

Top Ten Myths of Disaster Relief

Good decisions about how to assist the victims of disasters are invariably based on good information about disaster relief. Far too often, however, individuals' decisions about whether to contribute and how to contribute are influenced by false or inadequate information. Adapted from World Vision, the following "Top Ten Myths of Disaster Relief" identifies and corrects some of the most common misconceptions that inhibit the relief process and limit the usefulness of individual giving.

Myth #1: The best way to help disaster victims is by providing urgently needed supplies, such as food, clothing, shoes and blankets.

Reality: In most cases, the cost of shipping these items – not to mention the time required to sort, pack and ship them – makes them more a burden on the relief effort than a useful tool. More often than not, essential items are already available locally, and can be purchased and distributed to those who need them much more efficiently onsite. Cash is almost always a more useful gift than product contributions.

Myth #2: The United States must airlift food, medicine and other supplies to disaster victims.

Reality: In most cases, food, medicine and other needed supplies are already available at or near the disaster area. Purchasing food locally is not only more timely and cost-efficient, but also ensures that the food provided to disaster victims conforms to local customs and religious requirements. In many cases, medicines also are already available in the affected country; for example, India has a large pharmaceutical industry. Because they are high-value, low-weight commodities, medicines can – and, in some cases, must – be airlifted to save lives.

Myth #3: Disaster victims in developing countries depend on foreign expertise to meet their needs.

Reality: Specialized assistance is always welcome, but local aid groups, police, firefighters and volunteers perform most relief and recovery efforts in the hours and days before international teams arrive on the scene. In recent years, most governments have established disaster preparedness plans that make possible the immediate mobilization of local resources and personnel.

Myth #4: Outside volunteers are urgently needed to travel to the disaster site.

Reality: The need for outside volunteers is usually limited to professionals with specialized skills and previous disaster experience. In spite of their good intentions, volunteers without those skills can often do more harm than good to the relief effort by monopolizing transportation, translators and other services required by the skilled professionals on the scene. In some cases, relief agencies need volunteer help in their local centers or offices (answering telephones, processing donations, etc.). You may wish to check with your local Red Cross or United Way to see what services are needed.

Myth #5: If I send cash, my help won't get to those who need it most.

Reality: Reputable relief agencies send 80 percent or more of cash contributions directly to the disaster site. The remaining 20 percent is used for administrative and operating costs and for monitoring the organization's efficiency. For more specific information, the Charity Navigator Web site (www.charitynavigator.org) provides breakdowns of how contributions are allocated (administrative costs, direct relief, communications, fundraising) at many major relief agencies.



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Myth #6: Survivors of a disaster are safe.

Reality: People who survive a disaster remain in danger long after the tragedy has disappeared from the headlines. They face the prospect of illness and death from hunger, disease, and criminal predators. Among the most urgent threats are malaria-spreading mosquitoes that breed in standing pools of water and cholera and dysentery that result from drinking contaminated water. In addition to the care provided by emergency medical teams, clean water and adequate sanitation are desperately needed to keep survivors healthy, along with the reconstruction of basic shelters for living and roads for transporting food, medicines and other supplies. Services also are needed to help relocate and resettle people who have been dispersed by the disaster.

Myth #7: Helping the living is more important than burying the dead.

Reality: In situations where epidemics of disease kill people, such as in refugee camps, it is crucial to inter the dead as quickly as possible. Even when victims die of drowning or injury and do not pose an immediate health risk, unburied corpses still hinder the efforts of relief workers. Delaying burials also delays the mourning process for friends and relatives.

Myth #8: Survivors feel lucky to be alive.

Reality: Survivors of disasters are commonly overcome by shock, trauma and bereavement for loved ones who have died. Survivors also frequently experience strong feelings of guilt, wishing that they had died instead of their loved ones. Treating these deep and sometimes crippling emotional needs is a crucial component of relief and recovery efforts.

Myth #9: Insurance and government funds cover losses caused by disasters.

Reality: The vast majority of people around the world have never heard of an insurance policy. In poor and developing countries, governments can barely provide ongoing social services in the best of times, and can simply not afford the safety nets provided by the U.S. and other more economically developed countries. More often than not, survivors of disasters must bear the costs of recovery and rebuilding alone.

Myth #10: People are helpless in the face of natural disasters.

Reality: U.S. disasters like Hurricane Georges, Tropical Storm Allison, the Miami Floods and Hurricane Katrina have shown us that tougher building codes, early warning mechanisms and disaster preparedness programs are crucial for saving lives – and that staggering losses can occur without adequate protections. Even in poor countries, governments and communities are taking steps to mitigate the loss of life in future emergencies.