SOCIAL MEDICINE, COMPLEX EMERGENCIES, REFUGEES IN HUMANITARIAN AID

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1. Introduction

While it seems very difficult to give adequate answers to many dramatic events of our age, we are wondering how to cope with the big "worldwide emergencies." Interdependence, international cooperation, solidarity and collaboration between different institutions, International Organizations and NGOs are key-concepts to be practiced to be able to prevent and face these emergencies and humanitarian crises and, at the meantime, to carry out rapid and effective programs. Universities have a special key role in giving their students the capacities of understanding the real needs of these populations from the human point of view, as well as the importance of dedicating their professional skills in humanitarian issues to the solution of these problems.

2. Humanitarian Aid

"*Humanitarian Aid is provided following a natural catastrophe, or events which have similar consequences (wars, civil wars, etc.). It is intended to help population groups whose lives are threatened. Humanitarian aid involves the distribution of basic necessities: food, tents, blankets, medicines and medical teams, sanitary installations, etc. Humanitarian aid also includes the transportation of these supplies. Humanitarian aid is given to any person in need, without regard to race, religion or political convictions*." (ECHO).

All the humanitarian organizations agree that the main focus in every humanitarian Aid should be on vital needs (access to food, access to health-care services, access to water, etc. especially in the developing countries where population's resources are limited). It should be taken in mind that every humanitarian aid programs, especially in crisis areas and in developing countries, also needs careful analysis of the causes of the events. Moreover, it is important to plan systematic and long- term strategies and rehabilitation interventions to resolve the problems as effectively as possible. This approach facilitates the passing of the population from a state of emergency to one where the development is possible.

3. Disasters and Community

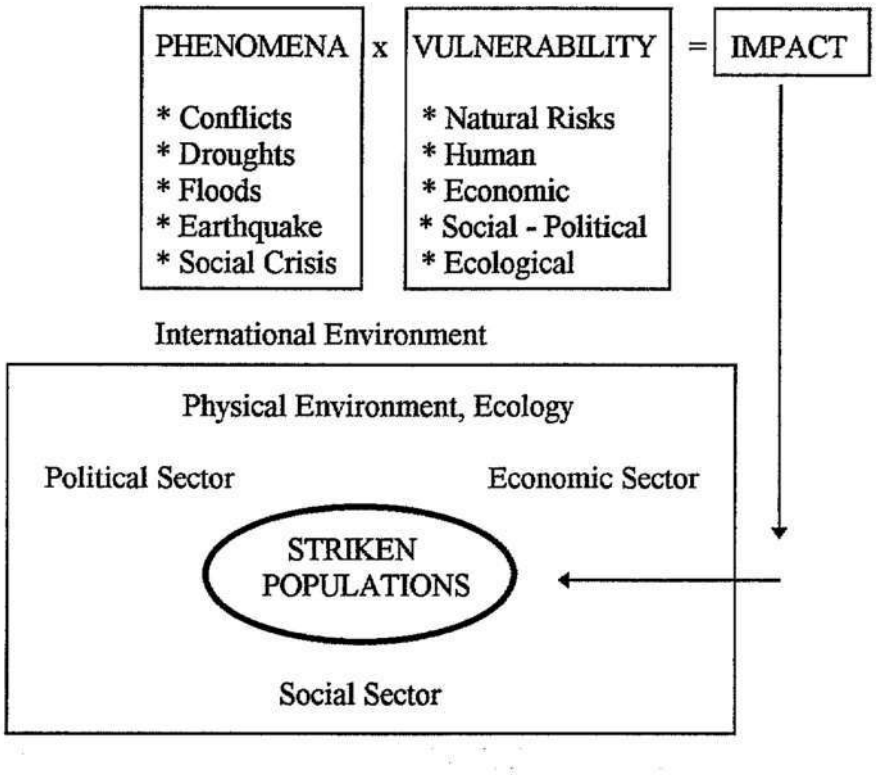
A disaster can be defined "as an event that occurs in most cases suddenly and unexpectedly, causing severe disturbances to people and resulting in loss of life and harm to the health of the population, the destruction or loss of community property, and/or severe damage to the environment." Disasters can be caused by natural phenomenons or can be the result of a technical failure or social crisis. The *"collective character*" of a catastrophic event with serious damages for persons (victims and wounds) and the environment determinates a derangement of the entire social life of the involved community, thus requiring a comprehensive answer with a multidisciplinary approach. Three factors are essential in all these definitions:

- a phenomenon or event constitutes a trauma for a population or environment
- a vulnerable point bears the brunt of a traumatizing event
- the failure of local resources to cope with the problems created by the phenomenon

A disaster's impact is the "meeting" between a phenomenon and a group of vulnerable factors:

PHENOMENA x VULNERABILITY = IMPACT TO STRICKEN POPULATION
VULNERABLE FACTORS: (also with combination among them)

- Conflicts
- Natural or Technological Risks
- Social-Political-Economic Conditions



Three types of phenomenons can cause disasters:

- **NATURAL CATASTROPHES:** (earthquakes, tsunamis, volcanic eruptions, hurricanes, floods, landslides, droughts, epidemics, etc.)
- **TECHNOLOGICAL CATASTROPHES:** (explosions, fires, accidents, deforestation, contamination, collapses, etc.)
- **SOCIAL CRISIS CATASTROPHES:** (wars, armed conflicts, displacement of populations, refugees, terrorism, etc.)

