

Editorial

Getting ready for the big one

The article by Beinin entitled, 'Towards a medicine of hope: perspectives on the Armenian earthquake tragedy,' hits home sharply in the United States, particularly in the San Francisco Bay area, which has recently suffered an earthquake of magnitude Richter 7 with the epicenter located near Santa Cruz, California. Having lived in California for a good part of my adult life, I have vivid recollections of the ground moving under my feet.

Experiencing the physical effects of a temblor is always an unsettling experience. In the few seconds when the earth's vibrations are still imperceptible to human sensory organs, the animals appreciate what is about to happen. There is a brief moment of silence, as barking, squawking and chirping cease, followed by an outcry of distress from animals which respond as they would to an ambulance or fire truck siren. Then the dirt and concrete begin to shake and the rumble begins. Depending on the magnitude of the subterranean readjustment, man is gently swayed or abruptly jolted off his natural and man-made foundations. One's immediate thoughts are that this cannot be happening, or that it should not be happening, or that it is wrong that it is happening. Unfortunately, it can, is and should happen.

From a medical perspective, we were lucky in California. The casualties were nowhere near excessive and all of the health care facilities operated without interruption. The weather held for a few days after the quake and the major transportation and communication systems remained operative. There was little panic and no civil disobedience. All in all, it seemed a model response.

I hope that no one truly believes that this means we are ready for 'the big one'. More importantly, I hope that the major focus following the California earthquake, or any other natural disaster for that matter, continues to be on what went wrong, rather than our good fortune at what went right. Perhaps not as prominently as in Armenia, but without question, errors were made on both ends of the event. On the front end, building codes were violated, structures failed, and alert systems did not trigger. On the back end, people wandered through restricted zones, bureaucrats far removed from the tragedy argued about relief funds, and politicians wasted time in front of television cameras when they should have been taking care of business. Meanwhile, the people immersed in the event were reasonable, heroic and compassionate. Strangers risked their lives to assist strangers in distress, while others worked to their physical and emotional limits.

What's new? It has happened and will happen again. There isn't much difference between the thought process that leads to driving without a passenger restraint and that which sponsors building double-decker freeways in seismically active zones. No person ever thinks it will happen to him. Construction engineers cannot be expected to be perfect, but they are aware of risk and certainly should be held to the toughest standards imaginable. And what of the medical community? The US has not been tested in recent memory, thank goodness. However, the inevitability of the test is mind-boggling. We need a system that is capable of rapidly bringing hundreds or thousands of rescuers and tons of medicines in, while distributing thousands of victims out. It has to be a scenario

rehearsed far better than the paper bag disaster drills we all attend with great reluctance, merely to attain accreditation of our hospitals. When the great disaster strikes, the first 48 hours will in large part be delegated to the doctors, and heaven help us if we aren't ready.

PAUL S. AUERBACH, MD