

their new locations, especially if the violence is protracted.³ The end result can be scattered populations that are permanently disadvantaged and that have physical and mental health needs. A fundamental reorientation of health and social services will be needed to provide mental health care to those traumatized by violence as well as an increased focus on primary health care and preventive health measures, both for those who return home as well as those who stay in their new locations.

The plight of IDPs in Iraq is but another example of unmet and underrecognized health and protection needs in countries in conflict. Protecting human rights, providing human security for basic needs, and ultimately facilitating return or resettlement with dignity remain even greater challenges in the first decade of the 21st century.

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Cyclone Nargis and the Politics of Relief and Reconstruction Aid in Burma (Myanmar)

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IN EARLY MAY 2008, CYCLONE NARGIS TORE ACROSS SOUTHERN coastal areas of Burma (Myanmar), pushing a tidal surge through villages and rice paddies. The 12-foot wall of water killed tens of thousands of people and left hundreds of thousands homeless and vulnerable to injury and disease. Even in the commercial capital of Rangoon, where structures are more sturdily constructed, winds up to 120 mph sheared off roofs and uprooted trees and electrical poles. The UN Food and Agriculture Organization estimates that the tropical storm rendered 500 000 or more acres of the 3.2 million acres of paddy land in the Irrawaddy Delta, the hardest hit region, unavailable for the monsoon planting season that began in June.¹ After the storm, Burma's commander-in-chief, Senior General Than Shwe, declared that Burma was capable of handling the relief effort but would allow limited international assistance so long as "no strings were attached."²

Typically, the public health model for disasters highlights a cycle of preparedness, mitigation, response, and recovery. When a natural disaster strikes, national and, if needed, international relief workers rush to the scene in an effort to save lives by providing 5 essential types of aid: search/rescue/protection, health, food, water, and shelter.³ At the same time, public health professionals conduct rapid assessments using cluster sampling methods to document mortality and morbidity, emerging epidemics, property destruction, homelessness and displacement, damage to water and sanitation networks, loss of electrical power and livestock, disruption of health care services, and food shortages. They also apply immediate public health measures—removing corpses, managing solid waste, immunizing survivors, disinfecting drinking water, educating displaced survivors about

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hygienic practices, and developing systems to detect and prevent increases in infectious diseases.

The Burmese government failed to implement these essential measures in any meaningful way during the critical days and weeks following Cyclone Nargis. This failure resulted from the government's lack of logistical capacity to respond effectively to a disaster of such magnitude and its distrust of the intentions of mainly Western governments and aid organizations. While the Myanmar Red Cross Society set up aid stations in a few affected townships, scores of international aid workers remained grounded in neighboring Thailand waiting for visas. British, US, and French navy ships laden with supplies, heavy-lift helicopters, and other equipment idled in Thai waters while seeking permission to enter Burmese waters to help with the relief effort. On May 21, 3 weeks after the storm struck, UN Secretary-General Ban Ki-moon announced that only a quarter of the 2.5 million people severely affected by Cyclone Nargis had received any form of aid.² Two days later, he traveled to Burma's new capital of Nay-pyitaw to meet with Shwe. It was an unprecedented trip: never before had a UN secretary-general found it necessary to travel to a disaster-affected country to plead with a head of state to open its borders to relief aid and international disaster experts. Ki-moon emerged from the meeting with an agreement that Burma's military leaders would admit international aid workers "regardless of nationalities" and allow the Association of Southeast Asian Nations (ASEAN), of which Burma is a member, to oversee distribution of relief.²

Such progress notwithstanding, cyclone survivors still face serious problems. An estimated 55% of families in the storm-affected areas have less than 1 day's worth of food, and 63% of households lack access to clean drinking water, according to an ongoing assessment of the disaster relief effort by the United Nations, ASEAN, and the Burmese government.⁴ The assessment also found that 82% of homes in cyclone-affected areas were totally destroyed (57%) or partially destroyed (25%) and that 22% of households were under psychological stress.⁴ As of July 2008, agencies reported that they still lacked unrestricted access to cyclone-affected areas. This situation is exacerbated by the fact that the government declared an official end to the relief phase a month after Cyclone Nargis hit. The regime then began evicting displaced persons who were sheltering in monasteries, schools, and other public buildings and ordered them to return to their homes or military-controlled camps. In both its resistance to supply efforts and in forced population movements, the government appeared to violate several aspects of international law. For example, under the UN Guiding Principles on Internal Displacement, a government should ensure the right of "internally displaced persons to return voluntarily, in safety and with dignity, to their homes or places of habitual residence, or to resettle voluntarily in another part of the country"; and the government should "grant and facilitate for international humanitarian organizations and other appropriate actors . . . rapid and un-

impeded access to internally displaced persons to assist in their return or resettlement and reintegration."⁵

