

Footprint of a Disaster
Restoring Balance As We Forge Ahead
The First 72 Hours: Lessons Learned from Tree of Life
and other Mass Causality Events

June 6, 2023

Sponsored by Metro Health and Medical Preparedness Coalition

Rabbi Steven E. Kaye, BCC, MSW

Rabbi@OrChadash.net

www.OrChadash.net

303-757-1372

WHAT IS THIS?



WINDSHIELD WIPER



Mary Anderson

WINDSHIELD WIPER



Mary Anderson

Patent Application: Window Cleaning Device - June 1903

Anderson explains that by operating a lever inside the vehicle, an external wiper blade moves across the windshield to provide safe visibility.

WINDSHIELD WIPER

Mary Anderson

Response from Auto Manufacturers:

“We beg to acknowledge receipt of your recent favor with reference to the sale of your patent. In reply, we regret to state we do not consider it to be of such commercial value as would warrant our understanding its sale.”



WINDSHIELD WIPER



Mary Anderson

It wasn't until 1908 that Henry Ford began selling the Model T. Because a large majority of the U.S. population did not own a car, the common consensus was that Anderson's device wasn't useful.

In fact, many believed that the movement from the wiper would distract the driver.

WINDSHIELD WIPER



Mary Anderson

Her “Window Cleaning Device” patent expired in 1920. By that time, the popularity of cars (and windshield wiping devices) had dramatically increased.

In 1922, Cadillac began building cars with windshield wipers as a standard feature, and the rest of the automotive industry followed suit not long after.

WINDSHIELD WIPER
AND
DISASTER MENTAL HEALTH (DMH)
DISASTER SPIRITUAL CARE (DSC)



DISASTER MENTAL HEALTH (DMH)
DISASTER SPIRITUAL CARE (DSC)
DISASTER HEALTH SERVICE (DHS)



DISASTER SPIRITUAL CARE (DSC)

- **DSC** is **NOT** Chaplaincy and Does **NOT** Impose Faith Based Teachings.
- DSC Never Proselytizes!
- Assists disaster *impacted persons* to draw upon their own spiritual resources, their values & faith – in the midst of pain, regardless of faith tradition.
- A devoting presence, attention, and respectful assistance to helping people discern what is the meaning in their lives now, in this new environment of destruction and pain; and how they will seek to live out that meaning as the recovery unfolds. (FICA cards – our interactive section).
- Provide age appropriate and culturally sensitive spiritual care in times of distress.

DISASTER MENTAL HEALTH (DMH)

- **DMH** responds to the psychosocial needs of people affected by a disaster, or mass causality events, across the continuum of disaster preparedness, response and recovery.
- Responds to immediate emotional distress and mitigate long-term consequences.
- Augment the community's mental health resources, rather than replace them.
- Disaster Mental Health interventions can help facilitate recovery and mitigate long-term psychological challenges (e.g., depression, anxiety, PTSD).

DISASTER HEALTH SERVICES (DHS)

- **DHS** addresses the unmet disaster-related health needs of impacted individuals, families, and communities.
- Common individual health needs include acute onset of injuries and illnesses, stress-related symptoms, and aggravation of chronic health conditions.
- DHS workers strive to alleviate immediate health needs and mitigate long-term consequences of unmet disaster-related health needs. These services are provided during all phases of the disaster cycle and can scale to address needs during all types of events, from single family fires to major disasters.
- DHS responders also support Staff Health by attending to the disaster-related needs of other Disaster Responders.

DISASTER MENTAL HEALTH DISASTER SPIRITUAL CARE

- Short Term
- Symptom Reduction, Not Treatment
- Promoting of Healing, Not Opening Up Past Wounds for Examination
- Focus on Interrelated Practical, Physical, Emotional and Spiritual Needs
- Here and Now

LANGUAGE MATTERS

- The term **victim** describes a person who has been subjected to a crime.
- The term **impacted person** – one who is directly affected by an event in a negative way.
- In training disaster responders, we have found the best practice is to use the term **impacted person**.
- We want to use the mental-model of **impacted person** vs **victim** when framing our response, even though our client, is both a **victim** and an **impacted person**. These terms frame how we engage, guide, and treat our client.

IN EVERY MASS CASUALTY EVENT,
THOSE IMPACTED PERSONS
ARE YEARNING FOR
HOPE AND COMFORT,
STRIVING TO
FIND PURPOSE
AND MEANING.