The effects of a disaster vary depending on the characteristics of the exposed elements and on the nature of the event itself. In general, the effects can be classified as:

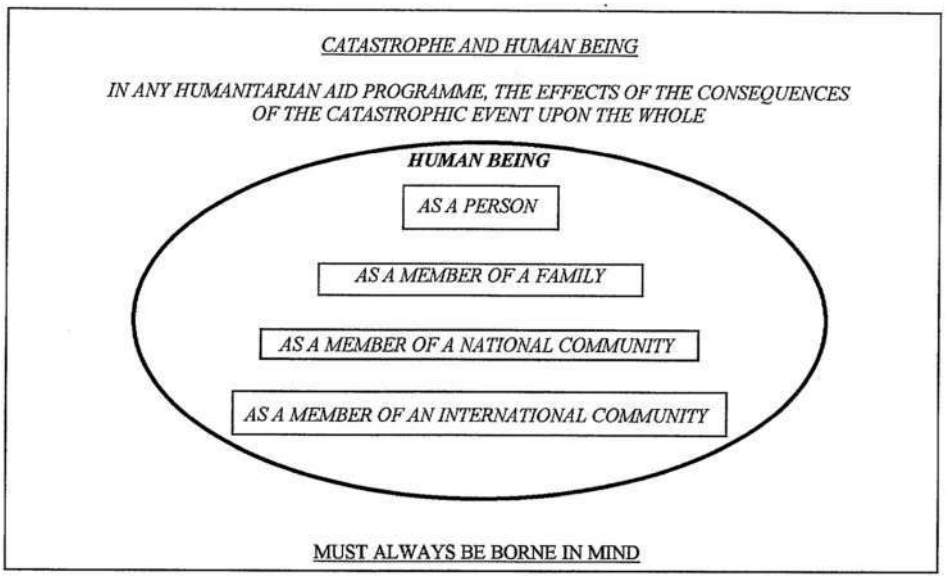
- The ***DIRECT LOSSES*** *are related to physical damage, expressed in the number of victims, in damage to the infrastructure of public services, damage to buildings, especially in urban areas, deterioration of the environment.*

- The ***INDIRECT LOSSES*** *can usually be broken down into social effects such as the interruption of transportation, public services, media. In numerous developing countries, often, direct and indirect effects cannot be calculated.*

4. Medico-social management in humanitarian Aid

It is easy to understand that the health emergency programs and humanitarian Aid need an "approaching strategy" in line with the local community needs, especially when a unique event or a social crisis (conflicts or civil wars) throws such unstable social balance into confusion. First of all, this "approaching strategy" is a matter of culture as it is made not only of perfect knowledge of the theoretical elements of crisis management and humanitarian Aid but also of the "capability of understanding" the real comprehensive needs of these populations, their social, economic, historical and cultural roots to give efficient answers to the emergency situations promoting a development process respectful of their own identity, even the first phases of the Aid.

Although the social medicine interventions in humanitarian Aid focus on saving human lives and looking for the victims during the first phase of an emergency, it should be avoided to forget the relevance of the events (catastrophe or social crisis, etc.) on the whole human being as a person, as a single citizen, as a member of a family and as a part of a community!

