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Retrieving the Wisdom of Those in Need: Community Healing and Engagement in Times of Disaster

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The papers prepared by the three authors explore the topic and its three main questions with considerable insight and professional (and personal) concern. Each, however, brings a unique perspective based upon extensive experience dealing with disasters and their impact upon communities: Frederick Burkle as a clinical physician, medical administrator and military officer with a lifetime of experience in major public health emergencies; Eliane Ubalijoro as a biological scientist and international development advisor whose family was swallowed up by the Rwanda Genocide; and Paul Born as the founder and director of community economic development organizations and writer on community-based solutions to poverty.

These comments will highlight several of the key issues discussed by the authors and illustrate them with references to some of my own experiences.

Community Engagement

- By far, the most critical aspect of the seminar topic, at least in terms of areas subject to improvement, is the issue of community engagement before, during and especially after the occurrence of an emergency. Outside agencies, and particularly international organizations, tend to minimize the involvement of affected communities when major international disasters take place.
- All three authors point out how local knowledge is often ignored and outsiders make nearly all important decisions. Yet, in the immediate aftermath of a disaster, the pressure to act causes outside agencies to see consultation with local leaders as time-consuming, contentious and generally counterproductive to the tasks at hand.
- Outside agencies generally have standard protocols involving needs assessment, initial field responses, resource acquisition and program implementation. The resulting humanitarian interventions may be survivor rescue, trauma medical care, food and water distribution and finally shelter. But these actions often follow scenarios set out in disaster response guidelines and operational handbooks that give little attention to practical steps to involve the affected communities in shaping the nature of the response.
- Even after the initial emergency response phase has passed, sectoral meetings of humanitarian agencies rarely include local community representatives. More often, such meetings may have local or national government representatives whose level of participation and influence usually is directly related to their government position.
- In the dozen major emergencies I have participated in over the past 25 years, the affected communities usually played only a minor part in the initial humanitarian response.
- As the emergency phase evolves into longer-term rehabilitation, local officials tend to become more active in decision-making. Some examples:
  a) In the late 1990s, services provided to Rwandan refugee camps in Tanzania led to protests from the adjacent Tanzanian villages that the camps were causing environmental damage to the forests and the local villages were not receiving the same services as the camps.

b) During the 1999 Kosovo War, nine refugee camps were established in Macedonia for ethnic Albanians from Kosovo. Being within Europe, these camps were well supported with tents, food, medical facilities and water and sanitation by both UN agencies and international NGOs. The services in the camps were, in fact, so good that the adjacent Macedonian (Slavic) villages became resentful that they were not also entitled to the same services. My employer at the time, UNHCR, responded by carrying out studies and issuing contracts to convert the camps once they had closed to permanent community facilities, such as industrial parks, recreation areas, schools and commercial locations.

- Ubalijoro describes how humanitarian workers fail to understand the enormity of the tragedy affecting communities overwhelmed by disasters. By not fully engaging with the local population, these workers may act in naïve and sometimes painful ways. Without specific guidelines for community consultations, engagement with the people is limited and this gap in understanding remains open.
- It is too often assumed by humanitarian workers that the provision of food, water and medical attention is sufficient to meet the immediate physical and social needs of the people. They usually fail to grasp the deep psychological wounds caused by the disaster and the equally great need for community, comfort and healing. When these needs are sensed, the humanitarian worker is likely to ignore them for fear of becoming involved in personal situations that he cannot handle.
- During several assignments for WHO in Rwanda over 1994 and 1995, I saw aspects of the continuing grief of the people and some attempts to bring about closure and healing. Months after the genocide, people would come to the sites of mass burials looking for some artifact of their missing relatives. A family member would find a bit of cloth or a bone, consider it representative of a missing family member, and then and take it away in sorrow. Realizing that many people needed some form of closure to the tragedy, WHO with support from the Dutch Government assisted in the exhumation of a number of mass graves and the subsequent interment of the human remains in cemeteries to the accompaniment of religious prayers and ceremonies.
- Most humanitarian responses carried out by institutions have been developed for emergencies in rural areas. Moreover, most long-term development approaches used by NGOs are the result of a half century or more of work in rural areas. When rapid onset emergencies (floods, earthquakes, violent conflicts) occur in urban areas, few organizations are properly prepared or have an appropriate strategy for dealing with large populations, ethnic sub-communities and the establishment of relief facilities. For example –
  a) In Indonesia, the 2005 earthquake and tsunami that swept across much of southeast Asia left many people in the urban areas of Aceh afraid to return to their homes in the event of another earthquake and unwilling to go to away and leave their homes open to looters. As a result, people used tents and tarpaulins to sleep in front of their homes.
  b) In Haiti, the January 2010 earthquake caused half the population of Port au Prince, a city of over three million, to flee their homes for the dubious safety of parks, streets and even trash dumps. The relief agencies that came to Haiti in the weeks and months after the earthquake were faced with the unexpected task of locating and assisting over 1,000 spontaneous camps scattered throughout the city. Three months after the earthquake, my organization, Catholic Relief Services, was still identifying “new” camps that had not received any relief services. Although many of these small camps could not be readily provided with emergency supplies, people were reluctant to leave for the new tented shelters being built outside the city because of the fear that their damaged homes would be vulnerable to looters.

