

# **Before Critical Disaster Strikes: Hyper Transformative Negotiation in View of Social Transformation**

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## **Abstract**

*Critical natural or human-made disasters have increased over the years, but their impact is most felt in poorer regions of the world. In the beginning of the 21<sup>st</sup> Century, there is increased urgency to find efficient and sustainable solutions to these disasters. However, the customary response to critical crises continues to be unidirectional. When critical disasters strike, poor nations rely on advanced nations for solutions. This formula though useful in the short term has had devastating consequences. This article focuses on why this approach must change in order for poor nations to become self-sustaining and self-supporting before, during, and after a critical disaster occurs. The attempt here is to develop a strategy whereby poor and advanced nations enter into hyper transformative negotiations focused on holistic considerations. These considerations include economic, social, political, and other crucial elements which are the foundations for securing well being and self-sufficiency, the indispensable prerequisite for critical crises preparation.*

## **Introduction**

The familiar critical incidents of terrorism, bioterrorism, natural disasters, suicide bombings, and school shootings are rife for theoretical and practical discourses focusing on strategies, critical incidence responses, watertight policy suggestions, and much more in crisis prevention and management. Generally, because of the nature of global conditions, especially the uneven distribution of advantages, affluent regions' are better prepared and benefit more from the development of concerted responses to critical disasters. Unfortunately, whenever critical disasters occur (disease outbreak, earthquake, and crippling flood), poorer nations and/or regions depend heavily on affluent nations for rescue and support efforts. This has been the pattern for almost one hundred years, making the dependence on advanced nations (though immediately and temporarily useful) unrealistic and shortsighted. Consistently, discussions about preparedness for an eventual naturally

occurring disaster, especially bubonic type bio-health crises and earthquakes continue to be limited to short term quick fixes. As for advanced nations, internal considerations (drug banks, hospitals, medical technology, security, and emergency response teams) continue to train and advance themselves far beyond imagination. Advanced nations are often in a better position (resources and levels of preparedness) to tackle critical disasters because other critical elements such as self-sustaining and self-supporting economic, political, and social dynamics are in place. As for poor nations and regions, economic, political, and social conditions continue to define their stagnation and/or deterioration, making people there, their immediate neighbors, and consequently the global context vulnerable to any kind of natural or human made disaster. Hyper transformative negotiation in view of social transformation can serve as a critical and dynamic tool which can help link poor and advanced nations and regions into focused, genuine, and much tighter global relationships. These relationships focus solely on transforming desperate social conditions before critical disaster arrives to drag vulnerable populations into further oblivion.

### **Impact of Critical Crises on Poor Nations**

In the light of understanding hyper transformative negotiation dynamics, the Ebola Hemorrhagic Fever (EHF), an extremely lethal and naturally occurring virus, will serve as our case study. The ultimate interest here is centered on how the specific impact of a critical crisis or disaster is linked to several dynamics (economic, political, and social conditions), and various stakeholders (victims, internal and external governments, researchers, the people of specific geographic and social context, internal and external medical communities, and internal and external crisis management responders). Without waiting for crisis to occur, hyper transformative negotiation offers an important arena for the development of internal and external policy perspectives that are consistently focused on holistic social progress and preparedness for crisis.

Since hyper transformative negotiation in view of economic, political, and social transformation encourages the seeking out of geographic and social contexts where critical crisis may occur, the first step in this negotiation approach is for those who understand these problems to inform vulnerable regions and/or nations of their precarious conditions. The second step is to call forth a genuine and responsible

international coalition hyper-charged to engage with poor regions in a collaborative effort to develop self-sustaining social contexts wherein adequate preparations are put in place in anticipation of natural and other disasters. In poor regions where there are likely to be critical crises, economic, political, and social elements must be adequately addressed so as to develop a functioning and informed society with robust crisis response mechanisms. In addition, the nature of international response and collaboration prior to critical crises occurring has to move away from in-and-out short term engagements to adopt consistent and ongoing collaboration. If a given stricken context is extremely impoverished, then it is completely certain that it will have no resources with which to make a substantive response to any kind of crisis. The likelihood of crisis occurring there again increases the possibility of total social fragmentation. If the only hope such a context has is reliance on in-and-out international response, then it is more likely than not that such a nation or region will remain impoverished and unable to sustain its complex condition for a long time.

When a critical disaster occurs in a poor nation, the customary approach is the automatic entrance of those members of the international community who have the capability to enact critical incidence response. This traditional approach is productive in the short term, but sometimes opens the door to other political interests on the part of powerful nations. In the name of assistance, the breakdown of the government and society of a poor nation can lead to the positioning of one or several powerful nations in terms of taking control of the region. Such a move does not need prior negotiated agreements. The rules of engagement in times of critical disaster and disintegration are simply made up on the spot, and depending on the response and malleability of the poor nation, disaster response and help are usually configured to achieve the political goals of the powerful responder nation(s). This approach, though somewhat rare, is real. However, even though useful in the short term, the most common practice of in-and-out response leaves a gaping absence of so many crucial conditions. There are no prior negotiation agreements on socio-economic development to fall back on. Such an agreement would have increased a wide range of self-sustaining economic, political, medical, and social opportunities and progress that are handy during disaster. Hyper transformative negotiation draws focus to the process of social advancement. It considers economic, political, and social advancement,

as well as security, stability, preparation, peace, and crisis prevention issues as critical parts of holistic socio-political experience. It is within such a social experience that readiness for micro and macro disasters are organized.

