



# Working in a war zone

*The impact on humanitarian health workers*

**BACKGROUND** The work challenges faced by doctors, nurses and other health professionals in the humanitarian field are overwhelming.

**OBJECTIVE** This article highlights the psychological effects on humanitarian workers and the support available, both while on a 'mission' and on return home.

**DISCUSSION** It is impossible not to be psychologically affected by witnessing gross acts of violence, starvation, epidemics, displacement and despair, or hearing tales of slaughter, rape and killing. Just as those populations who are subjected to traumatic experiences develop post-traumatic psychological problems, so too can those humanitarian workers who assist them.



Médecins Sans Frontières is an independent medical aid organisation, which strives to deliver health care to the most neglected populations around the world and to those in the most precarious situations. This can range from AIDS affected patients, to communities impacted by conflict, to displaced persons and homeless children. Every year 3000 international volunteers go on mission with this nongovernment organisation, including around 90 Australians and New Zealanders. All volunteers who give their time face situations that certainly put them at risk of experiencing mild to severe psychological problems. In fact, it would be extremely abnormal not to have a strong emotional reaction to what is witnessed by medical professionals who work in the humanitarian field.

The challenges confronted by humanitarian workers around the world are many and varied and the responses to them are just as varied.

## Medical challenges

The medical challenges include:

- working with a team of national staff where communication may require a translator
- treating diseases which are unfamiliar and often deadly
- a lack of drugs and sophisticated diagnostic tools
- having to make diagnoses on clinical judgment alone, and
- treating patients with little or no resources.

Volunteer doctors often find themselves in isolated environments, treating extremely sick patients in an intensive care ward in a Sudanese hospital, for example, with no water or electricity. No helicopter retrievals or electronic transfer of digital information; just you, your stethoscope, your skills, capable national staff, and the strong will of the patients to survive.

## Personal challenges

Personal challenges include living in conditions of insecurity and war that can cause acute severe stress or gradual ongoing chronic stress. Periods of bombardment can trigger reactions such as sleeplessness, hypersensitivity to sounds or 're-living' of the experience. There is a loss of personal freedom; security rules, being unable to move around at night or drive a car or walk outside. Or, as is the case for women in Afghanistan, having to wear extremely restrictive clothing.

There is loss of time for self, play, and rest; with

Cathy Hewison



Cathy Hewison, MBBS, is Vice President, Médecins Sans Frontières, Australia. Her missions have included South Sudan, Afghanistan and Kenya.



boredom of the same surroundings (music, food, people) being common. There can be conditions of extreme heat, flies, crawly things and dust storms.

Team issues can be incredibly influential on the psychological wellbeing of an individual. Personality clashes, cultural clashes, language barriers, living in close quarters, loss of privacy – all of these are everyday issues that humanitarian workers must deal with.

Personal health issues such as malaria, diarrhoea, mosquito bites, skin infections and insufficient time or opportunities to engage in healthy activities such as sport or relaxation, only compound any psychological issues that are present. Unfortunately alcohol and cigarettes are often used as stress relieving tools.

### **Psychological support**

In trying to avoid adverse long term psychological consequences, medical aid organisations attempt at all stages to engage their volunteers, starting before they leave on mission. They are briefed on the potential psychological impact of their mission and receive a document outlining the different issues that may affect their psychological state both in the field and on their return home.

### **In the field**

In the field, Médecins Sans Frontières tries to ensure a safe working environment and encourages expatriates to take a break every three months, or if needed, more frequently. The medical coordinator is responsible for the health of volunteers in the field and can assist if a volunteer is having emotional difficulties or evacuate an individual if further treatment is necessary.

### **At home**

Upon return home, the volunteer is given the opportunity to speak about their work, the program, what they have seen, plans for the future, and any difficulties they have experienced. There are particular instances where a critical incident or acutely traumatic event initiates a focussed and immediate response. For example after a dangerous evacuation of a team there may be a group session run by a psychologist in the field or in the headquarters, to assist volunteers to deal with the event.

