HART course has been made available through the Department of Defense’s Joint Knowledge Online (JKO) training portal.

“The Center holds a comparative advantage in disaster management education over other education and training environments in the Department of Defense,” said Martin. “The return on investment for the HART, and HART Online, make it an invaluable tool in educating those most likely involved in a disaster response.”

The CFE-DM also facilitates a Health Emergencies in Large Populations (H.E.L.P.) course in collaboration with the International Committee of the Red Cross and in partnership with the University of Hawaii.

**Regional Civil-Military Coordination**

CFE-DM planners work in concert with U.S. Indo-Pacific Command and service component staff to incorporate DMHA initiatives into their two-to-five-year operations planning.

“We provide inputs to key strategic planning groups to ensure DMHA is considered in every aspect of the overall INDOPACOM mission,” said Mike Sashin, Regional Civil-Military Coordination Branch Chief.

Additionally, the Center’s staff coordinates with personnel from the Office of Defense Cooperation, State Department country teams and U.S. Agency for International Development in order to promote civil-military cooperation within Asia-Pacific partner states.
Through a team of DMHA advisors, CFE-DM participates in and facilitates exercises, workshops and seminars around the Indo-Pacific. From Pacific Partnership, which brings together up to 12 states' navies, to Exercise Cobra Gold in Thailand, CFE-DM’s advisors provide subject matter expertise to build partner capacity and coordinate civilian and NGO participation in these events.

The organization also helps test partner states' disaster management plans. In 2011, advisors travelled to Fiji with experts from the Pacific Tsunami Warning Center to test the island state's National Disaster Management Office’s tsunami response plan. Using simulated computer models of what a tsunami in Fiji would look like, the country was able to incorporate lessons from the simulation to strengthen their preparation for a tsunami.

**Applied Research and Information Sharing**

The ARIS team builds information sharing products such as Fact Sheets, Best Practices Pamphlets, Case Studies and Disaster Management Reference Handbooks. The handbooks provide a general understanding of a state's disaster vulnerability and management capability for responders' use when they travel to relief sites. The objective is to provide a clearer picture of where they are going (geography, history, climate, etc.) and whom they will be helping when they get there (community).

ARIS also works on information sharing initiatives, for example with the Regional Consultative Group (RCG), a regional forum co-chaired by CFE-DM with the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the Australian Civil-Military Centre (ACMC) which seeks to improve civil-military coordination during disaster response. Within the RCG, the CFE-DM helps lead the information sharing working group, which seeks to improve information sharing among civil-military partners during relief efforts.

Additionally, the researchers partner with academic institutions and partner organizations on research projects and proposals to expand research from the classroom to the field and to provide comprehensive analysis on civil-military coordination in disaster environments.

ARIS is going into their fourth year of partnering with Columbia University's School of International and Public Affairs (SIPA) capstone project teams. CFE-DM continues to work with the Navy War College, University of the South Pacific, James Cook University, University of Texas, Air Force Institute of Technology, New America, and other organizations such as the Pacific Disaster Center and Asia-Pacific Center for Security Studies (APCSS).

**CFE-DM**

In recent years, CFE-DM has provided training with professional military institutions in the Philippines, Malaysia, Thailand, and Korea. CFE-DM’s programs have established a more global presence by expanding to U.S. European Command, U.S. Africa Command, and U.S. Southern Command. A joint exercise planned with India is a resuscitated line of effort for forthcoming collaboration. Future opportunities exist for CFE-DM with Army Command and General Staff College as well as with Air Command and Staff College.

In 2017, CFE-DM began serving as USINDOPACOM's lead in supporting the Department of Defense co-chairmanship of the ASEAN Defense Ministers Meeting Plus (ADMM-Plus) Experts Working Group (EWG) on humanitarian assistance and disaster relief (HADR). This three-year program is designed to develop and shape efforts to build ASEAN capacity in disaster response preparedness and coordination. This will be co-chaired by Malaysia and the United States and is a priority engagement for the Secretary of Defense.

From the beginning of CFE-DM 25 years ago, to the next 25 and beyond, the vision of CFE-DM will remain, “to save lives and alleviate human suffering by connecting people, improving coordination and building capability.”

“The only proper way to respond to a disaster is to be prepared for one. That’s why this organization is so unique: we help coordinate exercises and educational programs that build capacities and capabilities in our partner nations before a disaster strikes.”

- Joseph Martin
  CFE-DM Director 2014 - Present
100s of courses, 1000s of engagements.
Meeting Disaster Management Challenges with Excellence
By CFE-DM staff

1994
Through the guidance and dedication of Senator Daniel K. Inouye CFE-DM was written into U.S. Code Title 10 and opened in October 1994 at Tripler Army Medical Center.

1996
The Combined Humanitarian Assistance Response Training (CHART) course is created to provide disaster response personnel with instruction on civilian-military relations in disaster environments, including interacting with agencies of the affected state and humanitarian agencies.

1999
CFE-DM helps facilitate a security workshop with the international NGO World Vision and U.S. Marine Forces Pacific, the first collaborative training effort between World Vision and the U.S. military.

Late 1999
The first handbook, known as the ‘CFE Primer on East Timor,’ is given to President Bill Clinton on the tarmac at Hickam Air Force Base.

1999
The Center, in coordination with the United Nations Department of Peacekeeping Operations, led a series of peacekeeping workshops, which contributed to the creation of the Department of State Global Peace Operations Initiative in 2005.
CFE-DM is authorized by the International Committee of the Red Cross to facilitate the Health Emergencies in Large Populations (H.E.L.P.) course. The Center remains the only U.S. Department of Defense organization authorized to instruct the course.

Humanitarians are introduced to Meals Ready to Eat (MREs).

CFE-DM becomes a direct reporting unit to U.S. Pacific Command (USPACOM), streamlining efforts for increased civil-military coordination in the Asia-Pacific, while continuing to receive program direction and policy guidance from the Assistant Secretary of Defense for Special Operations/Low-Intensity Conflict (ASD/SOLIC).

The new logo signifies cooperation of all kinds, across all lines, among people and institutions of goodwill. The symmetry of the hands suggest equality in unity. The blue background symbolizes the dominant color of our Area of Responsibility, the Pacific Ocean.
2002
The Center is tasked to help develop and execute the U.S. President’s Emergency Plan for AIDS Relief initiative through presidential funding.

2004-5
Director Gerard “Pete” Bradford III served as the Joint Interagency Coordination Group commander during USPACOM’s disaster response operations after the devastating Indian Ocean Tsunami. Additionally, staff played a significant supporting role to USPACOM in the planning and execution of Operation Unified Assistance.

2005
CFE-DMHA staff seconded as Civil-Military Coordination (CMCOORD) officer in response to South Asia earthquake in Pakistan.

2009
The seal encompasses the many elements fused into the organization's mission. Beginning with a globe at the heart of the design, it is centered on the Asia-Pacific area of responsibility with Hawaii in the middle. The torch of knowledge and guidance lights the region, while laurel leaves represent peace and triumph. The five stars of the seal represent disaster management, excellence, connecting people, improving coordination and building capability. Finally, the eagle with a shield on its chest and arrows in its talons represent the U.S. Department of Defense. The eagle's shield contains 13 stripes, mimicking the American flag.

October 2010
The CHART course transitions to the HART course, which continues to provide U.S. military service members with civil-military coordination training worldwide.
2006
Staff provides support to USPACOM response personnel after Leyte mudslide in the Philippines.

2007
The first Disaster Management Response Handbooks are released – Vietnam and Thailand.

2007
Inaugural Pandemic Influenza workshops and symposiums launched in collaboration with the U.S. Centers for Disease Control and the United Nations World Health Organization (WHO).

2007
CFE-DM staff travel to Japan in support of Operation Tomodachi following the Great East Japan Earthquake. Japan dealt with the after effects which included a nuclear disaster and tsunami. This triad of disasters caused profound geographic and economic devastation.

March 2011
CFE-DM staff travel to Japan in support of Operation Tomodachi following the Great East Japan Earthquake. Japan dealt with the after effects which included a nuclear disaster and tsunami. This triad of disasters caused profound geographic and economic devastation.

June 2013
After nearly 19 years at Tripler Army Medical Center, CFE-DM finds a new home in historic Building 76 on Ford Island in the heart of Pearl Harbor.
2013
The Center entered into letters of understanding with Columbia University’s National Disaster Preparedness Training Center, the Harvard Humanitarian Initiative, Asia-Pacific Center for Security Studies, Pacific Disaster Center, and the University of Hawaii.

November 2013
Staff members fly to the Philippines after Typhoon Haiyan ravishes the country to research and write a report during international disaster response efforts.

January 2015
The Center’s Disaster Management Primer, DMHA 101, launches online.

2015
New logo - A torch is a universally recognized symbol for knowledge, education and guidance. As an element of the Center’s seal, the torch represents a streamlined mission that is concentrated into three main initiatives: training and education, applied research and information sharing, and regional civil-military coordination. With the focused mission also comes a shortened acronym for the Center, CFE-DM. While still engaging in humanitarian assistance training and advisement, disaster management and the phases within it more completely describe the organization’s genuine focus.

2017
CFE-DM focused its knowledge management efforts on continuing to improve the organization’s internal processes and expand its efforts for sharing new CFE-DM products with external audiences. Case studies and pamphlets encapsulate best practices in civil-military coordination in foreign disaster relief (FDR). While lengthy handbooks and numerous guidelines exist, these pamphlets summarize best practices in an accessible primer tailored to targeted audiences.
March 2014

The Center launched its new website: www.cfe-dmha.org

May 2014

Col. Joseph Martin takes over as director of CFE-DMHA. Martin joins the team from USPACOM where he most recently served as director for Pacific Outreach Directorate.

May 2014

Regional Consultative Group, formed in 2014, focuses on improving civil-military coordination during disaster response for five countries identified as most likely to be hit by a mega-disaster: Bangladesh, Indonesia, Myanmar, Nepal and the Philippines. CFE-DM, UNOCHA, and ACMC (joined in 2018), act as co-secretariats of the multi-stakeholder, regional forum that brings together humanitarian, civilian and military actors to improve humanitarian civil-military coordination during disasters.

June 2017

Focus In event, a new forum designed to gather a select group of civilian and military experts and stakeholders to focus on the current state of training, education and exercises related to civil-military coordination in a shared operational environment, especially humanitarian assistance and disaster relief operations.

2017

James Cook University in Cairns, Australia, partnered with CFE-DM to conduct the first Health and Humanitarian Action in Emergencies course based on the curriculum of the International Committee of the Red Cross' Health Emergencies in Large Populations, or H.E.L.P. course, focused on providing participants with the public health tools for preparing or responding to humanitarian crises for the people in Oceania.

2017-2019

CFE-DM is the USINDOPACOM lead in supporting the Department of Defense co-chairmanship of the ASEAN Defense Ministers Meeting (ADMM) Plus HADR Experts Working Group (EWG) on HADR from 2017-2019. This is a 3-year program designed to develop and shape efforts to build ASEAN capacity in disaster response preparedness and coordination. This is co-chaired by Malaysia and the United States and is a priority engagement for the Secretary of Defense.

2019 and beyond...

CFE-DM will continue to meet Disaster Management Challenges with Excellence
The HART program is the Center for Excellence in Disaster Management and Humanitarian Assistance's flagship course for training U.S. military forces on civilian-led foreign humanitarian assistance and disaster response operations.

The course also provides civilian agencies the opportunity to network with U.S. and foreign military leaders.

“This is a great course for agencies to have face-to-face interactions with U.S. and foreign military leaders to earn a minimum level of trust in order to collaborate effectively during a disaster,” said Nidhirat Srisirirojanakorn, a guest speaker from the United Nations Office for the Coordination of Humanitarian Affairs. “All agencies and the military who share the same area of operation must supplement and complement existing operations during a disaster response.”

In order to learn how to work within the same area of operation, HART course participants use realistic scenarios and existing plans to develop a concept of operations for a joint task force response to a major disaster.

