

## Humanitarian Response and Ethics

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Stephanie KAYDEN\*<sup>1</sup>

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### Disaster Response and Humanitarian Assistance

For many people, disaster response refers to responding to an incident of mass casualties, such as triage, initial treatment, incident command systems, and logistics. However, various knowledge and skills for a mass casualty incident may not be necessarily practical for humanitarian assistance activities, in which a large number of populations are displaced from their home. The Great East Japan Disaster of 2011 produced mass population displacement as well as many casualties, and existing disaster response did not sufficiently function during the disaster medicine relief efforts. This reaffirms that humanitarian assistance requires different kinds of abilities.

Humanitarian disasters or crises can be defined as mass population displacement accompanied by public health emergencies, in which a large number of disaster survivors must be evacuated from their homes in emergency situations. This “mass population displacement” refers to a situation that a natural disaster or human-induced disaster such as terrorism or armed conflicts displaces a large population from their homes. They lost their homes, and they also often suffer from the shortages of food, water, shelters, toilet facilities, and access to medical care. Responding to this sort of humanitarian disasters requires different skills compared a normal disaster response.

Developing countries in Africa and Asia often face humanitarian disasters. The earth-

quake in Haiti on January 12, 2010, is a typical example. In addition to many casualties due to collapsed buildings by the earthquake, many people lost their homes and had to live in tents for a long time. Global urbanization, population concentration and climate change are also increasing the risk of humanitarian disasters in the developed world, such as Japan or the United States. In the United States, we had a humanitarian disaster in 2005 brought by Hurricane Katrina, which hit the southern part of the country. New Orleans, Louisiana, especially suffered significant damages; the entire city went under water by the flood after the hurricane passed, forcing about 85% of the citizens to evacuate. The City of New Orleans had designated the Super Dome, a giant sport facility, as a shelter. But because the city’s disaster plans were not in accordance with the international standards of humanitarian disasters, the facility could not provide enough water to the sheltered people, there was no privacy, and the latrines were insufficient in number so they soon overflowed and went out of order. Many people lost their lives because they could not access their chronic medications. In short, this giant facility could not fully function as a shelter. The United States has an administrative agency specialized in risk management like Federal Emergency Management Agency (FEMA)—and yet, we failed in Katrina. We must examine this incident and find out why we could not avoid such serious situation.

Shown in **Table 1** is a table prepared by Pan American Health Organization (PAHO), which

\*1 Director, Lavine Family Humanitarian Studies Initiative, Harvard Humanitarian Initiative. Instructor in Medicine, Brigham and Women’s Hospital, Harvard Medical School, Boston, USA (skayden@partners.org).

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**Table 1 Natural disasters and the likely damages**

	Earthquake	Hurricane	Tsunami	Flood	Mud slide	Eruption
Casualty	+++	+	+++	+	+++	+++
Multiple trauma	+++	++	+	+	+	+
Infectious diseases	<i>Densely populated and unsanitary areas are always at high risk</i>					
Damage to medical facilities	+++	+++	+++ (localized)	+++ (medical equipment)	+++ (localized)	+++
Damage to waterworks and sewerage	+++	+	+++	+	+++ (localized)	+++
Food shortage	+	+	+++	+++	+	+
Large number of evacuees	Rare (except when metropolitan areas suffer significant damage)			Highly likely (but the damage may be limited)		

(Source: PAHO 2000.)

summarizes the types of natural disasters in the world and the damage we can anticipate by them. A flood, mud slide, or eruption is likely to damage medical facilities, and many people will lose their homes and have to seek shelters as the result of a disaster. The important fact for us physicians is, actually in most natural disasters, the high-level medical care like complex surgeries is not really required. So, the international community may be eager to provide high-level medical assistance, but the affected people have little need for it. One notable exception to this is an earthquake, which often requires emergency surgeries for trauma patients. However, this post-disaster need for surgeries usually exists only for the first 72 hours after a quake. Yet, foreign medical teams cannot arrive within this time limit. Therefore, consequently high-level medical assistance from overseas is usually not needed in natural disaster relief efforts.

