

# **Health and Human Condition in the Era of Violence, Epidemics, and Environmental Disasters: Localizing Global Crises**\*

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## **Abstract**

This paper examines health and human condition in the contexts of persistent global violence, epidemics, and environmental disasters. It is clear that the globalized world has rendered these increasingly prevalent catastrophes a common global experience; eruption of armed violence, outbreak of new epidemics, and devastating natural disaster are often simultaneously viewed and immediately known around the world through global media network. Although the escalating prevalence of violence, epidemics, and natural disaster has become a cause for global concern, global consumption of tragic calamity, however, has transformed devastating events and local suffering into mere visual spectacles consumable by international audience. Global representation of catastrophic experiences tended to overemphasize exciting and spectacular aspects of the events. Once the excitement subsided, global media attention moved over to new and more dramatic episode of the next catastrophes. I argue that if we are to be more capable of handling global crises and their aftermath, we need a better knowledge of local circumstances and a more methodical understanding of the situations from local perspectives. In other words, we need to localize global crises in order to be more effective in maintaining preparedness, managing emergency situation as well as delivering humanitarian aids and facilitating healing for those whose lives were shattered by catastrophic devastations that have become an integral part of our contemporary risk society.

## **Introduction: Entering the Age of Catastrophic Disasters**

The beginning of the new millennium has been characterized by unrelenting catastrophic disasters, natural and man-made, of various magnitudes. If, as the noted British historian, Eric Hobsbawm called it, the 20<sup>th</sup> century was “the age of extreme” (Hobsbawm 1994), the 21<sup>st</sup> century from its very outset deems to be much worse<sup>1</sup>. In the span of five years since the beginning of the third millennium, the world has already fought two of the most damning wars in human history (Afghanistan and Iraqi wars, both seen by the majority of the world as unwarranted wars) following an unprecedented act of terrorism. War against terrorism has been breeding terrorists and spreading violence around the globe. The threat of nuclear arm race has been on the rise. Unprecedented ethnic and religious conflicts are taking extremely ferocious forms resulting in enormous death tolls, massive dislocation and displacement of refugees and victims of violence.

Man-made disasters are added up by an increasing number of natural calamities: earthquake in Iran, Turkey and Indian-Pakistan border, ones of the worst seismic events in recent human history; a number of hurricanes, typhoon, and tornados in the United States, Mexico, Philippines and China; massive flooding in many places while extreme drought in others; landslide, forest fires, and, worst of all, a tsunami in Indian Ocean, one of the most horrible events in the past half a century. In addition, as to take a turn for the worse, there have been outbreaks of epidemics of various kinds of old and new diseases. While AIDS is still a serious problem in many parts, recent spreading of Avian Flu, Creutzfeldt-Jacob Disease (or Bovine Spongiform Encephalopathy (BSE) or Mad Cow Disease), and Severe

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<sup>1</sup> In fact, at the end of 2004, leading monk of Japanese Buddhist organization issued a “kanji” calligraphic character to summarize the passing year of 2004, a customary Japanese tradition. The winning calligraphy described the year as “catastrophic disaster.”

Acute Respiratory Syndrome (SARS) added to the list of destabilizing factors effecting global human security. Old infectious diseases such as Dengue Hemorrhagic Fever, Tuberculosis and Malaria and Yellow Fever are making a come back, while a number of fatal and mysterious epidemics are also lurking around the corner: Ebola, Marburg hemorrhagic disease, inexplicable deaths from mysterious respiratory disease affecting a senior home in Canada, and the unusually high, and rising, number of deaths in southwestern China from a mysterious pig-borne disease

Health and human condition seems to be at the edge of atrocity. While globalization of trade in goods and services has created unique opportunity for unprecedented social and economic development, increased risks resulting from globalization have become major concerns. As the world has been increasingly connected, changes and its impacts are progressively more global. With the revolution of telecommunication and global mobility, distances have been shrunk and barriers broken down; people and places have become closely linked. This global connectivity, however, not only brings people into closer relationship, but also intensifies conflicts and spreading diseases. This article examines health and human condition in the context of globalization by first surveying current situations concerning violence, epidemics, and natural disaster. Although it is crucial to assess these situations at the global level, I argue that, to be more effective in coping with such global crises, we need better knowledge of local circumstances and a more methodical understanding of the situations from local perspectives.

