

Keeping Safe During Humanitarian Aid Deployment

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The purpose of this article is to give you a potential aid worker some ideas on how to prepare for overseas aid deployment, and how to keep safe during one of these deployments. Initially, to consider how to prepare yourself. There are three areas to concentrate on; Physical, Medical and Emotional

On the physical side:

- What is your general health and fitness like?
- Is your Body Mass Index within the healthy range?
- Do you find normal physical activity strenuous in this country?

If you do, then don't forget that you are likely to be doing more physical work for longer episodes in the tropics and the heat and the possible altitude associated with the deployment, you may find that fitness becomes an issue.

On the emotional side you may be used to seeing individual suffering. In the Emergency Service you have all seen dead bodies and people with bits of their body's missing, but this is completely different to dealing with a situation of mass suffering and multiple deaths or drownings. Until you are exposed to these conditions, you don't know how you will respond; so you need to think about this and how you will personally cope with it and also how it will reflect on your professionalism.

On the medical side you need to consider:

Do you have any medical conditions such as diabetes, epilepsy, asthma or angina, that may be worsened by physical stress or climate change? Do you have enough of the correct medications for the deployment? Have you received the relevant immunizations and anti-malarial medications? Don't forget that the tropics are a wonderful breeding ground for exotic illnesses, like leptospirosis, cholera, Q-Fever and interesting parasites.

Consider your reasons for doing this type of work:

Why are you going?

For me it is a combination of several factors; from an altruistic point of view, I have got some skills that I can use in the larger arena. It is certainly adventurous travelling to exotic regions, which I would not visit on holiday usually, or with my family. There is also a massive sense of achievement when something goes right, and importantly, working as part of a team where all of your goals are similar, does give you an enormous high.

What do you expect to see and do?

Most of us would say large-scale search and rescue, casualty evacuation, treatment and aid distribution. However, the reality is often different from what we expect. Certainly, when I was in Sri Lanka following the tsunami, I expected to see injuries, fractures, infected wounds and acute medical conditions. However, the reality was that most of my patients had chronic

medical conditions, or psychological problems. Those with injuries that had occurred acutely had either been treated, or had died. You also need to be aware that as a disaster progresses, the needs of the population evolve and change, and there is also the background of political imperatives, which often influence what you are able to do on the ground.

Consider the perceptions of risks and threats on a deployment

The following was taken from a questionnaire given out by an NGO to the volunteers prior to deployment: Kidnapping and murder occur at the top, closely followed by rape and targeted assassinations or attacks, and then the risk of bombings and incursions into safe areas. *The realities of the risks* that are out there; the most risky things that happen in the field are traffic accidents, by any method of transport, whether it is road, sea or air. You may forget that you are in an unknown country or territory, you are not used to the topography, your friendly AA man or Lifeboat Service can't come and pick you up when things go wrong.

Second highest risk is robbery. You are in a country where the average daily wage maybe only a couple of dollars, and you are kitted up with your ipod, your camera, your mobile phone and your diving watch, needless to say you are an obvious target.

There is also the possibility of verbal or physical threats but then you have also got to consider illness or disease that you contract locally. It is important not to forget the psychological distress that working in the field in a hostile environment can cause you.

Last on the list, but by no means least, is loss of personal property or documents. It is vitally important to back-up anything that is important that you have got, on to a disc, or photocopy, and keep separate from your personal belongings - (things like passports, visas, medical problems, credit card numbers, personal phone numbers and next of kin).

Assessing the risks?

The job of the Advanced Team is to research risks associated with the deployment locality, its political stability, and the Advanced Team needs to have a rapid exit strategy should things turn acutely unfriendly, to minimise the risks to the team members. There is never any situation that puts the well-being of the team at risk because there are no medals for dead aid heroes. If things do go badly wrong and you have aid casualties, this not only compromises future aid work generally by the organisation, but has a massive impact on the moral of the teams. Team members themselves to be made fully aware of the local risks and appropriate actions that they need to take to minimize exposure to those risks and how to act if those risks present themselves. Again the team needs to have a defined entry and exit strategy with reliable communication links, not only between team members themselves, but also with the outside world; and deployment, wherever possible, needs to be proactive rather than reactive.

