History of Humanitarian Emergencies

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Introduction

In 1859, a young Swiss businessman named Henry Dunant traveled to the Italian city of Solferino. He arrived as a bloody battle for the town between the French and Austrian armies ended. What he witnessed there had a profound impact on his life and work and for many would mark the foundational moment in the development of the modern humanitarian movement.

Similar pivotal events characterize the history of humanitarianism, each event defining the evolution of the humanitarian movement, ultimately leading to the movement as we know it today. Some authors have suggested various schemes for dividing the history of humanitarian action. Barnett and Farré describe "ages of humanitarianism," starting with the period of "imperial humanitarianism," from the early nineteenth century through World War II, continuing with a period of "liberal humanitarianism" from the end of the Cold War to the present (Barnett and Farré 2011). Other authors identify the World Wars as distinct turning points in the history of the humanitarian movement. Davey, Borton, and Foley divide modern humanitarian history into four main periods: from the mid-nineteenth century until the end of the First World War in 1918; the "Wilsonian" period of the interwar years and the Second World War; the Cold War period; and the post–Cold War period (Davey et al. 2013).

This chapter provides a review of the history of humanitarian response and, in the process, describes several historical milestones, like the story of Dunant, that have been critical in the development of the field.

Prior to the Nineteenth Century

Natural disasters and armed conflict have occurred throughout human history, and writings from many ancient societies indicate that people have long been thinking about how to minimize their deleterious effects. However, organized efforts to support populations affected by these events are relatively recent phenomena (Rysaback-Smith 2015). Before the nineteenth century, humanitarian intervention was primarily based on religious belief and was often in response to famine, drought, and other natural disasters rather than war.

Many of the historical underpinnings of humanitarianism derive from religious tradition, and most early humanitarian efforts were conducted by religious organizations. Altruistic human behavior is a fundamental principle practiced in all major religions and philosophies and is, arguably, the guiding principle of humanitarianism as a whole (Walker and Maxwell 2014).

The religious concept of charitable giving also played a substantial role in early humanitarian movements. In early Christianity, for example, charitable giving was an individual responsibility; it was not until AD 325, when Roman emperor Constantine adopted Christianity as the state religion, that charity became an obligation of the church. The early Catholic Church was the dominant force behind organized charity until the Protestant Reformation over a thousand years later (Walker and Maxwell 2014). For Protestants, work and charity were closely related; all people were expected to work to support the community and communities were supposed to care for those in need.

The Islamic tradition of *zakat*, or charitable giving, outlines a duty to assist others and is one of the five pillars of Islam. In Muslim societies, *zakat* can include individual acts of charity or institutional welfare systems. *Zakat* in Muslim societies can include individual acts of charity or institutional welfare systems, and Islamic scholars describe *zakat* as the first formal social security system (Walker and Maxwell 2014). Another tradition in Islam, known as *waqf*, is a charitable mechanism to establish an endowment for the purchase of land for orphanages, schools,

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hospitals, and other buildings with a charitable purpose (Walker and Maxwell 2014).

Another factor in the early evolution of the humanitarian movement was the articulation of laws around the conduct of war. The ancient Greeks and Romans articulated laws on the acceptable conduct of war. In China, Sun Tzu outlined acceptable limits for how combatants should handle themselves during times of war in the *Art of War* (Davey et al. 2013). These principles, however, focused on the welfare of combatants, not on the care and well-being of those not directly involved in armed conflict. When these laws were articulated, those who suffered the indirect effects of armed conflict, including displacement, famine, and disease, were often left to fend for themselves.

One of the first recorded instances of mass population displacement occurred in seventeenth-century Europe when waves of Protestants fled religious persecution and violence in Catholic Europe to take refuge in Protestant England. The Protestants were being persecuted and killed in Catholic Europe and England intervened in support of the displaced. This event marked the first significant movement of people fleeing religious persecution and was the first time that the term "refugee" was used to describe the affected population (Walker and Maxwell 2014).

The eighteenth century saw one of the first international, government-sponsored, relief efforts, in response to an earthquake that destroyed the Portuguese capital of Lisbon in 1755 (Walker and Maxwell 2014). Both Spain and England sent humanitarian aid. This intervention introduced the concept of humanitarian action as an intrinsic property of "good nationhood," an idea that would gain importance in the coming century (Walker and Maxwell 2014).

The Nineteenth Century

The humanitarian movement, as we know it today, took root in the nineteenth century. As Walker and Maxwell state, "something changed around the middle of the nineteenth century which galvanized humanitarian action, by states and private individuals, from a handful of disconnected instances to a more organized series of thought through policies and activities with global connections" (Walker and Maxwell 2014). One driving factor behind this change was the interconnectedness that railways and the telegraph provided, facilitating trade, travel, and communication. Now, philanthropists and charitable organizations could support those in need anywhere in the world. Globalization,

enhanced by trade and the growth of empires, fostered the development of the international humanitarian movement.

The motivation behind some nineteenth century relief efforts was not always altruistic in nature. Aid responses to the Indian famines of 1837 and 1866 and the Irish famine of 1845 to 1849 included public work programs to preserve British power. Some believe that the pragmatic concerns of maintaining political and social order in the colonies motivated the provision of aid more than any humanitarian imperative (Davey et al. 2013, Walker and Maxwell 2014), the goal being to control criminal behavior to ensure that the famine did not prompt thoughts of revolution.

Despite their origins in self-interest, the famine responses in India and Ireland, as well as the provision of cash assistance and other famine relief in colonial China in 1876–79, led to insights that would form the conceptual roots of humanitarian action (Davey et al. 2013). In India, for example, a government commission undertook the first organized study of the causes of famine and the appropriate responses. As a result of this assessment, and several subsequent famine assessments, the British developed the Indian Famine Codes (Walker and Maxwell 2014). The codes defined famine, outlined ways to measure it, identified early indicators of famine such as changes in market prices and population displacement, and recognized the role of free food distribution to support vulnerable populations (Davey et al. 2013).

In a sense, the colonies were an early testing ground for many of the techniques that would guide humanitarian response in subsequent years, such as famine relief and the provision of cash assistance (Davey et al. 2013).

At the same time that the British were implementing an organized approach to famine response in India, the humanitarian response to war was developing with the emergence of the Red Cross and Red Crescent Movement. The founding of the Movement by Henri Dunant marked a turning point in the humanitarian response to war and was, arguably, the most instrumental event in the history of humanitarian action.

