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Deaths among humanitarian workers

Mani Sheik, Maria Isabel Gutierrez, Paul Bolton, Paul Spiegel, Michel Thieren, Gilbert Burnham

Center for Refugee and Disaster Studies, Johns Hopkins School of Hygiene and Public Health, Baltimore, MD 21205, USA

Mani Sheik
research associate

Maria Isabel Gutierrez
research associate

Paul Bolton
research associate

Paul Spiegel
senior associate

Gilbert Burnham
director

Department of Emergency and Humanitarian Action, World Health Organization, 1211 Geneva 27, Switzerland

Michel Thieren
programme officer

Correspondence to: G Burnham
gburnham@jhsph.edu

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The nature of humanitarian relief has changed dramatically in the past decade as conflicts have ceased being wars between states and are now largely internal conflict taking place amid the anarchy of weakened or collapsed states.¹ Increasingly, civilians and those who try to protect and assist them are seen as legitimate targets for extortion, harassment, rape, and brutality.² Providing assistance while protecting the providers is the dilemma facing all international aid organisations.^{3 4} To gain a better understanding of deaths in this group, we analysed 382 deaths in humanitarian workers between 1985 and 1998.

Most humanitarian organisations believe that the number of deaths among relief workers has been increasing.⁵ Although data exist for deaths among development workers, Peace Corps volunteers, and other expatriates, there have been no data on deaths among humanitarian workers.⁶⁻⁹

Methods

We collected information from the records of aid agencies and organisations. We included any death between 1985 and 1998 occurring in workers in the field or as a result of them having worked in the field during emergency or transitional periods. We classified organisations as non-governmental, Red Cross (the International Committee of the Red Cross, national Red Cross, or Red Crescent societies), United Nations programmes, and UN peacekeeping activities. Ethical approval for our study was given by the Committee on Human Research at the Johns Hopkins School of Hygiene and Public Health.

Some organisations had no deaths or kept no records of deaths or their circumstances. Overall, 32 organisations and their affiliates provided data, with only three declining. We identified 392 deaths, of which 10 did not meet the inclusion criteria.

Deaths were categorised by demography, occupational factors, and circumstances of death. We had hoped to calculate risk rates and ratios for national and expatriate humanitarian workers, but information about staffing levels that was needed to construct denominators was available from only a few organisations.

Deaths were coded by cause. Deaths by intentional violence were those by means meant to inflict harm, such as guns, bombs, ordnance, landmines, or other weapons. Deaths by unintentional violence were those by accidental means, such as drowning and aircraft crashes. Motor vehicle deaths were deaths of occupants as a direct result of an accident. Deaths from weapon

Summary points

Wars between states have been largely replaced by internal conflict and anarchy, which have put the lives of civilians and humanitarian workers at ever increasing risk

Between 1985 and 1998 nearly a half of deaths traced were in workers from UN programmes, and a quarter were in UN peacekeepers

Most deaths were due to intentional violence (guns or other weapons), many associated with banditry

One third of deaths occurred in the first 90 days of service, with 17% dying within the first 30 days; the timing of death was unrelated to previous field experience

The number of deaths peaked with the Rwanda crisis in 1994 and has been decreasing for all groups except for non-governmental organisations, where it continues to increase

fire while riding in a vehicle were coded as intentional violence. Deaths from other causes included disease and "natural causes." Information provided by national Red Cross societies, but not the International Committee of the Red Cross, contained data on deaths by natural causes. Not all deaths of people working for the International Committee of the Red Cross were available for inclusion in our analysis.

Findings

Organisation—Of 375 deaths for which organisations were identified, 58 occurred among staff of non-governmental organisations, 52 among those of the Red Cross or Red Crescent societies, 177 among UN programme workers, and 88 among UN peacekeepers.

Circumstances of death are shown in the table. Intentional violence was recorded as the cause of 253 deaths (68%), unintentional violence for 27 (7%), motor vehicle causes for 64 (17%), and "other causes," including disease and natural causes for 31 (8%). The International Committee of the Red Cross and Red Cross and Red Crescent societies reported 77% of deaths from intentional violence. Overall, deaths from intentional violence were most common in 1992-5,



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when they accounted for 75% of all deaths. Cause of death was unavailable for six workers.

