Myths and realities in disaster situations

Myth: Dead bodies pose a health risk and cadavers are responsible for epidemic in natural disasters

Reality: Contrary to popular belief, dead bodies pose no more risk of disease outbreak in the aftermath of a natural disaster than survivors.

- In natural disasters, cadavers pose no threat of disease - September 23, 2004
- Dead bodies do not pose health risk in natural disasters (BNJ) - June 5, 2004
- Management of dead bodies after disaster situations: A field manual for first responders

Myth: Epidemics and plagues are inevitable after every disaster.

Reality: Epidemics do not spontaneously occur after a disaster and dead bodies will not lead to catastrophic outbreaks of exotic diseases. The key to preventing disease is to improve sanitary conditions and educate the public.

Myth: The fastest way to dispose of bodies and avoid the spread of disease is through mass burials or cremations. This can help create a sense of relief among survivors.

Reality: Survivors will feel more at peace and manage their sense of loss better if they are allowed to follow their beliefs and religious practices and if they are able to identify and recover the remains of their loved ones. Source: WHO/PAHO Myths and Realities in the Management of Dead Bodies.

Myth: It is impossible to identify a large number of bodies after a tragedy.

Reality: Conditions always exist that allow for the identification of bodies or body parts. Source: WHO/PAHO Myths and Realities in the Management of Dead Bodies.

Myth: DNA techniques for identifying bodies is not available in most countries due to its high cost and technological requirements.

Reality: This technology is rapidly becoming accessible to all countries. Furthermore, in the case of major disasters, most countries can count on external financial and technological support including DNA technology. Source: WHO/PAHO Myths and Realities in the Management of Dead Bodies.

Myth: Foreign medical volunteers with any kind of medical background are needed.

Reality: The local population almost always covers immediate lifesaving needs. Only medical personnel with skills that are not available in the affected country may be needed.
Myth: Any kind of international assistance is needed, and it's needed now!

Reality: A hasty response that is not based on an impartial evaluation only contributes to the chaos. It is better to wait until genuine needs have been assessed.

Myth: Disasters bring out the worst in human behaviour.

Reality: Although isolated cases of antisocial behaviour exist, the majority of people respond spontaneously and generously.

Myth: The affected population is too shocked and helpless to take responsibility for their own survival.

Reality: On the contrary, many find new strength during an emergency, as evidenced by the thousands of volunteers who spontaneously unite to sift through the rubble in search of victims after an earthquake.

Myth: Disasters are random killers.

Reality: Disasters strike hardest at the most vulnerable group, the poor -- especially women, children and the elderly.

Myth: Locating disaster victims in temporary settlements is the best alternative.

Reality: It should be the last alternative. Many agencies use funds normally spent for tents to purchase building materials, tools, and other construction-related support in the affected country.

Myth: Things are back to normal within a few weeks.

Reality: The effects of a disaster last a long time. Disaster-affected countries deplete much of their financial and material resources in the immediate post-impact phase. Successful relief programs gear their operations to the fact that international interest wanes as needs and shortages become more pressing.

Myth: Starving people can eat anything

Reality: It is widely held that people who are starving will be very hungry and eat any food that can be supplied. This attitude is inhumane and incorrect. Even if hungry initially, people often do not consume adequate quantities of unvaried and unfamiliar foods for long enough. More importantly, the starving people are often ill and may not have a good appetite. They will therefore languish in an emaciated state or get even sicker. Even someone well-nourished would fail to thrive on the monotonous diets of three or so commodities (e.g. wheat, beans and oil) that is all that is available, month in, month out, to many refugees and displaced people. And this is aside from the micro-nutrient deficiencies that often develop. This misconception starts, in part, from a failure
to agree on explicit objectives for food assistance -- which should surely be to provide for health, welfare, and a reasonably decent existence and help in attaining and acceptable state of self-reliance and self-respect. Source: Lancet, Vol. 340, Nov 28, 1992

**Myth: Children with diarrhoea should not be intensively fed**

Reality: A view from many years ago, and from non-emergency situations, sometimes persists -- namely, that children must be rehydrated (and diarrhoea prevented) before re-feeding. This policy is incorrect and, with severely malnourished children, it can be fatal. Any child with diarrhoea must be fed, if necessary with a liquid diet by nasogastric tube, at the same time as additional fluids are given. Even if the diarrhoea is profuse, some nutrients are absorbed and can start the recovery process. To begin feeding after rehydration will often be too late. Source: Lancet, Vol. 340, Nov 28, 1992

**Myth: Refugees can manage with less.**

Reality: This misconception dehumanizes the refugee. It implies that, once uprooted, he or she no longer has the basic human rights to food, shelter and care - that these are now offered as charitable acts and that refugees can (or should) make do on much less than non-refugees. In fact they will often need more than their normal food requirement at first if they have become malnourished and sick before arrival at a camp and need rehabilitation; and may suffer exposure from inadequate shelter. If the only food source is provided by camp organizers, these rations have to be adequate in all nutrients. This requires a mixed food basket, including fruits and vegetables. If this cannot be ensured then trading may have to be encouraged if refugees are not to become undernourished and deficient in micro-nutrients. The fact that some foods may be traded, to add variety to the diet, is no grounds for reducing the ration. Source: Lancet, Vol. 340, Nov 28, 1992

**Myth: Trading foods indicates that people do not need all of the rations.**

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**Myth: A standard ration is suitable for all populations.**

Reality: The recommended per caput calorie output for a refugee population should vary according to demographic composition, nutritional and health status of the population (allowing for an extra "catch-up" allowance where people are malnourished), the activity level the intake is intended to support, environmental temperature, and likely wastage in the chain from supply of food in a country to its consumption by individuals. In other words there is a range of requirements for dietary energy, which will depend on the circumstances, and use of a single figure is likely to lead to either deficit or wastage. The
figure of 1900 kcal (commonly assumed to be of general application) often underestimates what is needed. *Source: Lancet, Vol. 340, Nov 28, 1992*

**Myth: Energy adequacy means nutritional adequacy.**

Reality: The diet needs to be adequate in both quantity and quality, meeting requirements for calories, protein, and micro-nutrients. Where refugees are completely dependent on the ration provided -- for example, in the early stages of an emergency or in closed camps, where trading for diversity cannot be ensured -- the ration must be designed to meet the requirements of all nutrients in full. Often, a ration is designed to meet minimum energy requirements and micro-nutrients are left to look after themselves. How micro-nutrient needs are to be met must be made explicit, especially when the ration provided is calculated on the basis of fully meeting energy needs. Foods should be diverse and palatable, and the special needs of weaning children must be met.

**Myth: Disasters cause deaths at random.**

Reality: Disasters tend to take a higher toll on the most vulnerable geographic areas (high-risk areas), generally those settled by the poorest people. *Source: WHO/PAHO Myths and Realities in the Management of Dead Bodies.*

**Myth: It is best to limit information on the magnitude of the tragedy.**

Reality: Restricting access to information creates a lack of confidence in the population, which can lead to misconduct and even violence. *Source: WHO/PAHO Myths and Realities in the Management of Dead Bodies.*