EDITORIALS

Beyond good intentions

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India has witnessed yet another disaster and with it has come another outpouring of sympathy, good intentions and long-distance aid - all fuelled by television images of grieving relatives, politicians' and filmstars' flying visits, and long lines of people waiting for help. The media carries ghastly reports for the news-hungry world, which donor agencies use to turn the philanthropy tap on. As a medical professional who has participated in a number of disaster relief efforts including the latest one in Tamil Nadu, I would like to put forward some reality clips not seen on television.

Donating or dumping?

A truck is doing the rounds of the streets of Mumbai collecting old clothes. Flash back to the Bhuj earthquake and picture a turbaned Kathiyawari man in billowing kurta, standing on a truckload of rubble received from Mumbai. He holds a mini-skirt to his son's head, and asks: "We are victims of a disaster, not beggars. Please stop dehumanising us. We need tobacco but none of the relief trucks are carrying it." Elsewhere old clothes are burnt as cooking fuel. A shipload of medicines worth crores of rupees arrives from a donor country. But the medicines are labelled in a foreign language and therefore impossible to sort. Further, two-thirds have crossed their expiry date.

A team distributing medicines is asked by the people if they should take what is being handed out -- or what was given by the three teams which visited earlier the same day. Social agencies play the numbers game -- the number of camps held, crutches given, toilets built, food packets distributed, tonnes of medical aid flown in...

After the commercial break...

Attention spans last only as long as the next commercial break. The short-term aid relief worker has left by the time the long haul of rehabilitation starts. For the media, this phase is boring. And as international media attention wanes so does aid - just when it is required most. (Incidentally, more children die of malnutrition every year than all the disasters combined but they do not make it to television. It's an ongoing disaster.)

Foreign aid can be unmindful of people's needs, not unlike sending old clothes. Such reactions to television imagery are wonderful in thought but crippling in deed. Further, disaster victims are not helpless. They cope somehow, rebuilding their lives. The resilience of Indians is amazing. Let us not destroy self help with overbearing aid.

A checklist for responsible 'giving'

At the highest level, I respect those who volunteer in person. However, rushing to disaster sites often contributes only to "disaster tourism". First contact a known organisation in the affected area and ask about their requirements. The local population almost always handles critical rescue needs. Volunteers must have a long-term commitment and be able to coordinate with other agencies and speak the native language. Sometimes irrespective of the volunteer's skills, the first days are spent in clearing up debris and dead bodies. The ability to wear 'many hats' and sustain oneself in difficult environments is vital.

Donation in kind is important. However, the local community donates more than enough clothing and household items to meet the demand. Everything can usually be bought locally from the undamaged buffer zone. Most medical items can be purchased locally. Though they receive intense media attention, many high-tech foreign interventions can actually have negative value. When donor needs override victim needs, it results in "disaster terrorism", a term coined by Dr Claude de Ville de Goyet, an emergency worker in Mexico city. Finally, cash is the best kind of aid. True, it can be used easily and abused more easily. It is your responsibility to ensure that you are not funding hate groups in the guise of relief workers. It is easiest to donate via high-profile donor agencies, but it is also possible to pick out grassroots organisations via the Internet and fund them directly.

These examples illustrate the situation; some of them also point to special 'problems' faced by medical professionals - state the priority and follow it, provide appropriate food and relief materials that respect the recipient, remember the people affected by the 'ongoing disaster' in the background, and so on.

We have enough resources and expertise in our large country. We need to be respectful of the rights of survivers while we help them. Lastly, beyond the sudden calamities, medical professionals need to remember the less visible, ongoing diasters, like starvation in children. We need to go beyond good intentions.