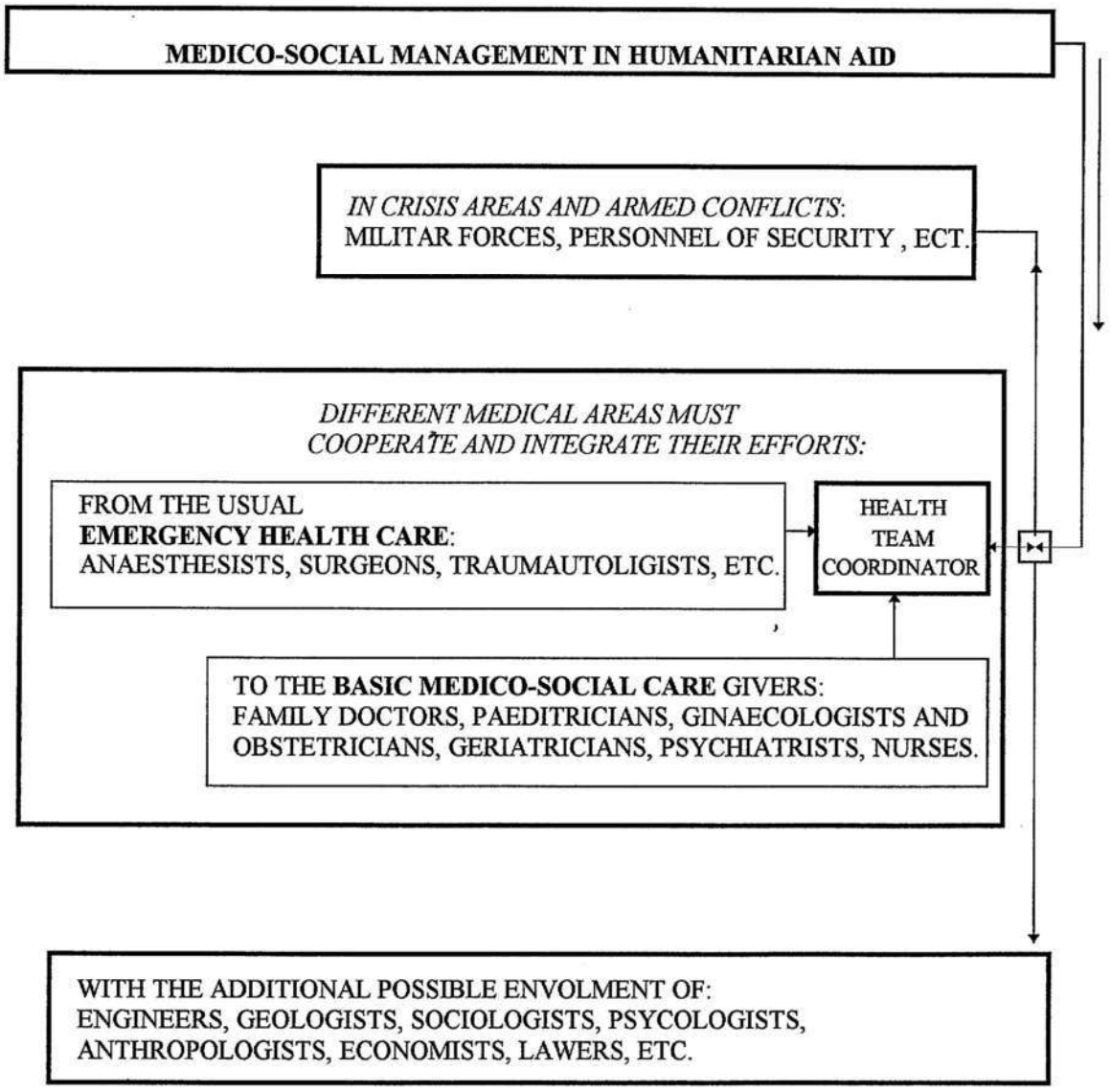


CATASTROPHE AND HUMAN BEING / MUST ALWAYS BE BORNE IN MIND THAT IN ANY HUMANITARIAN AID PROGRAMME, THE EFFECTS OF THE CONSEQUENCES OF THE CATASTROPHIC EVENT UPON THE WHOLE HUMAN BEING AS A PERSON, AS A MEMBER OF A FAMILY, AS A MEMBER OF A NATIONAL COMMUNITY, AS A MEMBER OF AN INTERNATIONAL COMMUNITY

There are not doubts that to analyze in-depth the topic of medico-social issues, especially the management strategy in humanitarian Aid and its methodology to face the needs of the population and every individual within it, it is necessary to focus this issue on its full meaning involving the human being and his environment. In this regard, it is of primary importance to understand that needs to functions within a social context, especially concerning his psychological well-being as well as his physical state of health. This social life is not something added to the existence of human beings but the primary need of his nature as well his protection and development in terms of quality and security.

Moreover, through the relationship with other people and interaction with health and social services, with civil organizations, etc. the human being develops his personality. A society is composed of human beings brought and held together by an overriding principle of unity that involves everyone. The goal of this principle of unity of the individual and social institutions must be the welfare in its broadest sense of the human being. In every humanitarian aid, it is necessary to take into account that the objective of an action aiming to analyze the human medico-social needs must be seriously taken into consideration the issue of "common good" towards which the technical and cultural objectives of social organizations and their services must be directed. The "*common good*" must mean all aspects of social living that allow groups, as well as a single member, to achieve their full potential rapidity and completely.

The "common good" involves the life of all. This is a strategy qualifying the **"medico-social approach"** in the management of humanitarian aid programs. For this reason, it would be recommended to have intervention plans focused on the totality of medico-social problems of the affected population, where it would be required the cooperation and integration of different professional profiles. This approach is particularly required in crisis areas where the catastrophes may be regarded as a "crisis in the crisis. " In these cases, the knowledge of geopolitics and general social health conditions of the affected area is a must!



