

Secondary Disaster Victims: The Emotional Effects of Recovering and Identifying Human Remains

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The author conducted a questionnaire survey of the 592 U.S. Air Force personnel involved in transporting and identifying the bodies of the almost 1,000 persons who died in Jonestown, Guyana; 225 (38%) of the personnel involved returned the questionnaire, as well as 76 (22%) of 352 individuals who were not involved in the operation. The Guyana respondents reported significantly more short-term dysphoria, which was more pronounced in those younger than 25 years of age, those who were black, those who were enlisted men rather than officers, and those with more exposure to the bodies. The author discusses the implications of these findings in planning future disaster relief programs.

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A tragic series of events began when a U.S. Congressman was killed at an airport in Guyana by a group of religious cult members in November 1978. Shortly after the shooting came the shocking news of mass suicide by members of the People's Temple at Jonestown. Military men and women worked to recover and identify the bodies of these people; their activities varied greatly in duration and in degree of exposure to the human remains. Some workers helped remove the bodies from Jonestown, placing them in waterproof canvas bags. (It is difficult to convey to someone who has not had first-hand experience what a week in a tropical climate can do to human remains. The changes in color and size, the infestation by

various insects, and above all the overpowering and unforgettable odor of just one body are beyond imagination.) Helicopter crews flew the bodies to the airfield, where they were placed in casket-like metal containers. Airport workers helped the aircraft loadmasters place the containers on transport aircraft, which carried them to Dover Air Force Base, Delaware, where they were stored in morgue facilities while awaiting identification, a process performed by medical and dental officers and technicians. The body containers were washed and prepared for reuse.

In general, aircrew members who transported the remains were not volunteers; neither were some of the ancillary personnel. The work of moving the remains, cleaning the containers, and performing the identification processes was performed by volunteers, who were allowed to stop whenever they felt that they had had enough. The recovery phase took about 5 days; the identification process continued for about a month. Some people involved had worked with human remains under other circumstances; a great many had not. Thus the group of subjects varied in its composition, not only in the usual demographic characteristics but also in the duration and intensity of their exposure to the remains, in previous training and experience, and in volunteer status. The condition of the bodies has already been mentioned; the emotional impact was heightened by the fact that several hundred children were involved. Exact numbers are not available to me, but the mix of male and female bodies appears to have been approximately even; the majority of the victims were black.

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BACKGROUND

Both civil and military agencies may become involved in recovering, stabilizing, and evacuating victims of natural and man-made disasters. Police, firefighters, medical and paramedical personnel, investigators, crews of ambulances and helicopters, and others may respond to earthquakes, tornadoes, hurricanes, floods, aircraft accidents, terrorist activities, or situations of frank combat, both to rescue living victims and to recover the remains of those who have perished. An extensive review of the medical literature on disaster response, as well as a summary review of the more extensive sociological literature on this subject, yielded