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Crisis Mentality

Why sudden emergencies attract more funds than do chronic conditions, and how nonprofits can change that

By Keith Epstein

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CRISIS Mentality

Why sudden emergencies attract more funds than do chronic conditions, and how nonprofits can change that



The swing of public compassion toward the most recent headline-grabbing crises – the tsunami in Asia, the hurricanes along the Gulf of Mexico, the earthquake in Kashmir – has left many nonprofits in the lurch. Even as emergency-related private giving in the United States soared to unparalleled levels – \$1.8 billion for the tsunami, \$3.1 billion for Hurricane Katrina, \$130 million for the Kashmir earthquake¹ – many other organizations, large and small, felt the pinch of a sudden stinginess. Services began to suffer, and so did their clients.

Chrill Care Inc., a community agency that

helps low-income, frail, and disabled adults in Essex County, N.J., with their housekeeping, meal preparation, and shopping, is one nonprofit that suffered a steep drop in donations following the big disasters of the last two years. Clients seeking aid are now more likely to encounter a waiting list, and those who benefited from 10 hours of visits now receive no more than six. “We are a small but well-established entity,” says Gail Ahrens, the organization’s operations director. “But we cannot run a large marketing campaign or reach the millions of viewers that a Katrina reaches night after night on television.”

PHOTOGRAPHS LEFT, RIGHT BY BUSHNET/
SOIFER/GETTY IMAGES, GETTY IMAGES NEWS



Hurricane Katrina and the flooding of New Orleans (above) pulled both heartstrings and purse strings. In contrast (left), the daily grind of poverty, homelessness, and other protracted problems receive less attention – and largesse.



Residents walk through downtown Banda Aceh, Indonesia, two weeks after the tsunami struck Southeast Asia. In the United States alone, private giving to tsunami relief totaled over \$1.8 billion, breaking all records for charity in the wake of a natural disaster.

The latest catastrophes have also overshadowed the globe's more widespread and protracted problems. *Each month*, an estimated 250,000 people die from AIDS, 150,000 die from famine, and another 80,000 died from malaria. Unsafe water and a lack of sanitation lead to another 180,000 deaths, mostly of children, from infectious diarrhea.² That's a total of 660,000 deaths. Contrast these numbers with those caused by the most publicized disasters of the last two years: the Asian tsunami claimed a total of 280,000 lives, the Kashmir earthquake 73,000, and Hurricane Katrina 1,093.

Yet American philanthropy – individual, foundation, and corporate – is weighted heavily toward rescuing emergency victims, and away from tackling chronic conditions. An analysis of data by the *Stanford Social Innovation Review* found that because of this trend, there is little relationship between how much donors give and how many people need help. (See graph, p. 51.) Among the many striking discrepancies: Private donors to date have spent about \$1,839 per person affected by Hurricane Katrina, but donated only \$10 per person diagnosed with AIDS. Even “fatigued” private philanthropy associated with the Oct. 8 earthquake in Pakistan, at \$37 per person affected, dwarfs the \$3 donated for each person with malaria.³

“From a strictly rational perspective, we ought to apply all the resolve given to helping in natural disasters to inner-city prob-

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lems, to rural poverty, to broken educational systems, to lack of health insurance, and so on,” notes Stephen G. Post, a bioethicist at Case Western Reserve University's School of Medicine. Instead, “much of the public has a kind of crisis mentality, giving only when they can see that affected populations are in severe, life-threatening emergencies,” laments Ellen Seidensticker, special adviser to Raymond C. Offenheiser, president of Oxfam America.

As irrational as this pattern of giving might seem, a growing body of research on how people think, feel, and act suggests that donors' seemingly misplaced giving actually makes psychological sense. The del-

uge of generosity following headline calamities, as well as the underwhelming response to quieter sufferings, have their roots in human evolution and the kind of mind that it produced. Understanding why sudden crises more readily pull heartstrings and loosen purse strings than do more persistent issues can help nonprofits keep their donors' commitment when louder, more vivid causes burst onto the scene.

