

Global Media and the Myths of Humanitarian Relief The Case of the 2004 Tsunami

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*Ashby Wilson Richard et Brown Richard D. (dir.), Humanitarianism and Suffering: The
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Le *Centre de réflexion sur l'action et les savoirs humanitaires* (CRASH) a été créé par Médecins sans frontières en 1999. Sa vocation : stimuler la réflexion critique sur les pratiques de l'association afin d'en améliorer l'action.

Le Crash réalise des études et analyses portant sur l'action de MSF dans son environnement immédiat. Elaborées à partir des cadres et de l'expérience de l'association, ces textes ne représentent pas la « ligne du parti » MSF, pas plus qu'ils ne cherchent à défendre une conception du « vrai humanitaire ». Leur ambition est au contraire de contribuer au débat sur les enjeux, contraintes, limites – et par conséquent dilemmes – de l'action humanitaire. Les critiques, remarques et suggestions sont plus que bienvenues, elles sont attendues.

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The Crash carries out in-depth studies and analyses of MSF's activities. This work is based on the framework and experience of the association. In no way, however, do these texts lay down the 'MSF party line', nor do they seek to defend the idea of 'true humanitarianism'. On the contrary, the objective is to contribute to debate on the challenges, constraints and limits –as well as the subsequent dilemmas- of humanitarian action. Any criticisms, remarks or suggestions are most welcome.

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The tsunami of December 26, 2004, was among the deadliest natural disasters of the past hundred years. In minutes, it completely devastated thousands of square kilometers, destroying several cities in its wake. The exact death toll will never be known, but the most reliable estimates put it at 230,000, mainly in Indonesia (170,000) and Sri Lanka (30,000). The tsunami also caused considerable damage and loss of life in Thailand and India, as well as to a lesser degree, Myanmar and the Maldives.

The disaster occurred during the Christmas holidays. What first made it real to people in the Global North were the videos shot by Western tourists who were caught up in the turmoil in their holiday resorts – above all in Thailand and Sri Lanka, which are famous holiday destinations with modern communications infrastructure that allowed continued contact with the rest of the world. In reality, though, it was the comparatively more isolated island of Sumatra that was hardest hit.

It is impossible to assess just how much this “tourist effect” and the fact that the disaster occurred over Christmas, when charitable giving is at its height, contributed to the subsequent outpouring of solidarity. To point this out is not to disparage it: no one can feel all the suffering in the world with equal force. What is undeniable, however, is that the images of whole landscapes, of people, swallowed up by the sea, which were broadcast incessantly by every television channel in January 2005 created an unprecedented degree of worldwide identification with the victims, who were represented as innocents who had not deserved their fate – the opposite of what happens in the media coverage of manmade disasters such as civil wars. In terms of emotional resonance, the coverage of the tsunami used much of the same emotional language, and engendered some of the same emotional response as did the images of the terrorist attacks of September 11, 2001.

However humanly understandable the worldwide response to the tsunami might have been, many commentators would subsequently emphasize the difference in media coverage and public response between the tsunami and the earthquake that struck Kashmir just a few months later. This contrast was generally presented as an injustice in that there was no similar outpouring of solidarity for the 75,000 dead and tens of thousands seriously injured in Pakistan. But again, this is hardly surprising. To put the matter starkly, there was never much chance that the massive outpouring of solidarity in response to the tsunami could be repeated within such a short span of time. And, however unpalatable, it is simply a fact that the victims of the earthquake were not perceived as socially proximate to Westerners as the victims of the tsunami had been, at least those largely Western victims on whom media attention focused during the first two weeks.

Mass solidarity is not based on rational reasoning alone. This is why international aid organizations, both private and intergovernmental, are so essential if aid is to be delivered with even a bare minimum of competence and lucidity. The essential point is that these organizations do not quantify their response according to the extent to which a particular crisis has struck an emotional chord with the general public in the Global North (from which private, governmental, and intergovernmental funding overwhelmingly comes), but rather according to real needs – although this is a more complex criterion than it might appear to be at first glance. The earthquake in Pakistan illustrates this point: in stark contrast to the coverage of the tsunami, the media coverage treated it strictly as a news item. Yet this did not prevent the international humanitarian organizations from responding in a way that meant that all the necessary steps that could have been taken were taken to provide the needed relief.