Henri Dunant and the International Committee of the Red Cross (ICRC)

Henri Dunant lived in Geneva at a time when philanthropy was an activity open to young men. He grew up in a family of Seventh Day Adventists who were

heavily engaged in charitable activities and taught their son the value of supporting those less fortunate. Dunant and several friends founded a charity called the League of Alms, which would expand internationally and evolve into the Young Men's Christian Association (YMCA) (Morgenstern 1979). His involvement in these ventures opened him to the possibilities of humanitarian action and guided his response to the carnage of Solferino.

On June 24, 1859, Dunant arrived in the northern Italian city of Solferino to witness the aftermath of a battle between the armies of the French/Sardinian Alliance and Austria. On the battlefield and in the city he found the dead and dying; approximately 40 thousand wounded and dying soldiers were left behind (Morgenstern 1979, Walker and Maxwell 2014). Dunant organized women in the surrounding villages to care for the wounded soldiers left on the battlefield. In doing so, he established the foundational principles of humanitarian intervention, such as negotiating access to the affected, providing care impartially, and maintaining neutrality. These principles, and his activities to organize civil society to provide volunteer relief, would eventually inform the ideals of the Red Cross movement and the modern concepts of humanitarian action.

After returning to Geneva, Dunant wrote of his experiences in an 1862 memoir called "A Memory of Solferino" (Dunant 1959). Here, he articulated the human costs of armed conflict and clarified the principles behind his intervention on the battlefield of Solferino, calling for a relief agency comprised of voluntary relief committees to assist soldiers in times of war. The popularity of Dunant's work increased public awareness of the heavy toll of war, which until this point had been a distant consideration for many.

The following year, the Geneva Society for Public Welfare established a committee to consider how to put Dunant's ideas into practice. This group of five men, called the International Committee for the Relief of the Wounded, organized an international conference in October 1863 that included representatives from 16 nations. The outcome of the conference was the establishment of what would become the International Committee of the Red Cross (ICRC) with recommendations that countries establish national committees to assist in the care of the wounded during times of war and, during peacetime, prepare materials for relief and training medical personnel for the eventuality of conflict. The conference also encouraged governments to support these relief committees and ensure the neutrality of medical personnel and facilities providing care for the wounded (Walker and Maxwell 2014).

Early in its existence, the ICRC worked internationally to promote the adoption of national relief societies or committees. These groups eventually became the national Red Cross and Red Crescent societies that we know today. In the US, for example, nurse Clara Barton founded the American Red Cross to institutionalize the values and activities that she had practiced during the American Civil War. The International Red Cross and Red Crescent Movement now includes over 190 national societies.

In 1864, twelve nations attended a diplomatic conference in Geneva that produced the first Geneva Convention, formally titled the *Geneva Convention for the Amelioration of the Condition of the Wounded in Armies in the Field*. The Convention outlined norms for the removal and care of wounded and ill combatants from the battlefield, regardless of their nationality, and for protecting aid workers during times of war (Brauman 2017). The ICRC also received a formal mandate to provide neutral assistance in the form of support and protection to civilian and military victims of war, becoming the first international aid organization (Palmieri 2012, Rysaback-Smith 2015). The 12 signatories committed to supporting the Convention in an attempt to civilize the conduct of war.

The Twentieth Century

While members of the International Red Cross Movement cemented their place as leading humanitarian actors during the nineteenth century, they would be profoundly tested by the events of two World Wars and a challenging interwar period during the first half of the twentieth century. The postwar period saw the founding of United Nations (UN) agencies that continue to play a leading role in humanitarian action today, as well as a shift of attention to humanitarian crises in developing countries, a proliferation of nongovernmental organizations (NGOs), and a growing emphasis on humanitarian response to civil wars, internally displaced persons and complex humanitarian emergencies.

The first real test for the newly formed Red Cross societies began with the outbreak of World War I in 1914. Although the scope and challenges of the

conflict were unprecedented and financial and human resources were limited, the ICRC and national societies assisted tens of thousands of people during the war. They visited prisoners of war and their families, worked to repatriate the ill and the wounded, reunited families separated by the conflict, and served as a "watchdog" for the observance of the Geneva Conventions, which had been revised and expanded in 1906 (Davey et al. 2013).

When the conflict ended in 1918, members of the Red Cross Movement and the humanitarian community as a whole, started to address their roles outside of wartime. Lessons learned during the war were significant for the development of a truly global humanitarian relief effort (Davey et al. 2013). These experiences and the growing challenges faced by colonial populations, led to a more rigorous approach to the delivery of humanitarian aid, particularly in the areas of nutrition and public health.

The United States, having survived World War I relatively intact, was one of the few countries able to provide relief to Europe in the postwar years. Starting in 1914, the Commission for Relief to Belgium, led by Herbert Hoover, raised tens of millions of dollars in famine relief. The organization eventually became the American Relief Administration (ARA) with the broader mandate of providing relief across Europe and post-revolutionary Russia. The ARA's activities were instrumental in response to the Russian Povolzhye Famine of 1921–22, which eventually claimed over 5 million lives (Walker and Maxwell 2014).

League of Nations and League of Red Cross Societies

The Treaty of Versailles, signed in 1919, established the League of Nations, and brought several significant humanitarian reforms (Davey et al. 2013). Although the primary goal of the League of Nations was to prevent war, the organization also sought to address other issues, such as labor conditions and the treatment of colonial populations. The League established treaties and organizations that became essential to the humanitarian community's efforts to protect conflict-affected populations (Davey et al. 2013). The League created a succession of organizations and agreements to deal with new refugee situations. The International Relief Union (IRU), established by the League, was the first attempt to develop an intergovernmental structure explicitly to aid victims of disaster.

The interwar years also saw the establishment of the League of Red Cross Societies, comprised of Societies from France, Britain, Italy, Japan and the United States. Considered a humanitarian version of the League of Nations, the League of Red Cross Societies was an American-led effort to harness US resources in the reconstruction of Europe. The organizers hoped to remain independent of the ICRC and challenged the role and authority of the original Geneva-based committee. The ICRC and the new League of Red Cross Societies did cooperate on efforts to address the crisis in Russia, forming the International Committee for Russian Relief in 1921. The League of Red Cross Societies would eventually rename itself as the International Federation of Red Cross and Red Crescent Societies (IFRC) in 1991. Today, the IFRC is one of the largest humanitarian organizations in the world, with 190 members, focusing their work on natural disasters while the ICRC primarily operates in conflict settings (Walker and Maxwell 2014).

