Globalizing factors in the history of disaster relief

Perhaps you have experienced or heard about a local event that was considered a disaster. You may even have helped out when others faced a disaster. Disasters can happen anywhere, including Canada. For example, the flooding of the Saskatchewan and Oldman Rivers in Alberta created disastrous situations for towns such as Medicine Hat and Lethbridge. Community volunteers rallied to build dykes and sandbag buildings to prevent water damage to valuable property and homes. International efforts to deal with disasters are much the same—people respond to victims of disaster and provide for those who need aid.

However, this has not always been the case. Over the centuries, people responded differently in times of disaster. Sometimes, there has been no help at all for disaster victims. Often ignorance of the cause of the disaster led people to fear for their own safety. As understanding of the causes grew, people gradually began to respond to disasters further away from their own towns. Over time, disaster response became more global.

Various factors have contributed to the globalization of disaster relief, including the following:

- ideology and ideas
- political and legal intervention
- technology
- compassion and ethics
- mass media

Ideology and ideas

In the mid-14th century, the Black Plague swept across Europe. Fear prevented people from offering assistance. The sick were not offered assistance. The dead and dying were left where they fell. The disease spread quickly through infected carcasses. Only a few brave people dared to offer assistance. No one knew where the pestilence came from or how to stop it. As a result, no one helped those who fell ill. At that time, no disaster relief existed to help families and cities rebuild. As people began to understand how diseases spread, they became more willing to take action. The fight against catastrophic diseases expanded with every advancement in medicine. Developments in modern medicine have increased the effectiveness of helping disaster victims.

Healthcare education

An Italian-born British woman named Florence Nightingale planned some of the first disaster relief efforts. Nightingale became aware of the need for better healthcare standards during the Crimean War from 1854 to 1856. Conditions for wounded soldiers were horrific. Ten times more soldiers died from diseases contracted at the hospital than from wounds acquired on the battlefield. Nightingale and a small staff of nurses made it a priority to address the hospital’s overcrowded living conditions that were spreading disease.

Her experience tending to soldiers in the army prompted Nightingale to make permanent healthcare improvements. During peacetime, she designed sanitary hospitals for wounded soldiers. When Nightingale made recommendations to Queen Victoria, the Queen called for a major overhaul of the military medical system. By the time of her death in 1910, Nightingale had established nursing training centres, colleges, and modern hospitals.

A century after her death, Florence Nightingale is famous as an advocate for improved health care and disaster relief. She remains an inspiration to nurses around the world.

International Federation of Red Cross and Red Crescent Societies

Around the time that Florence Nightingale was working, Henry Dunant also noticed problems with military healthcare. When Dunant arrived on an Italian battlefield in 1859, he was shocked to see 38,000 injured, dying, and dead soldiers. No one was providing any care. Dunant organized the civilian population, especially women, to assist the injured and sick soldiers. They purchased materials to set up makeshift hospitals. He convinced the volunteers to care for the injured soldiers regardless of their nationality. His experience prompted him to write a book about care for the wounded in battle. Dunant’s idea was to form a permanent, neutral (not belonging to either side) relief society to provide care in times of war.

Dunant’s vision led to the establishment of the Red Cross Society in 1863. National Red Cross societies
began forming quickly all over Europe. Volunteers from these societies were recognizable by a common emblem. For many years, millions of volunteers worked with national Red Cross Societies to care for wounded soldiers.

Today the International Federation of Red Cross and Red Crescent Societies work in almost every country in the world. They have broadened their relief efforts far beyond just the care of wounded in battle. Now, the Red Cross and Red Crescent deliver aid to victims of all kinds of crises including natural disasters, disease, famine, civil strife, poverty, and oppression.

Political and legal intervention

The arrangement of political or economic agreements between countries is also a factor in the globalization of disaster relief. When a nation allies itself with another, it most often extends beyond economic or military support. If a nation has any kind of trouble, it can feel comfortable knowing its allies are there to help. This is true in peacetime as well as in the aftermath of wartime. 

*The Marshall Plan*

After World War II (1939 to 1945), the USA offered relief for the reconstruction of Europe. The Marshall Plan was developed to lend money to help rebuild the infrastructure and economy of war torn Europe. The U.S. was able to offer aid because it was the only world power without damage to its direct territory.

The plan produced benefits for the U.S. as well as for Europe. Markets that the U.S. would sell to and trade with would be rebuilt faster. By offering help, the U.S. established a western sphere of influence in Europe. A sphere of influence comes from beneficial, strong agreements among a group of countries. As well, the Marshall Plan served to counter the communist East, which was the opposing sphere of influence. The influence of the communist East was a concern to the West in the decades following WWII. The offer of economic aid was extended to the USSR if they would make political reforms and accept outside control. The USSR refused the offer.

The Marshall Plan operated for four years. During that period the U.S. gave $13 billion of economic and technical assistance. This is equivalent to about $130 billion in 2008 U.S. dollars. The aid helped the recovery of 18 European countries. When the plan ended, the economy of each of the countries, with the exception of Germany, had grown well past pre-war levels.

*Responding to the Great Depression*

Political decisions within a country have also contributed to disaster relief. For example, during the Great Depression, many governments of affected countries provided disaster relief to their own citizens. The Great Depression began as an economic disaster in 1929 with the crash of the American stock market. Cities all over the world were affected, especially those dependent on industry.

The depression started slowly but quickened as the entire world was affected. Construction was halted everywhere. Farming suffered because crop prices fell. Ongoing drought in the United States and Canada made the economic crash even worse. Food was scarce and expensive. Industries and manufacturers were hit hard. People were laid off and fell deeply in debt.

To help people survive the disaster, the governments of both Canada and the United States created make-work projects. Public work programs gave the
unemployed jobs building or repairing roads, parks, and airports. Workers were paid only $1 a day but were given a place to stay and free food. Governments also gave out welfare and other forms of aid. Because of the depression, governments began programs such as unemployment insurance and old age pensions that are still in effect today. We often refer to these programs as being part of a social safety net. They serve as a safety net because they “catch” people and provide a helping hand when misfortune strikes.