OUR END GOAL AS
DISASTER RESPONDERS (DMH/DSC)
IS TO SET THE FRAME
FOR THEIR PATH
TOWARDS THEIR
‘NEW NORMAL.’

SINCE COLUMBINE HIGH SCHOOL SHOOTING APRIL 20, 1999

- More than 352,000 Students Have Experienced Gun Violence at School.
- How Many School/College Shooting Have Occurred with Fatalities?

14 Shooting With 4 or More Casualties

ROBB ELEMENTARY SCHOOL	May 2022	21 Dead
OXFORD HIGH SCHOOL	November 2021	4 Dead
SANTA FE HIGH SCHOOL	May 2018	10 Dead
MARJORY STONEMAN DOUGLAS HIGH SCHOOL	February 2018	17 Dead
UMPQUA COMMUNITY COLLEGE	October 2015	9 Dead
MARYSVILLE-PILCHUCK HIGH SCHOOL	October 2014	4 Dead
UNIVERSITY OF CALIFORNIA, SANTA BARBARA	May 2014	6 Dead
SANDY HOOK ELEMENTARY SCHOOL	December 2012	27 Dead
OIKOS UNIVERSITY	April 2012	7 Dead
NORTHERN ILLINOIS UNIVERSITY	February 2008	5 Dead
VIRGINIA TECH	April 2007	32 Dead
WEST NICKEL MINES AMISH SCHOOL	October 2006	5 Dead
RED LAKE HIGH SCHOOL	March 2005	9 Dead
COLUMBINE HIGH SCHOOL	April 1999	13 Dead

MAJOR MASS CASUALTY EVENTS

(SINCE COLUMBINE 1999, 13 DEAD)

Outlet Mall, Allen TX	9 Dead	May 6, 2023
Bank, Lucasville, TX	6 Dead	April 10, 2023
At a Farm, Half Moon Bay, CA	7 Dead	January 28, 2023
Walmart, Chesapeake, VA	5 Dead	November 22, 2022
Club Q, Colorado Springs, CO	5 Dead	November 19, 2022
July 4th Event, Highland Park, IL	7 Dead	July 4, 2022
Tulsa Medical, Tulsa, OK	5 Dead	June 1, 2022
Tops Supermarket, Buffalo, NY	10 Dead	May 14, 2022
Transportation, Santa Clara, CA	10 Dead	May 26, 2021
Trailer Park, Colorado Springs, CO	7 Dead	May 9, 2021
FedEx, Indianapolis, IN	9 Dead	April 15, 2021

MAJOR MASS CASUALTY EVENTS

(SINCE COLUMBINE 1999, 13 DEAD)

King Soppers, Boulder, CO	10	Dead	March 22, 2021
Spa, Atlanta, GA	8	Dead	March 16, 2021
Molson Campus, Milwaukee, WI	6	Dead	March 6, 2021
Virginia Beach, VA	13	Dead	March 31, 2019
Border Line Bar, Thousand Oaks, CA	13	Dead	November 7, 2018
Tree of Life , Pittsburgh, PA	11	Dead	October 27. 2018
Mirage Hotel, Las Vegas, NV	61	Dead	October 1, 2017
First Baptist, Sugarland Texas, TX	27	Dead	November 5, 2017
Ft. Lauderdale Airport, FL	5	Dead	January 6, 2017
Pulse Night Club, Orlando, FL	49	Dead	June 12, 2016
Movie Theater, Aurora, CO	12	Dead	July 12, 2012

HOUSES OF WORSHIP DO NOT HAVE DIVINE PROTECTION

THERE HAVE BEEN 23 CHURCH SHOOTINGS (SINCE COLUMBINE 1999)

