

Report on Meetings at the United Nations about the Tsunami Relief Effort
By: IAAP UN NGO representative, Dr Judy Kuriansky (New York)

The following represents a summary of the proceedings of two meetings held at the United Nations about the relief efforts concerning the tsunami disaster. These took place on Jan 13, 2005.

Meeting 1: „Southeast Asia Tsunami: Response, Relief, and Recovery“

Comments of: Ambassador Bernard A.B. Goonatilleke, Permanent Representative of Sri Lanka to the United Nations, Permanent Mission of Sri Lanka to the UN:

The response has been reassuring, especially since people were already there to help the day after, and it was Christmas. India responded rapidly, and the Maldives also provided shipments and medical personnel. Financial pledges received: from the government of Japan: \$500 million. US: \$350 million, EU: \$2 billion. But the extent of the damage will take many years for reconstruction, and require support and solidarity from the international community.

On Jan 18, the General Assembly will meet to discuss long-term needs and make resolutions.

There are several fears:

- 1) fear that financial pledges will not turn into cash (this happened before);
- 2) fear that images of Dec 26 will go off the screen and be forgotten;
- 3) fear of warning system not being in place. A warning system could have avoided the problem. UNESCO reported 2 years ago that an early warning system would have cost \$30 million, but it was thought that it was too much to spend. Now it would cost billions.

In response to questions in the discussion, he said:

- 1) The government has recognized the need for counseling. If personnel do not know the language to help the local people, they can teach others to deliver the services.
- 2) To help, get in touch with local NGOs
- 3) There is no present use of media for psychological purposes, but radio, TV and newspapers give information. Also, the agencies use the school system to educate the children and they take the information to the parents.

Comments of Vanessa Tobin: Chief of the Water, Environment and Sanitation, Division of UNICEF:

UNICEF's fund has launched with the Clinton Foundation. India is assisting, and they are working with the CDC in Atlanta, that has sent personnel to assess the water quality. UNICEF, under Carol Bellamy, has identified four steps: (1) keep children alive (2) offer psychosocial support to children and families (3) protect children from exploitation (4) focus on back-to-school campaigns.

In the discussion, Anie Kalayjian of APA's Division 52 and a UN NGO rep for the World Federation for Mental Health, offered to coordinate individuals wanting to help, through the non-profit Association for Disaster & Mass Trauma Studies (email: kalayjiana@aopl.com).

Meeting 2: The NGO Committee on Mental Health, convened by the Conference of Non-Governmental Organizations in Consultative Status with the United Nations Economic and Social Council (CONGO): „Trauma and the Asian Tsunami Disaster“

Speaker 1: Manuel Fontaine, Senior Advisor, Child Protection, UNICEF.

The main goal is to insure the safety of the children and make them feel secure, prevent abuses (including trafficking, that has become a major media issue), register children (many kids are in denial and still want their parents, who are probably dead, to come home).

The press has put an emphasis on orphans, trafficking of children and risk, that is positive but hopefully won't disappear after the „story“ is over.

Fact: There is not as big a problem of tracing, as the tsunami happened on a Sunday, so many families were together, and so the children knew where their parents were, and vice versa,

compared to confusion that would have happened if it occurred on a day when the children were in school.

Fear: of „secondary victimization“ including trafficking, violence and abuse against children.

Positive: There has been an incredible response of countries (other families offer to take children, especially if they lost their own children), organizing temporary adoption (note: it is not always in best interests of the child if sent to another country, as the goal is always to keep children in their environment).

Many institutions came forward to help, ACRF, Save the Children, World Vision.

- 1) Before trauma counseling, there needs to be structured activities and getting kids back into their routine.
- 2) Look toward longer-range care, hopefully in their original communities.

Speaker 2: Jack Saul, Director of the International Studies Program, New York University, Co-convenor of the NGO CMH Working Group on Trauma:

His main experience internationally has been in Kosovo.

In early stages, the main goal of psychosocial response is to support the natural support system of families that is already there, so they feel normalcy returning to their lives. Goals:

- (1) to rebuild schools, create activities for children
- (2) Help orphans. In Sri Lanka, extended family networks came forward to support orphans
- (3) Pay attention to „invisible loss“ trauma, where the person maintains a wish that a loved one is not dead -- this leads to a different type of trauma situation.
- (4) Strengthen the family unity first, and address problems later (this was the experience in Kosovo)
- (5) Address unique problems in the local area: for example, widows. Widows are often disowned by their families. Awareness about this problem has been helped by the fact that the press has reported on widow support groups in Sri Lanka.

In later stages, there is a clearer idea of mental health needs, that lead to training needs and community needs (that can differ in different locales). Work with local groups, and address how they see problems.

Advice: Listen to the people (for example, he sat in on a group in Australia of 30 experts discussing psychosocial needs after a disaster in East Timor, and a man from East Timor was there and said they were handling it well but needed help setting up government systems, yet the group went on to discuss other views).

Needs are in 3 areas:

- (1) move from event-focused trauma, witnessing the horror of the single event (like of parents who had to choose to save one child over the other, or who watched their children be washed away), to look at the situation as a result of events like (a) widows who are alienated from the family and community, and (b) missing persons, where ambiguity causes stress.
- (2) resources shift from focus on medicalization and pathology to resilience and coping
- (3) examine the meaning of systems, how people make sense of their experience, for example, the idea that the tsunami is a punishment, or the Buddhist idea of karma (that may or may not be helpful to people).

RESEARCH: A recent study, yet unpublished, compares adolescents in Gaza with teens in Sarajevo, suggesting that the latter were not doing as well. The explanation: The ability to create a „coherent collective narrative“: the source of meaning of that they were going through, the ability to connect, to get input from their culture, and the groups' ability to understand and put into perspective what happened.

