

**MANAGING RESOURCE COORDINATION FOR
SUDDEN-ONSET FOREIGN DISASTERS:
A CASE STUDY FOCUSING ON THE UNITED STATES'
RESPONSE TO HURRICANE GILBERT/JAMAICA**

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ABSTRACT

This paper is intended to familiarize the reader with the key lead and supportive United States based organizations that respond to international sudden-onset disasters. After introducing these organizations, the paper focuses on managing the resource coordination needs of an international disaster response and then specifically examines how this was done in the aftermath of Hurricane Gilbert/Jamaica. Although all disasters present unique response challenges, this paper extracts lessons learned from the response to Hurricane Gilbert/Jamaica and produces a set of generic guidelines and considerations that can assist relief professionals in appropriately managing resources during future disasters.

The information on which this document is based comes from the literature of a variety of public and private international relief organizations, the government of Jamaica's documented response, my work at Volunteers in Technical Assistance in managing the Disaster Information Center during the crisis, and from a December 1988 field visit to Jamaica to assess the appropriateness and impact of the in-kind supplies sent to Jamaica to assist the relief effort.

Although needs assessments, communications, and media and government liaison are all critical elements to a successful disaster relief intervention, these topics are beyond the scope of this paper and are therefore discussed only briefly.

I. BACKGROUND

Sudden-onset disasters are those events that, with little or no warning, cause suffering and death to affected populations. These events have traditionally been acts of nature, but can also be man-made, such as the 1985 toxic chemical leak in Bhopal, India. The extent to which events of nature become disasters depends on how they affect human lives. Without a human impact, there is no real disaster. The greatest human impact can be measured in terms of death and injuries. However, disasters also cause many lingering affects that are not as immediately apparent; including disruption of social services and diversion of development expenditures.

Throughout history, natural disasters have caused extensive loss of life and human suffering. Natural disasters have caused more than 2.8 million deaths worldwide in the past twenty years, adversely affecting 820 million people. Since 1949, at least 17 disasters have killed more than 10,000 people each; on two occasions- in Bangladesh and China- disasters left more than a quarter of a million people dead.¹

Accompanying the loss of life has been devastating economic loss and the hardships it entails for survivors. A single hazardous event can destroy agriculture, buildings, infrastructure, and social institutions. Community lifelines are severely disrupted- the systems that provide food distribution, water supply, waste disposal, and communications are destroyed or become inoperational. In the last two decades property damage estimated at \$25-100 billion has resulted from natural disasters; total losses are much higher, reflecting wrecked economies and disrupted social structures. Tropical windstorms worldwide cause annual losses at \$6-7 billion. These figures merely hint at the human impacts of a natural catastrophe. For example, mud flows from the 1985 eruption of Columbia's Nevado del Ruiz volcano killed 22,000 people and left 100,000 homeless. The Managua earthquake in 1972 left more than 300,000 homeless in Nicaragua, with damages being equal to one years GNP. In Jamaica, Hurricane Gilbert caused damages estimated at \$1 billion.²

¹ National Research Council, U.S. National Academy of Sciences, U.S. National Academy of Engineering, Confronting Natural Disasters, (National Academy Press, Washington, D.C., 1987), p. 1.

² *ibid.*, p. 1.

Nearly all countries are at risk to natural disasters. In monetary terms, economic losses are highest in industrialized nations. However, natural disaster cause a proportionally greater affliction on developing countries, causing higher death tolls and greater relative economic loss.

It is myth that all people in a disaster prone location are at equal risk. It is the poor who are most vulnerable to disasters. Inadequate housing materials and building methods, lack of insurance, living in marginal areas (or squatting), and lack of access to potable water and adequate health care facilities are all factors that contribute to the greater vulnerability, and greater obstacles to recovery of the poor.

