

## Appendix A: Roles in Disaster

The following is a list of some attributes of certain populations in disaster. It is not meant to be exhaustive but simply to serve as a stimulus to crisis responders to think of special concerns of population groups.

### A. Victims

Individuals who took the brunt of the catastrophe; those at the center. There are dead victims; seriously physically injured victims; victims with minor physical injuries; victims who were not physically injured but were at the center and lost property; witnesses who lost nothing tangible but were at the center of the catastrophe — perhaps witnessing the death of someone else. Some unique issues that may bother this population group include:

1. The inventory and pain of the loss of physical well-being or property.
2. For seriously physically injured victims, there is often a feeling of isolation and abandonment as they are rushed from the scene to a hospital. In many cases, they may remain unidentified for several days so that family and friends may have difficulty locating them and coming to help.
3. Victims who have suffered property loss may face problems of immediate dislocation and may be forced to abandon their property.
4. Survivor guilt may plague such victims. Why did they survive? Feelings that they should have died instead of some more worthwhile victim (a child, a famous person, and so on).
5. They may feel confused and guilty over their own sense of pain, loss, grief, and anger. They lived through the disaster and were spared while others died. Yet, they still feel terrible. They may think they do not have a right to those feelings because they didn't lose enough.
6. There is relief and euphoria at having survived, but that is in conflict with their sorrow over others' deaths.

7. They may feel estranged from the disaster because the focus of attention is on the dead and their loved ones, and not on the less injured victims or witnesses.
8. If they were injured only minimally or were witnesses, and were unable to help others, it may compound their guilt and confusion.
9. Often their predominant emotions in the aftermath of the disaster are guilt, anger and fear.

**B. Survivors**

Individuals whose loved ones were killed in the disaster. They may include family members, friends, partners, and so on.

1. May be preoccupied with how the victims died — did they feel pain, were they conscious, how long did the pain last?
2. May be angry at the victims who survived and find it difficult to talk to their significant others. They may wish that other people had died, not their loved one — those wishes tend to make them feel guilty and lowers their self-esteem.
3. They of/ten encounter practical problems in body identification, death notification procedures, funeral arrangements, body transportation, and reclaiming the deceased's property. In some disasters it is impossible to reclaim a body, and they may only reclaim body parts or have nothing to bury or cremate at all.
4. Anger at God is not uncommon, particularly when God spared others and not the loved one.
5. Their imagination of the pain, the anguish, the fear that their loved ones endured may cause horror and revulsion.
6. They may feel guilt at something they did or did not do, when seeing or talking with the victim just before he or she died.
7. Grief tends to be the predominant emotion; however, for some survivors, their grief is repressed in their anger at immediate problems or the disaster itself.

### **C. Loved Ones**

These individuals are the loved ones of the victims who survived the disaster.

1. Such individuals usually are greatly relieved that their loved ones survived. The relief is often mixed with gratitude and thankfulness. Sometimes that is translated into a new appreciation of God.
2. In addition to relief there is worry and concern over the loved one's pain or loss.
3. The worry and concern may be converted to anger. Anger is used particularly by men to mask feelings of fear and helplessness.
4. Loved ones may blame the victim for being involved in the disaster, particularly if there was a warning before the event.
5. These individuals may also be confused over the victim's lack of jubilation at survival and over many victims' inability to "get over it."

### **D. Immediate Responders**

#### ***Fire Fighters***

1. Depending upon the jurisdiction, these individuals may be the first at the scene of a disaster and may have, through their agency, responsibility for the disaster site — if a fire is involved, they will definitely have such responsibility.
2. Roles for fire fighters may include actual rescue of victims at the scene, property cleanup, removal of bodies or body parts of dead victims in addition to fire fighting.
3. If they are involved in rescue attempts, a critical issue for them will be whether or not those attempts were successful or failed. Even when they are successful in saving a few individuals, they may be overwhelmed with the numbers they were unable to save. Feelings of helplessness and frustration may be overwhelming.
4. The handling of dead bodies and body parts is often gruesome and distressing. While some

responders may have handled one dead person or more at separate incidents, many responders will not have dealt with the massive numbers of bodies and body parts involved in the disaster.

