

Where the Two Worlds meet!

Disaster and Humanitarian Medicine

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Disclaimer!

- The views expressed in this presentation are solely my expert opinion based on my experience responding in conflict and humanitarian settings.
- And not that of the International Committee of the Red Cross (ICRC)!

Complex Humanitarian Emergencies (CHE)

- A type of disaster event
- Caused by and results in a complicated set of social, medical, and often political circumstances
- Leading to great human suffering and death and requiring external assistance and aid.
- Associated with a variety of factors, such as
 - Poverty
 - over-population
 - human-caused environmental destruction and change
 - natural disasters
 - Wars

Current Global Humanitarian Crisis Situation

- More than 100 armed conflicts
- Countries with Humanitarian Crisis needs rising and need sustained attention and support.
 - Haiti
 - **Sahel** (Bukina Faso, CHAD, Mauritania, Mali and Niger)
 - Democratic Republic of Congo (DRC)
 - Central African Republic (CAR)
 - Ethiopia
 - Sudan
 - Somalia
 - Yemen
 - Syria
 - Gaza
 - Nagona-Karabakh
 - Ukraine
 - Afghanistan
 - Myanmar



Myanmar Conflict and Humanitarian Crisis



Ukraine Conflict and Humanitarian Crisis



Gaza Conflict and Humanitarian Crisis



Death toll from Israeli strikes on Gaza tops 25,000



Gaza, Jan 21 (UNI) The death toll from Israeli strikes on the Gaza Strip since October 7, 2023, when the Israel-Hamas conflict escalated, has increased to 25,105, while more than 62,600 others have been injured, the enclave's health ministry said on Sunday. "The number of victims of the Israeli aggression since October 7 last year has risen to 25,105, while 62,681 people have been injured," the ministry said.

Some 178 people were killed and 293 injured in Gaza over the past 24 hours, the ministry added.

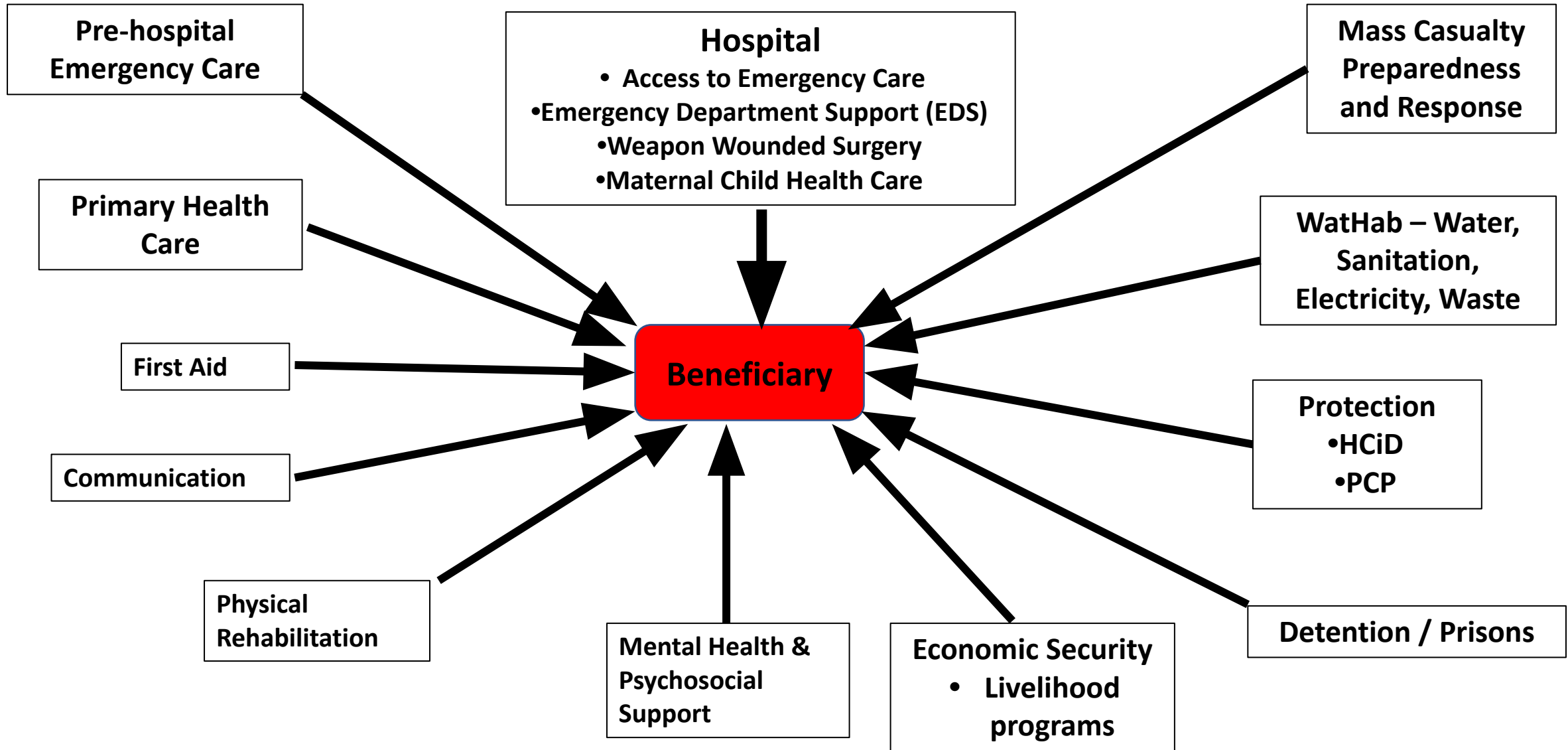
Tags: [#Death toll from Israeli strikes on Gaza tops](#)

