

Planning Diseases and Planetary Dis-Eases

By Medard Gabel

The one common denominator to all humanity, besides death, taxes and clichés like this one, is problems, problems, problems. We are all problem solvers. In today's world, we need to be global problem solvers. The following essay traces some of the diseases we can catch in our problem solving endeavors.

“Policy, programs and planning” is how society solves its problems—or thinks it solves its problems.

One rather jaundiced way of looking at present-day societal problem solving is that it is most often the attempt to solve 25 year regional or global problems with four-year local solutions staffed with two-year personnel funded with one-year allocations that have been budgeted by bureaucrats who can not see more than six months, the next election, or vacation (which-ever comes first) in advance and who know next to nothing about the problem they are addressing other than it does not, like Gerald Ford and the hoola-hoop, seem to go away if ignored. It is the attempt to solve vast problems with half-vast solutions. The best that comes out of this process seems to be that which has the greatest probability to fail slowly. Clearly, something better is needed.

Society, from our local communities to the global commonwealth, has problems. This is nothing new. What is new is the unparalleled complexity, inter-connectedness and danger inherent in these problems as a result of their global scope, the destructive power of today's weapons, and the semi-deranged frame-of-reference seemingly “in control” of the use of these weapons.

In a well populated, and even better armed, interdependent world, solving a local food or energy shortage problem does not solve your problem, it merely masks a local symptom for a short while—either until your neighbors discover what you have and want it or else the factors outside your control come back and shape your environment in such a way that your original problem or one worse reappears in another part of your society.

To solve our problems, both local and global, we need to take a global approach. Unfortunately, there is no such thing in the world that could pass for “global problem-solving”—unless you count what some elements of the military and multinational corporations are doing. And here you are immediately confronted by the fact that what is happening in these spheres is not addressing the major needs of the majority of humanity for food, energy, health care, shelter, education and gainful employment, but rather the special interest needs (or insanity of a select few for increased power, wealth and/or self destruction). It's “global planning” not for the globe but for the few.

Global problems, because they are not going to go away, are sooner or later going to be dealt with, or already are being dealt with in part, on a national, regional, and local scale by present-day planners and policy makers. We need to and can do better. We need to deal with our global problems on a global scale for all humanity. Local Band-Aids on systemic problems do not help anyone but Band-Aid manufacturers. Attempting to solve global problems with local solutions is like the proverbial rearranging of the chairs on the deck of the Titanic. Unfortunately, present-day problem solving and planning is crippled by a number of serious diseases that keep us from not only addressing and resolving our critical global problems, which are in turn keeping us from any really effective solutions to our local problems, but they are keeping us from even recognizing some of our problems. We are so preoccupied with chair placement, we lose sight of the ship, ocean, weather, icebergs and the impending intimate relationship we are all about to have.

Before examining what we need to adequately recognize, define and solve our global and local problems, we need to be aware of these planning diseases.

Disease #1: Local Focus Hocus-Pocus

The usual frame of reference of planners and policymakers only allows for the recognition of a select few of the problems or factors impinging upon an overall “difficult” situation. One of the more disabling of the impediments related to this phenomenon is a tragically

shortsighted parochial focus. This narrowing of vision is brought about by the cataract of overspecialization. It limits the planner to a bandwidth of sight that not only makes it exceedingly hard to find solutions but also makes it even harder to see the actual scope of the problem situation. The only magic in focusing on the local in a truly global problem is the slight-of-hand trick of moving the problem pea from under one shell to that of another while the host of distracted onlookers is stupefied by political, economic and technological double talk. Meanwhile, their pockets are being picked and right behind them, the local pyromaniac has set the city on fire.

Disease #2: Scare City or Zero-Sum Dementia

Another infirmity is the use of scarcity models. This methodological apoplexy assumes a fundamental inadequacy of resources necessary to deal with a problem on a comprehensive or global basis. It's either “us” or “them” that will get the last pieces of the last resource pies. Any attempt at a real solution is a waste of time. The best we can hope for is to get as much as we can for our side.

The real tragedy of this morbid paranoia is that it leads to further complications that manifest themselves as escalating arms buildup, brain-drain weapons research, limited skirmishes, resource waste, and a host of other disorders, which are, as is well documented, (by our \$1 trillion per year global armament budgets), contagious and highly fatal. Needless to say, global

problem solving and planning is made intensely more difficult in this neurotic context.

