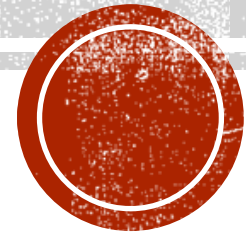


Preparing for the Big One

Bringing the “conspicuously invisible” into focus

Lesley Gray



Wellington



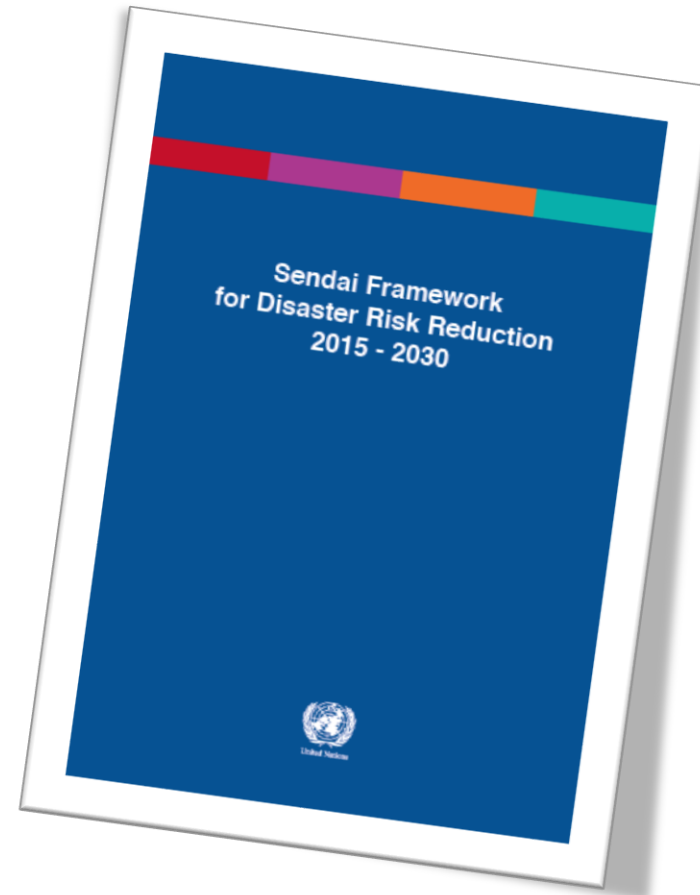
MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND



Disaster Risk Reduction and people with morbid obesity



SENDAI FRAMEWORK FOR DISASTER RISK REDUCTION



Need for focused action within and across sectors by States at local, national, regional and global levels in the following four priority areas.

Priority 1
Understanding disaster risk

Disaster risk management needs to be based on an understanding of disaster risk in all its dimensions of vulnerability, capacity, exposure of persons and assets, hazard characteristics and the environment

Priority 2
Strengthening disaster risk governance to manage disaster risk

Disaster risk governance at the national, regional and global levels is vital to the management of disaster risk reduction in all sectors and ensuring the coherence of national and local frameworks of laws, regulations and public policies that, by defining roles and responsibilities, guide, encourage and incentivize the public and private sectors to take action and address disaster risk

Priority 3
Investing in disaster risk reduction for resilience

Public and private investment in disaster risk prevention and reduction through structural and non-structural measures are essential to enhance the economic, social, health and cultural resilience of persons, communities, countries and their assets, as well as the environment. These can be drivers of innovation, growth and job creation. Such measures are cost-effective and instrumental to save lives, prevent and reduce losses and ensure effective recovery and rehabilitation

Priority 4
Enhancing disaster preparedness for effective response, and to «Build Back Better» in recovery, rehabilitation and reconstruction

Experience indicates that disaster preparedness needs to be strengthened for more effective response and ensure capacities are in place for effective recovery. Disasters have also demonstrated that the recovery, rehabilitation and reconstruction phase, which needs to be prepared ahead of the disaster, is an opportunity to «Build Back Better» through integrating disaster risk reduction measures. Women and persons with disabilities should publicly lead and promote gender-equitable and universally accessible approaches during the response and reconstruction phases

NCD paragraph 30 (k)

People with life-threatening and chronic disease, due to their particular needs, should be included in the design of policies and plans to manage their risks before, during and after disasters, including having access to life-saving services;