[Please log in to get detailed story.](#)



ICRC Comprehensive Health Response

Delivering Emergency Care in Crisis



Challenges

- Access
- HCiD – Health Care in Danger (Violence)
- Coordination, Communication & Networking
- Stuff
- Staff
- Infrastructure / Health Facilities
- Training – On the job training
- Basic Needs - Food, water, shelter, electricity and sanitation

ACCESS

- Neutrality
- International Border – Visas, permits etc
- Security Checkpoints
- Awareness & Communication
- Ongoing Conflict /Constant Shelling or Bombing
- Unexploded ordinance
- Bad / damaged roads
- Remote areas
- Fuel Scarcity

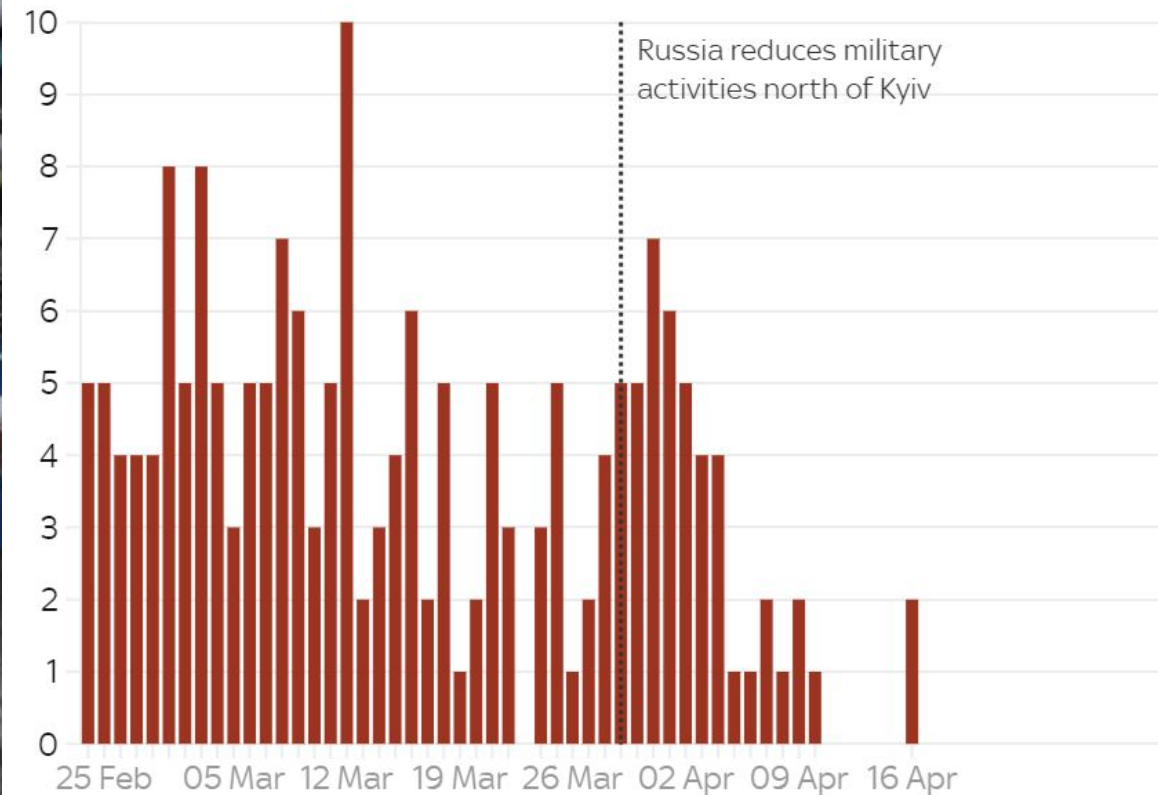


HEALTH CARE IN DANGER (HCiD)