- 1999 Wedgewood Baptist Church in Fort Worth, Texas
- 2001 Greater Oak Missionary Baptist Church in Hopkinsville, Kentucky
- 2002 Our Lady of Peace Catholic Church in Lynbrook, New York
- 2003 Turner Monumental AME Church in Kirkwood, Georgia
- 2005 Living Church of God in Brookfield, Wisconsin
- 2005 World Changers Church in College Park, Georgia
- 2006 Zion Hope Missionary Baptist in Detroit, Michigan
- 2006 Ministry of Jesus Christ Church in Baton Rouge, Louisiana
- 2007 First Presbyterian Church in Moscow, Idaho
- 2007 First Congregational Church in Neosho, Missouri
- 2007 New Life Church in Colorado Springs, Colorado
- 2008 First Baptist Church in Maryville, Illinois
- 2009 Reformation Lutheran Church in Wichita, Kansas
- 2012 World Changers Church in College Park, Georgia
- 2015 Emanuel AME Church in Charleston, South Carolina
- 2017 Burnette Chapel Church of Christ in Antioch, Tennessee
- 2017 First Baptist Church in Sutherland Springs, Texas
- 2017 St. Alphonsus Church in Fresno, California
- 2019 West Freeway Church of Christ in White Settlement, Texas
- 2022 The Church In Sacramento in Sacramento, California
- 2022 Geneva Presbyterian Church in Laguna Woods, California
- 2022 Cornerstone Church in Ames, Iowa
- 2022 St. Stephen's Episcopal Church in Vestavia Hills, Alabama

OUR QUESTION IS NOT
IF A MASS CAUSALITY EVENT WILL OCCUR,
RATHER WHEN – WHERE?

HOW DO WE
AS DMH & DSC PROVIDERS
BEST PREPARE AND
UTILIZE THE HIGHEST LEVEL
OF CLIENT DMH/DSC CARE?

THE FIRST 72 HOURS

CHAOS

CHAOS

ORDER

THE FIRST 72 HOURS COLUMBINE HIGH SCHOOL APRIL 20, 1999



THE FIRST 72 HOURS

AURORA THEATER, SHOOTING

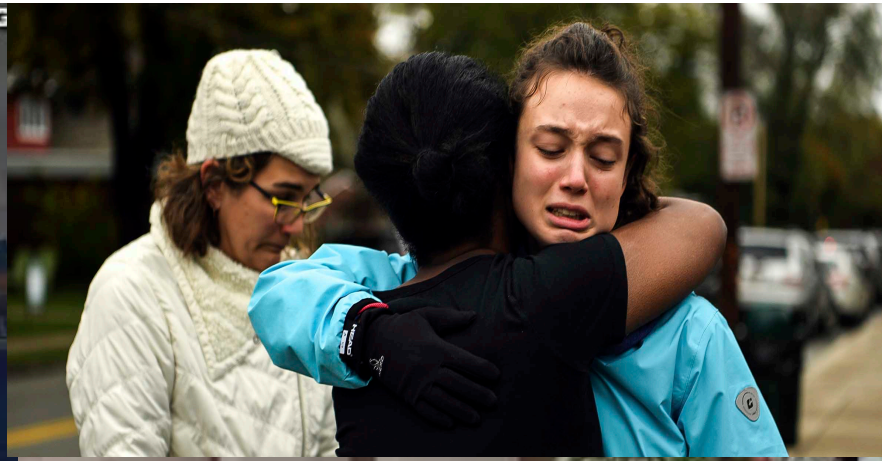
JULY 20, 2012



THE FIRST 72 HOURS
MIRAGE HOTEL - LAS VEGAS
OCTOBER 1, 2017



THE FIRST 72 HOURS TREE OF LIFE SYNAGOGUE PITTSBURGH OCTOBER 27, 2018



THE FIRST 72 HOURS
THE NEED FOR GATHERING
THE NEED FOR THE RIGHT
PLANNING/STAFFING

- *Spontaneous Memorials*
- *Private Memorials*
- *Funerals*
- *Public Memorial Service*
 - *Presidential Visit*



THE FIRST 72 HOURS BEFORE YOU DEPART/ARRIVE

1. ***On Call Teams*** – Must be able to respond within 2 hours or less if local, and in 8-10 hours if out of town/distance.
 - Assemble the right personnel DMH/DSC/DHS Mass Causality Care Response Team.
 - Know who serves in what role (admin, clinical, liaison).
 - Events begins with a local response – often ‘others’ ‘outsiders’ arrive shortly and assume key roles.

2. ***Be Prepared and Have a Go Kit***
 - ID, Clothing for location/weather, **NO RED Clothing in Shootings**, Comfortable Shoes, Notebook, Pens, FICA Card, Printed Resources, Flash Drive, Post-it Notes, Flashlight, Contact/Business/Follow Up Card, Phone Chargers, Personal Stress Kit.