Disease #3: Emergency Room Catatonia

Another disabling disease is crisis-to-crisis management. In this ailment, the planner is comatose until awakened by the magic wand of catastrophic calamity. Upon awakening, a fantastic attempt is frantically made to deal with overwhelming emergencies with whatever is at hand or underhand in makeshift manner until the planner finds himself awakened once again by the magic wand of catastrophic calamity. In the scramble to avoid Armageddon by way of cataclysm, “preventive medicine” is at best a vague dream of how things could be handled in a world of forty-hour days and no epidemics.

Disease #4: Obesiodity

Yet another crippler is linear thinking; that is, the more of more or the “if ten is good twenty is better” pathology. The planner sometimes catches this social disease through the use of a seriously flawed (to say the least; suicidally incomplete to say a little more) method of attempting to predict the future by extrapolating from the past and then solving a problem to meet the hypothetical demand postulated by the fabricated future trend. Major complications set in when the conditions that created the past—such as cheap oil, gas, electricity, food, healthcare, etc.—are no longer present (and much less likely to be “future”).

Disease #5: Reductio ad Absurdum

Another debilitation of present-day planning is the pervasive mind-parasite and its attendant side effects that go under the name of reductionism. In this disease, the complex world system is reduced (usually by ignoring it) to a less complex system, which is further reduced to the major problem within that system, that is reduced yet further to the dominant symptom of that problem, which is reduced still further and further into the proposed solution or the study(s) needed to bring about the first stage of that “solution” or the action needed to bring about the actions needed to ...ad infinitum, into the endless paper-shuffling bureaucracy horizon.

Complex systems are reduced to simple systems. Unfortunately, complex systems behave differently than simple systems, and solutions to the problems of simple systems do not solve the problems of complex systems. In fact, because they ignore the inter-relationships of systems, solutions to simple systems' problems tend to exacerbate the whole complex system's health or functioning. It is this type of thinking that leads utility company planners to reduce society's entire energy needs to electric power needs and to reduce that to increasing centralized electric power generating capacities and to reduce that to the building of nuclear power plants and that to the spending of millions of dollars in public relations and advertising to convince the public that nuclear power is safe; ignoring through such reductions society's need for liquid fuels (by far the

largest energy need], conservation and the lowering of energy demand, decentralized energy production, environmental and social impacts of nuclear power, and the host of other complex interactions that the “simple” solutions of increasing nuclear power has in the complex system of the world. In addition, such “solutions” are nearly always thought of as causal; that is, solution A will cause the elimination of problem B. There is a one-to-one correlation of solutions to problems and vice-versa. Problems are reduced until they fit “the” solution. And the effects of any solution are only looked at in regards to how they effect the isolated and reduced problems/symptom. How the solution affects the rest of the system and the rest of society and the rest of the world is not paid attention to.

Disease #6: Inflamed Egoitis

One of the further complications that sets in as a consequence of the insidious mind parasite of reductionism is the cerebral palsy of the thinking process—mechanistic models. In this degenerative disease, the unfortunate problem-solver sees the world (if he can see that far) as a machine. He or she actually believes the world system to be like a giant car engine, the smooth running of which depends upon the planner’s screwdriver adjustment to the carburetor. If the planner could just find the carburetor, everything would be fine, he believes. Unfortunately, the screwdriver is also missing. Also unfortunately, no one has even seen the system’s carburetor, though rumors have had it located in either

Washington, D.C., Riyadh, or alive and well in Argentina. Instead of looking for a hypothetical carburetor’s location in the back pages of the National Enquirer the planner needs to develop non-mechanistic models of the world and his or her role in those living systems.

Disease #7: Top-Down Syndrome

In this congenital defect, the problem-solver/planner makes decisions for people, institutions, towns, regions, states, countries or the world without ever letting them know he is doing anything. Because this defect is so pervasive, there are even some planners suffering from this disease who think this syndrome is the norm—that it is actually their job to arbitrarily or “rationally” allocate resources that benefit or victimize people without their actually participating in the decision. In advanced stages, this disease degenerates its victim to such a paranoid state that planning is carried out in secret, as hidden away as possible from the people who will be effected by the planners decisions. This disease is closely related to “Trickle-Down Syndrome”.