Key Organizations and their Roles in Disaster Response

Office of United States Foreign Disaster Assistance

The Office of U.S. Foreign Disaster Assistance (OFDA), of the Agency for International Development (AID), directs and coordinates the U.S. government's overseas disaster relief efforts. When requested by foreign governments, OFDA responds to all types of natural disasters, such as; earthquakes, wind storms, volcanic eruptions, tsunamis, floods, and droughts. OFDA intervenes when the extent of the event is beyond the response capability of the affected government. OFDA also provides assistance when peoples' lives are threatened by accidental or manmade catastrophes, such as industrial accidents, toxic spills, or civil strife that affects civilian populations. During the past two years, OFDA has responded to requests in over 40 countries per year and monitors many other situations that have the potential of becoming disasters.³

When disasters occur, OFDA dispatches technical assistance experts and relief supplies to assist victims in the affected country while working with private voluntary agencies, international organizations and other donors. The beneficiaries of the relief efforts are primarily those in less developed countries who are least able to cope with disasters without outside assistance. OFDA can usually deliver relief supplies and services within 24 to 72 hours after a disaster strikes from any of its five stockpiles located around the world.

³ The United States Agency for International Development, Office of Foreign Disaster Assistance, brochure.

Based on needs identified by the affected government, U.S. missions, and OFDA assessment teams, needed relief items are supplied. Incident management teams, communications support, search and rescue teams, medical assistance, and provisions of shelter, food, and potable water are often the most immediate concerns of a typical relief operation.

Once the threat to life and health has been alleviated, rehabilitation is targeted at restoring viability to the stricken communities. Long-term reconstruction is carried out through AID's development assistance program, not by OFDA. OFDA delivers the immediate response to save lives and mitigate suffering caused by the disaster, as soon as possible the focus is shifted to rehabilitation and development and becomes the responsibility of the local government and the local USAID mission.

Pan American Health Organization- Emergency Disaster Relief Coordination Program

Established in 1977, the Emergency Disaster Relief Coordination Program enhances the state of preparedness of Latin American and Caribbean health institutions through contingency planning, training, public education, and coordination with other organizations involved in disaster preparedness and relief. In 1987, the U.N. General Assembly designated the 1990s the Decade of Natural Hazard Reduction.

During the Decade of Natural Hazard Reduction, the Pan American Health Organization (PAHO) will initiate the following activities to strengthen the disaster preparedness and response capabilities of participating governments and organizations:

- design and coordinate workshops and courses on a range of topics concerning emergency health care including refugee health care, emergency sanitation, administration of health relief, and hospital disaster preparedness.
- produce and distribute technical manuals, audiovisual training material, simulation exercises and reprints of selected disaster readings.
- publish and distribute the quarterly newsletter Disaster Preparedness in the Americas.
- provide short term services of technical disaster experts as they relate to primary health care; health services management;

disease surveillance and control; water supply and sanitation; mental health; and nutrition.⁴

The Emergency Preparedness and Disaster Relief Coordination Program is funded through PAHO's regular budget and through contributions from the Canadian International Development Agency, OFDA, and the Italian Ministry of Cooperation.

When a disaster occurs, PAHO coordinates its activities with the affected country's government, OFDA, the Red Cross, and various United Nations offices.

American National Red Cross

The American National Red Cross is the United States' largest voluntary organization and is mandated by the United States Congress to respond to disasters. The Red Cross' authority was enacted by Congress in 1905 "... to continue and carry on a system of national and international relief in time of peace and apply the same in mitigating the suffering caused by pestilence, famine, fire, floods and other great national calamities, and to devise and carry on measures for preventing the same."⁵

Although the government's role in assisting international disaster victims has expanded, major responsibilities for disaster relief have been placed on the Red Cross by the U.S. Federal Government. These responsibilities can not be abdicated by the Red Cross. The Red Cross may establish the policies and scope of its program and the methods for carrying out the program within the framework established by congressional charter, but it must comply with its responsibility to mitigate suffering caused by disasters.

The legal grant of power and the imposition of duties on the Red Cross in times of disaster are clear. Prompt action by the Red Cross is universally expected by the public. However, the Red Cross encourages and welcomes cooperation from other organizations in carrying out its responsibilities. On a national level, and in many communities, the Red Cross acts to coordinate the disaster relief efforts of a variety of voluntary agencies.⁶

⁴ The Pan American Health Organization, Emergency Preparedness and Disaster Relief Coordination Program, brochure.