“Our practical exercises take a group that has mixed knowledge and experience with Humanitarian Assistance and Disaster Relief operations and we give them a condensed time to work a complicated problem,” said Ryan McGovern, a disaster management analyst for CFE-DM.
Participants use the Military Decision Making Process to collectively break down and resolve a problem.

“As they go through their scenario, they recognize the key facts and major concerns, and start prioritizing the areas where the military's unique capabilities can support the overall disaster response,” said McGovern.

A few of the major disasters the participants studied were the 2010 Haiti Earthquake, 2014 Ebola Epidemic and 2015 Nepal Earthquake.

“I am here taking the course because under the right circumstances Canada plays a role in responding to disasters such as the Nepal Earthquake or a tsunami in Indonesia,” said Canadian Army Lt. Col. Adam Barsby, a liaison for the U.S. Indo-Pacific Command at Camp H. M. Smith. “The better we understand how the U.S. deploys their military the better we will know how we can contribute to future disasters.”

As the liaison officer, Barsby expressed the importance of networking and how the HART course exceeded his expectations.

“I will be more successful if I expand my network,” said Barsby. “The great thing is that I’ve learned so much from the instructors, but also from the other students because of their different levels of experience and components. The contacts you make and understanding how the Department of Defense handles crisis situations is invaluable. It’s a building block not only for your job today; but it will help you throughout your military career.”

Additionally, for personnel unable to attend a course in person, the HART course has been made available through the Department of Defense’s Joint Knowledge Online (JKO) training portal.
This year will mark the 22nd annual Health Emergencies in Large Populations (H.E.L.P.) course offered by CFE-DM in collaboration with the International Committee of the Red Cross (ICRC) and in academic partnership with the University of Hawaii’s Office of Public Health Studies.

By CFE-DM staff

H.E.L.P. participants discuss water supply issues that may arise in displaced persons emergency camps during the Center for Excellence in Disaster Management and Humanitarian Assistance’s annual Health Emergencies in Large Populations course 2016. Courtesy photo
The Center’s H.E.L.P. course is one of nine coordinated globally on behalf of the ICRC and the World Health Organization (WHO). It aims to build capacity in participants’ ability to manage public health needs of populations affected by humanitarian crises.

“Our course intentionally blends civilian, humanitarian and military practitioners, enabling a wide range of humanitarian response communities to interact and learn from one another,” said Director Joseph Martin, CFE-DM. “It has been a unique privilege to work with the ICRC and our other partners on a curriculum that really pushes the envelope of humanitarian action training.”

The course emphasizes a multi-disciplinary approach that weaves innovative trends, Asia-Pacific regional challenges, and lessons learned from recent natural disasters and complex emergencies, into the curriculum and discussions.

Since the inception of this partnership, CFE-DM has graduated over 650 humanitarians, civilians, and military participants from the H.E.L.P. course.

“Providing healthcare instruction to a civil-military audience is extremely important,” said Paul Keen, ICRC regional cooperation advisor for Asia and Pacific. “On the field today… we meet each other all the time, but sometimes we have a different language, a different way of seeing things. Coming together in this H.E.L.P. course brings us closer to having a common language.”

Faculty come from an equally diverse background; experts from academia, humanitarian organizations and military commands provide distinct perspectives that allow a common understanding of the challenges each viewpoint faces. Subject matter experts represent the World Health Organization, International Committee of the Red Cross, World Food Program, U.S. Centers for Disease Control and Prevention, Save the Children USA, RedR Australia and many more.

In addition to hands-on exercises and role playing, participants learn through case studies, and through simulations and lectures on public health, healthcare, management, planning, legal and ethical issues, and approaches in humanitarian action.

“Each of the instructors were able to provide the roles and responsibilities, policies and guidelines for their perspective organization – military, humanitarian or civilian,” said Dr. Jennifer Joyce Pira, a medical officer for the Disaster Risk Reduction Management Cluster,

Cordillera Administrative Regional Office, Philippine Department of Health. “I am able to take home a better understanding of how to best coordinate with military responders and seek additional assistance as needed from outside organizations.”

RedR Australia, an international emergency response agency with extensive expertise in public health and disaster response, has supported the course with mentors since 2013.

“Collaborations such as the one between RedR and CFE-DM have the potential to resonate across the region,” said RedR Chief Executive Officer Kirsten Sayers. “Our conversations and collaborations contribute to the wider conversations and reform agendas shaping humanitarian action in our region. Our collaboration can influence and inspire real inclusive action.”
The Health and Humanitarian Action in Emergencies (HHAE) course, launched in 2017 by the Center for Excellence in Disaster Management and Humanitarian Assistance, is designed to build capacity in the Oceania region in response to public health emergencies and natural disasters.

Conducted in partnership with and hosted by James Cook University’s (JCU) College of Public Health, Medical and Veterinary Sciences, the two-week HHAE course was jointly developed to prepare public health, medical, and disaster management professionals to better coordinate, plan, and respond to natural disasters and public health emergencies in the region.

“The need for humanitarian action from all spectrums of responders is increasing dramatically. With the tools this course has provided the participants – both in knowledge and connection to one another – they can return to their organizations and increase the effectiveness of health and disaster preparedness plans,” said Doug Wallace, deputy director of CFE-DM. “They now have the ability to inform and better prepare their organizations for future humanitarian crises.”

The HHAE course is based on the curriculum of the International Committee of the Red Cross’ Health Emergencies in Large Populations (H.E.L.P.) course, which CFE-DM has been instructing for two decades. Instruction focuses on providing participants with the public health tools, and ethical and principled approaches required, in preparing for or responding to humanitarian crises.
“The HHAE course has enhanced my knowledge and has given me the tools in order to respond to humanitarian crises in the case of a disaster,” said Jayson Sebalt, a disaster risk reduction officer from The Republic of Palau’s National Emergency Management Office. “As the DRR officer working at the community level, I will embed it within my work.”

Topics discussed during the course include: health service planning for emergencies; emergency nutrition and food security; international humanitarian law and ethics in humanitarian action; civil-military coordination; field epidemiology in disasters; sexual and gender-based violence in humanitarian crises; and approaches for responding to the unique complexities of urban humanitarian emergencies.

“CFE-DM’s expertise, the world-class instructors, and JCU’s focus on graduate public health training and capacity building, have proven a highly successful partnership,” said Professor Maxine Whittaker, Dean of Public Health, Medical and Veterinary Sciences at JCU. “The frequency and variety of natural disasters in this region leave our Pacific neighbors vulnerable to poor health outcomes, especially when combined with remoteness, climate change and often weak health systems. We hope this program continues for many years to come.”

“The need for humanitarian action from all spectrums of responders is increasing dramatically. With the tools this course has provided the participants – both in knowledge and connection to one another – they can return to their organizations and increase the effectiveness of health and disaster preparedness plans.”

- Doug Wallace
CFE-DM Deputy Director
A relatively new event for the Center for Excellence in Disaster Management and Humanitarian Assistance (CFE-DM) is FOCUS IN, created in 2017.

FOCUS IN is a forum to gather a group of experts from international humanitarian organizations and academic institutions in order to dedicate time and energy to specific humanitarian assistance and disaster response (HA/DR) related topics.

The goals are: for stakeholders to refine educational programs to better meet regional requirements; to better synchronize training and education engagements; and to discuss methods to improve capacity building and coordination efforts for humanitarian assistance and disaster relief operations among key civilian and military stakeholders.

The FOCUS IN event resulted in numerous improvements to CFE-DM training programs and actions for enhanced partnering. These include enhanced HA exercise support for five major exercises, multiple partnership dialogues between CFE-DM and regional and international organizations, and concurrence on a combined training program among CFE-DM, UNOCHA and USAID/OFDA. The last of these deepens the HADR content and reaches a larger training audience.

"While there are a multitude of challenges, there is a significant opportunity to foster collaboration within the region," said CFE-DM Branch Chief for Applied Research and Information Sharing, Dr. Alberto Morales Jr. "This is demonstrated by partner organizations found within the Indo-Pacific communities exploring and incorporating information sharing principles in their strategies to combat natural disaster and complex emergency challenges."

Additionally, FOCUS IN events conclude with a senior leader roundtable on the USINDOPACOM Service By CFE-DM staff
Photos by Katie McCalment
Component exercise programs to examine international humanitarian engagement in their trainings and exercises. The meeting brings together high-level staff from USINDOPACOM, several service component commands and numerous humanitarian, international organization and nongovernmental organization representatives to discuss exercise planning and coordination, as well as to gather civilian feedback on how to better engage the humanitarian community. One of the sessions concluded with an overall agreement that resourcing for both civilians and military is decreasing, and that training and exercise engagements need to focus on quality over quantity. All sides have achieved better understanding of common training objectives and available resources and agreed on the importance of involving humanitarians earlier in the Joint Exercise Life Cycle (JELC) for the development of more robust and realistic training scenarios.

"While there are a multitude of challenges, there is a significant opportunity to foster collaboration within the region. This is demonstrated by partner organizations found within the Indo-Pacific communities exploring and incorporating information sharing principles in their strategies to combat natural disaster and complex emergency challenges."

-Dr. Alberto Morales Jr.
Applied Research and Information Sharing Branch Chief
In 2017, the Center for Excellence in Disaster Management and Humanitarian Assistance focused its Applied Research and Information Sharing efforts on continuing to improve the organization's internal processes and to expand its efforts for sharing new CFE-DM products with external audiences.

The CFE-DM website grew to include new sections to share various new products from CFE-DM and partner organizations including: factsheets, pamphlets, case studies, two-page event overview reports, New Zealand Defence Force Joint Intelligence Fusion Centre Contingency Support Packs, and the Pacific Humanitarian Team Country Preparedness products.

CFE-DM, along with the United Nations Office for the Coordination of Humanitarian Affairs leads the Regional Consultative Group Information Sharing Working Group, works with schools and organizations on research studies, and publishes HADR lessons learned.
CASE STUDIES

https://www.cfe-dmha.org/Publications/Case-Studies

The case study series is aimed at helping to inform future U.S. Indo-Pacific Command response to disasters in the Indo-Asia-Pacific region. By capturing observations and lessons learned, it is hoped that the case studies will also help improve civil-military coordination as well as military-to-military cooperation.

Case Study No. 1 - A brief review of military response to the 2015 Nepal earthquake: A Nepalese Army and U.S. Pacific Command perspective

Case Study No. 2 - What foreign military responders can learn from relief efforts in the South Pacific: A brief look at the response to Tropical Cyclone Pam and Tropical Cyclone Winston

Case Study No. 3 - A review of Operation United Assistance: The U.S. Military’s Response to the 2014 Ebola Outbreak in Liberia

Case Study No. 4 - A review of the U.S. military’s response in support of the 2018 Thailand Cave Rescue: A U.S. Indo-Pacific Command perspective

Case Study No. 5 - “Exceptions to the Rule”: A review of U.S. military response to the Kumamoto earthquakes in Japan in April 2016, the Kaikoura, New Zealand, earthquake in November 2016, and the Sri Lankan floods and landslides in May 2017

Case Study No. 6 - A review of Operation Unified Response, the U.S. military’s effort in support of Haiti following the January 2010 Earthquake

“The sharing of information is particularly critical because no single responding entity—whether it is an NGO, IGO, assisting country government or host government—can be the source of all of the required data and information.”

- JP 3-29 Foreign Humanitarian Assistance

FACT SHEETS

https://www.cfe-dmha.org/Publications/Fact-Sheets

CFE-DM’s fact sheets provide 2-page overviews of relevant information regarding countries highly impacted by natural disasters in the Indo-Asia-Pacific. Fact sheets highlight a common disaster type in a specific country to inform disaster response planners of key considerations, including major risks and primary response actors.

PAMPHLETS

https://www.cfe-dmha.org/Publications/Pamphlets


While more in-depth handbooks and numerous guidelines are available, these pamphlets summarize best practices in an accessible primer tailored to targeted audiences.
"The Liaison provides an open forum for stimulating discussion, exchange of ideas, and lessons learned - both philosophical and pragmatic - and invites active participation from its readers, with the end in mind of creating a communication network for organizations engaged in similar pursuits."