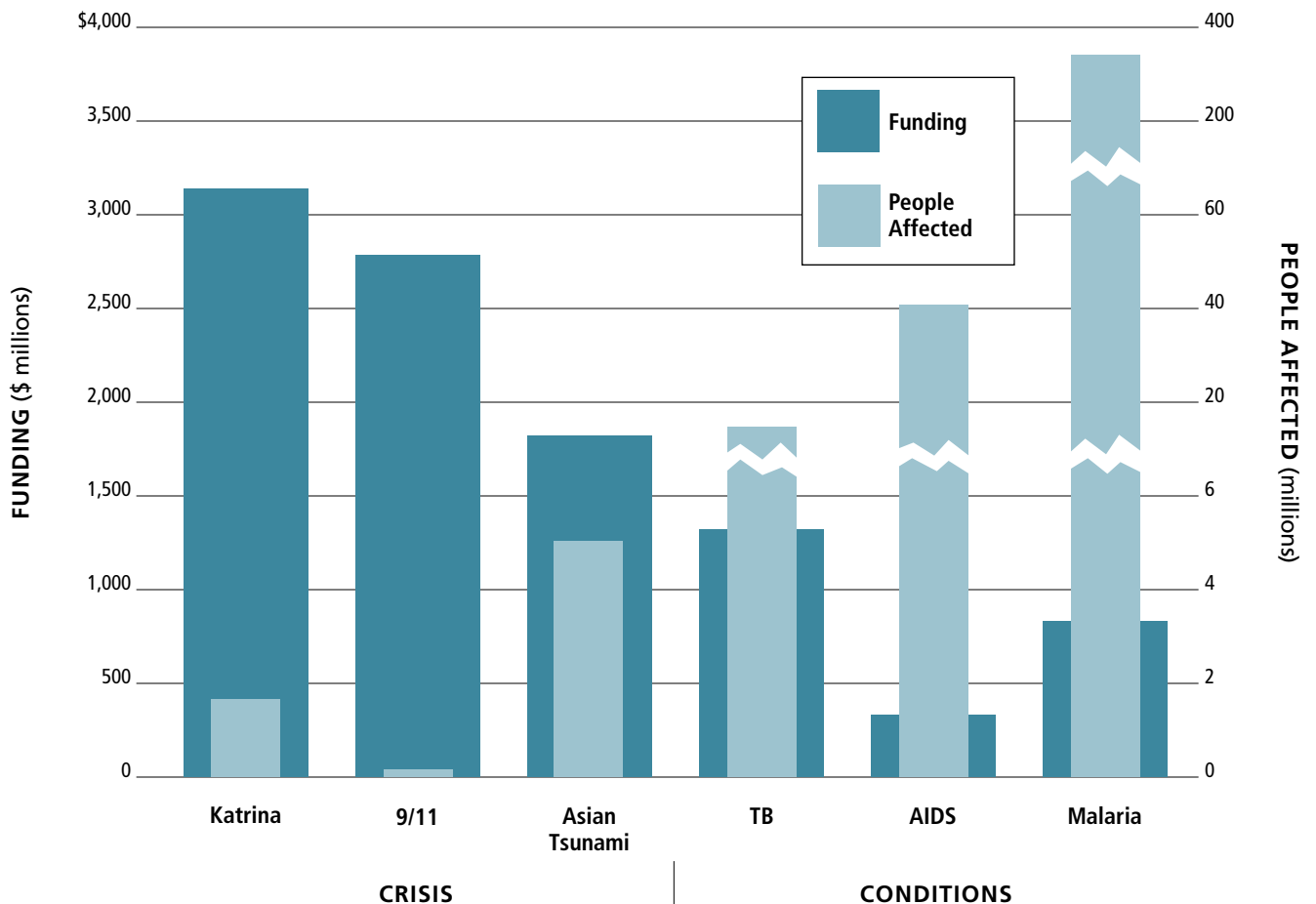
Money Well Spent

Nongovernmental organizations like Oxfam have long recognized the challenges presented by donors' crisis mentality. “It's much easier to raise money in response to crises than for either disaster prevention or long-term development,” observes Seidensticker.