⁵ The American Red Cross, Disaster Services Regulations and Procedures, American Red Cross, Washington, D.C., January, 1982.

⁶ *ibid.*

Volunteers in Technical Assistance (VITA)

VITA is a non-governmental, nonprofit development organization that specializes in information management. Under a grant from the U.S. Office of Foreign Disaster Assistance of the U.S. Agency for International Development, and in collaboration with the IBM corporation, VITA manages a Disaster Information Center. The center is an information clearinghouse that tracks the U.S. public's response to assist overseas disaster victims. This includes companies and individuals offering to assist the disaster victims by either offering in-kind donations or volunteering their skills. This information is available to private voluntary organizations (PVOs) involved in relief work and to representatives of the affected government's embassy in the United States.

VITA's Disaster Information Center uses two databases to track the information; one contains the names and skills of volunteers who are willing to assist in emergency relief operations; and a second contains organizations and businesses that have offered to donate, or sell at cost, commodities that may be needed in relief operations. VITA staff track and record all offers of assistance so that categorized data can be rapidly supplied to relief organizations needing additional items to augment their own supply stocks.

When an overseas disaster occurs, VITA volunteers and staff form a team that manages and tracks information received from incoming phone calls. Most callers are offering either to volunteer or to donate supplies but others call to request information on what is most urgently needed. The callers are referred to VITA by AID's Office of U.S. Foreign Disaster Assistance, the State Department, the American Red Cross, and various congressional offices throughout the United States. Each offer is recorded on a database so that all donations are captured for potential use.

Even though VITA collects offers, there is no guarantee that the services or materials being offered will be accepted for use in a disaster relief program. Organizations are cautioned not to collect things for international disaster victims unless specifically requested to do so by an organization which will pay the transportation, warehousing, and distribution costs to and within the affected country. It is the responsibility of the accepting organization, not VITA, to determine the quality and appropriateness of the service or material being offered.

II. INTERNATIONAL DISASTER RESPONSE MANAGEMENT: CONSIDERATIONS AND MISCONCEPTIONS

Different disasters generate different levels of public response. "Popular" disasters, ones which generate a very large public response, tend to occur in Europe, the Caribbean, or Latin America and in countries from which many people have migrated to the U.S. In 1988, the severe flooding in Bangladesh generated very little response from the U.S. public as evidenced by only about 20 phone calls a day to VITA's Disaster Information Center, whereas the Jamaican hurricane caused the center to be inundated with about 80 calls an hour for several days. In the immediate aftermath of the 1985 Mexico City earthquake USAID's Office of Foreign Disaster Assistance reported receiving a peak of several hundred phone calls per hour.

Perhaps the most common myth pervading international disaster assistance is the idea that everything is needed and the sooner sent the better. Nothing could be further from the truth. There are many reasons why this thinking is common among the American public, not the least of which is the media's coverage and portrayal of disasters. Media coverage tends to narrowly focus on those areas most severely affected and on those victims who have not received assistance.

What the cameras did not show following the 1985 Mexico City earthquake was that only a small section of the city actually experienced severe destruction. The impression one got from watching the news was that the entire city had been devastated. However, in a city of 18 million people, it was an area of a few blocks that had been severely affected.

Following Hurricane Gilberts' devastation of Jamaica the media focused its attention on those victims who had not yet received assistance, interviewing and showing those who had not received food or did not have adequate clothing. This gave the impression that relief was not being provided to those who needed it, thus sending many Americans into a frenzy collecting and shipping food and clothing that they themselves no longer needed. The result was the convergence of hundreds of containers of miscellaneous and inappropriate relief supplies piling up at Kingston's port. What the media did not show was the Kingston warehouses of needed items that had not yet been distributed due to in-country logistical difficulties.