News of the disaster spread quickly. Hundreds of wounded were crowded onto the first train out of Halifax to be helped in hospitals in nearby cities. That train passed other trains bringing doctors, nurses and medical supplies from nearby cities. American naval ships steamed into the harbour to serve as floating hospitals. By that evening, a train loaded with food, clothing, transport, and medical personnel was on its way from Boston. Within 48 hours, trains from other parts of Canada sent carloads of food, clothing, building materials and skilled workers. Funds came from as far away as New Zealand.

The Disaster Assistance Response Team (DART)

In 1994, over two million people fled Rwanda to escape from a brutal massacre. The international community provided food, shelter and medical and sanitary services to the refugee camps. Despite these efforts, a cholera epidemic broke out. Canada’s Armed Forces sent a medical team to help combat, but the relief effort did not arrive until the epidemic was subsiding.

As a result, the Canadian government realized it needed to provide humanitarian aid more quickly. It formed the Disaster Assistance Response Team (DART). The team is made up of about 200 Canadian Forces soldiers. It is designed to fly into disaster areas around the world and provide aid for up to 40 days. Almost everything the team needs — more than 40 vehicles and 340 tonnes of supplies — is stored and ready to be shipped at 48 hours notice. Another 11 tonnes of medical supplies is also ready. The team has the expertise and technology to provide primary medical care and produce safe drinking water. Team engineers are able to fix roads and bridges and repair electrical and water supply systems. They also build refugee camps and set up facilities to make communications easier. Since its formation, the DART has conducted humanitarian relief operations nationally and internationally.

In December 2004, a massive earthquake struck
Indonesia. The earthquake triggered a tsunami that affected 12 countries in all. Some 220,000 people died. In addition, private property, roads, buildings, water and electricity supplies were severely damaged. One of the hardest hit areas was the east coast of Sri Lanka. Canada immediately sent military personnel to the area to assess the need. 12 days after the disaster, DART members were in Sri Lanka. They brought tents, food, and water purification systems. During their 40-day mission, medical teams saw approximately 5,500 patients. Engineers produced over 2.5 million litres of drinking water. They transported more than 55,000 people across a local waterway.

Compassion and ethics

Another factor in the globalization of disaster relief is the increasing number of personal connections around the world. When people immigrate to a new country, they leave family, friends, and a beloved culture in another country. When disaster strikes in either country, the family and friends elsewhere in the world feel it is important to provide aid. This is especially true in wartime.

Wartime aid for Britain

In 1939, at the beginning of World War II, Britain imported 70% of its food. When war broke out, one of the main strategies of the enemy forces was to attack all shipping bound for Britain. The plan was to starve the nation into submission. To make certain that everyone had equal access to available goods, a ration system was set up. The government issued ration coupons so that people could buy the few things that were available. Ration coupons are not like a form of money. Rather, the coupons specify how much and what kind of things a person can buy. For example, sugar was in short supply. A family might be allowed to buy five pounds a month. To buy it, they would need a sugar coupon. If you did not have a coupon for an item, you could not buy it even if you had the money. Many countries, including Canada, used rationing during WWII.

Life became very difficult for people in Britain. Food, clothing and gasoline were rationed. Only enough coal to heat one room in the evening was allowed. As well, even bathwater was limited.

To help, people around the world sent relief parcels to Britain and other European countries. The Red Cross sent personal supplies to military personnel, to prisoners of war, and to needy civilians. The Canadian public was encouraged to pack food and personal items for the comfort of those in another part of the world. Groups such as the Rotary Club and the Imperial Order Daughters of the Empire (IODE) were involved in disaster relief projects. Projects included such things as collecting used clothing to send to bombing victims. Books were collected to send to servicemen and women. Money was collected to buy powdered milk for children in Britain. The women of the IODE knit sweaters, scarves, mittens, hats, and socks for military personnel. Individual Canadians planted Victory Gardens to grow extra food to send overseas. Families used some of their own rationed sugar to can fruit to send to relatives in Britain. Others prepared tins of meat or poultry to send overseas to friends and relatives.

Vietnamese “Boat People”

The personal side of disaster relief continues into peacetime. At the end of the Vietnam War, millions of former South Vietnamese people fled. They sold their possessions and sewed gold and dollars into their clothing. The refugees traveled hundreds of kilometres by road. They then boarded small fishing boats to head for international waters. The flimsy boats were not meant to travel in open waters. Some of the refugees were rescued by freighters and taken to Hong Kong. The unlucky ones drifted in open water and were often attacked by pirates. The refugees were robbed and many were murdered. The dangerous situation became an international humanitarian crisis. Refugee camps were set up in several countries in Asia for the “boat people.” Although aid money was sent to the camps, little reached the refugees. Thousands of these boat people languished for years in the refugee camps. The lucky ones were able to immigrate to other countries.

The Canadian government decided that the number of boat people allowed into Canada would be dependent upon public support. In June 1979, a group in Toronto set a goal to raise enough money to save 50 families. In nine days it passed its goal. Six days later there were nine more groups committed to saving boat people. In nine days the number of groups had risen to 58. It cost private groups less
than $8,000 to sponsor a family. The money provided clothing, food, and accommodation for the family for one year.

In July 1979, the government agreed to sponsor one refugee for each one sponsored privately. Churches, corporations, or groups of five or more Canadian citizens were eligible to sponsor refugees. The two-year goal was to privately sponsor 21,000 refugees. This would be matched by 21,000 government sponsored refugees. In four months, private sponsors had reached their goal. As well, the government decided to admit another 8,000 refugees.

