Human Security During Complex Humanitarian Emergencies: Rapid Assessment And Institutional Capabilities

Lincoln C. Chen, MD and Aafje Rietveld, MD


Public Health and Humanitarian Action

Hardly a day passes without media reports of yet another unanticipated crisis producing enormous human suffering [1]. While generalizations may be premature in this confusing era after the Cold War, these human survival crises appear to share some common features. First, most are intranational -- conflicts between contending groups within a country -- rather than between nations. Violence and conflict erupt among ethnic, religious, and other groups divided by long-standing historical fissures, exacerbated by still poorly understood political, economic, and social forces. Most of the deaths and suffering are inflicted upon civilian populations rather than combatants; indeed, innocent people are often the primary target of conflict rather than mere by-products of war. Threats to human survival and well being are more often silent and invisible, greater than even that reported in the mass media, stemming from the collapse of social and material life support systems. Malnutrition and common infectious diseases, in addition to injury due to violence, are the major causes of death and suffering.

Especially destructive is the migration of international refugees or, increasingly, of displaced persons within national boundaries [2]. The most vulnerable groups are displaced women and children, who often constitute more than three-quarters of the victims, and whose mortality risk can rise 10- to 30-fold above normal levels. In refugee camps, mortality levels are usually highest within the first month of arrival [3]. The displacement of people powerfully worsens survival risk because hazardous physical circumstances combine with a catastrophic disruption of traditional social support systems -- community networks, a family's asset base, and livelihood opportunities. It is often under-appreciated that the collapse of people's coping capacity is reflected not only in dramatic increases in mortality, but also in profoundly depressed fertility and in the fragmentation of social units, evidenced by cessation of marriage, family separation and social disintegration.

As recently witnessed in the Rwandan
refugee camps in Zaire, life-saving actions include straightforward public health programs -- the provision of clean drinking water and sanitation, food and nutrition, shelter, clothing, and emergency health services. The early control of infectious disease is vital because population movement and crowding facilitate the transmission of diseases such as diarrhea, measles, tuberculosis, malaria, and tragically, as among the Rwandan refugees, cholera. Surgical services may be required to manage injuries due to violence. Accompanying these biologically oriented life-saving measures should be the support of psychosocial well being as well as the protection of the personal security and the human rights of affected people.

In theory, the world has the technical, material, and financial resources to mount more effective humanitarian relief actions. Even with our experience and knowledge base, however, major gaps remain. In the Rwandan crisis, for example, the confusion surrounding the mass exodus of refugees to Zaire resulted in less than fully effective actions. For instance, emergency food supplies were quickly provided although starvation takes weeks, while clean drinking water and sanitation plans to prevent the spread of infectious diseases, which can decimate a population in days, lagged behind.

Effective interventions, moreover, require both the motivation to act and effective access to the affected population. Such access may be extremely complicated in contemporary crises due to political, logistical, institutional, ethical, and financial factors [4]. As demonstrated in the Rwanda crisis, physical access was impeded not only by geography and physical barriers, but also by complex political, logistical, and financial issues. The frontier research agenda of humanitarian intervention, therefore, is to develop policies for overcoming these constraints to access. Two among several such policy issues considered in this paper are rapid humanitarian assessments and the institutional capabilities for humanitarian action.

**Humanitarian Assessments**

The typology of humanitarian studies is determined primarily by the temporal relationship between the assessment and the crisis (Table 1). Generally, three types of assessments may be considered, each serving distinctly different purposes under different time constraints.

**Post-Hoc Assessments**

Retrospective studies of the mortality impact of famines, epidemics and sociopolitical crises are abundantly reported in the demographic and epidemiologic literature. For example, the recent release of the suppressed 1937 Soviet census has enabled demographers to estimate the human impact of the 1932-33 Soviet famine, caused by Stalin’s policy of forced collectivization. Through indirect techniques it has been estimated that 6-13 million excess deaths were experienced during the crisis [5,6]. The magnitude of this tragedy is on the scale of the horrendous loss of some 30 million people during the 1959-61 famine in China, precipitated by Mao’s Great Leap Forward [7]. These human catastrophes, now slowly coming to light, led Brzezinski to describe the past 100 years as a “century of megadeaths” [8].

