

COVID-19 CRISIS AND TURKISH DISASTER MANAGEMENT: SEARCH FOR A MODEL AND EFFICIENCY

Covid-19 Krizi ve Türkiye Afet Yönetimi: Model ve Verimlilik Arayışı

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ABSTRACT

Infectious disease outbreaks pose a serious problem for public administration, which has a significant impact on disaster service systems and resources. The COVID-19 pandemic has created unprecedented challenges for governments and societies around the world and has caused a global crisis at proportions hitherto unexplored. Disaster models that combine multiple variables or characteristics to reduce the risk of individuals becoming infected or having a bad outcome, it is essential that disaster models introduce new policies when allocating limited emergency disaster service resources. The COVID-19 pandemic is exposed to the virus and its wider impacts during post-disaster response within disaster management members. At this point, the virus spread to Turkey to be effectively avoided the problems and inefficiencies in recent disasters to take control. This article questions the inefficiencies observed in disaster response, with a brief introduction to disaster management and prepared models. This study aims to increase the level of expertise and make specific decisions in facilitating refined risk management to deliver disaster response services with precision.

Keywords: Disaster, Disaster Management, Covid-19, Disaster Risk Management, Emergency Management.

ÖZET

Bulaşıcı hastalık salgınları, afet hizmetleri sistemleri ve kaynaklarında önemli bir etkiye sahip kamu yönetimi için ciddi bir sorun teşkil etmektedir. COVID-19 salgını, dünyanın dört bir yanındaki hükümetler ve toplumlar için benzeri görülmemiş zorluklar ortaya çıkardı ve şimdiye kadar deneyimlenmemiş oranlarda küresel bir krize neden oldu. Bireylerin enfekte olma veya kötü bir sonuca sahip olma riskini azaltmak için birden çok değişkeni veya özelliği bir araya getiren afet modellerinin, sınırlı acil afet hizmet kaynaklarını tahsis ederken yeni politikaları gündeme getirmesi elzemdir. COVID-19 salgını, afet yönetimi üyeleri içerisinde afet sonrası müdahale esnasında virüse ve daha geniş etkilerine maruz kalmaktadırlar. Bu noktada, virüsün Türkiye'ye yayılmasını etkin bir şekilde kontrol altına almak için son afetlerde yaşanan sorun ve verimsizliklerden kaçınılması gerekiyor. Bu makale, afet yönetimine kısa bir giriş ve hazırlanmış modeller eşliğinde afet müdahalelerinde gözlemlenen verimsizlikleri sorguluyor. Bu çalışma, afet müdahale hizmetlerinin hassas bir şekilde sunulması için rafine risk yönetimini kolaylaştırmada uzmanlık düzeyini artırmayı ve özel kararlar almayı amaçlamaktadır.

Anahtar Kelimeler: Afet, Afet Yönetimi, Covid-19, Afet Risk Yönetimi, Acil durum Yönetimi

1. INTRODUCTION

The World Health Organization (WHO) recognized the COVID-19 outbreak as a Pandemic on January 30, 2020 (WHO 2020). SARS-CoV2 belongs to the coronavirus family, which is the same family as SARS and MERS. (Kim and Goel 2020). Case fatalities higher than SARS-CoV2 are believed to be around 1-2% for symptomatic cases (Raigor et al. 2020) and much higher for asymptomatic COVID-19 cases. The total number of people infected with COVID-19 and died exceeds the total deaths caused by SARS and MERS, although less fatal than other diseases in the same family (Ye et al.2020). In April 2020, more than 200 countries reported cases, and while this is PHEIC with travel restrictions, social distancing, and other response measures, the global COVID-19 outbreak is not yet over. Globally, communities are more affected by traumatic events, up to and including assault attacks. The current pandemic indicates this by the numerous ongoing studies of COVID-19's Disaster Response Teams to be in the spirit and within certain groups, such as those affected by the disaster as under health or as victims (Kitchin 2000).

