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# Preparation and Well-being for Humanitarian Workers

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# Introduction

Even with a lot of experience, working in a humanitarian setting can be challenging, unsettling, and confusing. This chapter aims to help you as a humanitarian worker to prepare for deployment and to support you to look after your own and your team members' physical and mental health. Having clarity about your motivation, expectations, and goals is the first step towards preparedness for the unexpected that you are likely to encounter. Such awareness can help you to prepare, including recognizing what stressors you might experience, and which approaches to self-care may help you.

# Why Work in Humanitarian Settings?

You may already have thought about whether and why working with refugees could be for you. Many humanitarian workers are driven by a desire to help others and a belief that they can have more impact in a low resource setting (altruism)—their motivation can be "charged" with idealism and the desire to live to high moral values [1]. Such values may be philosophical, political, or religious. Speaking to others, their reasons are more personal in nature, such as experience working in a different setting for own personal development, to learn more about their own

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abilities and how to cope with change and challenges, or to learn more about different people, places, cultures, and situations. Some are attracted to this type of work with a spirit for adventure, testing their mental and physical limits. Others have specific goals for career development. You may wish to gain or practice skills by working in a different setting, for example, to practice clinical skills in a low resource setting, communication skills in a highly challenging situation, or language skills in a different country; to gain experience that you can present to potential future employers or collaborators, i.e., to "build your CV" to develop a career in the humanitarian or development sector [2]; or to fill a career break or gap between jobs. Some people embark on placements in humanitarian settings to mark or provoke a change in work or personal circumstances. Most commonly, it is a combination of several of these drivers that motivate people to do humanitarian work.

This chapter does not advocate that any motivation is more or less valid than another, rather than whatever your motivations are, it is worth spending time to recognize them before embarking on placement and to consider whether working in refugee health is the best way to achieve what you hope to achieve. Most people will be motivated by more than one factor and some motivations might require more caution and consideration than others. If what you really need is a break from your current situation (especially consider this if you have just ended a job, a relationship, or another significant life change), then there may be other ways to recalibrate before, or instead of, going to work in a refugee setting. Volunteering and working in refugee settings may appear to offer a break, but it is usually fraught with physical, mental, social, and emotional demands, and not an easy or healthy way to take space to review your priorities, heal trauma, or find a new direction.

It is worth considering how realistic your expectations are and what you can put in place or do before, during, and after your placement to maximize the benefit of your placement to you, your colleagues, and the population you serve. You may also want to consider the impacts on and perspectives of colleagues at home, your family and friends, and your employers (current and/or future).

# What Might It Feel Like to Work in Child and Family Refugee Health?

Migration rarely takes place over a short timeframe; refugees often spend months traveling. When working in refugee health settings, your experience will vary greatly depending on the population that you are serving and the location of your work. Your own background and perspective and the perspectives of those with whom you work will also have a significant influence.

Whether your relationships with colleagues are good, tolerable, or difficult can be the difference between having a positive or negative experience. You are likely to work with a diverse group of colleagues, often of a range of ages, backgrounds, and experience. Adaptability and transferable skills may be more relevant to lead, plan, and manage than experience or seniority. Members of the community that you serve may often be among your colleagues, whether they are acting as translators, trained health professionals (from nurses, to doctors, to outreach workers/health promoters), or receptionists, cleaners, administrators, or other support workers for a clinic or service.

It is also important to remember that work in humanitarian settings and other refugee settings often involves long hours, intense work schedules, and frequent professional and social contact with a small group of colleagues. In many settings, security issues require that a curfew is in place and you may not be allowed to go out after work. Movement restrictions may be such that you are only allowed to visit certain streets or locations, or only allowed to go out when accompanied. Particularly if your placement is short (weeks or months), if your language skills are limited, and depending on the type of setting that you work in, it may not be possible to socialize with anyone other than your immediate colleagues. You may well live in a compound, apartment block, house, or tents with your colleagues and have little of your own private space. In some projects, volunteers share a bedroom. Conversely, in some projects, you may have very limited contact with colleagues or opportunity to socialize at all, for example, if you have a small team and an early curfew. One author's personal experience included living in a compound with the eight expat colleagues where some people shared rooms and the arrangement did not provide any possibility to speak in privacy. There was a 6 pm curfew, so any socializing was between the same eight colleagues, which provided creativity and fun much of the time, but also tensions and the need to find ways to "take time out." As well as sharing experiences with and learning from great colleagues, the author wrote to friends at home, read, and took up yoga. In another placement abroad, the author was one of two expats. They lived in an apartment building and had a curfew which allowed for little time to go out after work. Again, ensuring healthy habits such as eating properly, sleeping well, drawing boundaries around work time, individual pursuits, and contentment with time alone were key to maintaining balance, health, and successful placement.

#### Case Study: Reflections on Volunteering in Greek Refugee Camps

A group of volunteers shares lunch around a table in Northern Greece. Meanwhile, the population that they have come to work with eats inside tents in a large industrial building. The setting and physical circumstances are different, but perhaps an even greater divide exists between the sense of control and the future possibilities that these two groups hold.

The volunteers come from Australia, Belgium, Norway, Spain, Syria, the UK, and the USA. What unites them is their decision to go out into the world to provide healthcare to people living in refugee camps. Yet their backgrounds and the factors that motivate them vary. Some came here because they wanted to do something to respond to the "migrant crisis" that they have seen reported on the news; some are motivated by religion; perhaps others are looking for a sense of purpose or a setting where they can see immediate positive effects of their work. Some are staying for 3 weeks, some for 3 months or more.

