

The Tsunami Disaster

The Danish handling of the Tsunami disaster in Asia

Structure of presentation

- Who is responsible for what?
- Key events and the role of the Danish health care system
- Problem areas and lessons learned
- Recommendations
- Nordic cooperation

Responsibilities

Authority/ responsibility	Overall coordination of the health care system in Denmark	Operation of health care system	Overall coordination of situations with Danish citizens abroad
National Board of Health in Denmark	X		
Danish counties (5 regions 1/1-07)		X	
Ministry of Foreign Affairs of Denmark (MFA)			X

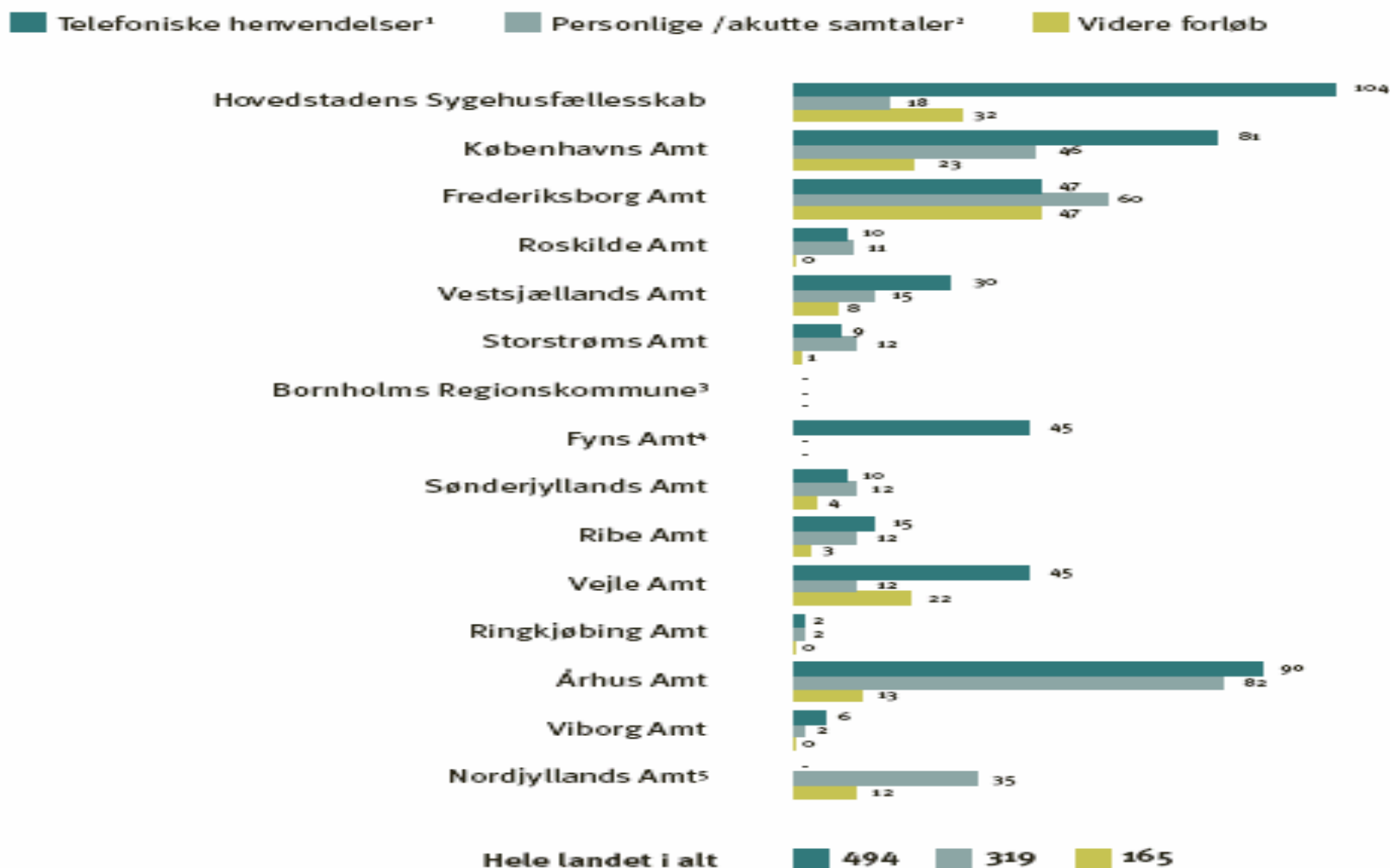
Key events I

- 29 December 04: The Police, the travel industry, the insurance business, the National Board of Health and MFA establish a **task force** to coordinate the emergency response, ensure transportation to DK of all Danish tourists and of course injured Danish citizens (somatic patients and citizens with psychological after-effects) and to assure the right response in Denmark to the homecoming citizens.
- The work of the task force was influenced by the fact that there was **no emergency management in DK for acute international emergency situations**. The result was improvisation, flexible and pragmatic solutions.
- Somatic and crises therapists emergency health care teams was established in **Copenhagen airport**. A crises therapists team was send to **Thailand** and **Sri Lanka**.

Key events II

- Only a limited number of somatic patients
 - 50 people were treated for physical injuries in the airport and of these only a very few was hospitalised
- High numbers of citizens with psychological after-effects, including the next-of-kin, needing therapeutic assistance
 - Information and therapeutic assistance was given in Cph. Airport to citizens arriving from the disaster areas
 - 150 therapeutic dialogues of long duration
 - A great number of shorter therapeutic dialogues
- Enquiries to counties offering therapeutic assistance during the first month after the disaster:
 - 500 enquiries
 - 300 of the 500 enquiries resulted in acute assistance by psychologist or psychiatrist
 - 150 of these resulted in a longer course of dialogues with psychologists or psychiatrists

Figur 3.8 *Henvendelser til amternes kriseterapeutiske beredskaber i forbindelse med naturkatastrofen i Asien. Opgjort pr. 1. februar 2005.*