A country's disaster management system covers a wide variety of functions, depending on the level of importance given to a particular crisis. In the past, these functions mainly included the management of natural disasters such as floods and typhoons. However, since the early 1990s, man-made disasters such as building collapses, gas leaks, and ship sinking accidents have also been under the auspices of disaster management. Therefore, human-induced disaster management systems also attract attention at this new stage. Today, new types of disasters, completely different from traditional disasters, threaten our society. Information and communication disruptions, paralysis of transportation systems, terrorism, and epidemics are among these new threats. In other words, the national disaster management paradigm is transforming into various new forms. In addition to the enormous cost in terms of lives lost and economic turmoil, there was a complete and absolute deterioration of the normal life model in terms of education, work, and public transport. Therefore, the government should move away from passive activities and deal with the situation more actively and systematically at the national level (Kim and Ashihara 2020).

The pandemic control policies of closure, social distancing, containment zones, and travel barriers have devastated the global economy. The weak probability of returning to the life we used to have soon has an even more distressing effect on any venture in societies (Malhotra et al. 2020). The crisis issue has been criticized significantly. Bieber (1988) has shown that the crisis is a turning point in unstable situations and can lead to unintended consequences if the parties concerned do not want or are unable to control them. Crisis management is a continuous management process that deals with anticipating possible crises by perceiving, monitoring the internal and external environmental variables that create the crisis, and mobilizing resources and available capabilities to prevent the crisis or to deal with the crisis most efficiently and effectively. However, crisis management is a strategic planning process that requires the institution to take a series of decisions that aim to respond correctly to crisis events at a certain time in situations of tension and uncertainty, preventing the escalation of the crisis and minimizing its negativity. Barton (2007) identified six characteristics of crises that are subject to planning as follows: Surprise: It means that crises occur suddenly rather than without warning or ringing. Lack of information: This means a lack of information about the cause of the crisis, and the reason is due to a lack of knowledge, especially if it occurs for the first time. The escalation of events: When crises occur, young people follow to tighten the noose on decision-makers. Loss of control: All events of the crisis fall outside the capabilities and expectations of decision-makers, so they lose control and order. Panic: The crisis causes a state of panic, so the decision-maker will dismiss anyone involved in the emergence of the crisis or resort to arguments with his aides. The absence of a fast and fundamental solution: Crises do not give the decision-maker the time or opportunity to reach a careful solution, instead it is necessary to choose from a limited number of solutions and choose the least harmful.

2. METHOD

This study, which investigates the relationship between rescue team's perceptions

of organizational justice and authentic leadership and their levels of organizational security, adopts the research issue. It is noted that researches conducted in the literature review are generally designed to describe an already-existing situation as it is. However, it is highlighted that it is possible, in the interviews, to gather the perceptions, attitudes, opinions and beliefs of individuals about any subject by means of appropriate measuring instruments, and to investigate the relationships between variables through proper research methods (Demir and Zincirli 2021).

2.1. Impact of Disaster on People and Society

In December 2019, humanity faced the new type of coronavirus, Covid-19, an epidemic disaster that spread from Wuhan, China to the world, and faced a great crisis and crisis on a global scale. The number of people affected by the global epidemic is increasing. Before this pandemic, more or less effective outbreaks of more concern to the field of health have existed in different social environments of various geographies of the world. The plague epidemic that occurred in Athens between 430 and 426 BC, the Justinian Plague in the Roman Empire in the sixth century, the Amvas Plague that emerged in the Damascus region in the seventh century are among the epidemics diseases of the ancient period. The Black Plague (Martin 2011), which started in China and Central Asia and spread to Europe in the fourteenth century, is one of the epidemic diseases seen until the renaissance. Smallpox in the fifteenth century, the yellow fever epidemic in Haiti in the nineteenth century, the Spanish Flu at the beginning of the twentieth century, and the AIDS and HIV epidemics that also appeared in the twentieth century belong to our recent history. And outbreaks



such as SARS, MERS, and Ebola, which people were exposed to in the twenty-first century, can be given as examples of epidemics in history before the new type of coronavirus (Kılıç 2004). The new type of Coronavirus is a disease and has developed as a health crisis. However, like every epidemic, it is more than a health crisis as stated by the UN in terms of its effects. The Covid-19 pandemic is a humanitarian, economic, and social crisis. The coronavirus disease declared as a pandemic by WHO is essentially a disaster that directly affects people, societies, and social relations negatively and creates traumas (Read 2020).