Those living in the camps have lost their livelihoods and are also prohibited from creating new livelihoods due to the instability and lack of control over their lives,

the burden of not being able to plan their future, and the anxiety that they have about their children's future. Many of those living in the camp do not like labeling themselves as "refugees", as the term is associated with either positive or negative connotations. These refugees told us that they want to be seen as the individuals they are, rather than as a group.

There is a weighty psychological impact from the challenges that those living in the camps face day-to-day. After weeks, months, or years of life in a tent, it is not only important to address the psychological trauma that refugees have been through previously, but also along the arduous journey that they have taken.

Refugees with whom we spoke who were living in a "temporary" refugee camp and waiting for an opportunity to continue their journey, said that many of their expectations are not met. The ability to meet these expectations may be limited by the resources available, yet it may be possible to go further towards meeting their expectations and wishes even working within existing resource constraints.

Recognizing and addressing the ways in which expectations are not or cannot be met may help. For example, what refugees find with regard to medical care may be very different from what they were accustomed to at home. They may think care is not good because they are used to being able to buy antibiotics over the counter at the pharmacy and do not like antibiotics being restricted. People from many countries, including Syria, expect earlier referral to specialist care, as they are not familiar with the role of general or family practice [3]. Asking patients about their expectations and explaining when and why they can and cannot be met may help them to accept the services as they are.

Psychological trauma is often present and perceivable, but both providers and recipients of healthcare may be reluctant to initiate a conversation about it. Patients from many cultures feel they should defer to the physician and wait to be asked, while doctors may not feel comfortable asking and may not be prepared mentally and emotionally to hear the stories [4].

Volunteers sometimes struggle to know where to begin to address such deeprooted and extensive trauma, especially if their knowledge of the political, economic, social, and cultural context is limited. Adding to this the time pressures that are often faced in emergency or post-emergency setting, the challenge further increases.

Volunteers may expect gratefulness from the people that they have gone to help, and then feel disheartened that many of the patients they see present with conditions that are largely psychologically mediated and for which they cannot provide any certain or quick solutions. Their sacrifice of time and effort may even be countered with dissatisfaction and disappointment from refugees whose priorities and desires are not met.

The experience of working in a camp has made us feel humble—about our own expectations. There is little we can do to alleviate the situation the people in the camps suffer—especially the uncertainty that prevents them from concluding the past and facing the future. However, there is much we can do by consciously and truly listening and trying to understand [5, 6]. As volunteers, we may have some influence on the lives of others, but we may not be aware of all of the different types

of influence that we have [7]. One of the most rewarding experiences as a volunteer is bearing witness to the astonishing level of resilience and resourcefulness that many refugee families pertain, which helps them to bear difficult circumstances and master their future. At the same time, our senses and awareness sharpen for the often hidden vulnerabilities, for which we can become strong advocates.

#### **Exploring Approaches to Working in a Humanitarian Setting**

The previous section has explored different motivations that you might have for choosing to work in a humanitarian setting. The next few pages are dedicated to reflection on and ideas about preparing to work with refugees in humanitarian settings, while looking after yourself when in the field and thereafter.

This section explores the more practical tasks of preparing for a humanitarian deployment: Recognizing your own skillset and considering what you wish to offer, looking for and planning a placement/assignment, and preparing for the physical, social, and psychological aspects of working in a humanitarian setting.

# What Knowledge, Skills, Experience, and Abilities Will You Bring to the Field?

When thinking about what you can and cannot bring to the field, you can think beyond clinical and health promotion skills. Just as important as your skills and experience as a clinician, manager, public health expert, or other health professional, will be your ability to adapt to different environments, think innovatively to address challenges with limited resources and confined working arrangements, collaborate with colleagues from different fields, different backgrounds, and organizations, and do all this and look after yourself in circumstances of frequent change and uncertainty. Although well-organized programs may offer appropriate predeparture training and briefing, this does not always happen. A tolerance for uncertainty and changing roles is essential, especially in the early weeks of a humanitarian emergency.

Bearing in mind your goals for the placement and the types of skills that you have to offer should help you to decide about the positions you will seek. Examples of the kind of work that health professionals often plan to do include: supported clinical roles; clinical lead for a clinic or a program; health advisor or other management roles at different levels; roles in health promotion; roles related to research be that data collection, data analysis or other aspects of design or delivery; and teaching roles.

Many organizations, but by no means all, will have a process of clinical supervision and/or progress review, depending on the length of your placement. Whether or not there is a process like this to engage with, you may want to consider keeping a record of your expectations, goals, and progress, and trying to recognize how these are evolving.

# **Finding and Planning a Placement**

Having considered why you want to go and work in refugee health and what kind of role you would like to work in, you may want to pay attention to certain practicalities so that you know what you want before you start to look for a placement.