### Three Pillars of Humanitarian Assistance

The international community has been studying

how to respond to humanitarian disasters, primarily based on their experiences in the developing nations. Today, I would like to describe the 3 major parts in humanitarian response efforts: 1) the *cluster approach*<sup>1</sup> proposed by the United Nations (UN), 2) the international standards, and 3) ethics and accountability of the disaster responders.

In this global world, many organizations become involved in humanitarian disaster response, such as UN, national governments, NGOs, and the military. The role of UN is to organize and coordinate the efforts of governments, NGOs, and the military. In the UN's *cluster approach*,<sup>1</sup> specific sectors of tasks in disaster relief are seen much like clusters of grapes. Humanitarian disaster response involves various tasks, such as water, shelter, food, and health. In the *cluster approach*, each sector of tasks is considered to be an individual *cluster*, and each *cluster* has one leading agency designated by UN to be in charge of collaborating with the government of the affected nation and organizing NGOs. Because each specific *cluster* acts independently, this approach makes it easy to coordinate the disaster relief effort. In the *health cluster*, for example, World

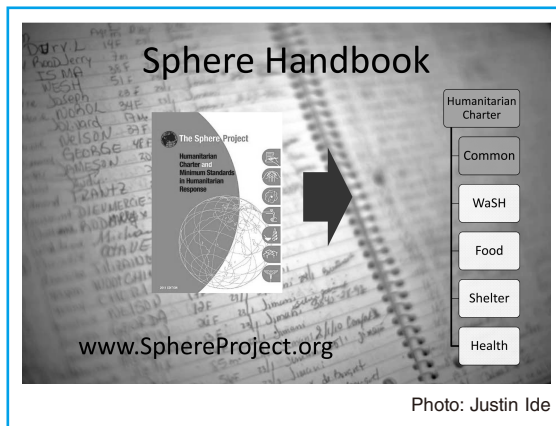


Fig. 1

Health Organization (WHO) serves as a coordinator and organizes the response while sharing information with the government agencies, NGOs, and the military.

One reason for the confusion we saw in Hurricane Katrina was that the disaster responders did not have clear standards for humanitarian disaster assistance. The need to establish international standards to protect the dignity of disaster victims has been raised in the international community, and *Sphere Standards* (contained in *Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response*<sup>2</sup>) is most frequently being used, which was prepared by the joint effort of NGOs in humanitarian assistance and International Red Cross and Red Crescent Societies called the *Sphere Project*.<sup>3</sup> The first edition of *Sphere Handbook* was completed in 2004, and the third edition was recently released in 2011. As shown in **Fig. 1**, *Sphere Standards* are divided into several sections, namely, *Health*, *Shelter*, *Food*, *WaSH* (which stands for water, sanitation, and hygiene), and *Common*, in which each section has own standards and indicators to abide by, and *Humanitarian Charter* governs them all. This *Humanitarian Charter* stipulates code of conducts for responding to humanitarian disaster that the international community should follow based on the international humanitarian law and various standards of International Red Cross. The details of *Sphere Standards* will be described by the next speaker, Dr. Agrawal.

The last, and perhaps the most important part

of humanitarian assistance, is the ethics and accountability of the disaster responders. It is desirable that those who respond to humanitarian disasters have been trained in advance in providing humanitarian assistance based on the international standards. Various organizations and educational institutions offer seminars and programs, and Harvard University offer 2-week course in humanitarian assistance once every year.<sup>4</sup> When responding to actual disasters, the responders must follow the international standards and protect the dignity of the beneficiaries (= disaster victims) when carrying out their relief activities. It is also important to seek feedbacks from the beneficiaries. Starting about a week after a disaster, the NGOs involved in assistance should sit with the representatives of the beneficiaries and regularly check what is going well and what needs to be done better. Additionally, the contents of disaster relief activities must be evaluated and verified that they meet the international standards, and we need to strive to improve for future efforts.

It is important to bear in mind that those who respond to humanitarian disasters must also take care of themselves. Many responders feel the urge to help others and do something, and consequently, they end up working days and nights with no rest. However, daily routines such as eating, taking a break, and sleeping properly are essential in maintaining the quality of disaster relief activities. Leaders of disaster relief teams must practice these daily routines themselves and make sure that the team members also abide by this rule.

