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Media Relations in Aceh: Why earlier is better

Before I start my presentation, let me explain my background: Since 1977 I have worked as a journalist, starting in East Africa, then the Middle East and later in Asia. Most, but not all, of my initial experience was in television news at levels from cameraman to senior assignment desk editor. And for seven bucolic years I was a senior editor at the now defunct Asiaweek, living the good life in Hong Kong.

For the past two years I have worked for WHO, largely doing what we have come to call risk communications – handling the flow of technical information about disease outbreaks like SARS and avian influenza from within WHO to the outside world.

My journalist colleagues frequently accuse me of crossing the line over to the “dark side,” but I’m still holding on to the illusion that I haven’t really crossed over the line, I’m just straddling it.

I will limit my comments today to what I saw in Aceh for about five weeks, from early January to mid-February. When I do exceed those parameters, I’ll base it on information I have received from others within WHO. And I will deal only with my limited field of expertise, media relations.

First, let me give a very quick primer on what I see as the different types or stages of media relations. The distinction has relevance later in my presentation. For me, media relations is a three-fold process:

- Risk Communications
- Crisis Communications
- Longer-term Media Relations

For WHO, risk communications typically come in to play before or during the early stages of disease outbreaks like SARS, avian influenza or the outbreak caused by the Marburg virus. Risk communicators keep the general public informed, largely through the media, about the potential threats of disease situations. Wisely done, it heads off panic and fear, minimizing social and economic disruption. For an example, look at WHO’s role in communicating the risk of avian influenza. By now, most people in this room are aware of its threat, even though it has taken a relatively few number of lives. Even in my hometown in the U.S., twelve time zones away from Southeast Asia, people are aware of its potential for causing global mayhem.

Crisis communications are used when such a threat has materialized, or a natural disaster like that of December 26 has happened. The prime target for crisis communications is people in the affected area. They need immediate information that can affect their well-

Comment [d1]: Slide one: List the three types of comms

Comment [d2]: Slide two: Highlight crisis comms on slide

being. A second group is the broader public – including governments, response agencies and donors – will want to stay informed for a wide variety of reasons.

Media relations, as it is commonly perceived, plays a role over the longer term, where information very often has to be pushed out to the media. In some ways, it becomes the hardest job of all. For an example, let me go down the dangerous, self-serving path of quoting myself. As part on my end-of-mission report written in the third week of February, I predicted: “The reality of the media cycle is that interest wanes as WHO’s more typical activities grow. There will be little interest in a few weeks of the delivery of the more than 50 vehicles we bought for the provincial health ministry. Our training of laboratory staff will go unnoticed, as will the organizing and re-stocking of Aceh’s pharmaceutical warehouses. Our measles vaccination campaign was a hard enough sell when Aceh was swarming with journalists. In six weeks, AP and Reuters will not send reporters to cover the last crying child of the 1,250,000 who were vaccinated by WHO-supported nurses with a WHO-supplied disposable syringe injecting Government-approved vaccine delivered down a WHO-organized cold chain.”

Comment [d3]: Slide three: Highlight Media relations on slide

The wonderful young woman WHO now has handling media in Jakarta agrees. Aceh is a tough sell, she says, and four months after more than 160,000 people died there within a few hours and the city and villages in which they lived were leveled, she is left with the difficult job of catching the attention of the world’s media about the continuing needs of those people rebuilding their lives.

That’s the background of the role of media relations as I see it. So, how did we – the World Health Organization – do in Aceh?

Comment [d4]: Slide 4: Adequate or not?