Yet the best way to address emergencies is usually before they happen, by investing in prevention and in the alleviation of long-standing problems. The tectonic shuddering that unleashed the tsunami, for example, was all the more deadly because the dense coastal populations it affected were already struggling with inadequate infrastructure, widespread poverty, and malnutrition. Likewise, the poverty and segregation of a city built well below sea level made New Orleans a humanitarian crisis waiting to happen. Not to mention that the risks of flooding were hardly unknown: In an October 2001 article, *Scientific American* warned that “a major hurricane could swamp New Orleans under 20 feet of water, killing thousands” and that “only massive reengineering of southeastern Louisiana can save the city.”

An analysis by the World Bank and the U.S. Geological Survey shows that during the 1990s, some \$40 billion in preventative measures would have reduced economic losses from the

MISMATCHING MONEY AND NEED



NOTES: Funding amounts for all causes except tuberculosis and malaria reflect the amount of private (individual, foundation, and corporate) philanthropy in the United States dedicated to that cause. Because no agencies track U.S. private philanthropy for tuberculosis and malaria, funding amounts for these causes reflect global private and government giving.

For 9/11, Hurricane Katrina, and the Asian Tsunami, “people affected” is the number of people who were in need of or who received direct aid as a result of the disaster. For AIDS, malaria, and tuberculosis, “people affected” is the global prevalence of each disease in the most recent year for which data are available.

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—Catherine Spence

world’s natural disasters by \$280 billion.⁴ In China alone, the World Bank estimates that \$3 billion in flood control measures spared the Chinese from \$12 billion in losses. Such analyses suggest that every dollar spent on lessening risks saves as much as \$7 in relief and repair expenditures.

“More effective prevention strategies would save not only

tens of billions of dollars, but save tens of billions of lives,” United Nations Secretary-General Kofi Annan wrote in 1999.⁵ “Funds currently spent on intervention and relief could be devoted to enhancing equitable and sustainable development instead, which would further reduce the risk for war and disaster.”

At Crossed Purposes

Bucking the trend of overspending on disasters and underspending on prevention and preparedness, the Red Cross attempted to divert some of its 9/11 relief monies to more underfunded projects. Outraged donors, however, thwarted the agency's plans.

Soon after the Sept. 11 attacks, the Red Cross created the Liberty Disaster Relief Fund to handle the surge in donations. After using the funds for immediate disaster relief, including food, water, and health services, the agency still had a lot of money left over. And so the organization decided to spend over \$250 million of the Liberty Fund on long-term programs, including terrorist attack preparedness.

By early November, however, public outcry over how charities were spending their 9/11 donations caused Congress to hold hearings on the topic. The Red Cross, which had raised roughly 50 percent of all 9/11 proceeds, faced particularly harsh criticism. Rep. Charles F. Bass of New Hampshire was quoted in the *Chronicle of Philanthropy* as saying: "I don't care what it says on the back of an envelope or in a PSA. ... If you asked Americans where they thought the money was going when it was to the Liberty Fund, they thought it was going to the victims of the [9/11] disaster." Donors themselves sent several thousand angry e-mails to the Red Cross in the course of the hearings.

Bernadine Healy, the Red Cross' outgoing president, defended her organization, saying during the hearings: "The American Red Cross, to my knowledge, has never described its work as limited only to those people who were lost on 9/11 and their families." More recently, Red Cross spokesperson Scott Snyder commented: "The Red Cross never intentionally misled the public about the Liberty Disaster Relief Fund. The plans for the fund evolved as the Red Cross tried to anticipate future needs."

On Nov. 14, however, the Red Cross responded to donor demands by pledging all of the Liberty Fund's proceeds to people directly affected by the 9/11 attacks. The organization also began offering refunds to dissatisfied donors.

By the end of 2004, the Liberty Fund had distributed \$390 million in victim compensation to approximately 3,500 beneficiaries – an average of \$110,000 per person affected. Never before had a charity distributed so much money per person. Moreover, it was the first time that the Red Cross did not directly tie eligibility for aid to the financial need of the victim. –C.S.