Whereas on the one hand, the leadership of poor nations is implicated in the extreme shortsightedness that drives their nations into oblivion, on the other hand, the lack of success of advanced nations to genuinely engage in prior responsive collaboration with poor nations before critical crisis occurs often results in unimaginable consequences (escalation of the crisis, secondary consequences: looting, insecurity, social disarray, and further social decay). Hyper transformative negotiation considers the international community to be geographically and socially connected to each other, always negotiating in view of each other gaining advantages required for continued development and progress. In other words, when certain regions advance or develop advantages, because nations are in hyper transformative negotiations with each other, sharing resources and know-how automatically gets principled into global sustenance and survival. The knowledge component of shared resources is crucial and essential in the maintenance, replication, and development of additional possibilities. Hyper transformative negotiation ensures that nations automatically enter into the dynamic process of continually securing and exchanging new ways to transform (not destroy) each other's conditions. This approach to collaboration ensures that every global citizen becomes an important stakeholder not only in their national or regional affair, but in overall global advancement.

Moreover, if a decent relationship is to thrive between international victims and responders, and the overall stability of the globe is considered an important value, then several barriers must be confronted. The first effort would be focused on collaborative negotiation to expel protectionism from the consciousness of the international community, especially on the part of the more affluent and advanced members. Protectionism causes polarization and marginalization of poor members of the globe by creating and sustaining unidirectional rather than collaborative and cooperative engagements. As well, the exercise of protectionism deflates or minimizes efforts and benefits before, during, and after critical crisis. The second critical element of interest in hyper transformative negotiation is the continuous

effort to convince affluent international partners to reverse their motive of engagement. This calls for the introduction of consistent inclusive and broad reaching preventative measures which shy away from band-aiding to embrace reflective engagement with disadvantaged human beings to actually build secure and stable social, political, and economic systems that can withstand critical crises. This approach is more sensible and cost-effective. And the third crucial point worth negotiating before crisis occurs is the nature of research. Affluent nations often enter impoverished nations stricken by critical disaster to gather data for research. This is a good practice, but it is often conducted unethically especially when the focus is to use poor victims and their conditions as research objects. In properly hyper transformative negotiated agreements prior to any crisis, the holistic nature of research should be endorsed. In other words, the focus on research should never be the end in itself, a pursuit purely sustained for financial or other personal gains, but a means to several crucial ends, protection of the people, development of drugs or new technologies for everyone, and consequently the protection of global citizens. Overall, hyper transformative negotiation encourages a comprehensive and dynamic prior-crisis cross-national social transformation wherein disaster or critical crisis management strategies are collaboratively worked out and sustained by continued negotiations that are always cognizant of political, economic, social, and other dynamic realities and changes.

### **Understanding Hyper Transformative Negotiation**

Hyper transformative negotiation is a high-paced and relentless negotiation dynamic focused specifically on social transformation. It is extremely interactive, purposefully inclusive, and distinctively considerate of people and their conditions. It focuses on interests and actions, and draws to the table or the floor the concerns of all stakeholders who focus on all aspects of social transformation. It is an extremely respectful and interactive process which uses an insistent positive approach to reach goals. It is driven by urgency and the sole desire for social development, transformation, and advancement. Hyper transformative negotiation is a form of negotiation that is infused, if you will, with octane boost. It engages in negotiation solely to transform desperate social conditions. This form of negotiation is always in hyper mode. It is a high priority for individuals, groups, institutions, regions,

and nations interested in effecting actual, concrete, and life altering change focused on each other. It pushes the envelope in search of ways that integrates various opportunities and possibilities from around the globe. It seeks resources and best practices that are exchanged for mutually agreed upon benefits. Instead of focusing on the negotiator's interest, hyper transformative negotiation reverses modes and focuses on the interest of the other in view of getting to transformative action. When some partners cannot envision mutual benefits as they collaborate on transforming the conditions of poorer members, hyper transformative negotiation clarifies mutual benefit to be inclusive of future security and stability. This kind of crucial immaterial benefit often guarantees a much desired useful long term advantage for everyone on the globe. Hyper transformative negotiation does not negotiate for arms and weapons in exchange for social development and transformation. It focuses its total energy on positive social development issues. It has four characteristic elements. The first is negotiating to change the status quo of adverse conditions for the better so that people in given poor and desperate conditions are better prepared to handle critical challenges. The second is negotiating to get concrete, useful, and goal focused resources and real substance to the ground; the third is to keep negotiating until resources are developed into active, functional, and thriving systems; and the fourth is to continually negotiate for the ongoing improvement and assurance of developed systems so that they can sustain the self-sufficiency of problem societies.

In addition, hyper transformative negotiation is a form of negotiation that recognizes that there has always been some measure of negotiation between individuals, groups, and nations, and taps into that energy to formalize a stepped up and highly organized interaction focused on human transformation. To this end, it is a form of negotiation that begins but never ends. It does not ever give up because of roadblocks. It draws on the positive elements of all sides and simultaneously uses positive and polite insistence to engage others. Hyper transformative negotiation begins by informing everyone involved that no one is ever going to leave the negotiation table or floor, not even when people's lives, specifically their physical and psychologically conditions, are visibly transformed. In fact, visible transformation only intensifies this form of negotiation to make things even better. In other words, once it is switched on, hyper transformative negotiation stays on

permanently. This special approach to negotiation passes on from one generation to another and is presented as the foundation that undergirds all systems in terms of continuous development. It encourages people to be hyper interactive, collaborative, and to help each other develop self-sustaining systems by interminably working with each other. Hyper transformative negotiation understands that in time of critical disaster, several systems within nations and even entire nations may be temporarily disabled (the case of the critical disaster in Haiti: January, 2010). Negotiating the development and transformation of systems within nations, and entire nations into self-sufficiency anticipates the possibility that in time of critical disaster, anything can happen, and that it may just be those surviving self-sufficient systems and/or nations that help to re-introduce normality.

