



**Medicus Mundi Schweiz**

Netzwerk Gesundheit für alle  
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## **MMS Bulletin #98**

*Gesundheit in Krise und Konflikt*

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# **An Emergency Response Unit experience in Sri Lanka** **“How do you define emergency?”**

Von Johannes Schraknepper

*Rarely or even never before, all kinds of professionals and amateurs in development and humanitarian assistance have worked so close together - and so far from each other... Some reflections and side observations of someone working within the “helping wave” after the 26th December 2004 tsunami in South Asia.*

In late January 2005, approximately one month after the tsunami disaster, a talk happened between a local doctor in Komari, Pottuvil, at the East Coast of Sri Lanka, and a member of a Red Cross Emergency Response Unit.

**Local doctor:** What does this mean, ERU?

**Red Cross ERU doctor:** This means “Emergency Response Unit”, that aims to meet needs of affected people in an emergency situation, be it to meet medical needs, shelter, water sanitation etc.

**Local doctor:** Fine, that means you come during the emergency phase after any disaster?

**Red Cross ERU doctor:** Yes.

**Local doctor:** When did you arrive at Komari?

**Red Cross ERU doctor:** Our team arrived the 4th of January and became fully functional the 7th of January.

**Local doctor:** My brother, a local MoH doctor, was here on 26th December 200. I have arrived the 28th of December 2005 here in the place. My brother was very busy at the time, he created a community committee with all high ranking and potent people of Pottuvil and actions at all levels started since the tsunami has hit the communities as you know. The Central Dispensary of Komari was inundated, all material swept away, staff was shocked and my brother had to direct the health staff of the Pottuvil Division to cope with the influx of injured people at all places. The most serious wounded people, if still alive, have been transported by all available means to the next District Hospitals and, if in need of surgical or other interventions, to the Ampara General Hospital. Amongst the people heavily injured by the tsunami there were also some foreigners spending holidays in Arugambay. All people in the concerned communities, including the Arugambay foreign community, showed to a larger extend solidarity and despite the chaotic situation there was no panic. We all only became tired after the first week. The worst was over after 4-5 days, will say beginning January.

**Red Cross ERU doctor:** I think you have done a great job and I could even read it in the Herald Tribune in an article about your brother’s engagement in Pottuvil.

**Local doctor:** Now we are happy that you are here and take on some of the work load we had to carry in the very beginning alone. But allow one question: How do you define emergency? We thought, the real emergency has been the first 48-72 hours after the tsunami where people have been under life threatening conditions and some of them in a real panic situation. There had to be a response on it. You have arrived to assist us on 4th of January. There was need of your help, but was this still an emergency?

**Red Cross ERU doctor:** A lot might depend on your definition of words, your general background and education and skills, but I would agree that we have to reflect about your points of view when we want to improve the efficiency of our undertakings. You may know that action causes reaction and there is always a time space between it, depending upon a lot of parameters we can’t always tackle in the most advantageous way since we are as humans subject to limitations but trying to expand our possibilities to act. But somewhere there is a limit visible on the horizon despite the fact that when you reach the horizon you will see that horizon is expanding, too. But we will think about your comments.

# From theory to perfect implementation...

There is more than enough literature available about Emergency Response. The theoretic setup seems to be quite comprehensive and knowing the theory at all times at all levels would lead to perfect implementation, but...

Despite the well worded explanation it should not be forgotten that there are two main forms of memories and experiences, the individual one and the collective one.

Not everything what is laid down in nice articles, leaflets and posters in the collective and institutional memory is available at a computer mouse click to the individuals (that are not yet transformed into computers and also not yet clones of supermen or superwomen. Even if things are known in the institutional memory, the concerned individual has “forgotten” a lot and his personal experience is only to a very limited extend transferable to others, since men are very individualistic and act according to the thinking: I am the big bang, before me there was only the singularity.

This will lead to the fact that no ERU experience will cover completely the next scope to be tackled in the next ERU situation. Knowing always everything and knowing it better (“Besserwisserei”) stands in the contrast to modesty - and a humble common sense approach can not be abandoned completely. An ERU mission will be as good as the sum of their individuals working together in the emergency or disaster situation and all other people involved should be seen as co fighters against the effects of the disaster. No feeling of superiority and “Besserwisserei“ should come up in members of ERU teams. The administrative part of it is different to the executing and implementing part. There is no administrative emergency, and there is only the possibility of administrative mismanagement that might lead to pseudo-emergency situations.

