

Report on Mission to Haiti Team #5, July 8-12, 2010

Medical team:

The Love for Haiti medical team returned for a 4th time to continue clinics at two sites that were set up previously and had been identified as areas in need of healthcare facilities. The team consisted of one MD, two PA's, one Respiratory Therapist, one medical student, one nursing student and one pharmacy student. Clinics were set up in Lilavois, at Anis Zunuzi School and the other in Titayen, near New Horizon School, where an old, empty school building is used to see patients.

Participants on the Love for Haiti, trip 5

Mental Health:

Dr. Kira Mauseth
Dr. John Thoburn
Dr. Kathryn Adams
Stacey Cecchet
Kyla King

Medical:

Dr. Tina Edraki

Building:

Eduardo Maldonado
Koorosh Daneshgar
Mark Freehill

Youth Volunteers:

Jenna Wasserman
Shabnam Daneshgar
Antonia Young

Dental:

Dr. Galina Mohebat
Dr. Hooman Shakiba
Dr. Stephen Simpson
Parvin Movaffagh
Yanelly Quiterio Viola

Organizer:

Maryanne Fike
Special 'thank you' to Judy Rector for all the logistics/organizational/letter writing, etc., help on the USA side!

Projects undertaken by Love For Haiti #5:

Architect/Engineering Team: *Eduardo Maldonado*

As usual there was not enough time to accomplish everything that we intended, but nevertheless we were able to complete a new prototype from the ground up. This can be the basis for a building system which can be used for temporary classrooms, clinics, and temporary housing units.

The selection of material follows our efforts to use locally available materials and technology. Concrete blocks, concrete, and sand were used for the base and foundation with steel rebar used for the roof framing structure. We covered this with one large segment of tarp material which was acquired in the US for this particular project, but can be sourced elsewhere when needed. The small structure has a total square footage of 400 square feet, and the opening at each end allows for a cooling breeze. This was the Arnaldo-Quonset Hut.

Most importantly, this project was achieved with the broad participation of the youth, and well as the youthful adult volunteers of Love for Haiti, plus the local Zunuzi school staff.

We used this opportunity to train participants in basic construction techniques in order to build additional units after the volunteers have left. In addition, we were pleased to be able to work with a young man, Wedzer Saintea, who is hoping to be trained as an architect. We expect that he will take additional responsibilities in the future with our projects.

Dental Report: Dr. Galina Mohebat

This trip was second for dental team. We had shipped dental equipment including dental compressor, delivery unit, autoclave, dental patient's chair, two dentist's chairs, two spot lights, ultrasonic scaler, ultrasonic instrument cleaner two weeks prior to the trip. It took two weeks and lot of effort of our Haitian friends to release them from customs. We had difficulty with the generator, which was our source of electricity. Between three dentists and two dental students, We managed to see 170 patients in four days. We were able to perform some restorative procedures, which considering the circumstances and the 38-39 C heat was a very good start. We were able to do extractions and provide scaling of the teeth and dental and nutritional education. One of our achievements was proper sterilization of the instruments using the autoclave that was donated by a dentist from Toronto. We are looking for more dental professionals to join us and more support with supplies and equipment and monetary donation to purchase new generator and x-ray machine.

Mental Health: Dr. Kira Maseuth

The mental health team for the July trip consisted of Kira Mauseuth, Ph.D.; John Thoburn, Ph.D.; Kathryn Adams, Ed.D., and Stacey Cecchet, M.A., with support from volunteer Kyla King, a student at Seattle University.

The plans for the trip were based on the previous LFH trip experiences, and we were able to consult together via telecom some weeks prior to our departure on what we were hoping to achieve. There is a summary below of the mental health work to date with LFH in order to provide a picture of the foundation and experience that formed our July trip goals and activities.

March trip:

Clinic work with individual patients and groups including children, adolescents and adults.

