

MISSION 2009

Team 3: Designing an Educational Program

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Healthcare Professionals

A tsunami, like other natural disasters, has the potential for many casualties. It is important that the people in the health sector are well informed and prepared for the aftermath of a tsunami to save the lives of the survivors. We think that the health program can be divided into two main categories: mental health and physical health.

People to target

1. General Practitioners
2. Psychologists
3. Nurses and nurse aids
4. The Red Cross
5. Ministry of Health
6. Voluntary Health Groups

We think that most effective way of educating health professions is to hold seminars on how to deal with the aftermath of the tsunami. Seminars can be held once every six months where the above people can meet and deliberate on how best to provide the best service when a tsunami occurs. Incorporate the tsunami awareness in the curriculum of the training of the health workers.

While most health workers are aware of the diseases that may be prevalent after a tsunami, they are not aware of how to respond effectively to the disaster and what they should bring to help the survivors (Anjan Pasricha, 2005). There is need to assess the risk factor of contracting certain diseases which may be triggered by the tsunami such as malaria, hepatitis A and typhoid. (Asuri, 2000).

People in the health sector have a role in educating the general public on sanitation especially after the tsunami so as to prevent spread of water borne diseases. They should teach the public how to erect temporary but hygienic toilets after a disaster. In addition people need to be taught how to get rid of waste that come as a result of a tsunami such as what should be burnt, dug into the ground or reused. Health workers may volunteer to perform plays on good hygiene to the public. Pamphlets and booklets can also be made for children and adults on how hygiene can be the most effective way to keep health and on where to seek medical health (OI Tsunami External Bulletin, 2005). We also think that the general public can be taught how to perform first aid so that they can be able to assist each other in minor injuries.

The demand for mental service will increase after a tsunami. The loss of families, belongings, homes and fear that the disaster may occur again are the main things that people suffer of after a tsunami (Siegel C, 2004). There is need to train more mental health workers to cope with the increase in demand for the service. To cope with this increase in demand for service the Ministry of health should teach local health workers, priests, traditional healers, teachers and local community leaders about psychological consequences of a disaster and then enlist them as psychological counselors. Counselors should avoid telling their patients that the tsunami could have been worse and should let their victims express their emotions; let the bereaved mourn then help them to get over the grieving period. (Dr Gauthamadas).

Since the local health workers will not be spared in the case of a disaster there is a need to involve the international community in the health plan to boost up the number of workers. International health workers have to undergo intense training on how to deal with people of a different culture other than their own. In addition the workers need to be familiar with the common language in the areas they will be assisting for effective communication. In Peru the official language is Spanish so the health workers especially psychiatrists to assist in Peru need to learn to communicate in Spanish. (Dr

Gauthamadas and World Fact Book). Also the workers should learn the cultures and the religious beliefs of the people they are to assist. (Derrick Silove and Anthony B Zwi, 2005). A report from the WHO shows that there is still inadequate mental health resources worldwide, therefore we think there should be more emphasis on the recruiting of mental health professions in all countries.

In Peru the Ministry of Health has a plan for mental health care set up for the victims of the civil war but the ministry still lacks the financial and human resources. Peru has roughly 400 – 500 psychiatrists for a population of 28 million. Perales and faculty members from the National University of San Marcos School of Medicine are working with the ministry of health in collaboration with Harvard Program in Refugee to train public health workers in mental health services. (Barbara Fraser, Oct 2004).

Micronesia attended a meeting with other countries in the Pacific region in 2004 whose agenda was to find a strategy to reduce deaths due to natural disasters like the tsunami. The countries founded a training center in Palau and 400 Pacific medical and public health officials were trained.

This could mean that at least few foreigners may be required as the local health workers will be sufficient.

Based on the above information we think that more emphasis be put on the mental health. We plan that the WHO may train international health relief workers. In Peru and Micronesia we think there should be training centers; training more health workers and also we suggest the government allocate some funding to the ministry of health in addition to funds from the UN and NGOs.

Sources

1. <http://www.reliefweb.int/rw/RWB.NSF/db900SID/KKEE-6H3N57?OpenDocument>
2. Anjana Pasricha, Tsunami lessons not always followed in South Asian Earthquake Relief Effort, October 2005.
3. Asuri, Koido, Nakamora, Yumamoto and Ohta: Analysis of medical needs on day 7 after the tsunami disaster in Papua, New Guinea: June 2000
4. The Lancet: Derrick Silove and Anthony B Zwi: Translating compassion into psychological aid after the tsunami, Jan 2005.
5. UN Health Agency, South Asia Quake worse than the tsunami
6. The Lancet: Stephen Pincock, Indonesia struggles to resurrect health services.
7. Siegel C, Wan Derling J, Laska E: Coping with disasters: Estimation of additional capacity of the mental health sector to set extended service demands.
8. Department of International Development Health Systems Resource Center: Peru, Country Health briefing paper.
9. Academic for Disaster Management Education Planning and Training (ADEP): Dr U. Gauthamadas, Disaster Psychological Response.
10. WHO; New WHO mental health atlas shows global mental health resources remain inadequate.
11. Barbara Fraser, Slow recovery in Peru , Oct 2004 pg115-116.

