The Institute for Health Research
Lancaster University
Standing Panel on FMD in North Cumbria

Subject: Written evidence from **Teresa Taylor, Community Nursing Sister** and project respondent on Lancaster University's *'The Health and Social Consequences of the 2001 FMD Epidemic'* study. This written evidence was submitted verbally by Teresa, to Carlisle City Council, Health Overview and Scrutiny Committee on 17.12.03

From: Cathy Bailey, Project Researcher

To: John Mallinson, Carlisle City Council, Health Overview and Scrutiny Committee Manager

Date: 08.01.04

Teresa emailed the following to Cathy Bailey:

Foot and Mouth Health effects –strategy committee

I cannot talk for all health professionals who looked after communities affected by foot and mouth. What I encountered in my work was the individually unique response of that community to a severely stressful event in their social, occupational and private lives. My interpretation of the effects of foot and mouth on that community is based on my professional training and experience, as a nurse, a psychiatric nurse, a district nursing sister and as a fellow human being.

As the outbreak of foot and mouth progressed in the area I work, I watched the stresses and anxieties among the people I cared for rise dramatically. There was the day-to-day tension of checking the animals for signs of the disease, and the increasing fear as neighbouring farms went down, farmers struggling to find words of comfort to offer friends and neighbours affected, who were living through the very situation they themselves dreaded. The protective voluntary curfew meant this gregarious community no longer met up, so support was limited to family members, essential visitors and the lifeline contact of the telephone. Everything stopped for Radio Cumbria's foot and mouth updates, the most reliable source of information. MAFF was unable to provide consistent or accurate information, and was not listening to the advices of vets in the field. Farmers, the tourist industry and small businesses no longer trusted, the government, it was so obviously failing to cope.

Those farms affected by the disease had the pressure of the cull and disposal of their stock, and the inconsistent bewildering instructions of what they had to do to clean up.

Those who avoided the disease lived with the constant dread of its arrival and the difficulties of how to feed the stock that still survived and the restriction of animal movement and its red tape. During all this there were the normal tensions, of exacerbation of existing illnesses, new illnesses, shortage of money and death of family or friends, which affect any community. The effect of foot and mouth on these normal stresses, however, led to internal and family debates as to the safety of leaving the farm, attending the doctor, or friend's funeral. Some families chose to bury their dead quietly, to spare others being forced to take extra risk, later feeling they had denied them the farewell they deserved. Everyone was affected who lived or worked in the area. Their livelihoods were affected, their family life was affected, financially they were affected and they had seen and heard things which they would rather have not.

However if an audit of the medical and nursing records were undertaken for that period, would there be little evidence of any increase in consultations. Consultations outside the farm were considered too risky, if the disease had not yet struck so advice was sought by telephone. Where foot and mouth had occurred, an informal network of self-help became established, from those who had already had foot and mouth, who offered their sympathy, their support and their experience. The farmers they were then too busy with the clean up to seek professional help, and put off any health concerns until they were quieter, a time that never seemed to come.

However where there was established contact with health workers, support and advice became the norm. Wound dressing visits that previously took fifteen minutes, stretched to over an hour as patients sought to off load their concerns for themselves, or their loved ones, who were so stressed they were rapidly losing weight, or whose existing symptoms had worsened, or who were not sleeping, or in tears, or not talking, or so angry, or turning to drink. No visit to a house during that period was simple. Emotions were near the surface, and everyday brought fresh news and concerns, so the burdens got heavier and heavier. In surgeries too this picture was repeated both among GPs and practice nurse staff.

Foot and mouth disease brought tensions and stresses, the affect of which were very visible to those who were in contact with this community. These stresses began with the news of the first outbreak, continued throughout its occurrence, clean up, restocking and through to the present day with the new rules, regulations and red tape. But what was the effect of all the stress and tension? Where are we now? I think that is the biggest unanswered question. Some people may have resolved their experience, but I feel the majority put it onto the back burner and gradually buried it in the day-to-day realities of living. This does not mean that it is gone. For many people it is like an unexploded bomb, at some point in their individual lives some event will trigger its detonation. Emotions are still more obviously on the surface than previously. A lame sheep, specialised sales, a dead ewe or calf- previously part and parcel of the farming life, can revoke the emotions of that time.

Stress is well known to be detrimental to physical and mental health and plays a contributing part in many conditions. Yet the effect of the stress of this period may remain undocumented or appreciated, as it would be hard to allot blame specific to one time frame. Many diseases to which stress plays a contributing factor, heart disease, hypertension, stomach ulcers, cancers and mental illness take differing time

spans to produce symptoms. My fear is that the true human effects of the foot and mouth outbreak are yet to be seen in many areas. I also fear that these people will feel as disaffected at the health care provision offered to them in the wake of foot and mouth, as they do with the government and Maff.

We have all heard what a terrible time it was, how much stress was engendered, but if that is all that these enquires, research and committees come up with, then they will lose the respect of the communities they are meant to serve. Those affected by the foot and mouth outbreak deserve that health care provision is put in place for them to access as they require it. They need access to health assessment, health promotion and mental health awareness and support. It needs to be highly accessible and visible. The human suffering of foot and mouth has yet to be addressed. The medical and nursing professions like the government stress the need for high quality in all its services, it recognises the importance of addressing local needs in locally convenient ways. The two rural health nurse posts, created in the wake of the foot and mouth outbreak faded away even before their funding had run out. This does not inspire believe that this communities needs are being heard or addressed.

Farming is known to be a vulnerable occupation. They do not place priority on their health or on disease prevention. Statistically farmers are twice as likely to commit suicide as the average member of the public. Farming is the second of 160 occupational categories most likely to take their own life, and suicide is the second commonest death for farmers aged 15-44. Action needs to be taken if these statistics are to be averted, the likelihood is that without action they may rise. When I speak to those most obviously affected by the outbreak now, what I hear is that they are fed up of speaking and hearing about how things were and of the red tape that has been imposed as a result of foot and mouth, which is making their lives harder. Actions speak louder than words, perhaps it is now time for the words to be over and the actions to begin.