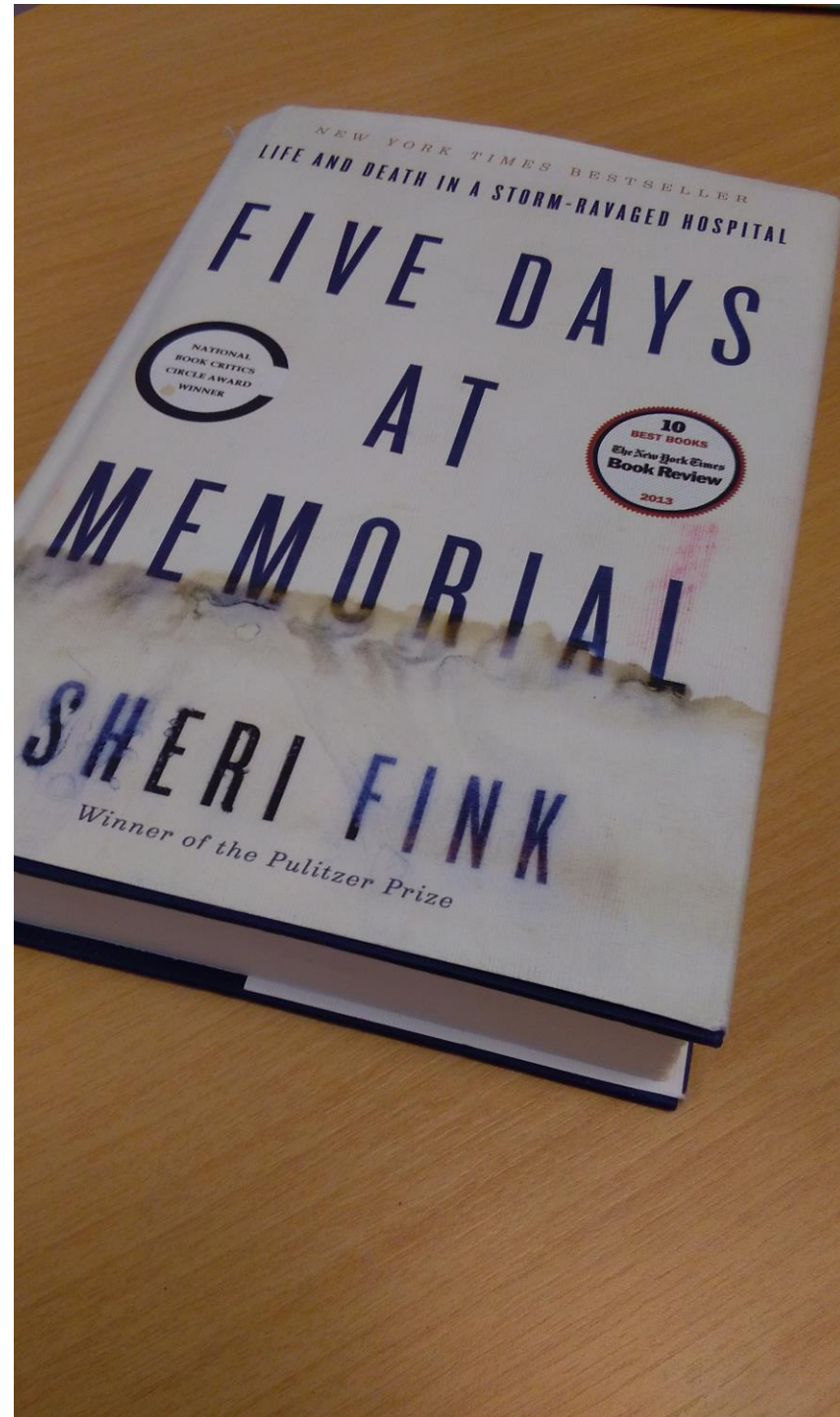












Memorial Medical Centre

Emmett Everett

61, Honduran born, 380 pounds (172kg)

Rodney Scott

More than 300 pounds (136kg+)

Janine Burgess

79, estimated around 350 pounds (158kg)



Kaikoura Earthquake tsunami was as high as 7 metres at one spot

MICHAEL DALY

Last updated 12:54, March 28 2017



DN KING

Tsunami debris along the seaward bank of the railway line at the south end of Oaro Bay.



In 2011, tsunamis were seen as
“the latest hot button” (G2) which had been overhyped.

(P1) “I think some people that just relax, you know. They sit back and relax. Because it's [tsunami] never happened, they think it's a wasting of time preparing, but it never happen.”

(M1) “Look at what people did. They went to the beach, when there were tsunami warnings. Because there were so many, that people just went, “Oh well, I'm going to go down and watch it.” “

Gray L, MacDonald C, Mackie B, Paton D, Johnston D, Baker M.
Community responses to communication campaigns for
Influenza A (H1N1):A focus group.
BMC Public Health 2012, 12:205. doi:10.1186/1471-2458-12-205



"We had no idea until we got a call. No one came to let us know," Gifford-Jones said.



CHRIS MCKEEN/FAIRFAX NZ

The flood bank protecting Edgecumbe in the Bay of Plenty breached, flooding the township.



Whakatane man rescues more than 20 people from Edgecumbe: RNZ Checkpoint



S ^

1:02 / 5:08

EDGECUMBE
A 500yr flood
(the second in 15 yrs)
April 2017

Whakatane man rescues more than 20 people from Edgecu... ➔



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Questions/Comments?



find me on twitter **@DRR_NZ**
Email: lesley.gray@otago.ac.nz



Morbid Obesity in Disasters: Bringing the “Conspicuously Invisible” into Focus

[Lesley Gray](#)^{1,2,*} and [Carol MacDonald](#)²

Paul B. Tchounwou. Academic Editor

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Abstract

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It is a frightening reality for some people to be caught up in the midst of a disaster, alone and vulnerable due to their relative size, shape or weight. A literature search failed to find any empirical reports of data specific to body mass index (BMI) in disaster situations. A handful of largely anecdotal reports described situations in which people categorised as morbidly obese were negatively impacted in disasters because of their size and/or weight. While a small number of toolkits and training resources were found, there remains a paucity of research in relation to obesity and emergency planning or disaster risk reduction. This is somewhat surprising, considering the concern about increasing levels of obesity globally. Research is urgently needed to prioritise and address the specific considerations of people with morbid obesity and how communities plan, prepare, respond, and recover from disasters and public health emergencies.

Keywords: obesity, vulnerability, disaster risk reduction, natural disasters, emergency planning, preparedness

1. Introduction

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