### Common Myths in Natural and Humanitarian Disasters

Lastly, I would like to introduce common myths in natural and humanitarian disasters. Although various evidences regarding disaster relief and humanitarian assistance have provided valuable knowledge, there are still many myths surrounding disaster response, influencing the decisions that people make

#### A disaster is a random killer

People often believe that a disaster is like a random killer, but many studies have disproved this myth. Disasters do not kill randomly; it is the “socially vulnerable people” such as the elderly,

women and children, and sick people who tend to be the victims. Therefore, disaster plans must be prepared in advance based on this fact.

### **Epidemics are unavoidable**

The spread of infectious diseases is not inevitable in a disaster; it is the crowdedness of the survivors that influence the onset of epidemics. Thus, providing services that prevent over-crowding can prevent the spread of infectious disease and such myth. There is another similar myth, that people can get infected by dead bodies. Although it is very wrong, the media and the general public tend to believe so. The diseases that can be transmitted by dead bodies are very limited to certain infectious diseases, such as hemorrhagic fevers like cholera and Ebola. It is true that touching feces when handling a body of a cholera patient can lead to oral infection or that coming into contact with the fluid from a hemorrhagic fever patient can cause infection; however, prevention is very possible. Generally speaking, a dead body does not transmit any infectious disease. Meaning, helping survivors should be the priority in humanitarian assistance efforts, and “burying bodies to prevent epidemics” can wait. On the other hand, for the mental health of the affected populations, handling of bodies should be done properly and promptly according to local customs.

### **Any foreign medical volunteers are welcomed**

When a large-scale disaster strikes, many believe that any medical volunteers with any kind of medical training are needed in the field. As I mentioned before, medical volunteers from the international community is not necessary in almost all disasters. Medical volunteers from overseas must travel long distance for many hours, and they must arrange for food, accommodation, and fuel in a foreign country, taking up the much needed resources of the affected areas. In humanitarian disaster response, physicians who participate should be not just any physicians but trained in humanitarian assistance in advance.

### **Disaster response always needs food and clothing**

Many people think disaster survivors need a lot of food and clothing—again, another myth that is almost always not true. Food and clothing

sent from far or overseas usually do not meet the local needs and often culturally inappropriate. In the United States, a major tornado in Alabama killed 250 people, and various items were sent from all over the country for disaster relief. Some people send fur coats and high heels—all in good will, of course—but they were no use in the disaster areas. They had to be stored in warehouses or shipped back, causing huge burden on the aid organizations. Monetary assistance, therefore, is actually more desirable if you really care about disaster victims and the affected areas. During the conflict in Bosnia in 1990’s, aid agencies spent over 1 billion USD for managing relief supplies and warehouses. Donating cash does not require aid agencies to use airplanes to carry or warehouses to store, and it can be used as the financial assistance for disaster areas. For many people it is not easy to go to disaster areas to work in disaster relief, but if one truly wishes to help, monetary help is much more desirable.

### **Providing temporary settlement is best for survivors**

For those who lost their homes in a disaster, people often believe it is best to provide mass temporary settlement such as refugee camps or shelters, but it is usually not correct. It is important to stay with family members or friends so that the community bond can stay strong as much as possible. However, overcrowded refugee camps or shelters cannot function as a normal local community. A large-scale disaster requires mass shelters and temporary housing, but their use should be minimized.

### **Disaster victims are helpless and powerless**

Another myth about disasters is that the survivors are consumed with sadness and too helpless to assist themselves in disaster relief so they need to be helped. But studies show that, even in a large-scale humanitarian disaster, it is possible to recover without any help from the outside. As radical as it may sound, in many cases the affected areas can recover without any help from a government or the international community. Naturally, most disaster victims are under great shock right after a disaster; however, many of them soon rise to the occasion and try to overcome their difficulties.

### Things will go back the way they were in a few weeks

The last and maybe the most pervasive disaster myth is that things will be back to normal in a few weeks. The experience in the Great East Japan Disaster last year clearly tells us that this

is not the case. Disaster plan must be considered on a long-term basis over a span of months or even several years. We must bear in mind that the survivors of the Great East Japan Disaster will continue to suffer the effect of the disaster for many years to come.

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