

Role of the Media

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The rhetoric of the mass media, particularly in their tabloid form, polarize, simplify, personify, problematize, concretize, brutalize, and vulgarize traumatic events. The so-called "11 on top" criteria for the press are: (1) news; (2) consequence; (3) conflict; (4) drama; (5) rarity; (6) trendy; (7) personal focus; (8) "good news"; (9) exclusivity; (10) "journalist knows a journalist"; and (11) proximity.

The above aspects of modern media and the work situation of journalists ought to be known by professionals in the rescue service and in the medical preparedness organization for accidents and disasters. The media have important societal responsibilities in connection with traumatic events and for that reason may be of valuable help in the disaster work. But, the media themselves, may represent a considerable stress on the actors.

The experience demonstrates that one's media strategy ought to be open, honest, engaged, warm, and self-critical. If you appear infallible, inaccessible, critical, and cold: "You asked for it." A media strategy presumes that there is contingency planning, a press center, a spokesman with clear authorization, media knowledge, a mandate to take initiatives (for example to hold press conferences), an understanding of the media's professional background and their resources, the 24-hour cycle of the media is known, that there is collaboration, and that leaders are willing to expose themselves to the media, if necessary.

Good risk communication, (situations in which there is a need to calm, but not to deny/belittle) demands that the communicator is perceived as: (1) competent; (2) being open and honest; and (3) having a capacity for empathic communication.

Division of responsibility for disseminating information when the main rescue centers/ local rescue centers are involved in large transport accidents is as follows:

1. The transport company may: (1) confirm the event/facts related to the event; (2) take care of the interest of the injured, diseased and their next of kin; (3) provide information about the background of the accident; (4) provide information about the transport company's implemented support services and about the consequences for continued transport activities ("business in the crisis"); and (5) prepare for interviews with survivors and/or witnesses.
2. The rescue service is responsible for all information: (1) about the rescue operation; (2) about injured/diseased and survivors; and (3) may make identities of deceased known and inform next of kin about the deceased or missing (coordination).
3. The hospitals are responsible for informing the next of kin of the injured, may give permission for journalists to interview the injured, and may inform the media about physical injuries.
4. When it comes to foreign citizens, it is that person's national embassy, that is entitled to disseminate information about the involved citizens and the consequences for its own activity, and may disseminate the name of the injured and deceased and inform about other actions.

Keywords: communications; information; journalists; media; responsibility; rhetoric; risk

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A Systems Approach at 66°N: Natural Hazards in Iceland

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Iceland is a country with vast and various natural hazards. Examples include the 1973 volcanic eruption on the Vestmannaeyjar Islands and the earthquake in the south central region of the country in 2000. Numerous casualties have occurred from avalanches: two such catastrophes occurred in 1995 when two villages were hit by avalanches on separate occasions, claiming 34 lives. Another natural hazard is sub-arctic tempests, a risk particularly to seafarers.

The Icelandic Civil Defense Organization originally was established in the 1960s, mainly to tackle the threat of war and possible nuclear catastrophes. Participation in civil defense as a means of disaster preparedness was mandatory for all governmental agencies and all individuals 18–65 years of age. Later, attention was focused more on natural disasters. This was emphasized particularly in the 1970s by non-governmental organizations, such as the all-volunteer search and rescue teams and the Icelandic Red Cross, the latter of which has played an integral role in developing a modern EMS system in the country. Healthcare institutions became more involved in the 1980s and public safety services followed suit. In 1985, an incident command system was formally included as a component of civil defense. Guidelines for triage of multiple casualties also were published.

During the avalanche rescue and relief operations in 1995, this system was tested in many ways. Overall system performance was quite adequate, but, based on lessons learned, many amendments have been made. As examples, the incident command system was extensively reviewed, a new approach to disaster drills was instituted, a proposal was written for a nationwide trauma system, and a new National Rescue Coordination Center has just been inaugurated. The main principle has been to integrate disaster preparedness with everyday emergency services.

Keywords: avalanche; coordination and control; disasters; drills; emergency medical services; events; hazards; Iceland; incident command system; threats

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Handling of Medico-Legal Work in Greater Accidents and Catastrophes

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In Norway, the handling of greater accidents and catastrophes is the responsibility of the head of police in the local police district. However, the practical work is delegated to the Disaster Victim Identification (DVI) Group of the National Criminal Investigation Service. The DVI Group consists of three divisions: (1) criminal technicians; (2) forensic pathologists; and (3) forensic odontologists. All of the Nordic countries have similar groups, and these DVI groups meet once each year, and are part of a worldwide network organized from Interpol in Lyon.

The Steering Group of the Norwegian DVI group consists of a leader (police officer), the head of the criminal technicians, the head of the forensic pathologists, and the head of the forensic odontolo-