Country of origin—217 deaths (58%) were among national or local staff and 160 (43%) among expatriates, with nationality unknown for five (1%). Those who died came from 89 countries: 20 (5%) from the Americas, 57 (15%) from Europe, 168 (45%) from Africa, 92 (25%) from Asia, and five (1%) from Oceania.

Age—Mean age at death was 38.2 years for nationals and 39.9 for expatriates (range 20–78 years). Age was not associated with circumstances of death. Among non-governmental organisations and the Red Cross half of those who died had professional degrees. UN records lacked information on educational levels. Men accounted for 90% of deaths. Workers who were parents were significantly less likely to die from unintentional violence than from other causes.

Type of occupation was available for 227 workers who died: 29 (13%) were drivers, 28 (12%) guards, 48 (21%) office staff, 49 (22%) field staff, 21 (9%) medical staff, 43 (19%) peacekeepers, and nine (4%) consultative staff. Intentional violence was responsible for 76% of deaths among guards, 57% among medical staff, and 56% among field staff. Occupations with the highest proportion of deaths caused by motor vehicle accidents were drivers (44%), peacekeepers (42%), and office staff (29%).

Deaths each year—Deaths peaked in 1994 at the time of events in Rwanda (fig 1). Since 1994, reported deaths among UN staff have decreased whereas deaths among workers in non-governmental organisations have continued to increase. No pattern was found for deaths among Red Cross workers. Deaths for 1998 are probably underreported as much of the information came from settlement of death benefits, which might not have been fully processed. Between 1985 and 1998, deaths due to intentional violence increased whereas those from motor vehicle accidents decreased.

Location—The Great Lakes and Horn of Africa accounted for over half of all deaths (28% and 20% respectively; fig 2). The largest number of deaths were in Rwanda (63 deaths), Somalia (39), Cambodia (28), and Angola (17), and Afghanistan, Ethiopia, and Sudan (16 each). The proportion of expatriate deaths was highest in Africa.

Length of service—Length of time in a particular assignment was noted for 163 workers who died. Of these, 17% died within the first month of service and 31% within three months. Median length of service at death was eight months. The median time in post at the time of death was longest in UN programme staff (18.5 months) and shortest in UN peacekeepers (5.5).

Understanding the findings

Incomplete records

Our findings confirm the belief that deaths among humanitarian workers have increased.^{10 11} Although some deaths were missed because of incomplete or missing records, we believe the findings to be representative. While deaths have increased so have the number of relief agencies and the numbers of humanitarian workers. Without denominators for field staff—which few organisations could provide—we could not calculate risks or rates, making it difficult to ascribe the increased number of deaths to increased risks.

Causes of death in humanitarian workers in each organisation

Organisation	Intentional violence	Unintentional violence	Motor vehicle accident	Other*	Total
Non-governmental	23	6	10	19	58
UN programme	145	3	23	6	177
UN peacekeepers	45	13	24	6	88
Red Cross and Red Crescent societies	40	5	7	NA	52
Total	253	27	64	31	375

NA=not available. *Includes diseases.

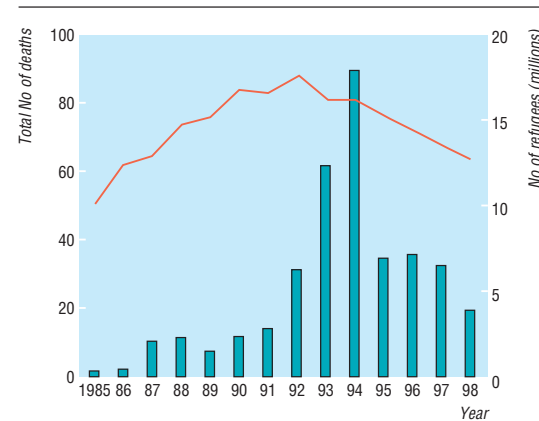


Fig 1 Number of deaths among humanitarian workers, 1985–98. Line shows numbers of refugees and asylum seekers. (Data from US Committee for Refugees)

Even with incomplete data, certain patterns emerge. The numbers of deaths among UN peacekeepers and programme staff broadly follows the changes in the number of refugees and asylum seekers worldwide, providing an indirect measure of the prevalence and violence of conflicts.¹² Deaths are clustered around conflicts such as those in Rwanda, Somalia, Burundi, and Afghanistan. The bulk of deaths due to intentional violence (57%) occurred among workers for UN programmes, such as the High Commissioner for Refugees, Children's Fund, World Health Organization, and the UN Development Programme. When peacekeepers were added to the analysis, UN staff accounted for 75% of intentional deaths.

