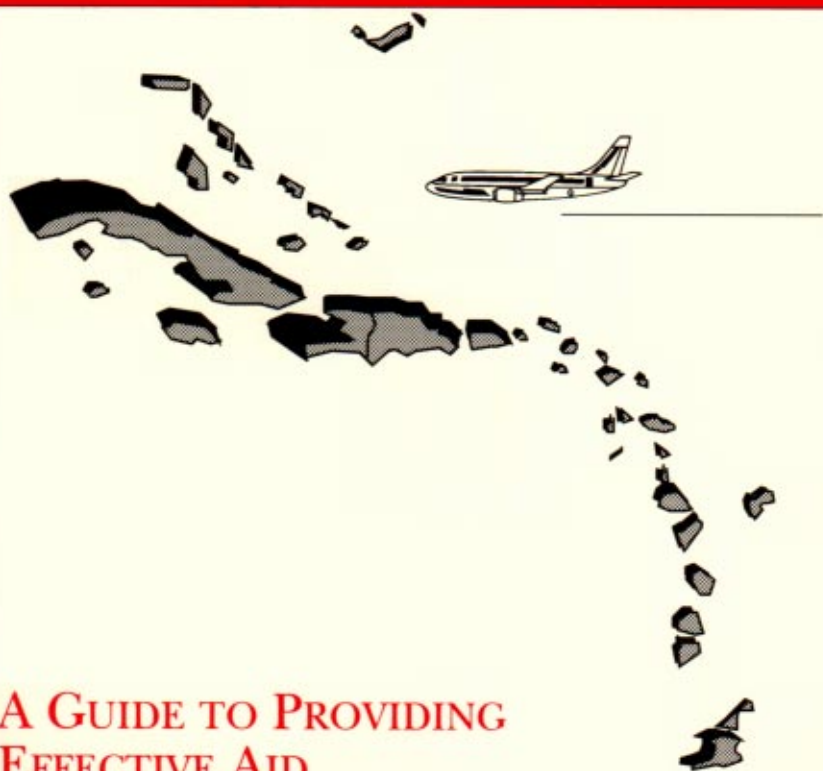


WHEN DISASTER STRIKES IN THE CARIBBEAN



A GUIDE TO PROVIDING EFFECTIVE AID

PREPARED FOR THE CARIBBEAN COMMUNITY LIVING ABROAD

THE 1990's

*THE INTERNATIONAL DECADE FOR NATURAL
DISASTER REDUCTION*



This is a publication of the
Pan American Health Organization
Regional Office of the
World Health Organization



This publication was made possible by the financial support of the Canadian International Development Agency (CIDA) and the Office of U.S. Foreign Disaster Assistance of the U.S. Agency for International Development (OFDA/AID).

Photographs: Julio Vizcarra, Carlos Gaggero; PAHO/WHO

When
Disaster Strikes
in the Caribbean

A Guide to Providing
Effective Aid
Prepared for the Caribbean
Community Living Abroad

*T*he Caribbean and Disasters

Historically, the Caribbean is prone to natural disasters—hurricanes, volcanic eruptions, earthquakes, floods and landslides. While these may appear negligible on a global scale, they have had serious consequences for the countries in this region.



These disasters have caused injuries and deaths and have severely damaged housing, agriculture, fishing and other industries. The destruction they have caused is magnified by the small physical size of most Caribbean countries. A single island state may be at risk for more than one type of disaster. Similarly, one single disaster may affect several nations or, more importantly, cause nation-wide devastation.

The Caribbean governments have a regional development strategy: to build an effective preparedness and management capability nationally and to implement a mechanism to rapidly mobilize a regional response and assistance to neighboring countries that are affected. However, depending on the magnitude of a disaster, it may become necessary for affected countries to seek assistance from outside the region.

The United Nations has designated the 1990's as the International Decade for Natural Disaster Reduction—a decade in which the international community will pay special attention to fostering cooperation to reduce the loss of life, property damage and social and economic disruption caused by disasters.