(Dr. Kira Mauseuth, Dr. Tona McGuire)

Results: Overwhelming numbers of patients with Acute Stress and psychosomatic symptoms in the mild to moderate range; some with severe symptoms which would likely develop into PTSD. We made the decision that a focus on individual work with patients by outside practitioners was an unsustainable practice, and did not put something in place to adequately address the ongoing mental needs of the Haitian people in the various stages of post-disaster trauma recovery. A training program, based on educational and peer counseling models and translated into both French and Haitian Creole was therefore designed for the purpose of training Haitian volunteers in how to provide

brief psychological first aid to their families, friends, and community members in an ongoing format. Modules in the Mental Health (MH) training program include: Active and empathetic listening, how to differentiate between a problem, a crisis and an emergency, how to refer, how to self-care and say 'no', the basic neuroscience of trauma, how to foster resiliency, and three techniques they can use to help those they work with manage symptoms of stress / anxiety.

May trip:

1st training program conducted at Anis Zunuzi School with 23 adult community volunteers; some training modules (relaxation techniques, and age-appropriate information about the neurological response to trauma) were provided to high school level students at AZ school. Clinic work was also conducted as needed with children, adolescents and adults.

(Dr. Kira Mauseth, Dr. Tona McGuire, Dr. Jeff Gillman, Dr. Michael Tandy)

Results: One community volunteer who participated in the May training at AZ contacted Christophe Castera less than a week after it had been completed to ask if we could come back at another time to provide the same program for a Haitian NGO/ non-profit group in Carrefour-feuille to which he belongs. We received generally positive but somewhat informal feedback on the training program, with variations by module on what was more useful to the volunteers as well as to the students at AZ. Based on this feedback, adjustments were made to the mental health training program; materials were reformatted, retranslated and adjusted accordingly. A module on compassion fatigue and self care was included, in addition to a module on resiliency. In addition to these changes to the MH program, a modified, teacher training version of the MH program was created by Dr. Kathryn Adams. This was based on feedback we had received that the teachers thought they might benefit from learning about children's responses to trauma and how they can manifest in a classroom setting, and how learning can be impacted after a disaster. Formal feedback sheets for each version of the training programs were created and translated into French. Formal certificates of completion were created for each training program.

July Trip:

We had four main goals for this trip:

Debrief / consult with community volunteers who had completed our first round of training in May. Answer questions that they have, provide follow up information or resources as needed; support them in their work as mental health support team members.

Conduct a training session with a new group of community volunteers.

Conduct a modified version of the training program for teachers at AZ school which is designed to help them understand and better manage classroom, developmental and educational issues that children of school age experience following a trauma or disaster.

Work with clinic patients as needed.

I could not be more pleased to report that each of our goals was met and surpassed. My personal expectations and hopes about what we would accomplish were exceeded to such a degree that I am absolutely amazed, and so thankful!

A 2nd training program was conducted at location in Carrefour-feuille with **53** community volunteers (Sat). Follow up training / debrief and consultation was provided to 8 of the 23 volunteers who had participated in the May training (Sun). The modified teacher training version of the program was provided to 10 AZ teachers (Fri). Individual patients were seen through referrals from the clinic or self-selection as needed on Friday and Saturday. (Dr. Kira Mauseth, Dr. John Thoburn, Dr. Kathryn Adams, Stacey Cecchet).

Just a few notes on the circumstances surrounding our work on this trip: For the Saturday training in Carrefour-feuille, we had 53 volunteers, plus John, Kathryn, Kyla and myself crammed into a semi-outdoor space with three walls and a metal roof which was big enough for about 40 people at the most. After it became full, and more trainees continued to arrive, rather than turning away after

seeing how crowded it was, they kept coming in, making room, squishing together until some people were almost sitting on top of one another to participate. I have never seen anything that rivals such a degree of commitment to learning and obtaining new information. In addition to this, after we had a short break in the middle of the training, under such hot and cramped circumstances, only three of the trainees didn't return for the completion of the program. What commitment! Another example occurred on Sunday, when we had asked anyone who had previously completed the May training to return to consult with us and debrief about their experience applying the training program in their communities. 8 of 23 volunteers showed up for this meeting, on, of all days, world cup final match day!!! Not only that, but they stayed and worked with us for over 4 hours; they didn't know when they came that we would finish in time for them to see the game. This is the level of interest and commitment that they demonstrated. It was very moving.