On the larger scale, if there was ever a global catastrophe, and concerted effort is needed to help those hardest hit, then it is imperative that all nations and regions of the world be self-sustaining, self-sufficient, and ready. What if the catastrophe strikes nations that have traditionally been the powerful responders? By insisting on systemic and cross-national collaborations focused on the advancement of all nations and regions through shared knowledge, resources, and best practices, hyper transformative negotiation primarily dedicates its efforts to helping develop systemic and national self-sufficiency before critical disasters strike. Shared knowledge about what each agency, corporation, nation, and region does in terms of social development and crisis preparedness helps with understanding the seriousness of critical incidence. Such knowledge also helps with developing consistent behavior and practices that are focused on efficiency, minimization of casualty, and the immediate restoration of economic, political, and social life. Ultimately, hyper transformative negotiation is about negotiating positive and life-sustaining deals that work for all people all the time.

### **Case Study: EHF Threat to Health and Social Stability**

In 2000, the natural occurring bio-health viral attack commonly referred to as Ebola Hemorrhagic Fever (EHF) re-emerged in the Gulu District of Uganda, Africa. The disease itself is not new to that region of the continent as it had in the past popped up; 1976 and 1979 in Northern Democratic Republic of Congo, henceforth DRC, and Southern Sudan with 50% fatality (MMWR Report, 2001), and in 1995 in Kikwit, DRC

with 79% fatality (MMWR Report, 1995). The incidence of high fatality is attributable to several factors: the absence of self-sustaining economic and social systems, and specifically the lack of appropriate medical technologies and efficient crisis management processes. As well, the re-emergence of Ebola in the same region is connected to the ways in which the local and international community thinks about crisis management in specifically poor regions of the globe. Ebola is a serious bio-health threat. Its previous outbreaks submerged the crisis region into panic and social quandary. The lack of appropriate medical and other high technological resources, as well as the absence of contextual efficient medical response teams to control or manage the outbreak in the region, caused delay in diagnosis and decisions in terms of effective control, management, and fatality.

Delay occurs when international medical responders from advanced nations are the only services introduced for certified diagnosis, control, and crisis management. To complicate things, containing and minimizing casualty and the effects of the disaster run into difficulties because of the traditional disinterest in making substantive response to other significant social issues affecting poor people in poor regions of the globe. Instead of looking beyond and retiring negating ideologies, which often empowers protectionism, alienation, racism, and nationalism, powerful advanced members of the globe continue to allow some of these elements to define some of their international policies.

Among many naturally occurring disease crises, the EHF appears to be the most deadly. It is a febrile illness that is accompanied with hemorrhage and high mortality. The Centers for Disease Control and Prevention (CDC) describes it as a severe and often fatal disease in human and non-human primates. This disease itself is caused by the Ebola virus. Ebola is the name of a river in the Democratic Republic of Congo near where the first outbreak occurred in 1976. The Ebola virus is sub-typed into five groups. The first four – Ebola-Zaire (found in what is now the Democratic Republic of Congo – DRC), Ebola-Sudan (found in Southern Sudan), Ebola-Ivory Coast (found in what is now Cote D'Ivoire), Ebola-Bundibugyo (found in Uganda) – infect and cause disease in humans, while the last one Ebola-Reston (found in the Philippines) has only affected and caused disease in non-human primates.



The exact origin and habitat of the Ebola virus is unknown, but so far it is confined to Africa and the Philippines (CDC Website). EHF spreads quickly simply by contact with infected subjects, and the power of the virus, acting like an engineered biological weapon, destroys the immune system, breaks down tissue and blood capillaries, and leaves subjects bleeding to death within eight days. The threat of the disease in the region in which it occurs has much more potency because of the factors of abject poverty, existing social conflicts, and the blatant absence of economic and other resources with which to even begin addressing such a crisis. If the habitat of the virus is unknown, and people (especially the affluent) travel from place to place increasing the likelihood of transmission to any location on the globe, it is actually more urgent that rich and poor nations alike enter into hyper transformative negotiations to improve the social and health conditions of all populations.

### **Negotiating for Preparedness and Better Crisis Management**

When advanced nations, especially the United States and some European nations enter a crisis context, in this case, the EHF outbreak scenario, they generally set up a traditional crisis management process. First they rely on the local medical population to identify the possibility that individuals are symptomatic of the EHF. However, before such a patient or groups of patients reach the main and possibly the only hospital in the area, the incubatory period has matured, and contact with other family care givers has already occurred. In most cases, the first patient usually dies at home, because people from poor regions rely first on traditional naturopathic medicine to deal with their illnesses. Even when they so desire, they may not have the economic means to get to a hospital. Hyper transformative negotiation insists that the awareness of such conditions must be negotiated into the process of social transformation in such regions. Without substantive, interactive, and continuous negotiation, everything breaks down, and during micro or critical crisis, principles and resources do not exist with which to help buffer the people, their social structure, and the security and stability they most need in times of critical crisis.