Sudden-onset disasters cause many Americans to empathize with the disaster victims and to take what they feel is an appropriate action to improve the victim's circumstance. In some cases ethnic populations from a country that has been struck by a disaster may not be financially able to donate or send cash. They will therefore contribute what they have; most often

clothing and food. In other cases, many Americans are distrustful of government bureaucracies and official relief efforts and are thus reluctant to contribute cash, the most useful donation for assisting relief efforts. A common belief is that cash donations will not reach the disaster victims but that a can of food will.

For disaster relief to become more effective, it is necessary that relief organizations, as well as the media, attempt to educate and inform the public about the realities of international disaster assistance. Until this is done, the U.S. public's enormous response will continue to be misdirected and opportunities to match needs with the appropriate resources, rather than easily available, will not be realized.

Utility and Management of Spontaneously Collected Supplies

The spontaneous collection of miscellaneous relief supplies is not an effective method for assisting disaster victims. Miscellaneous and spontaneously collected donations, although generally well intentioned, are not necessarily what is needed and can often have a negative impact on relief operations by clogging the supply pipeline (ports, airports, and available transportation space), absorbing the time of relief professionals, and overwhelming fragile economies. This is an issue central to the effectiveness of foreign disaster relief.

Popular disasters prompt an extraordinary outpouring of generosity on the part of the U.S. public. As soon as the news breaks that a major disaster has occurred in the Caribbean dozens of groups immediately begin to collect supplies to be donated for disaster relief. These groups often include church, civic, and ethnic organizations. The supplies most often collected are food and clothing.

Contrary to popular belief, it is seldom a good idea to send miscellaneous and assorted collections of food because by the time these collections arrive and can be distributed, the emergency need for food will likely have been met. In those situations when food is needed, it is most often supplied by governments in large bulk quantities. Following a natural disaster, adequate food stocks are almost always available within the country- the problem with disaster victims not having an adequate supply of food in the aftermath of a natural disaster most often is a problem of an inadequate or incapable distribution system rather than a country-wide shortage of food.

Clothing donations can be particularly burdensome and difficult to manage. Clothing is bulky and expensive to transport. In the past when clothing has been sent it has often arrived dirty, in

poor condition and has been culturally or climatically inappropriate, such as wool sweaters sent to the tropics.

Most immediate needs of disaster victims are met by local people, local government and neighboring countries. By the time people in a distant country organize, collect supplies, package them, and then transport them to another country, most of the immediate needs will have already been met. In most cases, a major solicitation for emergency food and medicines is not warranted. Replenishment of items normally allocated for development activities are useful after several weeks when the needs and quantities can be clearly determined. General appeals for miscellaneous supplies without clearly designating to which organization the supplies will be consigned is not an effective means of addressing the needs of disaster victims.

Medical Supplies

Medical supplies require very careful screening by trained health professionals. Unlike food and clothing donations, improperly disbursed medicines can be fatal. Under no circumstance should the public be encouraged to donate pharmaceutical supplies. In most cases, a country will have ample stocks of the amount of medicines needed to respond to the immediate needs of the disaster victims. The assessments as to what specific medical supplies need to be brought in from outside the country should be left to trained professionals working with the affected country's ministry of health. They, in turn, will generate the list of needed medical items, and facilitate donor coordination with experienced bilateral and multilateral relief organizations, such as the Pan American Health Organization. The World Health Organization has compiled a list of essential drugs generally needed for relief operations and donors should use this list as a guideline for pharmaceutical donations. Other drugs should not be sent unless specifically requested.

Of utmost importance to the relief process is the careful selection and delivery of the needed quantity, quality, and type of immediate relief supplies provided to a disaster stricken country. This has often not been done causing relief workers to expend valuable time sorting out useless, inappropriate, and potentially dangerous items. After a previous hurricane struck the Caribbean, the U.S. Food and Drug administration inspected donated medicines and medical supplies and confiscated 45%

because they were outdated, contaminated, or controlled substances.⁷

Transportation of Relief Supplies

Transportation of public donations is the most difficult problem. Those collecting supplies for relief efforts often do not plan how their collections will be transported or where the money will come from to pay for the needed transport. Many individuals mistakenly assume that the U.S. military will transport all relief goods free of charge. In fact, the U.S. government has a policy of not transporting private relief supplies. When military aircraft are used to ship U.S. government supplies these transportation fees are paid for out of the limited budget of the Office of Foreign Disaster Assistance, not out of the military's budget.