But the tsunami was, from the first, a special case, and the scale of the emotional response to it was as outsized as the disaster itself. The worldwide mobilization of humanitarian relief, in which, participating alongside the UN disaster relief agencies were central and local governments, NGOs, and also the media, business, mass merchandizers, and schools, was and remains unprecedented. It was reflected, most tangibly, in the collection of a record \$5.7 billion in donations by national Red Cross organizations and NGOs and the provision of \$7.3 billion in bilateral aid by national governments (in France, €300 million was collected, more than one-third by the Red Cross alone). This funding bonanza was accompanied by (and largely made possible thanks to) the arrival of thousands of relief workers on the scene – some 5,000 for the island of Sumatra alone.

What was to be done with all this money and energy? A week after the tsunami, Médecins Sans Frontières announced they would not accept any further donations for this disaster. The noisy protests caused by MSF's decision shed some light on the constraints and limitations aid operations have to face, not just during the tsunami but in virtually every relief operation. The firestorm of controversy that ensued also illuminated the depth of myths and misinterpretations that surround relief work during natural disasters.

The most widespread misinterpretation is that natural disasters produce the same type of consequences as armed conflicts. They do not. Three major points are to be emphasized, from a relief point of view: First, armed conflicts cause three to five times more wounded than they do deaths, whereas natural disasters lead to more deaths than injuries, most of them light, requiring relatively simple care; second, wars often effect entire regions for years, destroying health facilities and causing a high proportion of medical personnel to flee, thus creating a medical vacuum, whereas natural disasters strike a clearly defined territory for a very short time, leaving the majority of the country's infrastructure intact; third, protracted violence leads to the uprooting of large groups of the population, to malnutrition, and the weakening of immune systems, which in turn contributes to the outbreak of epidemics, thus engendering the need for an extensive provision of medical care in a context where the health system is partly paralysed. In contrast, natural disasters do not cause lasting displacements of populations, nor do they create large-scale immunological vulnerabilities in the affected groups. In fairness, no one ever claimed, in the wake of the tsunami, that the countries had been stricken by a war, but the way NGOs and UN relief officers described the consequences suggests strongly that they had a war pattern in mind. And what was, when all was said and done, a humanitarian "category mistake" meant that these misunderstandings about the immediate requirements after the tsunami led to a considerable waste of resources.

Specifically, the first such error, already familiar within the relief world since it had been committed time and time again in similar situations, was the epidemics alert. This immediately became a priority of the aid response. Senior officials of the World Health Organization (WHO) and the UN's Office for Coordination of Humanitarian Action (OCHA) predicted that the death toll would double owing to the vast numbers of corpses and the epidemics to which they would supposedly give rise. It was therefore urgent to bury the bodies in mass graves, to set up a system for prevention and detection of infectious diseases, and to undertake mass immunization

campaigns. All these efforts and resources were wasted, for, whatever the public – including physicians – may believe or have been led to believe, historically no epidemics have ever been reported in such circumstances. The reasons for this are easy to understand, and, moreover, have been well known since Pasteur's time.

According to Dr. Claude de Ville de Goyet (2000), an epidemiologist who specializes in natural disasters and was a former relief manager for the Pan American Health Organization, "the bodies of victims from earthquakes or other natural disasters do not present a public health risk of cholera, typhoid fever or other plagues mentioned by misinformed medical doctors. In fact, the few

occasional carriers of those communicable diseases who were unfortunate victims of the disaster are a far lesser threat to the public than they were while alive.” Dr. de Ville de Goyet added that the hasty burial of corpses into anonymous mass graves constitutes a further ordeal for the survivors, because it deprives them of the possibility of honoring their dead. Owing to the lack of death certificates, it often also entails endless legal and financial problems.

