

Left behind because of their size: Call to include biggest citizens in disaster plans

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Very large people have been left out of disaster preparedness, says general practice senior lecturer Lesley Gray, who is prompting a rethink here and overseas.

It would be atrocious to be at the mercy of people who did not know how to evacuate you from your home because of your size, says Ms Gray, of Otago University, Wellington.

How would emergency services rescue a busload of big rugby players, she asks. Ambulances aren't sufficiently manned, stretchers may be too small.

"If we had a tsunami hit the East Cape, how many very large-bodied people would not be able to evacuate quickly enough?"

Big questions, few answers



Lesley Gray "These are the questions I am asking, because currently nobody has done any work on this," Ms Gray says.

She has connected with people from many countries, including emergency management trainers. "I was expecting everybody to say 'yes, we have looked at that', but nobody did."

Ms Gray and her PhD supervisor, Carol MacDonald, also trawled the international journals and resources. In the *International Journal of Environmental Research and Public Health*, they report "a paucity of research in relation to obesity and emergency planning or disaster risk reduction".

Katrina's horror scenarios

They recount stressed health workers at a New Orleans hospital during 2005's Hurricane Katrina allegedly overdosing an obese patient rather than undertake the task of moving him out.

Two obese patients were left behind when a New York hospital was cleared in Superstorm Sandy in 2012. Ms

Gray says some work has been done in hospitals, but “my concern is primary healthcare, the community, and people in their own homes”.

“Katrina was ghastly and could still happen today. Large-bodied people are very vulnerable...Are they more likely to be left behind because of the difficulties in moving them?”

In light of such an array of practical and ethical issues, Ms Gray says her PhD will examine the disaster risk reduction actions required in relation to very large-bodied people.

She suggests when family/whanau, carers, neighbours and communities have given their situations prior thought, they should be better able to help themselves and the emergency services when disaster strikes.

Will New Zealand lead the way?

Ms Gray will visit the likes of the United Nations and the World Bank, and services in the US, UK and Hawaii. “I suspect New Zealand will lead the way, once we look at it in detail...With me and Carol raising the question, people are now thinking about it.”

Dr MacDonald is an independent consultant/researcher affiliated to the Joint Centre of Disaster Research, Massey University.

Ms Gray will be asking stakeholders, including doctors, whether they have given these issues some thought, and seek their solutions.

As co-leader of the Bariatric Management Initiative, she says primary care will be targeted for [training in manual handling of very large people](#). These skills are taught mainly in hospitals.

The innovation’s 2017 seminar series starts soon and takes place in the four main centres and in Brisbane, Melbourne and Sydney.

Related links

Gray, L, MacDonald, C. [Morbidity in Disasters: Bringing the “Conspicuously Invisible” into Focus](#). *Int J Environ Res Public Health* 2016 Oct; 13(10): 1029. doi: 10.3390/ijerph13101029 [published online 20 October 2016.]

[2017 BMI Research Seminar Series](#) – Bariatric Management Innovation