After hurricane Gilbert, I spoke with dozens of individuals who had collected tons of food and had no idea how to transport it to Jamaica nor did they have money to pay for transport. In addition to money not being available for transport, the transportation industry has substantial experience with regards to transporting unsolicited supplies. They do not want to be embarrassed by transporting items that are of undetermined quality and may not be needed.

The U.S. public's generous outpouring of donations to support overseas relief operations is to be highly commended. However, while these spontaneous donations are well intended, the impact of these collections with no identified organization able to provide transportation then becomes a problem. Once collected, but not meeting the criteria of any major international relief organization (very few agencies will accept spontaneously collected donations) the collections of food, clothing, and medicine continue to pile up as frantic individuals scramble in search of free transportation and the needed volunteers to sort the thousands of mixed articles, discard the useless donations, and repackage the odd-sized items into standard containers. A tremendous amount of effort for items that have not been requested, are not wanted, and do not meet the needs of the disaster victims.

⁷ Office of U.S. Foreign Disaster Assistance, Governors Letter-Guidelines for Public Donations, (Washington, D.C., October, 1988), p. 1.

In-Country Logistical Considerations

It is critically important to know how (or at least by whom) relief goods will be distributed before shipping them to a disaster stricken area. Goods piled up at a port are no more helpful to disaster victims than are stocks of food in a distant country. In-country distribution of relief supplies is a challenging task that is likely to be fraught with difficulties even when planned and coordinated in advance of the arrival of supplies. If a distribution scheme, by an organization that is physically capable, is not planned prior to the supplies arriving in-country the likelihood of the supplies reaching the intended beneficiaries is greatly reduced. This is particularly true for goods destined to beneficiaries located in difficult to reach rural areas.

Impact on the Local Economy

Relief organizations must also be careful about sending amounts, or specific types, of commodities that will negatively impact on the local economy. As an example, a community that has a large informal economic sector being sustained by the manufacture of clothing could face a prolonged loss of income by a sudden and large influx of free clothing. With the loss of purchasing power, economic hardships can reverberate throughout a community and thus prolong economic recovery.

For a community to recover from a disaster, it is important that individual purchasing power be restored to its pre-disaster level as quickly as possible. (If people no longer have money to purchase bread how will the bread man have money to purchase flour from the mill and how will the mill owner have cash to purchase diesel fuel from the service station... etc.) People once again need to begin spending money on goods produced in their own communities so that the expenditures will stimulate local economic activities, with the same dollar being spent several times over in the community. Relief welfare should not be practiced to the extent that it produces dependency and leads to economic disincentives.

Use of Volunteers

The second major category of assistance offered by the U.S. public (after donations of miscellaneous collected supplies), are individuals offering to volunteer to go to the disaster site to use their skills in any way that could be helpful. Despite the vast array of skills being offered, volunteers are rarely sent to a disaster site. Most immediate assistance is provided

by those already on-site when the disaster occurs. The exception to this is those with highly specialized skills, such as search and rescue teams, volcanologists, or water purification experts. These individuals and teams have generally been identified by the appropriate sponsoring relief organization prior to the occurrence of the disaster.

According to a 1986 Pan American Health Organization publication, International Health Relief Assistance, "medical assistance to victims should be provided within a few hours by health personnel familiar with the local situation. In past disasters, unsolicited medical teams and volunteers arrive unprepared or too late to be of real assistance to the victims and, therefore, constitute an unnecessary burden on the relief efforts." Many countries have outstanding long-term health needs that they are not able to adequately address. However, these should not be confused with immediate relief needs that are best addressed by skilled professionals who are either on emergency stand-by prior to the disaster or already present within the affected country.