Ethics and Morality of Humanitarian Relief

- Burkle points out the difficulties of triage when medical resources must be rationed. These decisions can be uncomfortable to make at the time and even more difficult to explain afterwards. There tends to be a general reluctance to discuss triage decisions with the local community for fear of negative reactions. According to Burkle, however, there is evidence that communities may be more aware and accepting of the issues of medical rationing than generally expected. He suggests that involving communities in dialogue on the triage of life saving processes may have the beneficial effects of both gaining societal support for triage and reducing the need for the physician to be the sole decider of who receives care.
- Triage can also be viewed in non-medical terms. When emergencies occur, the responding agencies and their staffs are constantly faced with decisions of which community or which part of the population to serve first. Do we provide food or water, medical care or security assistance? As in the issues noted earlier, these decisions can be eased to some extent by considering the views and concerns of the communities involved.
- Although humanitarian workers must remain professional in the discharge of their duties, it is no easy task to ignore the human dimensions of the emergency at issue. Emotions of fear, concern disgust, love and sorrow are part of the human system. Too little emotion in the humanitarian worker and he becomes an insulated automaton carrying out his duties according to the current operating guidelines. Too much emotion and he may become overwhelmed with grief or the enormity of the task and, in some cases, may be unable to continue. Medical personnel, because of their close encounters with patients, are perhaps most vulnerable to the effects of emotions. However, other types of humanitarian workers can also be affected by emotions, and especially when coupled with overwork and stress.

Fostering Community Resilience

- Despite the gulf that separates communities from their governments, communities from humanitarian agencies, and humanitarian workers from the people, there are some useful ideas for fostering community resilience.
- Born cites “collective knowing” as one of the best chances of developing community resilience and survival.
    - For example, in Aceh, the people had lost the immediate memory of tsunamis and 200,000 died, while in Japan, the early signs of tsunamis are continuously replayed and many fewer died in the tsunami of March 2011.
- Born also states that building a “caring society” is the best form of emergency preparedness. This raises the question as to whether an outside agency or even a national government can foster a climate of good neighbors willing to help each other.
- Providing voluntary humanitarian assistance can be difficult in the immediate confusion of a sudden onset disaster. Humanitarian agencies, whether government or NGO, rarely welcome unsolicited offers of assistance unless it is in the form of cash or, less commonly, material products. When such emergencies arise, my office at CRS is “flooded” with offers of professional assistance from colleagues, friends and even strangers. Very few of these offers are accepted because the operational units are not equipped to deal with new personnel until the crisis point passes.
- My own experience with offering to serve with other major agencies in several disasters has been equally frustrating. External agencies are rarely prepared to take on volunteers.
- Local organizations may be better at mobilizing community responses and volunteer assistance. Although I was unable to participate in the immediate aftermath of Hurricane Katrina, under the

auspices of a local church my family and I went to Mississippi in 2007 and 2008 to help renovate Katrina-flooded houses.

- And finally, one of the sorely-needed tools to promote community resilience is practical guidance for mitigating conflicts in disaster-affected communities. Despite a wealth of literature on conflict mitigation and peacebuilding, there are few operational guides for assisting humanitarian workers in specific sectoral interventions, such as emergency water supplies, housing, camp locations, etc, to deal with community conflicts over allocation of resources, ethnic tensions and security. Current efforts to develop peacebuilding tools are occurring in long-term development projects. They need to be expanded to short-term interventions in emergencies and disasters.