- Are there any situations or scenarios that you are more or less drawn to, for example, due to having connections to a particular cause, or due to having studied the context? (Bear in mind that having a personal connection to a context *may* be an important reason not to work there as it may reduce your ability to be objective, or might increase the emotional strain that working in the context puts you under. Equally, sometimes, a connection to a context may be a positive motivation for you to work there.)
- What levels of insecurity and risk are you willing to accept and maintain your own well-being and ability to work well within—e.g., conflict zone, infectious diseases outbreak?
- How important is it to you to have free time and your own private space? It may be important to check on the accommodation arrangements.
- How "remote" are you willing and able to be? Is internet access important to you? Do you find it important to be able to visit shops or a bar?
- Do you have any access requirements, health issues, or other needs to take into account?
- How long do you want to go for? Of course, this might vary depending on the above factors—if you are in a less stable, more remote, and more challenging placement, you are likely to experience more strain on your ability to feel comfortable.

Considering this in advance will give you a good starting point from which to identify what you are looking for and explore the kinds of placements available. Much of the above information may not be available at the stage of applying, but it should be possible to find out more by contacting the organization or talking to someone who has worked for them (someone known to you or the organization could put you in touch with someone who has previously worked in a similar role).

In terms of where to look:

- Employment websites, e.g., humanitarian jobs.
- Websites of and bulletins from humanitarian organizations, e.g., MSF, Doctors Worldwide.
- Updates from humanitarian and health and social justice organizations, e.g., People's Health Movement.
- Updates from professional bodies and local networks for health professionals interested in global health, e.g., the Royal College of Physicians and Health Professionals for Global Health in the UK or the American Academy of Pediatrics Section on Global Health in the US.
- Talking to friends and colleagues.

• Finding out from those who you meet who have worked away, where they have worked.

Many people find it difficult to first enter into this sector of work, and it would be beyond the scope of this chapter to give specific recommendations [8]. In general terms, volunteering experience, however short, is beneficial as it will build confidence and help workers develop a reputation and network that opens up further opportunities. The sector is highly fluctuant, and although formal education and training (e.g., undergraduate/postgraduate training in a relevant profession) are essential, education alone will not secure a position. What many organizations value highly is practical experience with evidence of defined outcomes (e.g., having managed a project with evaluation, written a report, published a research paper, delivered teaching/capacity building, etc.), and evidence of use of transferable skills.

#### **Stress and Stress Responses of Humanitarian Workers**

Unique stressors have unique effects. In addition to the physical dangers, relief workers are at risk for behavioral and emotional readjustment problems following traumatic exposures on deployment [9, 10]. It is only natural to be physically and emotionally affected by such experiences, although the long-term impact will depend on your physical and emotional health when you depart for your post, previous traumatic experiences, the degree of awareness and self-care, the degree and quality of planning and preparation, and the amount of support provided in the field and afterwards. Humanitarian workers are often driven to this type of work for its potential to promote personal growth, develop awareness, compassion, selfdiscovery, testing one's limits, and opportunity for building deep friendships and comradery. For most people, this personal growth outweighs and counteracts the distress that is experienced with traumatic events. Nevertheless, a significant proportion of humanitarian workers in crisis situations (up to one-third) do experience more severe stress symptoms, and some may need psychological support for symptoms of Posttraumatic Stress Disorder (PTSD) or depression [11]. It is important to recognize such symptoms and to seek or offer support early.

Stress reaction symptoms can be broadly categorized into four domains: emotional, cognitive, physical, and interpersonal. In the early stages, or if symptoms are relatively mild, you may notice the following in yourself and others [12, 13]:

- *Emotional symptoms*—Feelings of shock, fear, grief, anger in the acute situation, resentment and guilt (survivor's guilt), feeling ashamed, overwhelmed, helpless, feeling numb, and detached.
- Cognitive symptoms—disruption of normal logical thinking, feeling confused, disoriented, indecisive, worried, problems with memory, attention span and concentration, unwanted memories, self-blame.
- Physical reactions—feelings of tension, restlessness, edginess, sleeping difficulties or excessive fatigue, lack of energy but unable to rest and recover. Physical

symptoms such as achiness, headaches, backaches, panic attacks, change in appetite, being easily startled.

 Interpersonal reactions—Feelings of distrust, wanting to isolate and withdraw, or feeling irritable, aggressive, seeking conflict. Feeling rejected, abundant, distant. Leaders may become over-controlling, judgemental.

If you notice a colleague is beginning to display these symptoms, it is important to be there, listen, share, have patience, support the person, giving them space and time for a break. Some people may not be aware of the change in their behavior, and people around them notice these first—it is critical to intervene at this stage.

Once symptoms become more severe, immediate intervention by someone skilled in psychological help, and if needed evacuation out of the situation may be necessary. "Red Flags" for severe psychological distress include: Feeling extremely dissociated and numb, intrusive reexperiencing ("flashbacks"), hyperarousal, severe anxiety, severe depression, extreme memory avoidance (self-medication, drugs, alcohol), and feeling suicidal.

To a degree, it is possible to predict which experiences lead to severe stress symptoms, such as direct experience or witnessing any of the following:

- · Life-threatening danger or physical harm
- Danger or harm to children in particular
- Extreme human violence or destruction
- · Intense emotional demand of the work
- Extreme fatigue or sleep deprivation
- Extreme loss-mental, spiritual, emotional, physical
- · Extended exposure time to danger or loss
- · Extended emotional/physical strain

It is important to note that certain medications (e.g., antimalarials such as mefloquine) can trigger or worsen emotional symptoms [14]. The degree to which relief workers can bear these experiences depends very much on their own level of mental and spiritual resilience (which can be prepared) but also their own personal history of exposure to trauma (including previous relief work), chronic physical or mental illness, chronic emotional imbalance, experiences of poverty and discrimination, recent major life events, stressors, or emotional strain. While such experiences cannot be reversed, processing the experiences and developing coping strategies can build resilience in the run-up to a deployment.