III. RESOURCE COORDINATION RESPONSE TO HURRICANE GILBERT/JAMAICA

The Storm

Jamaica is situated in a Caribbean hurricane zone and is also subject to seismic activity. Prior to Hurricane Gilbert, the last major hurricane to hit Jamaica was in 1951, and the last major earthquake was in 1907. Therefore, only a small percentage of the population had ever experienced a major natural disaster. Pre-Gilbert, Jamaica could have been characterized as a country facing a high risk of disaster but having an inadequate appreciation of those risks. This led to a somewhat lapse attitude concerning preparedness and mitigation measures.

Hurricane Gilbert hit Jamaica on Monday, September 12 causing extensive damage throughout the island. The destruction caused by the hurricane was extreme. Forty-nine persons were killed and 810,000 were left homeless. Destruction was estimated at up to \$1 billion.⁸

⁸ Office of U.S. Foreign Disaster Assistance, Caribbean-Hurricane Gilbert, Situation Report Number 11, (Washington, D.C., October 27, 1988), pp 1-3.

The hurricane left a path of destruction across the length of the island, causing the country its worst catastrophe of the century. Winds of up to 140 miles per hour cut telephone and electric lines, tore off roofs, battered houses, and damaged the international airport. Fierce rains caused flash flooding and mud slides which closed many roads and caused extensive damage to crops. The supply of water and electricity was severely disrupted and hundreds of thousands of people had to evacuate their houses.

The following paragraphs were written by an American Red Cross Relief expert sent to Jamaica to help coordinate the Red Cross' response. It gives some indication of the chaotic and difficult conditions under which relief efforts must be carried out:

"Shortage is the key word at this time. Food, building materials, cement, flour, a thousand simple items, nails to paper, which once taken for granted are now hunted and increasingly expensive. The storm is often labeled "the great leveler" in the papers because of its indiscriminate impact on rich and poor. This is a tempting image, but collapses quickly upon comparisons with reality. The houses of the poor, so often constructed of makeshift, have suffered far more than the more conventional, and sturdy, structures of the middle and upper classes. The economic ability to absorb, and recover from, the damage is strictly limited to those with income and insurance. The working people continue to wait for the resumption of income, as many businesses, particularly the small and labor intensive, await their own repairs [and the restoration of the electrical grid] and supplies of commodities adequate to reopen their doors.

"Shortages of building materials... hundreds of thousands of tons of zinc roofing, lumber, nails, and more are needed today to begin rehabilitation. The government has secured funding and placed orders for adequate stocks for both the public and private sector requirements, but it simply takes time to find, contract, load and deliver the volume. The two commercial ports capacities, damaged by Gilbert, strain further under the continuous demand for wharfage, containers, handling and delivery. Competition by government, business, and relief agencies for the same trucks and labor for receiving and distributing the goods is fierce. Gilbert damaged roads, blocked drains, caused mudslides, and felled thousands of trees (further compounding distribution problems). Intermittent power and water in all areas, and not at all in many rural zones. Telephones which operate sometimes, with overloaded lines and blank areas. Radio nets crippled

by antenna failures, loss of repeaters and power surges. Constant delays due to the breakdowns of vehicles and lack of communications.

"The initial response was not the sole responsibility of the Red Cross, of course, in truth, no social service organization as we know them has a national mandate. The churches have the best claim to broad based support. All of the agencies you can imagine, Red Cross, Salvation Army, Seventh Day Adventists, conventional and evangelical churches, JayCeers, Chamber of Commerce, businesses large and small, have all come together to tackle a piece of the problem, while a massive government survey is undertaken to identify recipients of food and building stamps, this array of helping groups has undertaken the feeding of what has been estimated from 250,000 to a million people, for up to six weeks or more. It is an incredible- and perhaps-impossible task, but it must be attempted. Down the road, rehabilitation of housing, clinics, public buildings, etc. will present the third challenge. For the present, our preoccupation is the movement of endless containers and truckloads of food.