Mass media

The media has been an important factor in the globalization of disaster relief. Images from disaster sites trigger sympathy for victims. Televised fundraisers, newspaper, or radio campaigns rally support for aid. International celebrities use the media to encourage the public to contribute to various causes. People realize that at some point they, too, could need the help of others. On the other hand, growing media attention to suffering around the world sometimes lessens the horror. People become desensitized to the suffering of others when they are constantly bombarded with horrific images. People who are desensitized get used to seeing others suffer. They no longer feel prompted to respond because suffering seems commonplace. The media gives attention to spectacular disasters. As a result, ongoing extremely serious problems may not receive attention because they are not spectacular. Such things as food shortages and human rights abuses often go unnoticed.

Not On Our Watch Foundation

The roots of the conflict in the Darfur region of Sudan go back to the 1970s. However, the present crisis began when civil conflict erupted in 2003. Militants accused the government of neglecting the Darfur region and oppressing black Africans. The conflict escalated when Sudan sent the army into Darfur. People from the region fled to refugee camps in neighbouring Chad. A UN human rights report stated that the Sudanese government and the Arab militias were conducting a “reign of terror” against the black African population in Darfur. There is overwhelming evidence that the Sudanese government is complicit in the killings of civilians in Darfur. At least 200,000 people have been killed in the conflict. About 2.5 million people have fled their homes.

The UN describes Darfur as the “worst humanitarian crisis” in the world. Funds and supplies are needed to fight disease and malnutrition in the area. The World Health Organization (WHO) has warned that a major health catastrophe will erupt unless aid is given. There are 129 refugee camps in Chad and along the border in Darfur. The WHO reports that 6,000 to 10,000 refugees in these camps die each month from diseases and violence.

Actor George Clooney and his father, journalist Nick Clooney, traveled to Chad and Sudan in April 2007. The two are hoping that the movie star’s fame will help bring attention to the crisis in Darfur. Clooney and several other celebrities have formed the Not On Our Watch Foundation to raise money and draw attention to the refugees. They raised $10 million at a Cannes Film Festival party. They have planned additional charity events. George Clooney has also been appearing on TV talk shows to raise awareness of the crisis. As well, the TV hospital drama, of which Clooney was a former star, featured the Darfur crisis in a recent episode. During the first four months of 2007, the three main evening news broadcasts devoted a total of 10 minutes to the crisis in Darfur. Instead celebrities and TV dramas are raising the public’s awareness.

Hurricane Katrina

Hurricane Katrina was one of the deadliest hurricanes in U.S. history. When the storm hit the Gulf Coast at the end of August 2005, it caused widespread damage and flooding. In the hours leading up to the storm and in the aftermath, media coverage was extensive. Around the world, people saw pictures of stranded survivors. Some were trapped inside attics or on the roofs. Bodies of people and animals floated in the floodwater. Clean water was unavailable. Power outages were expected to last for weeks.

People around the world watched the suffering of people “just like themselves” on TV and in the newspapers. They were eager to take action. Corporations, celebrities, institutions, and students started fund raising campaigns. Within two weeks, the Red Cross reported that it had already received more than a billion dollars in donations for the
victims of the hurricane. The Salvation Army surpassed its goal to raise $1 million. E-mail campaigns were established for donating everything from money to shoes. An organization of shoe companies, churches and individuals set a goal of sending one million shoes to Katrina survivors. Responding to pictures of abandoned pets, people donated money for animal care.

Intense coverage of the disaster lasted several weeks. Charities raised over $4 billion for Katrina-related relief efforts. Yet, many had little or no confidence in how the money was used. One poll indicated that those who donated to recognized charities, such as the Red Cross, were more confident that the money was well spent. However, very few had any regrets about financially supporting relief efforts.

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Recent developments involving disaster relief

Whether disasters occur more or less often than in the past is open to debate. However, we now hear more about disasters due to improved communication. As well, advances in transportation make it easier to respond to global disasters. Response from individuals depends on how closely they identify with the victims. It also depends on media coverage. Institutions and governments contribute more if they are able to see a return on their efforts. Unfortunately, people may become desensitized to the suffering of others and less inclined to respond.

Disasters require rapid assistance. Victims need immediate food and medical care. Governments and NGOs may need to help people relocate. Damage to the infrastructure can destroy people’s ability to earn a living. Unless the government is able to rebuild the infrastructure quickly, starvation and epidemics are likely. Over the past century, relief agencies have been able to respond more quickly to natural disasters and provide more long-term assistance.

Five recent disaster illustrate the range of contemporary relief efforts:

- Responding to tsunamis victims
- Famine relief in Ethiopia
- Responding to the HIV/AIDS epidemic
- Helping after the World Trade Center bombings
- Dealing with massacre in Cambodia

Responding to tsunamis victims

On December 26th, 2004, a 9.0 earthquake set off a tsunami in the Indian Ocean. Massive waves struck Indonesia, Thailand, and Malaysia. Almost 300,000 people died. The UN immediately requested aid for the victims. Militaries were sent to search for survivors and deal with structural crises. Hundreds of international relief groups sprang into action. They organized delivery of food, medical care, clothing and temporary housing. Within a week, pledges reached over $3 billion. Canada’s Disaster Assistance Response Team (DART) spent six weeks in Sri Lanka. One of their tasks was to supply hospitals with 200,000 litres of purified water a day. The UN Population Fund urged increased security to minimize rape and physical abuse of displaced women and girls.

Getting aid to the worst hit areas proved difficult. Many roads and airstrips were damaged, flooded or blocked by debris. Many bridges and harbours were washed away. Coordination between groups was hard. Some donated items, such as winter tents, perfume, and high-heeled shoes, could not be used. A huge challenge for relief agencies is to increase communication and provide aid that is appropriate.

The financial response to the disaster broke all records with pledges of $13.6 billion. This included an unprecedented response from individuals and firms of $4 billion towards the relief effort. UNICEF received almost twice as much as it had sought in donations. The WHO and the World Food Programme secured 95% of their funding objectives.