## What Organizations Can Do

The onus for preparation and support must not be on the relief workers alone; humanitarian organizations that deploy employees and volunteers have a duty and responsibility to keep staff and volunteers safe and supported [15]. This is increasingly being recognized, and while many organizations have developed very good

programs, the psychological support for relief workers often remains inadequate. It is on the organizations, but also their partners, governments, multi-national bodies (e.g., UN, WHO), and workers themselves to push for better support. Organizations can work on many levels to prepare and support workers:

Preparation:

- Clearly define the purpose, expectations, and goals of any field position, and communicate this effectively.
- Maintain an effective management and leadership structure.
- Provide comprehensive health and accident insurance, repatriation support if needed, and appropriate risk management.
- Pre-deployment training and briefing information (in verbal and written formats).

In the field:

- Ensure that all new volunteer arrivals are given an induction, including orientation to all safety protocols, who to inform should any concerns arise and the location of key locations and supplies to ensure safety and well-being.
- Provide all the necessary tools and equipment to do the work safely and efficiently.
- Establish robust communication pathways.
- Ensure consistent and adequate supplies in the field, both to run the project and ensure staff well-being.
- Nurture a culture of support, including a humanistic approach to staff management.
- Early recognition of stress and contingency planning in place for all levels.
- Clearly defined roles and functions with supervision and support.
- Defined shifts, briefings and debriefings, breaks, and time away.
- Buddy systems and experience sharing sessions to allow team members to "check-in" and raise any issues affecting their well-being or others, allowing for monitoring of well-being.
- Availability of immediate psychological support and evacuation if necessary.
- Focus on staff development of skills, knowledge, and experience.

After completion of deployment:

- Exit Plan: Debriefing, opportunity for bilateral feedback, formal recognition.
- Aftercare: Ensure well-being, proactive counseling and support, retention.

# Preparation: The "Grab-Bag Concept"

The "Grab-Bag Concept" is a framework for humanitarian workers to prepare for their deployment to a disaster or crisis. A grab bag is a bag that contains the items a worker needs to be self-sufficient for a short period of time, which they carry with them at all times and "grab" in the case of an emergency evacuation.

The content of a grab bag depends on two main factors: The environment where the worker deploys to (e.g., climate, local resources and facilities, culture, level of hostility, duration) and their own experience and preferences. Less experienced workers tend to put more items into their bag, whereas more experienced ones often become more "minimalistic," having developed experience, skills, and resilience.

To understand this concept better, it is helpful to look at examples from expedition and survival training. Italian mountaineer Reinhold Messner revolutionized climbing in the Himalayas by moving from traditional "Expedition Style" (a large number of climbers and Sherpas with an enormous amount of material equipment would "besiege" a mountain for a long period of time) to "Alpine Style" (a small number, or even a solo climber, would ascend a mountain fast and with minimal equipment). As Messner himself described this, the difference that made such a bold approach possible was not in the equipment or physical constitution, but in the mind—trained instinct, experience, and confidence; although to an outsider his climbs appeared outrageously risky, for his own risk assessment they were perfectly within his safe abilities and comfort zone [16]. Likewise, German survivalist and humanitarian activist Rüdiger Nehberg pushed the art of survival to the extreme on one of his trips he entered the Amazon rainforest essentially naked, only to find and develop everything he needed, surviving on his experience, skills, and mental resilience [17].

The Grab-Bag Concept looks at someone's needs in four categories: The mental and spiritual needs and capabilities; experience, knowledge, skills; the environment; and physical needs and capabilities.

#### Mental and Spiritual Needs, Capabilities, and Preparation

Your mental preparation and motivation is the most complex, but also the most important part of your preparation, as mentioned above. All other preparation follows on from this initial process.

- *Expectations*—imagine you come back from the deployment—what do you expect to have experienced? What may have changed for you? How do you cope if your expectations are not met by your work?
- Working and living with a team—You may have to take a step back from your deepest convictions and beliefs for becoming pragmatic, for the "greater good" of the community you want to serve and the team you work with. You may be working and living closely with people you do not know or like for a prolonged period of time—have a strategy in mind how you deal and cope with this. Feeling

safe and secure—What level of risk are you willing to take? Imagine the worstcase scenario, and ask if you and your loved ones would cope with it.

• *Stress and resilience*—You may have to work and live well outside your comfort zone for a prolonged period of time. Work may be demanding, and you may experience a lack of basic facilities and privacy. What are your normal stress busters? Would they work in a different environment? If not, consider learning a new strategy that does not rely on any equipment or technology (e.g., meditation, mindfulness, or religious practice). It is important that you have these techniques well established before you go—e.g., if you want mindfulness practice to be effective when you are under stress, start practicing and make it a habit weeks or months before you actually go. Consider your support network—how can you keep in touch to access this support? What if you have no internet access?

### Experience, Knowledge, Skills, and Preparation

Once you have some clarity about why you do this work, what your expectations are, and what level of challenge you are prepared to accept, the next step is about more specific preparation for your work.