Results: We trained over 60 volunteers, including community members and teachers. We collected formal feedback forms and comments from all participants, provided them all with certificates of completion and t-shirts representing the "Health Support Team" of which they are now part. The next, and final step in our program is to train Haitian volunteers in how to conduct the training themselves - a "train the trainers" session. In this way, the mental health program becomes completely sustainable within Haiti, and by Haitians. It then becomes their onus to organize volunteer groups, train others as needed, and consult amongst themselves about their experience. No one understands the psychology of a disaster as much as a person who has experienced it, and by passing forward these pieces of basic mental health education and practical techniques, we are optimistic that real, sustainable, positive change and health will be developed in local communities. I am pleased to report that each of the 8 returning volunteers from May signed up to become 'trainers' of the material, as did ALL BUT ONE of the 53 volunteers from the Carrefour-feuille training!! Going forward, our plan is to evaluate the feedback in depth and make updates and changes to the program as necessary, so that it becomes as useful and helpful for them as possible, based on what they have identified as such. We would like to be able to have at least one more trip back to Haiti, to complete this program with the final step of 'training the trainers' so that we are able to leave it completely in their hands. Once a group has been trained to be 'trainers', they can then provide this program to other individual volunteers in their, and many other communities, and the sphere of influence and support grows and grows.

If we return in September, our goals would be fourfold:

To conduct a 'train the trainers' program with those who have already completed the training themselves and would like to learn how to deliver the program to other Haitians.

Follow up with those who have been previously trained to support, consult, and answer any questions that they may have about their experience in working with people from the community

Conduct an additional teacher training program- perhaps at New Horizons, again at Zunuzi, or in another community or school. There had previously been a request for this training for teachers from a school principal in the community, so we would like to follow up with that.

Potentially train a final, third group of volunteers in Carrefour-feuille- the volunteer who organized the training for the July trip said that only about half of the members of his NGO were able to attend the training this time, and they would like to have us come again. This training could potentially be conducted by the new Haitian trainers as well.

It is difficult to accurately express my happiness at seeing this program so embraced by Haitian volunteers. My hope is that they can use this in their communities to help one another, and that the information provided and support elicited will contribute to mental health recovery. In fact, it seems that by report, this has already been taking place. After trainers have been trained, the program is completely self-contained; for Haitians, by Haitians, and sustainable well into the future. I would also like to add a sincere "thank you" to Christophe Castera, our liaison and translator, without whom we never would have been able to make so many connections, and get this program working.

Education: Dr. Kathryn Adams

Summary Report from the Teacher Training held on July 9, 2010

Trauma, when experienced by a child, affects the way in which a child learns and the child's learning and personal development needs. To address this shift in a child's life, I combined the objectives of the "helper training" manual developed by Dr. Kira Mauseth with what I have used to provide professional development to teachers in the United States as well as my graduate students in Educational Psychology. The result was a training session which purpose was (1) to provide teachers with an understanding of how trauma affects a child cognitively, emotionally, and physically; (2) to allow a forum for teachers to discuss concerns observed in their classrooms; (3) and to collaborate with teachers on the development of strategies for creating supportive learning environments for children who have experienced a traumatic event. I did not realize until I was in the process of conducting the session how truly appropriate those last two aims in particular would be.