"I will say a few words about donations. The flood of incoming goods is representative of much of what is good about all of the nations concerned- and some of the not so fine. It is an entirely typical flood: food, clothing, medical supplies, and more. Also typically, some of it is the leavings of more privileged societies, and represents a considerable diversion of resources to handle for little or no return. Hospitals are overwhelmed with unsorted boxes from private medicine cabinets. Companies have "donated" huge amounts of drugs (for tax purposes) which are either inappropriate, or more often outdated. Unsorted and uncleaned clothing is mixed in boxes of food. This is unusable without repair, sorting, and cleaning which are impractical even in the best of times. Governments send surplus agricultural commodities which, even when appropriate for local tastes and habit, or requiring safe preparation (such as the infant formula problem) sometimes supplant local stocks or inculcate new appetites for imported foods. Large quantities of collected stuff from U.S. communities arrives consigned to the Red Cross, Salvation Army, and others without notice, contents lists, or customs acceptability. Time is consumed in clearing and transporting goods in order to keep the damaged air and sea ports open for higher priority and planned shipments. As the Red Cross, we have a responsibility to better educate and disseminate good information about what is, and is not, useful. I

realize this is not news for anyone in the relief business. I have heard and made this recommendation many times. The problem is that the public isn't hearing it. The best way to help may not seem so easy, but its money."⁹

Those wishing to help disaster victims need to be informed that adding unsolicited and unexpected supplies to an already chaotic situation is unlikely to improve the process of distributing relief supplies. Such assistance often hampers, rather than assists, the already difficult work of overburdened relief officials.

Government of Jamaica Response

The Government of Jamaica's Office of the Prime Minister coordinated the overall relief effort and delegated the responsibility for receiving and distributing aid to the Jamaican Office of Disaster Preparedness (ODP) and the Jamaican Defense Forces. The ODP organized shelters in high-risk areas and for people made homeless by the storm. The ODP was also responsible for coordinating the distribution and custom clearance of all material relief supplies both at airports and sea ports.

The government's procedure for distributing relief supplies was as follows:

1. Non-governmental relief organizations consigned their shipments to their counterparts in Jamaica, who took delivery from the ODP facility and distributed items through their community based networks.
2. Supplies from United Nation agencies and individual governments were distributed through the use of coupons and building stamps.
3. Shipments to individuals in Jamaica were cleared to consignees on a duty-free basis for non-commercial quantities (not exceeding J\$ 1,000.) up to November 30, 1988.
4. Consolidated shipments of contributions from individuals and community groups overseas were

⁹ Miscellaneous Letter from Red Cross Worker, (Montego Bay, Jamaica, October 20, 1988), pp. 1-6.

released to the relevant private voluntary organizations when designated. If there was no designated consignee, the goods were handed over to whichever private voluntary organization was judged most appropriate, most often Project Accord.¹⁰

The incoming building supplies were controlled by the Jamaica Commodity Trading Company (JCTC) who sold them to commercial traders at market prices. At the retail level the supplies were exchanged for official coupons that had been issued to needy persons free of charge by the government. The government then exchanged the coupons received by retailers for cash.

The issue of building stamps and food coupons to needy persons was determined by the Ministry of Social Security Poor Relief Officer throughout the island. These lists were subject to several cross-checks.

This mechanism for distribution of basic food and building materials eliminated the need to create an extensive network for distribution of those items, and instead utilized the already existing commercial distribution channels.

Medical supplies were an exception to the preceding arrangements. All medical supplies, regardless of consignor and regardless of designated consignee, were passed over to the Ministry of Health and immediately allocated to hospitals and health centers island-wide on the basis of greatest need.

U.S. Government Response (Office of U.S. Foreign Disaster Assistance)

As news of Hurricane Gilbert became known, OFDA assembled a rapid response assessment team comprising disaster experts from OFDA and the Dade County Fire and Rescue Department. The team gathered vital equipment to take to Jamaica, including three satellite communications kits (TCS-9000), 600 feet of rope, and three chain saw kits. The team and equipment arrived in Kingston on the evening of September 13 via a Department of Defense (DOD)

¹⁰ Jamaica House, From the Office of the Prime Minister, Distribution of Relief Assistance, (Kingston, Jamaica, September 28, 1988) pp. 1-5.