Moreover, since EHF spreads through contact, when the first patient dies, family burial customs, which require contact with the diseased body for appropriate and respectful internment, lead to infection. As more people become infected, and it becomes clear to the

poor villagers that traditional naturopathy is contra-indicative for the management of the illness, then the allopathic (Western Style) hospital becomes the last resort. The journey from the village to the hospital is challenging and perilous. Local transportation often requires that people are tightly packed together with goats, chickens, and other animals in sometimes the only means of transportation (a mini-van or a pickup truck serving as public transportation) to get from the village to the city where the hospital is located. If an individual is ill from EHF outbreak and travels in a tightly packed vehicle, others may also be contaminated and infected. By the time the hospital receives an infected patient and doctors determine that the patient is symptomatic of EHF, so much exposure has already occurred. Even when basic management procedures are activated, the kind of multi-layered resources required for unprecedented response are often non-existent. Unprotected citizens and healthcare workers quickly become exposed and infected because of the lack of prior hyper transformative negotiations by leadership in the region with several global constituencies who can collaborate in consistently deploying resources to improve several critical layers of social conditions in the region. In this case, such prior work would specifically put in place quick, efficient, and advanced localized medical centers and research laboratories where testing and reporting mechanisms alert the public of the possibility of a disaster or the existence of an outbreak.

### **Traditional Crisis Response versus Hyper Transformative Negotiation Approach**

The traditional critical crisis management procedure includes crisis occurrence, arrival of response teams, activation of community awareness, search for victims, quarantine or isolation, and research samples usually sent to various places with appropriate technological resources. In the case of the EHF, samples are sent to NIV in Johannesburg, CDC in Atlanta in the United States, and other medical facilities in advanced nations. The left section of the following chart presents how a typical critical crisis such as the EHF outbreak is approached and managed traditionally, while the right section gives an overview of how hyper transformative negotiation may be used to develop a robust interactive social context that is functional, dynamic, and well prepared for critical crisis.

<p><b>Traditional Critical Crisis Response</b> Developed from information assembled from the CDC MMWR of February 9, 2000</p>	<p><b>Using Hyper Transformative Critical Negotiation to Crisis Response</b></p>
<p><b>Step I: Critical Incidence Occurs</b> In a village or some place in a poor region. The only available hospital in the area receives patients. Then it finds out it cannot contain the problem and alerts the government and the small and ill equipped medical community which quickly calls for outside help. Advanced nations decide on level and priority issues. International teams arrive to work with local government and hospital. International and ill-equipped local teams try to collaborate, but the knowhow divide between them is too great and a barrier. So international teams assume leadership positions and manage the incidence. Control and management procedures are enacted. The level of fatality is usually high. Post-outbreak management procedures are minimal.</p>	<p><b>Step I: Regional Well Being a Priority</b> Economic, political, and economic considerations. Ongoing regional and international cooperation. Includes: Technology, educational exchange, trade and commercial activities, and cultural and other exchanges. Pragmatic interests: Continually building and increasing sustainable economic and political systems with advanced medical and other crucial facilities a top priority. Planning for known and unknown critical crisis. All processes done through hyper negotiations aimed at constant transformation of the region in view of security, social stability, and the good of everyone. Experts in the regional communities take charge of all advancement efforts while the international community collaborates with regional experts on sustenance.</p>
<p><b>Step 2: Immediate Action</b> Since there is less knowledge and knowhow about the impact of critical incidences, especially in poor regions of the world, Patient</p>	<p><b>Step 2: Security and Peace takes priority</b> Poor regions team up with international collaboration. Affluent nations collaborate with</p>

<p>Zero is usually considered to have normal illness. This is especially true in the case of EHF. But as condition worsens, condition of patient alarms and alerts hospitals and the local medical community. Setting up Surveillance to find others with the disease is already too late, and the use of Protective Gear though applied may also be late. Community education only consists of Alert, Suspect, and Probable Procedure. In the case of EHF, fatality results after just 8 Days. It is at this point that on-going prevention of the spread of the outbreak is encouraged, and discussions are mostly about containing the incidence and not on the overall social and economic stability of the region.</p>	<p>poor ones on building regional infrastructure, labor generation, and continuous training to sustain systems. Disaster Preparedness includes micro and macro considerations, training, resources, and organization which are given maximum adequate consideration. Micro crises preparation includes considerations for malaria, minor floods, cholera, train, airplane disasters. Macro crises preparation includes considerations for major bubonic type disease outbreak, major floods, earthquakes, war, and major conflicts. Best practices are negotiated, agreed upon, enacted, mock practiced over and over, and continually developed upon.</p>
<p><b>Step 3: Subsequent Action 1</b> At this point, naturopathic intervention has completely failed in the local community, and exposed patients are being funneled to the often only ill-equipped hospital in the area. Advanced nations panic, setting up protective travel rules. The local hospital tries to follow Emergency Precautions such as the use of quarantine, protective gear, and isolation mechanisms with its meager resources. International teams work with local teams to</p>	<p><b>Step 3: When Outbreak of Disaster Occurs</b> No matter where it occurs, well trained local respondents are on the ground to assess and diagnose the level and nature of the problem. Hospitals and other responsible systems receive patient/patients. They are well prepared to receive them. Minimal infection and/or stress on health workers. International Teams arrive to work with local teams, hospital, and other systems. Because equipments, laboratories, and</p>

