

Top 10 myths of disaster relief

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As they fight to save lives in the wake of the Asia disaster, aid workers also must address myths about disaster relief among the American public. Rich Moseanko, a relief director for World Vision, the Christian relief and development organization, explains the truth behind the top 10 myths of disaster relief.

1. Americans can help by collecting blankets, shoes and clothing

The cost of shipping these items, let alone the time it takes to sort, pack and ship them, is prohibitive. Often, those items are manufactured for export to the U.S. from these same countries. It is far more efficient to purchase them locally. Cash is the better solution.

2. Helping the living always has priority over burying the dead.

In refugee camps and epidemic situations where people die of diseases, it is essential to dispose of the bodies within a short period of time. If they died of other causes such as drowning, they are less of a health risk but pose an impediment to relief efforts and delay the mourning process.

3. The United States must airlift food and medicines to the disaster site

Food is virtually always available within a day's drive of the disaster site. Purchasing the food locally is more cost-efficient, and it ensures that the food is appropriate to local residents' tastes and religious requirements. Medicines are often available within the country, too. India, for example, has a large pharmaceutical industry. Because medicines are high-value, low-weight commodities, in some cases they can and must be airlifted in to save lives.

4. If I send cash, my help won't get there

Reputable agencies send 80 percent or more of cash donations to the disaster site; the rest goes for administration, operating expenses and monitoring the efficiency of their own operations. Donors have a right and a responsibility to ask aid groups how they will be using those donations, and what will be done with donations raised in excess of the need.

5. Once someone survives the immediate disaster, he or she is safe

The immediate catastrophe kills quickly; survivors can face a slower death from hunger, disease and even criminal predators. While emergency medical teams certainly are needed for people injured in a disaster, the best way to keep survivors healthy is to provide clean water and adequate sanitation. Cholera and dysentery can result from drinking contaminated water; malaria-spreading mosquitoes breed in standing water.

6. Developing countries depend on foreign expertise

While specialized assistance is always welcome, most relief and recovery efforts are accomplished by local aid groups, police, firefighters and neighbors before international teams arrive. Also, in recent years most governments have established disaster preparedness plans.

7. Relief needs are so intense that almost anyone can fly to the scene to offer help

Professionals with specialized skills and overseas disaster experience are often deployed to disaster sites. Volunteers without those skills can do more harm than good, and siphon off critical logistics and translations services. Hiring qualified disaster survivors is much more cost efficient and provides much needed employment.

8. Survivors feel lucky to be alive

Shock, trauma and the mourning for loved ones who died are common among disaster survivors. Often, they wish it was they who died instead of their loved ones. Treating these emotional needs is an essential component of relief efforts.

9. Insurance and governments can cover losses

The vast majorities of the world's population has never heard of an insurance policy, let alone are able to purchase one. Further, governments of poor countries can barely meet ongoing social service needs, let alone provide a safety net like FEMA. Disaster survivors must bear these costs alone.

10. People are helpless in the face of natural disasters

The United States is proof that tougher building codes, early warning and disaster preparedness can save lives. Even in poor countries, communities are taking steps to mitigate the loss of life in future emergencies.