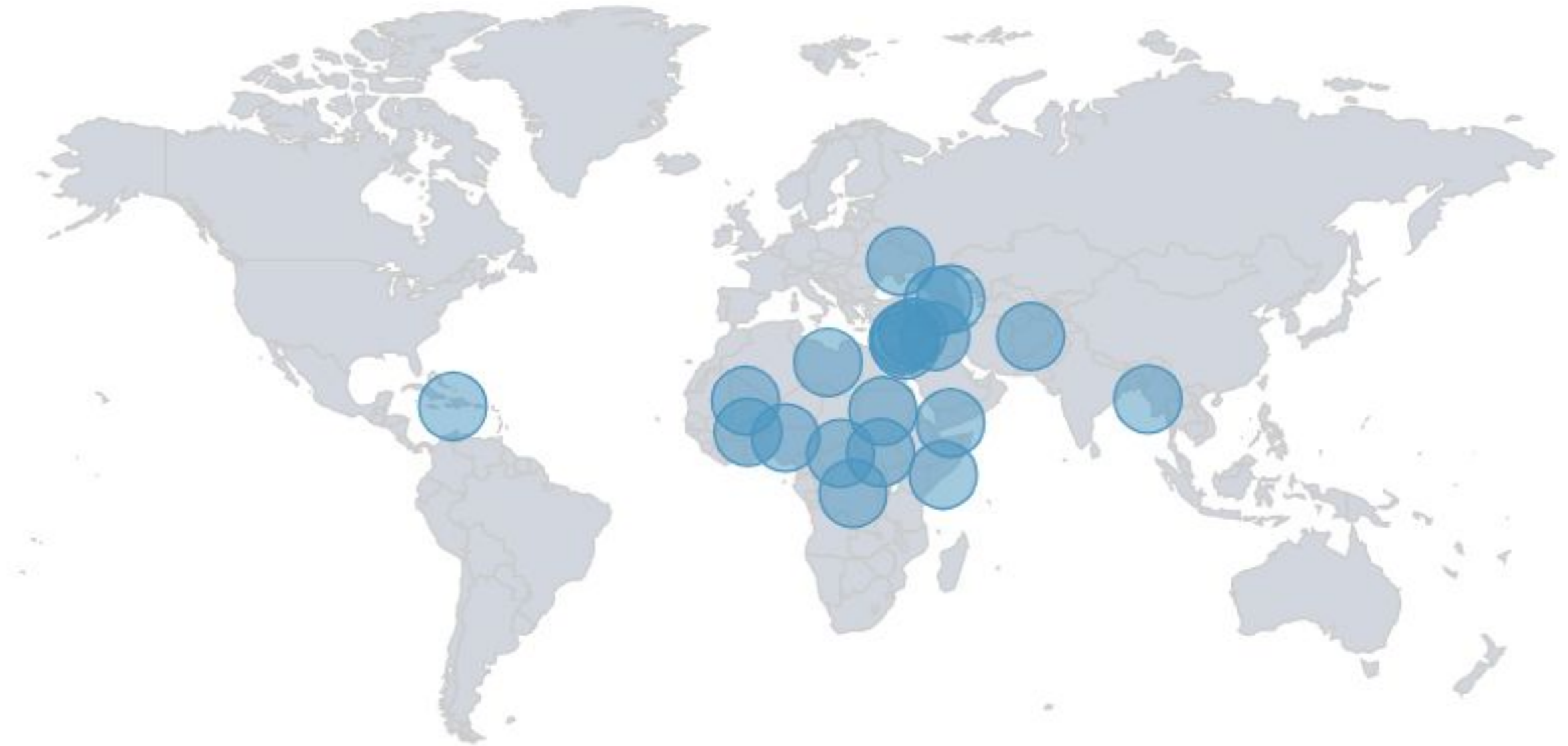
Healthcare services have been hit almost four times a day on average in Ukraine

Number of attacks on health facilities, workers and vehicles, according to WHO.



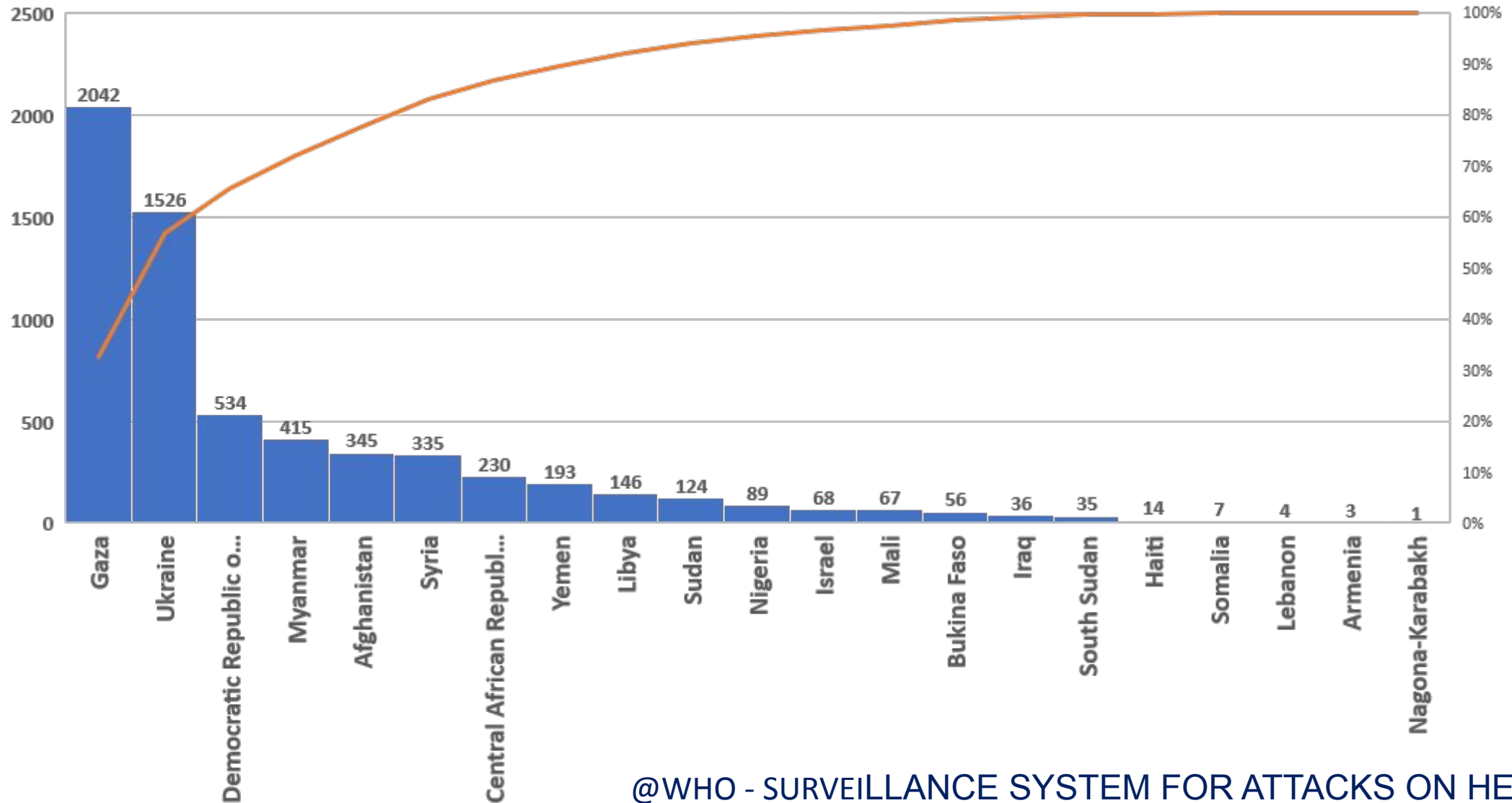
SOURCE: [World Health Organization](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports) • Data for period between 24 Feb and 16 April. Includes probable as well as confirmed attacks.

