Impact of Faith-Based Disaster Response on Staff

Deborah J. Persell, PhD, RN, APN;[1]
Susan Speraw, PhD, RN[2]
1. Arkansas State University, Jonesboro, Arkansas USA
2. University of Tennessee, Knoxville, Tennessee, USA

Introduction: In August 2005, Hurricane Katrina struck the Gulf Coast of the United States. In its wake, hundreds of faith-based organizations (FBOs) provided critical services to the victims. The purpose of the source study was to explore the experience of faith-based disaster responses for the administrative and paid staff of the faith-based organization, volunteers providing FBO services, and the New Orleans residents who received FBO services. The purpose of this presentation is to extract the impact of the event on the staff of the FBO.
Methods: A mixed methods approach was utilized. Qualitative methods included ethnography and phenomenology. Quantitative methods included the administration of a Hope Visual Analogue Scale (HVAS), the Herth Hope Index (HHI), and Impact of Event Scale Revised (IES-R).
Results: The participants' stories did not differ among the groups and reflected the impact of the disaster as found in multiple figural themes: "I Will Go", "Social Suffering", "Stranger-to-Stranger Interactions", "Communitas", "Transformation", and "Reflection". The mean score of the staff on the IES-R was 34.2 (>33 may represent post-traumatic stress disorder); Cronbach's alpha of 0.92. The HVAS was consistent with high levels of hope for the staff before, during, and after their response efforts with a mean summative score of 24 (30 possible); Cronbach's alpha of 0.700. On the HHI, the mean of the scores for the staff was 42.8 (48 possible); Cronbach's alpha of 0.874. There was no correlation between the Herth Hope Index and the HVAS or between these two scales and the IES-R.
Conclusions: The impact for the staff members studied was significant and continued at least two years beyond the hurricane. These findings suggest that psychological support for staff members of FBOs responding to disasters should be integrated into FBO disaster response.
Keywords: faith-based organizations; disaster response; Hurricane Katrina; New Orleans; staff
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Receiving International Assistance during a Disaster

Chaim Rafalowski, MA
Disaster Management Director, Magen David Adom, Israel

Background: The state of Israel is preparing for the possibility of a massive earthquake in the Jordan valley. Magen David Adom (MDA), the national Red Cross Society, is preparing to coordinate international assistance from the Red Cross movement in such a scenario.
Methods: This is an overview of the main obstacles encountered during the preparedness phase.
Results: The main obstacles identified included: (1) too many players are involved with each different coordination structures, so some players "bypass" the system; (2) there are no agreed upon standards and determinations to be used by all actors; (3) the capacity to say "NO"; (4) different logistics and reporting standards of the donors; (5) the agenda of the donors; (6) the capacity to manage the arriving goods; (7) preparing administrative procedures for during the disaster; (8) certification requirements (e.g., personnel, goods); (9) cultural relevancy; and (10) key people changed their positions.
Conclusions: National and international coordination issues must be discussed well in advance. Written cooperation agreements and protocols must be drafted. All of the relevant personnel must be acquainted with one another. Persons trained in coordinating international assistance must participate in international training/operations regularly. A team must be deployed to the airport.
Keywords: disaster; earthquake; international assistance; Magen David Adom; preparedness
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Psychosocial Support Program in Magen David Adom

Chaim Rafalowski, MA
Disaster Management Coordinator, Magen David Adom, Israel

Background: The vast numbers of stress-related casualties in the 2nd Lebanon War and in the conflict around the Gaza Strip showed the importance of preparing emergency medical services (EMS) personnel to cope with stress casualties. At the same time, the reluctance of EMS personnel to be assisted by mental health professionals raised the need to build a different system of psychosocial support. The psychosocial support program of Magen David Adom (MDA), with the support of the Psychosocial Support Reference Center of the International Federation of Red Cross and Red Crescent Societies, aims at these two issues.
Methods: A system composed of: (1) knowledge about stress symptoms and consequences; (2) peer support system—peers trained in psychosocial support with mental health professionals as supervisors and support was established.
Results: Eight pilot trainings were conducted; as a result, the training was adapted. Training trainers, staff members and volunteers (in two modules—one for emergency medical technicians/paramedics and one for call-takers and dispatchers) are to be conducted shortly. Training peers is ongoing; the structure for the peer support system is to be finalized.
Conclusions: Psychosocial support programs targeting EMS personnel should not be "therapeutic" in their approach. Emergency personnel speak and share with colleagues. Many cases require the intervention of a peer. Skills required for psychosocial support are essential for the daily EMS activity. The support of management is essential to the processes. Different groups (volunteers/paid staff, new/veteran) have different needs. Cultural diversity must be addressed.
Keywords: Magen David Adom; psychosocial
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