Responding to Disasters
Avoiding Common Pitfalls

In January 2010, a major earthquake hit Haiti, already the poorest country in the Western Hemisphere. Centered near the capital city of Port au Prince, 230,000 people were killed, more than 300,000 were injured, and millions were left homeless—the destruction and human pain and desperation created are hard to imagine. Many U.S. psychiatric nurses applied their professional skills and worked with humanitarian organizations, church groups, and government agencies to provide emergency services in Haiti, as well as in other disasters, including the 2004 tsunami in Southwest Asia and the 2003 earthquake in Iran.

However, little information is available that actually constructively critiques or comments on limitations or effectiveness of nurse and other health worker volunteers. An exception are the interviews conducted with local health managers following the 2003 earthquake in Iran, which found situations similar to those identified in relief efforts after the earthquake in Haiti and the tsunami in the South Pacific. Some volunteers “did not know or respect the culture, beliefs and customs of the people” (Seyedin, Aflatoonian, & Ryan, 2009, p. 174) and others felt free to advertise their specific religion during the delivery of their services. Local interpreters spoke of embarrassment for their country when health care volunteers continuously photographed people washing in the streets or rummaging with dogs and pigs in trash heaps. Some individuals came with a set agenda and set of services or supplies, deciding from afar that these would be useful. Others did not appreciate that mental health symptoms are culturally specific and that posttraumatic stress disorder will not necessarily manifest as it does in the United States (Watters, 2010).

Addressing the huge problems of providing international relief services and being socially and professionally competent is well beyond the scope of this commentary. However, some suggestions can provide volunteers—even those going on an emergency basis—with a starting point. First and most important is to remember that participating in an international health trip is not about you—the focus should be the people or communities in which the work is being done. Think about the concept of triage or what Scheper-Hughes (1993) calls...
“life-boat ethics,” which is practiced on a daily basis by health care providers in all low-resource settings. When there are only enough supplies, medications, and providers to help 50 people, how do you determine which 50 of the 300 in line should receive services, are most in need, or will benefit the most? Unfortunately, with first-come, first-served systems, strong young men inevitably wind up receiving care, with babies and older adults left out, so some form of selection is necessary. How do you determine which physical symptoms are really manifestations of mental health problems? How can mental health nurses work effectively with medical teams? Consider how you will respond to inevitable heart-wrenching situations.

Many nurses who volunteered in Haiti were unaware of the pride its people have in being the home of the first successful slave revolt and in being the first independent Black republic. It is not difficult to identify some literature written about the country you will be visiting or by local authors. Learn something about the popular art and music scene. Practice a few basic phrases in the language of the community that you will be visiting. Read about the health problems and resources.

Even while focusing on the region and people for whom services will be provided and understanding that the trip is really about these people, the experience will undoubtedly touch you and potentially change the way you see the world. Allow yourself time to reflect and write when you arrive home. Don’t jump immediately back into a jam-packed schedule. Processing is a key component of these trips and what we, as psychiatric nurses, tell others to do is equally important for us.

Hopefully, the suggestions in this guest editorial can help maximize what both communities and volunteers retain from these experiences.

REFERENCES

Patricia J. Kelly, PhD, MPH, RN, FNP
Professor
School of Nursing
University of Missouri-Kansas City
Kansas City, Missouri

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