As a journalist, “crisis response” and “UN organization” were two terms that never fit comfortably into one sentence for me. It turns out I was right. And even from my narrow vantage point on the ground in Aceh, it was clear that WHO was struggling at all levels to respond to the challenges of December 26th. And I think it is fair to say that our sister UN and NGO organizations were, too. I played no role at our Geneva headquarters during the response, but in our first media group post-tsunami discussion, it was clear we were unprepared and slow to respond. I found a similar story at our regional headquarters in Delhi, where I worked for several days on my way to Aceh and on my way back home. Likewise, at the country level in Jakarta and at the focal point in Aceh, it was obvious that WHO is not a rapid-response organization and that we were struggling to meet the challenges coming our way. From what I have seen and heard, this was true at every level and in most areas of endeavor of WHO, but I will stay focused only on how we coped with meeting the demands of the media.

As a spokesman, I found a sympathetic ear from journalists when asked about our shortcomings in the field. My scripted response was: None of us had ever faced a natural disaster of this magnitude, involving so many people over such a wide area. Of course we are struggling.

Comment [d5]: Slide 5: We fell short not because of the size of the crisis. We fell short because we were not prepared.

But in fact, our shortcomings were due less to the size of the problem than our planning and capacity to deal with crises in general.

Let's start with our initial media response: It is amazing to me that many of the world's news organizations could have journalists on the ground in Aceh within 48 hours of the event - most of the first to arrive had simply jumped on commercial Garuda flights – while WHO did not get someone in place to disseminate coherent information to the media for more than 10 days. For much of that period, WHO's Geneva-based experts were making statements based on limited knowledge, much of it being delivered by the media. As we built the response team on the ground, we were struggling to convey the information we had been able to glean through tenuous communications lines.

Comment [d6]: Slide 6: Sloooooooooow response

Certainly, you would argue, that there are more important people to have in place during a crisis than a media team, even if it is only one person. And, even if WHO had a media response team in place earlier, what would have happened? Could the situation have been made any better?

Yes, I think it could have been better. Information sharing is a two way street, one in which organizations do more than dole out information. Particularly when dealing with crises, organizations seek and absorb information from any source that can be deemed reliable. Journalists on the ground in Aceh often came to us for information, but very often they were better informed than we were. But we had no coherent system of taking in their information or passing it along to our regional and Geneva headquarters.

Comment [d7]: Slide 7: Two way street arrow between WHO and Media

Comment [d8]: Slide 8: Arrow from Media to WHO

A prime lesson WHO had learned in disease outbreaks is that very often journalists, particularly local journalists, are better at collecting and organizing information than we are. During the first SARS and avian influenza outbreaks, for example, we relied not just on media reports, but on personal contacts with journalists to keep us well informed about what was happening in areas to which we had no access. In Aceh, WHO had no organized outreach or even someone to passively take in information from journalists – the very people who were scouring the scene for information.

So that is one direction on the two way street of information flow. What could a media relations team – and we are really talking about one person here – have done better at disseminating information? With or without a media relations person, our WHO team in Aceh was open to the press, and generally tried to share as much information as it could. But I believe we could have also performed an educational service for the harried reporters coming to us by making better use of what we already know about disasters.

Comment [d9]: Slide 9: Arrow from WHO to Media

Comment [d10]: Slide 10: Media relations: Not just share current information, but fill in the background and give a wider perspective

The Pan American Health Organization, which has published a wide array of material on what it has learned from its decades of experience dealing with disasters, largely in Central and South America, has a list of myths about natural crises it has dispelled. Tales of public panic, the irrational concerns about dead bodies, the call for aid of any sort, as soon as possible – all of these fears could have been addressed better from the site of the disaster. The reality is that WHO has an elaborate play book, a vast number of

documented resources about disaster response, which went largely unused in the first days of the crisis by those people who needed it most – journalists in Aceh.

What do I mean? Here's an example: Officials, the media, and even the public expect that in emergencies and potential emergencies people will be too frightened to behave intelligently, and will instead give in to mass hysteria. This is in fact not the general reality, and definitely did not happen in Aceh. In the interim between the earthquake and the tsunami, people had already begun to attempt to rescue people trapped in collapsed buildings. And after the tsunami, they regrouped quickly again.

