Dynamics of Disasters

Refugee disasters

In international affairs, "refugee" is a fairly precise legal term for someone who moves across a border out of fear and is entitled to a certain legal status under international conventions. No such recognition extends to people who are displaced, having moved within their own country. Such distinctions may not be very useful, given the reality of today's disasters, where a variety of conditions such as war, famine, ecological decline, flood or ethnic cleansing, may combine to force people to leave their homes in places where the nation state is breaking up, old borders cease to exist and new barriers are created.

People become displaced within their country or move across borders to become refugees because a range of pre-existing political, economic, ethnic and military factors become worse. Such factors will undermine the security of individuals and families, over both the short and long term.

These can involve threats from hostile military forces, intolerance from rival ethnic and political groups, the loss of services, employment or food supplies (perhaps denied by one or other side in a conflict), or the gradual erosion of economic well-being of rural people, often linked to environmental degradation or climatic change, that encourages a flow of migrants into urban areas.

Such situations will undermine traditional ways of dealing with problems within a community and may force its members to depend on outside help while they are displaced, or at least until some form of resettlement allows them to become self-sufficient.

Communities may well be both

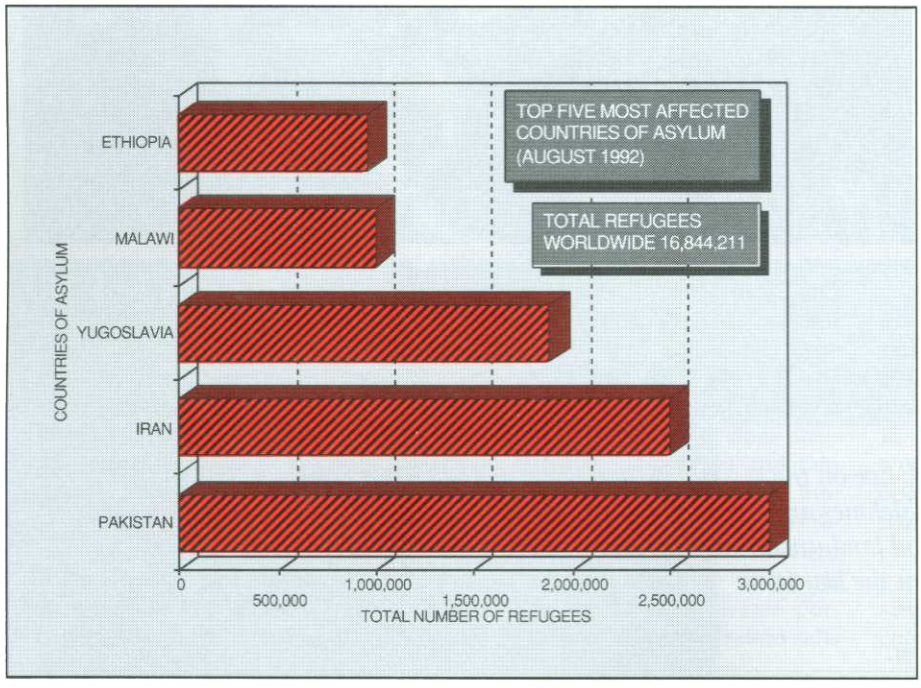

Figure 15: Top five countries of asylum. The world is home to over 16 million refugees today, with Pakistan and Iran hosting over two million each. (Source: UNHCR.)

pushed and pulled, and the flow of rural people into urban areas throughout the developing world is a clear indication of both the existing stresses within rural agricultural communities (the push) and the perceived resources and employment available in towns and cities (the pull).

Refugees who have left their country in fear have, in theory, a clear status recognised internationally, but may not be welcome in the new host nation and may be denied legal rights or access to food or services. People who move across borders for economic reasons have no international recognition and will almost certainly be regarded as illegal aliens unless they have complied with all the host country's immigration procedures.

People displaced within their own country may also face difficulties, either because they are thought to be competing for resources with the people into whose area they have moved, or because they are from minority groups. Sometimes, people displaced by hunger or fighting may be regarded as a threat to the state and face additional oppression.

Refugees and displaced people are obviously vulnerable. Vulnerability may be both the cause of their displacement, being unable to cope with stresses placed upon them, or a result of being displaced, since they will lose possessions, their land, homes and food supplies.

