

COMMUNITY CARE IN CRITICAL TIMES (The Nurse After the Storm)

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Background

Tacloban is home to 221,741 population divided into 138 barangays or communities. It is the center of trade for Eastern Visayas, major establishments operate and transact business here. In July 2010, Tacloban City was ranked amongst the top ten most competitive cities in the Philippines. Specifically, Tacloban ranked fifth overall, and second in the emerging cities category. However, despite its overwhelming accomplishment, no one was able to foresee its vulnerability, of what it was to become in the fateful morning of November 8, 2013. The super typhoon left Tacloban with crumbled buildings, streets filled with mountain high debris and dead bodies. Yolanda left Tacloban with an estimated death of 7,000, total damage of 30-31 Billion, and over a thousand families displaced.

The whole community of Tacloban City was in chaos, including several communities in Leyte and Samar. Everyone just wanted to survive.

In situation like this, nurses have always been considered to be in the forefront especially because there was a need for compassion, care and the need to alleviate suffering. The local nurses in the community were challenged to do what they have to do from their hearts as a response to the insurmountable needs of the community.

After the Storm

The emergency phase started soon after Typhoon Haiyan /Yolanda left Leyte at around 11am of November 8,2013. At this time the clear respond is to save life and ease physical pain. To do this the nurse must be able to have full control of herself/himself to be able to focus and to be alert on what action to take as soon as possible. The only option is to respond in the best possible way amidst chaos through **crowd control** in a firm yet gentle manner. This proved to be challenging since in the initial phase post disaster, the lack of manpower to be able to serve each patient needs demands one's experience of **prioritization & triaging**. The lack of supplies as most of it were submerged in a slimy muddy sea water calls for a nurse to be wise with **resource management**, and the challenge of being able to provide the basic need of food and water when all of these were taken by the sea surge. Yet, as a nurse in the community taught and trained in holistic care, we have the burden in our heart to be able to do all these for our patients, for the community. November 8, 2013, I together with 6 Nurses who swam in the surge and survive served 200 patients from all over Tacloban City. They took refuge and sought treatment and care in Bethany Hospital, a tertiary 150 bed Medical Center located in the middle of the City, just beside the Cancabato Bay. Most with large lacerated wounds and punctured wounds brought about by the debris that came along with the surge that claimed most lives. We set up two care areas in a 34x16 feet room. One area for dressing and packing of bleeders,

the other as suturing of wounds. As patient came in the dark as the night progresses, IV lines were started for patients we cannot immediately treat or served to avoid dehydration. Blankets and patients gowns were provided to prevent hypothermia until more help comes.

The devastation was so great that Tacloban and its nearby towns were isolated from each other, food became scarce and safety issues soon arise. Hopeless people who have not experienced this kind of devastating condition acted desperately. Looting became an accepted behavior and the need to think only of oneself became tolerable.

The Rehabilitation phase started by March 2014. The entire community of Tacloban and all devastated places of Leyte and Samar needed and wanted help to start picking up the pieces of what was left, and from then start anew. The community was susceptible to the development of diseases due to heavy and consistent down pour of rain and unusual cold weather. Poor sanitation as most of the informal settlers houses leaving in the coastal area were damaged by the Typhoon, including their toilets, the City's inability to collect and monitor garbage disposal, poor nutrition as most lost their job and were incapable of providing food for their family as the company were still rebuilding. Disease prevention was very important as the community was not yet able to take care of the sick, many hospitals lost its capability to give quality care.

Many International NGO's were coming in, yet many needed help & care. It became an inspiration for me and my team to be able to share in the burden to respond and to touch lives thus the program TOUCHING LIVES AFTER THE STORM came to be. The nurses were motivated to go to the community and help in the rehabilitation & restoration of the community. The program objectives are: 1.) To undertake Medical Mission activities and reach out the health care needs of people within the community service areas of Bethany Hospital comprising depressed provinces in the islands of Leyte, Biliran, and Samar. 2.) To provide Health Education that will result to lifestyle change in the community. 3.) To facilitate strengthening of the community's faith by sharing the story of Jesus Christ that will lead to educating the human heart thereby change attitude, and inspire to participate in transforming their community to a more healthy and responsible and human society. **The Program Strategies of Implementation are: I - Community Medical Check-up** (A tangible act of kindness and compassion) Provision to the community of the following: Free Medical/Dental care, provision of Free Medicines.

II - Health Education: (An act of concern for the welfare of the community), **by teaching the community on** Personal Hygiene and Hand washing, proper Nutrition Promotion Healthy Lifestyle (thru lectures on Hypertension, Diabetes, Stroke and Arthritis) and **campaign education** against - smoking and alcoholism, for these are menace to society. **Prevention of Common Community Diseases by giving Lectures on:** PTB

Pneumonia, Dengue, Chickongunia, Typhoid Fever, Herbal Medicines Preparation for common community ailments such as Guyabano leaves, Alugbati, Gatas-gatas and etc.

III - Spiritual Sharing(Strengthening of Faith) thru conduction of spiritual assessment, Provision of Spiritual Counseling (Pastor or Trained Lay Minister), Sharing of the message of salvation and praying for persons in the community.

The Filipino people's common possession is faith. The community treasures their faith, and resiliency is established because of this. Faith gives hope, and hope fuels the will to leave, because their faith allows them to look at the future with hope.

The community care machinery of Touching Lives After the Storm served Tacloban City communities in 8 engagements, to 10 municipalities/towns in Leyte & Samar, being able to cater to the needs of a total of 3,500 people.

Last December 15, 2014 Touching Lives After the Storm established and introduced to the community its COMMUNITY CARE CENTER, a place open 6x/week where they can seek free consultation & medication, Blood pressure& sugar monitoring, diet instructions, health education, care, and facilitation for prayer. The Community Care Center distributed privileged cards to Senior Citizens in the community who are without health insurance, financially dependent on relatives and vulnerable to illness, and those who needs follow-up care. The Community Care Center keeps a record for each visit, aside from v/s check and other care needs. Spiritual assessment will be taken that will be the basis of follow up talk as each patients visit. The Spiritual assessment consists of questions that will allow patients to reflect on. These questions will enable the patient to reflect on her/his person facilitating the healing process and strengthening the inner person to become a more responsible not just in his/her role in society but his her personal health management.

The Touching Lives after the Storm COMMUNITY CARE CENTER is a support to the community from a relief need from November 2013 to November 2014 Rehabilitative Phase, a commitment to Journey together with the community to a new beginning.

The evaluation of the program will come after 6 months to a year of service of the Community care center, by then we will be able to determine the impact of the center and program to the community taking in the different variables of no. of patients visits, type of cases brought to the center. As we believe that faith plays a big role in resiliency, we will do a second spiritual assessment on the same patients and see the difference after 6 months. Inputs then can be drawn that maybe use for strengthening the program and be replicated in other areas in the Visayas or other parts in the Philippines by other institutions or organization.