Post-hoc assessments obviously yield important knowledge about the history of human survival crises. Their timing, however, offers little direct assistance during contemporary disasters.

**Assessments during Rapid Transitions**

Studies of the changing social conditions associated with rapid economic or political transitions are a second type of humanitarian assessment. The dramatic movement from socialism to private markets in China, Vietnam, the Central Asian Republics and Central and Eastern European countries are illustrative of societies undergoing very rapid socioeconomic transformation. Several studies have reported on the dramatic rise in mortality and social disintegration in the former Soviet Union. Indeed, one study estimated that more than 500,000 excess deaths accompanied the rapid transitions in Russia in 1993 [9].

Another group of transitional societies are those experiencing the social consequences of recent economic structural adjustment policies, especially in Africa and Latin America [10]. UNICEF’s studies on “adjustment with a human face” address some of the social issues associated with structural adjustment [11].

<table>
<thead>
<tr>
<th><strong>Table 1: Humanitarian assessments: typology</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Post-Hoc Assessments:</strong></td>
</tr>
<tr>
<td>- Soviet famine, 1932-33 (6-13 million deaths)</td>
</tr>
<tr>
<td>- China famine, 1959-61 (25-30 million deaths)</td>
</tr>
<tr>
<td><strong>Assessments during Rapid Transitions:</strong></td>
</tr>
<tr>
<td>- Political-economic transformations</td>
</tr>
<tr>
<td>- Central Asian Republics, Russia, Eastern Europe</td>
</tr>
<tr>
<td>- Structural adjustment policies</td>
</tr>
<tr>
<td>- Africa, Latin America</td>
</tr>
<tr>
<td><strong>Rapid Assessments during Complex Humanitarian Crises:</strong></td>
</tr>
<tr>
<td>- Iraq post–Gulf War and sanctions</td>
</tr>
<tr>
<td>- Haiti post coup and sanctions</td>
</tr>
<tr>
<td>- ex-Yugoslavia civil war</td>
</tr>
</tbody>
</table>
Peoples' sense of security has been profoundly affected during these rapid transitions. Collapse or reduction of social systems has resulted, in some countries, in sharp increases in mortality, marked declines in fertility and dissolution of family structures [9,10,11].

The purpose of these assessments is to illuminate human and social conditions during rapid transitions, and to provide an informational data base for the formulation and development of social policies in response to rapid economic and political change. State provision of "safety nets" and basic social services appears to be an important component of such social policy developments.

**Rapid Assessments during Acute Crisis**

During -- and even before -- acute political crises, public health tools to assess the human condition can play an essential role in the prevention of, diagnosis of, and response to complex humanitarian emergencies. As shown in Table 2, humanitarian assessments can serve several critical purposes. Despite these critical functions, however, published literature on assessments of contemporary crises is meager.

In 1987, students at the Harvard School of Public Health investigated the loss of life associated with low-intensity warfare in Central America [12]. In 1991 other students, along with colleagues from the Harvard Law School, undertook a national survey on childhood mortality in post-Gulf War Iraq [13]. Their widely reported study found a 3- to 4-fold increase in childhood mortality over the nine months following the Gulf War, with comparatively greater child losses in the Northern and Southern regions of the country. The study documented that "smart bombs" were not the only cause of the human toll during the conflict; indeed, most deaths were silent and occurred among innocent civilians due to hunger and disease. A nutritional survey in Iraq in 1993 showed that childhood malnutrition had sharply increased over the two year period of recovery from war and sanctions imposed by the international community [14].

In 1993, in response to an invitation from the United Nations, the Harvard Center for Population and Development Studies dispatched an assessment mission to Haiti. Our review of available data concluded that child mortality had risen markedly in the two years after the military ouster of the democratically elected government [15]. Although national data was mixed, health data from several regions showed significant health deterioration over the crisis period. The extrapolation to the entire country of one high quality data set on health changes in a population of 44,500 people generated considerable controversy, as did the suggestion that the internationally imposed sanctions exacerbated the humanitarian crisis.