Even those choosing voluntarily to move for economic reasons within a country or across borders will be vulnerable. They are likely to leave because of poverty, perhaps abandoning the limited food security of farming their own land, and when they arrive in a new area they will frequently have to take badly-paid jobs and live in poor conditions which maintain or even increase their vulnerability.

Refugees repatriated and displaced people able to be resettled in their original area will usually continue to be vulnerable, either because the conditions which forced them to move are little changed or because their movement and return has reduced their resources and capacities.

The movement of displaced people can lead to a very wide range of effects, depending on the numbers involved, the speed of their departure, the resources possessed by those moving and the resources available within the location or community they are moving towards.

Population movements often create long-lasting problems, especially if those who move are unable to integrate into the host community and become self-sufficient They may lose their normal sources of food, from their own production or from local markets, and lack shelter, household necessities, fuel for cooking, and drinking water. Displaced groups frequently contain large numbers of children, both accompanied and unaccompanied, and woman-headed households, causing extra burdens for women.

More people in a restricted area can lead to overcrowding and create pre-conditions for epidemics, such as measles, whooping cough or meningitis, especially if local health and other services are inadequate or break down.

They will usually lose the land and homes they have left and be at risk from military activities or hostile local people. Managing communities of displaced people or refugees may mean facing communications and transport problems, such as trucking in food and water, or identifying and helping those in particular need.

Movements of people can be predicted if the build-up of economic, political and military stresses is monitored closely, but frequently the first indication of movement is the actual arrival, particularly if communications are poor.

Equally difficult to predict without close monitoring are the consequences of events such as famines that might result from conflict. Such predictions require both an assessment of the political fragility in

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Focus 17: Afghanistan, safety nets and opportunities

Years of the conflict-related disaster in Afghanistan illustrate many issues affecting refugees and displaced people worldwide, especially the way in which conflict deepens the vulnerability of individuals, families and communities, as well as the complexities facing humanitarian agencies, such as the International Red Cross and Red Crescent Movement, in responding to such disasters

Since fighting broke out in 1978, when Afghanistan had a population of 15.8 million people, more than five million Afghans have fled into Pakistan and Iran At least another two million have been displaced within the country as conflict destroyed lives and livelihoods, from the clearances of villages by helicopter gunship to the destruction of irrigation schemes

Despite initial local hostility in some cases and controls on the activities of the new arrivals, both Iran and Pakistan have been exceedingly generous in their assistance to refugees from Afghanistan, especially since the largest single refugee situation of the last three decades has also been one of the longest lasting. The close religious, linguistic and cultural links between people on both sides of the Afghan-Iran and Afghan-Pakistan borders have undoubtedly helped ease the problems of movements on this scale

Pakistan created hundreds of camps for refugees along its border with Afghanistan, despite not being a signatory to the UN refugee convention and protocol. It allowed refugees much freedom to find work, though it prevented this mainly rural population from farming during its years of exile. In Iran, only a small percentage of refugees lived in camps. More than a million went to live in Iran's cities, and the vast majority became self sufficient as they were integrated into the Iranian economy, particularly as construction labourers

The reduction in fighting which followed the Soviet retreat and the change of power in Kabul created opportunities for people to return, but the refugees' economic situation in host countries, continuing instability in some parts of the country and the tremendous reconstruction task has ensured that despite the return of 1 5 million people from Iran and Pakistan, many more have not gone home. Much remains to be done before the disaster can be regarded as over, not least the clearing of millions of mines.

Afghanistan clearly demonstrates the long-term nature of many disasters involving refugees and displaced people, which are frequently due to the intractability of internal conflicts in their countries of origin It also shows that, for many refugees, voluntary repatriation is not a realistic solution, since this is likely to be years away, if possible at all

Afghanistan has seen the growth of a wide range of armed organisations, some supported with arms and money by rival superpowers and other countries, each claiming to represent a geographical, tribal or religious section within the country. Their conflict and threat of conflict creates instability and economic deprivation, underlining the connection between refugee flows and the collapse of the political, economic and social structure in countries.