Famine relief in Ethiopia

In the 1980s, famine in Ethiopia killed over 1 million people. In 1981, drought wiped out crops in Ethiopia. Western governments reacted slowly. The country had not recovered when the harvest again was poor in 1984. Ethiopia’s 20-year civil war in
the north made things more complicated. In March 1984, the Ethiopian government warned that five million people faced starvation. They appealed for international aid.

Aid agencies blamed Western governments for not doing more to help Ethiopia because it was a Marxist country. In September, Oxfam tried to shame governments by giving $750,000. This was the largest single donation in its 40-year history. By October, eight million people were at risk of starvation. The death toll was estimated at 900,000. Television and newspapers showed pictures of famine victims. This led to more public donations. Under pressure from aid agencies and the public, Western governments finally pledged extra money.

To Canada’s credit, the federal government acted almost immediately on seeing coverage of the famine. As well, individual Canadians rallied to the cause. Students gave up smoking and fasted to raise money.

In the first three months, famine relief seemed desperate. There was only a trickle of outside aid. It was hard to distribute grain in the isolated north. Many were too weak to reach feeding camps. International airdrops raged rations to famine zones. As grain began to arrive, relief became a military-style campaign. They used relief trucks and airlifts. More than a 1.25 million tonnes of grain were delivered. By December the Western public had donated more than $2.5 million. However, the Ethiopian government continued to divert aid supplies to its troops. By December, 2,000 people a day were fleeing war and famine. They sought refuge in neighbouring Sudan.

Musical fundraisers—the Band Aid single, "Do they know it’s Christmas?" and two Live Aid charity concerts—raised awareness and millions of dollars. Canada’s disaster relief was the nation’s largest peacetime rescue effort.

**Responding to the HIV/AIDS epidemic**

Since the 1970s, the global AIDS epidemic has become one of the greatest threats to human health and development. AIDS stands for Acquired Immune Deficiency Syndrome. The HIV virus that causes AIDS is passed through sexual fluids, blood and breast milk. More than 25 million people around the world have died so far from AIDS. At the end of 2006, approximately 39.5 million people were living with HIV. Each year around 3.8 million people become infected with HIV and 4.3 million die of AIDS. There is still no cure. Treatment has improved enormously since the mid-1990s. However, few people have access to the necessary services. In developing nations, only 28% of people who need anti-AIDS drugs have access to them. The amount of money available is barely half of what is needed. Weak infrastructure, shortages of health workers, and political and cultural attitudes add to the problem.

The continent of Africa has experienced the most severe epidemic. The Stephen Lewis Foundation works on HIV/AIDS disaster relief in Africa. Stephen Lewis is the former Canadian Ambassador to the UN and Deputy Executive Director of UNICEF. He is now the UN’s Special Envoy for HIV/AIDS in Africa. The Foundation provides care to women, orphans and children, and groups of AIDS patients. It also supports grandmothers who care for their orphan grandchildren. The Grandmothers to Grandmothers Campaign works with more than 150 grandmothers’ groups. They have raised more than $1 million. Support includes food, school fees, income-generating projects (communal gardens, raising small animals, crafts), workshops, counseling, and dignified burials.

Campaigns for relief in the HIV/AIDS disaster are unlike other disaster relief campaigns. The need is long-term, rather than immediate. As a result, public response tends to be less dramatic. In 2005, world leaders pledged to try to achieve universal access to HIV prevention, treatment and care by 2010.

**Dealing with massacre in Cambodia**

In mid-1975, Pol Pot’s Khmer Rouge (Red Cambodian) army seized control of Cambodia. The country was already in disarray from years of US bombing. Pol Pot tried to create a perfect agrarian state; he got rid of the media, communications, businesses and everything foreign. Cities were evacuated and people moved to the country. By 1979, his regime claimed the lives of between one and three million people. They died from execution, overwork, starvation and disease. The Khmer Rouge enjoyed foreign support because it opposed Vietnam. The Khmer Rouge government fell in 1979 when Vietnam invaded Cambodia.
Globalizing Connections

Aid for the genocide survivors has been slow. In 1989, Action Against Hunger (AAH) launched programs in Cambodia. In 2002, the emergency phase gave way to rehabilitation programs. AAH improved access to drinking water in about 100 villages for 50,000 people. In 2003, AAH helped strengthen the Early Warning System (EWS) for rising water levels. Messages from the simple warning system are circulated in schools and on the radio. AAH organized training sessions to make sure everyone could follow the procedures. After 18 years of assistance, AAH left Cambodia in 2007.

Survivors of the Cambodian massacre are among the most traumatized people in the world. They went through civil war, massive secret bombing by the US, and years of captivity. They endured torture, starvation, slave labor, brainwashing, atrocities and disease. Refugees have a disability rate similar to survivors of concentration camps. Some hope an international war crimes tribunal can help answer questions about how it could happen.

Helping after the World Trade Center bombings

On September 11, 2001, two planes crashed into the World Trade Centre Towers in New York City. Within hours, two others crashed nearby. The terrorist group Al-Qaeda, under the direction of Saudi Osama Bin Laden, claimed responsibility. The highly coordinated tragedy led to the deaths of almost 3,000 people. It is considered one of the worst terrorist events in world history. Right after the attacks, the US closed its airspace. More than 200 airliners, carrying 33,000 passengers, were diverted to Canada.

Offers of aid poured in from around the world. Canada played a large role in the disaster relief and aid. Individual Canadians housed stranded people. Canada sent money, police, firefighters, volunteers and supplies. The Food Bank for New York City distributed 3 million pounds of food for rescue workers. They worked closely with other organizations to support rescue and recovery teams. Americans donated between $2.2 billion and $2.7 billion to assist in disaster relief.

Over the next few weeks, 250 new charitable funds were created in the US. The American federal government set aside approximately $25 billion.

The American Red Cross created the Liberty Fund with a goal of $547 million. However, they distributed only 30% of the funds. They set aside the remainder of the funds to prepare for future terrorist attacks. When donors and victims complained, the Red Cross pledged that all funds would directly benefit the victims. In total, the American Red Cross raised $961 million. It was used for direct aid to victims, long term mental and hospital care, and immediate disaster relief like shelters, food and health care.