5. There may be confusion at the site over who is in charge and who is responsible for what tasks.
6. Fire fighters may be at the scene and working physically for forty-eight hours or more.
7. If one of their colleagues is injured or killed in responding to the disaster, it will add to the trauma of the event as a whole.
8. Many fire fighters feel a great deal of anger at the disaster, the destruction, and anything that interfered with their attempts at rescuing others.
9. Fire fighters often are an overlooked high-risk population in the aftermath of a disaster. They also are often overlooked when recognition of rescue efforts are made.
10. In many jurisdictions, fire fighters are volunteers so the stress involved may be more severe because of other employment pressures.
11. If the scene involves a fire and there are severely burned victims, the fire fighters may have some especially difficult reactions. Burn victims suffer some of the most severe pain and have a low rate of survival. Fire fighters see themselves in the victims who die.

### ***Law Enforcement Officers***

1. Many of the same concerns that involve fire fighters affect law enforcement officers as well, but there are differences.
2. When the disaster is one of a criminal nature, law enforcement will have the primary responsibility. Their lives may be at risk. They may shoot or kill another person. They may also become witnesses in criminal justice processes.
3. They are often more likely to be involved in tagging dead bodies, putting them in body

- bags, and assisting with transportation to a morgue or coroner's office.
4. They are usually in charge of keeping voyeurs and looters away from the disaster site as well as handling traffic problems. In this capacity they may be subjected to harassment or public ventilation of anger.
  5. For both fire fighters and law enforcement officers, there is often an ethos that accompanies their job. It mandates a "stiff upper lip" and encourages repressing emotion. Younger officers may try to copy their more experienced and older colleagues who never let anything touch them. Hence, image and peer perception may be a major concern. If an officer does not adhere to the traditional image, he or she may feel guilty and unable to continue to perform in his or her job.

***Paramedics and Ambulance Personnel***

1. In most cases, paramedics are not the first rescuers on scene. They are there to help victims who are pulled from the scene to survive. They are responsible for triage, resuscitation, physical care, transportation to the hospital, and keeping surviving victims alive until further medical treatment. However, in major disasters, paramedics may be providing medical care to surviving victims still trapped in wreckage or destroyed property.
2. Since the paramedic's primary job is to keep surviving victims alive, in major disasters they must make the anguishing decision of which victims to try to save while knowingly letting other victims die. They also may work to save one victim for a substantial period of time and in so doing establish an emotional bond with that victim. In some cases the victim may die as they struggle to free him. The stresses involved in triage and emergency medical care include frustration and confrontation with major injury and death.

3. Paramedics are another group that are often overlooked in the aftermath of a disaster. They are expected to take care of themselves and be prepared for the stress because "it is their job."
4. Paramedics face the complex problems involved in failed rescue attempts versus successful rescue attempts.
5. They often deal with long-term emotional trauma due to having served at multiple disasters, large and small, and rarely receiving any kind of emotional intervention.
6. They are often isolated from other professional groups and have few people to talk to about their experiences.

***Emergency Room Personnel***

1. Many of the issues for paramedics are similar to those for emergency room personnel. However, there is one major difference. The ER personnel are not at the site of the disaster. They must prepare and wait for the victims to arrive.
2. Waiting is sometimes quite distressing. In one disaster, the ER personnel of the nearest hospital prepared for and awaited survivors in need of treatment, only to find out after several hours that there was only one survivor and he would probably not live (he had burns over 95% of his body).
3. The stress of triage is also a major concern for ER personnel.
4. In some cases the stress of emergency room response is exacerbated by hospital rules which require emergency room receptionists to obtain insurance or financial information before treating victims.
5. Successive surgeries may cause emergency room personnel to work long hours without respite — no rest, no food and no exercise.
6. Often emergency rooms don't have adequate staff or equipment. Serious injury or trauma is the leading cause of death of people aged one

to 44. 150,000 Americans die from trauma each year and close to 25,000 injured individuals die each year after they reach hospitals.

### ***Unexpected Responders***

These are people whose jobs cause them to become involved as responders, but who have no training.