- *Gain confidence*—This can be done through training and experience. If you plan to go to a challenging environment (e.g., conflict zones), consider training (e.g., HELP, HEAT, survival courses) but also plenty of practice to gain experience (e.g., survival weekends in your nearest forest, wild camping, practice bushcraft skills, or foraging).
- Being part of a team—Have a good understanding of your own personality and what you can and cannot bring to a team. Undertaking psychometric testing with qualified feedback (e.g., Belbin, Meyers-Briggs) can give you great insights in how you function, what your preferences, strengths, and weaknesses are. Have some simple activities and games in mind that could strengthen team spirit without needing much material (e.g., pocket chess set and set of playing cards). Consider developing skills that are useful for working and living with other people—e.g., psychological first aid, counseling, coaching/mentoring, communication skills training.
- Choose specific courses and workshops that are relevant for your area of work— Practice that knowledge where you live to gain experience—e.g., seek voluntary roles in the city where you live to gain experience working with vulnerable people and to build a support network. You are likely to find a lot of like-minded people you are working with, e.g., those working with homeless people or refugees in your home town who will understand your motivation and experiences.
- *Have an escape plan*—Think through all possible scenarios that would make your position in the field unbearable or untenable, and think through how you can get out if needed (which should include, e.g., diplomatic and repatriation routes and options). Be as detailed as possible, and do your research. Share this with your organization and your loved ones.

• *Study carefully your organization's policies and provisions*—you can often recognize a reputable organization by the level of care and support they provide to their employees and volunteers.

# **The Environment**

The place where you go will help to determine how you need to prepare mentally and spiritually, and what skills and experiences you need to bring. This section focuses more specifically on environmental factors that need to be considered in your preparation.

- What is happening now in the place where you are going? Obtain the most current information from reputable news outlets and from the organization that is deploying you. Ensure with your organization that you clearly understand the aims, objectives, and terms of your deployment.
- Learn and read as much as you can about the country/area where you are going. Ensure you obtain reliable information (see Resources section at the end of this chapter). Try to understand as much as possible about politics, culture, and religion. Find someone from the country/region living in your home city to ask questions and make connections.
- *Learn some of the language*. If you have the time, try to learn the language or at least learn some simple expressions—this will go a long way in breaking the ice and building trust and respect.
- *Geography and climate*. Study maps, weather, and climate reports to gain a good understanding of the conditions and challenges.
- *Personal safety*. Understand what the risks are, and how to mitigate these. Have knowledge about how and where to seek help in the country, and how reliable this is. Understand well what to do and what not to do in case you find your safety is threatened. There are several online and face-to-face courses for safety on deployment (see Resources section).

# **Physical Needs, Capabilities, and Preparation**

Going through mental and spiritual preparation, reflecting on experience, knowledge, and skills, and the environment eventually leads to the physical preparation of the actual grab bag.

There are really only two ground rules about the grab bag: It must be light, clearly weighing less than 10 kg including all contents, and everything must fit into a small backpack of no more than 20 liters. The actual content is very much determined by your personal needs. Start by collating all the things you think should go in, put them on a scale, and check if they would fit into a bag of that size. If your things exceed weight or volume, there are two approaches to solve this: Firstly, go back to mental and spiritual needs, skills, knowledge, and experience, and examine

carefully what your needs really are, or if by achieving a new skill, knowledge or experience you could spare some of the items altogether. The other approach looks at the chosen items to see if they could be replaced by something smaller or lighter.

Think through the following aspects:

- *The grab bag itself*—Choose a simple, light bag made from robust material (e.g., a "day pack" rucksack). Try it on to ensure it is comfortable. Be prepared to carry this for extended periods of time—train for it before you deploy by filling it with 10 kg (e.g., water bottles) and carry it around on a daily basis. For more comfort, you could consider cutting off the carrying system (such as shoulder straps) and replacing it with a carrying system designed for a larger backpack (such as better padded shoulder straps or a hip belt). You do not need a rain cover—use a strong 50 liters plastic trash bag to line your grab bag from the inside, and close this with a plastic clamp to make it waterproof. For some deployments, a grab bag may be all you are allowed to bring. Think in categories of your grab bag that will make you completely self-sufficient. Do not bring anything that you cannot afford to lose, such as items of high physical and emotional value.
- *Your physical health and well-being*—Get a health check with your doctor and dentist well in advance (2–3 months) in case you need any vaccinations or any treatments. If you are on prescription medicine bring at least 2–3 times the supply that you need and carry it in your hand luggage. Check any legal restrictions in the country where you go, and inquire in advance with the country's consulate how you can bring prescriptions legally (you may need to bring a letter from your doctor and a formal permit). If you are not a healthcare professional, do a First Aid training course. Prepare a personal first aid kit (an example kit list is in the Appendix) and bring a spare amount of any first aid supplies that you could share with team members if needed. Check the country's health information (links in Resources section) to learn what you may need to bring, e.g., repellents, ITN bed nets, malaria prophylaxis. Find out what items can be bought locally. Bring personal hygiene items—best in small plastic bottles, lightweight.
- *Physical fitness*—The required level of physical fitness depends on the type of deployment and environment. Going into a well-developed established setting for a short period may be less physically demanding than going into a disaster area. As a general principle, any deployment into an area that is politically unstable, a disaster zone, or has an extreme climate is more demanding on the body and a basic level of physical fitness should be considered. Nevertheless, the situation may change rapidly even in presumed stable areas.
- Clothing—Choose lightweight, comfortable clothing according to expected temperature and climate. Fast-drying synthetics are preferred. If temperatures fluctuate, use a "layer" principle—rather than one very warm and one very light piece of clothing choose a small number of light-mid insulating clothes that you can combine for warmth. Avoid anything that looks military. You may only be able to bring one set of clothes to change—for clothing care consider bringing a mini sewing kit for repairs, a small plastic brush, a small bar of soap, and a clothes line. These items are multi-functional, but consider buying them in the country.