### **Situational Review:**

#### **Violence, War and Terrorism**

Although the terrorist attacks of September 11, 2001 and the declared “war on terrorism” have changed global political ethos and brought about new waves of violence, the world has never been short of extreme forms of man-made atrocity. In fact, the 20<sup>th</sup> Century witnessed several major catastrophic mayhems. Mathew White’s compilation of statistics on deaths by war and oppression during the 20<sup>th</sup> Century clearly demonstrates the scale of this problem: during the entire 20<sup>th</sup> Century, 83 million deaths caused by genocide and tyranny; 60 million civilian and military deaths (42 military and 19 million civilian deaths); 44 million died of manmade famine. This put the total number to 188 million (White 2001). As for the death tolls by genocide, the 20<sup>th</sup> Century encountered several barbaric outbreaks of armed conflict resulting in tremendous losses of lives in various parts of the world:

Bosnia-Herzegovina: 1992-1995: 200,000 deaths

Rwanda 1994: 800,000 deaths

Pol pot in Cambodia: 1975-1979: 2,000,000 deaths

Nazi Holocaust: 1938-1945: 6,000,000 deaths

Nanking Massacre: 1937-1938: 300,000 deaths

Stalin’s Forced Famine: 1932-1933: 7,000,000 deaths

Armenians in Turkey 1915-1918: 1,500,000 deaths

In addition to these accumulating death tolls, there are nearly 20 million refugees in addition to some 20 million people who are displaced within their own countries because of war, tyranny and famine (Desjarlais, Eisenberg, Good, and Klienman 1995: 136).

The promising hope of peace at the end of Cold War collapsed as ethnic conflicts and terrorist wars accelerated. Ideological confrontation between capitalism and communism is replaced by “the clashes of civilizations” in which ethnic and religious ideology became sources of conflict and violence. The clash culminated to the 11 September 2001 attacks in the US, killing more than 2000 people. After the attacks, the world has witnessed the proliferation of warfare and terrorist activities. There were 2002 bombing of a nightclub in Bali killing app. 200 people; 2003 car bomb at housing complex in Riyadh, Saudi Arabia;

two bombings in Istanbul, Turkey killing 50 people; 2004 coordinated train bombings in Madrid, Spain killing nearly 200 people; 2004 Chechen rebel taking more than 1,200 hostages in a school and killing more than 300 people in Russia; and 2005 subway train bombing in Britain. These events are blowing up while the unremitting violence in the Middle East is going on.

### **Epidemics and the Re/emergence of Infectious Diseases**

Outbreaks of infectious diseases are constantly featured in our daily news report. Barrett et al (1998) examine the problem of emerging infectious disease and point out that the recent resurgence of infectious disease mortality marks the third epidemiologic transition. Distinctive to the first, which associated with a rise in infectious diseases during the Neolithic Revolution, and the second, which involved the shift from infectious to chronic disease associated with industrialization, the third epidemiologic transition is characterized by newly emerging, re-emerging, and antibiotic resistant pathogens in the context of an accelerated globalization. Early notice of the rise of infectious disease was issued by a number of studies showing an ominous resurgence of morbidity and mortality from new and old infectious diseases (Lederberg et al 1992; Morse 1995) and the growing multidrug resistant strains of pathogens (Lewis 1994). Pinner et al (1996) reveal that in the US, age-adjusted mortality from infectious disease has increased by 40% from 1980 to 1992, while the US Centers for Disease Control and Prevention (CDC) has compiled a list of 29 pathogens that have emerged since 1973 (Satcher 1995).