Feelings Are First

Just why people respond more to sudden crises than to ongoing or chronic conditions, even when those conditions spawn greater turmoil and tragedy, is becoming less of a mystery, thanks to a growing body of social science research. On the surface, the explanation seems simple: Emergencies stir stronger emotions than do protracted problems. Yet understanding why people's emotions elicit greater giving than do their more analytical tendencies not only offers a fascinating lesson in the workings of the mind, but also suggests a surer route to philanthropic efficiency and effectiveness.

In what cognitive psychologists describe as a "dance of affect and reason," people's behaviors are governed by two different modes of thinking. One mode, which cognitive psychologists call "System 1," is intuitive, nonverbal, and usually unconscious. System 1's rapid and automatic responses are triggered by associations, experiences, images, and feelings.

System 1 developed first in our evolutionary history, when humans lived in small communities where everyone knew everyone's name, and when dashing to avoid immediate dangers – a stalking tiger, a grumbling belly, or an enemy warrior – was the order of the day. "We didn't have to think about large-scale problems, or people who live elsewhere, or large numbers of people. Just the survival of a few people in the here and now," says Paul Slovic, a cognitive psychologist at the University of Oregon. And so to this day, System 1 responds most readily to life-or-death situations, close locales, small numbers, and the present tense.

That's why most of us are so quick to respond to, say, the plight of a dozen trapped coal miners broadcast into our living rooms. As far as System 1 is concerned, this crisis at our hearth requires that we leap off the couch, log on to the Internet, and offer a hefty donation to the Red Cross. Meanwhile, the World Bank statistics on infectious diarrhea gather dust on our desks, not even eliciting a blip on System 1's radar.

On Second Thought

"System 2," on the other hand, is analytic, deliberative, and usually conscious. This mode of thinking deals in rules, arguments, calculations, and deductions. It is our watchdog, our inspector general, and our auditor, monitoring the quality of System 1's intuitive impressions. Just as System 2 evolved after System 1, it is still our secondary mode of thinking. Unless System 2 is nudged into action to evaluate, say, the relative utility of donating money to a wide-eyed victim of the latest domestic disaster versus the millions of faceless victims of malaria somewhere overseas, the cause attracting System 1's sentiments gets the check. One life, narrative, or image can trump millions of lives. Emergencies profit, lingering problems languish.

Private donors to date have spent about \$1,839 per person affected by Hurricane Katrina, *but* donated only \$10 per person diagnosed with AIDS.

Contrary to how people have traditionally thought about reason and passion, good decision making does not depend upon the ability of reason to knock passion out of the ring. Instead, “both System 1 and System 2 are necessary for rational behavior,” says Slovic. Just as the contemplative System 2 corrects the impressions of the emotional System 1, System 2 must enlist the motivational gusto of System 1 to get things done.

In the world of charitable giving, however, System 2 is all too often asleep on the beat. And unabated tragedies like malaria or AIDS, which require an appeal to System 2’s analysis to draw out donors’ dollars, all too often end up missing out on the money.

Between Heart and Head

The solution to this problem would seem to be appealing to Systems 1 and 2 at the same time. Ironically, combining both emotion and analysis in the same pitch can backfire. Long intrigued by the relative indifference of otherwise compassionate people to the world’s most devastating crises – especially genocide – Slovic and his co-authors Deborah Small of the Wharton School and George Loewenstein of Carnegie Mellon launched a straightforward behavioral experiment.⁶ They asked: What best induces people to contribute to a long-running cause: a story about one suffering person, a set of facts and figures, or both?

After collecting their pay for taking part in an unrelated experiment, the unwitting study participants encountered a fundraising campaign for Save the Children. One-third read about a poor, starving 7-year-old girl from Mali named “Rokia,” whose photograph was also given. Another third of the participants viewed a statistical snapshot of that part of Africa: 17 million severely hungry people in four nations, plagued by food shortages and crop failures, and another 4 million without homes. The last third of participants received both sets of appeals; they read Rokia’s story and the statistical information – not unlike readers of *The New York Times* or students of relief organization annual reports. All participants were then invited to donate money for “relieving the severe food crisis in southern Africa and Ethiopia.”