Disaster, in summary, causes loss of life and property when it occurs; which have significant effects on people's lives in spiritual, mental, physical, psychological, cultural, economic, and political dimensions on a local, regional, national, international, or global scale depending on the situation; and individual and social crisis can be defined as an extraordinary, traumatic, devastating and painful event that creates a state of depression, turmoil, and chaos. In short, disasters, is a general name given to situations that have physical, economic, social, and psychological consequences for people, changes normal life, and lack opportunities. Therefore, human beings are in a key position in the onset and widespread of the effects of disasters, as in the example of the Covid-19 outbreak. For this reason, understanding the psycho-social factors that affect human behavior during the epidemic will determine the nature of social resilience in both disaster preparedness and the post-disaster adaptation process (Erşahin, 2020).

Disaster is a traumatic situation and a traumatic event. Disaster creates trauma in people. Trauma is an adder that people are exposed to at an unusual or unexpected time, in terror and despair, and given serious effects on the central nervous system of the human (Van der Kolk 2015). In other words, trauma is an extraordinary situation where there is a danger of death, a threat to physical and life integrity, and that the person is exposed to. The meaning attributed to trauma, the past experiences of the individual, the capacity to cope with stress, social support, and genetic structure are also determining factors on trauma. It is essential to understand the individual's interaction with the disaster as a trauma situation, the traumas caused by the disaster, and the effort to cope with the stress, fear, and anxiety caused by these traumas. As seen in epidemics, the disease disaster itself creates trauma in individuals and society, as well as the decisions, measures, and practices taken within the scope of combating disaster (Okumuş 2020). Considering the teams responding to the disaster, the impact of this trauma can be doubled. Because, in the event of a disaster, the decisions taken regarding the equipment and social environment of the response teams, which are far from all kinds of protection and social distance, are therefore important. Otherwise, the atmosphere of trust will be lost. Trust is important not only for disaster response teams but also for society. Trust is one of the most important indicators for a healthy life and communication in society. The feeling of trust, such as loss of trust, weakness, and crisis, and the emergence of negativities in the relationship and their surrounding the individual are among the most serious threats of the epidemic to the human. For this reason, to protect the health of human being during the epidemic and the crisis it causes, it is necessary for those who have management responsibility to read and manage the process correctly.

The increasing speed of urbanization has caused the masses to experience an increase in living together. For this reason, the new perspective that develops with the institutionalization of societies sees people as the main problem in times of disaster and crisis. In the best scenario, it is the human being who cannot replace his own needs, and in the worst-case scenario, he is again the person who increases the gravity of the situation by fighting and revolting with his incompatible and destructive behavior. As a matter of fact, if people tend to behave like children without willpower and irresponsibility in crises, they need state institutions to discipline and manage them. We can understand how deeply buried this understanding is in the language of crisis management from the fact that the teams that respond to the crisis are composed of government units such as police, ambulance, and fire brigade. Such an understanding requires that public institutions and organizations communicate with society by making simple and careful explanations as much as possible and that interventions should be aimed at dealing with the weaknesses of the communities concerned (Van der Bles et al.2020). It is the responsibility of organizations to be aware of the fact that the teams that respond to disasters are also composed of people and to use the existing human resources efficiently and not to endanger human health. Otherwise, unavoidable physical and mental illnesses and problems spread to every member of the rescue team.

When we look at past examples, it has been revealed that being in quarantine is the strongest factor predicting acute stress disorder among hospital personnel who were in quarantine for 9 days due to the possibility of being in contact with the SARS epidemic (Bai et al. 2004). Fatigue, anxiety, tension,



insomnia, distractibility, indecision, and desire to quit were determined more frequently in hospital personnel who were in quarantine compared to isolated personnel (Sprang and Silman 2013; Wu et al.2009). It has been understood that the risk perception of contact with SARS in China is associated with having high levels of depressive symptoms in individuals even after 3 years (Liu et al. 2012; Reynolds et al. 2008). Another risk group that may be threatened by anxiety is the personnel working in disaster response teams. The mind is capable of making connections that will facilitate and validate itself under threat. However, panic and rescuing behaviors only increase the compulsive behaviors by reinforcing the feeling of uncontrollability. Such a situation will inevitably become unmanageable and even very difficult to treat in the future (Cava et al. 2005). Therefore, it may be a useful precaution for these teams to receive psychological support before and after the intervention.