HCiD Incidents Globally

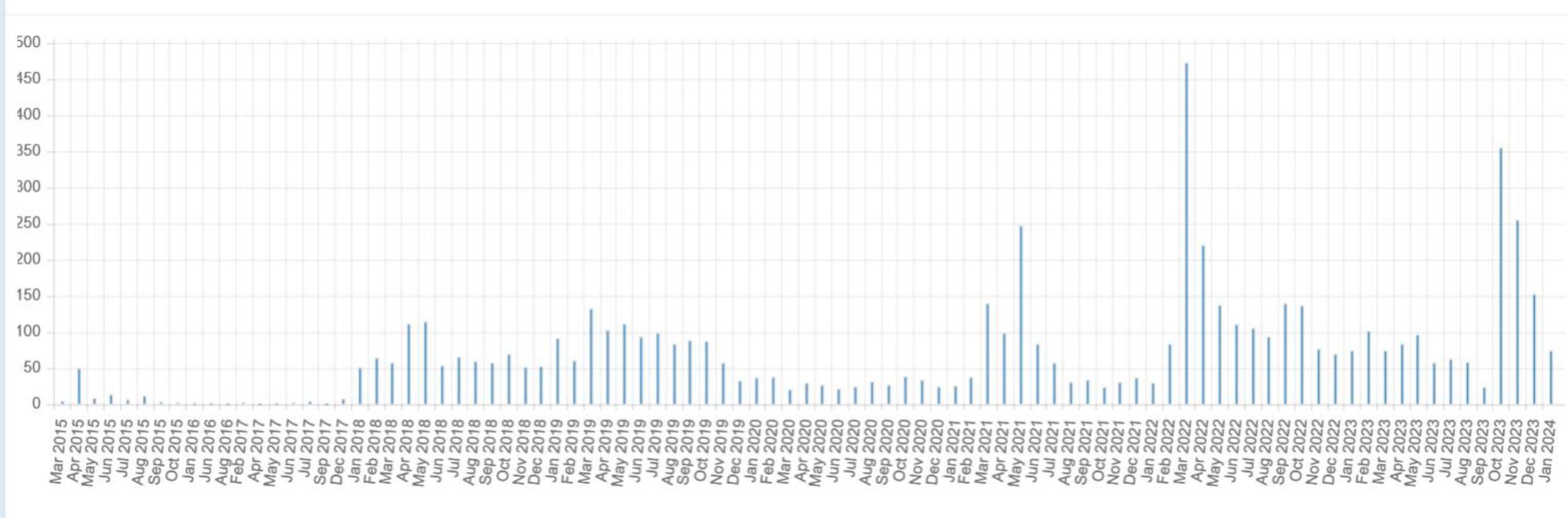


@WHO - SURVEILLANCE SYSTEM FOR ATTACKS ON HEALTH CARE
(SSA)

Healthcare in Danger (HCiD) Incidents



HCiD Incidents from 2015 to 2024



HCiD Incidents 2015 to 2024

6270

Attacks



1873

Deaths



4027

Injuries

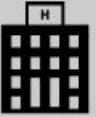


21

Countries & Territories



Impact ?



