

Role of the military nurse in disaster management: Insurgency

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Disaster is adverse condition that can lead to loss of lives and properties. The board is the association of assets and obligations regarding managing all compassionate part of crises. In short are the preparedness, response and recovery to lessen the impact of disaster. Natural disasters are disasters that occur naturally for example; heavy rains, fire out breaks, earthquake, land/snow slides, floods and famine. Manmade disasters are disasters caused by man such as accidents, air crashes, nuclear installations, nuclear reactions, careless handling of chemicals and weapons, conventional military warfare and road traffic accidents. Other disasters are also caused by civil wars, communal conflicts, terrorist attacks by group armed men/ campaign. Types of terrorist attack are hostage taking, sporadic firing, Hijacking, Suicide bombing, Assassination. As the nurse should be professionally trained and militarily to enable her/he to assume the following roles especially while mostly dealing with terrorist group, she must act as a medical personnel by treating all the wounded or the sick taken as hostages, act as an intelligent personnel by ensuring As the observation which is going on around her/he should be alert with cautious mind, acting as a link between the authorities and the terrorists which will be dangerous situation mostly faced. She/he must be neutral to enable her/ him succeed in releasing the hostages or transferring the injured or sick to the hospital, must be able to communicate with the authorities without giving any positive sign to the terrorists, the nurse must be able to identify the terrorists with any sign or mark on the terrorist, the nurse must be able to identify the types of weapons used by these armed groups such as rifles, pistons or any other harmful weapons. Methods of evacuating the casualties are: all trained disaster nurses must be able to evacuate the casualties from the scene of the attack or disaster for onward movement to the hospital via the ambulance or aircraft.

Thousands of military nurses have been to forget who the insurgent patient was, what deployed in medical support of combat the patient was accused of, and the inability troops during America's war on terrorism. to develop relationships with insurgent In studies of military combat nurses, there patients. Responses to providing insurgent are some common themes: emotional care included fear, anger, nervousness, and effects, preparedness issues, the combat the lack of feedback. There is no summary experience, importance of relationships, and discussion about nurses' experiences of meaningful contributions (Baker, Menard, insurgent care; therefore, it is unclear if & Johns, 1989; Krischke, 2008; Nayback, data saturation was achieved and if 2009; Scannell-Desch & Doherty, 2010). Narratives were universal experiences In prior studies of military combat nurses, of all participants. Caring for the enemy is mentioned as a No research was discovered that duty requirement, without details into the described the impact of caring for the enemy experience or effect on those nurses. Eight" on U.S. military nurses. The study was short narratives about caring for enemy originally conceived by an Air Force nurse insurgents are presented in Scannell-Desch who had been deployed to Iraq and her and Doherty's (2012) timely book about experiences guided the research question. Military nursing. Issues included preparation Dr Thompson was particularly intrigued by for insurgent care, cultural differences, and the concept of nurses caring for the enemy within a context of caring as defined by Watson. A descriptive phenomenological

method of inquiry was used to investigate the experiences of U.S. military nurses who cared for enemy detainees, a topic about which little was previously known. Phenomenology, defined by Husserl (1970), is "the science of essence of consciousness" that reveals humans' reality and personal meaning. It aims "...to bring these (events) to complete clearness ...subject them to analysis and ...follow up the essential connections that can be clearly understood". Attentively listening to and interacting with participants leads to an understanding of a person's experience.

The ultimate goal is to develop a universal description of the phenomenon (Tymieniecka, 2003). The research questions were: (a) what is the lived experience of caring for the enemy on US. Military nurses who have been deployed in support of OIF/OEF? And what is the aftermath of caring for the enemy on US. Military nurses who have been deployed in support of OIF/OEF? The university's Institutional Review Board approved the study, and participants provided signed informed consent. Telling stories about combat experiences had the capacity to evoke high-level emotions, stress, and memories of traumatic experiences. Mental health brochures from the Veterans Administration, the Center for Women Veterans, and the National Center for PTSD (post-traumatic stress disorder) were shared with the participants who expressed appreciation for the resources. If participants showed signs of distress during the interview, they were asked if they wanted to stop and continue at a later time. Insurgent patient assignments presented "a lot of ethical dilemmas." The provision of unbiased care to people who had potentially harmed colleagues was shared: "I was torn between the facts that here lies someone who is trying to kill my troops, my soldiers, my colleagues. Now I'm faced with having to provide the care that any human deserves." Nurses questioned care of insurgent's .for a variety of reasons: "These people are the enemy, why are we doing this, why are we treating them, why are we making them better?" The use of American resources was an ethical issue for participants: "We spend time, a lot of effort, blood, sweat, and tears...a lot of physical resources" and" ...multimillion dollar care to enemy insurgents." One nurse said, "It would have been more humane to let some of these people. Insurgent patients were "brought in shackled, handcuffed, and blindfolded" and during air transport were shackled to the floor of the plane. They were blindfolded because of the high risk of them recognizing faces and voices and being able to target the staff" as well as Iraqi interpreters. "Our interpreters took high risk coming to work for the Americans, so if we got a detainee or POW that recognized one of the interpreters they could target their family."