High Commissioner for Refugees

The League of Red Cross Societies was a key member of the IRU, but it was the ARA that was the backbone of the operation, itself feeding over ten million people a day and supporting over 120,000 employees in Russia. It was in this context that the League of Nations established the position of High Commissioner for Refugees (HCR).

In 1921, the League of Nations appointed Norwegian explorer Fridtjof Nansen to be the first High Commissioner for Refugees with the specific mandate of overseeing assistance to Russian refugees (Davey et al. 2013). Nansen worked tirelessly to repatriate nearly half a million Russian refugees. He expanded the activities of his office and negotiated international recognition of a travel document for refugees that became known as the "Nansen passport." Nansen's work was instrumental in the movement to ensure the rights of refugees (Davey et al. 2013). His efforts eventually led to the formation of the International Refugee Organization (IRO) and, its successor, the United Nations High Commissioner for Refugees (UNHCR), discussed below.

Save the Children Fund

While the ICRC supported those directly affected by armed conflict, namely soldiers, many saw

a need to assist civilian populations as well. In 1919, Eglantyne Jebb and several colleagues established the Save the Children Fund (SCF) to provide relief to children and families affected by the ongoing blockades imposed on Germany and Austria-Hungary after the war. SCF became the first NGO solely dedicated to providing relief to civilian populations (Davey et al. 2013). SCF was distinct from the Red Cross movement because it did not rely on government recognition, funding, or law. The organization did its own fundraising and independently directed its own relief operations. Despite its early success, the organization quickly realized that the protection of vulnerable populations like children needed to be supported by laws. SCF worked hard to encourage the adoption of international legislation to protect children from abuse and armed conflict. Jebb worked to establish the *Declaration of the Rights of the Child*, which stated that all children have the right to relief. The Declaration was adopted by the League of Nations in 1924 and represents a milestone in humanitarian law.

During the interwar period, humanitarian response efforts expanded beyond Europe, advanced in part by the need for European powers to support and maintain order among colonial populations (Davey et al. 2013). Conflicts in China and the Middle East gained the attention of international relief organizations such as SCF. The response efforts of these organizations sometimes merged the political and imperial attitudes of the colonial powers, causing some to question their independence (Davey et al. 2013).

Events of the 1930s posed new challenges to humanitarian response. Economic conditions led to a significant reduction in funds available for international relief operations (Davey et al. 2013). The rise of fascist regimes in Europe and the question of how to respond to their growing strength were especially vexing for the humanitarian community. The League of Nations itself could not respond effectively to the fascist movements in Germany, Italy, Spain, and Japan, with the outbreak of World War II being a vivid demonstration of its ineffectiveness (Davey et al. 2013).

World War II had profound and lasting effects on the humanitarian movement. The United Nations and its agencies came into existence; new international humanitarian laws were drafted and ratified, and many new NGOs were founded. Much of what we know today as the humanitarian system emerged from World War II and the Cold War that followed.

The growth of fascism in Europe proved to be a problem for the ICRC as well; although the organization was successful in negotiating access during the Spanish Civil War it was roundly condemned for its failure to respond the atrocities perpetrated by the Nazis and their allies during the war (Davey et al. 2013). The Geneva Conventions of the time, expanded again in 1929 to include prisoners of war, restricted the ICRC's actions because they were limited to international conflicts and did not cover civilian populations abused by their own governments. As a result, the ICRC had no mandate to protect those who were being forced into the concentration camps of Nazi Germany (Davey et al. 2013). The ICRC was heavily criticized for failing to condemn the Nazis and their allies and for being unable to protect their civilian victims effectively.

United Nations

In the wake of the war, US President Franklin Roosevelt and United Kingdom Prime Minister Winston Churchill envisioned the founding of three institutions, the United Nations, the International Monetary Fund, and the World Bank, as necessary to build a postwar world that was safe for capitalism by reducing the likelihood of global economic collapse and providing a mechanism to control the outbreak of armed conflict (Walker and Maxwell 2014). In 1944, delegates from 50 countries created the Charter of the United Nations. The Charter was ratified by the five permanent members of the UN later that year, and the first General Assembly was held in January 1946.

The new United Nations quickly set about drafting several frameworks focusing on the protection of human rights. In 1949, the Geneva Conventions were expanded to include civil or internal armed conflict and the protection of civilian populations (Davey et al. 2013).

International efforts to ensure the protection of civilians, including refugees, were greatly enhanced by the adoption of the Universal Declaration of Human Rights (UDHR) in 1948. The document described the minimum rights to which all people were entitled, which included the right to life, the right to protection

from torture and ill-treatment, the right to a nationality, the right to freedom of movement, the right to leave any country, and the right not to be forcibly returned. The UDHR would inspire the development of several subsequent human rights treaties.

The 1951 Refugee Convention, drawn up in the wake of World War II, guarantees minimum standards for the treatment of refugees in their country of asylum. The Convention aimed to ensure that refugees are treated in the same way in all states party to it. The document was a legally binding treaty and represented a milestone in humanitarian law.

International Refugee Organization

At the end of the war, the UN established the United Nations Relief and Rehabilitation Administration (UNRRA) to assist in the repatriation of millions of displaced persons across Europe by providing aid, rehabilitation and resettlement assistance (Davey et al. 2013). UNRRA coordinated the work of voluntary relief agencies and hundreds of displaced persons camps in Germany and spent billions of dollars to rehabilitate the broken economies of Europe. By 1947, the organization faced financial crisis and criticism from the United States for repatriating nationals back to Eastern Europe, which was seen as strengthening Communist regimes. Consequently, the organization was disbanded and its responsibilities were transferred to the newly formed International Refugee Organization (IRO).

The UN established the IRO in 1946 to protect refugees, initially focusing on the 21 million people scattered throughout Europe after World War II (Davey et al. 2013; Walker and Maxwell 2014). The IRO's main objective at its inception was the repatriation of European refugees back to their home countries. From 1947 to 1952, the IRO repatriated 73,000 to their country of origin, resettled over one million refugees in third countries, and provided aid to 410,000 persons displaced within their own countries (OHCHR 2016). Because of Cold War politics, the operations of the IRO were both controversial and inadequately funded. As political tensions flared, the organization's focus turned from repatriation to resettlement. The IRO struggled financially during its lifespan; only 18 of the 54 UN member states contributed to the IRO's budget at a time when the costs of its operations were rapidly increasing, reaching $400 million by 1951 (OHCHR 2016).