Thus a return to a normal way of life for the refugees will require not merely the cessation of hostilities but also major rehabilitation of everything from the economy to the extended family ties within communities

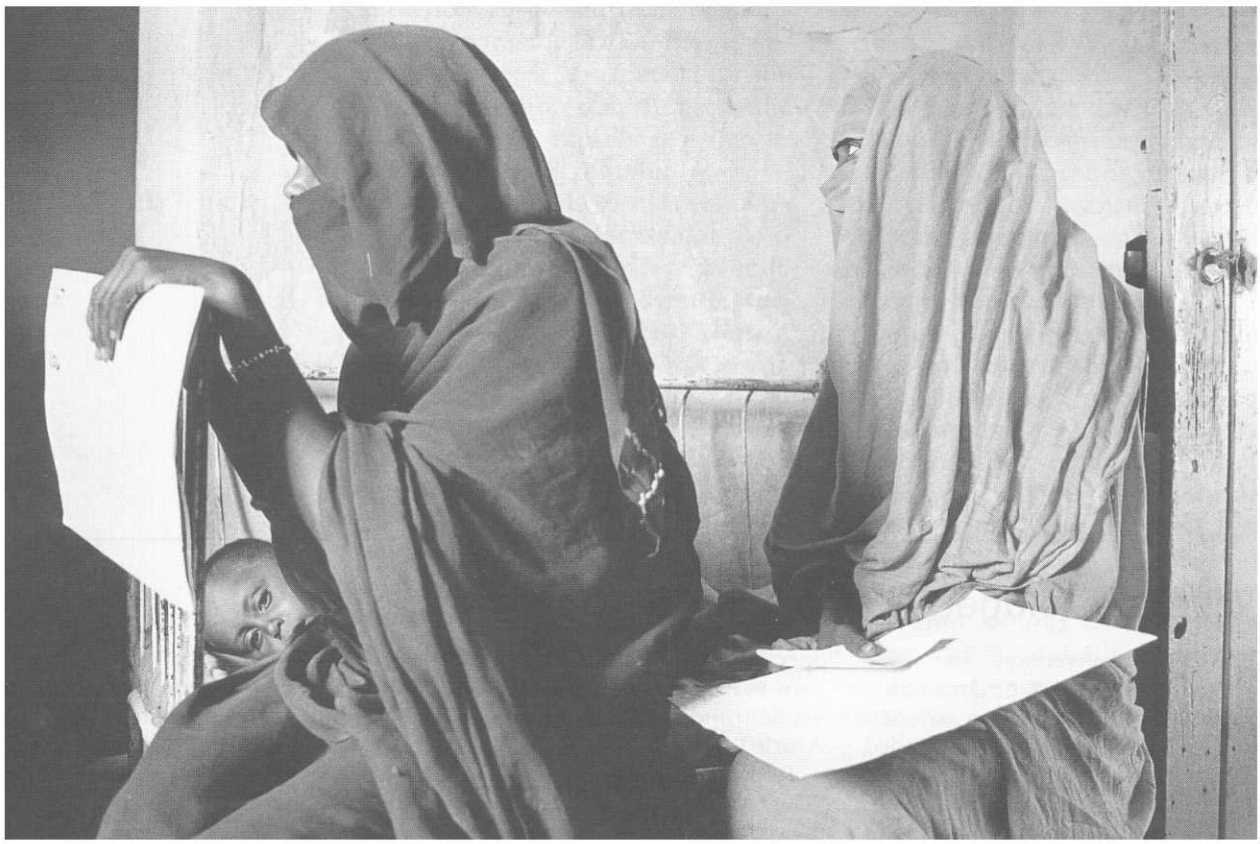
Afghanistan saw both flows of refugees across international borders and mass movements of displaced people within the country. Worldwide, the number of people displaced within their own countries today is unprecedented. Displaced people have little legal status when compared to refugees, yet for a variety of reasons their plight may be even worse, cut off from international assistance and often excluded from national help if not actually targeted for attack by governments or rival rebel forces.

Throughout Afghanistan's long conflict, the population of Kabul was regarded by many observers as a gauge of the level of internal displacement, as conflict deliberately designed to destroy supposedly rival groups' food security forced hundreds of thousands of people to abandon their rural homes (where 78% of Afghanistan's 1978 population lived) and crowd into the city.

As this report indicated in the section on famine (Section Three, Part II), food and its denial is a central weapon in many conflicts, especially civil wars in Africa and Asia, which creates particular challenges for humanitarian organisations do they try to supply food aid into conflict areas in an attempt to keep people in their homes, rendering them, and aid workers, liable to renewed attack, or should they offer food to those who have already fled, encouraging even more to move and assisting the original objectives of the military forces at work?