THE FIRST 72 HOURS BEFORE YOU DEPART/ARRIVE

3. *Know WHO is the Ring Master - Chain of Command*

- Whose Jurisdiction?
 - Local/State OEM, LEO, FBI-VA, NTSB
 - NTSB – Red Cross – HIPPA
- Hurry Up and Wait

4. *Get the Facts*

- Don't Believe Everything You Hear
- Facts Often/Always Change

5. *Research the Impacted Community* – if not known

6. *Know the Key Community Players* – in DMH/DSC Mental Health Coalition, Houses of Worship, Interfaith Council

WHO NEEDS DMH AND DSC IN A MASS CASUALTY EVENT

Impacted Persons

- Need a companion
- Who actively listens with the heart
- Is a non-anxious presence
- Isn't trying to "fix it"
- Present to another's pain
- Not removing it or relieving it

Responders

- Need someone who is "there for them"
- Understands their weariness
- Understands their dedication
- Doesn't have an agenda
- Is a compassionate colleague/responder

LESSONS LEARNED #1 - PERSONNEL



LESSONS LEARNED #1 - PERSONNEL

1. The Right Personnel

- Not every trained/credentialed Mental Health or Clergy are appropriate for Mass Causality Responses
- Clarity in Assignments – Location Delivery of Service/Support
- Who is the Client
- Other DMH/DSC Responders
- Supervisor/Org Chart
- Event Based Screening Must Occur Before Deployment
- Daily Check-in and the End of Shift
- At the Conclusion of a Responder's Deployment
 - Evaluation/Performance - Written
 - Debrief-Defuse at the End of Tour of Duty
 - 7 Day and 30 Day Follow Up

LESSONS LEARNED #1 - PERSONNEL

2. Specialized Training in Mass Casualty Events Within and Beyond Area of Expertise/Certification/License

- Trainings like today
- FEMA 100-200-700-800 (Incident Command)
 - FEMA 360 Preparing for Mass Casualty Incidents – Schools, High Education, and Houses of Worship
 - FEMA 505 Concepts of Religious Literacy for Emergency Management
- Certificate/Specialization in Mass Casualty
- CEU Trainings
- CISM (ICISF and Crisis Response www.crisisresponse.org)
- Mass Causality Event Interagency Training (FEMA, Local OEM, Law Enforcement, Fire, EMS, Airport, Red Cross)
 - Participate & Design – Tabletop and Drills

LESSONS LEARNED #1-PERSONNEL

3. *Ability to be a Team Player*

- Know When and How to Partner
 - Many of us are used to being a solo practitioner
- Hurry Up and Wait – Flexibility
- ICCT (Integrated Condolence Care Teams)
- FBI-Victims Services Assistance
- OEM – Law Enforcement – Fire – EMS
- FAC/FFRC (Family Assistance Center, Friends and Family Reception Center)
- Know When/Where to Refer (updated list of community resources and financial resources)

