SOCIAL SERVICE ACTIVITIES

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THE CASUALTY PREPAREDNESS PROGRAM at the Massachusetts General Hospital delegated to the Social Service Department several areas of responsibility in keeping with their recognized function. These were:

I Identification and registration of victims, in assistance to Hospital Admitting Officers. Reporting list of victims to Master File conducted by the Committee on Public Safety.

II Arranging for transfer of such patients as were suitable for discharge to their own homes, convalescent or nursing homes or other hospitals, to relieve the wards for admission of victims.

III Maintenance of Information and Advice Service to families and friends of victims. This to relieve the Hospital Information Service.

IV Liaison with Red Cross Disaster Relief in their service to victims and with Public Safety District Information and Advice Bureaus.

Members of the Department had shared in practice with other hospital personnel in accordance with the Manual of the Casualty Preparedness program for war-caused disaster. Although the "pattern" of the Cocoanut Grove disaster differed from the type anticipated in practice, the essential characteristics of social service activities were realized.

Social Service staff was not called promptly, but by 12:30 A.M. Sunday, four members of the Social Service staff were at the hospital and during Sunday 20 workers were involved. Twenty-four-hour service was maintained for the first two days, and 12-hour service for the first week.

Prompt shifting of patients from the especially chosen ward to other parts of the hospital had obviated the necessity for discharge of patients to make room for a flood of admissions. The urgency of admission of victims to the prepared special ward and the need for immediate treatment procedures made the usual process of identification *en route* impossible, and necessitated completion of identification after patients reached the ward. A social worker assisted in listing the victims and arranged an alphabetical list for use of the Admitting Office and for report to the Master File. As there were two unconscious unidentified women on the ward, she attended one of the doctors as one of the patients was aroused sufficiently to give her name. The other was identified by a patient nearby. By 3 A.M. all 39 living victims were correctly identified by name and address.

The first medical social worker arriving at the hospital a little before midnight was immediately pressed into service by the nurse at the hospital Information Desk. Two, and at times three social workers assisted here throughout the night and morning. Three telephones brought incessant

inquiries. Being at the hospital entrance, it was here that a restless throng soon assembled. Members of the press and police eager for lists of victims, representatives of army and navy seeking identification of their men, blood donors in great numbers responding to the urgent radio appeal. One zealous young man brought in several groups of prospective donors he had enticed from passing street cars. These people, at first directed to the Blood Bank Station, were later sifted by a responsible volunteer by questions of time of latest food and liquor intake.

To get some idea of the pressure at the Information Desk, one must realize that while the doctors and nurses were absorbed in giving care to the living victims, and the Administration was wrestling with the problem of an improvised mortuary for the 75 dead, the community was being aroused to the magnitude of the tragedy by radio and swift traveling news. Families and friends were setting out anxiously to locate some 650 missing persons.

The listing and reporting of the 75 dead in the improvised mortuary were delayed partially awaiting authority from the Medical Examiner, and also because of the serious difficulty in identification. The process of identification was shared by the police, Women's Defense Corps and various hospital personnel. Most of the men had identification in their pockets. These were listed and reported. But the women, who were mostly in evening dress, were without handbags or coats. Their clothing was often torn and burned. Jewelry proved to be an important means of identification.

In increasing numbers through the early morning and into Sunday afternoon the anxious relatives and friends came, some from considerable distance, singly, but more often in groups. For some their visit here was the first effort to find the missing victim. Some of them had already checked with the Master File and knew that there was no evidence that the one they sought was among the living. Some had already made the rounds of the mortuaries. The major task of the Social Service Department at the hospital entrance was meeting and interviewing these relatives and friends of those seeking victims. Some 175 interviews were recorded. In spite of extreme tension, shock and physical weariness these men and women acted with great dignity and restraint. There was no hysteria. In comment on the technic for handling the situation, we note that the inquirers awaiting interview were restless and needed to move about. Many wanted to smoke and were not denied. They were interviewed in turn by the Social Service Staff. For the interview which served as some release of tension, they were seated and in a separate room, which gave some privacy. The interview in introduction followed something of a pattern: The name of the victim sought, relation to inquirer, a review of list of living. Although in some instances this was a repetition of review at the Information Desk, another search for the familiar name was anxiously sought. Hope lingered. Then after explanation that there were unidentified dead, we proceeded to get age, height, weight of victim, whether blonde or brunette, description of

clothing, and especially jewelry. Meantime some descriptions of women victims with special note of jewelry had been assembled with the hope that these descriptions might be checked with inquirers' descriptions and so avoid the painful necessity of having the relative view several victims in the process of identification. This proved helpful in a few cases. More accurate description of victims and better system might have made this more helpful. So far as possible, visitors were accompanied by volunteers or Social Service on their visit to the improvised mortuary. Medical Social Service assisted at the mortuary where all inquirers were required to register. If identification was established, the relative was accompanied to the Admitting Office. If not, the next step was suggested. The address and telephone number of the Master File and other hospitals were given. By 5 P.M. Sunday, identity of all but two men had been established.