According to Dr. Ville de Goyet, another fundamental mistake concerns treating medical assistance to the injured as a priority. International surgical teams trying to make themselves useful is a common sight after natural disasters. But unlike in a war situation, where there is little doubt that foreign medical teams are indeed useful in supporting the remaining local medical personnel, in natural disasters health facilities, along with the rest of the social system, are intact except in the area affected by the catastrophe. As a result the utility of these international medical teams is anything but self-evident. In Sri Lanka, for example, the tsunami swept over a coastal strip 100 to 300 meters wide, depending on the contours of the coast. But everywhere past the tsunami’s high-water mark, the country was functioning normally. This explains why a thousand local Sri Lankan doctors and nurses were able immediately to rush to the scene to replace their killed or injured colleagues and to relieve the hard-pressed medical teams that had been present all along. Not being obstructed by language problems or difficulties in adapting to the environment, these medical personnel were operational immediately to cope with the substantial flow of patients arriving in hospitals.

While in natural disasters injuries are fewer in number and less serious than in armed conflicts, there are still many injured people to treat and the work of healthcare providers is of great value. But although medical teams are almost invariably overwhelmed by the demands placed on them in the immediate aftermath of a disaster, and temporary external support may be needed at this juncture, international medical teams can rarely be operational on such short notice. This is why by arriving in great numbers and at the wrong time, foreign medical workers often are more of a burden than a boon.

It would seem, however, that this situation is changing. After the earthquake that hit Kashmir in November 2005, killing 75,000 people and injuring nearly 40,000, the massive and sustained presence of medical and surgical personnel proved essential in supplementing and broadening local healthcare provision. This was because the local health system could not cope with such massive numbers of serious surgical cases. On a smaller scale, the May 2006 earthquake in Java (Indonesia), which, according to the initial estimates, killed 6,000 people, left thousands of injured (though scarcely the tens of thousands reported in the immediate aftermath of the disaster) requiring surgical treatment. The usual international actors (i.e. the Northern industrialised countries) immediately sent field hospitals and personnel, but so did states such as Singapore, Qatar, and China. In both these disasters, it is likely that the high number of injured was due to the proliferation of shoddily built and uninspected buildings, clustered in densely urbanised areas. In addition, because so many of the people living in recently established urban centers had no memory of past disasters, few had fully taken in the need for housing adapted to withstand seismic shocks.

In the majority of cases, the need for the deployment of armies of foreign relief workers is anything but as self-evident as it is generally presumed to be. Indeed, a closer look at the comments of Western journalists and foreign relief workers reveals one preconceived notion after another – each one no more valid than its predecessor – to justify these massive deployments of international relief workers. A common thread is the argument that populations who are victims of natural disasters are in a state of collective apathy, which prevents them from taking any action to help themselves. The popularity of the both medically and sociologically questionable concept of “post-traumatic stress disorder” has considerably strengthened this belief, which once again is

borrowed directly from the concept of war-inflicted damage. Images of acute despair broadcast over and over on television are real, but focus on individual cases of grief. They do not reflect the collective reality, which is anything but stunned into inaction. To the contrary: what is noteworthy in almost all natural disasters is how quickly the victims of the disaster organize themselves, whether this takes the form of establishing reception facilities for the victims, or distributing food, or clearing debris, searching for the missing, and so on. Isolated cases of shock and antisocial behaviour, such as looting or indifference, do occur, but, overwhelmingly, the most frequent response is one of spontaneous solidarity, cooperation and mutual assistance. Obviously, such effective reactions do not always occur, nor, even when they do, does this mean that external aid is unnecessary. But to ignore the resilience of affected populations all but inevitably leads to an overestimation of the need for emergency relief and to hastily organized, unsuitable, and badly thoughtout responses that are more likely to be “pre-fabricated” than to be flexible responses to specific conditions on the ground.