The material that I had intended to cover in the session included the following:

- I. How trauma affects the brain of a child
- II. How trauma manifests in children's behavior
- III. The role of "resiliency" in helping children recover from traumatic events
- IV. How to create external supports through:
 - A. Caring relationships
 - B. High expectations
 - C. Meaningful participation: applied and contextual learning, active learning, service learning
- V. How to make space for and encourage a child's "internal assets" (strengths) in the classroom
- VI. Helpful ways of listening: Compassionate listening, Cognitive Behavioral Therapy as applied to teaching
- VII. Alternatives to "talking": art, play, school lessons as ways to heal.
- VIII. Other skills to include:
 - A. How to identify what the problem is (functional Behavioral Analysis)
 - B. How to decide if the situation is an emergency
 - C. How to find resources to help you help others
 - D. How to determine if you are the right person to help and understanding the limits of what you can do

The group did indeed discuss many of those concepts; however, the group's interest in particular concerns led the session to focus on areas that had originally been intended to be mentioned merely as background. Instead these became the foreground of the session.

Nine teachers attended the session (and I believe I would also count my interpreter among the "participants" and "teachers" in that group as he holds a mentor role in his work at the Anis Zunuzi Annex, making it more like ten participants). The teachers who attended the session were from secondary levels. Some of them taught at other schools in addition to their work at Anis Zunuzi, so some of their interests and questions may have stemmed from those experiences in addition to what they encountered at Anis Zunuzi. This fact alone shifted many of the approaches and examples I had planned to share from primary school settings to the issues faced by pre-teen and teenage youth. From the planned objectives and from outside of that plan, teachers seemed particularly interested in understanding

How to improve a student's ability to concentrate in the classroom after traumatic events.

To address this, we went into further detail about affects of trauma, how to foster resiliency, how to break-down lessons into small (manageable) parts to fit the shortened attention span of a child suffering from traumatic effects

Practical applications of learning styles theory—teaching in ways that are visual (learn by seeing), auditory (learn by talking and listening), and kinesthetic (learn by doing). I aimed to provide examples and to elicit creative examples from the teachers present. (Memorable moments from the session included our using the construction of the temporary shelters to teach math, creating a walking “number line”, and taking history out into the community)

Mastery learning approaches that help children to not only memorize, but also fully integrate and understand, personally, what they have learned. Here I discussed the Mastery learning process of learning a concept by going from *knowing* to *applying*, to *building* upon (infer, expand, extrapolate).

Some of the psycho-social concerns that the teachers raised were as follows:

The effects of cumulative trauma

How to address alcohol use among teens

How to address issues of not having adequate materials (for example, not having a book due to lack of money or simply as a result of losing the book and not being able to afford replacement)

Ways to help students study or complete homework

The teacher’s questions were perceptive of the after effects of trauma, and showed great care for the students they serve. Therefore, instead of holding strictly to my intended agenda (which had included strategies and examples intended for primary children—something I consequently omitted during the training), I tried to address those concerns by adding information and expanding on what I had planned. In this sense, the training session really did become a collaboration among professionals who all shared one concern: helping youth not only to learn but also to find in themselves the gifts we see in them, and then to find a way to share those gifts by making this world a better place.

As a result of this first training, I realized I could improve upon the session by making the following changes should we be granted the opportunity to return.

Do separate trainings for primary and for secondary teachers.

Hold trainings on 2 consecutive days after school for a couple hours to reduce a teacher’s need to travel (some travel 1 ½ hours each way to the school) and to allow observation opportunities.

Allow more time for discussion and sharing of pedagogical methods that (1) meet the needs of traumatized students and that foster mastery learning.

Keep examples relevant. For example, the teachers seemed to connect with an example I gave of how to make a Haitian History lesson visual, auditory, and kinesthetic while at the same time fostering deep understanding and meaningful (mastery) learning through knowing, using (practical application), building on a concept.

For secondary teachers, add a longer discussion about how to address alcohol (or drug) use.

Expand the trainings to schools in the community.

