

Stop Propagating Disaster Myths

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The international responses to the tragic earthquake in Turkey highlight the need to reassess the myths and realities surrounding disasters, and to find ways to stop these destructive tales. The myth that dead bodies cause a major risk of disease, as reiterated in all large natural disasters from the earthquake in Managua, Nicaragua (1972) to Hurricane Mitch, and now to the Turkish earthquake, is just that, a myth. 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. Often overlooked is the unintended social consequence of the precipitous and unceremonious disposal of corpses. It constitutes just one more severe blow to the affected population, depriving them of their human right to honor the dead with a proper identification and burial. The legal and financial consequences of the lack of a death certificate will add to the suffering of the survivors for years to come. Moreover, focusing on the summary disposal, superficial "disinfection" with lime, mass burial, or cremation of corpses requires important human and material resources that instead should be allocated to those who survived and remain in critical condition.

Our experience in the aftermath of the earthquake in Mexico City showed that health authorities and the media can work together to inform the public, make possible the identification of the deceased, and the return of the bodies to the families in a climate free of unfounded fears of epidemics.

The myth that the affected local

population is helplessly waiting for the Western world to save it also is false, especially in countries with a large but unevenly distributed — medical population. In fact, only a handful of survivors owe their lives to foreign teams. Most survivors owe their lives to neighbors and local authorities. When foreign medical teams arrive, most of the physically accessible injured have received some medical attention. Western medical teams are not necessarily most appropriate to the local conditions.

As a professional disaster manager, the press coverage of the Turkey earthquake leaves me with a sense of *affliction*: "international rescue teams rushing in are made to look as though they are saving victims neglected by incompetent or corrupt local authorities". We saw the same cliché after major earthquakes and hurricanes in the countries served by the Pan American Health Organization (PAHO) in this western hemisphere.

Disaster-stricken countries appreciate external assistance that can do a lot of good when directed to real problems. Unfortunately, too much of the assistance is directed to non-issues or myths. For example, a common myth is that any kind of international assistance is needed, and it's needed now, while our experience shows that a hasty response that is not based on familiarity with local conditions and meant to complement the national efforts only contributes to the chaos. Often, it is better to wait until genuine needs have been assessed. Many also believe that disasters bring out the worst in human behavior, but the truth is that while isolated cases of antisocial behavior exist, the majority of people respond spontaneously and generously.

The myth that the affected population is too shocked and helpless to take responsibility for their own survival is