3102

ATTACKS IMPACTED FACILITIES



1626

ATTACKS IMPACTED TRANSPORT



3230

ATTACKS IMPACTED PERSONNEL



1200

ATTACKS IMPACTED PATIENTS



1014

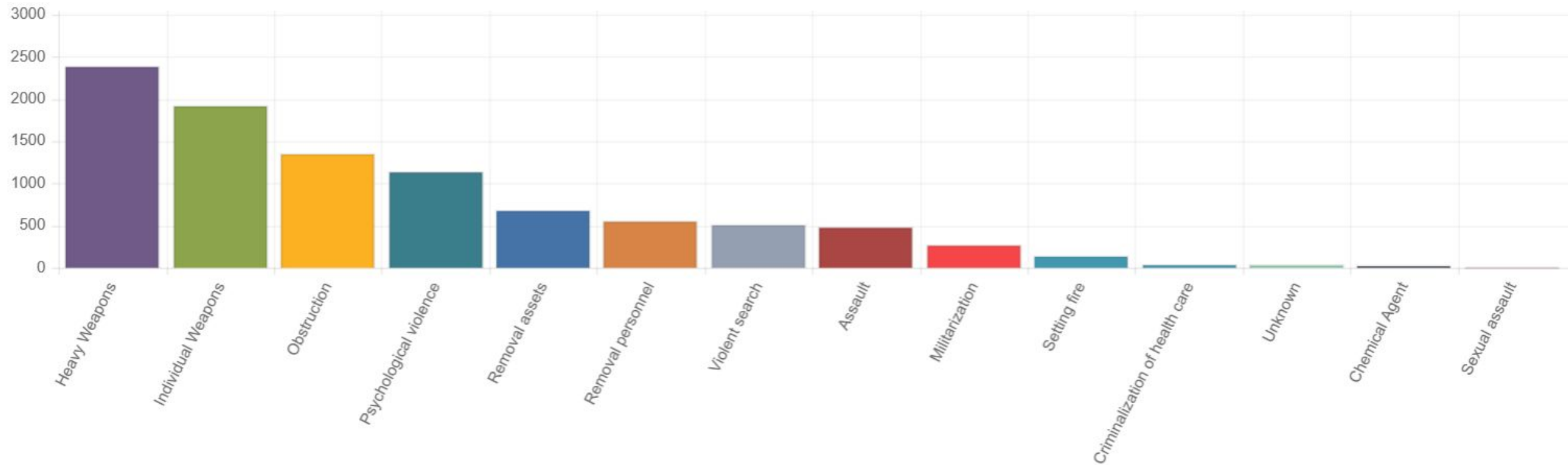
ATTACKS IMPACTED SUPPLIES



263

ATTACKS IMPACTED WAREHOUSES

Types of HCiD Incidents



ADDRESSING HEALTH CARE IN DANGER (HCiD)

- Neutrality / Impartiality
- Negotiations
- Visibility / Signage
- Movement in Convoys
- Ballistic Vests and Helmets
- CBRN – Escape Kit
- Antidote / Narc Kit
- De-escalation training



DEFUSING VIOLENT BEHAVIOUR IN HEALTH-CARE SETTINGS



LOOK OUT FOR WARNING SIGNS

Escalating interpersonal tension can lead to distress and changes in behaviour. Watch out for these signals:



IN ONESELF OR COLLEAGUES

- Excessive fatigue or tiredness
- Daytime sleepiness
- Unexplained sadness
- Anger and frustration
- Low tolerance levels



IN PATIENTS, THEIR FAMILY AND COMMUNITY MEMBERS

- Tense body language (clenched fists, tightened jaw)
- Agitated speech, often with demands and complaints
- Raised voice
- Restlessness
- Excessive hand gestures
- Threatening words or gestures



IN THE WORKPLACE (LIKELY HOTSPOTS AND TRIGGERS)

- Crowded spaces, especially waiting areas
- Prolonged waiting time
- Absence of personnel to offer guidance
- Shift rotation and handovers
- Delivery of "bad news"
- Increased influx of people inside the health facility

STRATEGIES TO DE-ESCALATE TENSION



BE ALERT

Recognize the warning signs of elevated stress for early resolution of the problem.



BE RESPECTFUL

Offer a chair to sit and explain that it's important to calmly discuss the issue.



LISTEN ACTIVELY

Ask the patient/attendant for details and express interest in the reasons for their distress.



PRACTISE MIRRORING

Rephrase the person's sentences and repeat them to show that you are listening and have understood the concerns. Don't exert your opinion as the "final one" or make false promises.



AVOID JARGON

Medical terms and phrases can be overwhelming and confusing to patients, their families and the non-medical community. Use simple language instead.



OFFER CHOICES

This reassures the patient/attendant of their agency over the situation. It can be as simple as offering a glass of water, asking if they would like to sit somewhere quieter or even asking if they would prefer to speak to another colleague (especially in gender-sensitive contexts).



BODY LANGUAGE

Stay as relaxed and calm as possible, even when it's difficult to do so. Speak politely, but firmly. Remember to keep a safe distance from the person while talking to her/him. The face mask might impair body language signaling (smiling, for example), so make sure that you nod and use enough verbal reassurance.



EVALUATE

See if things are normalizing and tension is easing. If you feel you are not able to manage the situation, it's best to excuse yourself and let another colleague handle it.

SEEK HELP

If you realize that the tension is continuing to escalate, especially if there is a threat of bodily harm, signal to a colleague or security officers for support in time.

VIOLENCE AGAINST
HEALTH CARE MUST END

IT'S A
MATTER
OF LIFE
& DEATH



ICRC

HCiD / De-escalation Training

- Overcrowding in the ED
- Staff under Stress
- Disoriented patient
- Increase in Violence against healthcare workers in the ED



Public Awareness Campaign



@GAZA

Coordination, Communication and Networking

- Various NGOs and INGOs
- Local Community
- National Red Cross Society (PNS)
- Local Ambulance Services
- Civil Defence
- State Emergency Services
- Civilian Hospitals
- Military Hospitals
- Ministry of Health
- Ministry of Defense – Health Services
- Government



STUFF

- First Aid / Trauma / IFAK Kits
 - Medical Equipment
 - Medical Consumables
 - Drugs / Medicines
 - Controlled Drugs / Opioids
 - Narc Kits
-
- Logistic Support
 - Pharmacist / Med log
 - Storage space / Medical Warehouse
 - Transport
 - Containers