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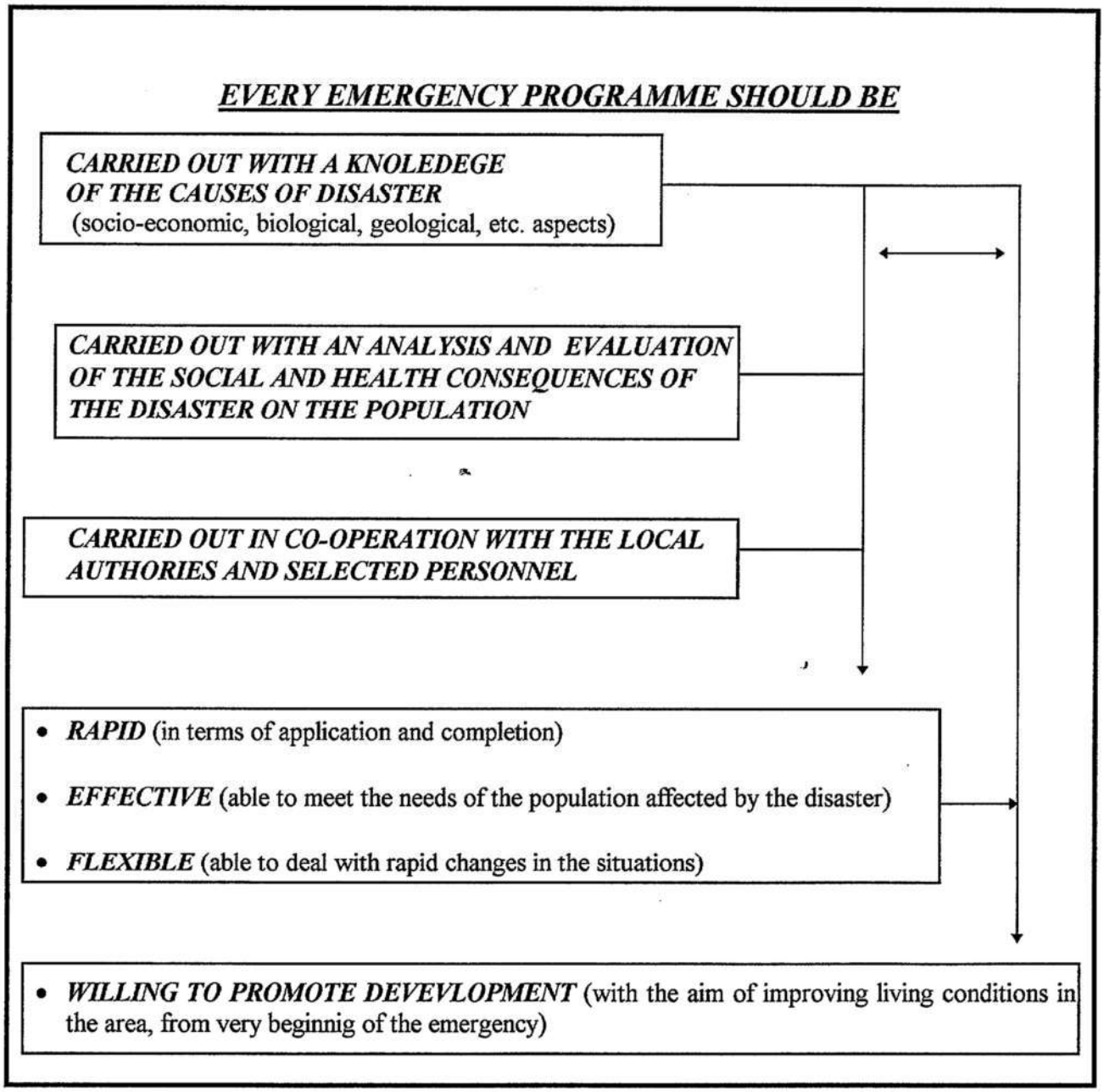
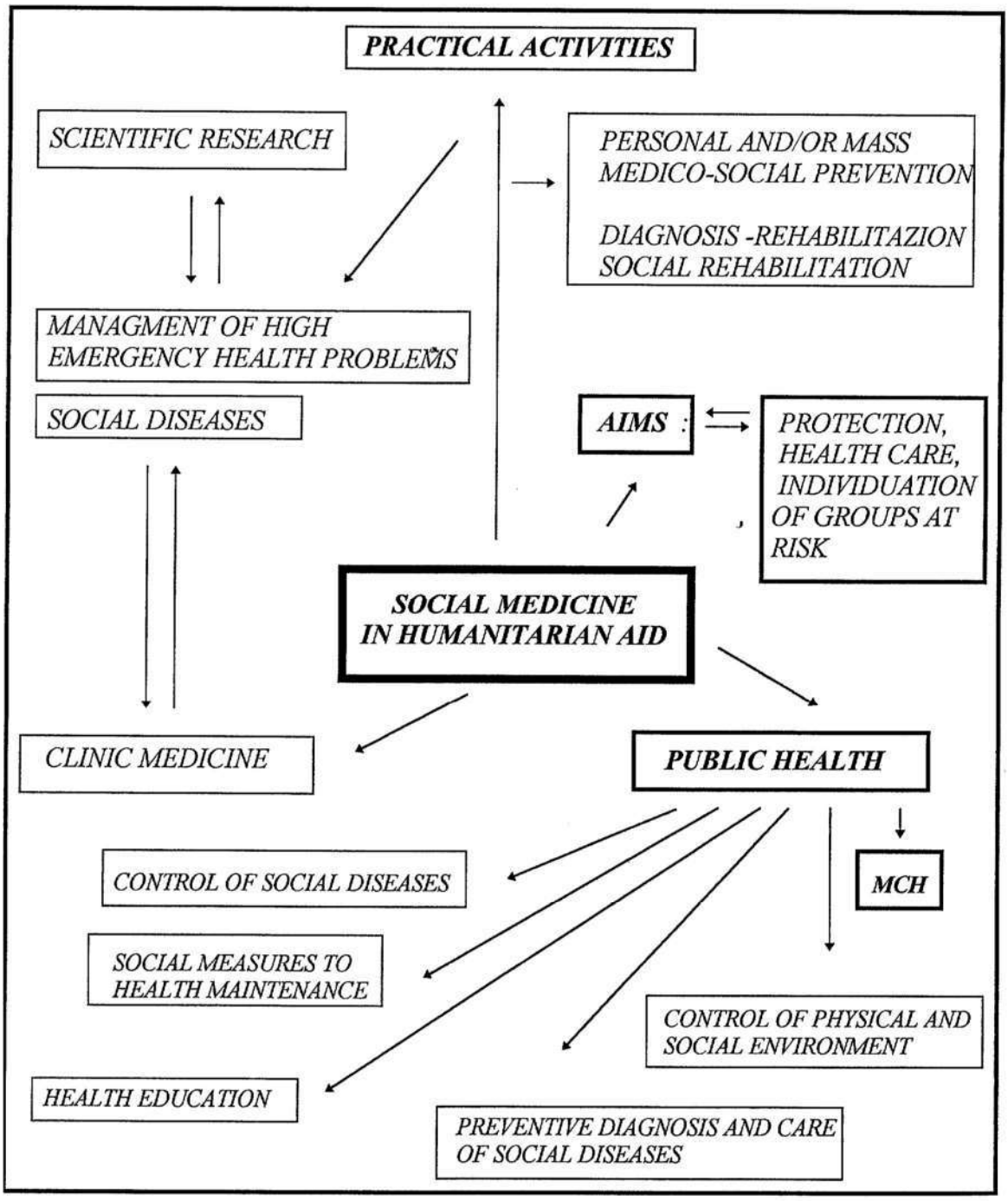