Fundamental to the problems of many refugees and displaced people, including Afghans, and the possible long-term solutions for their country, is the link between the root causes of their flight and the level of respect for human rights. The continuing fighting in some parts of Afghanistan is only the most obvious example of unresolved human rights issues that will determine the long-term success of repatriation operations.

An end of the disaster will also require efforts not only to reintegrate Afghan fighters into productive work, but also to rehabilitate Afghanistan's agriculture and the rural economy and society, which have all been undermined by the inability of most refugees to continue farming and their acquisition of urban skills, from trading to building.



Refugee disasters: After being forced to abandon homes, land and countries, refugees often require immediate life-sustaining support But they will also frequently need long-term help, such as schools and health care. Sudan, 1985. Sebastiao Salgado/Magnum

which a disaster might occur and an assessment of the consequences of conflict upon non-combatants.

If people feel physically safe and economically secure, they are far less likely to move. In conflicts, mediation on behalf of non-combatants may help, but the long-lasting problems of rural poverty require complex solutions to build the material, social and psychological capacities of vulnerable people

Reducing the insecurity of displaced people in the new location needs care to ensure that they can settle in areas where economic competition and differing social and cultural standards will not result in strife with local people. ■

Who is a refugee? Definitions, conventions, protocols

The 1951 Convention and 1967 Protocol relating to the Status of Refugees define a refugee as any person who, "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of protection of that country; or who, not having a nationality and being outside the country of his former habitual residence ... is unable or, owing to such fear, is unwilling to return to it" In all, 103 member states of the United Nations have ratified the Convention and/or Protocol.

The 1969 Organisation of African Unity Convention Governing the Specific Aspects of Refugee Problems in Africa incorporates the Convention and Protocol definition in Article I (1).

It further provides in Article I (2): "The term 'refugee' shall also apply to every person who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality." Since 1969, 34 African states have ratified the OAU refugee convention

The 1984 Cartagena Declaration refers to the necessity to consider enlarging the concept of a refugee, given the situation prevailing in Central America, the precedent set by the OAU Convention and the doctrine employed in the reports of the Inter-American Commission on Human Rights.

It states "Hence the definition or concept of a refugee to be recommended for use in the region is one which, in addition to containing the elements of the 1951 Convention and the 1967 Protocol, includes among refugees persons who have fled their country because their lives, safety or freedom have been threatened by generalised violence, foreign aggression, internal conflicts, massive violation of human rights or other circumstances which have seriously disturbed public order "

Dynamics of Disasters

Epidemic disasters

Epidemics have recurred throughout history. They may follow a disaster or be the disaster itself. The World Health Organisation defines an epidemic as "the occurrence of a number of cases of a disease, known or suspected to be of infectious or parasitic origin, that is unusually large or unexpected for the given place and time. An epidemic often evolves rapidly so that a quick response is required".

For an epidemic to start requires a pathogen (virus, bacteria or parasite), a reservoir, human or animal, which allows the pathogen to survive between two outbreaks, and a susceptible group, people who have never been in contact with the disease or for other reasons lack immunity. In some cases the reservoir may be healthy carriers, people whose bodies contain the pathogen but who are not themselves ill by it and show no symptoms.

Vectors are needed to carry some diseases from a sufferer to a potential victim: the mosquito for malaria, for example, or the lice which carry typhus.

Poverty is the most important predisposing factor for an epidemic as it implies all the conditions for an outbreak. These vulnerability conditions include overcrowding and poor housing, limited and poor food, lack of hygiene (both personal and environmental, giving poor protection against vectors), lack of clean water and, finally, when the disease has appeared, limited access to treatment.

While a single case reported could lead to an alert of an epidemic, in most situations the alert and investigation follow a number of undiagnosed infections or deaths. If the disease is well known, like cholera, identification is easy and quickly done by adequately staffed and equipped reference laboratories.

In hitherto unknown diseases, such as viral Ebola fever, identified in Zaire in 1976, or AIDS in California in 1981, resources must be devoted to identification of the disease, the mode of transmission, its potential reservoirs and vectors, and later to recommendations for prevention and treatment.

Warning signs exist for epidemic outbreaks but are not always recognised. Careful epidemiological investigations have shown that the conditions for epidemics often exist for a long period before an epidemic starts, and that the first case is one "imported", where a carrier, infected person or vector comes into an area where the disease previously did not exist. From that case, after an incubation period, the increase in the number of cases is reported and documented.