- Elise Leroux
Liaison Editor, 2004

The first release of the Liaison was twenty years ago and this publication continues to serve as a communicator sharing lessons learned and ideas to better the world’s future in disaster management. Throughout the years, the Liaison has metamorphosed from its original configuration as an informal newsletter to the respected journal it is today.

Articles are original work from the DMHA community focusing on advances, partnerships, technology and applied research, and training and education. The journal aims to promote the ability of DMHA partners to learn from one another through lessons learned to build a stronger DMHA community.

Submissions from contributors of all backgrounds are welcome. To submit an article or be added to the distribution list, please email cfe.dmha.fct@pacom.mil.

https://www.cfe-dmha.org/Liaison
Disaster Management Reference Handbooks

CFE-DM’s Disaster Management Reference Handbooks provide a baseline of information on countries most prone to disasters.

By CFE-DM staff

The Disaster Management Reference Handbook series offer readers an operational understanding of a state’s disaster management capability and vulnerability, with detailed information on demographics, hazards, government structure, regional and international assistance, infrastructure, laws and guidelines, risks and vulnerabilities, and other areas vital to a comprehensive disaster management knowledge base.

The handbooks include information on key national entities involved in disaster management, disaster response and preparation, and the military's role in disaster relief. Information is also provided on United Nations agencies, international Non-Governmental Organizations (NGOs), major local NGOs, and key U.S. agencies and programs in the country. The overall aim is to offer a guide that brings together important information about disaster management and response for each country in an effort to provide a basic understanding for the reader.

To date, CFE-DM has produced a rotating series of updates to Reference Handbooks on the following countries: Bangladesh, Brunei, Cambodia, Chile, Indonesia, Lao PDR, Malaysia, the Federated States of Micronesia, the Republic of the Marshall Islands, Mongolia, Myanmar, Nepal, Palau, Papua New Guinea, Philippines, Sri Lanka, Thailand, Timor-Leste, and Vietnam. Additionally, there are Partner-Nation States Handbooks for Australia (2015), Singapore (2017) and India (2018). A handbook for ASEAN was completed in March (2019).

Information in the handbooks is compiled and based primarily on trusted, reliable, publicly available sources. Much of the information used is from open source websites including but not limited to ReliefWeb, PreventionWeb, the Central Intelligence Agency (CIA) Fact Book, the United Nations (UN), The World Bank, the Asian Development Bank (ADB), government sources, NGO websites, various mass media sources, U.S. Department of State (DOS), and foreign governments' web pages. Where possible, a link to the original electronic source is provided in the endnote (reference) section at the end of the document. Other resources are provided by subject matter experts (SMEs).

The first Disaster Management Reference Handbooks were of Vietnam and Thailand, released in 2007.

"The Disaster Management Reference Handbooks are key to understanding the Indo-Pacific region. The data and analysis contained in the books are on-point and a critical asset when doing our logistic plans. The handbooks should be required reading for all planners."

- U.S. Army Col. Jon-Paul Maddaloni
  Logistics Strategy and Innovation Chief
  U.S. Indo-Pacific Command

Little did I know ... reflections from H.E.L.P. 2000 is a story from a woman who grew up in Nepal and whose life changed after attending CFE-DM's H.E.L.P. course.

"I learned how unique experiences in my life have molded me into the person I am today. I can now understand and appreciate my childhood experiences and also create a new appreciation for my American culture."

See article on page 34

Operation Tomodachi: Lessons learned in the US military’s support to Japan highlights the Great East Japan 9.0 Earthquake. Japan was not only dealing with an earthquake but the aftereffects which included a nuclear disaster and tsunami. This triad of disasters caused profound geographic and economic devastation.

"In Japan, strict building codes and regular disaster drills were among the factors that limited the damage and deaths caused by the earthquake."

See article on page 38
Beyond Build Back Better Typhoon Haiyan (Yolanda) Recovery in the Philippines considers climate change adaptation and mitigation measures for their future building plans.

"For recovery and reconstruction, the Government of Philippines also adopted the 'build back better' mindset which aims to achieve a result that was superior in quantity and quality than what existed before the disaster."

See article on page 46

Typhoon Haiyan: Anatomy of a nongovernmental response focuses on the medical response from 2015 when a 7.8 magnitude earthquake struck Nepal. The year was busy for the global humanitarian community, including nongovernmental organizations such as International Medical Corps.

"Applying the INFORM (Index for Risk Management) approach (Risk = Hazard x Vulnerability x Coping Capacity) results in a very high-risk assessment score for Nepal, which highlights not only the likelihood but also the challenges of response to such a devastating earthquake."

See article on page 58

Nepal Earthquake: Anatomy of a nongovernmental response focuses on the medical response from 2015 when a 7.8 magnitude earthquake struck Nepal. The year was busy for the global humanitarian community, including nongovernmental organizations such as International Medical Corps.

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See article on page 58
Little did I know...

reflections from H.E.L.P. 2000

By Liz Meyer

Little did I know that in the spring of 2000 when I enrolled in “Preventive Measures: the Politics of Disaster” at Harvard Extension School, my life would take a 180-degree turn. Taking this course and receiving the H.E.L.P. 2000 scholarship inspired one of the biggest life changing events I have experienced.

Through this course and my trip to attend H.E.L.P. 2000 in Hawaii, I learned how unique experiences in my life have molded me into the person I am today. I can now understand and appreciate my childhood experiences and also create a new appreciation for my American culture.

Growing up, I learned how to speak colloquial Nepalese while running barefoot with native children. I learned how to climb up coconut trees… to dance Indian dances with graceful arms and seductive eyes… to balance water jugs on my head. I saw a friend’s sister die because of an illegal abortion. I witnessed the hanging of our neighborhood dog presumed to be rabid after it turned on a boy. I caught tuberculosis and pneumonia twice. I dined with lepers on mud floors.

My childhood was magical and yet at the age of fourteen I had probably seen more diseases and atrocities than most retiring American doctors had seen in their western professional careers. My education was not from the classroom but from daily lessons integrating into and living in exotic countries. No book or lecture could have given me these lessons of life.

Ever since I was four, my “hometown” was somewhere other than the United States. My family lived...
in Edinburgh, Scotland, for a year; two and half years on a small island called Dominica in the Caribbean, and four years in a remote village in Nepal. My parents had the “calling” to go overseas and became medical missionaries. We traveled to some of the toughest places to work and live.

I traveled to India, Ecuador, and the Czech Republic on my own for studies and work. I returned to the U.S. in 1998 determined to adjust to an American life and pursue my studies, and search for my “purpose” in life and career path. I decided to take advantage of the Harvard Extension School and the many other academic opportunities Cambridge has to offer. I had taken multiple courses at Harvard Extension, Lesley College and Cambridge Center for Adult Education. Each and every class I enrolled in was another adventure empowering me to discover my individualism and what professional path I should pursue.

The childhood years left indelible experiences and memories that shaped my values and morals and I had already decided a career in public health was my calling. Then I came upon the perfect fit: Preventive Measures: the Politics of Disaster.

The first day of Drs. Doug and Joe Bond’s Preventive Measures class was like all other academic classes—an introduction to the class covering the nuts and bolts of the syllabus. However, I was not expecting to hear about the biggest surprise: one person from the class would be awarded a scholarship to attend H.E.L.P. (Health Emergencies in Large Populations/Health Ethics in Large Populations) 2000.

The H.E.L.P. course is a three-week graduate level course for public health professionals. Held in Hawaii in the summer for the past five years and several times each year around the world, it was developed by the International Committee of the Red Cross. It is one tool the Center for Excellence uses to bring military and various civilian organizations together to discuss and problem solve various health and safety issues in emergency situations while dealing with refugees or internally displaced populations.

For the Preventive Measures class, four Center for Excellence staff members flew out from Honolulu to lecture at our class at Harvard. Dr. Fredrick Burkle, a surgeon and one of the founders of the Center; Dr. Tom Ditzler, a psychologist for Tripler Army Medical Center specializing in the mental health of international aid workers and refugees; Dr. Joel Selanikio, medical director of the Center’s Public Health Unit, seconded from the Centers for Disease Control and Prevention (CDC); and Lieutenant Colonel Pat Hastings (Army Medical Corps), acting director of the Center for Excellence, attired in army uniform. She discussed the importance of the military in disaster management and humanitarian aid.

Each of these lecturers talked about their distinct roles or representation in the disaster management and humanitarian aid arena. The lectures were captivating and each of our guests was available before and after class to answer our questions and provide email addresses if we desired to contact them in the future.

The other lectures were fascinating as well, the papers were extremely beneficial in piecing together enormous amounts of information, and the labor-intensive books were sometimes difficult to fathom due to the graphic descriptions of these humanitarian emergencies, such as the recent genocide in Rwanda.

In our last class Dr. Hastings came to interview the top ten candidates nominated for the H.E.L.P. scholarship.

It was a brief five-minute interview. Not nearly enough time for all that I had prepared to say, but I stumbled across the words I had outlined so carefully in my head.

Before I knew it, we shook hands and I was told to send in the next candidate. I was confident I had blown my chance. At the end of her lecture the scholarship award names were announced. Not just one person was selected, but five. My hard work had paid off.

Altogether thirty people selected to attend this course flew to Hawaii from all over the world: Tanzania, Kosovo, Rwanda, East Timor, Thailand, and Nigeria to name a few of the countries represented. Most of the participants were doctors, nurses, nutritionists, epidemiologist, midwives and public health officers.
from the American military, various nongovernmental organizations (NGO) and the UN. There were five tables in the conference room; six people at each table composed of two to three military, two to three NGO representatives, and one each of my fellows from Harvard Extension School. Staring across the table at me were people I had read about in our academic books only a month ago. The numerous acronyms I had labored over to remember suddenly came alive.

One of the imperative aspects of disaster management and humanitarian assistance is clearly defining whom you represent and your exact role. This was also apropos for our small H.E.L.P. community. Even though everyone remained in civilian clothing, discovering “who we are”…military, NGO, UN, student…became essential to how we interacted with each other.

Initially, I felt intimidated by the titles and the expertise that these people brought to the table, but my tablemates were supportive and treated me as their equal. I felt empowered to fully participate in each of our group discussions.

The stories each of these H.E.L.P. participants brought to the lecture room reminded me of my parents’ work overseas. Yet my childhood memories were incomparable. A participant shared with me a time she picked up a peaceful baby only to discover it was dead. One woman told me a story about her jeep being hijacked, her citizens band radio – the only source of communication to her headquarters – taken away, and then thrown in jail for a night. Her colleagues, through negotiations and bribes, rescued her. Another participant witnessed starving refugees slaughter each other with machetes while food trucks moved into the camps. These health care workers not only witnessed life’s brutality, but also risked their own security to benefit the lives of others.

The underlying ideology of the H.E.L.P. course is to create an environment where military and civilian organizations can join and learn how to work together and apply these skills in the field of disaster management and humanitarian assistance. Unfortunately, these two entities often hold stereotypical images of each other, which infringes upon the fortification of these merging groups.

For example, one of the NGO representatives who traveled four days from a remote village in East Africa complained the three weeks were a waste of her time. She commented on how much the military “dominated” the class. And if she had known military were present, she never would have come. I was shocked at her vehement remark. Had we not gathered here for a shared and noble vision? Could we not put aside our personal biases for these three weeks?

The Center’s staff are pioneers in dissolving the stereotypes that these entities have of each other: “NGO hippies” and the “rigid military.” I was surprised that this NGO worker and at least one other NGO participant claimed not to know in advance about the presence of military. Certainly, the Center faced a formidable challenge in bringing these two groups together. It fights against the stereotype that these two groups often cling to, in part because for many years they worked independent of each other and many are adamant to remain separate. This woman’s comments were a case in point. Learning how to communicate and keep information open and available to both parties is crucial for an effective and efficient mission in disaster management and humanitarian assistance.