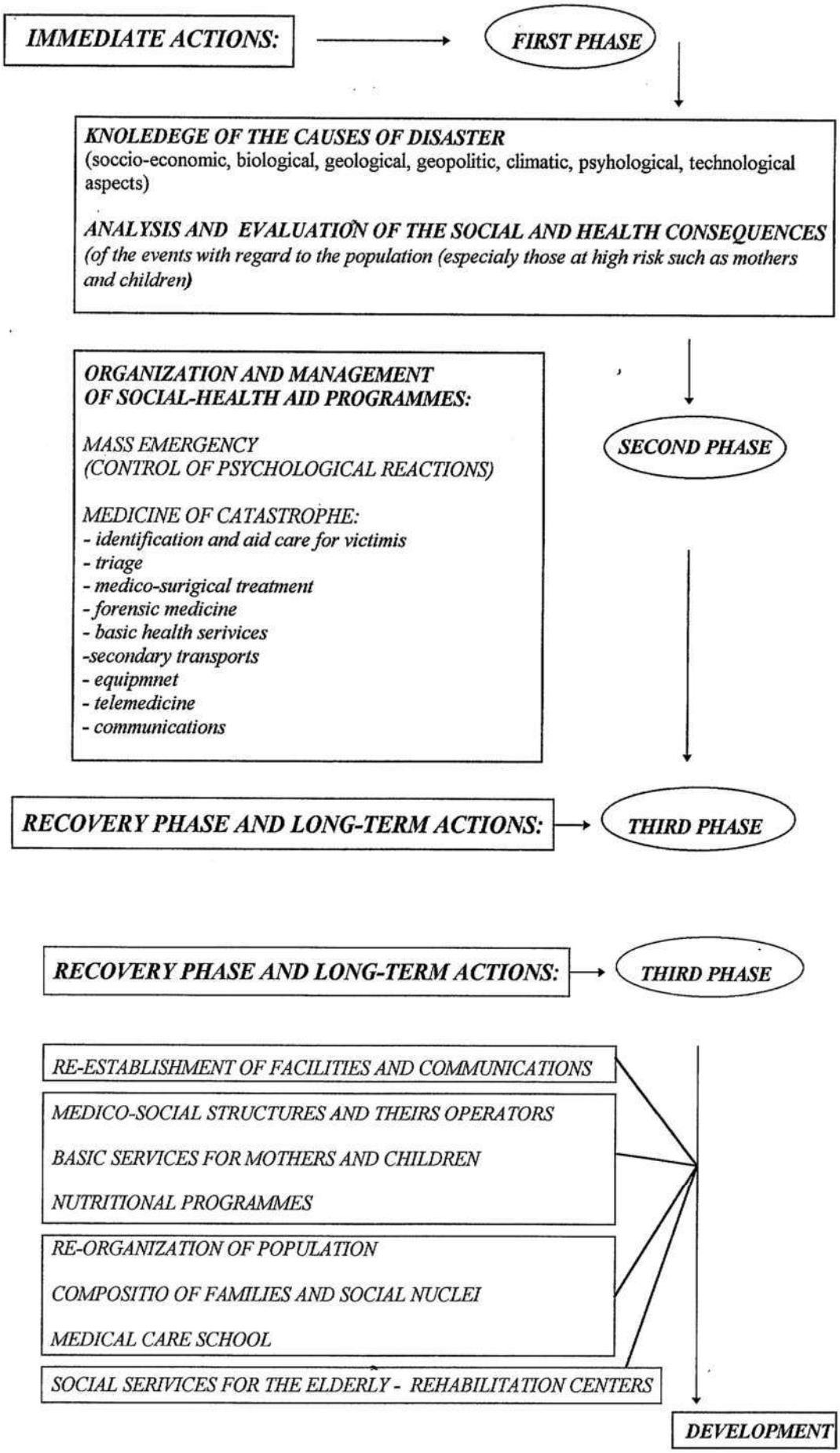
Such an approach perfectly reflects the reccomandations of the last "Declaration of Madrid "(following the Meeting organized by ECHO in Dicember 1995), with particular regards to the paragraph 1.2.