Earthquakes can be pointed out, even though they are at niche levels, to understand disaster as a social phenomenon. First of all, an earthquake is a natural-physical-geological phenomenon that occurs in various degrees and scales in the form of a jolt with the sudden discharge of the stress-energy accumulated in the earth without the will and knowledge of the human (Şengör 1999; Taymaz 1999). Earthquake affects societies and individuals in social, political, cultural and many other aspects. Considering that this disaster occurred at the time of the epidemic, it is clear to what extent it will drag society into chaos. However, the lives and mental health of the teams that respond to this crisis are threatened the most. If the necessary precautions are not taken, an international call can be made due to the epidemic spreading among the existing personnel due to limited human resources, but it is doubtful how sufficient this call will be in a global epidemic. For this reason, it is essential that the measures to protect the personnel be taken by the relevant institutions and organizations during the pre-and post-intervention process.

2.2. Plans and Regulations Related to Disaster Response Personnel in the Republic of Turkey

When we examine the Disaster and Emergency Response Services Regulation numbered 5703, there is no decision taken regarding the personnel to intervene in the disaster in the articles regarding the measures to be taken during epidemic diseases. According to the decisions taken, what can be done at the time of epidemic diseases is limited. For example, item b of the first paragraph of the fourth article is as follows: “Emergency aid: In case of disaster and emergency; search, rescue, medical first aid and treatment, burial, epidemic prevention, food, beverage and clothing supply, emergency accommodation, heating, lighting, transportation, debris removal, minimizing the infrastructure, meeting fuel and similar emergency services and needs and all kinds of work, transaction, allocation, lease, purchase, grant, expropriation and similar activities to be done in these matters (Resmi Gazete 2013)”. In this article, epidemic diseases are mentioned, but it is considered as a secondary disaster that may occur in the event of a disaster. In fact, it has been overlooked that epidemic diseases are also a form of disaster and what measures should be taken in case other disasters occur when they occur.

In the same regulation, the seventh paragraph of the twenty-seventh article, under the heading “The duties and responsibilities of the main solution partners”, mentioned epidemic diseases as follows: The food, agriculture, and livestock service group is the main solution partner. To ensure food safety in disasters and emergencies, to determine the damages of disaster-affected farmers in the production of the plant, animal, and aquaculture and the damage to agricultural areas affected by disasters and emergencies, to take the necessary measures to prevent all kinds of epidemic diseases caused by animals, to combat diseases that may occur in animals. It is responsible for the coordination of vaccination and treatment activities, and the necessary studies regarding animals that die or need to be killed (Resmi Gazete 2013). Although an evaluation has been made on the prevention of animal-borne diseases, it is thought that the diseases mainly include domesticated and production-oriented poultry and cattle or ovine animals. It is not fully understood which types of outbreaks are mentioned. Besides, as we have seen in the SARS and Covid-19 epidemic diseases, although the source is animals as far as can be determined, the transmission is more intensely human-focused. For this reason, it may be more reasonable to talk about human-oriented measures in cases where epidemics spread to reduce the possibility of transmission. Moreover, these epidemics give us the impression that they have always been considered on a national scale. However, it is very possible to face a global epidemic or crisis, as we have experienced.

According to the sixth paragraph of the eighteenth of the Disaster and Emergency Articles under the Response Services title of the third part of the Disaster and Emergency Response Services Regulation No. 5703, “Mass population movements, major fires, dangerous and epidemic diseases, chemical, biological,

radiological and nuclear hazards, In cases of disasters and emergencies such as air and sea vehicle accidents, technological accidents, all institutions and organizations effectively provide emergency response in coordination with the Presidency in the areas they are authorized (Official Gazette 2013). Coordination and responsibility then under the Presidency and AFAD are the main responsible for the health conditions of its personnel. For this reason, the institution that should take precautions and propose measures against the problems that the personnel will face during the response to other disasters that will occur during the epidemic process is the AFAD Presidency.