At the request of the Admitting Officer one worker was assigned to telephone to some 60 patients who had appointments for admission during the ensuing week, explaining the necessity for postponement on account of the admission of disaster victims. Another worker was asked to call families of those dead whose homes were at a distance and explain the situation.

Our experience has convinced us that during a disaster no services can be considered mechanical. Giving information or compiling data and making records require a degree of judgment and skill not demanded under ordinary circumstances. Because of the extreme emotional tension under which people are suffering and the stunned sense of isolated bewilderment, instructions are often not readily comprehended. Customary routine, such as asking for information, needs to be individualized and far more skill in interviewing is required. Even the briefest contacts become charged with meaning and often the simplest services are valuable out of all proportion, such as dialing a telephone number for a confused relative.

On Sunday, the morning following the disaster, at the request of the Supervisor acting as head nurse in the special ward, two medical social workers were assigned to the ward, one to attend the telephone line over which inquiries about patients were routed, the other to control admissions to the ward. This second assignment after 24 hours was carried by experienced volunteers from the War Service Committee. The assignment to the nurse's desk to answer telephone inquiries about patients rapidly developed into a fuller service. In cooperation with the head nurse an up-to-the-minute report on condition of the patients was maintained so that reports could be readily given to relatives. The patients, at first too stunned to realize the situation soon began to ask questions. What had happened to wife or husband? Where were the others in the party? Had they escaped? Many patients had members of family and friends who were also victims. The living and dead members of groups were widely scattered. Messages of inquiry and reassurance passed rapidly to-and-fro. The information ac-

cumulated was useful to the doctor in dealing with problems of when and how to inform the patient about the death or condition of other members of the family or party.

On direction of the Administrator on duty, incoming mail to patients was opened, read, and wherever there was question about reading certain messages to a patient, the approval of the doctor was secured. Many patients had bandages over their faces which prevented use of their eyes, and so it was important to read mail to them. Messages, letters and telegrams from patients were handled by Social Service for them.

Practical problems distressed patients and needed attention. Among these were witnessing a will, attending to insurance papers, inquiries about clothing and valuables, transfer of automobiles left near the scene of the disaster, job adjustments and communication with employers, letters to be written, household arrangements such as messages to maids at home, care of pets, liaison with army and navy authorities. Discrimination was necessary as to what could be handled by the social worker and what needed clinical or administrative sanction. There was need for some exercise of judgment and counseling also in relation to the patients' or families' requests which under the stress of the situation sometimes showed hasty ill-advised decisions.

On the third day, at the request of the staff doctors, the social worker on duty accompanied the doctor as he interviewed relatives who were still excluded from the ward. This interview served to establish in the visitors' minds the fact that the social worker was working with the doctor and that she could be used for interchange of messages and interpreting the patient's condition. A special attempt was made to relieve the emotional stress of the relatives by giving them an opportunity to talk. Some of them had special need for this. For instance, the father summoned from a distant city because of the imminent death of his daughter but arriving too late to clear up a misunderstanding between the daughter and her mother.

By previous agreement one of the Social Service Staff had been appointed liaison with the Red Cross Disaster Relief. Their resources had been promptly offered. Although most of our patients were in comfortable economic circumstances there were some serious and urgent needs for advice and guidance in meeting the necessary adjustments, especially for families at a distance. Daily intercommunication with the Red Cross was established early. Their generous outpouring of helpfulness, material and friendly, is another story.

Under the urgency of a disaster such as this the focus of clinical concern of the physician and nurse is sharpened, the area of attention markedly restricted. At the same time the personal and social aspects of the patients' problems are especially acute and distressing. For them the experience of sudden shift from well-being and gaiety to painful and serious injury, and for many the death of some loved ones, created deeply disturbing complica-

tions that needed special psychiatric attention. Deep grief experience came to many patients at a time when they were enduring physical suffering and, immobilized and isolated, they could not act for themselves. The necessary "no visitors" precaution made it more difficult to turn to their families for help.

Only by well-integrated teamwork among all the professional personnel charged with the responsibility for service to patients could the total situation of each patient become comprehensible and be dealt with. This teamwork at the time of the disaster can be sustained and function only on a foundation of previous teamwork experience and mutual confidence. Thus Social Service was prepared to carry its own responsibilities and also some of the personal service to patients carried by nurses and doctors in the usual day's work. We are well aware that after all the various professional skills are expended in meeting the patients' acute needs, there are left for many of them broken homes, responsibility for care of fatherless children and loneliness, wounds which time and inner resources alone can heal.