Participants who read only about the hungry child Rokia gave the most money. “When it comes to eliciting compassion,” says Slovic, “the identified individual victim, with a face and a name, has no peer.” System 1 jump-starts the check-writing once again. And as the researchers predicted, reading only the broad statistical portrait inspired the least giving. System 1 failed to notice; System 2 snoozed.

Most surprising, though, was the behavior of participants who read both Rokia’s story and the statistical facts. This most informed group of all was considerably less generous than the group that read only Rokia’s profile, and only slightly more generous than the group that viewed only the statistical snapshot.

In other words, the simple story of one identifiable victim came out ahead, while trying to give a sense of the scale of the problem only blunted the fundraising pitch.

Discussing these findings, Slovic quotes novelist Barbara Kingsolver’s “High Tide in Tucson”:

A newspaper could tell you that one hundred people, say, in an airplane, or in Israel, or in Iraq, have died today. And you can think to yourself, “How very sad,” then turn the page and see how the Wildcats fared. But a novel could take just one of those hundred lives and show you exactly how it felt to be that person rising from bed in the morning, watching the desert light on the tile of her doorway and on the curve of her daughter’s cheek. You could taste that person’s breakfast, and love her family, and sort through her worries as your own, and know that a death in that household will be the end of the only life that someone will ever have. As important as yours. As important as mine. (p. 231)

The Pull of Personal Connection

The “identifiable victim effect” is even more pronounced if the victim is similar to someone the donor knows, or if he or she lives in a place with which the donor is familiar. Not too surprisingly, we feel more empathy for people with whom we have a personal connection – who look like us, who live near us, who come from places we have been, or who have had experiences similar to our own.

Small believes that levels of charitable giving vary so greatly in part because the degree of “social distance” between victims and potential benefactors differs so much by cause. Nancy Reagan, Rob Lowe, and Mia Hamm all promote charities involving ailments afflicting members of their families. Most Alzheimer’s Association volunteers knew someone with Alzheimer’s disease. And friends of someone who died of AIDS are more likely to volunteer for charities supporting AIDS victims, Small has found.

In behavioral experiments, Small found that subjects who befriended a “victim” in a specially designed game were more generous to other anonymous victims of the same misfortune.⁷ “The shorter the social distance, the more people feel that they have a connection to the problem, whether it is a one-time event or an ongoing problem,” says Small. “Lots of people know someone with breast cancer. Lots of people had traveled to New Orleans and thus felt a connection to the people and place.”

“Slow-developing, long-term disasters will be mostly ignored, because they are too emotionally draining to continue to worry about.”

A Problem of Magnitude

Few people, however, are intimately acquainted with thousands of people. And though modern humans have more family, friends, and acquaintances than they did in prehistory, our brains still have a hard time reasoning about large numbers. Unless a cause can plug into System 1’s sensitivity to the small and the local, philanthropic action may lag.

Psychologists have long demonstrated that as the magnitude of stimuli like brightness or even quantities of money increase, people’s sensitivity to them drops. This effect is known as “psychophysical numbing.” Slovic believes a similar process of numbing results from losses of life as they become larger, so that while the passing of one life feels huge, the difference between 100 versus 101 deaths is barely noticeable.

Moreover, while people don’t know how good or bad it is to save 150 people, they do know that it is better to save half a village than it is to save a quarter of it. In other words, System 1 is more responsive to proportions than to raw numbers. In one of Slovic’s studies, he found that as the over-

all size of a Rwandan refugee camp increased, people’s willingness to send lifesaving aid to prevent 1,500 deaths decreased. The larger the community, the less people cared about saving the same 1,500 lives.⁸

Once again, Slovic blames a lax System 2, which would have recognized that saving 1,500 lives is equally important in a smaller and a larger camp. “System 1 is distracted by images that produce strong, though erroneous feelings, like percentages as opposed to actual numbers,” he says. This means that “the subjective value of saving a specified number of lives is greater for a smaller tragedy than for a larger one” – yet another reason why concentrated disasters get more attention and money than do larger, more diffuse misfortunes.