The history of the IRO and its eventual evolution into the UNHCR was a function of the changing politics of the time. The United States was the primary funder of international relief efforts and saw the displacement of people fleeing Soviet-dominated countries as a political matter. This thinking influenced the IRO to broaden the definition of "refugee" to include individuals fleeing persecution, regardless of origin. The resulting increase in the number of people covered by IRO's mandate, the controversial nature of IRO's programs, ongoing funding challenges, and shifting postwar politics led to the organization's eventual replacement with the UNHCR (OHCHR 2016, Walker and Maxwell 2014).

United Nations High Commissioner for Refugees

In July 1951, the UN adopted the United Nations Convention Relating to the Status of Refugees. The Convention dealt only with refugees who left their home country before 1951 and in that way focused primarily on European populations. It did not apply to refugees in other regions such as Africa and Asia or those from Palestine. The Convention also formally established the UNHCR and its mandate for the protection of refugees. Initially, UNHCR served a coordination role, only later developing programs to support fundraising, operational protection and assistance. In 1967, the Convention was appended to remove the 1951 criteria for defining refugees, allowing UNHCR to assist refugee populations worldwide by removing criteria bound by time and place.

United Nations International Children's Emergency Fund

During the final meeting of UNRRA, concerns over the fate of Europe's war affected children were raised. It was proposed that the organization's remaining funds be used to create a program to support emergency aid for children. In December 1946, the UN General Assembly formally established the UN International Children's Emergency Fund (UNICEF). In 1953, the organization changed its name to the UN Children's Fund. The fund was initially seen as a short-term effort to provide food to children across Europe. In 1947, the organization set up its first committee to assist with fundraising in the United States; today more than 35 such committees support the organization's funding efforts.

Soon after its inception, UNICEF launched a campaign to vaccinate children across Europe against tuberculosis. This effort was the beginning of UNICEF's involvement in vaccination programs and public health and distinguished it from other UN agencies as being primarily an operational entity. Unlike other UN organizations, UNICEF established offices in the field and worked directly with government ministries and NGOs.

Since the 1950s, UNICEF has expanded its vaccination programs and evolved to support other important public health interventions. The organization has continued its nutrition programs and established itself in the areas of child protection and child development. Later in its history, UNICEF played an integral part in the eventual adoption of the new Convention on the Rights of the Child in 1989. The Convention has been ratified by 196 nations, making it the most accepted human rights convention on record.

World Food Programme

In October 1945, President Franklin Roosevelt convened an international conference on food and agriculture for the postwar era. One conference outcome was the establishment of the Food and Agricultural Organization (FAO). The organization outlined principles for using surplus food production to bolster global recovery and development. In 1961, the US led an effort to provide limited funds to support a food aid program that would focus on emergencies and pilot development projects. This proposal eventually resulted in the establishment of the World Food Programme (WFP). The new organization provided food aid to countries in Asia, Africa, southern Europe, and Latin America in order to stimulate land resettlement and reform and in support of special feeding programs. In the first three years of the program, WFP responded to 32 emergencies and administered 116 development projects (Walker and Maxwell 2014). Throughout the 1960s and 1970s, WFP continued to use food-for-work projects to promote social and economic development. In the late 1980s and early 1990s, WFP began to focus on providing food aid and food security exclusively in emergency situations (Walker and Maxwell 2014).

Food for Peace

The postwar period saw major changes in the delivery of humanitarian aid, often dictated by Cold War

politics. These changes were particularly evident in the area of food aid, which came to be driven by surplus production rather than actual need. Instead of providing the means to increase local production, food aid programs often seemed to focus on finding uses for surplus agricultural production, particularly American wheat surpluses. In 1954, the United States established the Food for Peace program, which enabled US food aid to be used for development and relief purposes (Davey et al. 2013).

The years following World War II also saw a dramatic increase in the number of humanitarian agencies; nearly two hundred NGOs were created between 1945 and 1949 (Davey et al. 2013, Mackintosh 2000, Walker and Maxwell 2014). Most of these were based in the United States. The scope of these organizations shifted from focusing on Europeans to those in what was considered the "Third World," driven in part by decolonization and the waning power of the former empires (Walker and Maxwell 2014, Rysaback-Smith 2015, Mackintosh 2000). The process of decolonization created many newly independent nations, which would significantly impact the development of NGOs (Davey et al. 2013). The withdrawal of the colonial powers and the tensions of the Cold War left many of these new countries with limited resources. The NGOs were then left to fill the humanitarian gap determined by the geopolitical objectives of the West and the Soviet bloc nations.

The Cold War years were seen as a "fertile period" for the growth of the humanitarian movement (Davey et al. 2013, Rysaback-Smith 2015, Mackintosh 2000). During the 1960s, operating budgets for NGOs increased dramatically, fueling the development of even more organizations. Between 1960 and 1969, 289 new NGOs were created (Davey et al. 2013).

Republic of Biafra

Several pivotal events in the history of humanitarian action occurred between the late 1960s to the early 1980s. These included the Biafran War, the war in Vietnam, the genocide in Cambodia and the famine in Ethiopia and the Horn of Africa. The result was a consolidation of principles, practices, and personnel that would lead to expansion and professionalization within the field of humanitarian response. The Biafran War, in particular, marked a turning

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point in modern humanitarian action (Walker and Maxwell 2014).

In May 1967, the Republic of Biafra in the southeastern corner of Nigeria split from the rest of the country. The civil conflict that followed was bloody, with hundreds of thousands massacred or displaced. Because of Cold War politics, the UN resisted any suggestion that it intervene, maintaining that the Biafran secession was an internal issue for the Nigerian government to address (Davey et al. 2013).

The Nigerian government cut off Biafra's oil revenue and supply lines to instigate the fall of the revolutionary government. The human cost was profound, with widespread malnutrition and high mortality among the Biafran population; estimates of deaths from the famine ranged from several hundred thousand to over two million (Walker and Maxwell 2014).

In 1969, the Nigerian government banned ICRC from supplying humanitarian assistance to Biafra except on planes flying from Nigerian airports that were inspected before departure. The government eventually denied all daytime flights. ICRC, following its principles of neutrality, withdrew its operations and ceased humanitarian support. The departure of ICRC left a clear gap in humanitarian assistance; some claimed that 3,000 children were dying every day (Black 1992). The gap was quickly filled by a coalition of church agencies, working under the name Joint Church Aid, and several NGOs, including Oxfam and CARE (Davey et al. 2013).

