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Medical and psychological support during the COVID-19 pandemic in Overseas France

Missions de renfort médico-psychologique en Outre-Mer pendant la pandémie COVID-19

**KEYWORDS**
COVID-19 pandemic
Medical and psychological units
Ethics
Team preparation

**SUMMARY**
France has developed medical and psychological expertise and has equipped all the 15 (french medical service) centres with Medical and Psychological Emergency Units (CUMPs) composed of medical and paramedical teams of referral psychiatrists, psychologists and nurses, reinforced by volunteers (mental health professionals, trained in this discipline). The attacks endured by France heavily called on the services of the teams in mainland France, particularly in Paris in 2015 and Nice in 2016, with reinforcements between teams in mainland France. The COVID-19 pandemic led to the dispatching of teams outside mainland France to overseas territories hard hit by the pandemic, to the point of creating a real health disaster. These situations have been presented to European partners in the framework of the NO-FEAR project. The article relates the human and ethical experience of these teams as well as their preparation.

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**RÉSUMÉ**
La France a développé une expertise médicale et psychologique et a équipé tous les centres 15 (service médical français) de cellules d’urgence médico-psychologique (CUMP) composées d’équipes médicales et paramédicales, de psychiatres référents, de psychologues et d’infirmiers, renforcés par des volontaires (professionnels de la santé mentale, formés à cette discipline). Les attentats subis par la France ont fortement sollicité les services des équipes en métropole, notamment à Paris en 2015 et à Nice en 2016, avec des renforts entre équipes en métropole. La pandémie Covid-19 a conduit à l’envoi d’équipes hors métropole dans des territoires d’outre-mer durement touchés par la pandémie, au point de créer une véritable catastrophe sanitaire. Ces situations ont été présentées aux partenaires européens dans le cadre du projet NO-FEAR. L’article relate l’expérience humaine et éthique de ces équipes ainsi que leur préparation.

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INTRODUCTION

Various missions in overseas France were organised by rotation of the medical and psychological teams in 2021, at a time when the pandemic in mainland France was receding. The context encountered by the teams justifies an ethical discussion and care needs to be taken in the preparation of these missions, which are rich in human experience but should not hide the risk for some members of developing psycho-trauma [1]. These situations have been presented to European partners as part of the NO-FEAR project (Horizon 2020 project no. 786670).

BACK-UP MISSIONS TO MARTINIQUE AND NEW CALEDONIA

In 2021, volunteer and referral staff from the medical-psychological emergency units (CUMPs) of mainland France went, at the request of the General Directorate of Health, to Martinique, an overseas territory facing a catastrophic epidemic peak and increased lockdown measures [2]. In addition to this, there was a concomitant dengue epidemic and strong resistance of the population to vaccination through a lack of trust, due to the Chlorodene pesticide poisoning scandal. The teams were set up, in conjunction with local CUMPs, with the aim of setting up cooperation in order to care for the caregivers. The mission, although of limited duration, was rich in human terms and highlighted the importance of the will to assist rather than replace, and the value of prior preparation. It was no small thing to ask for help from professionals and volunteers who in France already had to face a climate of uncertainty and therefore anxiety for themselves and their loved ones.

New Caledonia, a French territory, underwent its first major COVID-19 wave in September 2021 with a massive and uncontrollable spread of the virus. Given the scale of the health disaster and the rapid distress of the caregivers involved, a request was made by the Office of the High Commissioner of the Republic in New Caledonia to trigger the intervention of the health reserve and the dispatch of a CUMP mission with the objective of providing psychological support to caregivers. The mission was different from the one conducted in Martinique due to the absence of CUMPs in New Caledonia. The teams received remote feedback to build on their experience.

ETHICAL CONSIDERATIONS

The paradox is that volunteer CUMP professionals are supposed to act as support for any team sent on an external mission but they remain part of the team that must also be looked after. Therefore, in order to avoid the risk of psycho-trauma, principles must be upheld such as combating the climate of uncertainty, delivering validated information in real time, establishing permanent contact between team members (in pairs at least) and the mainland team or even providing time for defusing situations or emotional debriefing.

Each overseas population has its own cultural codes and the relational approach must be anticipated on a case-by-case basis. The same approach cannot be taken in New Caledonia as in Martinique or French Polynesia. As in any relationship of care, the expectations of the outside teams and those of the local populations - whether colleagues or patients and their families - must be in phase and readjusted subtly on an ongoing basis even if one or the other of the parties is convinced of the merits of its opinion. The imported team is always prone to feelings of frustration. Thus, the low rate of vaccination, which certainly complicated the fight against the pandemic, could surprise and destabilise caregivers from mainland France. Faced with this observation, which cannot be changed in a rational way, it is appropriate to seek innovative, scalable solutions which, while prioritising, do not sort, a term that has a pejorative connotation. Beyond the curative care that one would like to attempt, it should be remembered that respecting human dignity also means accepting the choices and decisions of patients. Providing supportive measures or palliative care is part of the management system when it is impossible to promise or consider a cure [3]. No member of an imported team can claim to be prepared for or in agreement with the image they have of their profession and what they will be able to undertake on site. These are new experiences and feelings, and staff will continue to think about them long after the mission is completed.

The other ethical, almost unbearable, aspect is not having the capacity to deal with non-COVID-related pathologies and emergencies, justifying the term disaster and criticising pandemic plans that do not protect the uncontaminated population. Should long-distance evacuations have been organised for a few serious COVID cases or for more non-COVID patients who were untreated due to lack of hospital beds? COVID-19 increased the death rate and the frequency of death announcements transmitted by radio. The usual rituals could not be respected because of the health rules, which probably impacted the mourning processes. Sometimes staff had to deal with meaningless rules. Staying humble in their professional approach was a way of remaining attentive to professionals on site and of positioning themselves as "learners and caregivers" rather than "knowers". Accepting a refusal of care or accepting fate and divine will are situations rarely encountered in mainland France which staff must know how to comprehend and not judge with their own frame of reference. More than in mainland France, local caregivers are affected by the deaths of relatives (family, friends, colleagues) and face painful decision-making.

HOW TO PREPARE FOR MISSIONS OUTSIDE MAINLAND FRANCE?

When it is staff's first mission experience, it is especially important to set rigorous criteria for the selection of the teams both at the human level (medical, family, emotional status) and at the administrative level. The reflection time before the mission is most often very short and there is always a gap between the provisional programme and the reality on the ground, sometimes leading to the suspension of the mission [4]. SAMU 94 and the University of Paris Est organise university courses for multi-disciplinary and multi-professional deployable teams in the event of a major health event. The first exercise asks the participant to define their personal equipment, a kind of check list (clothing, hygiene products, telephone with charger, badge, documents, personal medicines), transportable by air, while
The medical and psychological teams in France were made up of referral specialists and due to the workload and the interest in humanitarian action, in particular in all exceptional situations, they were reinforced by several volunteers. The experience brought by CUMP professionals and their caring attitude towards members of the teams as well as the people they met on site show the need for a special focus on the preparation of these missions, their physical and psychological lifestyle and the choice of members in order to protect them from any risk of burnout and psycho-trauma. Feedback highlights the seriousness of the ethical problems posed by the pandemic in overseas territories.

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The authors declare that they have no competing interest.

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