P *Principles of Disaster Assistance*

Thanks to modern communications, Caribbean nationals in the USA and Canada hear of major disasters within minutes, and in some cases, in just hours, relief is on its way. This generous outpouring of aid can greatly help your country if it meets real needs. But it can just as quickly become a burden if it has not been requested or if it reflects mistaken perceptions of what the real needs are.

Once a disaster strikes, the high cost of relief operations may drain, in just days, the resources that were normally allotted for a one-year period for primary health care and development programs. This, added to the fact that many Caribbean countries have seen their standard of living and level of developmental growth decline dramatically in the last ten years, further reduces their capacity to restore normal services and recover from natural disasters.

This guide offers some suggestions on how to avoid past mistakes and make assistance from the Caribbean communities in the USA and Canada truly effective.

- *Don't stereotype the disaster.* The effects of disasters on health differ according to the type of a disaster, the economic and political situation in the affected country, and the degree to which the infrastructure is developed.

- *The need for search and rescue, life-saving first aid and other immediate medical procedures is short-lived.* International assistance usually arrives too late to meet short-term needs. Special caution is necessary when considering international assistance that may be useless once the acute emergency phase has passed. This type of assistance includes personnel, specialized rescue equipment, mobile hospitals, and perishable items.
- *It is unlikely that medical personnel will be required from abroad,* given the Caribbean's increasing capacity to mobilize regional health resources to respond to the immediate needs of disaster victims. In recent disasters local health personnel treated all injuries within the first 24 hours.
- *Emergency assistance should complement, not duplicate, efforts taken by the affected country.* Some duplication is unavoidable as many volunteers worldwide hasten to meet the same needs, real or presumed. However, this need not have negative consequences if the assistance can be used later for rehabilitation and reconstruction.
- *Consult with authoritative, official sources before acting.* Don't overreact to media reports for urgent immediate international assistance. Despite the tragic images we are shown, get the overall picture from your country's mission, or the agencies listed on pages 13 and 14 and wait until information has been formally issued.

*A*fter a disaster, do . . .

- Whenever possible, donate cash or credit directly to the national health authorities, to international agencies, or channel it through well-established private agencies.* Most of the relief items needed can be purchased locally (helping the local economy) or in neighboring countries. Cash also can be used to restore the pre-disaster level of health care conditions, housing and sanitation and to replace national resources that have been diverted from essential programs and used for the emergency.

- Assist your country during the preparedness, rehabilitation and reconstruction phases.* Unfortunately, disasters are rarely newsworthy once the immediate emergency phase is over. Yet, a disaster will deplete much of the financial and material resources of an affected country. Later, your country will need your aid for repairs and reconstruction even more.

- Remember that special arrangements are hard to make in disaster situations.* It is difficult to guarantee that your cash or in-kind donation will go directly to your family or another group you designate.

- Go to the proper source for information on the health and welfare of relatives and friends in a disaster-stricken country.* Contact that country's Embassy or Consulate in the U.S. or Canada for this type of information.



Make sure that all boxes are clearly marked. Provide information on contents and destination.



Avoid sending . . .

Used clothing, shoes, etc: even if these are identified as needs. In most cases, the Caribbean community donates more than enough to meet the demand. And frequently, there is no efficient, inexpensive way to transport items collected by the public to the disaster site.

Household foods: the same applies for food items. A disaster is not likely to cause a national food shortage in the Caribbean, although the international media may highlight local distribution problems.

Household medicines or prescriptions: these items are medically and legally inappropriate. Pharmaceutical products take up needed space and divert the attention of medical personnel from other more pressing tasks to sort, classify, and label them.

Blood and blood derivatives: there is much less need for blood than the public commonly believes. This type of donation is unsuitable because it requires quality and safety controls, such as refrigeration or screening for detection of AIDS antibodies.