Most traffic accidents occur at night when navigation is impaired, and you are more exposed to unfriendly local personnel. It is essential to try to get to

know the area that you are working in, and avoid travelling at night in unknown territory.

Once you have arrived on deployment, you have got to keep yourself healthy. From a food and drink point of view, the key message is to eat healthy and drink plenty or suffer. It's the job of the Advanced Team to source local nutritional supplies. What are your options? Do you cook for yourself? Do you go local? Do you use military sources or do you use civilian sources? In Guyana, the RNLI's Rapid Response Team ate in the Officers Mess and one can safely assume that if it's good enough for local Senior Military Officers, then it's good enough for you. In Sri Lanka we managed to negotiate our food supply from a 5 star hotel and again, 5 star hotels attract rich overseas tourists, and people like that demand good food and drink. So, is it going to be safe. If you are in camp preparing your own food, then you are going to have to make sure that it is fully cooked and that any milk that you use, if it's local, is pasteurised, and if you can't ensure this, then you are going to have to use powdered milk, which you bring in from the U.K. Cereals and local fruit should be generally o.k. to eat, but I would avoid eating salads and cold meats.

It is really important to be drinking plenty of water, but you are only going to be drinking bottled water, no local water at all, certainly no ice in your drinks, and you are going to use bottled water to clean your teeth and also to wash the fruit that you buy. Supplements shouldn't be necessary in short term deployment, and most Aid Teams also carry military ration packs, which can be very useful. Each pack provides appropriate sustenance for 24 hours and you can use it to top up local foods, or as a replacement, if you become unwell from things like sunstroke, diarrhoea, vomiting or dehydration. Don't forget that should you become unwell, then it's the team leaders job to take you off your duties and confine you to light duties until you are fully rested.

Don't forget that good personal hygiene promotes good health, whilst sloppy hygiene promotes the spread of disease and infection. You need to be fully aware of the camp latrine and personal washing facilities and make sure that you clean your clothes and your kit at the end of each day if possible. Generally a camp that is clean and tidy keeps you healthy and displays professionalism, whilst a sloppy camp may reflect on your general deployment. Do not forget about foot rot as well. It is very common, usually caused by fungal infection, by working in areas that are warm and moist. Similarly, although we all want a suntan, use your hat and sun block.

With regard to medications that are available for Team Members, the doctor's kitbag should have adequate and strong pain relief to cope with those problems that may occur with injuries or illness, ideally this would include Morphine based drugs; there should be no reason why a team member should suffer. In your general kit, you are going to have things to stop diarrhoea and vomiting, antibiotics, antiseptics and dressings and also each team member will have their own needles, syringes and giving sets should they need blood transfusions or blood tests, so that this would limit to use of local injectables.

Regarding teamwork, everyone should know how important it is to be part of a team. Every player in the team is as important as the next, and if you have a

well running team things go well. If the team dynamics has a problem, then the mission of deployment can be compromised. So it is really important that you respect each other, support each other and are constructive in your criticisms towards each other. I think using a buddy system is good because it allows you to properly look after each other and support each other so that you can act on any concerns that might arise.

As the deployment comes to an end and you are ready to go home, it is important that you have a planned exit strategy, because with this type of work you need to have a beginning and an end to maximize your enthusiasm, efficiency and results. This strategy needs to be communicated well with the whole team. Once you have left the deployment zone, either for some rest and relaxation or you have arrived home, you should have a short debrief and the Team Leader needs to follow up any anxieties or concerns or issues that were raised by team members. It is important to be responsive to constructive criticism because by being constructive you can learn and also develop your skills for future deployments.

Then finally about 3-6 months post deployment, it is a very useful exercise to have an e-mail summary de-brief of everything that has gone on with an update as to what the current situation is at the locality. It is important, I believe, to enjoy the deployment and to be proud of what you are doing.

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