



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

**Subject:** Paper from Lancaster University's *'The Health and Social Consequences of the 2001 FMD Epidemic'* study submitted to Carlisle City Council, Health Overview and Scrutiny Committee. (To be read with previously submitted documents)

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

**Date:** 04.12.03

The Committee has already received the following documents;

1. The 2002 and 2003 project annual reports, the first outlining the study methods and composition of the panel of respondents; the second giving interim findings based on the large body of data. Both were submitted to the research funder, Department of Health.
2. Transcripts from sections of the conference, Voices of Experience: Life After FMD held at Carlisle Racecourse 14 October 2003:
  - The presentation by Prof Kai Erikson, Yale University, (30 years experience of studying the effects of disasters on communities)
  - The floor discussion following this presentation.  
(further transcripts are in preparation)

Below we briefly highlight concerns raised by the 54 project respondents in their weekly diaries, interviews and groups meetings, and by personnel from key agencies (e.g. health, government, voluntary) who were involved with managing the FMD epidemic in Cumbria and who agreed to be interviewed. In view of the OSC's terms of reference, we are focusing on post FMD environmental and health matters and where appropriate, offer some practical solutions/suggestions.

(NB we are still drawing our analysis of e.g. 3,800 diaries together and final report is due April 2004. The views represented here are those of the team and not necessarily those of the Dept of health)

### **The Study Respondents – the problems**

*Please see the annual reports for background details about the respondents.*

- Widespread ongoing anxiety that an animal disease outbreak will happen again and that the Government is not prepared for this – ‘feels like a time bomb.’ (Groups 1,3,4)
- For some, there is little sense of closure or resolution, following 2001, as many continue to live with anger and/or anxiety. (All groups)
- Frustration with post-FMD livestock movement legislation which makes every day working life very difficult and at times almost impossible. Further, the ‘science’/rationale behind the legislation has not been explained. (Groups 1 and 3)
- Serious erosion of trust, particularly of government agencies, some of this due to the chaotic handling of the disaster itself, but much is due to handling of the aftermath, and failure to recognise pain and sensitivities which remain long after. (All groups).
- Front line workers (ie those seconded to dealing with slaughter and disposal of animals) are still ‘coming to terms’ with what they had to do. They question whether they would be prepared to work in this way again. (Group 4)
- Small businesses (from rural tourism to craft industries) experiencing crippling effects of having to ‘pay back’ tax etc. that was ‘frozen’ in 2001. (Group 2)
- For many respondents (across sectors), who are working to keep rural communities vital or businesses viable, dealing with a confusing array of post FMD regeneration agencies/funding streams causes stress, anxiety and frustration. For example, in order to meet funding criteria, they report it is necessary to have to become an ‘FMD victim’ once again, revisiting past trauma, in order to secure monies to ‘move on’.
- For respondents living near landfill sites where animals were disposed of and burial sites such as Watchtree, there are ongoing health and environmental anxieties; although it is acknowledged that regular parish newsletters from sites such as Watchtree are very welcome. (Group 5)
- Anger that local expertise, much of it ‘learned on the job’ was not valued in 2001, and is still not being ‘recorded’ so that it may be used in future contingency planning; e.g. veterinary; emergency planning; community health; transport; police. (Group 1, 3, 4, 6)
- Unresolved tension of having experienced a life changing set of events still not well understood by those who did not experience the disaster (outsiders). (All)
- Watchtree as the only official memorial, has great resonance and significance for those who went through the crisis. Some feel a sense of recognition and comfort from the memorial’s existence. For others the stone and the site invoke memories still too painful to revisit. (All)

### **The Study Respondents – some solutions?**

1. A need for greater community involvement in contingency planning, calling on local expertise gained from being involved in the 2001 FMD disaster. Those involved in such planning (local government and other agencies) need a regular programme of community outreach meetings, held within local community centres (village halls etc.) at times which most suit a working population. The meetings need to be strongly focused on listening, negotiating and learning. Further, some study respondents have wide ranging expertise and may be willing to act in an advisory capacity on local committees with post-FMD remits. Such community involvement may help alleviate some of the mistrust, particularly of government agencies, that appears to be a legacy of the handling of the epidemic. Playing an active role in contingency planning may also allay some of the anxiety that there will be future animal health disease outbreaks with equally devastating consequences.
2. A need for post FMD rural regeneration funding streams to be co-ordinated, made more accessible and with less stringent/punitive eligibility criteria. Respondents suggest that a 'one-stop-shop' - with advisors to hand would save a lot of time and anxiety. Regular 'Funding Fairs' (similar to the event that Carlisle City Council are holding in Jan 2004), for voluntary and community groups, but with a strong focus on local businesses.