Medical or paramedical personnel or teams: Local health services are able to handle most of the emergency medical care to disaster victims. If international aid is needed, neighboring countries are in the best position to assist during the first 24 hours. Exceptions to this are highly skilled specialists who have been specifically requested by the Ministry of Health.

C

onsult further about donations of . . .

? *Used medical equipment:* specifications should be provided. If the value of the equipment justifies it, an on-site inspection may be arranged by a technician in the donor country or an international agency such as PAHO/WHO or the Red Cross.

? *New equipment:* when considering these donations, take into account the cost of transportation by air freight, and the continued availability of spare parts. Be willing to wait several days to allow the Embassy or Consulate to consult with the proper technical Ministry and/or PAHO/WHO.

? *Tents:* funds that donors spend to purchase and airlift tents could be put to better use purchasing reconstruction materials locally. Plastic sheeting is much more practical and provided generously by bilateral donors.

? *Vaccines:* most often they are neither needed nor approved by the Ministry of Health.

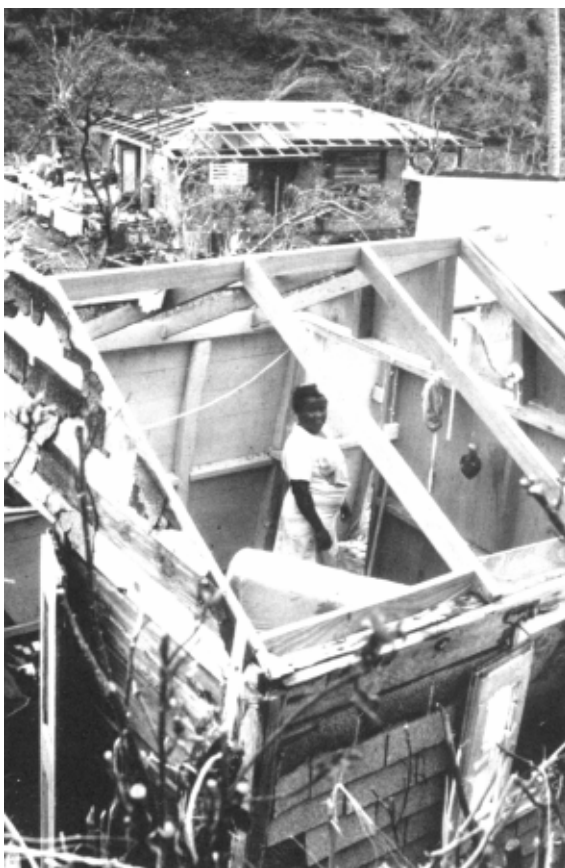
M *Myths and Realities of Disasters*

***MYTH:** Foreign medical volunteers with any kind of medical background are needed.*

REALITY: The local population almost always covers immediate lifesaving needs. Only medical personnel with skills that are not available in the affected country may be needed.

***MYTH:** Any kind of international assistance is needed, and it's needed now!*

REALITY: A hasty response that is not based on an impartial evaluation only contributes to the chaos. It is better to wait until genuine needs have been assessed.



MYTH: *Epidemics and plagues are inevitable after every disaster.*

REALITY: Epidemics do not spontaneously occur after a disaster and dead bodies will not lead to catastrophic outbreaks of exotic diseases. The key to preventing disease is to improve sanitary conditions and educate the public.

MYTH: *Disasters bring out the worst in human behavior.*

REALITY: Although isolated cases of antisocial behavior exist, the majority of people respond spontaneously and generously.

MYTH: *The affected population is too shocked and helpless to take responsibility for their own survival.*

REALITY: On the contrary, many find new strength during an emergency, as evidenced by the thousands of volunteers who spontaneously united to sift through the rubble in search of victims after the 1985 Mexico City earthquake.

MYTH: *Disasters are random killers.*

REALITY: Disasters strike hardest at the most vulnerable group, the poor—especially women, children and the elderly.

