

Preparedness, rescue and relief efforts following natural or human-imposed world disasters give rise to numerous situations in which AAC strategies are required. Victims, displaced persons and refugees will meet a variety of workers from foreign countries; nurses and doctors in field hospitals, volunteers in First Aid Posts, counselors and caregivers in distress centres and shelters. AAC strategies can help these workers and individuals whose communication has been affected by the disaster. While international and national organizations have plans that address preparedness, rescue and relief efforts, rarely are issues of communication considered. The presentation will report on the results of a year-long effort to gather materials and develop information that can be readily shared through ISAAC and its members, as well as other organizations/entities. This information will specifically address the needs of people in disaster situations and how to deal with enabling them to communicate effectively with rescue and relief workers. Specifically, the session will address:

1. Communicating with people who have speech impairments.

Within any population there will be individuals with communication disabilities, for example, cerebral palsy, Down's syndrome, autism, stroke, Lou Gehrig's disease or brain injury. These people may already rely on AAC to express themselves. Following a disaster their displays and/or devices may be unavailable or destroyed, consequently they will need a replacement in order to communicate. Specific strategies will be described and examples provided.

2. Communication among people who do not share a common language.

During a disaster, rescue and relief workers and medical personnel may not speak the same language as their new colleagues or the people they are helping. In these situations efficient and effective communication strategies that allow people to communicate efficiently and express their needs is crucial. Simple AAC displays and/or individual cards with small predictable disaster relief vocabularies, (medical, emotional, daily relief and needs) plus instructions that outline the way in which adapted communication occurs should be available to relief workers and medical personnel in a number of languages.

3. Communicating with people in pain or stress.

Nurses and physicians are better able to treat injuries and disease when they know and understand a patient's symptoms. Medical staff and caregivers must determine the extent of a patient's injury and/or distress. The simple AAC displays presently being used to clarify medical conditions and patient needs in today's hospital intensive care units can be adapted for use in disaster situations.

The presenters have collaborated with other ISAAC members, USSAAC members and organizations that work in disaster preparedness and relief (Doctors without Borders, National Council for Disabilities, International Red Cross), including professionals impacted by hurricanes affecting the Gulf Coast.

The presentation will also consider the fact that the communication skills of people who rely on AAC are enhanced when they are talking to familiar partners and that augmented conversations take time. Any acute care hospital is a busy place; the work schedules of medical and nursing staff change constantly while support staff may be transferred to other units as relief efforts are modified. Thus, it is essential therefore that AAC strategies within field operations be simple, easy-to-use and visible.

Communication partners need to understand and agree upon the communication methods they will use. Relief workers must learn to recognise the meaning of the traumatized person's body language, facial expressions and gestures. They must also recognise the meaning and intention of gestures and body language within each person's cultural context. Typically, in the western world, "Yes" and "No" is shown by an up-and-down nod or horizontal shake of the head respectively. Not so in all parts of the world. Relief workers must find out how "Yes" and "No" are expressed non-verbally in the region where the disaster has occurred. When head movements are not an effective response alternate physical ways to indicate "Yes" and "No" must be found. Children and adults who experience severe brain injury or severe emotional trauma may have difficulty understanding speech, as well as be unable to expressive themselves using speech. Their reaction to questioning may range from vague or bizarre comments, to intermittent confusion, to limited attention, to appropriate though diminished responses expressed via body language or speech. Their communication may differ from day to day as they respond to shock and sorrow. During each person's physical and emotional recovery AAC strategies may be the only means of communication. AAC can also provide support toward the return of natural speech. Additional information about these physical and/or stress related behaviours along with information about AAC strategies such as communication cards and simple displays of words or pictures can be found on web sites.

The presenters hope to enlist the ideas of participants in the session with regard to both developing materials and disseminating them widely across international boundries.