



DUPONT SUMMIT 2012

..... Pressing Issues Amid the Political Maelstrom

December 7, 2012 * Carnegie Institution for Science, Washington, DC
Sponsored by the American Public University and the George Mason University

The Policy Studies Organization

Panel Speakers

Panel 1 of 2

"Infrastructure and Disasters"

Richard Diecchio, PhD, *George Mason University*

Allison Macfarlane, PhD, Chairman, *Nuclear Regulatory Commission*

William Hooke, PhD, Director- Policy Program, *American Meteorological Society*

Panel 2 of 2

"Disasters and Health Disparities"

Dr. Arnauld Nicogossian, *CSIMPP*, George Mason University, and Senior Editor *World Medical & Health Policy*

Dr. JD Polk, *U.S. Department of Homeland Security*

Dr. Dan Hanfling, *INOVA Health System and Medical Team Manager for Virginia Task Force One, FEMA and USAID*

Topic

"Disasters, Infrastructure, Health, and Disparities"

Natural and human-made disasters permeate all aspects of our life. All hazards preparedness, response, and recovery are the 21st century reality. Fear of pandemics and devastations, such as the 2003 outbreaks of severe acute respiratory syndrome (SARS), avian influenza, the 2004 Tsunami, Hurricane Katrina of 2005, the H1N1 pandemic of 2009, the earthquakes in Haiti in 2010 and Japan in 2011 further reinforce the need for a more robust planning, surveillance, response, and recovery. (continued on next page)



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Topic

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(continued from previous page) Natural disasters can strike even the most advanced societies whose more elaborate infrastructures may worsen the disaster. We have transformed the natural world into a constructed world, and in doing so have created additional risks. Natural hazards prediction is uncertain, but can help inform engineering design based on the worst- case scenarios. Disasters also highlight growing global social and health disparities, a divide that exacts a higher suffering and death toll among the disadvantaged and less fortunate during and in the aftermath of disasters. Vulnerable and poor populations already live at the cusp of disasters. Epidemiological data and long-term follow-up of disaster survivors suggest a relationship between traumatic events and increased incidence of chronic physical and mental illnesses, especially among vulnerable groups. Evidence that the poor, children, elderly, and those afflicted with chronic health disorders are at a higher risk for morbidity and mortality is mounting.

Market economy countries ensured that civilian, law enforcement, and military personnel are better trained and equipped today than in 2001. Civilian health infrastructure is more apt to care for mass casualties. How do we properly inform the public about the uncertainties and the risks? How do we reduce the risks now and in the future, especially if we continue to build and live in hazard-prone areas?

Educating the public, planning, surveillance, warnings, communications, and reliance on non-traditional community resources are part of the current and future mitigation strategies.