What triggers an epidemic? Several factors are needed for an outbreak to occur when the pathogen is introduced into a favourable environment. Such an environment can exist long before the epidemic actually starts but remain benign until the chain from environment, through pathogen, to host is completed.

In the case of the cholera epidemic in Peru in the early 1990s, a link was missing until a crew member (most likely a healthy carrier) from a ship calling at Chimbotte in northern Peru,

introduced the bacterium which causes cholera by contaminating the environment, and thence the seafood of the country, and from there the whole sub-continent. The sudden increase in the number of cases demonstrated how favourable the environment was for the spread of such a disease and how vulnerable the people were to this epidemic disaster.

Large population displacements can also initiate epidemics. The pathogen may come to the people or the people move to the pathogen. Migrating people import new pathogens into a non-immune host population, as happened along the Thai-Kampuchean border in 1979 when people brought in chloroquine-resistant malaria plasmodium strains, or migrants might arrive in an area contaminated by a pathogen and catch the disease because of their higher vulnerability, as with many refugee camp measles outbreaks.

Tradition has it that all the members of a community are equally at risk in an epidemic. This is not so.

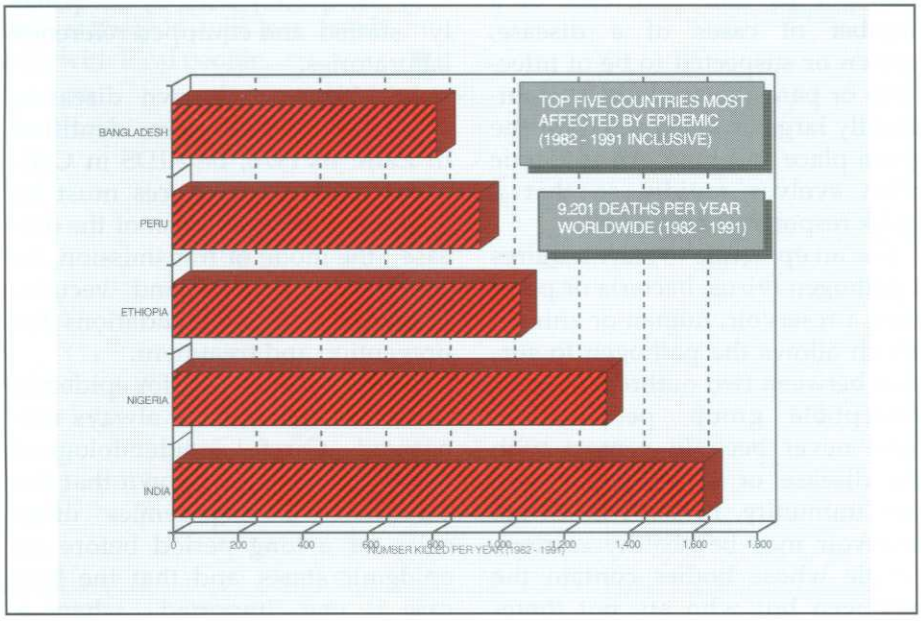


Figure 16a: Top five countries affected by epidemics, numbers killed. Epidemics, including cholera, malaria and meningitis, are credited with killing some 9,000 people a year.