Apart from the Disaster and Emergency Response Services Regulation numbered 5703, there is also a plan prepared by AFAD. Turkey Disaster Response Plan (TAMPA) objective; To define the roles and responsibilities of service groups and coordination units that will take part in disaster and emergency response activities, to determine the basic principles of response planning before, during, and after the disaster. TAMP includes ministries, institutions and organizations, private organizations, NGOs, and real persons who will take part in responding to disasters and emergencies in all types and scales that may be experienced in our country (AFAD 2013). Among the objectives of TAMP is “to prevent secondary disasters or to reduce their effects”. For this reason, the institution responsible for the health of the personnel who will respond to the disaster during the epidemic is again the AFAD Presidency. Among the basic principles of this plan are “Comprehensive (preparation, intervention, pre-improvement stages)” and “Covering all types and scales of hazards (AFAD 2013)”. Due to the principle of being comprehensive, the moment of intervention is emphasized. However, no details were given in the plan regarding the measures to protect the physical and mental health of the search and rescue teams during the intervention. Of course, global epidemics are also understood from dangers of all types and scales, but according to our experience, epidemic periods should be considered in more detail in the plan and at least under the one heading. The “Biological Disasters and Epidemics” section is one of the rare parts of the plan where epidemics are included. In this section, service groups that should be involved in the event of a disaster are reported. These groups are Communication, Transport Infrastructure, Security and Traffic, Search and Rescue, CBRN, Health, Evacuation, Placement and Planning, Energy, Housing, Damage Detection, Fire, Debris Removal, Food Agriculture and Livestock, Damage Assessment (AFAD 2013). In that case, Search and Rescue must be ready to respond to disasters even in the event of an epidemic. However, it was avoided to make any statements about the measures and institutions responsible for the health of the personnel suitable for this intervention and the adequate protection of this personnel when considered as human resources.

The issues considered by ministries, institutions, and organizations that are the main solution partners of service groups at the national and local level in the preparation of the plans are as follows:

- ✓ To determine the dangers and risks that may be encountered during the task as much as possible,
- ✓ Identifying all opportunities and capabilities within the responsibility area of its service group as power and resource,
- ✓ Developing the capacity as much as possible to reduce the risks and damages to be encountered during the task,
- ✓ To make preparations at all levels against all disasters and emergencies,
- ✓ To ensure cooperation and coordination between relevant institutions,
- ✓ To update all information regularly,
- ✓ To organize training and drills related to the subjects within its field of duty and to participate in other relevant drills,
- ✓ To regulate the establishment, duties, working procedures, and principles of service groups and teams in detail and to ensure that they are implemented by national and local level teams (AFAD 2013).

In the first of the issues in the plan, the phrase to determine the dangers and risks as much as possible seems to include the intervention efforts for disasters that occur during epidemic times. However, it may be useful for both staff and other stakeholders to provide information on the scope of these interventions in the following pages of the plan. Another issue is about capacity development to reduce the risks and damages to be encountered in the event of a disaster. This issue may be related to the problems that will be faced by intervention in disasters that will take place during the epidemic period. However, it is essential to make

explanatory definitions of the measures to be handled in this context. Making preparations at all levels against all disasters and emergencies may also be related to taking the precautions that the personnel need. But it will be meaningful to share this with more enlightening details. On the last point, there is the phrase to regulate the working procedures and principles of response teams in detail. It should be planned what problems the teams will encounter in disasters during the epidemic and what will be done as a precaution against these problems. The institutions and assumptions that will take part in this direction should be designed and shared with a scenario. The main assumptions regarding the epidemic to be taken into account in the preparation of the plans are:

- ✓ Quarantine measures may be required,
- ✓ It may require evacuation and placement.

The above assumptions are general and concrete should be determined for each disaster that may occur, considering the vulnerability of the region, and plans should be made in line with these evaluations (AFAD 2013). An assumption about personnel such as unlimited human resources is flawed. The number of teams that respond to disasters is not unlimited. The number of teams that respond to disasters that occur during the epidemic that affects the whole country in a global epidemic is extremely important. If there is a decrease in the number of these teams, calls for help abroad can be made, but it is doubtful how satisfactory this call will be in a global crisis. For this reason, the measures to be taken by the teams that respond to disasters in times of epidemics, the measures to be taken by the institutions and the assumptions about the problems that may arise should be examined in detail and a possible plan and strategy should be developed. The responsibilities and measures to be taken by other stakeholders should be planned especially in terms of protection from epidemic diseases within the scope of disaster response and providing the necessary treatment in case of contamination.

