

Myths, the Ultimate Survivors in Disasters

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The article "Misconception as a Barrier to Teaching about Disasters" by David E. Alexander reviews the extent of belief in the common myths about disaster held by students from the University of Massachusetts and three groups of trainee emergency workers from Italy. As the author noted correctly, it is an important subject, as "learning likely is to be inhibited severely when misconceptions are carried from the beginning to the end of the process". Improving the professionalism of disaster responders definitely is required, as the recent humanitarian interventions in the Tsunami and earthquakes have shown.

I cannot agree more with the author about "crushing inevitability of the mistakes that are made, the myths that are propagated, and the inefficiencies that plague disaster management". Evaluating the response or seeking the lessons "to be learned" from disaster to disaster will underline how similar and predictable the response has become. The extensive evaluations commissioned by the Tsunami Evaluation Coalition (TEC) are almost an encyclopedia of what can go wrong in the response. It is a serious indictment of the training and education provided to international relief workers.

Indeed, most of the disaster relief is provided by non-professionals unfamiliar with the well-documented findings of disaster epidemiology. Not surprisingly, due to lack of prior experience, the untrained relief workers try to use popular "common sense" and inevitably adopt the myths and clichés adding to the confusion, fear, and ultimately the waste of resources. As the author observed, the role of the mass media is not negligible.

Interestingly, the myths more deeply rooted and believed by the students in this study are the oldest ones identified in the literature: the widespread existence of panic conveniently is justifying the flood of external assistance to the "poor victims" while looting and chaos explain the militarization of many Civil Protection Agencies in developing countries. Yes, those beliefs have been demystified long ago! As early as 1974, when I started at the Center for Research on Disaster Epidemiology, I was deeply impressed by the repeated publications of Russell Dynes and Enrico Quarantelli that challenged my own belief of a population struck by panic and inclined to disorders. My first disaster experience as scientist was during the aftermath of the Earthquake of Guatemala in 1976. The lessons I learned from my experience there confirmed the stoic and quiet behavior of most of the affected population, contrasting with rather chaotic external assistance. On the contrary, for many of the humanitarian professionals, it is the spirit of solidarity, the generosity of the neighbors, and the absence of red tape and a "9-to-5" schedule that make those hard times memorable. You sometimes wish that the society would work permanently as in the aftermath of a disaster!

It also is of no surprise that the myth of unavoidable epidemics following disasters survives against any attempt to educate the population. In this case, vested interest is competing with ignorance to sustain this myth. Following the Tsunami in South East Asia, the international relief coordinator in the United Nations and the World Health Organization gave it credibility by voicing concern that communicable diseases were going to kill more people in the affected area than did the Tsunami itself. This statement was opposed strongly at technical level by WHO epidemiologists.

One myth not included in Professor Alexander's list of myths is the use of foreign field hospitals as the magic bullet for mass-casualty management. This topic already has been discussed at length in this Journal. It leads us to a much larger and more sensitive issue...the myth that international workers are saving thousands of lives during the aftermath of natural disasters. Evaluations of the Asian Tsunami and the earthquakes in Bam, Iran (2003) and Pakistan (2005) suggest that lives are lost during or immediately following the impact. Search-and-rescue effectiveness declines rapidly after 12 to 24 hours. The relatively few victims saved by rescuers were due to the efforts of local communities, not the organized medical teams or EMS at the national level. One exception is the Al Haceima earthquake in Morocco 2003. Of relatively small magnitude (660 deaths), it caused little damage to the infrastructure. As a result, >50% of the injuries were rescued by ambulances and health workers. This holds true in case of the Tsunami; very few lives actually were saved by the US\$15 billion of international response.

Why are those myths so hard to eradicate? The sociologists, epidemiologists, and organizations like the Pan-American Health Organization identified them decades ago, published countless documents, videos, and materials...to little avail when students in disaster management apparently remain deeply attached to those clichés and slogans. The video "Myths and Realities of the Pan-American Health Organization" remains a best seller for the last 20 years, but relief workers do not seem to change! Why is it so? Why have serious newspapers in the US declined to post a short editorial going against the popular tide of beliefs? Why is a prestigious medical journal publishing alleged life saving achievements of a field hospital in the Bam Earthquake unwilling to accept scientific debate? Indeed, the editors turned down a "letter to the editor" challenging some of the data and questioning the conclusions on the excuse that the topic was not one of interest to the journal (which had published the article in the first place) and later that the deadline had passed.

Perhaps, we should face the facts that many of the myths are convenient or comfortable. As we demonize the other party in wars, in disasters are we not belittling the

victims and their local institutions overlooking their resilience, generosity, and coping capacity to magnify our own contribution?

Spreading alarmist rumors of disease also is a win-win situation. It raises money and provides visibility. Should the outbreak not occur, credit will be claimed. When some endemic cases are detected, it will confirm the reality of the imminent threat. Humanitarian response is now a large business, the "largest unregulated industry" according to the Red Cross Report in 2004.² Conflict of interest in matters of security warning is a not an unrealistic concern!

In all fairness, provocative discussions of myths and realities with professionals or students always has led to frank discussions, opening minds to new approaches. Obviously, the students and trainees of Professor Alexander now will remember the myths and perhaps be less inclined to base their knowledge on information offered by the mass media. For this reason, the work of the Professor Alexander is essential. This article is one of the many encouraging signs that this debate no is longer confined to some training courses and conferences. The number of articles on the myths of epidemics following disasters is increasing, placing the uncritical supporters of the doomsday scenario that only they could prevent by seeking evidence to justify their own position. *The Natural Hazards Observer*, a landmark periodical source of information in the US, started a *Disaster Myths* series in September 2006.

The debate has started. One result may be that some of the myths are true under some special circumstances. Disaster management is not a black and white science.

What is required now is targeting beyond the professional community and aiming to the mass media and general public. Most of these myths are deeply ingrained in the psyche of the Western civilization. A mass campaign, however expensive it may be, to educate the public would bring benefits to the victims of disaster and to the relief workers who would be encouraged to collaborate with the local systems rather than by assuming their incompetence or powerlessness.

A dream? Who would have thought 50 years ago that we could educate and convince the public to go against its deeply felt instinct to aid the victim of an accident, bring him/her into the shade, offer water, and consolation rather than to wait for the professional emergency technician? Yes, myths can die.

References

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