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**Forecasting and Preventing Catastrophes**

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**Discussion Paper for SARS: How to manage globalised crises?**

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The SARS crisis has raised a number of questions which take us beyond the hour by hour news from the epidemiological front, and also beyond the relief at seeing that this crisis has not taken an explosive trajectory. What, we might ask, are the difficulties and traps of these new forms of crisis? What initiatives need to be taken to draw all the lessons from the current episode? How should we prepare for the possibility that one day a crisis such as this might get the better of our systems of control - a question which is very much at the heart of our current anxieties?

**Challenges and pitfalls.** The first challenge arising from the SARS crisis lies in the very real difficulty in getting a stable picture of just how serious the problem is. Three factors come into play here. The first is the virus itself and its pattern of infection: ignorance and repeated surprise are the initial characteristics of emerging risks. Interconnected worldwide networks lead to problems of unprecedented scope and speed of propagation. This global context is shot through with multiple crises and ruptures, which generate enormous instability, aggravated by a background of high anxiety which combines with instant planetary mediatisation. One trap inherited from the past would be to proclaim that "everything is under control": such an implausible claim would mean the instant collapse of all credibility. The opposite trap would be to generate a catastrophe by taking the worst-case scenario as fact. This would mean precautionary measures getting out of hand, making panic inevitable. Yet another mistake would be to imagine that these crises can be resolved using the techniques of "crisis communication" inherited from the 1980s.

Fundamentally what is needed is to find the points of reference, the trajectories, the operational modes and simply the right words for such unstable and elusive realities. This is the "new order" of crises: what is under control intersects with what is not under control, underestimation clashes with exaggeration, culpable blindness runs up against groundless anxiety. The most delicate matter is managing a system

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when it meets a major fork in the path. Perhaps the whole affair has turned out to be less serious than anticipated - in which case the counter-measures may prove to have been exorbitantly expensive. This in turn can have a knock-on effect on public health provision, since the economic cost associated with large-scale measures has substantial indirect consequences. On the other hand, the potential negative parameters may exceed our worst expectations - in which case, the anticipatory measures may end up looking thoroughly irresponsible. There can be no ready-made conjuring trick to answer such difficult questions. Decisions can be taken, nonetheless, which communicate a responsible attitude in a given crisis.

**An immediate decision: global feedback.** Rather than condemning China for its secretive policies, as if this were a remake of Chernobyl (what is called for now is a supportive attitude, not vindictiveness), we would be better off drawing on past experience, in the most thorough manner and without delay, on a worldwide scale - with all the participants and means appropriate. The in-depth analysis of the management of this crisis would mean putting in place an international team, specialised not in medicine but in the overseeing of tricky feedback situations. Such a team could be directly answerable to the Secretary General of the United Nations. But many other bodies, each one at their own level, would be well advised not to "file away" the affair in the light of the latest "reassuring" assessments. Remember the way Seveso and its "false victims" were made light of; then there was Bhopal; the "irrational panic" around Three Mile Island was also dismissed; while in the case of Chernobyl, the incompetence of the decision-making was disgraceful.

Among the aspects needing to be explored are the following:

- the major surprises of all of the actors in the situation. (This is not just a question for the WHO, which for its part was confronted with the irruption of diplomatic and economic factors into its task of scientific risk estimation);
- problems of interface between the world of the health professionals and other key actors (administrations, network operators, governments, NGOs): these gaps and contradictions call for examination and correction;
- the weak points of our large decision-making and operational systems, in all stages of the management of non-conventional crises: preparations for unprecedented situations, capacity for reflexion in the background, effectiveness and minimal coherence in worlds of high complexity and strong resonance;
- the most interesting innovations put in place in the course of this crisis (whether within the WHO or in the most affected regions, or among different operators of large networks);
- the reactions and suggestions of expatriates who experienced at first hand the unfolding of the crisis: here there is potential of the greatest interest.

**Preparation for worst-case scenarios.** Let us beware of the fascination with the extreme. But let us not shirk the question either. We must show that this hypothesis has not been left unexplored, because severe panic might otherwise ensue. When you cannot be "reassuring" by having proof to hand, the next best thing is to give proof that you are taking the matter seriously. The crucial point is not to be mistaken in situating the crisis in its proper place and time. A few leads:

- set up as quickly as possible, at appropriate levels in the major decision-making bodies (whether public or private) background reflexion groups, constituted in an open fashion, to work on non-conventional scenarios - these are very rare;
- set up networks of private operators and public decision-makers, to decompartmentalise information, and promote anticipation, coherence, action and the correction of the inevitable mistakes - as of now, lines of demarcation seem to hold precedence;
- thoroughly transform age-old action reflexes: instead of centralising, get the citizen into the loop, operate as close to the ground as possible, with the people on the ground, on the basis of maximum confidence (as was the case in Québec during the great electricity failure of 1998). This can mean making decisive breaks with the habitual way of doing things, and this is something which cannot be improvised;
- constantly seek out the best ideas, the best initiatives outside of the customary frameworks, wherever they are to be found, and at an international level: many positive leads can be opened up in this way;
- work effectively on problems of communication, while being careful not to make them the only basis for the management of crises: verbal sleight-of-hand is not the answer to the profound risk of disjunction between the authorities and civil society - all the more so since words and techniques quickly become devalued in situations of acute turbulence;
- engage in research into the delicate and increasingly central problem of the management of large systems in situations of high instability, marked by ignorance, impulsive behaviour, speed and irreversibility: our technical knowledge, adapted to relatively familiar and stable situations and compartmentalised worlds, is not up to the task when confronted with 21<sup>st</sup> century crises;
- prepare future decision-makers for these disconcerting situations: this is the strategic key in the medium term - and it would be better not to leave a monopoly of the culture of the aberrant to certain groups.

Whatever the outcome of this particular crisis, one requirement has become clear: when more than 25 countries are affected in varying degrees by the same phenomenon, it becomes essential to take the necessary decisions and courses of action. The question of globalised crises now confronts us: we must be resolute in approaching it with proper responsibility.

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