LESSONS LEARNED #1-PERSONNEL

4. *Experience In Working with Clients Who Have Experienced Trauma*

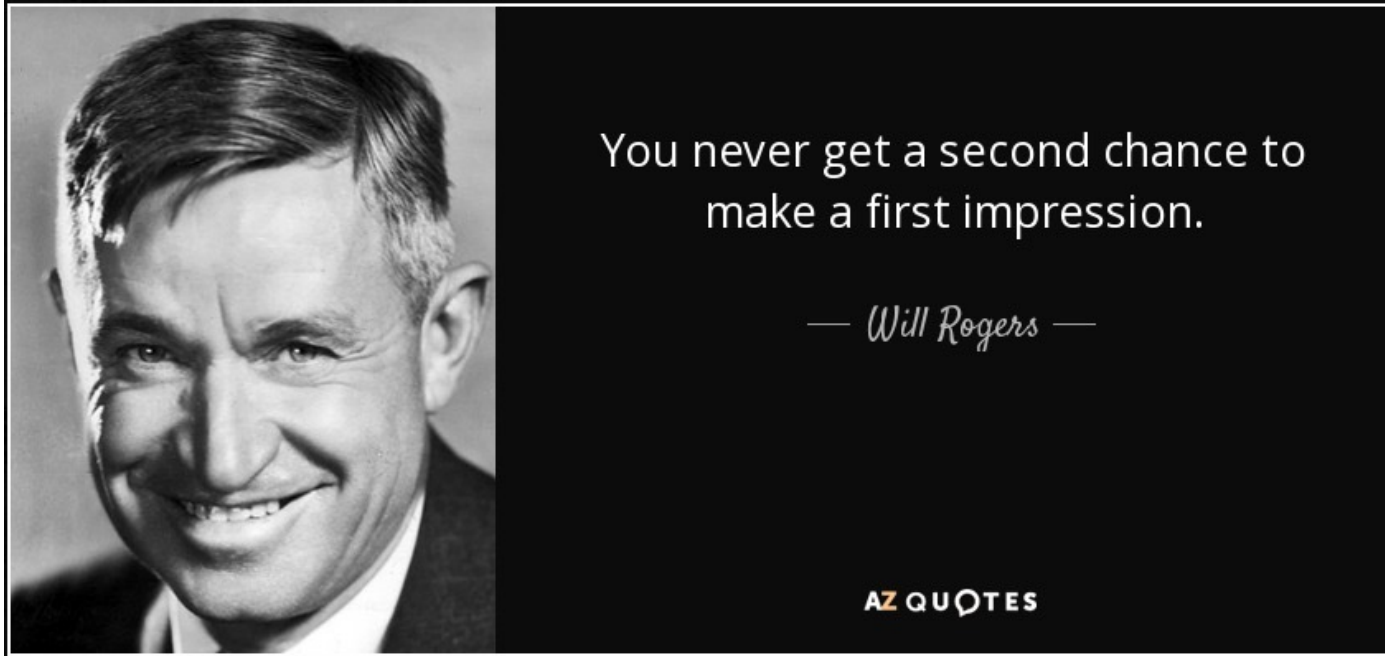
- Willingness to Mentor/Train Others

5. *Ability to Work with Clients and Other Responders:*

- Diverse Cultures, Faiths, Race, Sexual Orientation, Political Views

LESSONS LEARNED #2

THE BIG QUESTIONS



As a DMH/DSC Responder

You Have About 10 Seconds to Get the Client to Trust You!

“BLINK: The Power of Thinking Without Thinking” Malcolm Gladwell (2007)

LESSONS LEARNED #2

THE BIG QUESTIONS

When a Mass Causality Event Occurs
The Most Common Initial Question Asked
To First Responders and DMH/DSC
“How Could God Allow This To Happen”

This is Not a Theological Question –

This is a Question of Pain

LESSONS LEARNED #2

THE BIG QUESTIONS

Mass Causality events often cause both an emotional and spiritual crisis for those who are involved.

- 43-50% of people with emotional problems turn first to religious/spiritual leaders for help.
- Prayer, faith and spiritual practices are the most widely reported methods for coping with traumatic life events.
- 96% of Americans state that they believe in God or a Higher Power.

Koenig, Spirituality in Patient Care

LESSONS LEARNED #2

THE BIG QUESTIONS

Largest Growing Spiritual/Faith Group in the United States according to Pew Research are SBNR's

- Spiritual But Not Religious
- Millennials Born 1981-1996 (27-42 years old) and Gen Z: Born 1997-2012 (11-26 years old) are 'unchurched' – celebrate "C" and "E" as family/secular event, without going to church.
- Both Millennial and Gen Z, yearn/seek a sense of "spirituality" that is not based in traditional houses of worship.
- Many Millennial and Gen Z are unable to articulate a personal theology.
- Yet, Millennial and Gen Z's call out and yearn for an explanation "How Could God Allow This to Happen" when a Mass Casualty Event or other Disasters (fire, tornado, plane, auto) occur.

LESSONS LEARNED #2

THE BIG QUESTIONS

Impacted Clients ask the “Big Questions”

- Questions about *Meaning*
- Questions about *God*

LESSONS LEARNED #2

THE BIG QUESTIONS

Meaning Questions

- Why did this happen to me?
- Why did _____ have to die?
- I want to die – why can't I just die too?
- Whose fault is this?
- Is _____ (perpetrator) going to be punished for this?
- What did I do to deserve this?
- What good can come out of this suffering?
- What's there to live for?
- Why can't _____ do something to stop this?
- Am I special because I survived and _____ didn't?
- What's expected of me now that I survived?

LESSONS LEARNED #2

THE BIG QUESTIONS

The **God** Questions:

- Disasters also often cause people to ask questions of meaning specifically related to God or their understanding of a Higher Power.
- They need the opportunity to ask these questions, out loud, *without answers being offered*.

LESSONS LEARNED #2

THE BIG QUESTIONS

The **God** Questions:

- Why didn't God take me instead?
- Did God do this to punish me?
- Does this mean I owe God my life now that I survived?
- Why does God make so many good people suffer?
- Why does God let bad things happen?
- Why did God hurt little kids?