MYTH: *Locating disaster victims in temporary settlements is the best alternative.*

REALITY: It should be the last alternative. Many agencies use funds normally spent for tents to purchase building materials, tools, and other construction-related support in the affected country.

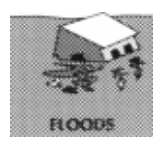
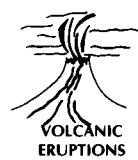
MYTH: *Things are back to normal within a few weeks.*

REALITY: The effects of a disaster last a long time. Disaster-affected countries deplete much of their financial and material resources in the immediate post-impact phase. Successful relief programs gear their operations to the fact that international interest wanes as needs and shortages become more pressing.



*E*ffects of Natural Disasters on Health

SHORT TERM HEALTH EFFECTS OF NATURAL DISASTERS



	EARTHQUAKES	HURRICANES HIGH WINDS	VOLCANIC ERUPTIONS	FLOODS
DEATHS	MANY	FEW	VARIES	FEW
SEVERE INJURIES REQUIRING INTENSIVE MEDICAL CARE	OVER-WHELMING	MODERATE	VARIES	FEW
INCREASED RISK OF INFECTIOUS DISEASE	POTENTIAL PROBLEM IN ALL MAJOR DISASTERS (Probability rises with overcrowding and deteriorating sanitation.)			
FOOD SCARCITY	RARE (May occur due to factors other than food shortages.)	RARE	COMMON	COMMON
MAJOR POPULATION MOVEMENTS	RARE (May occur in heavily damaged urban areas.)	RARE	COMMON	COMMON

Source: Pan American Health Organization

Note: The effects of disasters on health may differ depending on the economic and political situation and the degree of the development of the infrastructure of an affected country.

In addition to your Consulate and Embassy, the following contacts may be helpful:

Pan American Health Organization

Emergency Preparedness and
Disaster Relief Coordination Program
Pan American Health Organization
525 Twenty-third Street, N.W.
Washington, D.C. 20037, U.S.A.
Telephone: (202) 861-4325, Fax: (202) 775-4578

The Caribbean

Health Adviser/Red Cross Adviser
Pan American Health Organization
P.O. Box 508
Bridgetown, Barbados
Telephone: (809) 436-6448, Fax: (809) 436-6447

Caribbean Disaster Emergency Response Agency
Block C, The Garrison
St. Michael, Barbados
Telephone: (809) 427-8513, Fax: (809) 429-4055

In the U.S.

Office of U.S. Foreign Disaster Assistance, Agency for
International Development
Room 1262-A New State
Washington, D.C. 20523
Tel. (202) 647-9784/5/6; Fax (202) 647-5269

American Red Cross
17th and D Streets, N.W.
Washington, D.C. 20006
Tel. (202) 639-3318; Fax (202) 347-4486

InterAction

1717 Massachusetts Avenue, N.W., 8th Floor
Washington, D.C. 20037
Telephone: (202) 822-8429; Fax (2020) 659-2661

In Canada

International Humanitarian Assistance Programme
Canadian International Development Agency
200 Promenade du Portage
Hull, Quebec K1A 0G4
Tel. (819) 994-3948; Fax (819) 953-5348

Canadian Red Cross
1800 Alta Vista Drive
Ottawa, Ontario K1G 4J5
Tel. (613) 739-3000; Fax (613) 731-1411

PAHO's Emergency Preparedness and Disaster Relief Coordination Program was established in 1977 to enhance the state of preparedness of the health sector and health institutions in Latin America and the Caribbean. This is accomplished through contingency planning, training, public education, and coordination with other sectors. During the International Decade for Natural Disaster Reduction, PAHO/WHO will continue its efforts to strengthen the health disaster preparedness in Latin America and the Caribbean.



Pan American Health Organization
Regional Office of the World Health Organization
525 Twenty-Third Street, N.W.
Washington, D.C. 20037
USA