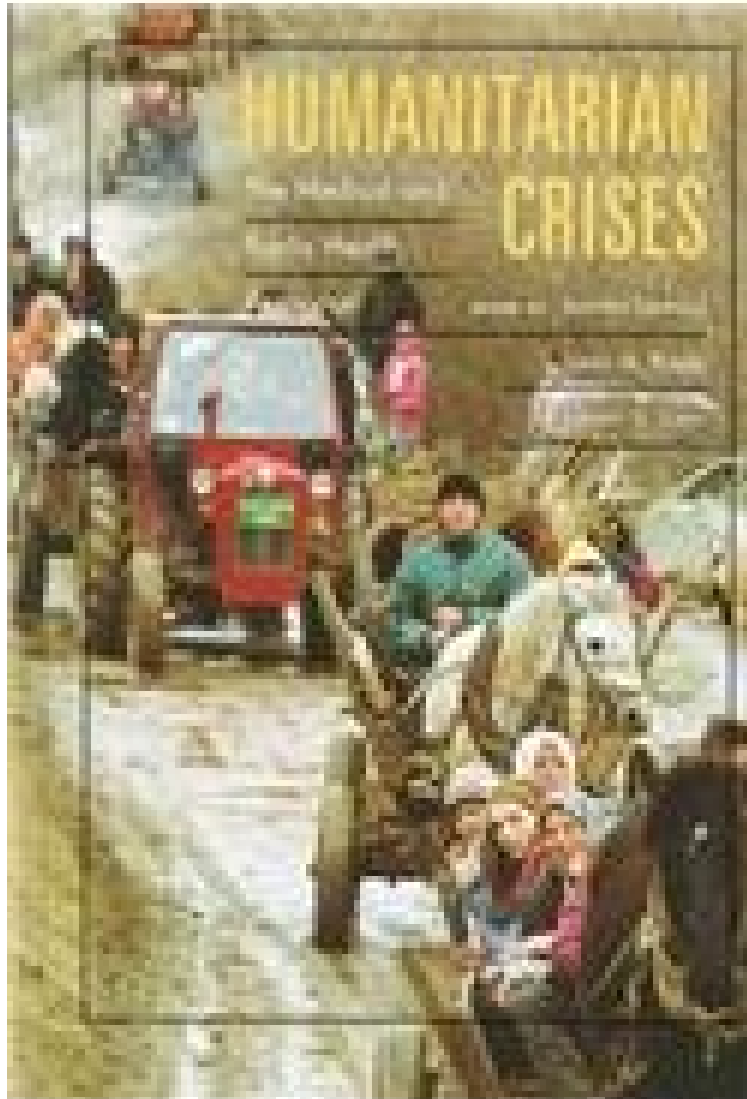


## Humanitarian Crises: The Medical and Public Health Response

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**From Brand: Harvard University Press : Humanitarian Crises: The Medical and Public Health Response**  
before purchasing it in order to gauge whether or not it would be worth my time, and all praised Humanitarian Crises:  
The Medical and Public Health Response:

Since the late 1980s the international relief community has seen its resources and personnel stressed beyond capacity by humanitarian crises--large-scale, man-made catastrophes such as the conflicts in Somalia, Bosnia, Rwanda, Chechnya, Zaire, and elsewhere. Waged within collapsing states, political and ethnic strife targets civilians, causes mass population dislocation and widespread human rights abuses, and impedes the efforts of relief organizations to respond effectively. Covering topics ranging from emergency public health measures to the psychological trauma of relief workers, this volume presents both a seasoned assessment of current practice and proposals for improving operational efforts in the future. The discussion also raises important questions relating to the definition and direction of the overall humanitarian mission.

