

Endure the pain of others

The start of the summer holidays on the yacht with the family suddenly took an abrupt turn on Friday 22 July. I hear on the radio that the government building has been bombed. I go home and turn on the TV. Shortly after, reports of shooting at Utøya island come in. The police request crisis response teams.

As the medical leader of the crisis response team in Tønsberg municipality I decided to summon the team on Saturday morning. Our new crisis response team was established in the spring of 2011, so our plans were all up to date.

The administrative leader and myself distributed responsibilities. We alerted the municipal administration and the County Medical Officer. I contacted Vestfold County Labour Party to discuss various scenarios. They wanted the Tønsberg crisis response team to act on behalf on all Vestfold Labour Party. I decided to use Facebook for updates.

Facebook on Friday night

Our psychosocial crisis response team is in preparedness and will assemble tomorrow. Many are expected back from Utøya island/Sundvolden. There are more than 20 members of AUF, the Labour Party's youth organisation, from Vestfold county there, some with minor injuries, two shot in the leg. Close dialogue with AUF, who are perhaps gathering together a number of afflicted persons and relatives other than those from Tønsberg. An extra trauma nurse is on duty at the A&E unit tonight.

The crisis response team meets

When I woke up on Saturday morning, I heard on the news that 80 may have been killed, and that 700 people had been on Utøya island. This was going to concern many municipalities. I contacted the Chief Municipal Medical Officers in the neighbouring municipalities and invited them to an expanded team meeting with the municipal administration, with the Chief County Medical Officer as an observer. We decided to establish crisis response teams based in the offices of the Labour Party, on the victims' home ground. The A&E unit was put on high alert. Lists were reviewed: three missing, four shot, 16 physically unharmed. Many would need someone to talk to; young lives had been confronted with evil.

Most important of all was to be compassionate and caring. We talked to relatives who were waiting for their loved ones at Sundvolden. This was socio-medical work of a challenging nature, emotionally as well as professionally.

Facebook on Saturday night

A long day is drawing to a close. Further challenges await us on Sunday – to provide support to those who need to meet and talk

and need professional follow-up. From tomorrow, the crisis response teams from eight municipalities have been merged into one, for which I will serve as the medical leader. Strong impressions from meetings with relatives and afflicted people who were on Utøya island, and a serene assembly in Farnmannstorvet square with many adolescents and adults last night, lighting candles. Strong engagement and feeling of togetherness. Moving speeches by Mayor Petter Berg, passionate youths and the Church. Outstanding commitment by GPs and other specialised health professionals, both resident and visiting on holiday. Talk to each other, show that you care, lend a shoulder, an ear and a heart. Endure the pain of others, without having a solution! We, the crisis response team, will also be there for you.

The work continues

It was essential to provide information to the public through the press, while protecting vulnerable participants and their relatives. Our cooperation with the *Tønsberg Blad* daily newspaper worked well. There were numerous phone calls. Referrals for assistance were made. Health personnel from various backgrounds had conversations with relatives of the victims. Participants gathered with health personnel present, but at the acute stage we deliberately chose not to organise group conversations. Relatives were assembled for guidance on how they should relate to the adolescents. The inter-municipal crisis response team worked well, and referrals were channelled to the regular health services. Relatives of missing persons were supplied with permanent contact persons, and the A&E units and GPs were asked to report consultations to keep the crisis response team updated.

Facebook on Sunday night

Words of grief... This concerns all of us, but some of us are more distressed than others...and we all care for each other, and especially for those who are afflicted, don't we? They will need our support from now on. There is strong commitment among people of all ages, across professions, status and politics.

Debriefing

As the week progressed there were torchlit parades, new coordination meetings, a meeting with the church youth club, a memorial service and debriefing of the

Red Cross and the Norwegian Civil Defence rescue team. The Labour Party people also needed to talk to someone. On Wednesday night, most matters had been dealt with, and most tasks had been delegated. Paradoxically, I was left with a feeling of emptiness. After working around the clock and neglecting my family and holidays, thoughts were slowly seeping in.

On Thursday, a debriefing of health personnel was held at the Vestfold Mental Health Care Trust in cooperation with a psychologist and a psychiatrist. Many had strong stories to tell. I decided to participate. As a doctor and a leader, to participate and voice concerns was a very positive experience.

Thoughts in the aftermath

Channelling inquiries by the media is not the responsibility of the crisis response team. On the other hand, relating to the media is burdensome for relatives who are experiencing deep grief. Strongly afflicted families were therefore provided with contact persons.

GPs must often cope with accidents and suicides. For those concerned, the loss is equally painful, or perhaps even more painful when young people commit suicide. Questions and self-reproach come up. Now, terrorism is the cause. GPs and the specialist health services are asked to be more accessible for assistance. But are we good enough in the daily grind? Are we accessible enough then too?

The terrorist acts also question the municipal preparedness schemes. The municipal health officers and the crisis response teams are expected to be available but are not salaried for this function. After working hours on 22 July, several of our colleagues and crisis response team members could not be reached. My own availability was also quite accidental. The preparedness schemes ought to be reviewed.

It was a positive experience to have a surplus of doctors and other health professionals ready for service. Many perhaps felt powerless by not being able to help, while others had the satisfaction of providing assistance after a deeply tragic incident. Many will need each other as good companions when the media storm has calmed down. Some will also need appropriate professional follow-up.

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