<p>initiate the search for those infected or affected. Because of its highly contagious nature, burial activities are shifted from the hands of local communities to the care of established teams for specialized internment of casualties. Members of the community are informed and encouraged to alert health workers about individuals with sudden high fever, or who suddenly die. Teams and health workers are quickly taught to identify specific risk factors in community and hospital setting, and they try to respond as best they can. In this scenario with minimal or no prior holistic preparation for critical incidence, fatality and other inauspicious conditions are extremely high. At this stage of the disaster, and using the EHF outbreak of 2000, 58% of 62 confirmed patient cases were dead within a month. The recorded fatality for children was 93%</p>	<p>hospitals, and well trained personnel already exist, international effort comes in to contribute to the alleviation of stress by adding human power and support. Local and International scientific teams collaborate on gathering data for analysis to be done right there in the region. Crisis control and management procedures and mechanisms are easier to manage because much of the population is well informed and well prepared. The level of fatality is minimized even when the disaster is sudden and devastating such as an earthquake. Post-Outbreak Management Procedures include attention to new developments and procedures and continued collaboration and work to improve conditions for local and the global population.</p>
<p><b>Step 4: Subsequent Action 2</b> Blood sample is drawn and sent out to several places; NIV in Johannesburg, South Africa, CDC in Atlanta, USA, as well as other places in Europe and Asia. Increased case isolation and infection-control practices are enacted. Heightened awareness among health care workers focus on <b>suspect</b> individuals with bleeding, fever, headache,</p>	<p><b>Step 4: Immediate Action</b> Since the region is prepared and knowledgeable about the impact of critical incidences, Patient Zero is usually quickly found. In the case of EHF, tests are conducted right there, results are compiled, and actions follow. Condition will not be allowed to worsen because alarms and alerts would be sent out to the community, hospitals, and the local</p>

<p>vomiting, anorexia, diarrhea, severe fatigue, abdominal pain, body aches or joint pains, difficulty swallowing, difficulty breathing, hiccups, and unexplained deaths. In the 2000 data, within three months, 53% of 425 presumed EHF patients died. At this point, researchers scramble to focus on virology and clinical elements of the disease in view of stemming the infection and preventing it from becoming a global pandemic.</p>	<p>medical community. Note that because of prior negotiations for better conditions overall, there are more advanced hospitals, laboratories, and medical facilities. Setting up surveillance to find affected individuals is conducted efficiently, and the use of Protective and other useful Gear would be deployed throughout affected and suspect areas. The negotiated and agreed upon high impact community education which has consistently trained and prepared experts in the region would make it possible to deploy an efficient Alert System, track down suspect cases, and enact procedures that immediately minimize fatality. At this point all efforts to prevent the spread of the outbreak or impact of the disaster are enacted and encouraged. Discussions extend to all areas including economic, political, and social concerns focused on managing and increasing concerted actions to strengthen medical and other responses to the critical crisis. Because of hyper awareness and preparation, nothing is taken for granted.</p>
<p><b>Step 5: Subsequent Action 3</b> Tests and diagnosis from around the world confirms the type and virility of outbreak. Hospitalization of cases in isolated</p>	<p><b>Step 5: Subsequent Action 1</b> At this point, naturopathic medical training has been developed to compliment allopathic medical intervention. Services are</p>

<p>facilities peaks. Travel restrictions are still in place until infection is contained. <b>Probable</b> cases are now individuals who show all specified symptoms and have been assessed by physicians and recommended for several kind of aggressive treatments. Despite efforts to contain the outbreak, the level of fatality is high. One or more of every two EHF patient case dies. International teams collect as much data as they need and begin to prepare to head home.</p>	<p>coordinated by local medical experts and exposed patients are funneled to well- equipped hospitals in the area. All hospitals follow efficient Emergency Precautions such as the use of quarantine, protective gear, and isolation mechanisms. International teams only come to assist local efforts. Local experts lead all processes of the relief efforts. Burial activities are professionally handled by specialized experts. Even though most members of the community are well informed and encouraged to alert health workers about individuals with sudden high fever, or who suddenly die, each person is additionally prescribed precautionary measure and continually monitored. Teams and health care workers have already identified specific risk factors in community and hospital settings. At this stage and because of prior negotiated agreements that led to holistic preparation for any critical incidence, fatality and other inauspicious conditions would be minimized.</p>
<p><b>Step 6: International Teams Leave</b> The normalization of the outbreak brings to a close the efforts of international teams who prepare to return to their home countries leaving local and ill-equipped</p>	<p><b>Step 6: Subsequent Action 2</b> Blood and other samples may be shared with international experts and research facilities in order to collaboratively confirm the nature of the outbreak. Isolation of cases continues and disease control</p>

