

COMPLEX EMERGENCIES: A GLOBAL CHALLENGE

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Abstract

According to the 2002 World Refugee Survey there was an estimated 14.9 million refugees worldwide. With the war on terrorism in Afghanistan and Operation Iraqi Freedom in Iraq 2.5 million more refugees have joined this number. This overwhelming displacement of people, whether caused by war, disease, famine, economic devastation or political upheaval is a global challenge for all emergency management professionals. These complex emergencies require at a minimum an understanding of world politics, cultural diversity, unique nutritional requirements and public health. In addition, complex emergencies require the ability to effectively deal with numerous humanitarian non-governmental organizations (NGOs) and in some cases the military. Few emergency managers possess this level of knowledge and skills in comparison to the magnitude of the overall problem. What are the requirements for an effective response to complex emergencies? Do we need international standards for responding to complex emergencies? What type of training or formal education should be required for the emergency manager to deal with these complex emergencies? This paper will address these and other questions in reference to responding to complex emergencies. To support my position, this paper will present a case study of my personal experiences in 1992 with the Joint Task Force field hospital in Guantanamo Bay, Cuba, as the Executive Officer responsible for coordinating the medical care of over 20,000 Haitian migrants.

Introduction

According to the World Refugee Survey 2002 there was an estimated 14.9 million refugees throughout the world.² Another 2.5 million more refugees have been displaced in Central Asia have been added to this total as the result of the war on terrorism in Afghanistan and Operation Iraqi Freedom.³ Whether refugees result from political upheaval, civil war, economic collapse or natural disasters, they present some very unique problems. These “Complex Emergencies” present a number of unique problems that many emergency management professionals may not always be prepared to tackle. This paper will attempt to address some the problems of complex emergencies and how emergency management professionals and the global community can be better prepared to deal with them.

The Response

There are primarily two types of responses to complex emergencies. The first type is a “Short Term” response, which consists of a tactical approach involving such tasks as evacuation,

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² World Refugee Survey 2002, <http://www.refugees.org/WRS2002.cfm#>.

³ United States Agency for International Development and Office of U.S. Foreign Disaster Assistance Situation Report http://www.usaid.gov/hum_response/ofda/publications/situation_reports/FY2003/afghanistan_ce/afghani stan_ce_index.html.



trauma medical care, providing food and potable water, conducting search and rescue operations, disaster assessment and temporary housing.

In contrast, a “Long Term” response, involves a more strategic approach to such tasks as rebuilding major infrastructure, providing supplies to remote areas, water purification, relocation or resettlement of a population and long-term epidemiology and more definitive health care. Even though there are some very real differences between the two approaches in time and resources expended, it’s very possible that a short term could evolve into a long term response. This is a reality for humanitarian operations in both Afghanistan and Iraq.

Standards for Response

Do we need standards on how we respond to a complex emergency? Organizations such as the United States Agency for International Development/Office of U.S. Foreign Disaster Assistance have been responsible for providing funding, emergency supplies, food and even planning for reconstruction. Their Field Operations Guide for Disaster Assessment and Response contains information on the responsibilities for the disaster responders and for assessing and reporting on populations at risk. However, if this is global problem, doesn’t it require a global approach?

Training

There a handful of universities, religious organizations and private institutions that provide some training in international emergency management. However, the majority of these programs fail to provide some very essential knowledge and skills: religious and cultural differences; nutritional needs; and coordination with government, non-government and private relief organizations.

Case Study

Due to changing political, social, and economic conditions in Haiti in the fall of 1991, people began to leave in small boats in an attempt to reach the United States. These boats were intercepted in international waters by the United States Coast Guard and brought to United States Naval Station, Guantanamo Bay (GTMO), Cuba for housing and humanitarian support. This operation became known as "Safe Harbor".

Initially the Naval Hospital at GTMO was able to provide medical support, but was soon overwhelmed by the number of migrants. Therefore, on December 1st assets from 2nd Medical Battalion augmented by other medical personnel from Naval Hospital shore facilities opened an Aid Station and 50 bed hospital in an old condemned restaurant at McCalla Airfield.

Initial Haitian migrants were suffering from dehydration and exposure. Many migrants, however, displayed fevers of unknown etiology, which were later diagnosed as malaria. Approximately four percent of the population was infected with pulmonary tuberculosis. Other prominent diseases included measles, chicken pox, filariasis, and leprosy. Socially Transmitted Diseases (STD) afflicted approximately ten percent of the migrant population. Most significant was that ten percent of the migrants tested positive for the Human Immunodeficiency Virus (HIV).

Even though the response was successful, numerous mistakes were made in dealing with the Haitians. The 2nd Medical Battalion’s mission was to support the Marine on the battlefield, not deliver babies or care for civilian women and children. Because of this, 2nd Medical Battalion wasn’t equipped to deal with the Haitians. At least one meal per day was provided in the form of meals-ready-to-eat, which contain 3500 calories much more than the Haitians could tolerate. Even something as simple as thinking that the migrants had to have cold water was wholly based on American standards.



Conclusions

The number of refugees is on the rise and the world is not prepared. We need to define the standards for an effective response to complex emergencies. Emergency management professionals need the correct training and education to deal with a variety of international cultures and religions. They also need the leadership skills to deal with numerous public and private relief organizations.

Author Biography

Bruce A. Thompson is a Principal Consultant on Emergency Management for the National Center for Crisis and Continuity Coordination (NC4™), a division of Candle Corporation. Thompson brings more than 25 years of experience in emergency management, contingency planning, continuity of operations, medical operations, Weapons of Mass Destruction (WMD) terrorism, and training and exercise development to his position at NC4. He has consulted with numerous federal agencies, to include the Department of Defense, the U.S. Customs Service, the Federal Emergency Management Agency (FEMA) and the intelligence community. He is a retired Navy Medical Service Corps officer specializing in plans, operations and medical intelligence. In 1992 while assigned to the 2nd Medical Battalion he was deployed to Guantanamo Bay, Cuba as the Executive Officer for the field hospital responsible for coordinating the medical care for over 20,000 Haitian migrants during his six-month deployment. Thompson is currently a doctoral student in the field of Crisis, Emergency and Risk Management at The George Washington University.

References

United States Agency for International Development, Bureau for Human Response and Office of Foreign Disaster Assistance (2003) *Field Operations Guide for Disaster Assistance and Response*, Ver. 3, pp. I-1-I-33. Washington, DC.

United States Agency for International Development and Office of Foreign Disaster Assistance (2003). Situation Report,
http://www.usaid.gov/hum_response/ofda/publications/situation_reports/FY2003/afghanistan_ce_index.html. Washington, DC.

U.S. Committee for Refugees. *World Refugee Survey 2002*,
<http://www.refugees.org/WRS2002.cfm#>. Washington, DC.