In this context, for example, the duties of the Ministry of Health against disasters that occurred during the epidemic period are included in the plan prepared by the AFAD Presidency as follows. "In disasters and emergencies, it is responsible for the coordination to meet the first response, public health and medical care needs at the scene and to ensure the rapid return of environmental health services to normal." Other stakeholders to cooperate with during the epidemic are as follows: General Staff, Ministry of Environment and Urbanization, Ministry of Food, Agriculture, and Livestock, Ministry of Interior, Red Crescent, NGOs, and private sector. And the measures and activities that these stakeholders and AFAD will be responsible for are as follows:

- ✓ To keep mobile and field hospitals ready and equip them with emergency equipment that may be required after a disaster.
- ✓ Sending, and managing sufficient personnel, tools, and materials to the disaster area.
- ✓ To provide triage, first aid, emergency medical assistance in the disaster area.
- ✓ To evacuate and treat the sick and injured.
- ✓ To carry out services within the scope of combating epidemics and quarantine isolation services.
- ✓ To ensure the coordination of relevant institutions to prevent environmental and water-related risk factors in terms of epidemic diseases.
- ✓ Identifying reference blood centers and developing their capacities.
- ✓ To ensure that all measures are taken regarding the factors that may pose a risk in terms of environment and water sanitation.
- ✓ Identifying reference hospitals and reference laboratories in the country and increasing their capacities.
- ✓ Taking precautions against dangerous substances and epidemic diseases at border gates and getting them to be taken.
- ✓ Determining the official number of injured (AFAD 2013).

When the above headings are examined carefully, the first thing to be determined is that the AFAD Presidency has not included in-house measures and responsible persons in detail. Information on what the AFAD Presidency should do in the areas where stakeholders are responsible is not included in the plan in

an enlightening way. In particular, the activities in which AFAD personnel will be involved and the duties to be performed are pending in the sharing of responsibilities. It is observed that protecting the personnel involved in search and rescue activities during the disaster from the epidemic and if this is not possible, what will be done by which institutions and how AFAD will be involved in this process is not fully planned. For example, what the Ministry of Health should do to prevent the spread of epidemic diseases and to reduce the number of contamination to the lowest possible number during the disaster are detailed in the plans. Some of the areas under the responsibility of the Ministry of Health are, according to the plan:

- ✓ Provides necessary isolation and vaccination services within the scope of combating epidemic diseases (Sakarya Governorship 2016).
- ✓ Carries out services within the scope of combating epidemics and isolation services.
- ✓ Provides easy access to health services for risky and vulnerable groups in disasters.
- ✓ Carries out services within the scope of combating epidemics and isolation services.
- ✓ They provide isolation services that may arise within the scope of combating epidemic diseases (The Ministry of Health 2015).

As can be understood from these articles, the assumptions made against disasters that will occur during the epidemic generally include the services to be provided to reduce the number of contamination in the public. However, another important factor during the disaster period is the victims directly affected by the disaster. And the lives and health of the personnel performing their duties are very important for the rescue of these citizens. The physical and mental health of AFAD Presidency personnel and other stakeholders is important in order to prevent interruption of search and rescue activities and to rapidly carry out improvement works. However, since there is no scenario regarding the problems that AFAD Presidency personnel will meet in the assumptions, the measures regarding this assumption are not included in the planning.

2.3. Disaster Coping Mechanisms and other Mental Health Protection Measures

Studies conducted during the crisis, disaster, and epidemic periods have examined how disaster response personnel exposed to disasters cope with grief, anxiety, trauma, possible mental health problems, and emotional disorders, how they protect their performance, health, and well-being and develop resistance (Pickett and Hofmans 2019; Smith et al. 2019; Sandal and Smith 2018). During crisis and disaster situations, the individual needs to adapt to the new conditions and environment at first, against the factors that threaten mental health caused by the disaster. The individual can achieve physical adaptation in a short time in transition to different environments, and this process takes a maximum of 10 days (Smith, Barrett, and Sandal 2018). Entering the adaptation process with this awareness, consciousness, and effort gives the individual a starting point in unforeseen situations. This starting point acts as a facilitator for the individual, and especially for the rescue team, to process the process towards normalization. The way to make this process the shortest and most efficient is to create a routine (Brooks et al. 2020). The uncertainty of crises creates intense psychological stress and shakes the entire balance of the individual. Creating a consistent structure under the necessary precautions during disaster response fosters our sense of control and helps staff feel better during breaks that can make them feel hopeless.