- Shelter—You may be provided with accommodation, but consider bringing at least an emergency blanket, sleeping mat, and/or bivouac bag. Further need for shelter equipment may be determined by the environment and security of shelter—you may consider bringing a sleeping bag and mat, lightweight tarpaulin (3 × 4 m), or even a tent. Look at equipment for endurance runners or lightweight backpackers [18, 19]—there is now a great choice of very lightweight equipment available. Experiment with building simple survival shelters with materials only that you find in the environment [20].
- *Food and water*—Think 2–3 days emergency supply for a grab bag. Choose some emergency food that is energy-dense, lightweight, and tasty (e.g., nuts, protein bars). The amount of water (use a simple plastic bottle, or thermos flask for cold temperatures) depends on the availability of water in the environment—the drier, the more you should bring (and this would be the only excuse to exceed 10 kg weight!). Consider bringing a small filtration device (e.g., life straw) and water disinfection tablets. If you think you need to prepare food yourself, consider bringing a fire-resistant metal cup and a multi-cutlery (spoon and fork in one, plastic). A small amount of coffee/tea/sugar/sweetener could provide a great physical as well as mental health boost. In case that your organization tells you that you need to bring a cooking system, consider a lightweight gas cooker or a high-efficiency system such as a Jetboil. Study food that you can potentially forage in the environment where you are going—but ensure with information from local people what is edible and what is not. Ensure you prepare your food in a hygienic way.
- *Navigation and communication*—Plan for all possible navigation and communication scenarios that you may encounter. With regards to communication, explore what facilities are available—e.g., reliability of local phone networks. Install useful apps (see Resources section) for communication and navigation on your phone, install a fresh battery, bring a solar phone charger, and plug adapter. Consider learning how to use a simple radio, a satellite phone, and the Morse code depending on the approaches used by your organization. When the network is poor, or if electricity or safety is a problem consider bringing a simple old phone which has a long battery life and works with 3G networks.

Your requirement for navigation skills depends on the type of deployment, the environment, and how likely you may find yourself having to find your own way back. Map reading can be a very useful skill and allow you to learn about the area that you are living and working in. If you can find one, get a local topographic map in 1:25,000. Even if it is not the most up-to-date, you may find important landmarks that can help you orient, and train yourself [21, 22]. Or, attend a navigation course to learn how to use a map and compass rather than relying on GPS. For some environments (e.g., sea, feature-less desert) a GPS navigation device is essential unless you know how to use an old-fashioned sextant!

- *Laptop/IT*—Bring a small, cheap, low energy consumption, lightweight laptop or tablet which you only use for your humanitarian deployments. The chance that it will get screened at border crossings, or lost, is high. Put only the essential software and data on it, and reset it after each deployment. Use up-to-date security software and password protection. Do not store sensitive data on the device. If you cannot avoid bringing sensitive data (i.e., with patient information), store them on a secure cloud platform or put them on an encrypted micro SD card which you could discard inconspicuously if necessary. Consider downloading textbooks and guidelines to inform questions and decisions, and bringing a simple outdoor medicine pocket book [23]. Bring a power adapter, surge protector, card adapter, and Ethernet cable. Consider bringing a solar charger with an adapter or spare power adapter ("brick").
- Money and documents—Most theft or mugging is opportunistic, and perpetrators are often satisfied with grabbing some easily accessible valuables and running off. Have some small change and a few banknotes in your pocket at all times. Key is to split any cash, credit cards, and important documents, keep them in different places/pockets, the most important ones in hidden places. Be inventive with stitching additional inside pockets, hides in belts, shoes, underwear, hats, and bags. Keep a record of all valuables in a safe place. Use several credit cards and keep them in different places. Make use of travel money cards with little money on them in case you get forced to disclose a pin. Use travel apps to store electronic copies of important documents such as passports, flight tickets or insurance certificates and details. Nominate a person at home to manage your affairs, and leave them with document copies and detailed instructions on what you want them to do, under which circumstances.
- *Simple tools*—There are several useful tools and items that are highly functional: a small multi-tool or pocket knife (make sure you store that in check-in luggage), high-quality torch or headlight (with solar charger), gaffer tape (fixes almost anything from holes in your pockets to broken bones), superglue, and a small notebook with a pencil in a waterproof zip-lock bag. You may also bring a couple of survival tins for smaller items that you can select according to need, e.g., a fishing line, wire saw, fire starter, etc.
- *Medical kit*—Bring a small medical kit with some basic diagnostic tools and medicines, to treat patients but also team members should they fall ill. Spend some time to think about possible training you require, in particular, emergency and life support training.
- *Your personal mental health*—Bring yourself a simple treat—e.g., a music playlist on a simple music player, a mindfulness/meditation/biofeedback phone app, a favorite movie on a tablet, a book, or some sweets.

# Summary

Having a resilient mindset and having done the right physical and mental preparation is essential not only to make yourself useful to the people you want to help, your team, and your organization; but also to make your volunteering a rewarding and enjoyable experience. While the grab-bag concept helps you to best prepare for the more challenging environments, it is also a very useful framework to use for any kind of trip, even your next holiday.