Assessments of ongoing human survival crises must wrestle with very difficult methodological challenges. Some of these are shown in Table 3. The validity and reliability of data sources are fragile, often exacerbated by the conflict itself; special obstacles may be presented by population movements producing sampling biases; political pressures may result in overt suppression or distortion of data.

Analytical techniques for these situations are underdeveloped and lack standardization. One lesson from the Haitian experience was that there is great need to integrate both quantitative and qualitative methods in such rapid appraisals. For example, epidemiological and demographic data can delineate what is happening, but socioeconomic and anthropological data are needed to understand why it is happening and how people in crisis are coping. Quantitative data can be greatly enriched by focus-group and observational studies on people's coping capacity. People develop complex coping strategies, and resistance and fortitude are mobilized. Mortality statistics, therefore, represent only the tip of an iceberg of human adaptations to crisis.

There may also be logistical barriers to timely and accurate rapid assessments. The request or permission for assessment may be delayed. Local infrastructure, communications, and logistics may be problematic. Financial constraints may impede independence and scientific rigor. Even the physical security of field researchers may be jeopardized. In short, there exists a serious trade-off between the traditional pace of research with "academic rigor" versus "rough and ready," but accurate and functionally useful, results.
One fundamental problem is the basic guideline for such research. Should the standard null hypothesis of "no significant change unless conclusively proven otherwise" be operative under such situations? An alternative default position, given historical evidence, could be that excess human death and suffering may be reasonably assumed during these major catastrophes unless "normality" can be scientifically established -- a reversal of the null hypothesis.

A final issue is the dissemination of research findings. In some cases, the data and findings are owned or controlled by institutional actors who may have a political, bureaucratic, or financial stake in the outcome. In other cases, premature or indiscriminate release to the news media may result in misunderstanding, distortions, or even abuse. The customary practice of publication in peer-reviewed journals may satisfy scientific procedures, but the delays may limit utility. Yet, there are genuine dangers of scientific sloppiness as well as the abuse of information. Stalin's census commissioner was executed within two weeks of reporting the 1937 census because its findings were all too accurate in substantiating the huge excess mortality [6]. Both Sadaam Hussein and the Haitian military have used the humanitarian studies conducted in their countries to mobilize domestic support against externally imposed sanctions.

Institutional Capabilities

The rapidity and complexity of humanitarian emergencies are posing great challenges to international institutions with mandates for humanitarian intervention across national frontiers. These institutions may be classified into three categories: governmental, inter-governmental, and non-governmental (see Table 4).

Ministries of foreign affairs in all countries, and the ministries of development assistance in rich industrialized countries, are the primary actors shaping bilateral governmental responses. These same ministries also control the national representation in inter-governmental bodies such as the United Nations. The United Nations is nominally under a secretary-general, but contains diverse constituent bodies that do not share identical mandates. All the U.N. member states are represented in the General Assembly. The maintenance of peace and security, however, is the domain of the U.N. Security Council, which consists of five powerful permanent members and less powerful rotating members. The new U.N. Department of Humanitarian Affairs, headed by an assistant secretary-general, has been charged with coordinating the humanitarian work of the various U.N. agencies -- including UNICEF, UNHCR, UNDP, the World Food Program, the World Health Organization, and the Food and Agriculture Organization [16].

Non-governmental actors are extremely diverse, ranging from the International Committee of the Red Cross (ICRC) and Medécins sans Frontières, to CARE and the Save the Children Fund. The news media are other significant non-governmental actors playing an increasingly important role [17].

Strengthening the response capabilities of these institutions requires improvements in at least three arenas of their work -- institutional goals, field operations and financing (Table 4).

