

A DIFFERENT KIND OF DISASTER: HUMAN FACTORS IN COMPLEX EMERGENCIES

BY STEVE CRIMANDO



From a psychological standpoint, public health emergencies are very different kinds of disasters. Unforeseen emotional and behavioral reactions the workforce, among clients and vendors, and in the general public can undermine even well developed continuity plans. There are two ways in which the human factors in any disaster, but especially a threat like a pandemic, can trip up planners. The first is the failure to integrate human factors into the BC plan. The second is basing plans on flawed assumptions of how people are likely to behave in certain disasters or emergencies.

Planners should be aware of three behavioral reactions to disasters and develop effective countermeasures to mitigate their impact. Consider these responses as they may shape reactions to the H1N1 flu, as well as other event types:

- **Type I: Neighbor-helps-neighbor:** In most disasters people are willing and able to reach out to friends, neighbors and co-workers affected by a crisis. Planners count on this, the most common behavioral response, which preserves community and organizational cohesiveness.
- **Type II: Neighbor-fears-neighbor:** When a contagious, invisible threat, like disease, chemical, biological or radiological hazards are present, fear

becomes an obstacle and breaks down the social networks and sources of support we all count on in disasters. This can magnify many of the operational and human factor challenges in any crisis.

- **Type III: Neighbor-competes-with neighbor:** Panic is unlikely in most disasters. It is more common in situations in which people perceive there is a limited opportunity for escape or limited availability of critical supplies. It brings out a survival instinct, breeds competition between people and pits neighbors and coworkers against each other.

A Type II reaction is very likely in the unfolding pandemic scenario. Common sense and repeated messages from public health authorities instruct people to stay away from others if they're sick, to cover coughs and take other distancing precautions. While Type III reactions are not common, they should be a consideration in the H1N1 risk profile. There are also the seeds of a Type III reaction due to potential shortages of vaccine, antiviral medications, masks, sanitizer gels and other flu-related supplies. This is likely to breed competition between otherwise cooperative individuals. The UK experienced a run on pharmacies in late July when the number of H1N1 cases there doubled in one week. People raced to stock up on masks, thermometers and sanitizers. If the pandemic significantly disrupts the supply chain, competition for even basic goods at the local grocery store is foreseeable.

Effective Behavioral Countermeasures

Planners can use the three general behavioral response types as a way to test their assumptions about how people may behave at different stages or phases of the evolving H1N1 situation. It is unlikely that there will be a sudden or dramatic increase in mental health or Employee Assistance Program (EAP) services for PTSD or other psychological issues typically associated with disasters. Fear and anxiety are likely to be the dominant

EVENT TYPES

TYPE I

Neighbor helps neighbor

TYPE II

Neighbor fears neighbor

TYPE III

Neighbor competes with neighbor

emotional themes and as such, planners can apply some common fear management strategies and techniques:

- **Create openness.** Acknowledge employee fears openly and confidently. Let them know their fears are understood and appreciated by management. When people feel that others are not “getting it” or recognizing the emotional impact of the event, they are likely to escalate their reactions. Don't invite an escalation; get out in front of emotional response early with a supportive posture.
- **Provide links and other resources specific to the emotional challenges of the pandemic.** Many of the national mental health organizations have created helpful downloadable brochures, FAQ sheets and Web-based materials discussing the psychological impact of H1N1 and ideas for coping. Examples of this are the American Psychological Association's, “Managing Your Anxiety about H1N1 Flu”¹ or the American Red Cross fact sheet, “Preparing for a Swine Flu (H1N1) Pandemic: Coping and Emotional Well-Being.”²
- **Redirect emotional energy into actionable tasks.** The noted risk communicator, Peter Sandman (www.psandman.com) is credited with the saying, “Action binds anxiety.” People are at their most anxious when threats seem uncontrollable and unpredictable. While pandemics are predictably unpredictable, there are action steps that can help ground the types of stress and anxiety that, left unchecked, can

further disrupt operations. Whether at home or in the workplace, suggest tasks, assign roles and otherwise focus people on what is controllable. The national pandemic planning website, www.pandemicflu.gov provides checklists and other tools that can help people and organizations take greater control over what otherwise can seem like an overwhelming hazard. There is both a physical and mental health benefit to taking preparedness steps. Championing readiness pays substantial dividends.

Don't Go it Alone

There are many good sources of behavioral health information that can be valuable to general disaster planning efforts, and specifically to pandemic preparedness. These resources are often known to local health departments and Offices of Emergency Management. Nearly all states and many nations have some degree of disaster mental health response capability and these are often very accessible sources for this important information.

Regardless of how the H1N1 flu unfolds, it is a safe assumption that there will be significant behavioral consequences. Ignoring the human factors in a pandemic is ill-advised. Proactively recognizing and managing these reactions can help.

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¹<http://www.apahelpcenter.org/articles/article.php?id=194>

²<http://www.redcross.org/www-files/Documents/pdf/Preparedness/SwineH1N1FluCopingFactSheet.pdf>