The civilian organizations, especially NGOs, are in effect private businesses, and in order to survive they need disasters. Their eagerness to help at times exacerbates the initial situation. A specific case may help illustrate this issue at hand: when the economic and
political disaster occurred in Haiti in the early 1990s, more than seven hundred nongovernmental organizations ran to the rescue, yet in Kosovo, at the same time, there were barely seventy.

Not only is the aid unevenly distributed globally, but also with seven hundred NGOs moving into a small island such as Haiti, the aid overextends and overlaps. This lack of communication and cooperation leads to unproductive and disorganized assistance in addition to a monetary loss. We move into a small community to build hospitals, deliver stoves, or build bridges. We then pat ourselves on the shoulder and return home. But many of the projects were futile. There was no electricity for the stoves, the bridge was not needed, and there were no doctors or administrators to maintain the hospital. Another example is the fate of many Kosovar children. Boxes of food supplies moved into the camp as children shivered to death. If only an individual had assessed and prioritized the needs, then many children’s lives could have been saved.

The H.E.L.P. course has given me a new appreciation for the U.S. I am glad that I can get up in the morning and run anywhere I wish and not worry about land mines. I can sleep at night with a phone by my bed ready to call 911 even if I think an intruder may be in my house. The H.E.L.P. course introduced many questions that circled in my mind: what do you do if a 13-year-old soldier is holding a pistol to your head? If you are driving in a war zone and your driver accidentally hits a man, do you stop to attend the victim or do you keep driving?

I woke up to some harsh realities health care workers face in disaster management and humanitarian assistance. The H.E.L.P. course has given me a deeper appreciation for the precarious adventures that my parents embarked on fifteen years ago. These indelible experiences have given me insights I might not have had if I had grown up in the less transitory and adventurous circumstances.

The staff at the Center for Excellence and the H.E.L.P course participants have dedicated their lives towards “preventive measures” which aim to insure our global peace. Many of these people have put their lives on the line for the betterment of individual lives while securing the global community. They leave home with little or no notice for a couple days to several months, visiting extremely volatile areas. These people have saved hundreds, if not, thousands or millions of lives. Here in the states, it is so easy to avert our eyes and ignore the tragedies or atrocities men, women and children face daily around the globe, including in our own country.

The struggle for “World Peace,” once a cliché to my ears, is now a living reality. Harvard Extension and the Center strive to empower people, whether it be to teach a refugee the importance of using soap to maintain cleanliness or teaching a class such as Preventive Measures: the Politics of Disaster.

These two organizations have empowered many lives by rekindling countless dimly burning candles. In gratitude and appreciation for both of these amazing organizations, I hope I can now light other dimly burning candles. As Eleanor Roosevelt so wisely stated, “I would rather light candles than curse the darkness.” Her glow has warmed the world. She made her step toward world peace, and I want to make mine.

-Liz Meyer
H.E.L.P. participant

"I hope I can now light other dimly burning candles. As Eleanor Roosevelt so wisely stated, “I would rather light candles than curse the darkness;” her glow has warmed the world. She made her step toward world peace, and I want to make mine."

-Liz Meyer
H.E.L.P. participant

The Liaison
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Page 41
Little did I know ... reflections from H.E.L.P. 2000
By Liz Meyer
The United States offered immediate support to Japan following the 9.0 earthquake and tsunami on March 11, 2011. U.S. Agency for International Development (USAID) deployed a Disaster Assistance Response Team. U.S. military forces activated and were operating in and near Japan within hours. The U.S. military response to the Government of Japan’s request for assistance would be labeled Operation Tomodachi, encompassing operations from March 11 to June 1, 2011.\(^1\)

In addition to the typical difficulties inherent in responding to a large, devastating foreign disaster, the U.S. military response to the Great East Japan Earthquake was faced with some unique challenges. With the disabling of primary and secondary cooling systems of multiple reactors within the Fukushima Daiichi Nuclear Power Plant and the accompanying release of radioactive materials into the environment, U.S. forces experienced their first large-scale deployment in a radiologically contaminated environment.
Furthermore, in addition to putting a large Japanese populace at risk, the release from the Fukushima Daiichi plant, approximately 150 miles (241 kilometers) from Tokyo, posed a potential threat to the estimated 104,000 U.S. Department of Defense (DOD) personnel – half of them dependents of uniformed personnel – living in Japan for which the U.S. military’s Pacific Command (USPACOM – now Indo-Pacific Command (INDOPACOM)) was responsible.

U.S. forces developed three major lines of operation: the provision of humanitarian assistance and disaster relief (HA/DR), the military-assisted departure of U.S. citizens known as “Operation Pacific Passage,” and consequence management operations related to mitigating the effects of the release of radioactive materials. U.S. forces provided logistical support and supplies, conducted search and rescue operations and helped to restore critical infrastructure, all the while maintaining high-level coordination with the Government of Japan through the U.S. Embassy and the Japan Self-Defense Forces (JSDF). Major military assets were also deployed to the area, including the USS Ronald Reagan carrier strike group.

At the peak of Operation Tomodachi, some 24,000 personnel, 189 aircraft and 24 U.S. Navy ships were involved in relief efforts. Commander, U.S. Forces Japan (USFJ), based at Yokota Air Base near Tokyo, provided the initial leadership and served as the headquarters for the USPACOM-established Joint Support Force (JSF) throughout the operation. As the situation grew more complex, USPACOM decided to activate a contingency response Joint Task Force (JTF) led by the Commander of U.S. Pacific Fleet (PACFLT), based at Pearl Harbor, Hawaii, to augment the JSF in Japan and exercise command and control for an expanded response. The following are summaries of some of the lessons learned identified by USFJ and PACFLT, drawn from materials provided by each command.

**U.S. Forces Japan**

The U.S.-Japan Treaty of Mutual Cooperation and Security (1960) allows for U.S. troops to be stationed in Japan and obliges the United States to defend Japan and cooperate with JSDF for defense and disaster response operations, among other missions. During peacetime, USFJ’s responsibilities include maintaining and operating port facilities and a series of logistics installations, and providing base and logistic support across Japan. U.S. uniformed military personnel, numbering around 38,000 and representing all branches of services, are stationed at 85 facilities across Japan and regularly participate in bilateral planning and training exercises with their JSDF counterparts, including for HA/DR.

When the Great East Japan Earthquake occurred, USFJ was in the unique position of being in very close proximity to the unfolding disaster. Although not staffed and configured to support operational-level command and control, USFJ maintained essential coordination.

mechanisms and daily working relationships with both the U.S. Embassy in Tokyo and JSDF senior leadership.5

On March 11, USPACOM designated USFJ as the supported command for all U.S. military efforts under Operation Tomodachi. U.S. forces were able to quickly coordinate with the Government of Japan and U.S. troops, and military assets were deployed within 24 hours. As the response grew rapidly and the JSF was established, USFJ Commander Lieutenant General Burton Field was appointed its first commander. A few key lessons learned by USFJ during Operation Tomodachi are described here, as drawn from a presentation by USFJ Deputy Commander Brigadier General William Crowe at the 2012 Humanitarian Assistance and Disaster Relief Conference in Seoul, Republic of Korea, and from correspondence with senior USFJ staff.6

**Bilateral training and exercises prepare forces to work together effectively in disaster response.**

Relationships make all the difference in a disaster response, and they must be built before a crisis strikes so that they can be maintained throughout. Prior investment in bilateral systems and training resulted in a rapid combined response to the Great East Japan Earthquake. In bilateral exercises, USFJ and JSDF had established standard operating procedures for these types of emergencies and specific annual civil-military HA/DR exercises between the two helped streamline the response. Operation Tomodachi demonstrated the value for both sides of a strong U.S.-Japan alliance.

**Bilateral information and intelligence sharing are essential to relief efforts.**

Sharing information is essential to effective bilateral or multilateral operations. This applies not just to information needed for situational awareness, but also for the protection of personnel. In the case of the Great East Japan Earthquake, sharing information such as lessons learned about how responders could be affected by traumatic stress, for example, enhanced all parties’ abilities to operate in this complex joint environment. It
is important to create and socialize bilateral information management standard operating procedures. One way to do this would be to create a bilateral mission network as a foundation for bilateral information sharing and collaboration. As a critical activity in cataloguing successes and failures in joint operations, after action reports should also be shared among partners.

**A common operating picture should be established for use by all stakeholders.**

A common operating picture (COP) that can be shared among all parties is essential to help synergize relief efforts when multiple stakeholders are involved. Although U.S. forces and JSDF communicated well and exchanged liaison officers in the response to the March 11 disasters, this was not enough to build a fully adequate picture of the operational environment. Critical information, such as the activities, status and whereabouts of United Nations agencies, non-governmental organizations (NGOs) and the private sector, was not readily available to USFJ. To build an effective COP that meets the needs of all parties, there must be a common understanding of the information needed by the host nation responding agencies, foreign militaries and governments, local communities and the humanitarian community and private sector. The COP should be made available to a wide audience on unclassified networks. Furthermore, one step that could be taken to enhance common understanding is to increase interaction among host nations, militaries and the humanitarian community prior to disasters. Measures to accomplish this include maximizing participation in civil-military HA/DR conferences and workshops, increasing HA/DR planning and activities during exercises, and enrolling military staffs in trainings such as USAID’s Joint Humanitarian Operations Courses and U.N. Humanitarian Civil-Military Coordination Courses.

The U.S. military must continue to prepare to support HA/DR operations. The U.S. military’s primary focus remains the defense of the United States, thus time and resource budgets understandably favor preparing for war-fighting as a priority over humanitarian assistance or disaster response operations. But as the military’s role in supporting HA/DR is refined, it must continue carrying out efficient and cost-effective training and exercises that enhance its professionalism in this field and ensure that personnel clearly understand their support role in such operations. As was well demonstrated in the response to the Great East Japan Earthquake, the U.S. military must be prepared to support the host nation through authorized channels of support. Under Department of State (DOS) and DOD policy, the host nation should always remain the lead in disaster response operations. The USAID Office of U.S. Foreign Disaster Assistance (OFDA) is the U.S. lead agency for HA/DR support to foreign countries. The use of U.S. military support should be limited to the leveraging of its unique capabilities, such as logistical and air support, engineering and trauma medicine.

**Host nation preparedness is the best way to avert greater catastrophe.**

The response to the March 11 disasters clearly demonstrated that HA/DR in a developed country is different than in a developing country. In Japan, strict building codes and regular disaster drills were among the factors that limited the damage and deaths caused by the earthquake. Furthermore, the country had the capacities required to deal with the unprecedented disaster. Japanese military preparations allowed for rapid response by JSDF and effective coordination with USFJ, and the Japanese Ground Self-Defense Force conducted the majority of the relief efforts. The Japanese private sector and local communities have done the bulk of the work in recovery and reconstruction, and many Japanese NGOs that normally serve abroad have remained in Japan to support domestic recovery efforts.

“Organizationally, the big thing that we learned in working with the Japanese is that we have to work harder on our information, in this case information sharing. That requires a lot of effort and it requires some changes in the way that we have in policy and in the systems that we employ,” said Lieutenant General Burton M. Field, then Commander of U.S. Forces Japan, remarks at the Air Force Association’s 2011 Air and Space Conference and Technology Exposition.
U.S. Pacific Fleet/Joint Task Force-519

Within a week after the earthquake and tsunami, the disaster had increased in complexity and U.S. military support to Japan had grown to include multiple lines of operation. On March 18, USPACOM activated JTF-519, a command designed for contingency response and operational-level planning functions, with orders to augment USFJ as part of the JSF. On March 24, USPACOM assigned JTF-519’s commander, PACFLT Commander Admiral Patrick Walsh, to lead the JSF. JTF-519 led the establishment of a command and control system for combined HA/DR and consequence management operations in support of the Government of Japan. On April 12, as the pace of crisis response activities began to subside, USPACOM ordered the JTF to stand down and USFJ assumed command of the JSF and Operation Tomodachi until it formally ended on June 1.8

In an effort to record an accurate historic account, capture key insights and share knowledge with future commanders operating in similar circumstances, PACFLT commissioned CNA’s Center for Naval Analyses, a Federally Funded Research and Development Center that serves U.S. defense agencies, to complete two reports on Operation Tomodachi, one reconstructing the timeline of significant events and the other focusing on the specific challenges of operating in a radiologically contaminated environment.9 The following lessons learned reflecting PACFLT’s experiences are extracted from the Center for Naval Analyses reports:

Standard tools and guidance for operating in radiologically contaminated environments should be developed for use in future disasters.