A challenge shared by governmental and inter-governmental institutions is the balance between humanitarian and geopolitical objectives. Geopolitical considerations cannot be divorced from humanitarian decision-making in the U.N. General Assembly or in the Security Council. Some Security Council decisions have been viewed as selective or partial, especially by third world countries with a legacy of colonialism. Therefore, the Security Council may not be the optimal venue for formulating humanitarian actions. The U.N. Department of Humanitarian Affairs and the family of related U.N. agencies can attempt to further the humanitarian guidelines of "humanity, neutrality, and impartiality," but the mandates of these agencies differ and may overlap or be in conflict with each other. How the conflicting objectives of geopolitics and humanitarianism may be resolved within the U.N. system remains uncertain. The perceived ultimate usefulness of the U.N. as a global
humanitarian actor will to a large extent depend on such harmonization. Greater potential exists with non-governmental organizations (NGOs). NGOs are an extremely diverse group of people, agencies and institutions. A clustering of NGOs is gradually evolving, leading to a clearer distinction between, for instance, advocacy groups and relief or service organizations. Some non-governmental bodies, such as the ICRC, have the potential to fulfill their recognized humanitarian mandate of humanity, neutrality, and impartiality. Although their objectives may be pure, the sheer complexity of contemporary crises will require even these agencies to adapt and adjust their policies. Policy development by less formal NGOs is rapidly evolving. If they are to build upon and maintain the public’s trust, NGOs will have to develop stronger systems of accountability, transparency and public information.

Another set of challenges is encountered in field operations, which must cope with rapidly changing contexts. The recent interjection of military peacekeeping operations, either alongside humanitarian relief work, or to protect relief recipients and providers, has generated a host of operational ambiguities [18]. Problems are also arising with combatants who seek to control or advance military gains at the expense of relief operations. In serving those in need it is often impossible to maintain complete neutrality, since specific groups may be the very target of belligerence. The strength of institutional response capabilities depends upon fiscal support policies. Most of the financial support for complex humanitarian emergencies comes from governmental funds in industrialized countries. It is often under-appreciated that most bilateral government agencies and many U.N. agencies operate primarily through the fiscal support of NGO relief groups. Experience has consistently demonstrated, however, that governments are reluctant to offer an open check book to either the U.N. or to private NGOs. Donors prefer periodic pledging conferences at which fiscal decisions can be announced and tailored to geopolitical and humanitarian objectives. For instance, the U.N. Department of Humanitarian Affairs has a contingency budget of only $50 million -- hardly sufficient for several days of operations in a major crisis [16]. The financing of humanitarian assistance thus departs sharply from the compulsory contributions for U.N. peacekeeping operations.

Ironically, it has been reported that the compulsory assessment for military peacekeeping in Somalia approximated $1.5 billion in 1993, whereas the $150 million requested for humanitarian assistance in 1993 was not even met by donor pledges. Similar fiscal constraints confront NGOs. While most NGOs are largely supported by private voluntary philanthropy -- and most advocacy organizations are entirely so supported -- some NGOs are extremely dependent upon governmental funds. Several very large U.S. NGOs, for example, are almost completely funded by the U.S. government. At what point does an NGO lose its humanitarian independence as a consequence of these resource flows?

Discussion

Why should we be so concerned with humanitarian assessments and institutional capabilities? After all, the prevention of conflict and the promotion of peace would eliminate the causes of such human tragedies. We have found, however, that the relationship between peace and human security is not unidirectional. Not only do political crises cause human suffering, but health and population can in turn operate as the driving forces of political instability. One example of such a reverse linkage was the 1971 India-Pakistan war which was precipitated by a natural disaster. The November 1970 cyclone in East Pakistan, which killed an estimated 500,000 people, generated such dissatisfaction over the failures of relief controlled by the West Pakistani-dominated government that the more populous East Pakistanis,
Bangladeshis, elected a regional party -- the Aswami League. The likelihood of political dominance by the Eastern province precipitated West Pakistani military suppression that drove about 10 million Bangladeshis refugees into India. That refugee exodus, among other factors, prompted military action by India resulting in the 1971 India-Pakistan war [19].