# **Appendix: Resources for Preparation for Humanitarian Work**

### **Courses:**

- HELP: https://www.icrc.org/en/document/helpcourse
- HEAT: Offered by several organizations in several countries, an example: https:// www.separinternational.com/heat-training/
- International Federation of the Red Cross learning platform (various courses): https://ifrc.csod.com/client/ifrc/default.aspx
- Disaster Ready (various online courses): https://www.disasterready.org/
- UN field security online courses: https://training.dss.un.org/
- RedR courses: https://www.redr.org.uk/
- Global Health Learning Center: https://www.globalhealthlearning.org/
- Relief Web: https://reliefweb.int/
- Centre for Excellence in Disaster Management: https://www.cfe-dmha.org/
- How to use a two-way radio: https://www.csudh.edu/Assets/csudh-sites/dhpd/ emergency-preparedness/two%20way%20radio%20protocol.pdf

### **Travel Medicine Links:**

- Centers for Disease Control (US): https://wwwnc.cdc.gov/travel
- National Health Travel Network and Centre (UK): https://nathnac.net/
- MD health: https://redplanet.travel/mdtravelhealth/destinations/
- Check travel advice for your destination in your country of residence, and check with your country of destination consulate's website for any advice. Be aware of any legal vaccination requirements (e.g., yellow fever).

### **Destination Research:**

- Do a google search on the country/place of your destination, identify reliable sources of information
- Check local and international reliable news outlets about most up-to-date information
- Visit your countries foreign ministry website for country-specific information, e.g., https://travel.state.gov/content/travel.html (US), https://www.gov.uk/gov-ernment/organisations/foreign-commonwealth-office (UK)

- Country information on the CIA World Factbook: https://www.cia.gov/library/ publications/the-world-factbook/
- Travel risk map: https://www.travelriskmap.com/#/planner/map/security
- Road Travel Safety: https://www.asirt.org/
- Travel Safety in general: http://globaled.us/safeti/, http://globaled.us/plato/
- Global weather: https://weather.com/, https://www.metoffice.gov.uk/, check national/local weather forecasts, depending on environment check specific weather forecasts, e.g., mountain, coast/sea

# Mental Health and Well-Being Links:

- The Center for Mind Body Medicine: https://cmbm.org/self-care/
- Disaster Rescue and Response Workers 2017 https://www.ptsd.va.gov/professional/treatment/early/disaster-rescue-response.asp
- A movie about the experience of humanitarian workers deployed to the Haiti earthquake: http://amybrathwaite.com/portfolio\_page/kick-at-the-darkness

# **Generic Links:**

- Global Health Quick Medical Reference: https://sites.google.com/view/hswtllc/
  global-health-quick-medical-reference
- AAP Pediatric Disaster Topic Collection: https://www.aap.org/en-us/advocacyand-policy/aap-health-initiatives/Children-and-Disasters/Pages/Pediatric-Terrorism-And-Disaster-Preparedness-Resource.aspx

Phone Apps:1

- Travel documents and preparation: https://www.tripit.com/web
- Survival/Bushcraft: Survival Guide, SAS Survival Guide, Wild Plant Survival Guide, Bushcraft
- Maps/Navigation: Waypoint, View Ranger, Karta, Avenza
- Communication: Google translate
- Medical tools: Medline/Pubmed, Medscape, Up to Date, resuscitation apps, medical calculators, Drug reference apps
- Safety/Security: Life 360, phone tracker
- Humanitarian General: HSP (Humanitarian Standards Partnership), OCHA humanitarian kiosk, UNHCR Emergency Handbook, CBM humanitarian hands-on tool
- Mental Health: Mindfulness, Head Space, Meditation, Zazen, Buddhify, Inner Balance

<sup>&</sup>lt;sup>1</sup>Please note: This is a random selection representing some experience by the author who has no stake in any of these apps.

Diagnostics/tools	Injury/wounds	Medical care
Gloves, facemasks, hand	Selection of plasters	Small number of syringes, injection
sanitizer	and dressings	needles, venflons/butterflies, alcohol wipes
Thermometer	Burns dressing	Pain killers: ibuprofen, paracetamol.
		Consider ketamine or opiod analgesic
		(e.g., fentanyl, tramadol, codeine) <sup>a</sup>
Pulse oximeter	Hemostatic	Antibiotics: ceftriaxone (for emergency),
	dressings	oral amoxicillin, clarithromycin,
		ciprofloxacin, co-amoxiclav
Blood pressure cuff and	Gauze, bandages	Strong antihistamine, IV/oral steroids
manometer		
Scissors, pincers, tick	Stitches, Steri-	Anti-emetic (ondansetron), omeprazole,
remover	strips, wound glue, scalpel	racecadotril
Tourniquet	Antiseptic fluid and	
	cream	
Mini otoscope/	Eyewash (0.9%	
ophthalmoscope	saline)	
Gaffer tape	Tranexamic acid	
	tablets	
Pocket emergency mask,	Dental repair kit	
Guedel/nasopharyngeal		
tube		

#### **First Aid Kit List**

<sup>a</sup>Be aware of legal restrictions in many countries

# A Simple Mindfulness Exercise

This is a simple exercise to become aware of your thoughts and feelings, putting these into a wider context of reality, letting go and relax. You can do this for as long as you like (minimum 5–10 min) and this works best if you make this kind of exercise a regular habit before you go on your deployment

- Find a quiet space where you can be undisturbed.
- Find a comfortable sitting position, on the floor or on a chair, with your upper body and head upright and self-supporting. Rest your hands in your lap or on your thighs. Roll your head in a circle a couple of times in each direction to relax your neck and back muscles.
- You can close your eyes (or keep them half open, focusing on some imaginary point in the distance).
- Gently sway your upper body from side to side and back and front with ever smaller movements, until you feel you are sitting well balanced. Then remain as motionless as possible for the rest of the meditation.
- Take 2–3 deep breaths, and then allow your breathing to settle into a normal, comfortable rhythm.