Meanwhile, the bar for what people consider sufficiently compelling keeps getting higher. If the event isn’t big enough, or if too many occur over too short a period, interest wanes. Princeton University psychology professor Daniel M. Oppenheimer offers a simple rule of thumb: “If two crisis-related disasters hit in close succession, people will be less likely to be charitable toward the latter, because their emotional resources would have been drained.” System 1 has limits of its own.

One of Oppenheimer’s studies now under way examines why people can only care about so much, and for so long. A person reaches the point of “ego depletion” after exerting willpower; resting, relaxing, and looking the other way hold more appeal than continuing to dwell on a negative subject. “It takes emotional effort to focus on the suffering of others,” explains Oppenheimer, and because we have limited willpower to maintain the focus, “slow-developing, long-term disasters will be mostly ignored, because they are too emotionally draining to continue to worry about.”

Media Bigs

The minds of journalists who produced what goes on the air or into print likewise dance between Systems 1 and 2, with System 1 often calling the shots. Even when producers and editors can override their own emotional intuitions, they still usually cover what they



Women and their babies wait in the malnutrition ward at a Gulu, Uganda, hospital. The civil war in northern Uganda has displaced 1.6 million people. Despite the scale of this calamity and of victims’ needs, the charitable response has been scant.

PHOTOGRAPH BY PER-ANDERS PETERSEN/GETTY IMAGES NEWS

Cute and Lucrative

When it comes to eliciting goodwill, not just any face will do. Even in the animal kingdom, people have preferences – with noticeable consequences. Money is more likely to flow to benefit the conservation of pandas, a celebrity species, than the endangered but far less heralded carrion-scavenging American burying beetle.

The human mind appears to have definite favorites – and turnoffs. Large, forward-facing eyes; round, cherubic heads; soft skin; tufts of hair; fuzzy bodies; and a charming waddle – such baby mammal-like qualities are common to the species who inspire our care. In the world of species preservation as in the realm of crises and chronic human conditions, the difference between support and distraction may have less to do with logical, numeric demonstration of need and more to do with automatic impulses and unconscious associations.

In the oceans, seals and dolphins have the allure of marine supermod-



Panda cubs, like the National Zoo's Tai Shan, are excellent fundraisers.

els; while the plights of plankton, cod, and sea cucumbers are largely ignored. Pandas are the rock stars of the zoological world. Even self-important Washingtonians joined lengthy queues at Washington's National Zoo this winter for a 10-minute glimpse of panda cub Tai Shan. Meanwhile, gamboling penguins and their puff-ball chicks prevail at the box office – "March of the Penguins" has grossed \$75 million.

Even causes that have nothing to do with saving a species can get a boost from deploying the right critter. In anti-tobacco campaigns, for

example, health promoters would be wise to front a penguin rather than a buzzard, found Sonia A. Duffy, a specialist in health behavior with the Veterans Affairs Ann Arbor (Mich.) Health Care System. Duffy tested different cigarette warning labels with Chicago public school-children, and found that a sketch of a penguin in a red jacket and black heels drew more attention than a plain label, or other cartoon critters. "The advertising industry knows that animals and babies sell," says Duffy. "Too bad public health campaigns have not figured that out." –K.E.

think audiences will respond to most strongly – the dramas of individual victims, near or resembling their audience members, accompanied by riveting pictures. Laments Rockefeller Philanthropy Advisors CEO Melissa Berman: "Conditions don't make news. Crises make news."

Genocide, for example, rarely makes it to the top of a newscast – or even into it. Ongoing turmoil in Darfur and other parts of Africa, where tens of thousands have been murdered and millions forced to flee plundered villages, obtained relatively scant coverage in 2004 – only 23 minutes on ABC, CBS, and NBC combined.⁹ Long-running, ongoing problems involving large numbers of people far, far away often fail to arouse System 1's concern, and thus are of marginal interest to news organizations.