Although the overall numbers of deaths decreased after the return of Rwandan refugees, deaths continued to increase among workers from non-governmental organisations. These organisations may work in small but intense conflicts, with fewer UN staff.



Fig 2 Location of deaths in humanitarian workers, 1985–98

There were probably deaths in the UN system for which data were not yet available.

How humanitarian workers die

The large numbers of deaths due to intentional violence contrasts with deaths among Peace Corps and development workers and emphasises the violent circumstances in which humanitarian workers now operate. Descriptions of deaths included victims being robbed and killed while at an office, residence, or roadblock, or killed during a carjacking. This, taken with the large proportion of violent deaths among guards, underscores the role of banditry as an important cause of death. When all violent deaths were considered, however, most victims died in cross fire or in cold blood.

Deaths due to motor vehicle accidents were few, except among UN peacekeepers, where they accounted for a third. Peacekeepers may spend more time in vehicles patrolling. Accounts commonly cited swerving to avoid other vehicles, animals, or pedestrians, suggesting inadequate driving skills. Other organisations were more likely to have full time drivers.

Unintentional violence was in some cases related to carelessness, such as running into a spinning airplane propeller or being killed during borehole drilling. Providing rest and time away from job demands could improve judgment and lessen risk taking. Chronic and acute diseases were prominent among death from "other causes." Cerebral malaria, a preventable cause of death, was noted frequently. Several alcohol related deaths and one suicide were reported. One third of deaths in workers from non-governmental organisations were from other causes compared with 5% in workers from the UN. These represented a wide range of both acute and chronic medical conditions. One reason could be that health screening is less stringent for non-governmental organisations hiring temporary staff than it is for UN organisations. Health screening for local staff is likely to be cursory in emergency situations.

When and where deaths occur

The mean age at death of nearly 40 contradicts perceptions that deaths are mainly among young people who are ill prepared. The ratio of deaths among nationals to those among expatriates was 4:3. Most relief organisations report usual staff ratios in field operations of 7:1 or 8:1. Deaths of nationals are probably underreported.

For both expatriates and nationals the largest number of deaths occurred in Africa, accounting for 64% of deaths. A disproportionately high number of deaths in workers from non-governmental organisations and UN programmes occurred in Africa. The proportion of deaths due to intentional violence in Africa was no different from other areas.

Nearly a third of all deaths in humanitarian workers were in the first three months of duty, with one of every six deaths occurring in the first month. This was unrelated to extent of previous field experience. Even allowing for the short term contracts common during emergencies, new arrivals may not be prepared for the dangers present, including driving risks. Adequate training in security before arrival and adequate guidelines could reduce this risk.¹³ However, existing security guidelines may be of varying usefulness.¹⁴

Conclusions

Several findings emerge from these data. Humans with weapons rather than motor vehicles pose the greatest threat. Not only do young inexperienced workers die but veterans as well. Many deaths occur early in an assignment, before risks may be fully appreciated. Robbery seems to be a common motive. Both expatriates and national staff share the risks, with deaths among the latter group probably greatly underreported.

Preventing deaths

Actions to lessen deaths can be taken. These include an accurate understanding of risks, better briefings and guidelines, providing helmets and protective jackets where appropriate, improving driving skills, managing stress better, and handling cash and protecting assets in other ways. Other actions include better design of refugee settlements, more open links with refugee and host communities, improved communications, and clear evacuation plans. Another action would be to limit aid in high risk situations, a decision many humanitarians find difficult to make. Continuing to provide assistance in the midst of violence will certainly mean more deaths in humanitarian workers. The ultimate preventive measure—managing conflicts before they become violent—still lacks sufficient international and regional political will.^{15 16}

To fully understand the risks of death and the potential for prevention, a comprehensive prospective approach to data collection and monitoring is needed. Much stands to be learned from such a database.

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