A difficult set of policy questions arises from the apparently emerging consensus that legitimate humanitarian interventions supersede national sovereignty on human rights grounds [20]. Where governments fail to protect the most fundamental human right, that of survival, or where government itself may be the perpetrator of human rights violations, transnational interventions are increasingly being justified and exercised by the international community -- as in Iraq, Somalia and the former Yugoslavia [21,22]. This collision of the principles of human rights and national sovereignty will not be easily resolved, for at least three reasons:

First, we still lack universal agreement on what constitutes human rights. As demonstrated in the 1993 human rights meeting in Vienna, debate over what constitutes universal human rights remains active. Some have called these differences "cultural relativism," but the dispute is more than cultural in that it relates also to different types of governance structures, perceptions of international propriety and national assertiveness. The complexities of the U.S. policy on human rights and trade with China illustrate some of the difficulties. The experience with Haiti has demonstrated that assuring even the most basic human right -- survival -- can become quite complicated. Part of the basic tension in Haiti was that an instrument of international action, short-term sanctions, was imposed to attain the longer-term restoration of democracy, civil-political freedom and human rights [23]. There have been insufficient open discussions on the trade-offs among different rights -- political, socioeconomic, and others - - and between different time dimensions in the exercise of these rights. The voices of the people most affected, whether they be the politically persecuted or the silently killed, are especially needed.

Second, humanitarian responses to crises must consider the time dimension. All too often, crisis management may be pursued without sufficient consensus on long-term goals. Some would argue that such were the characteristics of the Somalia and Rwanda interventions. Indeed, humanitarian interventions may be used as a substitute for deferring politically more difficult diplomatic or military action. It is easier to impose sanctions than to lift them, which may be an admission of foreign policy failure. Sometimes humanitarian action itself becomes hostage to crisis events, such as in the former Yugoslavia.

Finally, we do not even have a common definition of what constitutes "humanitarianism" [24]. The classic image of the act of giving water to a thirsty person is overly simplistic. In recent humanitarian interventions the very definition has become muddled. Is humanitarian action a pure relief activity (i.e., providing food, medicine, shelter); is it inextricable from military intervention to protect relief work; or does it depend upon a humanitarian outcome (peace-promotion or diplomatic settlement)? Can the use of military intervention ever be justified on humanitari-an grounds?

The development of a consistent theory for guiding institutional practice, or the development of a doctrine of humanitarian interventions, is not likely to emerge quickly [25,20]. Many questions must be addressed: What are the criteria for intervention? Who should decide? What are the factors that should determine the threshold of entry or the criteria of termination? What about institutional mechanisms? Who should pay? The answer to each of these questions will differ significantly depending upon the type of intervening organization. Decisions by the U.N. Security Council may have governmental legitimacy and power, but cannot be divorced from geopolitical susceptions. A similar intervention by the Red Cross or another recognized NGO for purely humanitarian purposes would be perceived differently. The power of these institutions to influence the political dimensions of a crisis, however, differs significantly.

At an initial glance, the concept of "human security" has simplistic appeal. Focusing on the security of people rather than territory, and on broader threats beyond the military, can provide a useful framework for moving beyond the security paradigm that predominated during the Cold War era.

The concept of human security offers a common currency for moving across a wide range of diverse security threats associated with transnational interdependence -- military, environmental, economic, and human -- and, therefore, holds some hope for advancing common security. Each of these threats can be denominated in human terms, enabling integrative and comparative analysis. For example, the 125,000 Bangladeshis lost due to the 1991 cyclone were equivalent in human toll to only two months of "normal" deaths in Bangladesh, most of which are preventable [19]. Such analyses suggest that
long-term investments in sustainable human development in Bangladesh would have been as important as cyclone relief. Indeed, any cyclone relief should be offered in a manner that contributes to sustainable human development in the long-term.

Finally, the concept of human security has the potential for unifying diverse actors and interests in international civil society. Sissela Bok has explored the value of human survival as a potential unifying theme for a universally shared ethics, beyond cross-culturalism [26]. All societies subscribe to the ultimate value of human life. Does the careless disregard for human life anywhere not threaten the security of our values everywhere? Does the concept of human security offer an ethical underpinning for the universal attainment of common security?

References