Infectious disease could have far reaching effect from wiping out significant percentage of population to the collapse of states. Aginam (2004) in an article linking infectious diseases and human security gave some of the examples: Plague devastated the city of Athens during the Peloponnesian War in 430 BC. The Plague of Justinian killed a third of population, and eventually led to the collapse of the Byzantine Roman Empire. In the sixteenth and seventeenth centuries, small pox, measles, influenza, chicken pox, and scarlet fever decimated Native American populations as a result of their earliest contacts with Europeans. From 1918-1919 more than 20 million people died as a result of the global epidemic of swine flu.

Although the devastating impact of infectious disease could be readily felt throughout human history, the third epidemiologic transition, which is taking place within the context of accelerating globalization, is exceedingly alarming. Statistics from the World Tourism Organization show that some 1 million persons per day traveled from their homes by air in 1995 (Alleyne 1998). International travel has steadily increased at the average of 6% per annum in the past thirty years (IATA 2003). The rapid spreading of re/emerging of infectious diseases is clearly attributed to global changes such as the increasing mobility at the global scale. As the UNFAO stated in its 2001 report that no country can consider itself safe from the risk of the disease due to increased international trade, tourism, the movement of animals, animal products, and foodstuff. In addition to global mobility, global climactic change such as warmer climates and El Niño are thought to have significant effects on pathogen and disease vector environments (Bouma and Dye 1997; Colwell 1996).

### **Natural Disasters**

Although the UN/ISDR report indicates that disaster statistics show that there are now more disasters but few people die in proportion, affected population and economic losses are increasing in real terms (UN/ISDR 2004). According to a 1999 press release from the reinsurance company Munich RE ([www.munichre.com](http://www.munichre.com)), a total of 3.5 million people were killed in 20<sup>th</sup> Century disasters (drought or famine not included).

The International Federation of Red Cross and Red Crescent Societies confirms the worsening trend of human suffering and economic lost during the last decade. The total number of people affected by natural disaster each year almost doubled between 1990 and 1999, by an average of 188 million people per year (UN/ISDR 2004). Comparing the last three decades, the trend shows an increase in the number of natural hazard events and affected population. Even though the number of disasters has more than tripled since the 1970s, the reported death toll has decreased to less than half. Recent catastrophes, however, seem to indicate a changing trend. The 2004 Indian Ocean tsunami killed more than 300,000, while the death tolls of recent earthquake in Pakistan have already reached 78,000. It is appeared to be the case that disaster in the developed world cost more economic losses, while the impacts of catastrophic events in the developing world is causing comparatively vast number of deaths. Hence, more than 90 per cent of natural disaster related deaths are to be found in developing countries.

### **Globalization of Media and Global Representation of Crises**

These various forms of human catastrophes unmistakably caught media attention. In fact, the multitude of disastrous incidents seemed to be vying for media space. On March 27th, 2005, for instance, the Japan Times features reports an outbreak of an Ebola-like Marburg disease in Angola. Out of 118 infected patients, this fatal disease claimed the lives of 115, including two physicians, one from Vietnam and the other from Italy. The largest outbreak of this deadly hemorrhagic disease was in 1998-2000 in the Democratic Republic of Congo killing 123 victims. On the same page, a photo of a woman mourning among rows of some 1,500 pairs of military boots was depicted with a story of Iraqi war death tolls. Each pair of boots symbolizes a U.S. soldier killed in Iraq war (currently exceeding 2,000). Reading through the newspaper, stories of violence, disaster, and threat to humanity abound. There was a report in the front page of a violence erupted in Kyrgyz capital city after the shift of political power; a story pertaining to recent earthquake in Fukuoka, Japan; a story under the headline “Bush to reward Pakistan with F16s sale” along side a report reveals that Pakistan has made underground purchase of nuclear technology from the United States; a story of nationwide campaign in Vietnam to disinfect poultry farm in a bid to control the spreading of bird flu; a report on the move of Chinese Parliament voting in support of a legal basis for using military force against Taiwan. Concomitantly, the editorial, citing the Aum Shinrikyo’s sarin gassing in Tokyo subway during rush hours 10 years ago, warns Japan and the world of the vulnerability of most countries to the attack of bio-terrorism.