Reconstruction is another area that has too often given rise to many questionable claims, assumptions, and practices on the part of both nongovernmental and governmental aid organizations. For whatever they may claim, humanitarian organizations are almost never in a position to rebuild what a disaster has destroyed. Rebuilding and repairing homes does not just require money, but also a wide variety of skills and, even more importantly, the active cooperative of the government authorities in the affected countries and regions. The reality is that NGOs and UN agencies can do no more than help provide temporary solutions. And while it is true that large numbers of victims may urgently need food, tents, and drinking water – something humanitarian organizations can arrange better and faster than most governments – reconstruction is a wholly different, longer, and more complex undertaking. It involves access to real estate registers, debates over urban planning, the settlement of land-related disputes, a process of rebuilding that takes into account future risks, not to mention local economic and political issues and priorities. Beyond the people directly affected, these decisions concern, first and foremost, local and national authorities. And those who will do the actual rebuilding are almost invariably local or foreign contractors, and include civil engineering firms, skilled artisans, architects, and the inhabitants themselves, many of whom built their own homes to begin with, but precisely not aid agencies, which have at best a marginal role to play.

Financing is the only aspect of reconstruction where international aid is useful, and here some progress has been made. A plan, long discussed in the aid community, is finally beginning to be implemented on the ground: funds are distributed directly through bank cards that give affected families “drawing rights” on accounts furnished by humanitarian organizations. Despite numerous security problems and continued controversy over the best criteria for designating the actual beneficiaries, this is undoubtedly the most satisfactory form of financial aid in such situations. It meets an obvious and urgent need while avoiding costly and inefficient tutelage of local populations by foreign organizations. It deserves to be more widely used.

There is nothing new about either misrepresentation or misunderstanding in natural disasters. Nonetheless, the extent to which the posttsunami situation was misrepresented and misunderstood is surprising. The likeliest explanation of this is that the beliefs underlying the misunderstanding had long been entrenched both in the relief world and with the general public. These beliefs were what informed the description of the disaster and what the response to it needed to be by relief organizations and journalists, many of whom enjoyed a certain credibility owing to the perception of their superior knowledge and experience. The only way to fully understand the reasons for these errors of judgment would be to conduct a targeted inquiry among the people working for these institutions. Not having carried out such an inquiry, I will simply set forth a few hypotheses.

The first concerns the metonymic power of images. Images were both the main vehicles of information and the basic trap, because what people saw on their television screens was taken as an image of reality, rather than as only a part of the reality. This confusion between the whole and its parts was then further accentuated by the exceptional scale of the disaster. But this was certainly not the only factor. Another was the emotional frenzy engendered by the amateur videos disseminated over the Internet and rebroadcast incessantly on television. The consequences of this psychological bombardment was reinforced by (and itself reinforced) popular identification with the victims. In such an atmosphere, any attempt to tone down the discourse or view the situation in perspective was perceived as heartlessness, while sensationalism and excess were seen as manifestations of compassion.

It is worth noting that the print media and the electronic media covered the tsunami and its aftermath very differently. The latter emphasized immediate emotion, while the former presented a more removed, and, at least comparatively, far more thoughtful analysis. Indeed, rarely has the divergence between the two forms of journalism been more apparent, in terms of both content and impact. Carried away by the flood of compassion, relief agencies responded reflexively rather than thoughtfully; mobilizing goodwill and transforming emotion into donations became ends in themselves, and the question of how the funds raised would be used was regarded in practice as meaningless.

But although a profound fear of contradicting the conventionally accepted opinion in the media and the general public was probably a major factor in aid organizations' loss of their grip on reality, it is not sufficient to account for the public positions these groups took. That these organizations too often failed to distinguish between their own interests and their social mission, and their disregard for the lessons learned from the experience of previous natural disasters were major factors as well.