Yet if TV doesn't cover an event, most people don't know

it happened. "Donors can respond in significant numbers to crises only if they are aware of them," notes George Rupp, president of the International Rescue Committee. And so decisions by television producers and newspaper editors exacerbate donors' individual tendencies to give to the latest local or well-publicized drama.

"Media coverage exerts a tremendously powerful influence," agrees Seidensticker. "Many people are motivated to give by seeing video shots of children and families left homeless or traumatized by natural disasters or violent conflict. The daily misery and psychic violence inflicted by grinding poverty normally attracts little attention from the media, and so it is easy for people to ignore."

News organizations have their budgetary limitations and priorities, too. Despite the implications of the Sept. 11 terrorist

Decisions by television producers and newspaper editors exacerbate donors' individual tendencies to *give to the latest local or well-publicized drama.*

attacks, most news organizations have continued to scale back foreign coverage that is not related to American interventions like the war in Iraq. Even when covering the tsunami, they tended toward more familiar figures, such as Western tourists and supermodel Petra Nemcova.

Gaming the System

Armed with the knowledge of how Systems 1 and 2 interact, organizations can employ the following tips to secure funding for long-standing social problems, farsighted development projects, and wide-reaching preventative measures – even

amid the clamor of late-breaking disasters.

First, organizations can take advantage of the identifiable victim effect by telling donors the story of just one person who is contending with a chronic condition. Save the Children has long recognized the power of this technique, connecting donors to a single named child, rather than seeking generalized support for its larger cause. “It’s personalized, so you know your money is not a small contribution to a huge problem of famine, but a small contribution that means a lot to a particular individual,” explains Slovic. ConAgra Foods used a similar strategy when it focused on one child in its public service announcements about childhood hunger. And Partners in Health’s 2004 annual report has “before” and “after” images of a man named Joe; skin and bones in the first image, Joe looks muscular and healthy in the second.

Similarly, organizations should make donors feel like they are not just part of an anonymous mass, but rather are individuals who are making a difference. “Make it clear that their

Choosing Mission Over Money

The Institute for OneWorld Health has discovered that addressing the world’s most menacing health threats sometimes means leaving money on the table. The organization, which is the nation’s first nonprofit pharmaceutical company, develops medications to tackle diseases in the developing world. Because drug development can take as many as 10 years from drawing board to regulatory approval, OneWorld Health has chosen to focus solely on its mission.

After the Asian tsunami, though, wealthy donors and well-known foundations offered OneWorld Health hefty sums to do emergency work in Asia. Michael MacHarg had to say no. “It’s tough,” notes MacHarg, who, as associate director of development and partnerships at OneWorld Health, is supposed to bring in resources – not turn them away. “I wouldn’t want to dissuade anyone from giving to a tsunami relief effort. But I also try to encourage them to think about the long picture.”

In competing with disasters like the tsunami for donor dollars, OneWorld Health would seem to be at a disadvantage. Yet sometimes MacHarg’s long-range pitch works, especially with donors who can be persuaded that their generosity involves a commitment that could be more significant and rewarding in the long run than simply dashing off a donation to emergency relief. Though higher risk than, say, International Rescue Committee missions, OneWorld Health’s medicines could have a greater impact on malaria, which claims 1 million lives each year; pediatric diarrhea, responsible for the deaths of 2 million children each year; and visceral leishmaniasis, a parasitic infection that is also known as black fever. “We’re in it for the long term. With us, you’re investing in an idea that’s very social entrepreneurial.”

OneWorld Health was the brainchild of Victoria Hale, a former drug industry scientist and Food and Drug Administration official troubled by how drug companies bypass the developing

world’s health problems in favor of high-revenue, First World projects. During its first five years the nonprofit has benefited from donations of patents, talent, research facilities, and more than \$50 million in grants from the Bill & Melinda Gates Foundation.

