

# WHEN DOES HELP ACTUALLY HINDER?

External relief can often hamper national disaster prevention efforts. Effective government communication, and a commitment to invest in local prevention and preparedness, are ways forward. **BY CLAUDE DE VILLE DE GOYET**



*Above*

HURRICANE GEORGES  
LEFT ST. KITTS'  
JN FRANCE HOSPITAL  
AN UNUSABLE RUIN  
IN SEPTEMBER 1998.

Usually, the more dramatic the disaster, the more generous and spontaneous the outburst of assistance from the international community. Vivid images of suffering in the mass media move the public—and politicians—to action.

International relief has become both a necessity and a right—a necessity because no community or country can muster the human and technological resources needed to respond to the affected population in such a short time; a right because local authorities in developing countries are held to the highest standards of medical and social attention, standards that are often not realistic even in normal times. Failure to comply with these standards results in the “right of intervention” by outside humanitarian actors.

Does this external assistance act as a substitute for national efforts toward self-reliance? Are some forms of international relief counterproductive—even harmful—to local preparedness efforts? While there are no clear-cut answers, some aspects of international aid appear to have the potential to affect national preparedness adversely.

In the late 1980s and early 1990s, the lack of commitment and enthusiasm for preparedness and mitigation on the part of small Caribbean islands was largely attributed to the

over-reliance on generous external aid in disaster situations. What else can explain what happened on one of the islands, where the roof of a hospital was blown off and rebuilt with external funding on eight separate occasions over a 35-year period? The problem was not the willingness of donors to assist, but their failure to demand more stringent building codes.

In the past, disaster-prone countries felt that being “well prepared” would reduce their levels of external assistance. Fortunately, that is no longer the case. No country, even the smallest, reasonably expects the outside world to take care of all its immediate post-disaster needs. All realize that most of the effort will have to come from their own resources.

The willingness, even eagerness, of the medical community to assist disaster victims is widely praised and advertised. But the media and medical representatives fail to mention that significant time often passes between the sudden impact of natural disasters and the arrival of the teams. For years, the Pan American Health Organization (PAHO) stressed the unwelcome message that many communities fend for themselves for the first—and most critical—24 hours. Again and again, experience has shown that external teams cannot arrive in the “golden hours” when medical or surgical interventions are most needed. In the aftermath of Hurricanes Georges and Mitch, most of the foreign medical teams or field hospitals arrived too late, and consequently addressed more routine and pre-existing needs.

In some cases, they created another type of problem. External medical relief that substitutes for local assistance can discourage self-reliance and can also permanently weaken the local health services. When a sophisticated field hospital is set up without the stated objective of coordinating with and strengthening local health facilities, the early departure leaves a vacuum that local health workers cannot fill.

The Soufrière Hills Volcano on Montserrat in the West Indies destroyed the capital city of Plymouth in 1997, forcing the

partial evacuation of the island's population and the relocation of the remaining 3,500 people to the island's northern part. The Montserrat authorities and the government of the United Kingdom have since faced a daunting dilemma: the risk, however small, of a catastrophic eruption engulfing the entire island would be fully met only by permanently relocating the population. The massive financial cost of such an evacuation, and the desire of a community to remain on its homeland, thus compete with a zero-risk policy. Local authorities are now investing in preparations that would allow them to face moderate eruptions.

Mass evacuation before hurricanes—a measure adopted on an organized scale by Cuba—minimizes the loss of lives and injuries, but does not result in much public assistance. Drama—the usual trigger for generous public assistance—is minimized. In this case, a country is penalized for its level of awareness and preparedness. Such a contradiction needs to be addressed internationally.

Relief aid consists of spontaneous donations from individuals and ad hoc groups as well as the professional response by established governmental or nongovernmental organizations. Individuals, moved by media coverage, contribute both in-kind and in cash. Unsolicited in-kind donations—which most large humanitarian organizations quietly attempt to discourage—often represent over 50 percent of immediate health and welfare supplies, overwhelming the absorption capacity of the recipient country. This “secondary disaster” calls for specific preparedness measures. The Latin American and Caribbean countries, with PAHO support, have developed a sophisticated supply management system to handle this. The system enabled the countries affected by Hurricanes Georges and Mitch—as well as Colombia, which recently suffered an earthquake—to sort, inventory and classify large amounts of relief supplies and to account internationally for the donations. The success of the program stimulated the countries to train over 2,000 supply management volunteers.

Military assistance teams also have the potential to disrupt normal balances, since they usually coordinate directly with local forces, bypassing civilian channels. Many countries, especially in Latin America, are struggling to develop disaster management institutions that are based on the civilian sector. A joint civilian-military operations center

ensures coordination with the national emergency committee or civil defense system. Since the center may have access to overwhelming assets, in several instances it has shifted the actual command of operations away from civilian authorities, further debilitating weak national institutions. Perhaps short-term emergency operations are best conducted by military means, but in the long term they jeopardize efforts to strengthen civilian institutions. Dialogue between external military actors and national civilian authorities needs further attention.

It is now standard practice for bilateral donor governments to support local preparedness through grants or direct technical cooperation. Over the last 30 years, the U.S. Office of Foreign Disaster Assistance has led the way through its Prevention/Mitigation/Preparedness Program. In Latin America and the Caribbean, it is carrying out long-term training programs where national instructors are fully prepared and supported.

The UN Development Program recently received a mandate to assume leadership in prevention and preparedness. One of its first initiatives is the design, jointly with PAHO/WHO, UNICEF and OCHA, of a mechanism to provide technical assistance to national civil defense and promote the inclusion of risk management in the reconstruction process of countries affected by Hurricane Mitch.

Although donor agencies are now becoming more sensitive to the need for local preparedness, gaps still remain. Funding for prevention and preparedness remains modest. Few donor agencies dedicate a fixed, significant amount to local institutional building prior to disasters. At the political level, investing in building capacity and improving training does not have the same appeal as organizing a military airlift. Funding for preparedness projects is often more difficult to obtain because their short-term cost effectiveness is difficult to measure.

Each country must address the needs of its local institutions, but preparedness is usually not a national priority except after a major disaster. Perhaps the best way for a response agency or external donor to avoid costly response errors is to divert a fixed portion of relief funds to local preparedness efforts.

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AND CAN ALSO  
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