Following the accident at the Fukushima Daiichi Nuclear Power Plant, it took the JSF several weeks to develop adequate mechanisms for real-time situational awareness and then test decision-support tools specific to this situation. These tools included a bilateral crisis notification plan to help the host nation and the United States recognize and respond decisively to indications of a large release of radioactive materials should one occur. The U.S. DOS and DOD should consider developing similar tools in other countries with a large U.S. military footprint where chemical, biological, radiological and nuclear incidents are a strong possibility. Working with host nations in advance to accomplish this may help to align U.S. and host nation standards in order to minimize confusion over issues such as the United States and the host nation implementing different evacuation zones for their respective personnel, as was the case initially following this disaster. The need to translate a plethora of technical data and information about the situation in Fukushima and the spread of radiation into material that could support decision-making was a significant challenge for the JSF. Issues like the use of different standards to determine what could be considered “safe” levels of exposure to radiation, or the reasons for the use of different measurement units were frequently debated and not always understood. Although it may be difficult to translate this complex science into practical guidance, the ability to do this is as important as the availability of the technical data itself. The Center for Naval Analyses recommends the development of a primer on radiological issues to familiarize personnel with measurements, terms,
The JSF commander noted that there was no protocol for him to request assistance and mobilize support from other agencies to address problems such as the need to measure and model the effects of radioactivity in the sea – a capability that was limited within the U.S. military. Likewise, some U.S. agencies did not have means in place to respond to requests for such overseas assistance and, more importantly, it was not clear how these agencies should have organized their efforts in support of the DOS. The Center for Naval Analyses recommends that the U.S. Government consider drafting an international response framework to guide U.S. interagency coordination during responses to large-scale international disasters. The proposed framework would assist the DOS agencies in rapidly accessing and leveraging the capabilities of U.S. federal agencies whose expertise are needed in atypical international response.

The United States needs a formal framework for coordination of federal agencies in support of international disaster response operations.

The DOS, and within it USAID and OFDA, has the lead for coordinating U.S. international disaster responses. However, the response to the Great East Japan Earthquake and the accompanying disasters challenged the traditional approach to coordination because it required support from multiple U.S. federal (i.e., national-level) agencies not typically involved in a disaster response outside the United States. For example, exclusion zones, etc. It also advocates development of a framework for a radiological COP concept based on the type of decisions that the COP can be expected to support and the changing set of information that is likely to be available over the course of a response.
scenarios. Following the model of the U.S. National Response Framework that focuses on domestic disasters, this framework could describe how U.S. federal, state and local agencies, as well as private organizations, should work together in an international response. It could also include annexes that address specific disasters that would require an unusual expertise, such as cyber-attacks or radiological incidents.

Access to shared information among all partners is critical in responding to a complex disaster.

For U.S. forces, there were two major requirements around which information sharing was needed: the provision of support to the Government of Japan, and the safety of the U.S. military personnel and dependents living in Japan. In the first days it was difficult to judge the full scope of the disaster, and decision-makers had limited access to information. Amid the particular uncertainty of radiological contamination, the challenge as time moved on was collecting and presenting the right information in a way that was useful to all parties, considering that each had different goals and priorities.

Among the measures that worked effectively was the establishment of direct lines of information sharing between U.S. forces and JSDF. Examples include the exchange of U.S. and Japanese liaisons between the JSF headquarters and the Japan Joint Staff, and the creation of a direct line between the JSF commander and the Chief of the Japan Joint Staff. Also, nearly all Operation Tomodachi materials were unclassified, and the deliberate decision to give the Japanese open access to U.S. military unclassified systems facilitated information sharing and enhanced transparency. In addition, U.S. forces did their best to use technology for planning, tasking and information sharing that was accessible to all stakeholders, including U.S. Government agencies, the Government of Japan and JSDF.

Strong bilateral relations facilitate smooth central coordination in times of emergency.

Their historic alliance and established relationships allowed the United States and Japan to coordinate activities at a high level and facilitated the quick provision of assistance by the United States.
Transparency was key to maintaining these relationships throughout the complex disaster response. Initially, the U.S. military components coordinated directly with their JSDF counterparts. But after the initial shock of the disaster, the two forces worked toward centrally coordinated response operations. An effective process for consolidating, validating and coordinating requests with the U.S. Embassy had to be established through Japan’s national response mechanism. Combined crewing of maritime survey flights, the exchange of liaisons, and a central system of tracking requests for HA/DR support are examples of the transparent methods by which the U.S. and Japanese forces collaborated to improve efficiency. U.S. forces followed the Japanese lead, and correctly anticipated that Japan would quickly reach the point where it could manage relief activities on its own and would request cessation of U.S. HA/DR support.

**JTF-519’s organization and practices were adaptable to support complex contingency operations.**

Prior to the disaster, USFJ’s primary role was the maintenance of the U.S.-Japan military relationship, which was invaluable in positioning the command to coordinate quickly and effectively with the U.S. Embassy and the JSDF Joint Staff. But USFJ was not manned or equipped to serve as an operational command center for a major disaster under the JTF construct. The deployment of JTF-519 to lead the JSF from late March through April 12 was the JTF’s first application in command of forces for large and complex real-world operations. According to the Center for Naval Analyses’ reports, JTF519’s command and control framework was adaptable to the situation and facilitated the simultaneous management of multiple lines of operations in an uncertain environment. The combination of JTF-519’s organization and USFJ’s relationships with the host nation made the JSF successful in providing significant support to Japan.
Beyond Build Back Better

Typhoon Haiyan (Yolanda) Recovery in the Philippines

By Sudhir Kumar, Disaster Risk Reduction Specialist, United Nations Development Programme

The Philippines is highly vulnerable to disasters due to a number of factors that include location, geographic landscape, skewed development and increases in population in hazard-exposed areas. The country is composed of 7,107 islands, making it one of the largest archipelagos in the world, and is located along the Pacific Ocean’s Ring of Fire, making it vulnerable to earthquakes, tsunamis and volcanic hazards – of its 220 volcanoes, 22 are classified as active. It lies along the Western Pacific Basin, a generator of climatic conditions such as monsoons, thunderstorms, inter-tropical convergence zones, typhoons and El Niño making it vulnerable to sea level rise from climatic conditions. Every year, an average of 20 tropical cyclones cross the Philippine area of responsibility, and on average, four disasters hit the country per year. The country’s National Disaster Risk Reduction and Management Council (NDRRMC) has recorded 36,019 deaths caused by natural disasters between 1980 to 2006. These disasters strain the national budget and it is estimated that on average, typhoons contribute to an annual 0.5 percent decline in gross domestic product.¹

A category 5 typhoon named Haiyan (known as Yolanda in the Philippines) hit the Philippines on November 8, 2013, and it blazed a path of destruction across the central part of the country (Figure 1). It was one of the strongest typhoons ever recorded with winds reaching upwards of 315 kilometers per hour and massive storm surges up to six meters high in coastal areas; rain fell at rates of up to 30 millimeters per hour.

¹ NEDA (2008), Mainstreaming Disaster Risk Reduction in Subnational Development and Land Use/ Physical Planning in the Philippines, National Economic and Development Authority (NEDA), UNDP and ECHO, pp 19-20.
On Nov. 8, 2013, Typhoon Haiyan, known locally as Typhoon Yolanda, was one of the strongest tropical cyclones ever recorded. It devastated portions of Southeast Asia, killing at least 6,300 people in the Philippines alone. It was the deadliest Philippine typhoon recorded in modern history. U.S. Navy photo by Mass Communication Spec. 3rd Class Peter Burghart
The storm affected 6.1 million people; it displaced 4.1 million, and led to the deaths of at least 6,155 people and left 1,785 people missing. The islands of Leyte and Samar were hardest hit and 90 percent of the infrastructure of Tacloban City, the largest urban center of Leyte, was destroyed. A total of 1,192,091 houses were reported damaged, of which 593,785 were reported to have incurred more than a 50 percent loss.²

Typhoon Haiyan affected nine out of the country’s 17 administrative regions, covering 12,122 barangays in 44 provinces, 591 municipalities and 57 cities. The affected areas were some of the poorest provinces of the country. Data from 2012, before the storm, show that the average household income in the severely affected provinces was only 75 percent of the national average.³

The Philippines government, along with development partners, undertook a massive response and relief exercise and long-term recovery and reconstruction (R&R) is currently underway. This on-going R&R offers an unprecedented opportunity to go beyond ‘build back better’ by considering the following:

**Strengthening local-level governance**

In the Philippines, basic services including health, social welfare, agriculture and environmental sectors were devolved to local government units (LGUs) after the enactment of the Local Government Code in 1991. However, most of the LGUs are still largely dependent on financial transfers from the Internal Revenue Allotment (IRA). The clarification of roles and responsibilities across tiers of government has not progressed much, which leads to vague and inefficient assignments (Figure 2). The vague assignments lead to unfunded mandates, and non-delivery or duplication of service delivery by several levels of administration.⁴

The LGUs will lead the implementation of the Typhoon Haiyan recovery and reconstruction program, which will involve project management, financial management, quality assurance and control, and coordination with national-level agencies and development partners. The national government and development partners will be providing technical assistance to LGUs to support the implementation of programs and projects. It offers a window of opportunity to build capacity of the LGUs and strengthen governance for delivery of basic services. The enhanced capacity and expertise of the LGUs will be useful in post-Haiyan developmental interventions and day-to-day functions of the LGUs.

**Climate smart recovery and reconstruction**

Several reports and studies have indicated that the intensity and frequency of hydro-meteorological disasters is likely to increase in the future.

The R&R offers a window of opportunity to integrate disaster risk reduction features into sectoral recovery including housing, infrastructure and livelihoods. In the past, some R&R programs have integrated disaster risk reduction. The R&R program implemented in the aftermath of the Gujarat, India, earthquake of 2001 integrated risk reduction features as one of the objectives was to “build, retrofit, repair and strengthen houses for the people, and public buildings affected by the earthquake through application of earthquake-resistant technology.”⁵ The Indonesia R&R implemented in the aftermath of the Indian Ocean Tsunami of 2004 embraced the ‘build back better’ principle. The ‘build back better’ principle, in terms of physical facilities, aims to achieve a result that was superior in quantity and quality than

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² NEDA (2013), Reconstruction Assistance on Yolanda, National Economic and Development Authority, pp 1-4.
³ NEDA (2013).
⁵ GSDMA (2001), Gujarat State Disaster Management Authority, Gujarat Earthquake Reconstruction and Rehabilitation Policy.
what existed before the disaster. For example, the post-
2004 plan sought to equip housing estates with sanitation
facilities and established guidelines for disaster-resilient
housing.6

For recovery and reconstruction, the Government of
Philippines also adopted the ‘build back better’ mindset.
The R&R also offers an opportunity to consider climate
change adaptation and mitigation measures, though
this element is at an early stage. The Government of
the Philippines highlighted climate change in Haiyan
recovery and reconstruction strategy and mentioned
that the rebuilt communities should withstand the ‘new
normal.’ It is important to implement these strategies,
which is challenging but has manifold benefits in the
end. Upon completion, this climate smart recovery and
reconstruction will offer a number of lessons for future
recovery efforts.

Transition from response/relief to early recovery/
recovery and reconstruction

In order to respond to Typhoon Haiyan humanitarian
needs, the Inter-Agency Standing Committee (IASC)
 system-wide Level 3 emergency response was
activated. It is important to note that Haiyan was the
first large-scale natural disaster to strike after the IASC
Transformative Agenda was adopted, and the first time a
Level 3 emergency was declared.

