Violence in Disasters and the First Responders

By Luis Rivera

A group of first responder's that have experienced more than their share of violence is the health care professional's community, more specifically our nurses.

The prospects of a terrorist attack such as the September 11, 2001, as well as the devastation caused by hurricane Katrina, were the last thing in people's minds prior to their occurrence. People were used to seeing terrorist acts on television on a daily basis; nevertheless, they perceived them as events that happened only in far away places, in countries like Israel, Ireland, or Colombia. Terrorism was something typical of third-world countries, not modern societies like the United States and Europe. This entire mindset changed drastically the morning of September 11, 2001. That day, the world witnessed the worst attack against America since Pearl Harbor. As those events unfolded, people began to realize that terrorism -the terrorists and their acts of violence- are no longer confined to a few isolated parts of the world: the bad guys are here, among us (Rivera, 2002).

After hurricane Katrina, people realized that timely help and adequate disaster relief were in fact unfeasible. A natural disaster made worse by the incompetence of people in key positions within our government, compounded by human error, poor planning, discrimination, neglect, and indifference; consequently resulted in the destruction of lives, homes, infrastructure and the economy of an entire region. Hurricane Katrina crippled the cultural and social well-being of families, communities
and cities. However, the negative impact or effect of such incompetence and lack of preparedness went way beyond the aforementioned. In the chaotic aftermath of Katrina, an increase in violence became a tragedy within the tragedy.

Violence during and in the aftermath of Katrina manifested itself in different ways and forms. One example was violence and the fear of violence against first responders and relief workers. At the city’s largest public hospital, Charity Hospital, about 100 patients and 900 staff members were stranded because relief workers feared violence would thwart their rescue (Smithburg, 2005). Another example of violence was sexual violence against women and children. The National Sexual Violence Resource Center along with other organizations developed an anonymous database of self-reported sexual assaults and other forms of violent attacks during and after Katrina. This database offers ample evidence from various locations which clearly depicts the victims of sexual assault (93.2%) was primarily females.

Violence in disasters is not a unique problem in the United States, but rather to disasters’ situations regardless of country. In a 1998 report produced by Goli Farrell—Administrative Officer, Emergency Telecommunications Project, United Nations Office for the Coordination of Humanitarian Affairs—states that the number of disasters which require international response is increasing, and so is the number of relief workers, volunteers and staff members of international organizations who often risk their lives in the service of humanitarian assistance. For relief workers at the site of a natural disaster, such as an urban environment devastated by earthquake, the risks are obvious. In a country or region affected by a crisis such as civil strife even routine humanitarian work have cost lives. In 1997 alone, 65 United Nations staff members were killed while on duty, 55 were detained or "disappeared", 47 were abducted and held hostage and many more were subject to assault, battery, abuse and rape.

During a visit to the country of Guyana in of May 2009, the author met with a number of US and Guyanese government officials and offices for the purpose of gathering information regarding trends of violence associated with disaster situations. During a meeting with a former Chief, US Military Liaison Officer for the US Diplomatic
Mission to Guyana, the subject of violence in disaster and violence against relief workers in general in the country of Guyana was discussed. The bottom line is, Guyana, has an extremely poor record when it comes to violence—in disasters and against women—and although they are acting with great urgency to improve this record, the general consensus is that thus far, Guyana has not succeeded, unlike other countries in the region that have made progress in slowing this trend.

The aforementioned statement is consistent with statistics released by the Guyana Chronicle and the Stabroke News of June 12, 2008, which specifically stated there were 3,600 cases of domestic violence reported in 2007 compared to 1,708 the previous year. Another source that reinforces the problem of violence in disasters is the Consolidated Appeals Process (CAP): Flash Appeal 2005 for Guyana Floods Produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), which not only stated that the massive and prolonged flooding affected people who experienced the trauma of the disaster, but also disrupted their daily lives, the loss of personal belongings and damaged to their home. This in turn created a sense of insecurity and confusion in the children, as well as contributed to violence and abuse, all which are connected to the stress created by the combination of the aforementioned circumstances and the congested settings in which displaced families were forced to live. Although these statistics do not make specific reference to violence against first responders, said statistics are in fact all-inclusive.

In addition, the potential for first responders to encounter the threat of violence during crisis situations, such as responding to a domestic violence call, servicing a high risk warrant, conducting a felony stop or arrest, or reacting to a hostage taking situation—another form of terrorism—is greater and also have the potential of having far more atrocious consequences. In 1989, a Special Forces Unit—commanded by the author—was given the mission to capture a suspect that armed with an AK-47 was assaulting defenseless women in retaliation for their collaboration with US and Local Government Forces. The situation took a turn to the worst, as it was determined the bad guy was holding a woman in the house he was hiding. The decision to neutralize the suspect through the use of less than lethal means was made to prevent the woman from being harm in the process of executing the arrest, which consequently turned what should have been a felony arrest into a Hand-to-Hand combat situation. The encounter ended up with the suspect being restrained in a matter of seconds, which in turn brought about the safely recovery of the woman. The use of self-defense training facilitated the rescue of the woman with minimum injuries to the perpetrator, no injuries to the first responders and no loss of life (Rivera, 1998).

As mentioned above, the risk of exposure to the effects of disasters is not distributed equally but reflects the fault lines of any society. Scholars of disaster see
disaster risk as a function of people’s relative exposure to hazards, the degree to which
the effects of hazards have been reduced (e.g. through risk assessment and mitigation,
 risk communication, preparedness and community organization). In addition, people’s
vulnerability to disaster is understood as the relative ability to anticipate, prepare for,
survive, cope with and recover from the effects of disastrous events (Klein, 2006)—a
statement that is also true for all personnel acting in the capacity of first responders.