5. Immediate and long-term actions

About the specific issue of effects of disasters have on the health field cover a broad range of implications stemming not only from the demand for immediate care of victims, but also from medium and long-term effects of the intermittent suspension of basic sanitation services, food shortages, and the interruption of diseases surveillance and control programs. These aspects require coordinated efforts and efficient use of knowledge and resources.



Every humanitarian Aid, especially in crisis areas or in developing countries, needs careful analysis of the causes of emergencies. Moreover, it is essential to plan systematic and long-term strategies and rehabilitations to resolve these problems as effectively as possible. This approach facilitates the passing from a state of emergency to one where development is possible.


IMMEDIATE ACTIONS:
FIRST PHASE
KNOLEDEGE OF THE CAUSES OF DISASTER
(soccio-economic, biological, geological, geopolitic, climatic, psyhological, technological aspects)
ANALYSIS AND EVALUATION OF THE SOCIAL AND HEALTH CONSEQUENCES
(of the events with regard to the population (especialy those at high risk such as mothers and children)
ORGANIZATION AND MANAGEMENT OF SOCIAL-HEALTH AID PROGRAMMES:
MASS EMERGENCY
(CONTROL OF PSYCHOLOGICAL REACTIONS)
MEDICINE OF CATASTROPHE:
- identification and aid care for victimis
- triage
- medico-surigical treatment
- forensic medicine
- basic health serivices
-secondary transports
- equipmnet
- telemedicine
- communications
SECOND PHASE
RECOVERY PHASE AND LONG-TERM ACTIONS:
THIRD PHASE
RECOVERY PHASE AND LONG-TERM ACTIONS:
THIRD PHASE
RE-ESTABLISHMENT OF FACILITIES AND COMMUNICATIONS
MEDICO-SOCIAL STRUCTURES AND THEIRS OPERATORS
BASIC SERVICES FOR MOTHERS AND CHILDREN
NUTRITIONAL PROGRAMMES
RE-ORGANIZATION OF POPULATION
COMPOSITIO OF FAMILIES AND SOCIAL NUCLEI
MEDICAL CARE SCHOOL
SOCIAL SERIVICES FOR THE ELDERLY - REHABILITATION CENTERS
DEVELOPMENT

6. Health services in low-income settlements and refugee camps in crisis areas

The people more severely affected by a refugee crisis are usually infants and children in their first few years of life. At this age, children are particularly vulnerable, mainly when, like the majority of refugees, they have fled from countries where dietary standards are deficient, where primary health care services have deteriorated and where immunization programs have been abandoned as a result of armed conflict and economic collapse. Because they have not yet acquired the necessary immunity, refugee children are highly susceptible to disease and illness (UNHCR Report 1996)). Moreover, the health problems of displaced populations are qualitatively very similar to those of poor settled populations. However, they differ in scale and in the fact that the highest rates of mortality and morbidity occur in the period immediately after the displacement, precisely at the time when levels of organization of services are lowest (by 8). Diarrhea and dysentery, caused by unclean waters and contaminated food, is a leading cause of infant death in many low resources countries and can be particularly prevalent in an overcrowded and hastily established refugee settlement without adequate sanitation facilities.

Malnutrition represents another major threat to the lives of young refugee children. Infants in less developed countries have a particular need for their mother's milk, with its high nutritional content and antibodies, as well as specially prepared foods. In many refugee camps and settlements, the problem of infant malnutrition is exacerbated by the late and inadequate supply of rations, inequitable food distribution systems, the absence of grinding facilities, the distribution of foodstuffs with long cooking times and concurrent shortages of fuelwood (UNHCR).

The health problems of displaced populations can be most easily understood in terms of:

- the health conditions of a population before the movement;
- the reasons for and effects on the health of the movement itself;
- the changes in the epidemiology of disease and malnutrition which follow
- the concentration of a population into a camp or temporary settlement.