TRAINING: one of the main phases. Westerners often descend in disaster to provide training. Some experts are concerned with western models being imposed on other cultures. ISTSS has developed guidelines for trauma care. Trauma care must be done within coordinating structures already there (such as those provided by UNICEF, WHO).

He personally resented others coming in from outside post- 9'11, when his program was in the community already.

NEEDS ASSESSMENT: Do a needs assessment, not a screening for psychotherapeutic needs, but total needs. Mosques seem to be taking an active role in the Asian tsunami aftermath.

DANGERS: (1) concentration shifts away from other catastrophes, like Africa, that is getting no attention now, compared to Asia because of the tsunami.
(2) ongoing anxiety about future disaster.

Speaker 3: Anand Pandya, M.D., Co-Founder, Disaster Psychoatruoi Outreach; Direc tor, division of Ambulatory and Community Psychiatry, Bellevue Hospital Center, NYU School of Medicine.

Comments; there does not appear to be a clear place for mental health workers now, but they can be needed. There is a limited use of mental health resources. Hold back until the communitiy is ready.

WHO in 1993 developed a plan for mental health emergencies. A bulletin from WHO will come out this month. Several points covered:

- (1) Do contingency planning.
- (2) Assessment takes time.
- (3) Look at long-term perspective of aftermath – 6 months and years later.
- (4) Collaboration with government and education agencies. It is not sufficient to be invited in. You can be invited by the Ministry of Education but the Ministry of Health might give no access.
- (5) Integration into primary health care – trauma mental health should be integrated. In NYC, support groups for families affected by the tsunami have been developed by HHC hospitals. (People do not take advantage of stand-alone services)
- (6) There should be access to services for all.
- (7) Set up thorough training and supervision. Don't do direct patient care, but training of local providers.
- (8) Monitor indicators. Too often, there is reliance only on empirical results, but should do comprehensive outcome assessments.

To help, volunteers can contact the Red Cross or Red Crescent in local areas.

Work with a group, as local health authorities are not inclined to talk with individuals.

DPO has sent one adult psychiatrist and one child psychiatrist to talk to the Ministry of Health in Sri Lanka, to consult.

DISCUSSION:

Comments by Nancy Wallace, chair of the meeting and UN representative from the World Federation for Mental Health: Met with WHO reps Monday where it was noted that information is not being disseminated to enough people and organizations. She expressed the warning that people not rush in to arrive on the site and flood the system and overwhelm the countries, when they can't speak the language. Recommendations:

- (1) Mental health should complement humanitarian work.
- (2) Too many individual NGOs are working separately is overwhelming and need to work together.
- (3) Coordination should occur at the country level, in contact with WHO, UNICEF, and the Red Cross.
- (4) Basic health needs come before mental health; there needs to be guidance on what the minimal response should be.
- (5) In acute relief, conduct few social interventions; concentrate on food and shelter.
- (6) Mental health needs become critical 3-4 weeks after life-saving.

Other points that were raised in the discussion:

- (1) Mental health workers have an important role in supporting the relief workers, including journalists.
- (2) Support should be through the UN agencies.
- (3) WHO is making plans for mental health assistance and coordination with mental health services in the countries.
- (4) Review the guidelines from ISTSS on their website.
- (5) Effects of the media: the media has generated tremendous support, but the fear is that weeks from now, they will move on to another story. There is also worry over misuse in media of

words like trauma, PTSD, that were used after 9'11, often inaccurately. There is also concern of how the media presents issues and its impact on children; a Board of Education study after 9'11 showed that kids saw planes crashing into the buildings over and over on TV, and thought that the event was happening over and over.

(6) The UN staff is in the field now, to assess needs, and build on local needs.

(7) Activities of different groups: The NY Times reported that Indonesia is not allowing NGOs there, but others at the meeting disagreed and said they had personnel there.

(a) The American Group Psychotherapy Association (www.agpa.org) has developed 10 trauma modules in case of disaster, including oriented towards helping children. Several child group therapists from the region went to Sri Lanka to help, using techniques for child therapy and care for the caregivers. CEO Marsha Block said, „play therapy is universal“ as are exercises to help kids relax. In all cases, helpers are debriefed. AGPA has a 3-tiered approach: identifying clinicians in the affected area, offering consultation by phone and email, and planning community outreach.

(b) The International Association for Human Values has people on the ground in Sri Lanka, as in countries around the world. They offer many services, and have developed a yoga relaxation technique that has been applied worldwide. They want to partner with other groups and can be reached at ronnie@iahv.org.

(c) Robert Gelbach from the EMDR Humanitarian Assistance Programs wants to see organizations coordinate.

(d) Moussa Ba, Stress Counselor from the Office of the UN, Security Coordinator invites qualified psychologists to offer to be volunteer stress counselors, when. Several staff is on the ground in Aisa to assess needs already. He can be reached at ba2@un.org.

(8)The Asia Society had a meeting, with a speaker, the UN Under Secretary of Emergency Relief, who said: By 3/26 initial needs will be taken care of; a group will meet in Geneva to talk about the fact that the alert was known but that they couldn't get the word out; things are under control; financial help is above expectations; Mom and pop NGOs want to help, but someone has to figure out what smaller NGOs can do besides sending money.

SUMMARY OF NEEDS: There are needs for:

- (1) A clearinghouse for psycho-educational materials
- (2) Translation of screening instruments
- (3) Coordination among the NGOs
- (4) Research projects, not just delivery of services. Several groups want to do this and partner with others, to include long-term follow-up.