1. This is another invisible group. They include such people as snow plow operators on an airport runway; communities in geographic proximity to a disaster; military troops assigned to body burial or recovery missions who are trained to fight “the enemy”; clergy (not those who are chaplains associated with a specific profession); officers or staff of the local Chamber of Commerce.
2. At times these responders are ordered to perform the rescue even though they never expected to have such duties as a part of their job description. This creates anger and hostility.
3. If there is minimal group work and individuals are responding separately to the crises, it is more likely to result in intense stress. The fact that these people are untrained is ameliorated somewhat if they are given an opportunity to develop group camaraderie.
4. If the response has been required due to related employment, many people will consider quitting their jobs in order to avoid being involved in any similar crisis in the future.
5. Helplessness and anger are often prominent emotions.

### ***Body Recovery, Identification, and Burial Personnel***

This general group includes both volunteer and non-volunteer personnel. It often includes coroners, members of the military, law enforcement officers, firefighters, clergy and so forth. It is presented as a separate category since special issues affect those involved in these tasks.

1. Treatment of bodies and body parts is usually an important issue. It is difficult to provide “dignified” treatment when body parts are found randomly or when there are not adequate facilities.
2. The use of “body bags” usually raises concerns about bodies being treated like garbage since the bags are similar in appearance.
3. Where there are a large number of dead, inadequate morgues may be established. While this may seem extreme, so-called “horror” accounts of temporary morgues have been documented in numerous disasters.
4. In tragedies affecting multiple jurisdictions there may be additional politics affecting release of identities, legal burials and even distribution of unidentified body parts.
5. These personnel often construct strong defense systems that allow them to avoid dealing with bodies as human bodies or to condemn the dead for pre-death actions.
6. While it is preferable that intense training occur before involvement with body handling, it only occurs on occasion.

***Crisis Intervenors, Clergy Members, and Mental Health Professionals***

While this group of individuals should know that they are vulnerable to special stresses when they provide emotional first aid to victims, survivors, and other high risk population groups in the aftermath of disaster, often they underestimate the impact of such exposure.

1. If counselors are members of the community that has been affected by the disaster, they, too, are victims and survivors in spite of the fact that they often see themselves primarily in the role of a responder.
2. Counselors sometimes find it hard to distinguish their reactions from the reactions of the people to whom they are responding.
3. Counselors must at times be advocates and



- perform practical tasks that they do not ordinarily do; this enhancement of role-function is sometimes distressing, particularly if they feel they lack the tools to accomplish what is necessary.
4. Spiritual or philosophical questions raised by victims and survivors may cause counselors to question their own values in ways that are disturbing to the counselors.
  5. In spite of their training, counselors may find that it is difficult to remain non-judgmental in the counseling setting and react with anger or blaming attitudes at least internally.
  6. Counselors may be unprepared for the depths of devastation or the horror of death if they have not been involved in similar disasters.
  7. Counselors are subject to trigger reactions based on previous disaster situations or concerns in their personal life.

***Workers with Voluntary Organizations such as the Red Cross, the Salvation Army, and the Mennonites***

[Red Cross services to their volunteers vary significantly from chapter to chapter. Some Red Cross chapters have excellent mental health response and others concentrate primarily on meeting physical and shelter needs of victims and survivors. The Red Cross Crisis Support Nurse Team in Cincinnati is an excellent example of the Red Cross providing well-planned crisis intervention. It also addresses the mental health needs of those who provide the crisis response. The following issues may arise where such needs are not met.]

1. Red Cross workers are often volunteers and many have little training in responding to physical injury and death. Carnage and dead bodies are often a shock to them and they may feel overwhelmed and helpless due to the extent of the destruction.
2. They often don't know what they will be as-

signed to do when they arrive at the scene of a disaster. They may be in charge of distributing food, blankets, or other basic necessities. They may be responsible for setting up emergency facilities at the site. They may be assigned to a morgue or asked to participate in rescue efforts. They may be unsure of when they will be relieved from duty. Such uncertainty adds to feelings of frustration and dismay.

3. Sometimes Red Cross workers receive no emotional intervention following a disaster and may face the problem of long-term stress buildup due to multiple catastrophes.
4. Even those workers who are helping to meet the physical needs of victims, survivors, and rescuers through distributing food will often hear stories of the devastation that shock or horrify them. Their imagination may make the stories even more vivid than real life.
5. Sometimes Red Cross volunteers are sent to disaster areas for extended periods of time. For instance, in the aftermath of Hurricane Hugo, teams were sent to San Juan, Puerto Rico, and the Virgin Islands for three week time periods. Such lengthy exposure to communities in acute survival stress after a disaster can cause an intense reaction because of the sensorial impact but also because of the bonding with the community.

