The Armero Tragedy: Lessons for Mental Health Professionals

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A U.S. mental bealth consultant worked closely with medical personnel soon after a volcanic eruption and mud avalanche killed about 22,000 persons and devastated the area around Armero, Colombia. The consultant conducted worksbops and courses on crisis intervention for bealth personnel operating disaster relief units and for mental bealth professionals, pediatric nurses, and family workers: she also provided consultations to clinic and shelter directors and case consultation with bospitalized victims. Observations of early postdisaster responses of bospitalized victims showed recurring themes such as victims' ambivalence about learning the full extent of the disaster and their own losses, delayed mourning because many bodies could not be recovered, somatic expressions of anxiety and fear, and the use of primitive defenses, such as magical thinking.

Opportunities for mental health professionals to join emergency intervention teams following catastrophic disasters are increasing (1). During the last decade mental health professionals have gained

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1316

competence in working with disaster victims. In addition, professionals' capacity to respond earlier has been improved through more prompt communication between national and international agencies concerned with the aftermath of disasters, such as the National Institute of Mental Health, the Pan

Editor's Note: In recent years mental bealth professionals bave taken a more active role in the delivery of crisis services to disaster victims and bave gained a more sophisticated understanding of victims' responses to disasters. This special section on mental health issues in disasters features papers on intervention in the aftermath of disasters in Colombia, Mexico, Australia, and the U.S. Guest editor of the section is Raquel E. Cohen, M.D., M.P.H., professor of psychiatry at the University of Miami. She is also a consultant to the Pan American Health Organization and to the emergency services branch of the National Institute of Mental Health and has special expertise in intervention after disasters in Latin America.

American Health Organization, and the Agency for International Development, as well as through continuing development of curricula, training programs, books, and journal articles related to psychiatric intervention in disasters (2).

This paper will focus on the initial reactions of victims and caretakers as observed during the first weeks after a catastrophic disaster. The setting was the aftermath of the eruption of a volcano that bur-

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ied the city of Armero, Colombia, on November 13, 1985, and killed 22,000 residents of the region. The paper is based on the observations and experiences of a mental health consultant (the author) who worked in collaboration with the Colombian government for 15 days soon after the disaster. The consultant's role was to incorporate mental health content into the international disaster relief program already under way.

The consultant's involvement in the postdisaster activities presented a rare chance to observe the early responses of both victims and caregivers and their coping behaviors. Following most disasters outside the U.S., political, bureaucratic, and other barriers delay the involvement of foreign medical and psychiatric personnel for weeks or even months; thus most reports in the literature are based on observations made some months after the event. In addition, the consultant was able to work directly with hospital personnel in a transcultural setting; also a less common occurrence.

The author's theoretical and clinical frame of reference was based on her experiences in disaster intervention over the past 15 years (3-6), beginning with the Peruvian earthquake in 1970 and including the Managua earthquake in 1972 (5) and the Boston blizzard of 1974 (6).

Development of a disaster literature

Over the past decade the psychiatric research community has been working to improve the accuracy of observations of postdisaster behavior responses (1). This objec-

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