People think the designation, first responders, is self-explanatory; nevertheless,
first responder’s duties are multiple and cover an extensive amount of areas and or fields.
The bottom line is first responders are people, citizens, men and women that put in time
and effort in making the difference by doing their best to help others in situations where
the end result can ultimately be that of life or death. They are expected to be the first to
arrive at the scene of an emergency; and to remain there 24/7, 365 days a year or until the
job is complete.

These heroes are the local police, firefighters, medical personnel, other
emergency personnel and volunteers who are always ready to respond to dire situations,
always readily available to save lives and diminish casualties. A first responder may
arrive at the scene of extremely uncharacteristic events, such as natural or manmade
disasters ranging from bombings, commercial plane accidents, train wrecks, hotel fires,
chemical spills, environmental damages, civil disturbances and blackouts/brownouts, to
acts of terrorism of epic proportions, such as the attack of September 11, 2001, and the
Sarin attack against the Tokyo subway system in Japan. For these reasons, they have
seen a drastic change from their traditional roles. They are expected to perform a more
vital role as part of the first response community in all faces of disaster intervention. A
good example is the role of fire fighters, whose duties are no longer confined to just
fighting fires, they also provide a variety of life-saving services. They respond to
emergency calls ranging from accidents to medical situations and of course disasters, all
of which have the potential of becoming highly dangerous scenarios. Additional roles
have also been assigned to law enforcement personnel. Their daily duties include

First Responders members of US Department of Defense Police. Medical and emergency intervention personnel.
responding to emergencies and situations that calls for officers to perform several tasks, from overseeing a crime scene to administering first aid.

Another group of first responder’s that have experienced more than their share of violence is the health care professional’s community, more specifically our nurses. In an article published by the New York State Nurses Association titled “Nurses Association Calls for Law to Crack down on Violence against RNs” the saga of an emergency department nurse at a Long Island healthcare facility exemplifies how serious this problem really is. According to the article in the last seven years, Mercy Jaiswal has been physically assaulted three times. She was beaten with pots filled with hot coffee. She was kicked so powerfully that her leg was covered with a massive bruise that would linger for months. Most recently, she was thrown "like a rag doll," sustaining a fractured arm that required surgery and six months of recovery time. Mercy Jaiswal is a registered nurse. All of her injuries occurred when she was at work in the healthcare facility, delivering professional nursing care to the patients that she "loves so dearly."

The fact of the matter is that although all first responders are exposed to violent acts while responding to crisis, disaster and other emergency situations, only law-enforcement and Military personnel are actually equipped with weapons—lethal and non-lethal—as well as trained in the use of less than lethal force that include self-defense TTP’s.

The point is that the likelihood of a well-armed law-officer or a Soldier participating in disaster intervention related activities being attacked is significantly lower than other first responders that are exposed to the same dangers but are clearly in a disadvantage position. And although in a perfect world law-enforcement and Military personnel would provide protection for other first responders, they are also expected to protect the community, business and infrastructure. Reality is that there are not enough officers to do all of the above and provide security for the responders and or care takers.

The case of a well-known public figure and daughter of a famous rock and soul band, exemplifies the reality of the aforementioned statement, and helps solidify the argument that first responders are not immune to acts of violence while assisting in disaster situations. In the aftermath of Katrina, after the waters started rising on the night of August 31, 2005 and two days after Hurricane Katrina struck, the first responder who later became the victim, provided much needed assistance to people in New Orleans by helping victims of the hurricane sought shelter on the roof of a school. She told a story of being raped in an impromptu meeting in an interview with Archbishop Alfred Hughes of the Archdiocese of New Orleans on a local television station:

I had lain down and gone to sleep and somebody woke me up. They put their hand over my mouth, and a knife to my throat, and said…. ‘If you don’t do what I want, I’m gonna kill you and then I’ll do what I want to you anyway and throw your body over the side of the buildin’ (Thornton & Voigt, 2006).
The psychosocial impact of disasters in families, children, and caregivers, as well as first responders and aid workers have been addressed by providing additional psychological training and skills development in an effort to accelerate the level of response and the long-term effects of disasters. In addition to first responders, teachers, aid workers, and community leaders are all receiving this training. The United Nations Office for the Coordination of Humanitarian Affairs has proposed a different approach to mitigating the risk. They stated that telecommunications are a vital element for the personal safety and security of those working in the service of humanitarian assistance. Their effective and timely use, in the sense of the statement of the Security Council, can contribute to the reduction of the risks to which international civil servants and relief workers are increasingly exposed.

Based on my experience in disaster intervention and relief operations, civil search and rescue, as well as hostage rescue operations and as demonstrated by the case of the aforementioned known public figure; communications and psychological training are only part of the answer. She was attacked in her sleep, giving her little chance to use her psychology training to talk her way out of the situation or the radio to call for assistance. Sine Qua Non, had this person received training in the use of less than lethal force, it would have increased her chances for repelling her attacker and call for help.

An assailant grabs the officer by the arm
She quickly slaps the assailant with a heel palm strike to the ear
Grabs him by the back of the head
Simultaneously pulls the neck and execute a knee strike to the midsection

These are some of the reasons for the creation of the Bare Essential First Responder’s Self-defense Training Program or BE-FiRST. This program is different from others in that it emphasizes the importance of situational awareness and how these can be applied in the two separate and distinct stages of violent confrontations—the
“Pre-conflict Stage and the Engagement Stage. It teaches Self-defense strategy and addresses psychological factors that influences personal reactions to danger situations, such as self-confidence, self-esteem, self-efficacy, and perceived control, as well as carefully selected realistic, practical and easy to perform self-defense tactics, techniques and procedures that can be applied against different scenarios and situations, which consequently will enhance the First Responder’s ability to repel an attacker.

References


