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Editorial

A cross-cultural perspective on disasters

American emergency services specialists pride themselves on a dispassionate approach to disasters. We train ourselves to think, speak, and act in a calm and deliberate manner to deal with emergencies. In a methodical way, we have organized ourselves at every level from neighborhood to nation to cope with disaster.

We share this method of approach, which has brought us some notable successes, with Western Europe. Our disaster response plans are, we hope, some of the best in the world. Our response organizations, we believe, are prepared to swing into action immediately on need. Fortunately, the US has not had a truly catastrophic domestic incident since the 1940s to test its medical capability. Europe has not been so fortunate.

Americans feel comfortable with their state of preparedness. This is written as Hurricane Hugo moves towards Charleston, South Carolina. For the past two days, office workers have been taking shifts in the radio room, listening to reports from the Caribbean, and jotting down brief intelligence summaries that are collected and distributed every few hours to inform the higher levels of the bureaucracy. Other persons are in meetings to discuss how the US government will coordinate its emergency response. It's all very organized and tidy, and if the truth be known, a little dull. At the end of this particular emergency, we will write an unanimated report that recites statistics and explains how we dealt with the situation. If there are many injuries and casualties, medical authors will recount them in medical journals, reciting the events and the medical statistics. The accounts will be matter-of-fact, in the style we expect of professional papers.

In this issue of the *Journal of Wilderness Medicine*, Lazar Beinin offers a different and passionate view of a disaster situation. The report is in the literary tradition of Dostoevsky and Solzhenitsyn: vigorous, intense, replete with folkloric symbols, and full of the smell of wet ashes and the sound of weeping. This unconventional paper holds some lessons for us.

Dr Beinin reminds us that great disasters like the Armenian earthquake are shocking events that profoundly affect victims, responders, and people around the world who share in the experience through modern media information sources. He accurately explains that the majority of disaster deaths and injuries are generated by physical environmental hazards, and have no direct relationship to medical care, however good or bad that care may be. Thus, most deaths can be prevented only by predetermined environmental risk assessment responded to by appropriate building and safety measures. Beinin recognizes that the survivors of a disaster need prompt first aid and definitive medical care, urging us to develop proper mitigation and response measures before a disaster, to match our helpless compassion for the victims afterwards.

Dr Beinin's paper should make us think a little about our level of comfort. Some people do not share our methodical approach, and are openly critical regarding our level of preparedness. Americans and Europeans are made of the same physical and emotional stuff as are Russians and Armenians; in a disaster we might expect some of the same social problems that Dr Beinin observes, and certainly more criticism from the public

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media. Some parts of North America and Europe are subject to substantial risk of disaster. Because our housing is improperly constructed and industrial plants are hazardous, we might experience similar kinds and numbers of casualties. Our medical response systems are only partially developed, so we might easily experience severe shortcomings in mobilizing them effectively. Such problems were observed during the Italian earthquakes a few years ago.

Simply recognizing these deficiencies is not sufficient. The medical community should assume a leadership role in their resolution. If our culture forbids a display of passion, then perhaps simple enthusiasm will do. In the medical arena, we and our professional organizations should become involved in developing local, regional, and national disaster response programs, such as the US National Disaster Medical System, to create nationwide systems for medical mutual aid. Physicians should lend their support to programs of disaster prevention and mitigation, and to plan an effective response to any conceivable disaster. In broader political arenas, we should support the national and United Nations agencies involved in a new campaign to control environmental risks, named the International Decade for Natural Disaster Reduction. We must lend assistance to organizations like UNICEF, the United Nations Disaster Relief Office, and the international Red Cross societies which provide prompt medical and technical aid after disasters. A little passion invested in these programs now might prevent a lot of weeping later.

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