News reports on electronic media particularly television news network are even more impressive. The World Trade Center attack on September 11, 2002 was broadcast live simultaneously in most countries around the globe. News reporting of catastrophic events has become media spectacles ever since. From the US invasion of Afghanistan with carpet bombing, the “Shock and Awe” operation in Iraq to daily car bombs, to the massive slaughter of infected animals and the stunning images of a variety of large scale natural disasters, news broadcast in the age of globalization has blurred the difference between “reality TV” and news reports. The media coverage of catastrophic disaster has never been more extensive. These reports were not only immediate but also simultaneously released all over the world. It is clear that the globalization has rendered these increasingly prevalent catastrophes a common global experience; they were simultaneously viewed and immediately known around the world through global media network.

### **Localizing Global Crises: The Need of Local Knowledge**

It is evident that the dominant framework by which catastrophic disaster is conceptualized has been those of globalization. Natural disasters in various parts of the

world are seen as interconnected global phenomena such as El Nino/La Nina, global warming and the potential of rising sea levels. Disease outbreaks and epidemics are conceived as a threat to global economic growth with relatively little attention paid to local experience of surviving, coping, and adapting to the post-disastrous stages. Consequently, in the field of disasters, most emphasis has remained on assessing needs, hazards and vulnerabilities, at the expense of analyzing the strengths, skills and resources available within communities (IFRC 2004).

Dramatic catastrophic disasters presented in global news network has raised public awareness and prompted concerned agencies to be constantly on guard against possible danger. Global representations of catastrophes, however, are shaped more by the “culture of media consumption” than by concerns for alleviation of human misery. To a certain extent, global consumption of tragic events has transformed devastating experience and local suffering into mere visual spectacles consumable by international audience. Arthur Kleinman and Kleinman argue that such cultural appropriation of human suffering in media posed serious ethical problem. One of the effects of professional and political appropriation of images of suffering is that it has desensitized the viewers.

Viewers are overwhelmed by the sheer number of atrocities. There is too much to see, and there appear to be too much to do anything about. Thus, our epoch’s dominating sense that complex problems can be neither understood nor fixed worked with the massive globalization of images of suffering to produce moral fatigue, exhaustion of empathy, and political despair (Kleinman and Kleinman 1997: 9)

An obvious characteristic of media representation of catastrophic disaster is an overemphasis on exciting and spectacular aspects of the events that give the audience a thrill of viewing a catastrophe being “caught on tape.” Once the excitement subsides, however, global media attention moves over to new and more dramatic episode of the next catastrophes. In addition, as pointed by the 2004 World Disaster Report,

International media tend to portray disaster-affected communities as helpless – saved only by outside aid. Yet beyond the headlines, survivors from Bam to New York have saved people with their bare hands, salvaged what was left and counseled each other. When all seems lost, the capacity of people to pull together and not give up is amazing and humbling (IFRC 2004).

What we need is a shift from viewing local community as “empty vessel” devoid of any significant roles and capacities in preventing, coping, and recovering from disaster towards appreciating and strengthening local communities’ potentials. It is clear that if we are to be more capable of handling global crises and their aftermath, we need a better knowledge of local circumstances and a more methodical understanding of the situations from local perspectives. In other words, we need to localize global crises in order to be more effective in maintaining preparedness, managing emergency situation as well as delivering humanitarian aids and facilitating healing for those whose lives were shattered by catastrophic devastations.