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Global initiatives in disaster relief

The challenge ahead

Natural and human-caused disasters are generally unexpected events. As a result preparing for them is difficult. Disaster relief organizations are, however, able to lessen the effects of these unpredictable occurrences. Many years ago disaster relief meant neighbour helping neighbour. Today there are thousands of groups, many international, that offer assistance when disaster strikes. One of the challenges relief organizations currently face is trying to coordinate the efforts of all these groups. Another challenge is to make certain our efforts are appropriate and sensitive to the needs of the victims. The globalization of disaster relief means that no one should lack aid when in need, but the aid should be effective and unhampered by political or economic agendas.

The personal side of disaster relief

Omayra was drifting in and out of consciousness when the reporter found her. She had been there for almost three days. She was in pain and very confused. Like hundreds of others, Omayra was trapped in the rubble from the mudslide that swept away the town.

On a night in November 1985, the snow-covered volcano near Amero, Colombia exploded, creating a mudslide of melted ice and snow, molten lava and other debris. The mudslide swept down the mountainside and, when it reached the town, destroyed most of the buildings and swept away most of the people. Three days later, hundreds of people remained trapped in the rubble. Rescuers had trouble reaching them. A few helicopters tried to rescue people.

Before the explosion, 12 year-old Omayra Sanchez lived with her parents, her brother and an uncle. Now she was in water to her shoulders, her legs trapped under concrete and other debris from the collapsed home. She did not know where any of her family was.

Rescue workers realized the only way to free her would be to pull her out by breaking and ripping her legs off. Red Cross rescue workers repeatedly appealed to the government for a pump to lower the water level and for other help to free the girl. They even begged the helicopter pilots to get a pump to drain the water. Two days later, a pump arrived. Unfortunately it did not work properly and finally got stuck because of the mud and debris. Finally rescuers gave up and just stayed with her, comforting her and praying with her. She died of exposure after about 60 hours. Omayra remained strong until the last moment of her life. People, who were with her, said that the little girl wanted to live. In her confusion, she did not realize that the town no longer existed—she worried that she would be late for school. Although, rescuers saved many other people from the debris, they could not save Omayra.

Searchers look though mud a debris in Bangladesh

Global initiatives to support disaster relief

When disaster strikes, Canadians respond through individual efforts or by contributing to Non-Governmental Organizations (NGOs) such as CARE Canada, World Vision and Canadian Red Cross. Canadian tax dollars support some aid projects through The Canadian International Development Agency (CIDA). In some instances, the Canadian government sends military personnel to provide such things as clean water and medical supplies. Branches of the UN, such as UNICEF and the World Food Program, also provide assistance in times of disaster. Described on the following pages are several...
projects designed to address the challenges of providing disaster relief.

• **Initiative #1: Responding to earthquake victims in Kashmir.** CIDA, through its Canadian Relief Foundation, contributed to over 20 NGOs who provided health and medical care to earthquake victims. The contributions helped meet immediate as well as long-term needs.

• **Initiative #2: Aiding tsunami survivors in Indonesia.** CIDA is working with Matching Fund partners on a four-year reconstruction project. Among the goals of the program are growth of small- and medium-sized businesses and building permanent housing.

• **Initiative #3: Providing supplies to hurricane victims in El Salvador.** World Vision developed a project that supplied food and essential non-food items to Hurricane Stan victims.

• **Initiative #4: Helping famine victims in Malawi.** The World Agroforestry Centre (ICRAF) developed a project to improve soil productivity by getting more families to use fertilizer trees to increase crop yields.

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Background

In 1947 Britain divided British India into the independent countries of India and Pakistan. Since then the two countries have argued over who should rightfully control the area called the Kashmir. Both India and Pakistan are densely populated. India is the second most populated country on earth with over 1 billion people. Pakistan is sixth with almost 166 million. Populations of this size place enormous pressure on a country’s environment, economy, health system and religious balance. The people in both countries rely heavily on agriculture to earn their livelihoods. However, Pakistan, after years of internal strife and limited foreign investment, has remained relatively impoverished and underdeveloped. People in both countries are at high risk for contracting a variety of diseases. Droughts, monsoons, flooding and earthquakes are common in both countries. Although earthquakes are not uncommon in the Kashmir region, most buildings were not designed to withstand this type of natural hazard.

On the morning of October 8, 2005 a magnitude 7.6 earthquake occurred in the Kashmir. Over the following two weeks, 900 aftershocks followed the initial quake. Some of the aftershocks registered as much as 5.9 on the scale. The disaster caused extensive damage in Pakistan, India, Kashmir and Afghanistan. The earthquake struck on a Saturday morning when businesses were open for the day and children were in school. The difficulties in delivering relief to the area were enormous. In some places, the earthquake leveled every building. Thousands of people remained trapped under the rubble. In Pakistani Kashmir—the worst area hit by the quake—over 73,000 people died. In the Indian administered sector 1400 died. The area is mountainous and roads were impassible because the quake sheared thousands of tons of soil from the mountains. The only way to reach most areas was by helicopter. Unfortunately, in the days following the quake, it rained heavily and the helicopters could not fly. As well, the disaster followed several others earlier in 2005, so media attention and donor fatigue meant response was slower than needed.

Problem

The disaster destroyed hundreds of thousands of buildings, often trapping or crushing people inside. Over three million were homeless and many blocked off from aid. Winter was approaching and survivors desperately needed shelter and warmth. Most of the hospital buildings collapsed during or shortly after the quake. Other buildings were unsafe to enter since they had been so severely damaged.