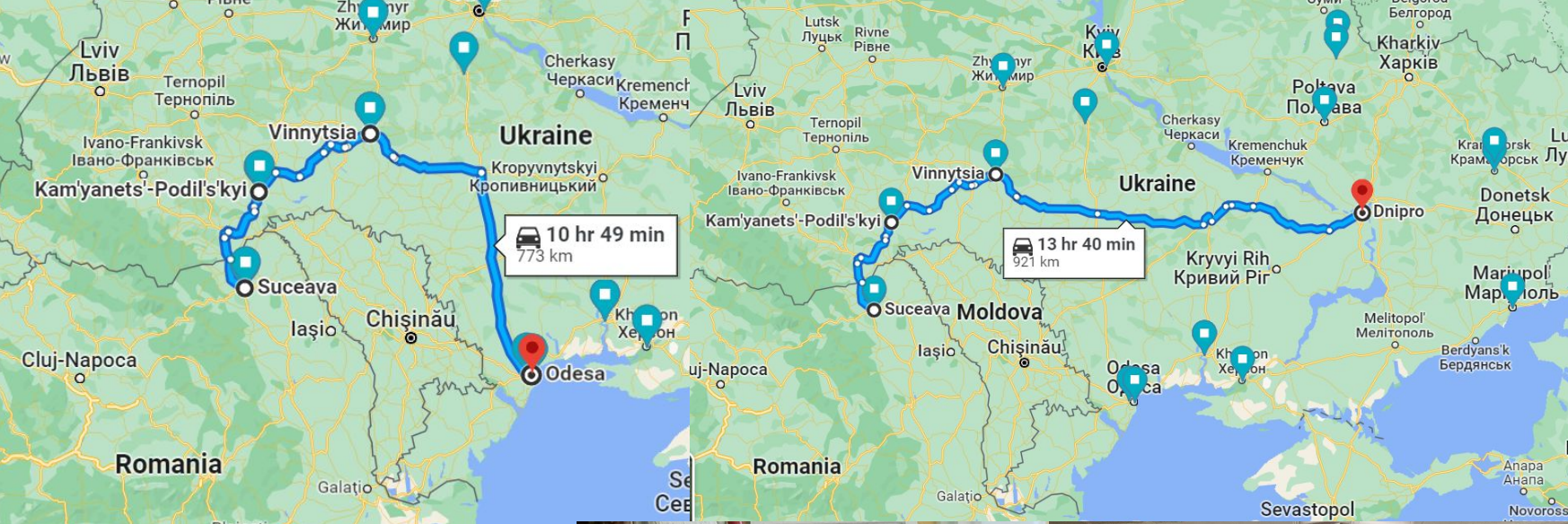
OPERATIONAL CONTINUITY

- Water
- Electricity
- Oxygen Refill
- Biomedical Services
- Maintenance and Services
- Fuel
- Ambulance - Spare Tyres / Tools
- Ambulance - Spare Vehicles

STAFF

- Volunteer Staff
- Rotation of Staff
- Down Time
- Shelters
- Mental / Physical Health
- Security of Staff
- Medical Evacuations
- Neutral Nationalities





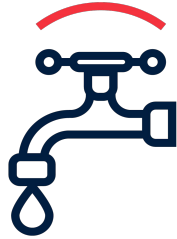


ERUs- Emergency Response Units

- ❑ -Teams of specialists with their own equipment, finances and management structures.
- ❑ -Deployed when local facilities are destroyed, overwhelmed or do not exist.
- ❑ -Deployed within 24-72 hours and are self-sufficient for up to 4 months.
- ❑ -They are maintained and funded by National Societies of various countries.
- ❑ -Deployment is coordinated by Geneva.
- ❑ -6 types of ERU.



6 types of ERU



WASH

Water treatment, sanitation & hygiene

- **M15**
- **M40**
- **MSM20**
- **WSR**
- **HWTS**



LOGISTICS

Arrival, clearance, storage and dispatch of relief items



RELIEF

Relief assessments, targeting, registration, distribution



HEALTH

- **Emergency Clinic**
- **Emergency Hospital**
- **Cholera Treatment center**
- **Public Health CCMC**
- **Public Health CBS**
- **Public Health SDB**
- **PSS module**