The humanitarian response aims for provision of
emergency services and public assistance during or
immediately after a disaster in order to save lives,
reduce health impacts, ensure public safety and meet the
basic subsistence needs of the affected people. When
the basic subsistence needs are
met, the humanitarian response
shifts to long-term recovery
and reconstruction. The R&R
strategy directs the restoration and
improvement where appropriate,
toward facilities, livelihoods and
living conditions of disaster-
affected communities, including
efforts to reduce disaster risk
factors, in accordance with the
principles of ‘build back better.’

The Government of the
Philippines focuses on long-term,
sustainable efforts to reduce

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6 BRR (2009), the Executing Agency for Rehabilitation and Reconstruction of Aceh-Nias, Ten
Management Lessons for Host Governments Coordinating Post-disaster Reconstruction.

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vulnerabilities and strengthen capacities to cope with
future hazard events. In order to manage and coordinate
the overall recovery, the Office of the Presidential
Assistant for Rehabilitation and Recovery (OPARR) was
established; it constituted five clusters for recovery and
reconstruction (Figure 3).7

The cluster approach by the government to manage
recovery is an interesting approach for coordination
and transition. In the past, most of the R&R programs
have been implemented by either the R&R agency
created or designated for recovery or existing line
agencies. The cluster approach along with OPARR is
a new model as cluster approach creates opportunity
for improved coordination, which is vital in recovery
and reconstruction. Since OPARR acts as focal point
for recovery and reconstruction, liaison between
organizations becomes easier. It is expected to provide
valuable insights on transition from humanitarian
response to early recovery, and to recovery and
reconstruction.

Institutional set up for recovery and
reconstruction

The planning and implementation of a recovery and
reconstruction program, especially in the aftermath of
a large-scale disaster, requires a dedicated institution,
which may be a new or an existing institution with a
specific mandate. In the aftermath of the 2004 Indian
Ocean Tsunami, India set up a Project Management
Unit (PMU) under the existing government mechanism
– the Revenue Administration, Disaster Management
and Mitigation Department, Government of Tamil
Nadu – to implement the recovery program. In Sri

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7 OPARR (2014), Yolanda Rehabilitation and Recovery Efforts, Office of the Presidential Assistant
for Rehabilitation and Recovery.

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<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Cluster</th>
<th>Lead</th>
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<tbody>
<tr>
<td>1</td>
<td>Infrastructure</td>
<td>Department of Public Works and Highway (DPWH)</td>
</tr>
<tr>
<td>2</td>
<td>Livelihood</td>
<td>Department of Trade and Industries (DTI)</td>
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<tr>
<td>3</td>
<td>Resettlement</td>
<td>Housing and Urban and Development Coordinating Council (HUDCC)</td>
</tr>
<tr>
<td>4</td>
<td>Social Services</td>
<td>Department of Social Welfare and Development (DSWD)</td>
</tr>
<tr>
<td>5</td>
<td>Support</td>
<td>National Economic and Development Authority and Department of Budget and Management</td>
</tr>
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(Figure 3: OPARR organized along "cluster" lines (OPARR, 2014))
Lanka, the government formed a new agency named the Reconstruction and Development Agency (RADA) with the intent to create a single government agency to focus on reconstruction and development issues across all sectors and stakeholders in affected areas. In Indonesia, BRR (Agency for the Rehabilitation and Reconstruction for Aceh and Nias) was established for four years to complete the recovery, and it closed again once recovery was considered complete.⁸

The Government of the Philippines has set up the Office of the Presidential Assistant for Rehabilitation and Recovery (OPARR) to manage and coordinate the Haiyan recovery.⁹ The OPARR has opened offices at the national and regional levels and is in process of reaching the sub-regional level.

It is important to note that the Philippines has a well laid out institutional arrangement for disaster risk management from national to local levels. It has the National Disaster Risk Reduction and Management Council, an interagency body, chaired by the Secretary of the Department of National Defense and with the Administrator of the Office of Civil Defense (OCD) as executive director. At provincial, city, and municipal levels, it has Provincial, City, and Municipal Disaster Risk Reduction and Management Councils (DRRMC) respectively. The regional director of the OCD is chairperson of the DRRMC at the regional level. The functions of the OCD for recovery and reconstruction are to "develop and ensure the implementation of national standards in carrying out disaster risk reduction programs including preparedness, mitigation, prevention, response and rehabilitation works, from data collection and analysis, planning, implementation, monitoring and evaluation."¹⁰

The OPARR was constituted and tasked with the Haiyan recovery and reconstruction, although the Office of the Civil Defense exists at national and regional levels as well as regional, levels with the overall mandate

⁹ NEDA (2013).
¹⁰ RA (2010), Republic of the Philippines, Republic Act No. 10121.
of disaster risk reduction and management including recovery.

The Haiyan R&R program will provide insights and learning on the strategic role of new agencies for recovery in a context where a dedicated disaster risk management agency exists. It will also provide valuable lessons on the coordination arrangement among the provincial government, newly formed recovery agency and existing DRM agency on recovery and reconstruction. For example, in Pakistan, the Earthquake Recovery and Rehabilitation Agency was constituted to manage recovery in the aftermath of 2005 Kashmir Earthquake and is now a permanent institution. Pakistan also constituted the National Disaster Management Authority, which is the nodal agency for DRM including recovery and reconstruction.

Reducing exposure

Disasters offer an opportunity to mitigate risk and the ‘build back better’ principle plays an important role. A reduction in exposure of people and assets to hazards has been attempted in the past but it is a challenging issue as reduction in exposure can call for relocation of large portions of the population. For example, in Sri Lanka, the government announced in the immediate aftermath of the tsunami of the 2004 tsunami that it would enforce a no-build coastal buffer zone of 200 meters in the north and east coasts of the country and 100 meters elsewhere. Later, the government decreased the buffer zone to 35 meters.11 The objective of reducing exposure through a buffer zone approach in recovery and reconstruction is challenging as relocation in general is challenging. In R&R, it is more challenging, as there is pressure to complete the recovery in limited time.

The Philippines, which has a long coastline with high exposure to a number of hazards, had an opportunity to reduce risk through reduction in exposure. In November 2013, soon after the typhoon, President Benigno Aquino III enacted a no-build zone of 40 meters from the shoreline, and a number of municipalities passed local government ordinances related to it.12 Later, the government downgraded the no-build zone to a no-dwell zone, which meant relocation of communities would be the last resort if other risk reduction measures were not sufficient to reduce the risks in no-dwell zones.

The government called for risk maps with higher resolution and scale so that risk reduction measures could be taken as per local risk. The government and United Nations Development Program (UNDP) - Philippines are working to develop and make available risk maps of a higher scale (1:10,000) to the public domain. This is an important intervention and will go a long way toward reducing exposure in Typhoon Haiyan-affected recovery and reconstruction program areas.

In conclusion, it can be said that the Typhoon Haiyan recovery and reconstruction is challenging and expected to offer a number of lessons upon its completion, ranging from the institutional arrangement to the approach, and from the reduction of exposure to the governance. Strengthening of local governance using recovery and reconstruction is an important dimension, and future recovery can integrate elements of governance, if required. The institutional arrangements set up for recovery and reconstruction in the past broadly fall into two categories: new agencies for R&R (like the Gujarat State Disaster Management Authority in India after the 2001 earthquake and BRR in Indonesia after the 2004 tsunami), or R&R through existing agencies (like in Thailand and India in the aftermath of the 2004 tsunami). The Haiyan R&R is under implementation through a new institutional arrangement, which has potential to offer a new model. The issue of relocation in R&R has been difficult to manage. The risk-based, no-dwell approach along with mass awareness on risk at the community level is still evolving and undergoing change. If the no-dwell concept is implemented in letter and spirit in the Philippines, it will provide new lessons. These lessons will provide guidance to future recovery managers and policy-makers. ■

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11 BRCF (2012), Sri Lanka Tsunami 2004-Lessons Learned, Belgian Red Cross Flanders.
12 CwC (2014), Communications with Communities, Report Number 13, 24 February-1 April 2014.
THE TYRANNY OF DISTANCE

HOW DOMESTIC LESSONS CAN BE APPLIED TO OTHER NATIONS WITHIN THE ASIA-PACIFIC
C. S. Lewis, the great British author, once wrote, “True friendship begins when one person says to another, ‘What, you too? I thought I was the only one.’” Around the world, when personnel involved in disaster and emergency management domestically share experiences with others who work internationally, they may experience this sentiment. I write this based on a spirit of friendship and partnership borne from experiencing a common problem, which transcends unique circumstances.

Emergency management personnel domestically and abroad experience many of the same challenges as they prepare and respond to disasters. In a practical sense, individuals performing disaster response activities speak the same language, regardless of country, program, agency, funding source or type of disaster. In the profession of disaster and emergency management, domestic and international humanitarian disaster responses are frequently viewed as distinctly separate, however, this article postulates that there are more critical similarities than differences and it behooves all of us to learn and share information, build and foster relationships with international partners, and recognize we may be able to improve outcomes for disaster relief victims and responders.

In recent months, two events have reinforced my belief that domestic and international disaster work are similar, have applicability to each other and are not mutually exclusive. The first was a presentation I attended at the Civil-Military Interaction Workshop, organized by the Australian Civil-Military Centre and hosted by the Malaysia Peacekeeping Centre.
One of the speakers was a Malaysian Army physician, Lt. Col. Mohd Arshil. Lt. Col. Arshil spoke about his disaster experiences, which included the Indian Ocean Tsunami, United Nations missions in East Africa and East Timor, the International Security Assistance Force mission in Afghanistan, as well as domestic disasters in Malaysia. He spoke passionately, intelligently and universally, drawing no distinctions between his disaster work at home and his disaster work abroad. On the contrary, his emphasis was on the common experiences in all of his work. Specifically, he shared that most of the medical work and many of the cultural challenges were the same for him at home and abroad. I had never heard anyone talk so seamlessly about domestic and international disaster response.

The second event was the 2015 International Tsunami Symposium, “Making the Pacific Ready for the Tsunami Threat,” at the National Oceanic and Atmospheric Administration (NOAA) Headquarters in Pearl Harbor, Hawaii. Laura Furigone, NOAA deputy assistant administrator for Weather Services and deputy director, National Weather Service, spoke about the United States’ domestic program known as NOAA’s Weather Ready Nation. The program addresses building community resilience in the face of increasing vulnerability to extreme weather and water events. Furigone highlighted that she intended to take this program global and include other nations.

I was again energized at the prospect of a domestic disaster program being modelled for use internationally; that a domestic disaster program could have applicability beyond the borders of one country and be used to help equip disaster responses internationally.

In the U.S. Indo-Pacific Command area of responsibility (AOR) international disasters occur on a frequent basis. In addition, there are a number of significant conditions that all disaster responders must meet head on and eventually overcome in the AOR to be successful. I would offer that in the Pacific there are more commonalities based on the unique AOR than there are differences based on domestic policies. For example:

- the “tyranny of distance;” logistics; Pacific Island Nations (the insular nature); culture considerations; language considerations; unique military perspective; unique sheltering; host nation fatigue; unity of effort; lead federal agency; disaster declaration process; and employment of the humanitarian principles. As the Federal Emergency Management Agency (FEMA) federal coordinating officer (FCO) in the Pacific Area Office from 2007 – 2010, I faced many of these challenges. In 2009, the earthquake and tsunami that struck American Samoa was my last disaster as an FCO.

The earthquake and tsunami struck early in the morning of September 29, 2009, and the wave wrapped around the main island of Tutuila. Thirty-five people were killed and hundreds injured; 2,750 houses were damaged, and 275 houses and 28 rental units destroyed; four schools were substantially damaged, and one school destroyed; and the Satala Power Plant was substantially damaged and inoperative. I believe the disaster response to the earthquake and tsunami in American Samoa has applicability to future disaster responses in the Pacific and I offer the following observations.

**Disaster Declarations and Leadership**

The “tyranny of distance” will complicate disaster responses in the Pacific, both domestically and internationally. As a result, the Solomon Islands include a discussion on the tyranny of distance in their domestic disaster response planning. One of the best ways to mitigate the tyranny of distance is to ensure that a disaster declaration is granted as quickly as possible. A timely declaration will energize personnel, funding and outside assistance, but without this first step all other steps are delayed. It is incumbent upon government personnel at all levels to be familiar with the thresholds and processes required to request a disaster declaration from either regional or national leadership.