<p>health care workers to manage the waning outbreak. Depending on the level of the disaster, international teams bring in and may leave a few equipments behind. Beyond this humanitarian gesture, the social condition of the population is pretty much as it were, unchanged.</p>	<p>practices remain in place. Heightened awareness among health care workers helps to sift out and effect immediate treatment on individuals with bleeding, fever, headache, vomiting, anorexia, diarrhea, severe fatigue, abdominal pain, body aches or joint pains, difficulty swallowing, difficulty breathing, and hiccups. Sudden deaths are thoroughly medically investigated and results made available to the community. The progress of relief efforts are also made public, and local and collaborative international research on virology and clinical elements of the outbreak continue.</p>
<p><b>Step 7: Return to Default Local Conditions</b> Once the critical crisis is over, the local region returns to life as usual. No interest is placed on finding ways to advance the conditions of the people. The economic, political, and social conditions return to default status until another critical disaster hits, and the cycle is repeated.</p>	<p><b>Step 7: Subsequent Action 3</b> The diminution of the crisis is the best time for assessment and for deploying new best practices in anticipation of the future events. When international teams return to their respective nations, this does not disrupt the region whatsoever. The critical crisis is used as an additional catalyst to continue to transform the regional context. In collaboration with the global community, economic, political, and social advancement activities increase. Advanced national surveillance systems are improved upon, and the strengthening of interagency interaction and preparedness heightens.</p>



The left side of the chart shows how elements of a crisis management approach common to Tier 1 natural disaster management plays out. Considering that there have been a number of outbreaks, this traditional approach works for short term in-crisis containment and control, but lacks the holistic elements of prior, pre, and post crisis preparedness and management. This is especially clear in terms of the absence of well trained critical crisis respondents based on-the-ground, the absence of social, economic, medical, and infrastructural resources, as well as the nonexistence of other adequate kinds of preparedness in case of future disasters.

Traditional EHF crisis response generally involves international responders, who after post-outbreak usually exit back to their home countries leaving the disaster scene to ill-equipped local responders. It is important to point out that many local experts (for instance, medical doctors, nurses, and engineers) are diligent experts who work tirelessly in poorly equipped conditions. When considering some of the classic shortsightedness common to contemporary critical disaster response such as the failure to understand that successful and efficient handling of critical crises are tied to economic, political, and social advancement, other kinds of failures manifest. These include the failure to understand the implication and extent of the threat, the failure of agencies to work together because of egotism, protectionism, and other complex reasons, the failure to share useful information and resources, and the failure to uniformly plan, train, and equip responders across the globe. The breakdown of local political systems and the lack of clear leadership are the net result of the absence of a robust and holistic society. Because the stakes are too high in terms of increased social disintegration which usually follows critical disaster, it is imperative that all nations through hyper transformative negotiation engage each other and focus on social transformation. Considering the previous outbreaks of EHF in 1976, 1979, and 1995, self-sustaining social systems and robust crisis management programs should have been in place by the outbreak of 2000, but even in 2010 no such thing exists. In fact, the EHF region (Congo and Sudan) are currently embroiled in what appears to be interminable internal conflicts and wars.

The right side of the chart demonstrates what an adequately negotiated pre-crisis context and preparation should look like. All global contexts must be ready for critical disasters, and should be able to handle

them with minimal assistance and support from international members. But such a context will never manifest in poor nations and/or regions if they do not enter into hyper negotiations with capable global members in view of transforming their social contexts and people lives. Hyper transformative negotiations help to draw into poor social contexts useful resources from advanced members of the globe. These include sustainable technologies, best practices, and other processes that help with building robust economic, political, and social advancement. In the case of regions prone to critical disasters, the expectation would be for the globe to collaborate to create holistic social arenas where well trained, permanent and on-the-ground resources and response teams equipped with advanced and well maintained mechanisms are ready to support their societies in every way possible.

### **The Complex Elements Involved**

Hyper transformative negotiation relies on individuals, groups, and nations to consistently work on complex social issues in view of improving debilitated social contexts. For every crisis, functioning systems and efficient management is crucial if fatality/casualty is to be minimized or avoided. Schneid and Collins (2001) discuss the importance of preparedness in terms of understanding risks and developing appropriate plans to manage crisis. However, preparedness must be done collaboratively. Collaborative preparedness is never achieved without the willingness of several groups to work together. Working together often requires months of negotiation. Negotiating through various issues helps parties to identify the most crucial interests and elements that they strongly understand would maximize encompassing social benefits for vulnerable populations. Preparedness, for instance, helps in troubleshooting elements such as the lack of resources and putting efficient systems in place that would minimize the impact on the people in terms of confusion, panic, disorder, insecurity, and fatality. Such efficient systems would have plans in place in case of an earthquake or EHF eruption delineating what should be immediately and appropriately done. In the case of EHF, which is complicated by the fact that its origin or zero index starting point is unknown, the best disaster management preparation would take into consideration the fragility of the economic, political, and social context and focus on

negotiating useful resources and training that would equip nations in times of crisis.

Such preparedness firstly focuses on minimizing risks of extended infection which also affects fatality figures. But in the region of Africa with the Ebola virus, the conditions of abject poverty, economic misery, and social conflicts and war (Congo is in on-going war and Sudan which emerged from one war jumped into the Darfur crisis), create massive instability which can increase the effect of a critical disease outbreak. These conditions must be brought into continuous hyper negotiation so that patterns of successful economic, political, and social advancement become the given platform on which crisis responses are organized in these regions. One of the strategies of hyper transformative negotiation is that it understands complaints about localized corruption, ineptitude, nepotism, and shortsightedness. However, instead of dwelling on interminable complaints and the lack of positive actions, it draws to the negotiation table or floor, people from every part of the globe and gets them to focus intensely on the crucial issues affecting crisis regions.