LESSONS LEARNED #2

THE BIG QUESTIONS

The *God* Questions:

- Why doesn't God answer my prayers?
- How will I know if God is telling me something?
- Why does God allow evil in the world?
- Who keeps God in line?
- Is there life after death? Heaven?
- Did God choose me to suffer for some special reason?
- Is there anything I can do to make God stop this?

LESSONS LEARNED #2

THE BIG QUESTIONS

The **God** Questions:

- Where was/is God when I needed God?
- Where was/is God in this disaster?
- What if I am angry at God?
- What will happen to me if I hate God or curse God?
- To whom can I talk when I feel this way about God?
- Will ____ (perpetrator) go to hell for this?

LESSONS LEARNED #3

COMPASSION

DMH/DSC Providers Demonstrate Compassion:

- The English word *compassion* comes from two Latin words, *cum* and *pati*, which form the meaning, “suffer with.”
- It is “. . . a feeling of deep sympathy and sorrow for another who is stricken by suffering or misfortune, *accompanied by a strong desire to alleviate the pain or remove its cause.*” (Webster’s)

Source: Dr. Naomi Paget Disaster Spiritual Care: 101 Foundations
<https://crisisplumblines.com>

LESSONS LEARNED #3

COMPASSION

Common Questions and Needs After a Mass Causality Event:

- Need for basic survival materials—shelter, rest, water, food, basic sanitation.
- Questions about getting assistance—when, where, how.
- Need for contact & sense of belonging.
- Need for accompaniment/calm presence of others who have not been affected as severely.
- Need for gathering places to connect with other survivors/mourners.
- Need for safe places to vent/talk/recover.
- Struggles of faith and meaning.
- Desire for religious/spiritual resources and rituals.

LESSONS LEARNED #4

EMOTIONAL AND SPIRITUAL DISTRESS

Spiritual Distress

Those 'impacted' by a Mass Causality event, may start to face extreme challenges in life and are left questioning the reason for such an occurrence.

Defining Characteristics:

- Alteration of behavior or mood, evidenced by anger, crying, withdrawal, preoccupation, anxiety, hostility or apathy,

AND

- Questioning the meaning of existence and the reason for suffering.

LESSONS LEARNED #4

EMOTIONAL AND SPIRITUAL DISTRESS

Emotions/feelings such as:

- Apprehension
- Fear
- Loneliness
- Anxiety/Worry
- Guilt
- Hostility
- Apathy
- Preoccupation

LESSONS LEARNED #4

EMOTIONAL AND SPIRITUAL DISTRESS

- Expresses concern with meaning of life/death.
- Expresses concern with any belief system.
- Expresses anger toward higher power.
- Questions meaning of suffering.
- Verbalizes inner conflict about beliefs.
- Verbalizes concern about relationships with deity/higher power.
- Questions meaning of own existence.

SPIRITUAL ASSESSMENT TOOL: FICA



SPIRITUAL ASSESSMENT TOOL: FICA

The **FICA** Spiritual History Tool is a communication tool developed by Christina Puchalski, MD, 1996, at George Washington University Medical School – Institute for Spirituality and Health. This tool was designed to be used as part of the clinical interview by clinicians who assess and develop treatment plans for patients.

The goal of taking a spiritual history is to identify spiritual distress, learn about spiritual resources, and to *invite patients to share what gives them meaning and purpose.*

*****For our use 'patient' is a client or impacted person in our role as DMH/DSC provider.***

SPIRITUAL ASSESSMENT TOOL: FICA

The **FICA** Spiritual History Questions are presented in the following sequence:

- ***F - Faith, Belief, Meaning: Determine:*** whether or not the patient identifies with a particular belief system or spirituality at all.
- ***I - Importance and Influence:*** Understand the importance of spirituality in the patient's life and the influence on healthcare decisions.
- ***C - Community:*** Find out if the patient is part of a spiritual community, or if they rely on their community for support.
- ***A - Address/Action in Care:*** Learn how to address spiritual issues with regards to caring for the patient.

SPIRITUAL ASSESSMENT TOOL: FICA

F – Faith, Belief, Meaning

“Do you consider yourself to be spiritual?” or “Is spirituality something important to you?”

“Do you have spiritual beliefs, practices, or values that help you to cope with stress, difficult times, or what you are going through right now?”