The operation undertaken by Joint Church Aid was unique in terms of the scope of the relief supplied and its perseverance in the face of resistance from local authorities, resistance that included direct targeting by military forces. Of the 7,800 flights into Biafra, 5,310 were operated by Joint Church Aid, delivering 66,000 tons of relief supplies (Davey et al. 2013). Although the operation highlighted the ability of NGOs to provide assistance when the UN and ICRC could not, some have argued that the humanitarian aid provided through the airlift also prolonged the war and contributed to the deaths of nearly 200,000 people (Smillie 1995).

The response to the civil conflict in Biafra proved to be a formative experience in the humanitarian movement, introducing a new era of humanitarian action (Davey et al. 2013; Barnett and Farré 2011). The response to the suffering witnessed in Biafra was significant for the humanitarian community's outspoken condemnation of the conflict's effects and the use of the term "genocide" to describe the suffering (Brauman 2017). The practice of sending humanitarian workers into rebel areas without government authorization became a model for future response efforts. This tragic event was also instrumental in the development of a new generation of humanitarian workers who would go on to lead the field and form some of the most influential humanitarian agencies in history. These new organizations were "motivated as much by a sense of solidarity with the victims of crisis as by traditional humanitarian principles" (Walker and Maxwell 2014).

These new organizations were ready to move beyond the "Dunantist" philosophy of the ICRC, whose actions were thought to be limited by the organization's strict adherence to the principle of neutrality. Reacting to the criticism of the ICRC in Biafra, the new humanitarian agencies promoted a more interventionist approach to humanitarian response.

Concern and Médecins Sans Frontières

Two interventionist NGOs to come out of the aftermath of Biafra were Concern and Médecins Sans Frontières (MSF). Concern, later to become Concern Worldwide, was founded in 1968 in Ireland and would become a respected organization, addressing health, hunger, and humanitarian emergency response.

In the wake of Biafra, one of the ICRC's most outspoken critics was a former ICRC doctor named Bernard Kouchner. Infuriated by the human suffering he witnessed in Biafra and ICRC's failure to stand up to the Nigerian government, Kouchner and his colleagues committed to forming a new humanitarian organization, one that was dedicated to humanitarian principles but would not be silent in the face of atrocity. Médecins Sans Frontières was the result. Officially formed in 1971, this organization would become one of the most influential NGOs in modern history.

The 1970s saw another shift in humanitarian response with an increased focus on improving the lives of those forced to live in refugee camp settings. In these contexts, aid agencies were able to develop new skills and practices related to site planning, logistics, coordination, and camp management (Brauman 2017). The humanitarian response community also

learned more about the factors leading to famine and other food crises. Many of these lessons were learned in response to the refugee crisis along the Thai/Cambodian border.

Between 1975 and 1979, the Cambodian genocide claimed between 1.5 and 2 million lives, and many others died of starvation and disease. Vietnam invaded Cambodia in late 1978, pushing the Khmer Rouge from power and initiating a refugee crisis as Cambodian refugees fled across the Thai border.

In response to the crisis, the UN named UNICEF its lead response agency. ICRC, hoping to avoid the problems it faced in Biafra, sought permission to lead an assessment inside Cambodia. A unique coalition of NGOs called the Coalition for Cambodia formed, raising an unprecedented $40 million to support their efforts (Walker and Maxwell 2014). The NGO consortium proved to be more nimble than the UN in responding to the crisis. The NGOs, free from the Cold War politics that limited the effectiveness of the UN response, provided support to the camp population and, eventually, were able to deliver relief within Cambodia itself. By doing so, the coalition was able to demonstrate how it was possible for NGOs to bypass the politics that had limited the UN system and ICRC (Walker and Maxwell 2014).

African Famines

Beginning in the 1970s, several large-scale famines in the Sahel and Horn regions of Africa focused the humanitarian community's attention on the continent and the need to respond more effectively to food crises (Davey et al. 2013).

In 1973, following years of drought, famine developed in the Sahel. Between 1973 and 1974, WFP and FAO supported a major response to the crisis. Although the response was massive, it was criticized for corruption, lack of coordination, and the potential harm caused to local markets (Davey et al. 2013). Like the Biafran War, the famine in the Sahel provided valuable lessons for the human community. As Walker and Maxwell note, "the manner in which the crisis was understood, in the pattern set by the response, had repercussions for decades" (Walker and Maxwell 2014).

A lack of high-quality information was partly to blame for the poor response in the Sahel. In the following years, Bengali Indian economist and philosopher Amartya Sen would promote the use of data in anticipating and responding to humanitarian emergencies. In looking at data from the famines of the 1970s, Sen was one of the first authors to define some of the risk factors that led to food shortages and eventually famine (Sen 1982). He was able to demonstrate that food crises have as much to do with a population's inability to access available food as they do with drought. In the Sahel, a decline in the value of labor, livestock, and other assets also reduced incomes among the affected populations (Walker and Maxwell 2014). These factors became collectively known as "entitlement failure" and were thought to be predictive of actual famine. Sen believed that by tracking how populations coped with declining food stocks, incomes, and other assets when dealing with drought and rising food prices, it would be possible to predict the onset of famine (Walker and Maxwell 2014). This work led to the development of the famine early warning systems we have today (Davey et al. 2013, Walker and Maxwell 2014).

In 1974, the FAO hosted the World Food Conference to address the experiences of the African famines. Outcomes of this meeting included the highlighting of the importance of planning for food crises and the establishment of WFP as a leader in this field (Davey et al. 2013).

The 1980s saw an easing of Cold War tensions that had limited the effectiveness of humanitarian response, particularly by the UN and ICRC. The period also saw renewed interest among the general public in the plight of those affected by humanitarian emergencies. This interest was stimulated by major crises that involved massive population displacement and, as a result, garnered intense media attention (Davey et al. 2013).

Perhaps no other recent event galvanized public support for those affected by humanitarian crises more than the famine in Ethiopia during the early 1980s. Dramatic television footage and photographs, and the sheer numbers of those impacted, with nearly one million dead and eight million affected, brought the world's attention to the human suffering caused by famine. It also became apparent that drought was not the only factor contributing to the crisis. There was evidence that the military used food shortages as weapon in its fight against opponents (De Waal 1991, Davey et al. 2013). These factors led to a massive international public response, culminating in the Band Aid initiatives led by the rock star Bob Geldof. The Live Aid concert raised over $140 million for famine relief and recovery programs. As a result, humanitarian

organizations quickly realized the power of the media as a fundraising and advocacy tool.

In retrospect, it was apparent that the famine in Ethiopia was more than just a natural disaster. It was a crisis precipitated by both natural and human-made factors and was one of the first international events to be considered a "complex humanitarian emergency," a concept discussed in the previous chapter.