An elderly lady, supported by her granddaughters, walking to a NATO Field Hospital set up after the 2005 earthquake in Kashmir. SHAPE Photos: NATO’s Supreme Headquarters Allied Powers Europe

Project goals

The goal of CIDA’s Canadian Relief Foundation was to improve the overall health of the millions of Pakistani people affected by the disaster. The fund contributed to over 20 NGOs who provided health care and medical attention to the victims. Since the quake occurred just prior to winter, the NGOs provided tents, clothing, stoves and other winterized essentials. They erected camps for displaced persons. Meanwhile, clean-up crews worked to clear the rubble so that reconstruction could begin. Canada’s financial contributions helped meet the initial and immediate needs of the victims. As well it provided for more long-term
to recover and rebuild.

Strategy

In the first days following the earthquake, governments’ and NGOs’ main focus was to save lives. They provided basic sanitation and nutrition to survivors. Where it could get through, UNICEF supplied blankets, clothing and tents. As well, they supplied emergency medical supplies, food for infants and water purification tablets. Aid workers set up mobile field hospitals. Canadian doctors, nurses and other medical volunteers worked on a rotating basis to treat the injured and support people affected by the crisis. Aid workers used helicopters as medical evacuation transports in the early days of the disaster. For several weeks, they also leased helicopters to make sure that adaptable and rapid transportation was available if any emergency situations arose.

Outcome

The disaster relief effort was a massive undertaking with enormous obstacles. Ten days after the quake, rescuers had yet to reach 15% of the populated areas of the earthquake zone. Six weeks after the earthquake, food was still scarce in some regions. The 160,000 residents in one valley needed an estimated 10,000 tons of food, tents, blankets and medical supplies to help them through the harsh Himalayan winter. Three months after the earthquake, the harsh winter weather forced 100 families to move from the mountains to a relief camp in Pakistan’s North West Frontier Province. At this point, the UN estimated that 2.5 million people were living in tents below 1500 m while up to 400,000 were living higher up the mountains. In the spring of 2006, CIDA shifted its focus from relief to recovery of livelihoods. Since then it has contributed to NGOs who have distributed seeds for crop recovery, built temporary schools and provided technical assistance for the establishment of new seismic standards. With CIDA’s help, CARE constructed ten play centres for young children. Since 2005, with the help of CIDA and other international donors, CARE has helped 272,000 people affected by the earthquake. CARE and other NGOs continue their work in the quake zone. However, there is still much to be done. At the end of April 2007, hundreds of displaced families still lived in tent villages. Rebuilding this area will not only provide security for the people living there but will permit Pakistan to focus on providing a better life for its people. In the meantime, Canada and other countries will benefit if Canadian designers concentrate on developing buildings better able to withstand destructive earthquakes.
Disaster relief initiative #2
Aiding tsunami survivors in Indonesia

Background

About 17,000 islands make up the country of Indonesia. More than 245 million people live in the country, with one-third to one-half living in urban centres. There are five main islands, two of which are Sumatra and Java. Java is the most heavily populated island in the world. 90% of Indonesians are Muslim. The country gradually achieved independence between 1956 and 1963 from its Dutch colonizers. In 1976, Indonesia seized the former Portuguese half of the island of Timor. A separatist movement developed at once in the mainly Roman Catholic region. Since then, more than 200,000 Timorese are reported to have died from famine, disease, and fighting. East Timor gained independence in 2002.

Although Indonesia is rich in resources such as oil and copper, its economy suffered enormously from the Asian financial crisis of the late 90’s. Widespread poverty, corruption, terrorism, and environmental degradation are current issues in Indonesia. Rioting, bombing, and growing unrest continue to plague the country. Indonesia is a land of frequent natural disasters. Part of the “ring of fire,” it has the largest number of active volcanoes in the world. Earthquakes are frequent. Other natural disasters such as severe drought, tsunamis and forest fires, also occur in the region.

On December 26, 2004, an earthquake generated several huge tsunamis that struck the coastal areas around the Indian Ocean. Almost 300,000 people died, not as a result of the earthquake, but from the massive tsunami that followed. Another 570,000 people lost their homes. Damage totaled over $4.5 billion. Indonesia experienced the worst devastation, especially in Banda Aceh in northern Sumatra. There was widespread damage to the infrastructure as well as food shortages. Small business people, such as fishers, farmers, and local market sellers, suffered tremendous losses. Women, the poorest people prior to the disaster, were the hardest hit. Canada’s military provided emergency supplies, including access to medicinal stockpiles. An RCMP forensics team aided with body identification. Canadians also provided food, clothing, water, medicine, and supplies. Through NGOs, Canadians built temporary shelters, wells, mobile water purification centers, and housing. Canada committed $425 million over five years toward a comprehensive response. The Government of Canada pledged to match funds raised by NGOs. Twenty-three NGOs participating in the Matching Funds Program have raised about $213 million.

Problem

The northern part of Sumatra experienced the greatest impact from the tsunami. Housing, commerce, agriculture, fisheries, transport vehicles and services were the most affected areas. The tragedy had the greatest impact on the poor, particularly women and children. The sheer magnitude of the destruction has been a challenge for the Indonesian government.

Project goals

CIDA is managing $383 million of Canada’s five-year commitment. Among the goals of the program are improved governance at local levels, and growth of small- and medium-sized businesses. The program also works to promote gender equity. Matching Fund partners will further these goals by supporting the re-building of permanent houses and related community infrastructure.
Strategy

One of the main priorities was the reconstruction of the hardest hit regions particularly the most northwestern Indonesian province. NGOs worked to strengthen regional governments and community organizations. As well they set up equal distribution of social security programs. Matching Fund partners built permanent houses. The solid brick, concrete and steel structures will resist the earthquakes that frequently strike this part of Indonesia. The plan included help to rebuild infrastructures and develop sustainable economic activity. People were encouraged to participate in decision-making and in planning the reconstruction efforts of their communities. Another part of the strategy was the loans project. The loans were a few hundred dollars each to help rebuild the economy. The Private Enterprise Participation Project (PEP) offered ‘micro’ loans plus technical assistance. As well, it offered one-on-one marketing advice to survivors trying to re-establish livelihoods. Ten people involved in similar businesses (for example, brick makers) formed a credit circle. Each presented a business plan and they voted each other into the circle, thereby guaranteeing each other’s loans.