As the issues get resolved and are constantly highlighted for continued improvement, folks who are prone to corruption, ineptitude, and shortsightedness may begin to understand that social advancement is not about personal gains, but about the security and stability of every global citizen. As well, the nature of hyper transformative negotiation encourages people to become familiar with each other before disasters or critical crises occur. This familiarity is important because when they do come together to respond to an actual crisis, they are no longer strangers to each other. Neither are they there to begin the silly and irrelevant processes of demythologizing each other's culture, race, or perspective. Instead, they are there to collaboratively go to work on responding to crucial issues. Hyper transformative negotiation is about jumping into the global scene and claiming it as an important space of respectful and focused collaboration. It is about walking in other people's clothes, eating their food, learning with them, and then becoming one with them, no matter how great or bad the taste. It is not about seeking out good conditions, but about understanding why good conditions are desired by all people, while bad ones are shunned as a terrible shackle that must be quickly cast off. It is about making dreams possible.

Hyper transformative negotiation also insists on the usefulness and value of constant prior negotiations for social advancement because of other adverse conditions which exist in regions with enormous possibilities of critical crises. Consider that even the economic possibilities of some poor nations gained through ownership and trade in natural resources and some international aid are often mishandled with much of it going to service the culture of weapons acquisition, sold to them by the same advanced nations offering to assist them during critical crises. Unfortunately, when prior negotiations on social advancement are non-existent, and citizens and governmental systems focus on corruptive and inept perspectives, they are always less prepared in times of crisis. Such nations rely heavily on the generosity of advanced nations to solve their problems. By the time the response teams arrive from advanced nations, many people are already infected or dead. Consider also that responder teams from advanced nations often conduct their evaluation and diagnosis in high tech mobile laboratories which they never leave behind. In the end, responder teams only enter critical crisis nations or regions with their equipments, assist in quarantining and managing critical cases, collect specimens, analyze what they can in mobile laboratories, and send others back to be analyzed in hi-tech laboratories in their nations.

The absence of crisis management mechanisms not only exposes the region to further problems, but also increases the number of fatalities each time there is an incidence. The shortsightedness of the governments of such regions often focused on subjective issues (self-protection, nepotism, and the negative use of power), and the absence of appropriate social facilities such as economic and health systems increases the possibility of casualties. The absence of home grown and well trained crisis responder teams on the ground adds to the unfortunate social conditions in poor regions. The United Nations (UN), the World Health Organization (WHO), the Red Cross (RC), and Doctors without Borders (DWB or MSF) usually quickly become inundated with critical emergencies. No matter how much funds these Non-governmental organizations (NGOs) have, they are never adequately prepared for the devastating power of natural disasters. These organizations, usually in the region to help with humanitarian activities, have consistently and traditionally been limited to managing hunger, displacement from violent

conflicts, refugee situations, and incessant threats from commonly curable diseases.

### **Barriers to Hyper Transformative Negotiation**

The current EHF crisis management approach was developed mostly by advanced nations with minimal contribution from populations who are often affected by tragic disasters. Political leaders in poor regions rely heavily on monetary aid from advanced nations, but have also become dependent on experts from these nations to help deal with their internal critical crises. Instead of hyper negotiating conditions that would improve the economic and social conditions of their regions, and getting these developments through for the benefits of everyone, many of these leaders often focus on personal gains. This means that they become one of the fundamental barriers to the advancement of their nations and/or region by thwarting dynamic, holistic, and self-sustaining possibilities (see Ebetaleye, 2006; Ehusani 2002; Soyinka, 1996). Such shortsightedness and the absence of creative leadership especially in the face of critical crises (disaster outbreak, earthquake, super-floods, and famine) often lead to the stagnation of ideas, insensitivity, and increased social difficulties. Tierney et al. (2001) argue that vulnerability to disaster is often due to political, cultural/social, and ideological elements which put people at risk. This gaping absence of the desire for advancement, creativity, and leadership is additionally complicated by powerful international factors that want to see certain regions remain disadvantaged and dependent.

An unfortunate reality which keeps recurring serves as an additional barrier. This is located in the tenuous relationship between advanced nations and poor ones. Slavery, colonization, and continued eternal colonial activities have played significant roles in the nature of interaction between wealthy and poor nations and/or regions. In this scenario, even though many poor nations (Haiti and many parts of Africa and Asia are classic examples) are statistically displayed in global economic research as poor, no substantive efforts and resources are ever negotiated and introduced for actual social transformation. Instead, some of these regions are used solely for natural resources (see Bond 2006), and others are abandoned to the poverty that kills (Sachs 2005).

Compounding these difficulties are the interminable social conflicts in some poor nations and/or regions which cause advanced

nations to be opposed to collaborative commercial and business ventures that would yield actual and substantive social development. Such aversion results in increased protectionism and negation fueled by various domestic ideologies. For instance, it took a long while for advanced nations to recognize that HIV/AIDS in poor regions was a massive global health threat. In the meantime, curable diseases still run rampant in poor nations and regions. Massive under-education, underdevelopment, as well as the lack of self-sustaining systems and structures continue to scream for holistic solutions.