The 1990s were considered a time of great upheaval and growth in the humanitarian community (Walker and Maxwell 2014, Davey et al. 2013). The relaxation of tensions between the Cold War superpowers seemed to benefit humanitarian response, at least initially, leading to a globalization of humanitarianism. Western aid workers, for example, were able to respond to crises in the Soviet Union for the first time in more than 60 years (Davey et al. 2013). But the atmosphere of progress in the humanitarian sector did not last long. The humanitarian community was shaken by the emergence of a new type of warfare marked by extreme violence and high numbers of civilian deaths and displaced persons (Davey et al. 2013, Toole 1995).

Civil War

The 1990s saw a dramatic increase in civil or internal armed conflict. In 1993 for example, 43 of 47 active conflicts were civil wars (Toole 2000). These "new wars" were characterized by a breakdown of civil authority and the direct targeting of civilian populations by armed actors. As a result, the adverse effects of war became more extreme with high numbers of civilian casualties. Civilian populations were forced to flee their homes to escape the conflict but were often not able to cross into the relative safety of a neighboring country. As a result, these groups were considered "internally displaced persons" (IDPs) rather than refugees and did not receive the protections and benefits of refugee status, despite facing many of the same risks to their health and welfare. Three "new wars" in particular would have a profound impact on the humanitarian community and shape humanitarian response going forward: the Yugoslav Wars between 1991 and 2001, the civil war and famine in Somalia and, especially, the genocide and the refugee crisis in Rwanda.

The Yugoslav Wars of the 1990s were triggered by the collapse of Communist Yugoslavia and the rekindling of ethnic hostilities that had been held in check by its authoritarian leader Josip Broz Tito.

As the wars escalated, the rest of Europe became increasingly concerned that conflict would move beyond the boundaries of the former Yugoslavia. As a result, many of the civilian victims of the wars were not able to cross an international border and were not covered under international laws pertaining to refugees. UNHCR, which led the humanitarian response in Bosnia, could only provide limited support to IDPs due to its legal mandate to protect refugees. Consequently, the organization's role became one of providing assistance rather than protection. UNHCR was able to maintain an airlift to the city of Sarajevo that provided food and other supplies during the siege of the city, while WFP delivered over a million tons of food aid (Walker and Maxwell 2014).

The Yugoslav Wars highlighted the need to develop mechanisms to protect civilian populations displaced internally. In an attempt to provide a semblance of protection for IDPs, the UN Security Council authorized the UN Protection Force for Yugoslavia (UNPROFOR). However, UNPROFOR's mandate was severely limited. They established "safe areas" but could not engage with the warring factions to provide any real protection to the civilian population. Nowhere was this more apparent than in UNPROFOR's lack of response to the massacre of eight thousand men and boys in the "safe area" of Srebrenica.

Once again, the wars in the former Yugoslavia led many in the humanitarian community to question the principles of neutrality and impartiality. Some felt that the humanitarian community's desire to ensure access to the affected population by maintaining neutrality may have made them passive participants in ethnic cleansing.

The subsequent conflict in the Serbian province of Kosovo ushered in a new concept in the sphere of humanitarian response that came to be known as "humanitarian warfare." In this case, NATO forces responded quickly to prevent a humanitarian crisis like that experienced in Bosnia. The response to the crisis in Kosovo demonstrated the gap between what donors were willing to provide in response to a crisis in Europe compared to ongoing crises in Africa, where similar events were occurring in Somalia and Rwanda.

The humanitarian response to the famine in Somalia marks what some have described as the end of "Pollyannaish" humanitarianism (Weiss 2005).

As in Ethiopia a decade earlier, the media played a significant role in influencing the scope of the humanitarian intervention. Images of local militias looting aid convoys, keeping food from the starving population, increased public pressure to respond more efficiently than what the humanitarian community could do alone. Military intervention was proposed by some NGOs to protect the convoys. In response, the UN approved a peacekeeping force to protect the convoys, but this force was too small to provide adequate protection. Under public pressure, President George H.W. Bush committed US troops, and Operation Restore Hope began in December 1992. The optimism of the effort was short-lived. In 1993, militias killed 24 Pakistani peacekeepers, leading to the US Army attack on Mogadishu in October of that year that left 18 US soldiers dead. Soon after this debacle, the United States withdrew its forces. In the end, this conflict provided the humanitarian community with an example of how, despite their best intentions, they became entangled in the crisis as participants instead of remaining neutral outsiders. These events damaged both US and UN credibility and discouraged the humanitarian community from further intervention in Somalia (Walker and Maxwell 2014, Davey et al. 2013). This hesitancy to intercede in complex emergencies would set the tone for years to come and influence the humanitarian response to the Rwandan genocide of 1994.

Rwanda

Many have argued that no event shaped modern humanitarian response more than the genocide in Rwanda (Davey et al. 2013, Walker and Maxwell 2014). Although it was the political failure of the international community to intervene that prolonged the genocide, the humanitarian response to the crisis was implicated in the aftermath. The result would be significant changes in the accountability and standards that define the appropriate response to emergencies.

Despite many warnings, the international community did not act in time to stop the widespread killing of the minority Tutsis and moderate Hutus by the Hutu extremists. In the three months that followed, nearly eight hundred thousand Tutsis and moderate Hutus were killed in Rwanda. After the fall of Kigali to the Rwandan Patriotic Front (RPF), nearly two million refugees fled to Tanzania and Zaire. More than a million refugees entered Zaire, making camp

near the town of Goma. This setting lacked adequate food, water, and sanitation, which led to a major cholera outbreak that killed an estimated fifty thousand people in one month (Walker and Maxwell 2014). Nearly 100 NGOs descended on eastern Zaire and northwestern Tanzania to support the refugee crisis, containing the cholera outbreak within months. However, the former leaders of the genocide began to use the refugee camps as recruiting and staging grounds for attacks into Rwanda and the international community did little to intervene. As a result, several NGOs, including MSF and the International Rescue Committee (IRC), withdrew their operations. The unwillingness of the international community to regain control of the camps led to an assault on the camps in late 1996 by rebel forces, which forced the repatriation of refugees back into Rwanda and the extension of the Rwandan conflict into Zaire (Davey et al. 2013). It was stated that, "[t]he overwhelming conclusion was that humanitarian aid had been subverted to support those who had caused the crisis in the first place" (Walker and Maxwell 2014).