Problem-focused coping is a type of coping that aims to change the stressful situation or the source of stress (Zeidner and Endler 1996; Lazarus 1976). It involves the personnel responding to disasters behaviorally dealing with the stressful threat or struggling by changing their problematic relationship. Strategies that can be handled in this context; Examples include using emotional and social instrumental support, setting limits to a stressful environment, positive reframing, planning, and using humor. Emotion-focused coping aims to alleviate emotional discomfort and manage emotions, rather than changing the problematic situation itself. Especially as experienced by rescue personnel, the individual uses this strategy more when he thinks that he cannot change the stressful situation in some situations and therefore must bear it (Pargament et al. 2000; Park and Folkman 1997). The fact that the state of trauma is related to inactivity and stiffness makes it one of the most important mechanisms in creating resilience against trauma for individuals to do activities in which they feel their body (Van der Kolk 2015). Activating the senses can be achieved not only by visible movements but also by methodological orientation of the individual to his inner world.

Under harsh living conditions, inevitably, rescue team personnel will occasionally experience a state of depression, grief, collapsed mood, and lack of motivation. At such times, it is important to take small steps to remind staff that they are still competent, as it will make progress. Such an effort also supports the perception of self-efficacy in staff and makes it easier to face difficulties to be dealt with (Thompson 2015). As a matter of fact, research shows that with a little normalization of the crisis, many of the staff can recover, become adept again, and continue their lives again. For a healthy and harmonious adaptation, it is important to seek temporary or future purpose and meaning in crises (Kessler 2019). This search for meaning and direction maybe a book, instrument, or phone calls that the staff would like to improve, but could not find the time. Such a meaningful orientation can be beneficial for the staff's sense of uncertainty as well as making it easier to set purposeful goals. One of the methods that make it easier for the individual to face his / her thoughts in confusion is keeping a diary. In a chaotic situation, it may be difficult for staff to find a precise goal, purpose, or meaning. As a matter of fact, the confinement of some emotion and thought patterns to the brain and body may cause somatization and cognitive function loss. The experience of diary writing, in which the feelings, thoughts, and life experiences of the staff are narrated, enables a kind of self-regulation with the interrupted emotions and thoughts (Pennebaker 1997).

3. DISCUSSION AND CONCLUSION

Emergency preparedness, planning, and response teams must have regulations on group psychology. Social support is widespread among emergency response teams. However, not all emergencies can be characterized by support. Therefore, it is important that institutions and organizations take into account other factors that can activate their support mechanisms. In emergencies, it is necessary to recognize the sensitivities of group norms and work by bringing the group members with us, not us. Collective behavior is essential in terms of efficiently fulfilling the precautions to be taken regarding disaster response and being affected by the disaster. Besides, the way the authorities manage the process when responding to an emergency will affect the subsequent behavior of the public.

It is very important to mobilize the spirit of solidarity, which becomes evident during disaster periods, not only for the restoration of losses but also for the recovery of the emerging group problems. The maintenance of the common identity, which has started to weaken after the process, should be supported in response to the needs of the personnel who continue in the recovery process or who have to cope with the secondary consequences of the disaster. Communication channels and social centers that can be used by the personnel who are exposed to the disaster and the personnel who respond to the disaster to stay in contact in this process will be an opportunity for psychological recovery.

As a result of epidemic diseases, crisis intervention in disaster and catastrophic periods can turn into turning inside ourselves and re-questioning our existing relationships, plans, and life dynamics. The strategies to cope with disaster and crisis that we easily use lose their make-up function under this state of intense crisis; It leaves the responders with feelings that are difficult to cope with, such as fear, anxiety, and anger, which bothers them. However, while the recovery we experienced after the trauma helps us to adapt to life again; It may be a harbinger of the awakening that the intervention teams have a sense of we and increase the spirit of togetherness again. Intervention teams and relevant institutions and organizations in such times enter into an equally challenging but also beneficial process of reflection and progress on the meaning of planning, where there are deficiencies and what is being positively executed.

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