Kilde: Oplysninger fra amterne/H:S som led i evaluering af den kriseterapeutiske indsats i forbindelse med Tsunamien.

Key events III

- To conclude: The health care system in Denmark was able to provide the needed treatment and care to Danish citizens arriving from the disaster area

Problem areas and lessons learned I

- Inadequate communication between the parties involved in the handling of the course of events. The communication by the Ministry of Foreign Affairs in the first few days has been criticised in particular
- The emergency preparedness at the Ministry of Foreign Affairs and at the Embassy in Bangkok was not ready for a catastrophe of this magnitude
- International coordination and cooperation efforts during the phase immediately after the catastrophe were limited
- The coordination between the counties in Denmark were below expectations

Recommendations I – MFA evaluation

- Establishment of a task force rooted in the Ministry of Foreign Affairs, including all the relevant Danish authorities
- Establishment of a rapid deployment team, which can rapidly be dispatched the scene of the catastrophe
- Strengthening the crisis preparedness of Embassies in the form of satellite telephones, communications equipment, training and the involvement of local networks of Danes volunteering to help

Recommendations II – MFA evaluation

- Setting up of a hotline telephone number to provide better service for citizens making enquiries
- Establishment of a special emergency front page on the website of the Ministry of Foreign Affairs for the purpose of emergencies and disaster situations
- Cooperation between the Ministry of Foreign Affairs and the Danish mobile telephone companies on the provision of information via SMS to Danes in emergency areas
- Cooperation between the National Commissioner's office and the Ministry of Foreign Affairs on the development of common formats and procedures regarding registration of missing persons and persons affected by the catastrophe.

Recommendations III – MFA evaluation

- Enhanced cooperation on crisis management under the auspices of the Nordic countries and the EU

Recommendations IV – National Board of Health initiatives

- Strengthening the role of the National Board of Health as the national coordinator in health care emergency management
- Improving the communication between the counties (regions 1/1-07)

Nordic cooperation

- The cooperation between the Nordic countries was purely through the MFA.