THE ORIGIN OF HEALTH PROBLEMS OF DISPLACED POPULATIONS

Original population
A high proportion of children < 5 years of
age
Pre-existing malnutrition
Low Vit. A reserve
Low immunization coverage
Movement
Possible increase in diarrhea
Reduced food intake
Environmental exposure
The possible introduction of exposure to new diseases
Concentration
Poor sanitation and increase in diarrhea
High risk of a measles epidemic
Increase in scabies, conjunctivitis
Inadequate food supply, shortage of fuel, utensils, lack of shelter, causing an increase in malnutrition Increase in Vit. A deficiency

HEALTH CONDITIONS BEFORE MOVEMENT

In demographic terms, such populations tend to be young: 10-15 percent of the rural population is likely to be under 5 years; 40-45 percent under 15 years of age. A variable, but a sometimes large proportion of the children, has not been immunized against measles, pertussis, or other diseases, and they may be subjected to malaria, trachoma, and a range of intestinal parasites and other pathogens.

EFFECTS OF MOVEMENT

The wholesale population movement is rare. In most cases, only part of a population moves, sometimes with a marked effect on population structure. At the extremes, a displaced population may be composed almost entirely of young men or women and children. The division of the families occur frequently. Adult males, for example, may seek agricultural work at a distance: women and children may move to urban areas to seek work or to beg. Population movement itself may cause a marked deterioration in the health of children. Population movement itself may cause a marked deterioration in the health of children. Movement is usually on foot and maybe over considerable distances. The combined effects of fatigue, exposure, food shortage, a deterioration in dietary quality, and the obvious difficulty of providing adequate childcare under these conditions may reduce the nutritional status and increase the prevalence of malnutrition. Spreading of the disease accompanies the movement of the population, exposing to a new disease at the point of arrival.

EFFECT OF CONCENTRATION

It is rare for a population displacement to be foreseen enough to have time for an adequate reception can be arranged. Typically, and particularly where movement is across a national border, there is difficultly in a suitable locating site for a camp. People may arrive and settle spontaneously at the nearest convenient location. Where movement follows famine, this is often within or next to a town, as people seek opportunities for employment.

The approach to the provision of emergency services is based on two principles:
First, an understanding of the health problems which can be foreseen in a newly displaced population and which can, therefore, be prevented or minimized in effect.
Second, the active collection of information to recognize, quantify, and monitor other problems as they arise.

Two primary health problems may arise, chiefly affecting children:

- **First,** an increase in the incidence of **communicable diseases.** Little imagination is required to foresee the conditions arising when 100,000 people are concentrated in a small site without latrines. Diarrhea diseases, often including epidemic bacterial dysentery, increase because of gross insanitation and the contamination of water supplies. Measles may rapidly become an epidemic as a large group of susceptible children are brought together, as will happen for scabies, other skin diseases, and conjunctivitis.

- **Second,** there is an increase in the rates of **malnutrition.** Food supplies are often inadequate in both quantity and quality. Household utensils and fuel may also be in short supply. In some cases, where populations have moved to highland areas, food shortage may be compounded by environmental exposure.

The effects of communicable diseases may cause a rapid deterioration in nutritional status. In most instances, this is most marked in the under five years of age group. Vitamin deficiencies may also be a severe problem. Where rations are deficient in Vit. A. an increase in rates of deficiency may be expected in displaced populations in most developing countries

Relief for displaced populations in crisis areas, **especially for children,** after a disaster or a conflict, should be aimed at prevention. It should take into account the variation in problems occurring under specific conditions, and it should allow for the continuous modification of services as health conditions change and improve. As the highest burden of morbidity and mortality occurs during the early period in the life of the camp, this requires a reordering of conventional approaches to the provision of health care. Efforts should be diverted from clinical care towards the more pressing problems of disease prevention. Services must be reorganized for better delivery to the whole population or selected population groups.

The approach is described in three main headings:

- First, immediate actions which must always be taken to minimize mortality and morbidity;
- Second, the period of recovery, when services are being developed;
- Third, when the problem of modifying and phasing out services is long-term.

In each period, the collection of information is a high priority to implement outpatients' health services coping efficiently with large numbers of children suffering from diarrhea, dehydration, respiratory tract, and other severe but relatively easier to diagnose infections. It is the basis for a community health program to achieve higher population coverage.

Out-patients services: the considerable demand which may exist for medical services, the lack of experience of some parts of the population in their use and the self-selecting nature of the patients make static clinics an inefficient approach to the solution of general health problems

Hospital services - The temptation to organize a field hospital should be resisted. Day-care facilities for rehydration or a few beds for overnight observation are usually sufficient. Children should be accepted for treatment only if accompanied by their mother or an older relative.

Community-based health services - These provide the key to the efficient delivery of services. Community health workers (CHW) are usually literate people drawn from or selected by the displaced population. With a short training and some organization, the CHW can take responsibility for a specific section of the population. Within this framework, they can motivate the ill and malnourished to attend services, communicate with the population where the programs are based: (e.g. immunization), and maintain records of patients requiring follow-up visits and of mortality. With further training, the CHW may also give health education and provide oral rehydration and other simple remedies.

Immunization - The immunization should be extended to include diphtheria, pertussis, tetanus, poliomyelitis, and BCG soon as levels of the organization are sufficient to ensure higher levels of coverage. If only inadequate coverage was obtained with the initial measles immunization, this is repeated. The **comprehensive approach to health,** which takes into account the causes of the diseases and integrates the skills of specialists in various fields, is the only way to improve the situation.