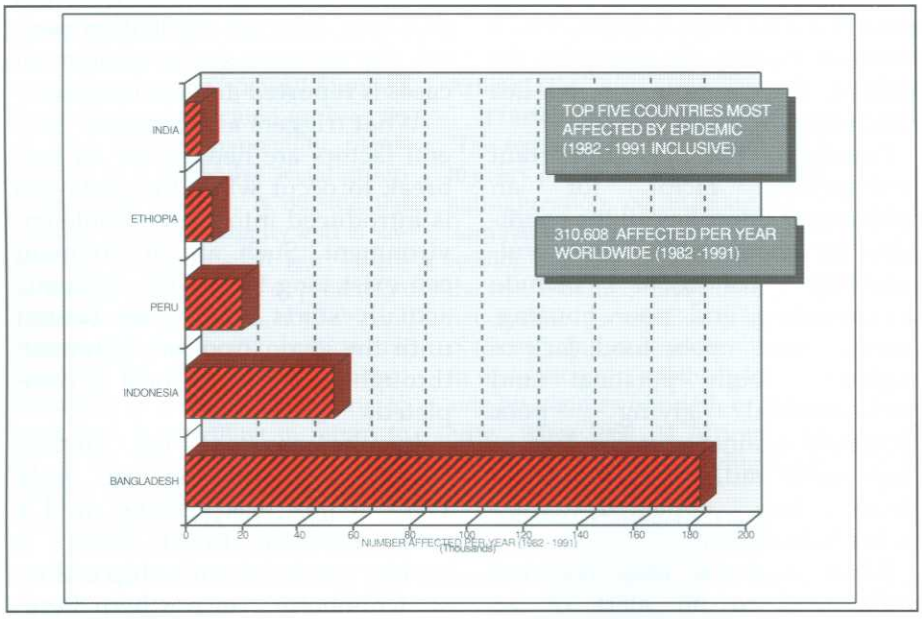


Figure 16b: Top five countries affected by epidemics, numbers affected. 310,000 people a year are affected by epidemics. Illness saps people's strength and reduces their ability to earn a wage or produce food, thus rendering them more susceptible to other disasters.

Some patients can develop a mild or moderate case, and they will recover, sometimes gaining immunity which will protect them for most of their life. Others will develop severe symptoms and either die, or survive, sometimes with immunity but also, because of disability or undermined health, with a greater vulnerability to other diseases.

Even in the absence of treatment, epidemics decline over time. The death rate is never 100%; some people always survive and keep the memory of the disaster. Chronicles mention epidemics of smallpox, plague or cholera which regularly caused enormous death tolls in past centuries.

However, significant differences do exist between the fatality rates of epidemics of the same disease. In 1991, the cholera fatality rate was 10 times higher in Africa than in Latin America. The higher African fatality rate was possibly due to improper treatment at home or poor quality home-made rehydration solutions, lack of medical supplies and proper equipment in health care facilities, or inadequate preparedness for an epidemic at both community and health authority level.

Whatever the reason, it is clear that people in Africa are more vulnerable to cholera epidemics than those in Latin America.

Isolation or quarantine aimed at breaking the chain of transmission are still traditionally favoured to control epidemics. They may be useful in some circumstances but most of the time they have proved ineffective or counter-productive. After the cholera outbreak, imports of Peruvian sugar were rejected by several countries, fearing possible contamination by the cholera pathogen. This cut Peru's income, damaging its capacity to cope with the disease.

The key to successful epidemic control lies in preventing the outbreak or limiting the extension of an epidemic. Two strategies are available: immunisation and improved environmental conditions such as better sanitation, water supply or vector control.

Global immunisation was the tool in the 1960s and 1970s which eradicated smallpox from the world. There are reasonable hopes that a similar strategy could first control and then eradicate both measles and polio in the near future. However, improved sanitation is the first choice to combat cholera and other diseases spread by contaminated food and water.

Problems have arisen when either the pathogen or vector became resistant to standard drugs. These resistances lead to the resurgence of diseases once thought under control, such as malaria, where both the parasite and the mosquito which spread it became resistant to the chemicals used to fight them.

Preventing and controlling epidemics requires both money and people, not just for direct medical treatment and environmental measures but for training, the collection of infection data and the management of health surveillance which will produce the type of information of immediate practical use in reducing the impact of disease. ■

Focus 18: Cholera 1991-1992, health structures and education

Cholera can be found in many countries, usually at low levels of infection, though upsurges of cholera have been identified as circulating around the world. In 1991 and 1992, these circulating global pandemics of cholera set off twin epidemics of cholera in Latin America and Africa.

Both epidemics highlighted poverty as a central factor increasing people's vulnerability to the disaster, but they also showed an almost 10-fold difference in the disease's impact between the two continents

In 1992, provisional World Health Organisation figures showed 391,220 cases with 4,002 deaths (1 0%) as the outbreak spread across Latin America from Peru through Colombia, Ecuador and Chile, to Brazil 148,625 cases with 13,670 deaths (9 2%) were reported in Africa, where cases occurred in countries that had not reported cholera for years, such as Benin, Chad, Burkina Faso and Togo.