- Observe your breath (without altering it in any way), feel the cool air entering your nostrils, flowing down your throat, entering your chest, pushing out your abdomen. Feel it leaving your body the same way. Stay with the breath; if it helps you can quietly count your breaths on breathing out.
- It is absolutely normal that thoughts and feelings will very quickly distract you from observing your breaths. When you notice this, give the thought or feeling a simple short label (e.g., "thinking about my daughter" or "feeling happy"; or simply: "thinkng" or "feeling") without elaborating on it, and return simply to observe your breathing.
- Thoughts and feelings are like floating clouds in the sky of life. They come and go, the sky remains. We have a choice if we feed our thoughts and feelings with our energy, or allow them to simply pass by.

Do this exercise on a regular basis—regardless of how you feel or what your thoughts are. If you make this routine, you may find that you can more easily activate this state of mind by taking 2–3 breaths and close your eyes for a moment, for example, in a stressful situation.

### References

- 1. Asgary R, Lawrence K. Characteristics, determinants and perspectives of experienced medical humanitarians: a qualitative approach. BMJ Open. 2014;4(12):e006460.
- Ripoll Gallardo A, Djalali A, Foletti M, Ragazzoni L, Della Corte F, Lupescu O, et al. Core competencies in disaster management and humanitarian assistance: a systematic review. Disaster Med Public Health Prep. 2015;9(4):430–9.
- 3. Burnett A, Peel M. Health needs of asylum seekers and refugees. BMJ. 2001;322:544-7.
- 4. Shannon P, O'Dougherty M, Mehta E. Study: communicating torture and war experiences with primary care providers. Ment Health Fam Med. 2012;9(1):47–55.
- 5. Shannon PJ. Refugees' advice to physicians: How to ask about mental health. Fam Pract. 2014;31(4):462–6.
- Sheikh A, Gatrad R, Dhami S. Consultations for people from minority groups. BMJ. 2008;337(1):a273.
- 7. Huschke S. Performing deservingness. Humanitarian health care provision for migrants in Germany. Soc Sci Med. 2014;120:352–9.
- Gedde M. Working in international development and humanitarian assistance. 1st ed. London: Routledge; 2015.
- Britt TW, Adler AB. Stress and health during medical humanitarian assistance missions. Mil Med. 1999;164(4):275–9.
- Rizkalla N, Segal SP. Trauma during humanitarian work: the effects on intimacy, wellbeing and PTSD-symptoms. Eur J Psychotraumatol. 2019;10(1):1679065.
- Lopes Cardozo B, Gotway Crawford C, Eriksson C, Zhu J, Sabin M, Ager A, et al. Psychological distress, depression, anxiety, and burnout among international humanitarian aid workers: a longitudinal study. PLoS One. 2012;7(9):e44948.
- 12. Smith EC, Holmes L, Burkle FM. The physical and mental health challenges experienced by 9/11 first responders and recovery workers: a review of the literature. Prehosp Disaster Med. 2019;34(6):625–31.
- Young T, Pakenham KI. Risk and protective factors for aid worker mental health: the effects of job context, Working conditions and demographics. Disasters. 1 May 2020.

- Nevin RL. A serious nightmare: psychiatric and neurologic adverse reactions to mefloquine are serious adverse reactions. Pharmacol Res Perspect. 2017;5(4):e00328.
- 15. Salmani I, Seyedin H, Ardalan A, Farajkhoda T. Conceptual model of managing health care volunteers in disasters: a mixed method study. BMC Health Serv Res. 2019;19(1):241.
- 16. Messner R. My life at the limit. 1st ed. Seattle, WA: Mountaineers Books; 2014.
- Nehberg R. Wikipedia. 2020 [cited 2020 May 4]. Available from: https://en.wikipedia.org/w/ index.php?title=R%C3%BCdiger\_Nehberg&oldid=950211713.
- Ladigan D. Lighten up! A complete handbook for light and ultralight backpacking. 1st ed. Guilford: Falcon Guides; 2005.
- 19. Clelland M. Ultralight backpackin' tips. 1st ed. Guilford: Falcon Guides; 2011.
- 20. Wiseman JL. SAS survival handbook. London: Harper Collins; 2003.
- 21. Wilson N. The SAS tracking & navigation handbook. 1st ed. Guilford: Lyons Press; 2002.
- 22. Cliff P. Mountain navigation. 6th ed. Crayke, York: P. Cliff; 2006.
- 23. Duff J, Gormly P. Pocket first aid and wilderness medicine. 11th ed. Milnthorpe: Cicerone; 2012.

#### **Further Reading**

Johnson C, Anderson SR, Dallimore J. Oxford handbook of expedition and wilderness medicine. 2nd ed. New York: Oxford University Press; 2015.

Lindemann H. Alone at sea. New York: Random House; 1958.

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