## Do not forget the factor H

Even if the experience for the ERU community is in the institutional memory and the collective memory, it might be “forgotten” or no more or not have been present in the individual memory. If all would work and be as described in the written statements and would be present in the individual at all times, there would be no problem or obstacle in implementing the tasks an ERU wants to take on.

So do not forget the factor H, the human resources with their limitations:

- The revolutionary change is not hidden in the progress of tools, the revolutionary change is present in the human beings and organisations who use these tools. And the ERU setup has the tools.
- Do not expect “wonders” from an ERU.

- Have feed back with the target groups about your action and interaction with the people helping themselves.

## Big disasters - big organizations? Small disasters –small organizations?

In the permanent changes of time disasters have changed in frequency and size. Information and communication technology never in mankind was so developed. Power as well as size of organizations, be it governmental or non governmental, wasn't bigger than nowadays. The only thing remaining (if not to say being sustainable) was the overall level of mankind's ignorance to cope with the changes.

Taking into account the knowledge of mankind as such, no more such disasters should occur or preparedness should soften the sequels to a major extend. But does it work like this?

We are now familiar with stimulants put in the air by all kind of media and hardly react if the disaster does not bring a new world record.

The tsunami record brought a new record in humanitarian assistance to a disaster hit country - but how it is perceived by the longer term helpers and the targeted beneficiaries of this humanitarian assistance and development work?

## Rapidly assessing rapid assessments...

Unfortunately, the tsunami disaster has broken some old records - and the reaction was adequate: new records in assistance, coordination and logistical efforts, number of organizations ready (really ready?) to help etc.

Even recognized and respected organizations all of a sudden found themselves put into question by their own members as well as other and younger organizations within the "humanitarian community".

One rapid assessment was followed by the next one and now even assessments about the assessments are under way, extends, wording and direction of thoughts depending upon the cultural and social provenience of the authors. As you can surround Mt. Matterhorn and see it from different directions, different heights or flight levels - everywhere it looks different but remains Mt. Matterhorn, however you will describe it. There is no single true picture - all are true depending upon the position from where it was seen. And like this the work of all bodies in the post tsunami area can be described.

But now there is no more disaster and development could take place and all of a sudden all our human shortcomings appear on the scene:

Stilted conversations, endless meetings, thick reports, countless emails and dozens of missed opportunities take place and the danger is given that the mountain will deliver a mouse.

However there are positive results. Who brings a lot will bring at least something to all. But is this satisfying to both, the recipients and the “donors”? This might be judged correctly by another later generation. For the people actually involved the following counts:

- There is and was a lot of good will and power to cope with the tsunami caused problems by most of individuals and organizations involved, by the local people, local authorities - short by the factor H.
- There is and was the opportunity for a whole country to close up with the planets overall development.
- There is and was the opportunity for all involved to improve their personnel as well as organizational and team skills.
- Red Cross movement has the opportunity to newly define its role within the concert of humanitarian and development assistance, to go beyond its core activities, to improve the effectiveness and efficiency of its core activities and spread the basic ideas of the Red Cross Movement amongst the target population as well as other organizations working in the same field and with similar goals.

No matter how you agree or disagree to the above mentioned points - you have to live with your agreements or disagreements – so do not cling nor to an enthusiastic agreement nor to a furious disagreement. Just remember: There is always suffering form humans after a disaster and always the principle hope – implemented by the humanitarian and development organizations and bodies.

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# IFRC: The Code of Conduct

## Principles of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes

1. The Humanitarian imperative comes first
2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone
3. Aid will not be used to further a particular political or religious standpoint
4. We shall endeavour not to act as instruments of government foreign policy
5. We shall respect culture and custom
6. We shall attempt to build disaster response on local capacities
7. Ways shall be found to involve programme beneficiaries in the management of relief aid
8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs
9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources
10. In our information, publicity and advertising activities, we shall recognise disaster victims as dignified humans, not hopeless objects

[www.ifrc.org/publicat/conduct/code.asp](http://www.ifrc.org/publicat/conduct/code.asp)



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