We know from past experience that true group panic is rare. In major emergencies and potential emergencies, people are typically resilient and resourceful in their efforts to protect themselves, and in such situations are usually more willing than usual to help others. This was not a message that was communicated in the initial press coverage in Aceh.

Another myth, debunked by our colleagues at PAHO: When disaster strikes, any sort of aid from the outside should be rushed to the affected area immediately, supported by an influx of aid workers. Local authorities can't cope, national governments desperately need the aid of experienced outsiders to

There is no denying that the actors in crisis response operate on agendas that include, but far transcend, meeting the needs of the crisis-affected people they aim to help. But even though some groups on the ground were calling for more appropriate aid, the message was not delivered often enough or loudly enough to be heard.

Here is a good example: Ron Waldman headed WHO's first response team. Professor Waldman has done this sort of job for years on several continents. I've taken the liberty of re-jigging part of an early January article from the *Sydney Morning Herald* to help make my point. The article dealt with the influx of hospital facilities to Aceh, when what was really needed was more basic – sanitation facilities:

The world had been “incredibly generous” in responding to the crisis in Aceh, but the wrong sort of aid was being dispatched, Dr Waldman said. “I've told WHO in Geneva we do not need more field hospitals,” he told the *Herald*.

“There's no question the hospitals were needed. But there's no question also that after we have reached capacity, we have got to get on with other things, instead of worrying about where to place more and more and more field hospitals which are going to be used to 5 or 10 per cent of their capacity.”

“There's a tendency in disaster relief operations to think medical is the big sector and when people think health they think hospital. When I think medical, I think public health, I think food, water, sanitation - primary health-care services. The aid tends to come in an inverted fashion; hospital assets come in before what we really need.”

Waldman was right on message, as were many others. And, as we have learned in other workshops here, there are other reasons for this sort of aid mis-match, a situation not unique to Aceh. But, without a coherent media plan to hammer such a message home, elaborate medical facilities continued to arrive for weeks. Only about 10% to 15% of hospital bed capacity was ever used at the height of the crisis, as Waldman had predicted.

Those are a few of our errors. What did we get right? Time is running short, so let me yield to just one instance of back-patting:

This time around, we successfully, and I hope finally, laid to rest the shibboleth of the overstated danger of dead bodies. It was gratifying to see WHO's Geneva media wranglers get across the message that corpses, while psychologically distressing, do not present an immediate threat to public health. While body retrieval and removal is an important part of the crisis response, it is not a top priority – corpses are not reservoirs of disease, lying by to launch an epidemic. That message was driven home as part of a conscious effort on the part of WHO's media team.

I feel I have made some fair arguments for early and vigorous on-site media relations efforts during humanitarian crises. But let me conclude with a final argument for a higher profile for media relations during crises:

Comment [d11]: Slide 11: One final argument for early and strong control of media messages

There is little question that, during the three periods of crises I outlined at the beginning – potential risk, immediate crisis, and long term recovery – the way the media frame the events will affect more than just how the general public perceives those events. With the recent technological advances of video and voice communication, local and international media largely determine how governments, donors, and aid agencies respond to a crisis. This is particularly true in chaotic situations like Aceh.

Comment [d12]: Slide 12: Media drives the aid response agenda

It has become a glaring reality that the media's perception of a crisis, not necessarily the reality on the ground, nor even the desires of the government of the country in which the crisis struck, will drive the aid response. Because of this agenda-setting power of the media, it is simply too risky not to have experienced people organizing and disseminating information to help journalists do their jobs as best they can. If a proper response to a humanitarian response is going to be mounted, agencies must be prepared to incorporate a way of relating to the media that helps them do their job better - serving the people affected in the most effective manner possible.

Comment [d13]: Slide 13: Use the media as a powerful tool to help set the response agenda.

Comment [d14]: If you don't help the media right from the very start, you risk losing the support of the people who empower you

Thank you for the opportunity to share my thoughts with you and your kind attention.

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