Following traumatic situations, individuals experience different emotional reactions. For an expatriate humanitarian worker in a war situation for example, the experience is not the same as that of a member of a local community. One very important difference is that at some point the doctor or nurse will leave. Most people expect a humanitarian worker to express feelings of accomplishment and self worth. Often it is quite the opposite – feelings of guilt, failure and frustration predominate. Guilt can arise from leaving behind people whom you have worked with or treated, or guilt that the population you have assisted are still suffering.

Each section of the aid organisation has its own way of responding to emotional trauma. Holland for example has compulsory sessions with a psychologist as part of its normal debriefing process. France has a session called ‘Groupe de Parole’ which is a very informal group run by a psychiatrist and a psychologist, where returned volunteers can discuss any aspect of their mission they feel they need to talk about. Not intended as a therapeutic group, it is rather an opportunity to take a step back and look at life on the mission. Frequently, people have one-on-one sessions with either the psychologist or psychiatrist if they feel the need.

The challenge is to get humanitarian workers back to ‘normal’ functioning in society. Sometimes this happens naturally with very few adjustment problems, at other times it is extremely difficult and requires professional help.

On return to Australia, volunteers are informed of a confidential psychological service available to them. Médecins Sans Frontières Australia has a group of approved psychologists around the country who have offered their services, and who have been briefed on the types of issues that may

emerge for returning volunteers.

### Support groups

Another element that may assist volunteers in trying to reintegrate into society is in the form of support groups. These groups, which exist in most states, consist of other returned volunteers. They offers returnees an opportunity to socialise and debrief with others who have shared similar experiences in the field.

The role of family and friends is also crucial in supporting a returned volunteer. A sense of connection with home can help to overcome a humanitarian worker's sense of culture shock when re-integrating into their home society.

### A shifting global perspective

The reactions of an individual are not only shaped by what they have seen 'in the field' but also by their personality, coping skills and their expectations. These issues also affect their re-adjustment to life at home.

For some humanitarian workers, their view of the world is changed by the experience of working 'in the field'. It may become difficult to imagine living again in 'our world' – perhaps it is too mundane, or perhaps the feeling that we are living in luxury when others have nothing is too unbearable. A sense of isolation can persist. To be able to live again in 'our world' requires not only a re-adjustment, but also a re-assessment of one's goals and one's sense of place in the world.

For many, emotions are suppressed while in the field – the body continues to work, but the mind stores everything away. Humanitarian workers can turn to drugs, sex, alcohol, and often excessive work until their reserves are emptied. It is not uncommon for physical illness to manifest immediately upon return from mission; secondary to fatigue and sheer psychological burnout.

Time is an incredibly important factor in the re-adjustment process. Avoiding going straight back to a formal work situation is advised. Giving the body and mind time to digest and heal is important.

### Conclusion

Despite the frustrations and difficulties, the opportunity of working in another country with people of another culture, is for most volunteers, an extremely satisfying and fulfilling experience. The friendship and warmth of people who have

nothing, is inspiring. Witnessing the joy of a mother whose sick child you have treated, or restoring dignity to refugees who have fled their homes with only the clothes on their backs, is a unique privilege.

On a personal note, six weeks after my return from Afghanistan in 1997, I recall walking along a sunny Perth beach and being unable to find my smile. I talked to a friend who told me that it was okay. Six weeks after such an experience, I could expect to be at 50% of my functioning level. He was right, and with time and care I returned to life in Perth and went on to enjoy further missions in Sudan and Kenya. It is a job that can be fulfilling, frustrating, rewarding, joyful and difficult. Work in the 'frontline' is not for everyone but, with the right support it can be the most positive experience of your life.

Conflict of interest: none declared.

### Further reading

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### CORRESPONDENCE

Médecins Sans Frontieres  
Phone 1300 136 061 or [www.msf.org.au](http://www.msf.org.au)