

## A Message to All DCs

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A natural disaster of epic proportions has occurred in our country. There will be lots of time for Monday-morning quarterbacking about what happened and why, but that will not solve the issues confronting the people suffering from the wrath of Katrina.

Many doctors of chiropractic want to help and have made financial contributions to the Red Cross or local charities. Others, however, want to help by providing chiropractic services and serving on emergency response teams deployed to the states hit hardest by this tragedy.

By the time this article is published, most of the acute or emergency phase of care for Hurricane Katrina victims will be over. Immediate life threats will have been addressed, patients will have been triaged, food and water will have been distributed, and health care (physical and mental) will have begun.

Today, many chiropractors would still like to help, but don't know how to go about volunteering their services. Some DCs have previously experience assisting in disasters by preparing shelters, making provisions in their states or spearheading fundraising efforts. However, most have never had any firsthand involvement with a true disaster, especially under the circumstances experienced by the ravages of Katrina.

Don't be caught off-guard - plan ahead

There was no preparation for the Katrina disaster ... everyone was caught off guard, with no emergency or contingency plan. Even the Department of Homeland Security and other agencies were caught unprepared.

Now is the time to begin to prepare for the next disaster. Set up a plan of action that includes the following:

- Review the disaster protocol and skills recommended by the American Chiropractic Association;
- Arrange to have your office covered by a colleague in the event of a disaster, if you plan on helping;
- Prepare your staff
- Make plans to advise your patients
- Attend a disaster training session

If you have no prior training, the most immediate way to get involved is to contact your local chapter of the American Red Cross. Another option is to volunteer through the department of Health and Human Services, who put out a call for assistance by health care professionals. You can reach them by calling 1-866-528-6334.

If you are deployed through either of these groups, you will probably be doing minor first aid, taking basic histories and vital signs to assess medical needs, handling administrative work, and providing manual labor (unloading supplies). Chiropractic care will be unlikely, except possibly in individual situations. Be prepared to work long hours under primitive sanitation, food and sleeping conditions, and to experience tedium, frustration and disorganization. Other than the obvious human misery, one of the most difficult parts of serving in a disaster can be dealing with bureaucracy and taking orders. Once you're deployed, you cannot pack up and go home - many deployments ask for a two-week commitment. Make sure your business and personal affairs are in

order and your own patients are assured of continuing care.

Be aware that many disaster teams require you to be current in your vaccinations. Regardless of your personal philosophy, this is probably non-negotiable. Also, keep in mind that you may be exposed to pathogens to which your family or immune-suppressed patients may be susceptible.

If you're fortunate enough to already be a member of a disaster team or are certified as an EMT, respiratory therapist, nurse or military medic (in addition to your Doctor of Chiropractic degree), it's likely you will be deployed to ravaged areas or "backfilled" in health care shortage areas in your state. When you volunteer, you simply go where you're needed and do what you are asked; this is part of the team response that works well in these situations.

As a disaster moves into its recovery phase, it's common for the initial adrenalin rush to subside. This is the time when it's important for DCs to become aware of the signs and symptoms of battle fatigue and relieve volunteers and patients. Fatigue and stress take their toll on everyone, and this stress manifests itself in many different ways - from heroism to suicide. The strains and pains ignored in the acute phase of disaster relief begin to surface, decreasing productivity, shortening tempers, diminishing mental clarity and impairing rest. Musculoskeletal complaints and stress are two of the leading problems relief medical teams contend with in disaster workers. This is where chiropractic can find a special niche in caring for the individuals who've had to deal with an incomprehensible tragedy.

If you wish to serve by offering your services to emergency workers, remember *primum non nocere* - first, do no harm. Do not hamper the system by becoming a victim yourself. Come with everything you need to be totally self-sufficient and self-contained. Come with sturdy equipment and protective clothing (long sleeves, work boots and insect repellent). Consider wearing non-latex disposable gloves during treatment, since you don't know which substances will be on the skin or clothing of those you treat.

Understand that what you bring may become contaminated, lost or stolen - so bring nothing irreplaceable. Wear a simple inexpensive watch and no jewelry. Take only one credit card, some travelers' checks and small bills. ATMs may not be available. You may not have access to electricity, so leave the electronics at home. Carry everything in a duffle bag or backpack.

Present yourself in a professional manner through someone you've already established rapport with, or to the person administering the site. The most likely places to serve are at staging areas where workers go to rest, hydrate and eat. You also may secure access at command centers (police or fire stations) or at shelters.

Be ready to set up and help immediately, but also be ready to be refused. Comply with the direction given to you, and don't take this refusal as an anti-chiropractic position. The command-and-control operation leaves little room for those who do not wish to comply and cooperate. The value of your services will be recognized only if you're able to deliver your services to the individuals who need them. Do not attempt to deliver stand-alone services. This is unacceptable in emergency situations, and you'll soon be banned from the area. Keep in mind that it's not about "advancing chiropractic or a philosophy," it's about delivering chiropractic care where it will do the most good.

If you are going to be treating numerous workers, try to have at least a clipboard sign-in sheet. Take a brief history. Is there a history of serious back injury, diabetes, heart or vascular disease? If so, defer or provide only palliative treatment. Keep treatments efficient using soft-tissue and osseous manipulation that you can provide with minimal examination, as you'll have no time for detailed history or follow-up.

If a person presents with a very specific injury, it may be a workers' compensation case and require evaluation by the team's medical director. If you feel further chiropractic care is warranted, suggest the person consult with a DC in his or her hometown. Don't engage in practice-building or philosophical discussions. Don't use esoteric or herbal treatments. Practice within the scope of your training and license. If a negative incident occurs, document it.

If you see other needs, offer to assist. Unload supplies or help other health care professionals in monitoring vital signs or with first aid. Show you are a team player. I cannot stress enough the importance of doing what you see needs to be done (under the global direction of whomever is in command). You'll be more valuable as a volunteer and team player than as someone who only has a specialized function.

Victims of disasters are usually not given medical treatment in shelters, except for vaccinations or minor first aid. They are typically triaged and sent out for the appropriate care. If you wish to treat patients in your clinic, be aware that providing care in your office will be significantly different than a typical "emergency" environment, as will the challenges of returning to a "normal" life for you.

If health care workers, military members or police have been deployed from your area, you can contact a member of their unit and offer your services upon their return. Professional ethics and consistency are paramount. Don't bill insurance on some and give complimentary service to others.

When you've completed any service work, especially at a disaster site, it's critical to plan for your own recovery. You may feel anxious to get back to your practice. Your family, staff and patients will be ready for you to return, but you will need some time to reorient yourself after the intensity of disaster work. You may experience emotional changes such as depression, sadness, anger and guilt. Your priorities may have changed. It's common to be agitated, irritable and restless, and to feel complete exhaustion. Alert your family to this probability ahead of time. While these are normal reactions, seek counseling if they persist. Typically, there are experts affiliated with most disaster teams to help "debrief" emergency workers after traumatic events.

God bless all of you who have responded so well to this tragedy!

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*About the Author:*

Dr. Konarski-Hart, a 1975 graduate of the University of Michigan and a 1979 graduate of the National College of Chiropractic, is a past president of the Arkansas Chiropractic Association. She is a member of the Arkansas Disaster Medical Assistance Team (AR-1 DMAT) and was one of only 35 U.S. DMAT members trained at "Consequence Island 2001" at the Weapons of Mass Destruction Conference in Puerto Rico.

A member of the Arkansas Board of Health and the Arkansas Bioterrorism Advisory Committee, Dr. Konarski-Hart offers seminars on disaster preparation through NCMIC.

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