Outcome

Despite the challenges, reconstruction is progressing well and results are evident. As of early 2007, CIDA had paid out $59 million forward reconstruction. Matching Fund partners are working with CIDA to build permanent houses, restore livelihoods, and rebuild communities. As of July 2007, they had completed over 2,200 transitional and permanent homes and were building 1,584 more. Other projects include rebuilding village roads and infrastructure for water and sanitation and cleaning hundreds of village wells. CIDA has provided funds to help 51,000 households restore their livelihoods. It has also provided employment training for youths and supported enterprise development in communities. To date the return rate on the loans from the PEP project has been 100%. By dealing with clusters of similar businesses, the program is able to focus resources and expertise for maximum results. With loans from PEP, people have rebuilt 76 of the 120 brick making factories in the area. These projects will benefit people in northern Sumatra through restored communities and livelihoods as well as more stable housing when earthquakes strike. As Indonesians become more equal participants in the global community, Canada and the developed world will benefit as well.
Disaster relief initiative #3
Providing supplies to hurricane victims in El Salvador

Background

El Salvador is the smallest of the Central American countries. An independent nation since 1821, El Salvador has experienced numerous revolutions and wars against other Central American republics. Military dictators ruled the country from 1931 to 1989. In the 1970s, discontent with a large rich-poor gap, a poor economy, and a repressive dictatorship led to civil war. In spite of scores of human rights violations, the U.S. intervened on the side of military dictatorship. The 12-year civil war that killed 75,000 people formally ended in 1992. El Salvador continues to struggle to advance its large but slow economy. There are about 6.8 million people in El Salvador—36% of whom live below the poverty line. The wealthiest fifth of the population earns approximately 45% of the country’s income. Just under half of the population lives in rural areas. In 2004, El Salvador was the first Central American country to sign the Central American Free Trade Agreement (CAFTA) with the U.S. Many El Salvadorian farmers and workers protested against CAFTA, fearing they would lose their incomes with the importation of cheaper U.S. goods.

As well as hurricanes, El Salvador frequently experiences volcanic activity. In 1998, Hurricane Mitch devastated the country. The disaster killed 200 people; over 30,000 were homeless. In January and February of 2001, major earthquakes struck El Salvador and damaged about 20% of the nation’s housing. That summer an even worse disaster struck. Severe drought destroyed 80% of the country’s crops, which caused famine in the countryside. Hurricane Stan swept through Central America in October 2005. The torrential rains and winds spurred mudslides and flooding, which resulted in up to 2000 deaths. Two of the hardest hit areas were Guatemala and El Salvador. In El Salvador, the Santa Ana volcano erupted four days before the hurricane struck, making the situation worse. This made flooding and mudslides much worse than they might otherwise have been. Recovery will cost billions and take years.

Problem

The timing of the hurricane was disastrous as the storm hit El Salvador four days after the volcanic eruption. The combined disasters displaced some 72,000 El Salvadorians. The torrential rains with the hurricane damaged 70 percent of the country’s roads, thus slowing rescue teams. Eighty percent of the country was under water, with extensive crop damage. Flooding and mudslides wiped out the coffee, corn, bean and sugar cane crops, which were almost ready to harvest. The economy was hard hit and farmers lost whatever income they might have earned. The emergency situation led to the death of 69 people. There were 62,891 people living in 633 shelters across the country. The floods seriously affected an estimated 540,000 people—about 10% of the population.

Residents move relief supplies by hand, fire brigade style, up a muddy slope in Guatemala. The supplies arrived by boat because roads were blocked. World Vision

Project goals

World Vision (WV) developed a program to deal with the most immediate basic human needs of the hurricane victims in both Guatemala and El Salvador. The goal was to maintain health, privacy and dignity by providing essential non-food items to disaster-affected people. The NGO delivered $2 million worth of relief goods. The items included such things as accessible shelters, food, clothing, blankets, and medicines. CIDA contributed $200,000 to the World Vision Appeal.
Globalizing Connections

Blackline Master #F3

Strategy

World Vision was already responding to victims of the volcanic eruption when the Hurricane Stan struck. They increased their relief efforts to include hurricane victims. Their first objective was to have basic supplies – food, clean water and emergency health care – arrive within 24 hours. Next, WV sent fly-away kits (FLAK), which can sustain people for seven days, to the disaster area. Initial FLAK modules contained life-saving articles such things as blankets, drinking containers, soap, cooking sets, high nutrition biscuits and plastic tarps. Relief workers also distributed corn, beans, flour, and cooking oil. Other FLAK modules contained such things as personal hygiene items and emergency food. They also contained equipment for search and rescue, medical, power, shelter and communications. As well, in a joint effort with World Vision, Air Canada shipped hygiene kits, plastic sheeting, water purification pills and collapsible water containers. Workers distributed the items to families in badly flooded areas. World Vision’s objectives for the next phase involved family survival kits. These kits will sustain a family for up to 30 days. Where possible, World Vision purchases supplies locally. To help children cope with the emotional impact of the disaster, psychologists visited the shelters and facilitated activities for children (games, painting, drawing etc.). World Vision also carried out assessments of the damages and urgent needs of the affected population. As the immediate crisis lessened, World Vision moved toward rehabilitation, including agricultural assistance, housing reconstruction and literacy training.

Outcome

The World Vision project helped people affected by Hurricane Stan to effectively move from relief through to rehabilitation and sustainable recovery. Approximately 3,000 displaced families received hygiene kits, plastic sheeting, water purification pills, and collapsible water containers. Nearly 63,000 people living in the 574 temporary shelters received FLAK modules. Approximately 4,000 families received enough corn, beans, flour, and cooking oil for 10 days. The basic goods and supplies enabled people to meet personal hygiene needs, prepare and eat food, provide comfort and protection from health hazards necessary for daily survival. Items such as these are essential in stabilizing families and communities. Without these aids, instability would have continued. At the same time, recovery, reconstruction and rehabilitation would have stopped. CIDA’s contribution to this relief effort helped people effectively recover and redevelop in a long term and sustainable manner. For El Salvadorians, one of the benefits of this project will be food security.