In response to the earthquake and tsunami in American
Samoa, we were able to get a Presidential Disaster Declaration (PDD) within six hours of the event. Interestingly, Governor Togiola Tulafona of American Samoa was in Hawaii when the tsunami struck, leaving him without an emergency management staff to write up the request for a disaster declaration. Through a series of phone calls with Gov. Tulafona, I was able to coordinate a disaster declaration request that had been drafted by my regional headquarters. He reviewed it and with minor corrections, signed it, and it went from the regional headquarters to FEMA’s national headquarters, then to the White House for action by the President. This process was coordinated throughout the day and each level was waiting for the request and ready to expedite it.

Due to the quick granting of a PDD, we were able to activate other federal agencies, as well as the military. A robust team of more than 50 federal personnel was deployed on a Coast Guard aircraft that very night. In less than 24-hours after the event, the team was on the ground in American Samoa performing a variety of response work. From the perspective of the affected population, a large team of federal and military response personnel arrived before they woke up the next morning. This act of government coordination was a firm symbol of full commitment to the people of American Samoa.

In both domestic and international disaster responses, there will be a disaster declaration process and all levels of government must be prepared to act quickly and collaboratively. Familiarizing the disaster declaration process at each level to prevent delays to the process should be the first step by governmental leadership.

**Logistics**

The tyranny of distance can also wreak havoc with logistics and movement control. I know there were numerous logistics hiccups; however, to those of us on the ground in American Samoa, most of those problems were invisible. Although this was a U.S. domestic response, logistics and movement control decisions were being made from the east coast of the United States and were relayed through California and Hawaii and then to American Samoa. With as many potential points of failure as there were in the thousands of miles the coordination crossed – like with any international response effort in the Pacific – things worked relatively smoothly as we received supplies and personnel. It may not have been easy every step of the way, but all of the logistics professionals, both civil and military, worked hard to overcome problems, collaborated as one federal team and kept the affected population of American
The military is often the tool of convenience when facing large logistics problems in disaster response – they are very good at quickly moving things and people from one place to another. We had a requirement to deploy a large number of power generators, plus all of the associated equipment (transformers, cables and fuel), in a short amount of time. We did not want to ship any equipment separately and find ourselves with generators but no way to connect them to the power grid, so we wanted to receive the shipment as one package. As the logistics team examined the requirement and tried to find a resource to match this requirement, it became clear the distance would require multiple trips for military assets to bring all of the equipment in. A decision was made to contract two flights of the Antonov AN-225, the world’s largest aircraft, instead of military airlift. This was a good example of having a requirements process that could match a need with the most appropriate resource. At times civilian solutions are a better fit to mitigate the logistical challenges posed by the tyranny of distance, and governments need to maintain strong civil-military relationships to best meet those challenges.

**Use of the Military**

The United Nations Office for the Coordination of Humanitarian Affairs’ (OCHA) Oslo Guidelines are “guidelines for the use of foreign military and civil defence assets (MCDA) in disaster relief.” One of the most basic tenants of the Oslo Guidelines is that of last resort, which states, “military and civil defence assets should be seen as a tool complementing existing relief mechanisms in order to provide specific support to specific requirements, in response to the acknowledged ‘humanitarian gap’ between the disaster needs that the relief community is being asked to satisfy and the resources available to meet them.”

Throughout the Pacific, however, many military forces are the first responders in their countries, so it is common to see militaries early in the disaster response process. Many populations in the Pacific even expect to see military personnel perform vital roles in disaster response; seeing uniformed personnel provides a degree of comfort and reassurance to the affected population, such was the case in American Samoa. The military response was unusual because it consisted of Hawaii National Guard personnel, active duty personnel in the form of a Defense Coordinating Office and Defense Coordinating Element (DCO/DCE), a local U.S. Army Reserve unit and U.S. Army Corps of Engineer personnel (USACE) personnel. Domestically, the DCO/DCE is activated as part of the Defense Support to Civil Authority (DSCA) program, which provides unique military resources in support of civil authorities, similar to the international Oslo Guidelines.

The local U.S. Army Reserve unit had just returned

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1 Of note is that USPACOM’s Joint Task Force – Homeland Defense (JTF-HD) and a Navy Frigate, the USS Ingraham, all supported the DCO/DCE.
“Military and civil defence assets should be seen as a tool complementing existing relief mechanisms in order to provide specific support to specific requirements, in response to the acknowledged ‘humanitarian gap’ between the disaster needs that the relief community is being asked to satisfy and the resources available to meet them.”

- United Nations Office for the Coordination of Humanitarian Affairs’ (OCHA) Oslo Guidelines

home from a deployment to Iraq and was not going to be denied supporting their family and friends; they all showed up in uniform and ready to work the first day! The reserve soldiers performed a number of tasks, but the most noteworthy was working with the Red Cross and FEMA Corps to distribute supplies to the villages. Culturally, the distribution of goods is done through the village chief, or Matai. As it turned out, many of the reserve personnel held Matai titles, and they could speak using appropriate Matai conventions. Using uniformed Matai led to an unprecedented level of transparency for the distribution and made the entire effort run extremely smoothly. The lesson here is that, while use of the military to distribute goods is not a common practice by humanitarians around the world, it is effective in the Pacific, especially among the island nations.

Power Restoration

Loss of power and the restoration of power are huge challenges among Pacific Island nations simply because there is no way to borrow power from neighboring nations. The lack of backup power, based on the tyranny of distance, is a common theme. In American Samoa, the tsunami completely destroyed one of the two power plants. A joint power committee was formed consisting of personnel from the territorial emergency management office, FEMA, the American Samoa Power Authority and USACE. Within two weeks, this committee had developed a three-phase approach for restoring power. The first phase required the deployment of 52 FEMA generators that would be distributed at critical locations along the power grid. The phase-one generators were operational in six weeks and stayed in place for three months. The second phase called for the placement of 28-megawatt generators at the site of the destroyed power plant and was to last for 18 to 24 months, until a permanent power solution was implemented. Remarkably, five years later, the phase-two solution, which was conceived within the first weeks of the response, remains operational. The role the USACE team played was simply invaluable and the stopgap measures they helped create are now having long-term effects.

Every disaster that I have responded to had some very prominent commonalities: an affected population, a host government that needed assistance, unique cultural sensitivities, a process to request assistance, a planning process, logistics and prioritization of resources, response objectives, the use of unique military capabilities, and the necessity that agencies coordinate and collaborate on response activities. The tyranny of distance makes these challenges even more acute in the Pacific. The more information that we can share with each other about disaster experiences, especially in this vast region, the better prepared we will be to respond to the next disaster, whether domestic or international; the mission is still the same – to save lives and mitigate suffering, and in the process, foster international partnerships.

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The year 2015 was busy for the global humanitarian community, including nongovernmental organizations such as International Medical Corps. While much of the world’s, and International Medical Corps’, attention had been focused on the response to the Ebola epidemic, another humanitarian response on the other side of the world deserves examination as well. The 7.8-magnitude Nepal earthquake, which struck April 25, 2015, was a long-anticipated, but nevertheless devastating catastrophe, followed by multiple aftershocks and landslides. Final estimates of the devastation include: 8,969 fatalities, 22,493 people injured, more than 890,000 homes destroyed or damaged, and 2.8 million people in need of humanitarian assistance.1, 2

With Nepal at the center of one of the world’s most seismically active areas—where the Indian and Eurasian tectonic plates collide, as evidenced by the Himalayan Mountain range—seismologists and emergency planners had been anticipating a major earthquake in Nepal for years.

Applying the INFORM (Index for Risk Management) approach (Risk = Hazard x Vulnerability x Coping

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In mounting the response to the Nepal earthquake, the humanitarian community had a wealth of experience to draw upon. The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) encapsulated much of this experience in its contemporaneous report, “Nepal Earthquake Response: Lessons for Operational Agencies,” which highlighted 17 lessons for consideration at the strategy and management level and at the technical delivery level (Figure 1).

International Medical Corps has been a leading global response organization for more than 30 years, including playing significant roles in the 2010 Haiti and 2005 Pakistan earthquake responses and other similar disasters. International Medical Corps was in a strong position to work with the Nepalese authorities, the U.S. government (including the Office of Foreign Disaster Assistance (OFDA) and U.S. (Indo-)Pacific Command), had taken steps to raise awareness of the risk in Nepal and had been working to put plans and mechanisms in place for mitigation and response.

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Immediate Assessment and Response

International Medical Corps’ primary strength is in rapid public health and medical response and training in any situation around the world. Within hours of the Nepal earthquake, International Medical Corps had activated its internal Rapid Assessment process and its Emergency Response Unit (ERU). Immediately recognizing the need for International Medical Corps...
In Gorkha District, volunteer nurse Kevin Murphy, from Mass General Hospital, and his teammates travel by helicopter each day to reach remote villages in the Himalayas. Photo by International Medical Corps

support to the response effort, an Emergency Response Team (ERT) was assembled in the field in Nepal to conduct initial assessment and response activities. A Response Management Team (RMT), composed of ERU members, health experts, logisticians, finance specialists, security advisors, communication specialists, operations specialists, and other sectoral leads was established in the U.S. headquarters to guide and support the field response.

International Medical Corps’ ERT, which included doctors, nurses, and logisticians, was functioning within the disaster zone within the first 24 hours, aided by the fact that the team leader was already in country. As co-author Kelly Suter, veteran International Medical Corps responder from the Haiti, Ebola, and Nepal responses recalls, “Our team had bags packed, carried their passports with them at all times, and slept in something they could run through the streets in.” Consistent with lessons 1, 2, and 4, the ERT established initial liaison with national and local authorities and international coordination structures such as the Health Cluster (facilitated by the World Health Organization), which asked International Medical Corps to conduct an immediate health assessment in Gorkha District. The overall response was coordinated by the Nepal Ministry of Home Affairs, through its National Emergency Operations Center (NEOC). The Ministry of Health and Population (MoHP), supported by the World Health Organization, led the coordination of health sector efforts through the Health Cluster and the Field Medical Team Working Group.

Early observations and assessment by the ERT highlighted significant damage to buildings, damage to roads and transport infrastructure, as well as damage to other critical infrastructure. Several major hospitals suffered only minor damage, but smaller, more remote health facilities saw greater damage. Humanitarian challenges would center on pre-existing marginal socio-economic development exacerbated by acute trauma, loss of shelter due to damaged or destroyed buildings, loss of critical infrastructure, disruption of water and sanitation infrastructure, and damage and disruption to the health system, with potential for communicable disease outbreaks, behavioral health challenges, and operational constraints due to damage to an already fragile transportation network.5

Initial interventions by the ERT included establishment of multiple Mobile Medical Units (MMUs) in Gorkha and Dhading districts and the capital, Kathmandu. These medical units provided basic medical care for displaced populations and provided medical supplies to functional health facilities. In keeping with the ALNAP lessons 1, 4, 9, 10, and 16, International Medical Corps conducted ongoing health sector assessments, which identified damage to and overcrowding at key health facilities, with a backlog of trauma and surgical patients. The ERT also identified significant shortages of critical medicines and supplies, including braces, wheelchairs, crutches, canes, plastic sheeting, temporary shelters, antibiotics, IV fluids, wound care supplies, and gloves. Water, sanitation, and hygiene (WASH) was also identified as a critical need, with limited facilities in displaced persons camps, creating a significant risk for communicable disease outbreaks. To facilitate transport efforts, International Medical Corps contracted its own helicopter capability. Initially, helicopter support was utilized to deploy mobile medical units to remote locations and facilitate patient evacuations and referrals as required.

Expanded Response Efforts

Ongoing assessments continued to reveal the extent of the destruction to Nepal’s already fragile health system, with 465 health facilities destroyed and 690 damaged, including primary healthcare centers, village health posts, and birthing centers.6 From the outset of its emergency relief activities, International Medical Corps recognized the need to significantly increase its response efforts while simultaneously planning for transition to recovery.