Mounting an effective humanitarian response to a natural disaster is difficult in any country. But few countries have been less prepared and less willing to respond to a major disaster than Burma. Ruled by a succession of military officers since 1962, Burma degenerated from a resource-rich country—once known as the "Rice Bowl of Asia"—into an isolated, desperately poor nation of 55.4 million individuals where 26% of the population lives below the national poverty line.⁶ Burma's health sector now ranks 190th of 191 nations,⁷ outperforming only war-torn Sierra Leone. Malaria continues to be a national priority disease with more than a half million cases reportedly occurring every year.⁸ Nearly half of malaria deaths in Southeast Asia occur in Burma.⁸ Approximately 40% of Burma's annual spending goes to the military and only 3% goes to health care. The government of Burma spends only 40 cents per citizen each year on health care compared with the government of neighboring Thailand, which spends \$61 per citizen a year.⁹

In the mid-1990s, UN agencies and international aid organizations began arriving in Burma in an attempt to address these health needs. But it was a difficult relationship from the beginning: Burma's leaders were suspicious of Westerners, often referring to them in speeches as "neo-colonialists," while aid workers had to be especially circumspect to avoid angering the generals, who could easily terminate their programs or deny them access to project sites.⁹ By 2004, 41 aid organizations were operating in Burma with a combined budget of about \$30 million, and tens of millions of dollars more were used to fight infectious diseases.⁹ A year later, when the Burmese government imposed travel restrictions on international organizations, some donor agencies and humanitarian groups downsized their programs or found ways of circumventing these new requirements, while others, including the French arm of Médecins Sans Frontières (Doctors Without Borders) and the multinational Global Fund to Fight AIDS, Tuberculosis, and Malaria, left the country. Following the military crackdown of prodemocracy demonstrators in September 2007, the junta even expelled UN Resident and Humanitarian Coordinator Charles Petrie for having issued a statement on UN Day calling attention to the validity of the protests.¹⁰

In light of this troubled history, in the months ahead ASEAN, as the principal steward of international assistance to cyclone-affected areas of Burma, and other organizations and agencies can take several measures to help survivors rebuild their lives and reduce their vulnerabilities, protect basic human rights, and ensure that supplies get to those most in need. First, ASEAN and other donor governments and agencies should put forth a public statement of the principles that will define their engagement with the Burmese government and civil society organizations, as well as set out specific objectives and goals that can be effectively monitored and evaluated. These principles should include 4 key elements of successful postdisaster reconstruc-

tion: (1) transparency and accountability of aid distribution; (2) protection of vulnerable populations; (3) support and strengthening of civil society; and (4) community participation in reconstruction planning and implementation. The last element is often overlooked but of particular importance. Studies of the behavioral health effects of natural disasters suggest that providing individuals with appropriate support strategies and opportunities to shape their futures and protect their rights can help form the basis for future hazard mitigation¹¹ and may help reduce long-term psychological effects, including posttraumatic stress disorder (PTSD) and depression.¹² Ultimately, Cyclone Nargis survivors and their communities must be active and engaged participants in—not merely auxiliaries to—rebuilding efforts.

Second, ASEAN and other donor governments and agencies should help Burma develop an early warning system and make other preparations to respond more effectively to future disasters. If climate change brings an increase in cyclonic activity, as some climatologists have predicted, Burma's heavily populated coastline will continue to be among the world's most vulnerable regions.¹³ The destructive power of tropical cyclones on human populations can be reduced through a combination of education, early warning, evacuation planning, shelter and public health preparedness, and community change. Several studies suggest that safe shelter is particularly critical. In the high-fatality 1991 Bangladesh cyclone, for example, deaths were reduced substantially among those who reached public shelters: 40% of family members were killed in an area without shelter access, in contrast to 3.4% in an area with available shelters.¹⁴ In the years since, the Bangladesh government and nongovernmental organizations have worked together to prepare for future tropical cyclones by elevating villages, building shelters, and constructing artificial mounds the size of soccer fields to which whole communities can retreat from floods and tidal surges.

Third, ASEAN and other donor governments and agencies should monitor the human rights situation in Burma and, if and when abuses occur, be prompt and forceful in raising concerns with the Burmese authorities. These institutions should also continue to pressure the Burmese authorities to grant unfettered access for international relief staff who, by their presence and vigilance, can help prevent abuses. Even in the reconstruction phase cyclone survivors and domestic aid groups remain vulnerable to a range of human rights abuses, including arbitrary arrest, human trafficking, forced labor, discrimination, forced resettlement, and confiscation of property. Indeed, such abuses were found in many of the vulnerable populations studied following the Asian tsunami of 2004.¹⁵

It is natural to hope the destruction wrought by Cyclone Nargis will force Burma's military junta to reform its ways: to devote its resources primarily to helping the Burmese people live better and more productive lives. Although that may seem unlikely, the cyclone has provided the international commu-

nity with an extraordinary moment to promote change in Burma from the grassroots up. Four factors could help catalyze a transformation—Burmese civil society's widespread and generous response to the disaster; ASEAN's direct involvement in relief and reconstruction efforts, along with the increasing presence of international aid workers; a deepening economic crisis accelerated by the cyclone; and the realization among the Burmese people that government leaders failed to respond swiftly to help cyclone survivors. Ironically, the cyclone's devastation could serve to reduce Burma's isolation from the outside world and create opportunities for regional and international collaboration in the nongovernmental sector. Now it is up to governments and philanthropic institutions to extend their largesse not only to cyclone survivors but also to civil society organizations in Burma, using their newfound leverage to promote health, development, and human rights in this troubled country.

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