“You can talk about malaria in crisis terms – 3,000 children dying a day – but it just doesn’t sink in for people. They don’t grasp that reality,” says MacHarg, echoing the refrain of nonprofit leaders and cognitive psychologists. “So you have to find ways to make people really think about the long-term commitment.”

MacHarg emphasizes OneWorld Health’s potential long-term impact, compared with the uncertain outcomes from short-term tsunami or earthquake relief. “There are donors out there who are asking the question, ‘Am I really part of a long-term solution?’” Better to focus on that than give into the latest philanthropic fashion, he suggests. “Once you chase money, you lose sight of your mission.” –K.E.

contribution is not a drop in the bucket,” advises Slovic. “Even though the problem may be big, assure [donors] that their response will make a difference for one person or a select concrete group – a concrete effect from their concrete response.” Marketing consultant Carol Cone similarly advises that with widespread, drawn-out problems, fundraisers should “communicate small wins and progress made against the Goliath, helping donors understand how their help really *can* do so much.”

Organizations also need to concentrate on their most important donors, keeping them well-informed and involved. “Most people do not stop supporting their favorite schools, churches, hospitals, museums, or soup kitchens even during major humanitarian catastrophes,” says Seidensticker. Organizations such as the International Rescue Committee depend upon their largest and most loyal donors to support their core work “even as we supplement that support with contributions to emergencies,” says Rupp. They tend to view disasters as “stretch” or “above and beyond” donations. Communicating directly with the largest donors, meeting with them personally on a regular basis, and staying in touch with all supporters through letters, publications, and e-mails are therefore especially important, says Rupp.

In the course of their communications, organizations should educate donors about the solutions, not just the problem. Too often, says Berman, “donors say to themselves, ‘I think poverty is a terrible problem, so I’m giving to X.’ That’s not funding a solution at all. They need to think about the causes of poverty and ways that might be broken, then explore four or five solutions.” This enables donors to visualize a cause-effect plotline: You are showing them the beginning, middle, and end to the problem. For example, Afghan Women Leaders Connect not only encourages the delivery of healthcare services, but also employs Afghan women to deliver those services, thereby training them for leadership roles in their society.

To maintain a focus on the future, fundraisers should encourage donors “to view their contributions like an investment. The payoff is over the long haul,” says Michael MacHarg, associate director of development and partnerships at the Institute for OneWorld Health, a San Francisco-based nonprofit developing new medicines for neglected diseases. Organizations can also assure themselves staying power by “building a movement,” as Cone puts it, with donors and partners who feel vested in the ongoing effort. “They can help strategically develop the brand and act as stewards” over time. Organizations such as the American Heart Association, the Susan G. Komen Breast Cancer Foundation, and St. Jude Children’s Research Hospital have all launched long-term campaigns, such as St. Jude’s new slogan: “We never stop looking for cures. For any child. Ever.”

Finally, organizations should educate both their donors and themselves about feelings’ sway and logic’s laxity. Slovic rec-

ommends that fundraisers explain that “most of us are very well meaning and compassionate people. It’s just that under certain circumstances our compassion and well-meaning get diverted” to less needful causes.

And organizations must be careful not to allow their missions to suffer when disaster strikes. Some, like the Institute for OneWorld Health, have become practiced in the art of turning away donations that are earmarked for crisis intervention. (See sidebar “Choosing Mission Over Money,” p. 53.) Other organizations, like Oxfam America, have developed fundraising strategies that allow them both to respond to crises and to continue their day-to-day work, “so no dollars are diverted from one area to the other,” explains Seidensticker. Oxfam also educates donors about the wisdom of early intervention, which can prevent small crises from escalating into full-blown emergencies.

Overall, both donors and organizations should show sympathy to crisis victims, but stand tough on their commitment to prevention and to the alleviation of protracted problems. Slovic acknowledges that this is not easy: “It’s like Ulysses tying himself to the mast when confronted with the Sirens, because he knew otherwise he wouldn’t be able to resist.” Likewise, addressing the world’s most pressing problems will require people both to bridle System 1’s impulses and to inspire System 2’s analysis. □

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