In the aftermath of the Rwandan crisis, the humanitarian community realized the need for a thorough evaluation of the response (Walker and Maxwell 2014; Davey et al. 2013). The Joint Evaluation of Emergency Assistance to Rwanda (JEEAR) assessed the response from a variety of perspectives, including explanations for the genocide, humanitarian aid and its effects and the recovery efforts. One of the key findings of the evaluation was the need to improve performance within the humanitarian sector through better standards and improved accountability. The results of the JEEAR evaluation led to significant changes in how the humanitarian community responds to emergencies, most notably the adoption of the Sphere Humanitarian Charter and its Minimum Standards for Disaster Response, which we will discuss below. The "Sphere Project" and the "Code of Conduct for the International Red Cross and Red Crescent Movement and Nongovernmental Organizations," released before the Rwandan genocide but not widely recognized until later, would "fundamentally shape the conduct of humanitarian practitioners" for years to come (Davey et al. 2013).

Complex Humanitarian Emergencies

Several significant themes emerged out of the events in the Balkans, Somalia, and Rwanda that would influence the humanitarian community in the coming

years. First, the 1990s brought increasing attention to "complex emergencies," distinct from other emergencies in that they are characterized by multiple causes, involve multiple actors, and compel an international response (Calhoun 2008). The complex emergencies of the 1990s were often tied to the disintegration of the social, political, and economic order of affected societies, leading to massive population displacement. On defining complex emergencies, one author stated (Duffield 1994):

> So-called complex emergencies are essentially political in nature: they are protracted political crises resulting from sectarian or predatory indigenous responses to socioeconomic stress and marginalization. Unlike natural disasters, complex emergencies have a singular ability to erode or destroy the cultural, civil, political and economic integrity of established societies.

The displacement common to complex emergencies was increasingly internal, and numbers of IDPs grew rapidly throughout the world. Consequently, the challenges faced by IDPs became a major humanitarian issue at the end of the twentieth century.

The 1990s also saw growth in the importance of NGOs as governments and other large donors began to see these organizations as key players in providing humanitarian relief (Brauman 2017). As a result, donors became more interested in supporting humanitarian relief efforts, and aid agencies shifted their emphasis from development to relief. In 1976 no European Community emergency aid funding went to NGOs; by 1983, 40% did. (Davey et al. 2013).

Another shift that took place during the 1990s was the increasing use of the military in humanitarian interventions, typically in the form of peacekeeping operations. Between 1948 and 1988, the UN conducted only five peacekeeping operations; that number increased to 20 operations between 1989 and 1994. The increasing reliance on humanitarian military operations, as in the Balkans, Somalia, and Rwanda, created a debate within the humanitarian community. NGOs that saw their work in a more restrictive manner, valuing their independence, neutrality, and impartiality, saw the military contingents as parties to the conflict (Brauman 2017). These organizations, such as ICRC and MSF, saw groups that allied themselves with military partners as turning their backs on some of the fundamental principles of humanitarianism.

Inter-Agency Standing Committee

In what might be considered the most significant outcome of the 1990s, the humanitarian community undertook several initiatives to improve overall coordination and response. In 1992, the UN established the Inter-Agency Standing Committee (IASC), a global humanitarian forum that brings together the main operational relief agencies from the UN, the International Red Cross and Red Crescent Movement, the International Organization for Migration (IOM), and international NGOs. To improve humanitarian assistance, the IASC fulfills three main functions (IASC Task Team on the Cluster Approach 2016c):

- Produces system-wide policies, guidelines, and tools to harmonize and achieve better overall responses.
- Conducts operational activities to ensure coherent and timely emergency responses to major emergencies.
- Establishes consensus on common messages to advocate for respect for humanitarian principles and ensure support for humanitarian work.

Humanitarian Principles

During the 1990s, several organizations established principles to govern the delivery of humanitarian aid. In 1991, the UN General Assembly established three basic humanitarian principles, adding a fourth in 2004 (OCHA 2016). These included:

1. Humanity – Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.
2. Neutrality – Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious, or ideological nature.
3. Impartiality – Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class, or political opinions.
4. Independence – Humanitarian action must be autonomous from the political, economic, military, or other objectives that any actor may

hold with regard to areas where humanitarian action is being implemented.

Fundamental Principles

The Red Cross and Red Crescent Movement would outline seven Fundamental Principles, which would guide the work of the Red Cross and Red Crescent national societies, the ICRC and the IFRC (IFRC 2016). These principles included the four humanitarian principles adopted by the United Nations, with three additions (IFRC 2016):

1. Voluntary Service – it is a voluntary relief movement not prompted in any manner by desire for gain.
2. Unity – there can only be one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.
3. Universality – The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

These seven principles became the foundation of the Red Cross/NGO Code of Conduct for operations in disasters. Almost five hundred aid organizations signed on to the codes and committed to adhering to the humanitarian principles (OCHA 2016; IFRC and ICRC, 1994).

The Rwandan genocide was a catalyst for improving the quality and accountability of humanitarian aid. The experience of Rwanda led to the development of the humanitarian principles that defined standards for the provision of humanitarian assistance and affirmed the right of those affected by disaster to protection and high-quality humanitarian aid. In accordance with these principles, the humanitarian community undertook several initiatives to improve the accountability, quality, and performance of humanitarian response. These initiatives included the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP), the Humanitarian Accountability Partnership (HAP), People in Aid, and the Sphere Project (Hilhorst 2002).

Sphere Project

One of the most recognized of these initiatives is the Sphere Project, initiated in 1997 to develop standards for the provision of humanitarian aid. The Project is a collaborative effort led by a group of humanitarian NGOs and partners in the International Red Cross and Red Crescent Movement. These minimum standards, collected in the Sphere Handbook, are a reflection of the UN's Humanitarian Principles and Red Cross/NGO Code of Conduct discussed earlier (Response 1998). The standards represent what the principles should look like in practice, ensuring rights to health, shelter and protection, food security and nutrition, and clean water and adequate sanitation, especially during humanitarian emergencies (Steering Committee for Humanitarian Response 2011, Buchanan-Smith 2015). The Sphere Standards were eventually adopted by all major humanitarian NGOs, governments, and donors. The Sphere Project is discussed in greater detail in Chapter 4.