By the interests of organizations, I mean the tendency of any institution to seek to increase its resources and expand the scope of its activity. A disaster on the scale of the tsunami, affecting many aspects of the lives of individuals and societies, could only reinforce this tendency to the point where any call for prudence expressed in relief organizations' positions was likely to go unheeded. I use the word "prudence" here in the sense of the Greek *phronesis*, or practical wisdom. Prudence is not the opposite of boldness; rather, it is what resists hubris. It is particularly relevant because the Western experience in modern times is marked by a sense of almightiness, and that it is all the easier to feel and share this sentiment when it is nourished by the conviction of doing good by providing an emergency response to suffering and deprivation. In focusing entirely on this categorical moral imperative of "the emergency," NGOs brought into, or at best were unable to resist, the climate of hysteria that surrounded the tsunami from the outset.

In an atmosphere of hubris, it is easier to understand why the lessons learned from previous natural disasters were largely ignored, since these lessons suggested precisely that emergency relief efforts should be limited, and that there was really only so much that humanitarians could sensibly expect to accomplish. It must be noted, however, that such errors of judgment as to relief needs, particularly the fear of epidemics, are observed whenever a natural disaster occurs, probably because – even for physicians – the fear of corpses supersedes more rational considerations.

The vicious circle constituted by these convictions – the belief that there were enormous basic needs to be met and imminent deadly perils to avert, not to mention the belief that willpower and money can work miracles – seems to have operated with great force, with each of these beliefs powerfully reinforcing the other. The few NGOs that resisted the emotional whirlwind were not in a position to stop it, as their public statements were inaudible in the prevailing pandemonium. As for the journalists, although some print journalists offered far more skeptical and nuanced analyses of

the situation, it was difficult for them to cast doubt on assertions that were regarded as “common knowledge” and that, moreover, were ratified by those institutions that claimed and were assumed to be the authority, particularly the WHO.

Given that local emergency services begin operations immediately, the first and by far the most urgent priority for international aid institutions is not rapid deployment at all, but rather an assessment of what is lacking. Having analyzed the needs, the second priority is to meet them in as coordinated a way as possible. Whatever the pressure from public opinion – admittedly enormous in the case of the tsunami – and from a journalistic world whose default position is to constantly demand that we show that we are doing something, relief organizations should always put the need for prudent assessments first. Tents, food, water tanks and purification systems, communications equipment, equipment for clearing away debris, medical supplies and drugs, surgical assistance and means of transport (helicopters and boats, in some cases) are the main elements of emergency relief. But they must be adjusted to match the circumstances. In other words, every relief effort has to take into account local needs, indeed has to give them pride of place, and these needs will vary from one case to another. The actual capacities of the many organizations involved need to be factored in as well, and this may well be the most difficult element to assess.

Again, we must not fall prey to hubris. We must accept the fact that the coordination of aid takes time and that only the authorities of the countries concerned, perhaps with the help of the United Nations, are in a position to combine and coordinate the flow of aid on the spot. But we also must be sufficiently realistic to recognize that such coordination cannot be established immediately. In the absence of such prudence, a real danger exists that international disaster relief organizations may be irremediably discredited if they do not reexamine their mission and if they do not seriously question the misleading mental patterns that too often determine their action in precisely those times when it may be most needed.

REFERENCES :

- De Ville de Goyet, C. (2000). “Stop Propagating Disasters Myths.” *Lancet*, vol. 356, August 26.
- Favier, R., and A. -M. Granet-Abisset, eds. (2000). *Histoire et mémoire des risques naturels*. Grenoble, MSF Alpes.
- Floret, N., J. -F. Viel, F. Mauny, B. Hoen, and R. Piarroux (2006). “Negligible Risks for Infectious Diseases after Geophysical Disasters.” *Emerging Infectious Diseases*, April, vol 12, no. 4, available at www.cdc.gov/eid.
- Najman, W. (2005). *Economie de la survie des populations sri-lankaises du district de Batticaloa apres le tsunami de de`cembre 2004*, available at www.msf.fr/site/bibli.
- Rechtman, R. (2005). “Du traumatisme a la victime, Une construction psychiatrique de l’intolérable.” In P. Bourdelais and D. Fassin, Eds. *Les constructions de l’intolérable, Etudes d’anthropologie et d’histoire sur les frontières de l’espace moral*. Paris: La Découverte.