Children in Disasters

At all times the world has had disasters, both natural and man made. However, never have there been more serious disasters affecting people than today. More than half of disaster victims are women and children(1). In this century, child health professionals can expect to care for an increasing number of children with acute and chronic childhood problems that have their roots in disasters(2).

At any given time in 2004 there were at least 18 million children and adolescents displaced by disasters. Some of the displacements lasted only a few weeks; others will continue for years. Children suffer acute risks such as infectious diseases and malnutrition, and long term risks of psychological problems, including post traumatic stress disorders and depression(3-6). Unaccompanied minors are at particular risk of long term physical and mental handicaps. Many families who experience manmade disasters are often eventually resettled to different countries. Sometimes, for cultural or psychological or social reasons, victims of disasters may not share their history of disaster experience with new health care providers. So the roots of some of their difficulties remain unrecognized in clinics, schools, communities and in workplaces.

Fortunately, over the last decade there has been increased attention to the impact of disasters on children. Since 1996 when the first training course on the special needs of children in disasters was conducted at Case Western Reserve University in Cleveland, Ohio, there have been 325 American child health professionals and 360 child health professionals representing 30 other countries trained in management of disasters with a focus on children. The course has been presented in Thailand, India, Pakistan, Ethiopia, Nicaragua, Panama, and Syria. The five-day course uses a problem-based learning method to train child health professionals about the special needs of children in disasters and how to develop and implement appropriate programs for children. To this point all faculty have been volunteers who serve on behalf of children(7).

The International Pediatric Association (IPA), which represents 500,000 pediatricians in the world, has, for the past 7 years, designated the needs of children in humanitarian emergencies as one of its top priorities. The IPA has endorsed or supported each of the international training programs and continues to organize additional training and follow-up programs.

The goal of the international replications is to develop a global cadre of child health professionals, representing all major regions of the world, who would be able to provide rapid, quality care to child disaster victims. It was believed that this “train the trainer” course would create a group of motivated and competent professionals who would supervise, educate and train relief workers in their own countries and establish supportive network among themselves to share knowledge and experience.

The courses have been well received in every venue as evidenced by active participation of local medical professionals who organized logistics and recruited participants, and led the process of adapting
the course to local needs. A remarkable outcome of this training course has been the development of an international group of highly motivated professionals involved in disseminating information to relief workers at a local level and providing a supportive network among themselves. The Child Disaster Network organized by Case Western Reserve University and the Rainbow Center for International Child Health has a website and a listserv available to persons who have completed the basic training.

After Hurricane Mitch, UNICEF in Nicaragua developed a modification of a psychological rehabilitation program for children which they called “Return to Happiness”. After the recent tsunami, Thai child health professionals led the effort to train Thai teachers about the psychosocial needs of children in disasters. This included provision of information about the “Return to Happiness” program. The psychosocial issues for children in disasters are both acute and long term. It is very important that relief workers know how to help families prevent some of the long term consequences such as post traumatic stress syndrome. This type of sharing among international colleagues on behalf of children is an excellent and desired outcome from the international training about the special needs of children in disasters.

The original goals to establish a network of pediatricians and other child health professionals who can advocate for and help children in disaster are being accomplished. However, the training must be extended to all countries and must be repeated in order that current child health trainees will also gain the knowledge and skills to reduce mortality, morbidity, and long term negative psychological outcomes for the many children who continue to live through disasters.

The Indian Academy of Pediatrics had formed a task force on child at risk in the year 2001-2004. A disaster management committee was formed under this task force in 2001 which worked actively to bring out IAP guidelines(8). A short version of this is published in this issue. An IAP disaster management group has been formed in the year 2005 which is actively working with the International agencies and NGOs in the recent disasters of floods in Mumbai and rehabilitation of Tsunami victims in Chennai.

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REFERENCES


