Guest Editorial

GUEST COLUMN: WHAT WAS IT LIKE DOWN THERE?

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What was it like down there? Oh it must have been horrible. I wish I could have helped or been there. These are some of the comments I have heard from fellow colleagues and student nurses since returning from Ground Zero, on the 20th of Sept 2001.

Well frankly it's been difficult to respond to some questions. No one could quite imagine the magnitude of trauma and grieving process that had been such an intricate part of our emergent response to the site. Nurses from all over the country responded and assisted on different DMAT teams. Our response was one of caring for the rescuers and assisting the mourners. Many family members where trying to dig. The firefighters, police, and other rescuers where overwhelmed with sorrow at not finding people alive.

How do I feel? I feel a sense of pride, many nurses did respond and many of us assisted in different ways. Nurses are a committed group perhaps it's the need for us to allways help our fellow man perhaps it's the need to fill a void in the community.

Nurses who are in nursing long enough some where along the line come upon a disaster or such a tremendous community need that we jump in with both feet some times never quite prepared for what we will have to do and how we will need to respond.

Recently when I joined the New York DMAT team and participated in training sessions. This team is a medical and nursing team that trains monthly and has a small warehouse of tents and hospital equipment in storage and responds to Disasters within the United States. The team is one of many that the Department of Human Services assists and directs through its Office of Emergency preparedness (OEM). These teams are called up to back up and assist the US Public health service in responding to Natural Disasters and occasionally Terrorist or man-made disasters. These teams are in need of new members and the need for nurses and other members is critical.

Nurses also should consider assisting in their own communities, as Nurse medics, and Red Cross volunteers. Perhaps we should all reconsider the need for nurses in these roles, and provide additional education to nurses in all roles of nursing.

All nurses in the community should participate in community disaster drills and be prepared to take on a different role in their community. When we participate and obtain training and education we can transform the nursing response to a disaster and perhaps be better prepared for the event.

It is my hope that the Rural Nursing community will continue to prepare for any type of disaster, by providing additional educational opportunities for nurses, nursing students and the public to obtain disaster preparedness education throughout our rural communities. The rural nurse is frequently becoming a nurse that must fill the difficult public health needs of our communities.

Note: Laura is a member of the New York Disaster medical Assistance Team.