BASECAMP

Working and living space for staff

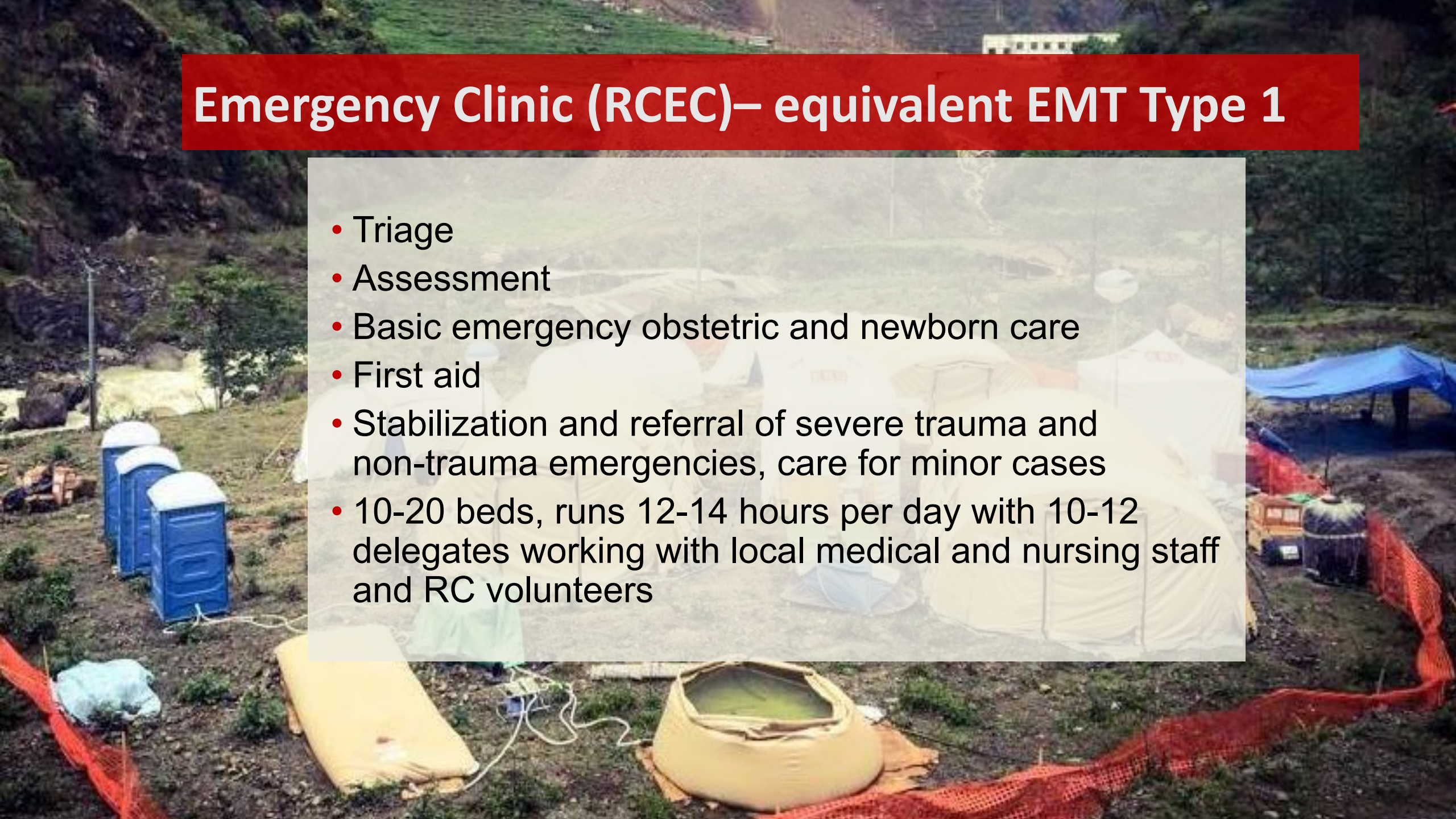


IT / TELECOM

Set up IT and comms networks

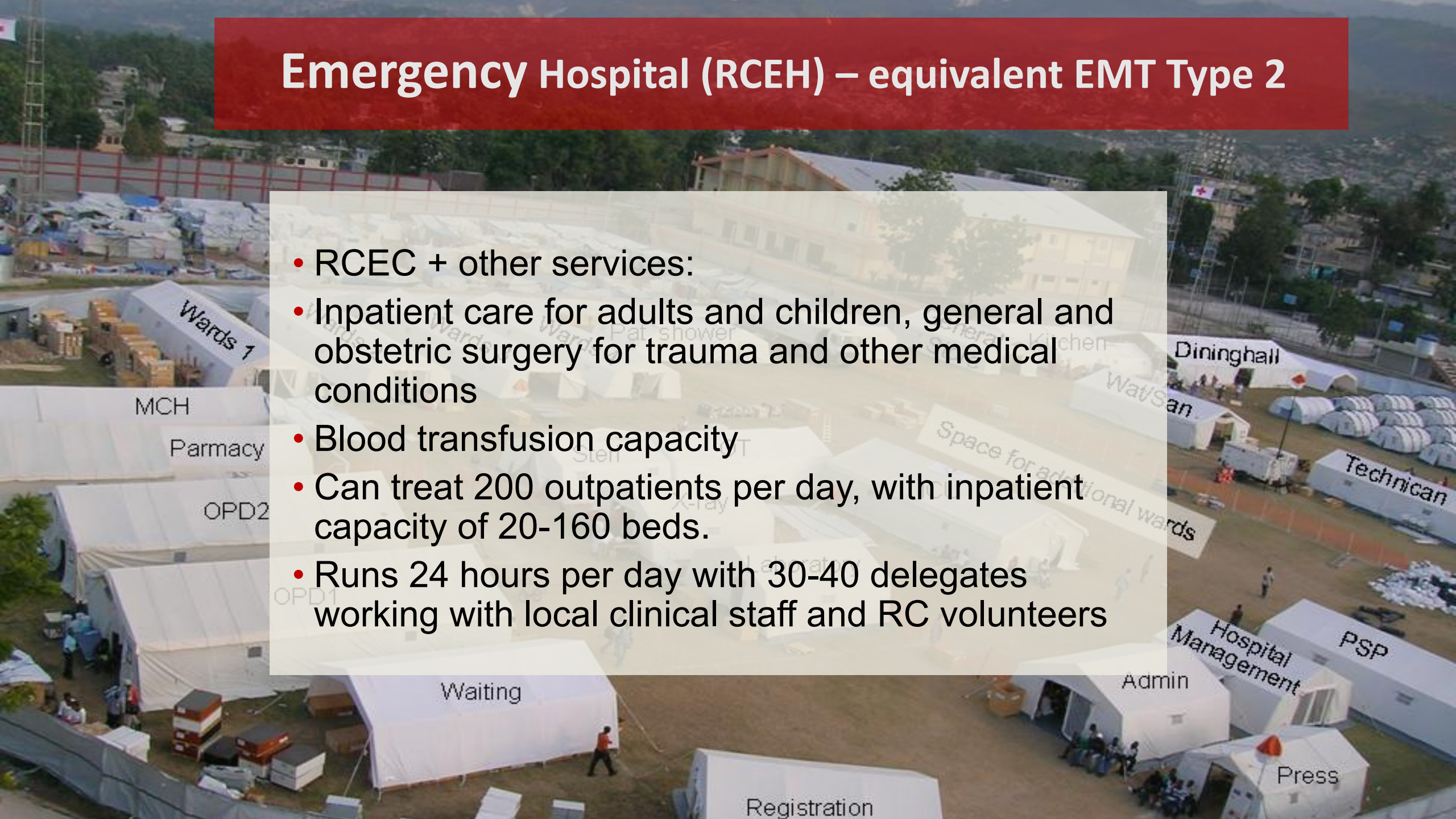
Emergency Clinic (RCEC)– equivalent EMT Type 1