Amidst the risk of globalization of disease ecologies, for instance, global dimensions of epidemics are certainly critical, but local factors contributing to the new epidemiologic transition also need to be better appreciated. Although the image of an outbreak of Ebola hemorrhagic fever is frightening, it must be realized that the instances of possible airborne transmission is restricted to very close contact with patients in the late stages of this disease (Garret 1994). In fact, each of the re/emerging disease has their local dimensions which play decisive roles in the spreading of epidemics. Sexual practices and gender relation are critical factors in the case of HIV/AIDS. Expanding of agricultural fields and residential housing bring population into closer contact with pathogens, vector, and animal reservoirs. The practice of combined swine-duck agriculture in Southern China as well as commercial swine

and turkey farming in the United States is thought to contribute to the genetic adaptability of flu viruses. The practice of feeding cow with cattle feed containing the remains of sheep is also thought to contribute to BSE outbreaks.

Review of anthropological studies of disaster reveals that a certain degree of community integration is essential as a basis for initial steps toward recovery from disaster and suggests that “early positive responses to disasters should be based on greater local understanding of social and physical environments for the reduction of both short- and long-term losses” (Oliver-Smith 1996; see also Das et al eds. 2001). A good example of how local communities can be strategically effective in handling disaster is the Orissa Disaster Mitigation Programme (ODMP) in India. Based on the experience of the cyclone of 1999 which killed more than 10,000 people in Orissa, local communities developed strategies to cope with and adapt to the impacts of extreme events. The preparedness and hazard awareness at the community level has proven to be beneficial during the small cyclone in November 2002 (Thomalla and Schmuck 2004). From such an example, a few areas of local knowledge could be identified as crucial in enhancing local action:

- Local perception of risk and vulnerability

How local communities perceive risk and vulnerability has a determining effect on disaster awareness and preparedness. Risk and vulnerability is perceived and interpreted within local cultural framework. While sensitivity to and awareness of risk contributes to preparedness, excessive sensitivity could distort perception of risk and hyperbolic reaction. Understanding local perception of risk and vulnerability would help in effective risk management.

- Behavioral practices pertaining to risk

From poultry and cattle farming to interethnic relation, various economic and cultural activities play a part in accentuating risk. While urbanization and expansion of agriculture brings human into closer contact with disease vectors and pathogens, scarcity and mistrust bring local people into furious and violent confrontation. Knowledge of such local practices could be useful in identifying disastrous hotspots.

- Individuals and community response to disaster

The ways individuals and groups react to various stages of disaster need to be understood within local context. Strength in coping and adapting to disaster as well as weakness could be assessed and understood.

- Physical and social environment of relief and reconstruction.

Physical arrangements as well as internal social organizations of community are critically important for relief and reconstruction effort. Quality of social relations between victims and aid agencies, community and government, as well as between local internal fractions contributes to successful relief and reconstruction. Sociopolitical dynamics and potential conflict in the aftermath also need to be understood.

- Local sources for healing and recovering.

Preexisting moral and religious practices could be pivotal resources for healing and recovering from disastrous experience. Human response to disaster often involve the confrontation of difficult existential question, involving the moral and ethical concepts of justice, sin, retribution, causality as well as the existence and nature of the divine. Culturally acceptable forms of explanation for the disaster are crucial for regaining emotional stability and reducing the feeling of guilt among survivors. Cultural expression of grief and mourning as well as other forms of social support are also essential in the aftermath.

## **Conclusion:**

## **Toward an Understanding of Disaster from Field Science Perspectives.**

Understanding how communities work is vital for strengthening capacities to cope, to survive, and to recover from disasters. As the IFRC report puts it: “If we cannot understand these capacities and build on them, we perpetuate the idea that “we know best” and that only “risk” matters. We thereby ignore the most important resource for managing disasters: people’s own strategies to cope and adapt” (IFRC 2004). More over, one has to keep in mind that human misery is created as much by epidemics, violence, and natural disaster as by the inefficiency in distributing and mishandling of aids, as well as by violence evoked by desperation, mistrust, and fear. From field science perspective, local knowledge is crucial to effectively handle such situations. In other words, we need to localize global crises in order to be more effective in maintaining preparedness, managing emergency situation as well as delivering humanitarian aids and facilitating healing for those whose lives were shattered by catastrophic devastations that have become an integral part of our contemporary risk society.

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