Bibliography


Disaster relief initiative #4
Helping famine victims in Malawi

Background

Malawi, once called Nyasaland, became the independent nation of Malawi in 1964. Formerly a British colony, it remains within the Commonwealth. In 1971, Malawi’s first prime minister declared himself president for life. The first free election in 1994 ended 30 years of authoritarian rule. While no longer a repressive society, corruption scandals continue to taint the government. Recent elections were widely considered irregular. In 2000, there were signs of a coming famine. In spite of this, senior government officials are believed to have sold off 160,000 tons of reserve maize. In 2002 and 2003, Malawi faced severe food shortages. More than 3 million people suffered. In 2005, Malawi faced its worst food shortage in over a decade, with more than 4 million people, 34% of the population, without adequate food supplies.

In areas where poverty, disease, government corruption and rapidly increasing population already strain survival, drought is catastrophic. Over 20% of Malawi’s 118,000 square kilometers is water. So how can Malawi have a problem with drought? Drought is more than simply a lack of precipitation. Drought occurs when, over a long period, a region requires more water than is available. This means that a variety of factors beyond lack of precipitation come into play. Increased demands for water, air pollution, water contamination, heat, deforestation, and poor land and crop management are some of the factors that may contribute. When even some of these factors are in place, drought is probable; when most or all of them occur, drought is almost inevitable. Such is the case in Malawi—considered one the world’s least developed countries. The consequences of drought are many. Along with hunger, fires, migration, social upheaval, war, extreme thirst and illness are also common consequences of drought. To compound the problem, the HIV/AIDS epidemic has affected the country greatly—over 14% of adults have the virus. Malawi has had only three good harvests over the past 15 years. Subsidies on mineral fertilizer have helped boost yields by less than 8 percent nationwide. While aid agencies can supply emergency food rations to famine victims, the best solution to the problem would be to help them overcome some of the factors that lead to drought.

Problem

Hunger is the most pressing issue since harvests are minimal or non-existent. 90% of Malawi’s 13 million people live in rural areas and rely on agriculture to maintain their subsistent-level livelihoods. 55% of Malawians live below the poverty line. Irregular rainfall, poor crop management and poor soil play a part. Inorganic fertilizers are too costly for the rural poor. Without access to fertilizers, farmers struggle to grow food. Loss of food security means that most farmers go hungry for three or four months each year, and are forced to beg for food or depend on charity.

A farmer examines his maize crop grown with the help of fertilizer trees. Credit Consultative Group on International Agricultural Research (CGIAR)

Project goals

In response to the 2005 food shortage in Malawi, the World Agroforestry Centre (formerly International Council for Research in Agroforestry –ICRAF) developed a project to improve soil
productivity in the country. The project focused on getting more families to use fertilizer trees to increase crop yields. Canada, through CIDA, supported Phase II of the ICRAF initiative.

Strategy

The project had a clear strategy and an effective technology. Farmers taking part planted fertilizer trees for soil regeneration and food security. Fast-growing fertilizer trees take nitrogen from the air—more than 100 kg per hectare—and transfer it to the soil. The young trees are cut, chopped and mixed into the soil just before planting food crops. This builds up organic matter and adds nutrients. By helping to restore depleted soils, the trees boost crop productivity. Farmers readily double or triple maize production without purchasing expensive mineral fertilizer. The trees grow back year after year despite severe pruning. This means farmers can plant them at high density in a grid pattern, and then trim them back to the ground so that they do not compete with crops. The nitrogen content of the foliage ranges from 3 and 4 percent and provides a high quality fertilizer that is readily used by cereal crops. Also, the trees produce large amounts of firewood that saves family labor and reduces pressure on surrounding forests and woodlands. The trees are also a one-time investment. Once the trees are established, the local community manages seed multiplication and extension activities. The fertilizer trees are much less expensive – chemical fertilizers can cost as much as 15 times more in Malawi than elsewhere. The cost of training and equipping one family to practice agroforestry is only $2.50. ICRAF provides options for better ways of producing timber, fuel-wood, fruits and medicinal products, but most importantly, for restoring soil fertility. ICRAF estimates that roughly 40 percent of Malawi’s farmers could benefit from these programs.

Outcome

In Phase I of the project, approximately 22,000 Malawian farm families were trained in agroforestry techniques and were managing to feed their families. Since the start of Phase II, another 100,000 Malawian farmers adopted the technology. Maize farmers who practiced agroforestry, usually produced anywhere from two to four times more than the national average. One farmer, previously hungry and dependent on food aid, is now entirely self-sufficient. She now sells seeds and firewood and is using the cash to pay school fees and make home improvements. Women are major beneficiaries of the fertilizer tree technology. Because the trees suppress weeds and reduce soil compaction, they also reduce the burden of land preparation – traditionally a woman’s responsibility. Women also benefit from the fuel-wood that the trees produce. Once fully established, a hectare of fertilizer trees can produce up to 10 ton of fuel-wood each year. Most African families need about 3 ton of fuel-wood a year for cooking. Women collect this wood – often carrying their loads long distances from the forest. Growing fertilizer trees near the home eliminates the need to cut and carry fuel-wood. This will also have an enormous impact on the region’s forests. The technology addresses some of Africa’s problems in an effective and sustainable way. It can lead to greater food security, improved health, and provide an entry point for poor people into a cash economy. By promoting this technology, Canada and the developed world could benefit through the purchase of carbon credits. Fertilizer trees not only store significant amounts of atmospheric carbon, but also greatly improve agricultural productivity and wood production in farmers’ fields.

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