

# Challenges medical relief teams face after disaster

May 4 2015, by David Chesire

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As medical relief teams from Nepal and the rest of the world work to distribute supplies and care for survivors, it's worth understanding how health workers handle extreme emergency situations.

As a trauma psychologist at the University of Florida I provide support to people coping with catastrophic injuries. I also assist in the training of health-care workers on preparing for extreme emergencies and mass casualties.

The painful truth is that it is impossible to be fully prepared for what to expect in a disaster situation. In training health and emergency professionals for these events, topics range from the ethics of triage to setting up safe practice locations to facilitating access to care. We initially cover safety and preparation factors, but we also focus on well-being and mental health needs for [health workers](#) and first responders.

People working in this field often view themselves with a "person-of-steel" mentality – placing themselves in peril by ignoring their own needs. This is why training focuses not just on the needs of survivors, but on the relief team participants as well.

In 2010, I was part of a medical relief team working in Haiti after a 7.0 magnitude earthquake devastated the nation. The parallels between the Haitian earthquake and the April 25 2015 Nepal earthquake are stark. Like Haiti, Nepal also requires emergency assistance from the world community. What, then, are the lessons we can bring forward from the

earlier event that can assist relief teams today in Nepal?

## **Be prepared and take care of yourself**

When we arrived in Haiti, we knew that food and fresh water would be an issue. Prior to departure, our team received advice that we should pack several days of supplies for ourselves. We did – and those supplies were either mishandled at the airport and given away to other volunteers, or given away to survivors who were begging for help.

So on day one, our primary mission was not to save lives, but to save ourselves. Right away we counted ourselves among the earthquake survivors who had no immediate source for food or water and it took several hours to locate a UN camp to help us out.

Aid teams must be prepared to change gears to ensure their own survival and prepare for the unexpected, even at the cost of delaying care.

## **Protecting others means protecting yourself**

Without question, participating in [disaster relief](#) brings [out the best in humanity](#). First responders to a crisis, including the earthquake in Nepal, are often neighbors and friends, running toward the emergency to dig survivors out of the rubble, even at the expense of their own safety.

But disaster can also bring out the worst in some. When a disaster has made it difficult for a government to provide services or basic assistance to its populace, [people panic](#). And when [relief workers](#) arrive, that panic can turn otherwise peaceful people into a mob. Just as a drowning person might pull a rescuer underwater, survivors can threaten those who are providing assistance.

It's easy for relief teams to become overwhelmed by the sheer volume of survivors in need of assistance. Resources may become strained and depleted, leaving countless people unserved and, potentially, unsaved.

In Haiti, relief camps were set up on the outskirts of tent cities that grew as temporary shelters for those displaced by the earthquake. When people learned of our medical relief center, hundreds of people began lining up.

Some were bleeding, some had broken bones, some were dying. Others had no medical problems but were eager for any assistance they could find. Security is needed for crowd control, to maintain order, and to ensure the safety of the relief workers and survivors themselves.

Early reports from Nepal [suggest similar circumstances](#), with people rushing toward relief personnel, begging for any assistance including medical care, food and water, or just basic information. Aftershocks from the earthquake only serve to heighten the panic and make an already terrible situation that much more difficult to endure.

## **Psychological and physical toll on relief workers**

The chaos that can result after a disaster can be traumatic for both survivors and relief workers. Few of us have witnessed death, and fewer yet have experienced a mass casualty scenario. It takes a psychological toll on survivors and on relief workers alike.

After a disaster, devastation assaults all of our senses. The sights of collapsed buildings, of bodies and gore; the sounds of crying out in pain, or the distant crack of gunfire; the acrid smell of rotting vegetation or the indescribable scent of decomposing bodies; the taste of our own sweat as we exhaust ourselves trying to make a difference; and the feel of the elements, such as pouring rain or unyielding heat, urging us to

give up and go home.

In the face of trying to assist people in such dire circumstances, too often, relief workers ignore their own body signals suggesting that we need to rest, to eat, to hydrate.

In Haiti, our team was working in 100F weather with no shade, and by the end of the first day in our makeshift hospital I collapsed. When I came to, I was on a crude stretcher with an IV in one of my arms and one of my friends telling me how hard it had been to locate a vein due to my severe dehydration.

Even as a psychologist, and with specific training in disaster relief and psychological first aid, I found myself in harm's way by trying to over-exert, over-extend, and, ultimately, over-spend my own body's limited resources. Several of our team members had stress reactions ranging from breaking down into tears to experiencing psychotic symptoms and becoming hostile with each other.

As with the survivors themselves, the horrors aid workers endure persist long past the direct exposure to trauma. We bring our experiences home with us.

Recovery from bearing witness to such events is a process that can last days, weeks, months, or even a lifetime. It is not uncommon to experience sleep disturbance, nightmares, or withdrawal from friends and families.

As with soldiers returning from war, up to 30% of aid workers returning home [may experience anxiety symptoms](#) so severe that they meet criteria for a diagnosis of Post-Traumatic Stress Disorder, a condition requiring professional mental health assistance to manage.

At the end of the day it is easy to lose oneself in the scope and magnitude of the disaster. Even saving a hundred people might seem trivial when balanced against the thousands of [survivors](#) who still require assistance.

The devastation can weigh heavily and make us wonder if our presence mattered. The consolation is the reminder that for those we have saved and those we helped, our presence made a difference.

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