From *The New England Journal of Medicine* Among people in developed countries, there is a sense of obligation to provide assistance when large-scale crises occur in other countries. Medical professionals are recruited by humanitarian organizations in their own countries to give such assistance directly or to supervise it. Their objectivity, compassion, and familiarity with the political, economic, and communications systems in developed countries make them invaluable advocates for distressed populations. In *Humanitarian Crises: The Medical and Public Health Response*, Leaning comments, "Medical professionals taking care of patients in the setting of humanitarian crisis work in channels of meaning and implication that few have been trained to understand or sort out." Most younger physicians in developed countries have not personally known the tragedy of war, displacement, and famine. Through the media, we may have caught glimpses of far-off conflicts, or we may have heard stories from family members who lived through World War II or the wars in Asia. As health care workers and physicians, we practice in well-scripted settings. We can order sophisticated diagnostic tests and consult with specialists and subspecialists to help deal with uncertainty in clinical situations. There are social workers and chaplains who can help patients and families deal with loss and grief. Public health professionals can deal with the political aspects of care and with outbreaks of disease. We have the Hill-Burton Act and a social welfare system to assist those without insurance or resources for health care. With managed care, practice partners, call schedules, and the emergency room, we can occasionally take time off from our professional responsibilities. Physicians and other health care workers involved in the provision of humanitarian aid must be able to reason and act in ways that are not restricted to the Western model. One must think broadly, weigh issues comprehensively, act with full awareness of one's responsibility for a population, and carry the weight of possible failure. One must be epidemiologist, leader, philosopher, scientist, healer, and counselor. This book provides a foundation to help medical professionals make the transition required to assume this multifaceted role. The core elements of a humanitarian response to a crisis -- rapid assessment, prioritization, and intervention -- are reviewed in the chapters by Toole, Noji, and Burkholder. They draw on experience with crises in Somalia, Ethiopia, Sudan, Afghanistan, Liberia, Rwanda, Zaire (Congo), and Sierra Leone. In addition to providing a structured way to respond to a crisis, they encourage one to think critically and to look behind the protocols and examine the reasons for their creation. Toole points out the need to look beyond numbers and "listen to the voices and opinions of the affected... assessments may tend to overemphasize quantifiable or measurable parameters." The two chapters dealing with the mental health of populations affected by disaster and violence go beyond the easily quantifiable measures of loss (mortality) and perceived suffering (morbidity) to the more complex yet equally important need to address the mental health of traumatized individuals and communities. These chapters emphasize the need for programs of humanitarian aid to address not only short-term needs, but also the need for assistance in reassembling societies that have been devastated by violence, displacement, and loss. Anyone who has provided humanitarian aid in a major crisis has been exposed to experiences far outside the current norm of Western society. In her chapter on the psychological trauma of relief workers, Barron provides a framework for understanding the effect of such experiences on people, institutions, and projects. She identifies traits in humanitarian workers that are indicative of resilience and outlines strategies for proper field support and crisis intervention. Humanitarian relief has taken place under the shadow of increasing operational complexity and ethical dilemmas. Neier and Leaning point out the contradiction that often comes to light when humanitarian organizations attempt to provide assistance in a crisis -- the same assistance supports and legitimizes those responsible for violations of human-rights laws. The authors list the issues that the humanitarian and human-rights communities must address to remain effective in circumstances that are often ambiguous. Bok provides a framework with which humanitarian agencies can evaluate their actions and programs in ethical terms. Lindenberg reviews the options open to such agencies -- withdrawal, neutrality, active humanitarianism, and partisanship -- and discusses the choices the relief agency CARE has made in recent crises. In their chapter on military support of relief programs, Sharp, Luz, and Gaydos observe, "Effective disaster response often hinges on being able to move people and materials rapidly into disaster affected areas," a statement that few people would challenge. They examine the debate over the use of military support and its consequences in terms of the fundamental missions of nongovernmental organizations and the military -- humanitarianism in the former case and preparedness for war in the latter. Burkle, in his chapter on military security, further addresses this issue, using examples from northern Iraq, Somalia, and Rwanda. With respect to the experience in Somalia, for example, "the military presence blurred the distinction between civilians and military expatriates, now considered a homogeneous group at equal risk of being targeted by warring factions."

The crises that humanitarian organizations respond to are by their nature complex. Those who provide assistance with such crises have an obligation to recognize and try to understand their complexity -- to do any less would be to abandon people in need. This book provides a foundation for understanding the dimensions of humanitarian relief and interpreting the "channels of meaning and implication." The editors have assembled the thoughts and experiences of many of the leaders in the field of humanitarian relief. The book reflects the collective wisdom garnered from the experiences of nongovernmental organizations and the United Nations in responding to crises in the Middle East, Asia, Africa, and the former Yugoslavia. It is rich in thoughtful discussion of the complexity of such crises and the limitations as well as the successes of humanitarian-relief programs. ed by Douglas Lyon, M.D. Copyright 1999 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. The editors have assembled the thoughts and experiences of many of the leaders in the field of humanitarian relief. [Humanitarian Crises] reflects the collective wisdom garnered from the experiences of nongovernmental organizations and the United Nations in responding to crises in the Middle East, Asia, Africa, and the former Yugoslavia. It is rich in thoughtful discussion of the complexity of such crises and the limitations as well as the successes of humanitarian-relief programs. (Douglas Lyon New England Journal of Medicine)Peace-keeping operations which are not based on the humanitarian dimension are useless and doomed. This book will help us to understand that reality, too often forgotten. (Boutros Boutros-Ghali)"Humanitarian crisis" is a term of the nineties that denotes the extreme suffering of tens of millions of people driven from their homes--dependent on humanitarian aid and destitute for lack of shelter, security, food, clean water, and basic care. These emergencies can be sudden-onset events or last for years of civil strife. The health impact is evident, but not well studied or documented. A body of knowledge related to the adverse health effects of humanitarian crises is now accumulating, but it requires careful analysis so we can apply the experience gained during one emergency to the management of the next. Humanitarian Crises provides the results of such analysis as well as practical recommendations about how to apply these painfully learned lessons. (Gro Harlem Brundtland, M.D., M.P.H., Director-General, World Health Organization)From the Back CoverSince the late 1980s the international relief community has seen its resources and personnel stressed beyond capacity by humanitarian crises - large-scale man made catastrophes such as the conflicts in Somalia, Bosnia, Rwanda, Chechnya, Zaire, Kosovo and elsewhere. Covering topics ranging from emergency public health measures to the psychological trauma of relief workers, this volume presents both a seasoned assessment of current practice and proposals for improving operational efforts in the future. The discussion also raises important questions relating to the definition and direction of the overall humanitarian mission.