### **Hyper Transformative Negotiation at Work**

China is exemplary in terms of negotiating with advanced nations and acquiring intellectual, physical, and other processes to develop its own economic and social infrastructure. Since the end of the Second World War, China has been involved in hyper transformative negotiation and has succeeded in creating self-sustaining mechanisms. The SARS disease which emerged there alarmed the globe, causing specific concern to Western medical research communities. However, the determined and efficient response of Chinese medical communities caused medical experts in advanced nations to reexamine their popular generic approach of wait-until-crisis-occurs to show up and help. What they discovered is that short term demonstration of hi-tech knowhow is useless in the face of ever increasing global interdependency. Negotiating new ways of dealing with critical crises requires change in epistemology and the introduction and enactment of concerted and consistent global collaboration where nations with focused leadership take the lead to develop sustenance and self-sufficiency.

The World Health Organization's Epidemic and Pandemic Alert and Response (EPR) and its Global Outbreak Alert and Response Network point out that it "contributes towards global health security by combating the international spread of outbreaks, ensuring that appropriate technical assistance reaches affected states rapidly, contributing to long-term epidemic preparedness and capacity building" (World Health Organization EPR Online). However, this strategy does not include broader economic, political, and social development and advancement considerations. Often, when they speak about combating the "the international spread of outbreaks" they are talking about keeping diseases contained in poor regions. In many of those regions there are no

state-of-the-art resources or permanent well trained teams located on the ground. There are also no substantive preparatory procedures on the ground in case outbreak or major disaster occurs. Even the UN's and the WHO's focus on critical crises such as war, social conflicts, displacement, refugee problems, poverty, common curable diseases, flood, and famine is not robust and holistic enough to be efficient, dynamically problem solving, and self-sustaining. Since contemporary critical crises management approaches fail to incorporate all possible considerations (economic, political, social concerns) as one unitary process that guarantees efficiency, affected poor regions continue to rely on resources and logistic input and supplies from advanced nations. The earthquake of January 12, 2010 in Haiti is a clear testimony to this shortsightedness. Even though Haiti statistically features as the poorest nation in the Western region of the globe, the problem of racial and supremacist ideologies simply ruled out any substantive negotiation between that nation and its advanced neighbors to the North. Despite the outpouring of material support, the process of critical crisis management always coming from advanced nations remains a short term endeavor. Because there are no on-the-ground self-sustaining substantive response mechanisms (the government and most systems collapsed), valuable time was lost and fatality was heavy. There is significant value in collaborating with poor regions to get them to be holistically self-sustaining. The question is not how this is to be done, but why business as usual must be changed so that robust and sustainable environments can support people before or during any type of critical crisis.

## **Conclusion**

The discussion here has focused on the significance of hyper transformative negotiation as a form of negotiation that deals primarily with social transformation. The impact of critical disaster on poor nations and/or regions appears to be compounded by the lack of robust and holistic economic, political, and social systems focused on social advancement. The idea, therefore, is that when response to critical disaster is always from experts in advanced nations, there is not much happening in terms of actual social development. International responders enter critical crisis scenarios and leave when they are done. The gaping hole in that approach is that there is no link between economic, political, and social advancement of poor nations and the

nature of critical crisis response. The contemporary approach is advantageous to advanced nations when they apply it internally, but shortsighted when it is applied to poor nations. Obviously, advanced nations focus on hyper economic, political, and social development wherein they initiate, institute, and respond to everything else. Poor nations would require such hyper holistic social systems if they are to ever become self-sustaining and self-sufficient. Three significant points may be helpful in realizing this possibility.

The first strategy emerges from the idea that members of all nations should work toward recognizing and entrenching the significance of global citizenship. Global citizenship is essentialized in the phenomenon that despite socially constructed borders, all people desire interaction with each other, security, and peace. This experience may be concretized in the phenomenon of positive globalization (interaction, negotiation, and exchange) which helps to actuate human interaction as a useful social and global value. People are drawn together in many ways and such interaction should be voluntary and egalitarian. Stiglitz (2006, 2002), Bhagwati (2004), and Micklethwait & Wooldridge (2003) argue that the reality of globalization is useful and promising. The exchange of ideas, resources, and collaboration in economic, social, scientific, and technological activities have yielded results in many regions of the world. The promises of globalization must be continually and collaboratively hyper negotiated by poor and advanced nations, so as to guide each other into robust self-sufficiency and self-sustenance. When relationships between nations are exploitative, globalization ceases to be positive and becomes a tool used to create disadvantages and burdens on poorer members of the globe. The transformative nature and power of global citizenship, as well as the recognition that everyone is responsible for protecting each other, should lead to positive actions and outcomes.

The second concept points to the need for genuine engagement in advancing the management of critical crises by focusing on collaboratively minimizing them or their impact worldwide. Such collaborations would be advantageous because they view critical crises as global problems rather than as national or regional issues. The idea here is to isolate specific critical crises such as naturally occurring disease outbreaks, earthquakes, famine, and super floods and make a concerted global response to eliminate, minimize, and/or manage them effectively by transforming the social contexts in which they occur. Even



though contemporary contexts where critical disasters occur are usually destitute, unattractive, and economically and socially stale, collaboratively working to transform them can lead to broader global protection and security.

The third concept focuses on collaboration in developing universal best practices specifically designed to deal with critical crises. Uniform availability of economic and social resources, as well as development and training of critical crisis management and responder teams across the globe should be worked into national and international policies. In this way they become social transformation is given accorded the highest significance and valued as the highest global priority. This removes the unilateral actions customary to contemporary approaches orchestrated by advanced nations, and empowers collaborative action from all nations because they are all self-sustaining and self-sufficient, and enjoy uniform training which uses best practices linked to state-of-the-art and on-location resources ready to be deployed in time of critical crises.

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