All patients should first be seen by paramedical staff and should only be seen by qualified staff when referred

Very large numbers of partients may attend for treatment: many of these may have only trivial complaints. For this reason patients should be selected and sorted on arrival.

Buildings must be simple in construction, but should be laid out to control patient flow and to give space demonstrations, eg. oral rehydration, health education.

Sometimes trained staff may be recruited locally (if not, they must be trained).

More serious cases may be selected in the waiting area and given tickets for prority admission. All patients should be seen by qualified staff when referred

Drugs should be restricted to a limited number of generic preparations. A drug store with an adequate stock control system should be organized.

PERSONNEL MANAGEMENT

IDENTIFICATION

SELECTION

TRAINIG

TEAM APPROAC

MANAGEMENT OF EMERGENCY CARE TEAM

TEAM LEADER

PHYSICIAN AND NURSES

TECHNICAL EXPERTS SOCIOLOGIST - PSYCHOLOGIST - ECONOMIST - LAWYER - ANTROPHOLOGIST
LOGISTIC AND SECURITY PERSONNEL - VOLUNTEERS

PHYSICIAN AND NURSE ACTIVITIES

HEALTH TRAINING

STRIKEN COMMUNITY

REHABILITATION

EMERGENCY CARE

HEALTH EDUCATION

SCIENTIFIC RESEARCH

PREVENTION

IDENTIFICATION OF THE "NOXE PATOGENE" + IDENTIFICATION OF THE POPULATION AT RISK

CONTROL OF SOCIAL DISEASES

7. The University methodological approach and training personnel

The lasting "world crisis emergencies" are more and more involving us and making us aware of what a mature and developed society can give in terms of human, scientific, and organized mobilization. The International Institutions and Universities must not only enrole and strengthen a well-trained workforce with the capacities of implementing fast and efficient aid programs but also promote the achievement of human rights. These are essential elements for the spread and development of real personal responsibility in the "international social human protection and improvement of quality of social life." The "*global society*," we are often speaking about, cannot exist until we get used to referring to the concept of "global responsibility" in our everyday lives.

For what concerns the specific field of social medicine in humanitarian Aid, the "university methodological approach" enables:

- to place before each emergency intervention a careful analysis of the different local environments;
- to carry out programs involving local communities through their own institutions;
- to support the programs with a permanent reference to its purposes, which implies the training of local personnel to set going that development process, which is so much important from a preventive point of view, especially in crisis areas and in developing countries.

The experience lasting several years in activities in the field induces us to identify the importance of the selection and training of personnel in emergencies and humanitarian aid programs. It seems to be necessary to strengthen university training programs in the field of civil emergencies, humanitarian Aid, in emergency programs for natural calamities or social crises, analyzing, in particular, the cases in which they happen to explode in developing -countries. Such training must be given to the students through courses (at undergraduate and post-graduate levels) in which tackles the emergency topics in an integral way and through interdisciplinary and multidisciplinary didactic modules putting them in strict connection with the development strategies.

This training enables:

- to give a suitable training to the personnel who is recruited for emergency programs;
- to apply scientific research to practical problems solving;
- to give each person the capacities of organizing training courses for local people evenduring
- an emergency;
- to send University personnel in the crisis area to plan a preventive action;

Consequently, it is also possible to work out a very effective action plan in the area as the personnel has been trained:

- to appraise and evaluate the local people needs and damages fastly;
- to assess the social implications of the problems;
- to single out the possible and suitable answers;
- to state the operative priorities of the intervention;
- to create suitable conditions for intervention success;
- to set of basic training and preventive activities;
- to evaluate the costs and benefits of the program;
- to get underway a development process

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University of Roma Tre : Director of Rome International Seminar for European and Mediterranean post graduate students - European High Center CEAS University of Roma Tre (Editions : 2016/2017/2019) Video: **https://youtu.be/9Me4K3Hx8Bg**
University Hospital Campus Bio-Medico : Coordinator of the International Program "*Health and Diplomacy*" 2019/2020. Promoted the Convention between University Hospital CBM and MAECI
University of Roma Tor Vergata: Coordinator: European and Mediterranean Rectors Conference in Rome (9 November 2018) (23 June 2017); World Rectors Conference XIII Symposium Jubilee of University (8 September 2016);EU and Middle East Rectors Conference (23 June 2017), Rectors Conference in Villa Mondragone 2018
Sapienza University of Rome: Secretary General Master on "Social Sciences and Humanitarian Affairs" with Israeli and Palestinian Universities (2005/2015) with the Patronage of UNESCO (Paris)
Video: **www.uniroma.tv/video.asp?id=18582** - Secretary General of the Master on "University Cooperation for Peace and Development" with USEK and Lebanese Universities – Lebanon (2008/2014) Video : **http://www.uniroma.tv/?id=19858** - Professor (contract) of Human Rights and Humanitarian Affairs (2012/2013) - Development and Crisis (2013/2014) at the Degree on Sciences of Development and Cooperation - Faculty of Political Sciences ERASMUS Students Courses
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