The Twenty-First Century

At the start of the new century, a British politician, Clare Short, head of the UK's Department for International Development, posed the concept of a "new humanitarianism," defining a different type of humanitarian response that recognized the following:

- All aid is political, and that some of the ideals of classic humanitarianism were a little old-fashioned (none more so than the cherished classic ideal of neutrality);
- Human rights violations must be taken as seriously as shortfalls in meeting basic human needs;
- Humanitarian interventions and inputs sometimes cause as much harm as they do good, and humanitarianism needed to be accountable for both;
- Both the causes and symptoms must be addressed;
- Humanitarian response must be aligned with other objectives so that all resources could be brought to bear on the problem at hand. (Walker and Maxwell 2014)

Some organizations saw the new humanitarianism as a logical extension of the humanitarian principles outlined in the 1990s. However, some humanitarian agencies would reject the new humanitarianism, most notably MSF, which renounced the fifth principle of the new movement so as not to lose their independence. In many ways, the interventionist approach of organizations like MSF was on the rise at the turn of the century, while the more neutral approach of the

ICRC seemed to be in decline. But the interventionist approach and the whole concept of a "new humanitarianism" would be tested with the invasion of Afghanistan in 2001 and later, the invasion of Iraq in 2003.

In its fight against terror, the US government declared US-based humanitarian agencies as "force multipliers." This designation left many organizations facing a dilemma – they risked losing funding to support their activities unless they aligned themselves with the foreign policy of the US government. Conducting humanitarian activities in Afghanistan and Iraq meant taking sides in the conflict, which for many NGOs meant losing their hard-fought independence (Walker and Maxwell 2014). Some organizations, like MSF, rejected this approach and were very critical of those humanitarian agencies that did.

The early twenty-first century also saw the further refinement of efforts to reform the delivery of humanitarian aid. In 2005, after reviewing the humanitarian response to the crisis in Darfur, the IASC implemented the Humanitarian Reform (IASC Task Team on the Cluster Approach 2016a). The goal was to ensure sufficient response capacity, enhanced leadership, accountability, predictability, and strong partnerships. The Reform sought to improve humanitarian financing through the development of the Central Emergency Response Fund. To improve direction and coordination, the Reform proposed strengthening the Humanitarian Coordinator system and implementing a "cluster approach" to address the perceived gaps in humanitarian response. The cluster approach will be described elsewhere in this book.

Transformative Agenda

In 2010, the earthquake in Haiti and the flooding in Pakistan highlighted additional weaknesses in the international response system. To address these deficiencies, the IASC developed the Transformative Agenda, a set of concrete actions to transform the way the humanitarian community responds to emergencies. The Agenda includes recommendations to improve the efficiency and effectiveness of the humanitarian response system, through "stronger leadership, more effective coordination structures, and improved accountability" (IASC Task Team on the Cluster Approach 2016b).

Valerie Amos, Emergency Relief Coordinator and Chair of the Interagency Standing Committee stated, "In December 2011, the IASC adopted the Transformative Agenda. It focuses on three key areas: better leadership, improved accountability to all our stakeholders and improved coordination. The impact of these changes, which we are now introducing, will be more lives saved, faster."

The Transformative Agenda was designed to strengthen key humanitarian response actors, including the Humanitarian Coordinator, the Humanitarian Country Team, country clusters, and cluster lead agencies. The Agenda was unique because it marked the first time the IASC agreed on how to respond to major emergencies.

World Humanitarian Summit

In May 2016, over nine thousand participants from 173 member states came together in Istanbul for the first World Humanitarian Summit. The goal of the meeting was to outline reforms to make the humanitarian aid community, including the UN, NGOs, and donors, more responsive and effective. One of the Summit's major achievements was the "Grand Bargain" that included commitments to reform humanitarian financing by providing more cash-based assistance and acknowledging the relative advantages of national and local implementing partners. As part of the agreement, "donors would not simply give more but give better, by being more flexible, and aid organizations would reciprocate with greater transparency and cost consciousness" (High Level Panel on Humanitarian Financing 2016). Another significant achievement of the Summit was the "Global Partnership For Preparedness" that will assist 20 at-risk countries in reaching a basic level of preparedness for future emergencies by 2020 (IASC Task Team on the Cluster Approach 2016d; UN Secretary-General 2016).

Public Health Response

Increasing awareness of the public health impacts of humanitarian emergencies emerged in the early 1970s following natural disasters in Peru, Nicaragua, and Bangladesh (Noji and Toole 1997). Public health scientists began to see a role for epidemiology in studying the impact of emergencies on the health of populations by describing patterns in morbidity and mortality common to these events. In doing so, they highlighted the importance of data collection and analysis to guide effective response to humanitarian emergencies.

In 1973, the Centre for Research on the Epidemiology of Disasters (CRED) was established in Belgium with the goal of using epidemiologic data to understand how to prepare for disasters and how to respond more efficiently. Through analytic epidemiology, investigators at CRED and elsewhere defined potential risk and protective factors for fatal and non-fatal injuries in the context of natural disasters. The early work of these researchers helped influence the humanitarian community to recognize humanitarian emergencies as public health problems (Noji and Toole 1997).

An early focus for public health was to identify indicators for rapid needs assessments following natural disasters. In the 1990s, the World Health Organization (WHO) supported the development of protocols for rapid assessments in different disaster scenarios, including natural disasters, outbreaks, famine, and population displacement (Noji and Toole 1997). The early 1990s also saw the growth of university programs dedicated to conducting research and educating students on the public health consequences of natural disasters.

The end of the Cold War and the emergence of the "new wars" in the 1990s brought attention to the public health impact of armed conflict. These complex emergencies were associated with massive population displacement (Burkholder and Toole 1995). Studies documented excess mortality and morbidity caused by injury (direct consequences of war) and by disease, famine, and displacement (indirect consequences) among civilian populations in the context of war.

Epidemiologists found that death rates were significantly higher among displaced populations compared to rates in their home countries, sometimes 10–20 times higher (Toole and Waldman 1993). Toole showed that measles can be devastating in the crowded setting of a refugee camp, with mortality rates approaching 30% (Toole et al. 1989).

In 1992, CDC produced a summary of its findings on the public health consequences of humanitarian emergencies in "Famine-affected, refugee, and displaced populations: recommendations for public health issues." This document outlined the latest recommendations for preventing disease and death in refugee settings. MSF and Epicentre, an MSF partner organization, dedicated to research and training, also contributed to the growing body of public health literature on displaced populations. This work would help establish the practice of public health in humanitarian emergencies and identify public health priorities in refugee settings (Noji and Toole 1997).

The major public health priorities identified by these epidemiologists include malnutrition, measles, malaria, acute respiratory infections, and diarrheal disease. Addressing these conditions by ensuring access to adequate food, clean water, sanitation, shelter, and health care are the key interventions guiding the public health response to humanitarian emergencies and outline the scope of this book.

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