Disease #8: Dogma Leporosity.

Last is the most horribly disfiguring planning disease of them all, the cancer of ideology. This disease attacks without warning and mercilessly until it renders apparently normal brains into vegetable pulp that surrounds a tiny tape recorder with ten prerecorded stock answers to every and any question. One of the telltale signs of this disease is a prerecorded message that blames foreigners, commies,

the trilateral commission, moral majority or the devil for all problems. Another message usually centers around “the good ol’ days” and how good it used to be. Unfortunately, ideology rarely “solves” anything other than the reason for itself by furnishing the justifications for its own existence.

All the above infirmities have helped the world limp into our present state. Now that we are an interdependent planetary society in the midst of the most dangerous world human existence has yet witnessed, we need to do better.

The World Game:

Healthy Problem-Solving/Planning

The World Health Organization’s definition of health is “the absence of any physical or mental disease or infirmity and the ability to seek and solve problems.” A healthy, effective planning approach is one that is free not only from the above diseases, but incorporates the positive opposites of these infirmities. That is, our problem-solving/planning should be globally focused. We should start our problem solving from the planetary perspective—solving our global problems from a global perspective and our local problems in a global context.

Similarly, we should plan from the long-range perspective. Next quarter’s profit margin or next year’s election should not dictate what is to be done to solve our problems. Rather, our plans should be in tune with the long range, the 20-30 year goal of what we are seeking to do. We need to define Utopia -- a healthful society—and

work back to the present day, formulating our policies and programs to get us to where we want to be.

We need to view our problems from a long range, planetary and systems perspective. We need to see that we will not understand our problems by reducing them to fit our convenient “solution” but by seeing the larger context our problem fits into. Just as modern medicine is criticized for not treating the whole person, planning should be criticized for not looking at and treating the whole system. Planners need to deal with the whole system, not the disemboweled symptoms of their special-interest versions of that system. “The” solution rarely exists to a problem of a complex system; what is needed is a system of strategies within the constellation of problem areas of the whole.

One of the cures for reductionism is a shot of awe mingled with respect for the incredible biological complexity that greets the problem-solver every time he or she opens their eyes and sees a gnat, bird, worm, tree, plant, Sun, and the interrelationships between these living systems. The world’s social, economic and technological sub-systems also deserve our respect as complex living systems, albeit almost infinitely less complex than our friend the gnat, but nevertheless livingly interconnected with everything else. From this perspective it becomes possible to plan with nature, instead of our perverse and self-destructive proclivity of attempting to overcome, control and conquer nature.

Planners need to change some of their assumptions about the world. We need to assume abundance, not scarcity. We need to recognize the global adequacy of resources and technology needed to provide everyone in the world with a sustainable high standard of living. Given this starting point, and a set of explicit public goals, we will be on solid footing in our problem-solving process. We will be able to deal with our problems anticipatorily, not after-the-fact, and we will go about creating a world our values dictate, not one that is predestined from past trends, resignation or ignorance.

Planners have to stop responding in terms of labels, pigeonholes and ideologies but on the basis of what will work, and most important, what ethics, not economics, tells us what needs to be done.

Planning needs to be viewed as something that is done by society, not for society. Social problem-solvers/planners need to view themselves as facilitators of social decision making, as catalysts for social cognition and consciousness. Their job is to make explicit the values, goals and alternatives facing their constituents, and to supply everyone with not only information that is needed to make rational decisions, but more importantly, with the motivating information that it is important to know and to decide. The planner's success should be judged by the number of people whom they involve in the planning process, not in how secret they can be in their decision-making.

From this perspective, planning will be a health engendering activity for the planner and the planet. Global problems will be able to be dealt with directly instead of by default. Society will be in a better position to not only solve its present-day, local and global problems but set up the conditions that will allow us all to move on to our next set of challenges.

To facilitate this process, the planet needs a set of tools that will allow the societal problem-solver to see the whole, to see the context his or her problem fits into. With such a set of instruments—the stethoscope, x-ray, ultrasound and tongue depressor of global monitoring and diagnosis—the problem solver will be able to deal with global problems and local problems in a global context.