- Triage
- Assessment
- Basic emergency obstetric and newborn care
- First aid
- Stabilization and referral of severe trauma and non-trauma emergencies, care for minor cases
- 10-20 beds, runs 12-14 hours per day with 10-12 delegates working with local medical and nursing staff and RC volunteers



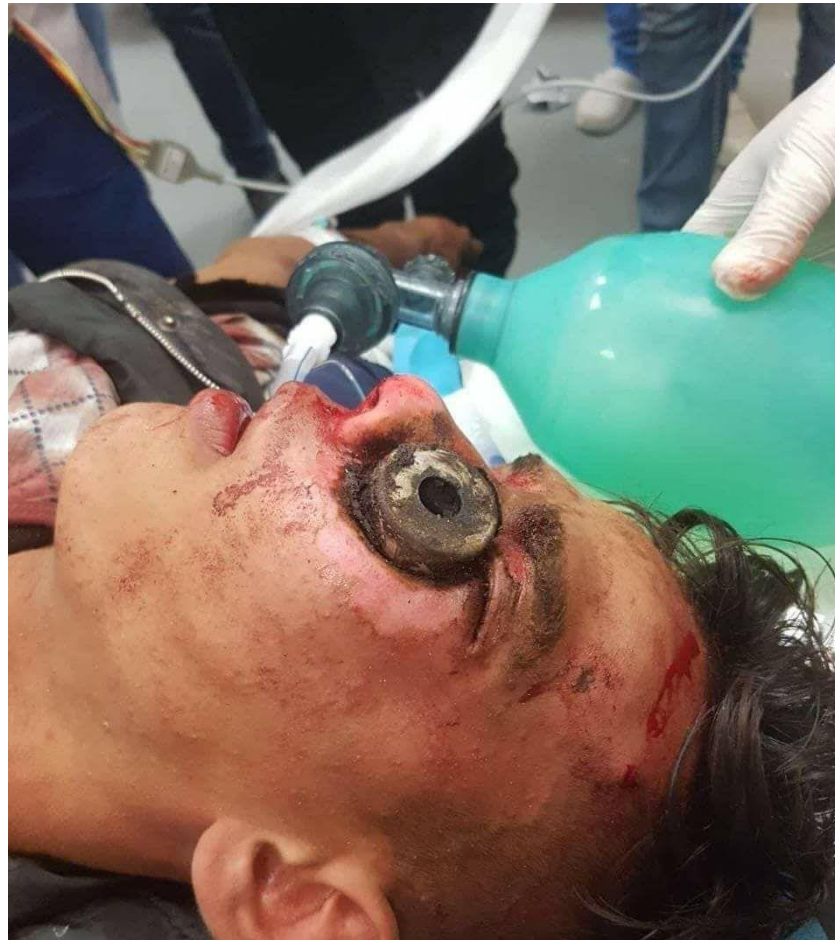
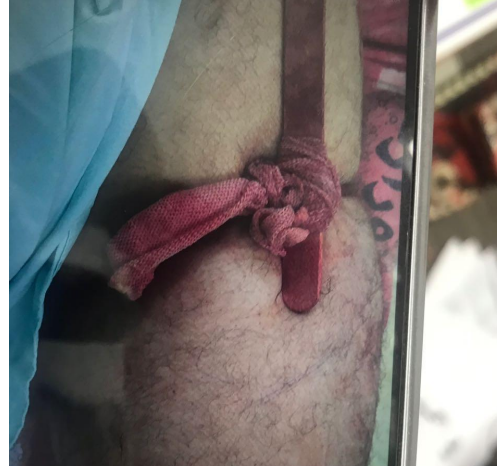
Emergency Hospital (RCEH) – equivalent EMT Type 2

- RCEC + other services:
- Inpatient care for adults and children, general and obstetric surgery for trauma and other medical conditions
- Blood transfusion capacity
- Can treat 200 outpatients per day, with inpatient capacity of 20-160 beds.
- Runs 24 hours per day with 30-40 delegates working with local clinical staff and RC volunteers



On-the Job Training

- Basic First Aid
- TCCC
- Basic Emergency care (BEC)
- Triage
- Emergency Room Trauma Care (ERTC)
- Mass Casualty Incident Training
- Weapon wounded / War Surgery




DON'T SHOOT
WE ARE NOT PART OF THE FIGHT.



THANK YOU

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**TELL EVERYONE
HEALTH WORKERS ARE
#NOTATARGET**

HEALTH CARE IN DANGER **IT'S A MATTER OF LIFE & DEATH**