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Security Nexus Perspectives

TROPICAL CYCLONE HAROLD AND COVID-19: LESSONS FROM THE 2010 HAITI EARTHQUAKE

By Ethan Allen*

Following the 2010 magnitude 7 earthquake in Haiti, a cholera epidemic that killed thousands of residents was inadvertently started by United Nations' aid workers who were part of the massive international relief effort.¹ These cascading disasters offer a lesson and warning to nations considering offering international aid to islands in the Pacific during cyclone season.

Recently, Tropical Cyclone (TC) Harold tracked across Tonga, Fiji, and Vanuatu. Vanuatu was hardest hit, as the storm brought winds of 200km/h, heavily impacting \sim 30% of the country's population, with 80-90% of the population in one province losing their homes.² Schools, hospitals, agricultural crops, and water supplies all suffered damage. In Fiji, one person was killed and widespread flooding displaced over 1,800 residents, while 428 home in Tonga were destroyed or damaged.³

The international aid response of the United Nations to TC Harold is being coordinated by UNICEF, whose staff are meeting with Vanuatu government officials. UNICEF is providing technical support for critical water and sanitation needs, as well as health, nutrition, and shelter response plans in Vanuatu and Fiji. However, due to the COVID-19 threat, the Government of Vanuatu is not allowing foreigners to enter the country, and is mandating that all humanitarian cargo undergo strict health protocols before being offloaded.⁴

While the COVID-19 pandemic has devastated some nations, causing thousands of deaths, many of the tropical Pacific islands, including Tonga and Vanuatu, have been completely spared; as of 14 April, neither has any known cases of the disease. Other islands have had only a few; Fiji has just 16 confirmed COVID-19 cases as of 14 April.⁵

While many unknowns remain regarding COVID-19, at least two things now appear certain

- 1. Asymptomatic carriers exist, and these individuals can and do spread the disease to others⁶
- 2. Early identification and isolation of carriers is an effective and high leverage strategy for avoiding the disease's exponential spread that can have dire consequences on economies, health systems, and human lives⁷

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Countries, particularly small islands, that have no or very limited COVID-19 cases and are impacted by another disaster, thus face a quandary. While it may be imperative to rush certain forms of humanitarian aid to areas that have been devastated, it is vital that aid workers not bring COVID-19 to these locales. Leaders and managers of disaster-relief processes, along with the international agencies sending staff, must ensure that all disaster-response personnel entering damaged areas are disease-free.

Vanuatu has ensured its disease-free status by banning foreign aid workers and requiring that relief supplies are fee of SARS-CoV-2, the virus that causes COVID-19. But this comes at the cost of foregoing international aid personnel. Had the damage from TC Harold been more severe, this choice would become even more ethically challenging.

COVID-19 testing for all international aid providers should be mandatory. But this alone will not be sufficient, as false-negative test results may allow carriers to unwittingly spread the disease.

Practices of social distancing and self-isolation, often difficult to enforce under normal circumstances, likely are impossible to impose in the aftermath of a devastating disaster where displaced people no longer have access to their own homes.

What may be temporarily practical and possible from an economical, logistical, and social perspective is a vigorous, well-publicized, strongly-supported masking campaign. Even crude, homemade masks appear to significantly reduce the spread of the virus.⁸ If, along with aid supplies, COVID-tested aid workers, and repeated, high-visibility announcements of the need for and value of masking, face masks were to be distributed and worn by all residents, workers and community leaders in the affected areas, the probability of introducing or spreading the disease would be greatly diminished.

As is increasingly being recognized around the globe, we all must assume responsibility for reducing the chances that we will inadvertently spread COVID-19 to others. So let us learn from the tragedy of the post-earthquake cholera epidemic in Haiti, and minimize the risk that humanitarian assistance efforts in the Pacific carry the unintended consequence of bringing a novel disease to these locales already reeling from another disaster. Going forward, let us also keep this same COVID-19 risk-reduction strategy in mind when and where other disasters mandate outside aid.

References

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³ ibid.

⁴ ibid.

⁵ From <u>https://en.wikipedia.org/wiki/Template:2019–20_coronavirus_pandemic_data</u> Retrieved 14 April 2020 ⁶ Pien Huang, What We Know About The Silent Spreaders Of COVID-19. *Hawaii National Public Radio*. Retrieved from <u>https://www.npr.org/sections/goatsandsoda/2020/04/13/831883560/can-a-coronavirus-patient-who-isnt-showing-symptoms-infect-others</u> 14 April 2020

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⁷ [no author] COVID-19 research and commentary. *Healthcare Infection Society*. Retrieved from <u>https://his.org.uk/covid-19-research-and-commentary/</u> 14 Apr 2020

⁸ David Alexander Wolcott, What is the evidence on wearing masks to stop COVID-19? *World Economic Forum*, 7 April 2020. Retrieved from <u>https://www.weforum.org/agenda/2020/04/should-we-be-promoting-the-widespread-use-of-masks/</u> 14 April 2020

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