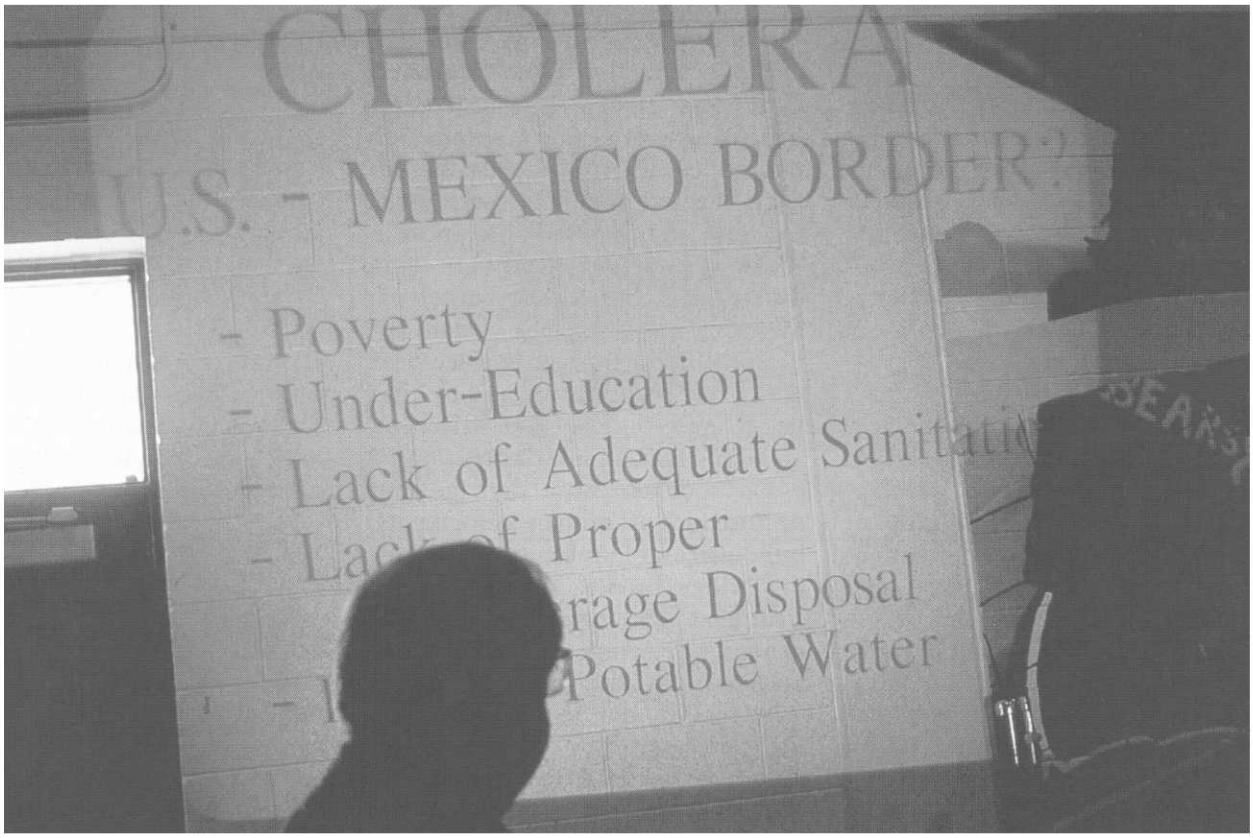
Preparedness is crucial in combating cholera because it so clearly saves lives. Cholera can kill within hours through dehydration, but it is treatable First aid using oral rehydration salts, treating the symptoms, not the causes, is very effective.

The vast majority of cholera cases are mild and, although vaccination or isolation are ineffective, preventive campaigns require simply a strong programme through a primary health care system for the control of diarrhoeal diseases, since even in the middle of an epidemic more children die of other diarrhoeal diseases than from cholera

Since cholera epidemics result from bacteria spread through poor quality water supplies and inadequate sanitation, the poorest people are most at risk, especially if their poverty discourages them from seeking what could be costly medical help soon enough to counteract this swiftly fatal infection

Reporting on its appeal for 1 2 million Swiss francs to combat cholera on the two continents, the Federation suggested that the alarming disparity in death rates between Latin America and Africa could be the result of several factors.

These included the quality of, confidence in and access to health services, lack of sufficient supplies of oral rehydration salts and the combination of existing high levels of diarrhoeal diseases in Africa and the lack of health education emphasising the potentially serious nature of the disease



Epidemic disasters: Epidemics thrive on poverty and ignorance. Health education programmes are one of the best forms of prevention, and they are usually far cheaper than the true economic impact of disease. Mexico, 1992. Gilles Peress/Magnum.