C130. OFDA also provided transportation on the flight for teams from PAHO, and the American National Red Cross.¹¹

After the team made an assessment of the eastern part of the island, they determined a variety of relief supplies were urgently needed. OFDA dispatched 764,400 square feet (294) rolls of plastic sheeting, 614 tents, 3,966 water jugs (5 gallon capacity), 18 water tanks (3,000 gallon capacity) , 10 chain saw kits, and 9,600 cotton blankets from its stockpile in Panama. Six Department of Defense planes delivered supplies between September 14 and 15; half a planeload was delivered to Montego Bay and the rest to Kingston. One of OFDA's regional advisors and a PAHO official were on the first flight.¹²

Lists of needs for medical supplies were compiled by government of Jamaica's Ministry of Health, confirmed by the OFDA assessment team and PAHO, and were principally supplied by the United Kingdom and non-governmental organizations.

To address the urgent needs for housing and electricity, OFDA purchased and transported zinc sheeting and transported a Florida Power Company and their equipment to begin rehabilitation of the electrical grid. From a total of 600 tons of roofing material purchased; two shipments of 100 tons each had arrived in Jamaica by the first week of October and a third shipment of 400 tons arrived in November.

In addition, USAID/Kingston received \$20 million from OFDA to provide assistance in the areas of electrical power, shelter, health, water, and grants to Jamaican NGOs. Congress earmarked an additional \$35 million to be spent in FY 1989.¹³

Response of Selected PVOs

The Red Cross distributed relief items and food to a total of 700,00 beneficiaries in Jamaica. Specific distributions, between the period of September 12, 1988 and January 25, 1989, were as follows: 7,541 food packages, 19 rolls of plastic, 783 blankets, 35 lanterns, 231 boxes of clothing, 6 bed sheets, 5 mattresses,

¹¹ Office of U.S. Foreign Disaster Assistance, Caribbean-Hurricane Gilbert, Situation Report Number 11, (Washington, D.C., October 27, 1988), p. 5.

¹² *ibid.* p. 5.

¹³ *ibid.* p.6.

and 5 tents. The Red Cross distribution network was dependent on approximately 800 workers/volunteers in all 13 parishes.¹⁴

As of February 20, 1989, Red Cross reported that there were still twenty containers at the wharf which either had not yet cleared customs or needed transportation. A contributing factor to the delay in goods clearing customs was incomplete or inadequate documentation from donors concerning the contents of the shipments. Rolls of plastic sheeting which arrived too late to be of use in Jamaica, were transferred to a warehouse in Panama for future needs.

Other PVOs that sent relief supplies to Jamaica were:

Adventist Development and Relief Organization (ADRA)- sent \$600,000 of relief supplies (blankets, food, tents, medicine, plastic sheeting, generators) which were distributed through its Jamaican church network.

Americares- via donated air transport by Air Jamaica, donated several million dollars worth of food, medical supplies, and building supplies.

Salvation Army- provided five ship containers and one planeload of relief supplies.

In addition, the following organizations donated cash, and lesser amounts of material items to assist the relief effort; CARE, Catholic Relief Services, Oxfam, Partner's of the Americas, Southern Baptist Foreign Mission, and World Vision.¹⁵

U.S. Public Response

Almost immediately following the hurricane many organizations and individuals began collecting supplies to be sent to Jamaica for use in relief efforts. The response of the international community was overwhelming and soon a staggering amount of goods were arriving in Jamaica. During large popular disasters, the volume of goods sent by ad-hoc relief groups can dwarf the amount sent by governments and professional relief organizations.

¹⁴ League of the Red Cross and Red Crescent Societies, Jamaica: Hurricane Gilbert- Sitrep 8, (Geneva, Switzerland, February 20, 1989), p. 1.

¹⁵ Office of U.S. Foreign Disaster Assistance, Caribbean-Hurricane Gilbert, Situation Report Number 11, (Washington, D.C., October 27, 1988) pp. 7-8.