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and capacity-building efforts, with the goal of “building back better.”\(^7\) in keeping with Lessons 3, 9, 11, 14, and 16. International Medical Corps’ typical *modus operandi* is to use initial emergency public health and medical emergency relief efforts – including WASH, mental health and psychosocial support, nutrition and food security, protection, and other sectoral efforts – as a springboard to more robust and comprehensive response efforts, while laying the foundation for transition to longer-term, capacity-building and recovery efforts in all of these areas.

One month into the response, International Medical Corps was working with international partners, national and local authorities, local partners, and local staff to provide: \(^9\)

- Primary health care and reproductive health care in hard-to-reach villages through MMUs (over 3,200 primary health care consultations);
- Surgical support to MoHP hospitals and facilities (31 surgeries in Dhading and Patan hospitals);
- Health and hygiene education to village residents for prevention against communicable diseases;
- Mental health and psychosocial services in primary health care facilities and MMUs;
- WASH support to affected communities (252 emergency latrines in multiple districts);
- Nutritional support to affected communities; and
- Conducting assessments and promoting availability of gender-based violence protection mechanisms and establishment of community gender-based violence response efforts through local partners.

At this point, International Medical Corps was also noting the challenge of the upcoming monsoon season and the challenges imposed by disrupted communications systems, consistent with Lessons 11 and 13.

**Toward Recovery – Building Back Better**

By month two of the response, International Medical Corps was already well on its way to leveraging the above activities, guided by ongoing assessments and lessons from prior responses (ALNAP lessons), and in concert with national and local authorities, partners, and staff, to transition its focus to longer-term, capacity-building efforts with the goal of building back better.

Recognizing the fragile and degraded state of Nepal’s health system, International Medical Corps placed its highest priority on assisting with efforts to rebuild the health system. International Medical Corps is still working with local partners to rebuild and rehabilitate damaged and destroyed health centers, as well as re-provisioning with equipment and supplies. These efforts, at 13 health posts, will have a direct impact on over 157,000 people who will have greater access to health care as a result. \(^10\)

As described above, the earthquake only served to confirm the ongoing hazards, socio-economic vulnerability, and diminished coping capacity that makes Nepal highly vulnerable to natural disasters. In particular, the earthquake highlighted the need to increase the capacity of Nepal’s ambulance services and prepare for disrupted communications. To that end, International Medical Corps is working to improve emergency response capacity so local authorities can be ready for the next disaster. Specifically, 50 personnel will be trained as Emergency Medical Technicians (EMTs) to serve as first responders, providing emergency health services at the onset of a disaster. In addition, 15 hospitals and dispatch centers will receive new communication systems and share five new ambulances to better serve Kathmandu.

One of the enduring tragedies of the Nepal earthquake is the thousands of injured and disabled, for whom the lack of local rehabilitation services is devastating. To address this type of need, International Medical Corps is providing medical staff, including physical therapists and nurses, to support inpatient and outpatient physical rehabilitation.

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\(^{9}\) “International Medical Corps Situation Report No. 08 Kathmandu, Nepal,” International Medical Corps, May 22, 2015.

\(^{10}\) “International Medical Corps Nepal Earthquake Response Report,” International Medical Corps, December 2015.
When Amir heard about the devastating 7.8 earthquake in Nepal, he immediately deployed with International Medical Corps to help his native country. Part of the Water, Sanitation and Hygiene (WASH) team, Amir and his teammates provide the community in Bangamati with latrines, critical supplies and community education on healthy hygiene and sanitation practices. Photo by International Medical Corps

therapy care. As a result, more than 32,000 people will have access to rehabilitative services through a “step down” facility in Gorkha, which provides outpatient physical therapy services.

International Medical Corps places a top priority on protection issues, including gender-based violence. In Nepal, as community coping mechanisms were stressed, women and girls faced increased risk of gender-based violence. To address this, International Medical Corps is working with local partners to enhance protection messaging and services. Through these efforts over 19,700 individuals will be reached with protection messages.

Another challenge, closely related to protection and gender-based violence issues, is decreased resources to maintain sexual and reproductive health. In response, International Medical Corps is working to strengthen sexual and reproductive health services in health facilities and increase knowledge among adolescents on family planning and sexual reproductive health. As a result, over 13,800 adolescents will benefit from 75 health providers specifically trained on the provision of adolescent health services. In addition, over 1,200 females will have increased access to care through two mother-baby transition homes.

Through extensive experience, International Medical Corps has recognized the challenge of long-term mental health needs in catastrophic disasters and has placed a top priority on addressing them. If mental health and psychosocial support needs go unaddressed, individuals can develop chronic problems, like depression and post-traumatic stress disorder. To address this type of need, International Medical Corps is integrating formal mental health and psychosocial support services (MHPSS) into primary health care facilities and community settings to facilitate access and care. As a result, there will be more than 1,600 health workers and community leaders trained in MHPSS, and over 2,000 people will be sensitized to mental health and psychosocial support issues through anti-stigma campaigns. In addition, over 250,000 people will be reached through radio programs and other means regarding mental health support and services.

Recognizing the linkage of health and WASH, International Medical Corps has long prioritized WASH interventions in disaster response and recovery. The Nepal earthquake degraded water and sanitation infrastructure, which even before the earthquake was inadequate to meet safe drinking water and sanitation needs. In response, International Medical Corps is providing water, sanitation, and environmental waste management solutions to reduce the risk of preventable disease – including cholera. As a result, 52,000 people will benefit from more than 2,080 latrines constructed in homes and schools, over 12,000 will be reached with hygiene education and promotion messages, and 125 WASH committees and community health workers will be trained in priority hygiene practices.

Another critical area of linkage to health in disaster response and recovery is nutrition, in particular for children and other vulnerable populations. Adequate nutrition is crucial to children’s growth and development, yet the nutrition status of the most vulnerable populations remains critical in many affected areas. To address this, International Medical Corps is working with local partners to create nutrition stabilization centers and providing on-the-job training to prevent and treat severe acute malnutrition in children under five years. As a result, over 280 health staff and caregivers will be trained and seven stabilization centers will be created, giving over 180,000 children under five access to increased nutrition prevention and response services.

Civil-Military Considerations

As mentioned above, over recent years there has been considerable anticipation of a catastrophic earthquake in Nepal, with resultant preparations by many international governments and militaries. This was manifested by the extremely broad military response from the Nepalese military, as well as other militaries, requiring extensive civil-military coordination efforts. As per usual practice, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) took the lead in facilitating civil-military coordination through the Humanitarian-Military Operations Coordination Center (HuMOCC), and participating militaries coordinated their efforts through the Multinational Military Coordination Center (MNMCC).

Most military support involved logistics/transport and field medical teams, which were also coordinated through the Logistics Cluster (facilitated by the World Food Program) and the Health Cluster. With significant involvement in logistics/transport and health and medical teams, International Medical Corps was careful to coordinate its efforts through appropriate civil and military processes and counterparts. For example, deconfliction of field medical team activity was a top priority. Recognizing early on the challenge of logistics and transport in light of the disrupted infrastructure, and to ensure access, speed, and flexibility, International Medical Corps made arrangements for its own rotary wing lift capability to handle the bulk of its transport needs. This was made possible by a generous sponsor network and a novel social media campaign in partnership with Facebook.

International Medical Corps also established relations and coordination with the Nepalese military as manifested by a cooperative effort to create a field post-operative unit with Patan Hospital and the Nepalese military. As another example, International Medical Corps was able to use its lift capability when available to deliver food and non-food items from the Nepalese Army to communities in Gorkha and Dhading districts.

**Conclusion**

The Nepal earthquake was a reminder of the risk of natural disasters in the Asia-Pacific region. International Medical Corps, a global nongovernmental humanitarian organization, has worked with partners to apply its experience, and the lessons identified by ALNAP, to this catastrophe. There is a robust and growing body of knowledge in the professional practice of disaster response which must continue to inform future response efforts. International Medical Corps also placed a high priority on building back better through its ongoing recovery and capacity-building efforts. In addition, just as important as getting the next response right and building back better, is the need to mitigate risk in advance. Recalling the three-pronged INFORM risk index, it is essential to continue to address each element through efforts to enhance hazard mitigation, address vulnerability and increase coping capacity.
"Since we opened our doors in 1994 the CFE has provided nonstop education, training, engagement, and support to nations across the Pacific. The most exciting work is still to come as CFE-DM grows its effectiveness and efficiency, garnering stronger Pacific partners and international stakeholder relationships. "

- JOSEPH D. MARTIN, SES
CFE-DM Director, 2014 - Present
"No matter where we travel, no matter who we talk to, one theme that comes up from our 36 nations across the Pacific is that they want expertise, they want help with that intellectual discovery that comes with how you manage humanitarian assistance and how your think about training and educating the workforce, the government and the people. This is what the Center for Excellence is all about and why I am so passionate about it."


"The ASEAN handbook is superb."
- Dr. Sithu Pe Thein, ASEAN Secretariat, March 2019.

"The Naval War College’s Humanitarian Response Program has been honored to work with our friends from CFE-DM over the years and looks forward to many meaningful collaborations in the years to come! Congratulations to the entire CFE-DM team on an amazing 25 years of excellence in disaster management and preparedness across the Asia-Pacific region!"
- Professor and Director Dave Polatty
  Humanitarian Response Program
  U.S. Naval War College

"Congratulations and Bravo Zulu to Director Joe Martin and his awesome CFE team for 25 years of exceptional dedication to enhance the understanding and skills of security practitioners worldwide in disaster management and preparedness. You have set the gold standard and we at DKI APCSS are honored to partner with you through these years in promoting partner capacity building and shared understanding. We are all better prepared to face this complex, dynamic and ambiguous 21st Century with CFE leading the charge. Well Done!"
- RADM Pete A. Gumataotao, USN (Ret)
  Daniel K. Inouye Asia-Pacific Center for Security Studies Director

"The great thing is that I’ve learned so much from the instructors, but also from the other students because of their different levels of experience and components. The contacts you make and understanding how the Department of Defense handles crisis situations is invaluable. It's a building block not only for your job today; but it will help you throughout your military career."
- Canadian Army Lt. Col. Adam Barsby, 2019 HART course participant.
CALENDAR OF EVENTS

1. **U.S. Army Africa**
   - HART Course
   - July 2-3
   - Italy

2. **AHA Centre**
   - ASEAN Civil-Military Coordination Course (Pilot)
   - July 8-12
   - Indonesia

3. **CFE-DM**
   - FOCUS IN 2019
   - July 24-26
   - Ford Island, Hawaii

4. **CFE-DM**
   - 25th Anniversary Gala 2019
   - July 26
   - Ford Island, Hawaii

5. **ASEAN Defence Ministers’ Meeting Plus**
   - HADR Exercise
   - July 22-Aug. 2
   - Malaysia

6. **III MEF / 3rd MEB**
   - HART Course
   - July 29 - Aug. 2
   - Japan

7. **COPE NORTH**
   - Mid-planning Conference
   - Aug. 26-30
   - Japan

8. **Joint Exercise India**
   - Final Planning Conference
   - Sept. 9-13
   - India

9. **CFE-DM**
   - Health Emergencies in Large Populations
   - Sept. 9-20
   - Honolulu, Hawaii

10. **GEMA BHAKTI 2019**
    - Staff Planning Exercise
    - Sept. 22-29
    - Indonesia

11. **Pacific Area Senior Officer Logistics Seminar**
    - Capstone
    - Sept. 24-25
    - Papua New Guinea
12 ASEAN Defence Ministers' Meeting Plus
Executive Working Group HADR 15th meeting
Sept. 30 - Oct. 4
Malaysia

13 CFE-DM
USINDOPACOM HART Course
Oct. 8-11
Honolulu, Hawaii

14 French Polynesia Marara
Command Post Exercise
Oct. 14-18
Tahiti

15 Regional Consultative Group
Session 5
Dec. 9-15
Thailand