### ***Remote Responders***

This group is often left out of any consideration for intervention, because their stresses are perceived as being less intense than others. However, most of these individuals face working conditions similar to the on-scene responders. They work long hours without relief in the midst of chaos. What they may not do is actually visit the site or see the carnage and destruction. However, this may intensify the trauma rather than minimize it. For they, too, may have horrific visions of what

happened that are far worse than the actual catastrophe itself.

***Emergency Managers***

1. Frustration is a key factor in the stress endured by emergency managers. Often they feel that they could do a better job at the scene of the disaster than their employees, yet they must sit in an office and coordinate the total response without a hands-on release.
2. Managers also must deal with the politics of the disaster. Often, many jurisdictions and certainly numerous agencies are involved in a catastrophe. Political issues of who is in charge, who gets the credit, who does the media work, who does any follow-up investigation, and so forth, may create further chaos in the aftermath of the trauma.
3. Managers who are supposed to “be in control” may feel that they are out of control and helpless in their response. They may not have the power or resources to respond effectively.
4. Managers who have employees who are at the scene and get injured or killed in the disaster may feel guilt and sorrow over the victims. They may become preoccupied with questions such as “what if we had responded differently?”; “what if I hadn’t sent that person on that assignment?”; “why did I choose to respond in this manner?”
5. Managers are also pressured in the aftermath of a catastrophe to get their agency or business back to “business as usual.” They often feel they must set the standard for their employees by behaving as if the disaster didn’t affect them or by taking the lead in doing regular everyday work.
6. Managers may take the brunt of criticism for any perceived mismanagement of the disaster response. Elected officials may be targeted for new opposition at the polls. Other types of managers may lose their jobs or be reprimanded.

manded because things didn't go as smoothly as they should have.

7. The pain, exhaustion, and distress of managers is often discounted because they "didn't live through the actual disaster." However, most managers justifiably feel as though they did live through it and many resent the minimization.

### ***Emergency Support Personnel***

This group of responders includes clerical staff, receptionists, dispatchers and the like. These people are almost universally ignored because "their jobs aren't that important in a disaster." Yet without the support personnel, no effective, coordinated response could take place.

1. Emergency support personnel have to deal with the demands of the disaster — telephone calls, responding to people in crisis who are worried about whether their loved ones are involved in the catastrophe, facilitating all communication and the like. They also must maintain "business as usual" during the disaster itself. They may be people in City Hall responding to citizen complaints about dog control at the same time as they are trying to help in the disaster response. They are often the "screeners" of non-disaster calls.
2. By the nature of their positions, they may be forced to comfort or soothe individuals in crisis because their loved ones are injured or dead.
3. They often are also thrown into the position of providing such emotional support to on-the-scene rescuers and to the emergency managers when they return.
4. They very often feel helpless in their jobs and accept the public's perception that they are not being useful or important.
5. They may be the target of anger or sarcasm by others in the office who are distressed over the disaster and feel free to take it out on the support staff.

6. They may receive little or no information about what is happening during the disaster response, and yet they may be the focus for questions about what happened. They often feel left out and unwanted.

***Shelter and Care Givers***

These are individuals who may have opened their homes to victims and survivors; who operated a disaster shelter; or provided food, clothes and other necessities to victims and survivors.

1. While these individuals may feel very useful during the immediate aftermath of a disaster, they are often left with feelings of isolation, estrangement and loneliness. They might not even know the names of the people they helped, and the victims may be in their company for only a few hours before they are on their way home.
2. These individuals may have endless heard tales of terror, carnage, and pain as they provided assistance to victims and survivors and hence have constructed a scenario of horror. Yet, they often have no one to talk to about their internal horror.
3. Often these individuals feel helpless because they have a sense that they are “not doing enough,” yet they don’t know what else they can do.
4. These individuals are essentially invisible to the public at large and very often go unrecognized in the aftermath.