“What gives your life meaning?”

SPIRITUAL ASSESSMENT TOOL: FICA

I – Importance and Influence

“What importance does spirituality have in your life?” (*For people not identifying with spiritual ask about the importance of their sources of meaning.*)

“Has your spirituality (*or sources of meaning*) influenced how you take care of yourself, particularly regarding your health?”

“Does your spirituality affect your healthcare decision making? (*Answers to these questions may provide insight regarding treatment plans, etc.*)

SPIRITUAL ASSESSMENT TOOL: FICA

C – Community

“Are you part of a spiritual community?”

“How is your community of support to you?” For people who don’t identify with a community consider asking: “Is there a group of people you really love or who are important to you?”

(Communities such as churches, temples, mosques, family, groups of like-minded friends, or yoga or similar groups can serve as strong support systems for some patients.)

SPIRITUAL ASSESSMENT TOOL: FICA

A - Address/Action in Care

“How would you like me, as your healthcare provider, to address spiritual issues in your healthcare?”

(With newer models, including the diagnosis of spiritual distress, “A” also refers to the “Assessment and Plan” for patient spiritual distress, needs and or resources within a treatment or care plan.)

SPIRITUAL ASSESSMENT TOOL: FICA

Practical Application

Choose a partner – someone who you don't know.

Partner “A” assume the role DMH/DSC responder – utilize content from the presentation – frame FICA questions (adapt as needed).

Partner “B” assume the role of an impacted family member - utilize the content from the presentation - Big Questions, Emotional/Spiritual Distress.

SPIRITUAL ASSESSMENT TOOL: FICA

CASE # 1

A shooting occurred at the "Mall of America" – the mall is now secure by local law enforcement and the active threat is over. One of the two assailants, is killed by the police department, the second is in custody.

There are 40 casualties (ages 13-87) and over 100 wounded.

A Family Reception Center (FRC) is set up at the Radisson hotel for the families of the fatalities (notified and pre-screened by Law Enforcement). Another FRC site is secured and operational for those injured and hospitalized.

You are a vetted member of the Metro Health and Medical Preparedness Coalition Response Team.

Your supervisor assigns you to meet with the Gordon Family, only one adult/spouse.

SPIRITUAL ASSESSMENT TOOL: FICA

CASE #2

A bomb goes off at the Basilica of St. Mary on 17th Street at the conclusion of the 12pm Sunday Service.

There are 36 casualties (ages 25–65) and over 25 wounded.

A Family Reception Center (FRC) is set up at the Fairfield Inn for the families of the fatalities (notified and pre-screened by Law Enforcement). Another FRC site is secured and operational for those injured and hospitalized.

You are a vetted member of the Metro Health and Medical Preparedness Coalition Response Team.

Your supervisor assigns you to meet with the McMillan Family, two adults (one spouse and one adult child) all of whom were at the Mass and did not sustain any physical injuries.

Team up with another group – and the “B’s” now assume the “A” DMH/DSC role – work in partnership in a larger group as you guide the family.

SPIRITUAL ASSESSMENT TOOL: FICA

Lessons Learned - Take-Aways

Case #1 "Mall of America"

Case #2 "Basilica of St. Mary"

Disaster Behavioral Health Conference

Footprint of Disasters

June 6th, 2023

TAKE AWAYS
LESSONS LEARNED FROM THE
PRESENTATION
FOLLOW UP
QUESTIONS
CLOSING

SCRAPBOOK

In December 2021, Chaplain Naomi Paget, responded to the Marshall Fires in Boulder County, CO that destroyed over 1000 homes in less than 24 hours. No direct deaths were reported.



SCRAPBOOK



Chaplain Naomi Paget spoke with an elderly man who lost his home and all of his possessions, except a photo-scrapbook. He was distraught and had no idea if he could carry on. The two sat together and went through the precious memories contained in that book. He would tell her stories about the pictures and sadly recall the life that he had. When he came to the last page in the album it was blank.

“I wonder what you will put on that page,” said Chaplain Paget?

SCRAPBOOK



“I wonder what you will put on that page,” Chaplain Naomi Paget

This is our work, as DMH and DSC professionals, as we engage with those who are impacted by a Mass Causality or Critical Incidents.

We help support and guide them as they write on their blank page!

SCRAPBOOK



Thank You For Your Engagement and Participation!

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Rabbi@OrChadash.net

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**Disaster Behavioral
Health Conference**

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