There needs to be greater recognition of the difference in locations and how this influences the rate of recovery (e.g. Longtown area, Kirkby Stephen area). Has any study been done to map where the rescue funds were spent and on what size of business? Overall small businesses have great difficulty finding their way round the (new) recovery funding maze, in some cases, feel discriminated by their geographical location. Related to this is the sense that in order to justify their claim for regeneration monies, they have to revisit a traumatic FMD story.

### **Public Sector and Voluntary Agencies – the problems**

We carried out a number of interviews with personnel from key agencies (e.g. health, government, voluntary) involved with managing the epidemic. The following were raised across these agencies in a group interview with three Cumbrian Police personnel on many levels: community relations, law enforcement and health and safety issues that arose from the handling of the crisis, e.g. dealing with road blocks, mapping 'safe' routes for animal disposal haulage to travel to disposal sites.

#### **Overall:**

- From the beginning, a sense of being overwhelmed, 'playing a catch up game.'
- The enormity of the task was not realised by MAFF/Defra in those early weeks.

- There were few meetings across agencies and those that were, were ad hoc until the army took over.
- Agency personnel manning phones were inundated ('the phone never stopped') with enquiries, many of which personnel felt that they were not equipped to deal with. It was learning 'on the job'.
- Lack of communication between agencies caused undue distress, long delays in some cases, and in others, duplication.
- Concerns about sensitivity of recruitment practices of workers in e.g. slaughter/clean-up. There were problems e.g. for trading standards staff and clients in handling the issue of movement licences for stock and machinery.
- There are ongoing and latent 'mental health' issues. Talk of FMD with groups of key workers still 'triggers' an emotional response.
- Confusion over efficacy of disease 'control' plans that were put in place (e.g. disinfectant on mats etc.).

#### **Public Sector and Voluntary Agencies – some solutions?**

1. Interlinked databases so that all agencies involved use the same database to record enquiries, how they are dealt with and followed through. Several agencies may have to deal with the same enquiry.
2. A database with list of services and local providers of those services that are often needed in emergency situations (in this case, JCBs, pyre burning material, HGV companies etc.). Such a database needs to be regularly updated and easily accessible.
3. Tele-communications need to be speedy and efficient. For example an 'option' enquiry crisis telephone line should be set up by agencies who have responsibility for imparting vital and often changing information to those affected (e.g. 'press 1 if you need information about animal movement'; 'press 2 for information on countryside access' etc.). Such a system will only work with dedicated resources, including training.
4. There needs to be a well defined recruitment policy that acknowledges the specialist expertise/experience (e.g. in this case agricultural knowledge) that is required to deal with the crisis. It may be that the size of workforce required, is greater than the pool of 'specialist knowledge' that can be found in a particular locality. In this case, there should be designated personnel, with the required expertise who can then train new recruits and be on hand to deal with specific queries, that require detailed local knowledge.
5. We found little evidence of de-briefing and counselling offered to workers locally. Positive mental health promotion for workforces seems to have low priority within the larger organisations. All agencies need to review this aspect of provision. Where a temporary workforce (or seconded one) is concerned, these people who were probably the worst affected, have had the least care. Many have said that our

interviews provided a sense of relief and release within a 'safe conversation.'

**General comment** from the research team. A recurrent concern from study respondents is one that is also prevalent in disaster studies, ie that those who know best how to deal with disasters, are very often within the communities which experience them. Whilst it may be that some expertise needs to be brought in from outside, many studies have shown that 'victims' draw on the resources and strengths on the ground and from those they trust, rather than professionals and outsiders. We believe that this is why specialist mental health services were not deemed appropriate by most of those people who suffered badly during 2001.

The demands and wishes of those who have experienced a disaster need to be given special attention as they impact on the possibilities for recovery. This is well known from a number of other studies, e.g. McLean & Johnes, (2000) revisited the 1966 Aberfan disaster in which 144 people were killed, 116 of whom were children, buried when a coal slag tip slipped down onto the local school. Here a local chapel was used to house the bodies and was where parents came to identify their children. Later local people requested that the Coal Board (which was apportioned liability) should fund the demolition and rebuilding of the chapel as they felt they could no longer worship in a place which had such a traumatic association with their loss. This was initially refused. This is an example of how those outside of the disaster view such requests as 'irrational', while for insiders it is a normal reaction to an abnormal event. It has been shown that when the response of 'authority' is not appropriate, or when it underestimates the scale, duration and impact of disasters, recovery is much more difficult. The reactions of people following the FMD disaster are very largely 'normal' reactions to an abnormal event, and should be given credence as such.

McLean I & Johnes M, (2000), **Aberfan – Government and Disaster**, Welsh Academic Press.