Work with those interested in becoming trainers themselves so that they can either mentor the teachers in their own schools or hold trainings for teachers in their communities.

A final yet important note: The training session I created and conducted intentionally does not address or aim to alter any school’s curriculum. That is not the intention of these sessions. I know that the school at which I held this training has a curriculum that serves the needs and dreams of its children and community. Indeed, I would trust all schools with which I would work with the same level of respect for their curriculum and what they do. Trauma happens *outside* the ideal world of a school. It occurs outside the curriculum. For that reason, teachers sometimes feel they need to know more about what has made their student with perfect marks suddenly slide to failing grades. It is not the curriculum, it is not the teacher, it is not the child; it is instead the effects of a world that has taken away a child’s sense of safety, control, and trust. By providing teachers with a training session about trauma, chronic trauma and secondary trauma, and about Post Traumatic Stress I hope to help them regain their own sense of control over a situation. We teach our children that a way to feel

empowered and to have a sense of efficacy is through education—the same is true of teachers. By educating them about trauma and giving them a chance to understand how to continue to use their own curriculum in that situation, I hope that they will feel a sense of their own self-efficacy and to see that what they do as teachers makes a difference not only to a child's mind but also to that child's heart.

I learned much from this session that began as a training but evolved into a collaborative sharing of ideas, understanding, and hope. I am grateful for having had the opportunity to be a part of this work.

Medical: Dr. Tina Edraki

The Love for Haiti team returned to Port au Prince for a fifth humanitarian trip – this time with one medical volunteer, a doctor from the US. Since collaboration with Haitian doctors and medical staff had been so successful on the two prior trips, it was decided to use all Haitian staff (Partners in Health doctors) for the medical clinics. Two teams of doctors and pharmacists were asked to staff medical clinics on July 9 and 10th at Anis Zunusi school and at Titayen, the same two locations where clinics had previously been set up. On Friday, July 9th, we learned from a Titayen resident that Titayen's medical needs had already been addressed by a missionary medical team that had set up clinic there, earlier in the week. Since there was no need to hold clinics at Titayen and the doctors and pharmacists had already been arranged for, the decision was made to use both teams at Anis Zunusi School. This team consisted of 4 doctors, 2 pharmacists and 1 nurse's aid. They asked one community member to be a pharmacy aid (who had done this on May trip) and 2 community members to work at triage. Since the staff was all Haitian, no translators were needed for the medical clinic.

The pharmacy was stocked with medications that volunteers had brought and these were added to the pharmacy inventory. The Partners in Health team also donated medications for malaria, scabies, and gastric reflux. They also helped with antibiotics that were low, namely Bactrim and Ciprofloxacin. Pharmacy ran smoothly without long lines, because of 2 pharmacists working in the pharmacy.

On Friday, July 9, the doctors saw and treated 110 patients and on Saturday, July 10, they saw and treated 114 patients. Again a small donation was collected from the patients who could afford to donate. Because of a prior fact-finding trip that one of the doctors had made in June, there were known hospitals and clinics near Anis Zunusi, where patients who needed follow-up care, obstetric care or inpatient care were referred. Also, follow up psychology/psychiatry centers were identified for those patients in need of these services at the Partners in Health mobile clinic on Delmas Rd.

Local Community Involvement:

Several of the Anise Zunuzi teachers and administrators and students volunteered their time translating, building the school structure, and other services. John Currelly and Rubintrop assisted with purchasing and delivery of materials, accounting and bookkeeping, Chris Castera made numerous trips to the airport prior to our arrival in an effort to pick up the dental equipment that was held in customs for over a week. And the numerous 'behind the scenes' volunteers.

Our Goals:

- 1) to care for the immediate health needs of the Haitians, both mental and physical
- 2) to demonstrate and construct low-cost, easily available earthquake resistant shelter possibilities
- 3) to train youth volunteers in both the mental and physical health fields so that they might offer on-going assistance to their own communities as needed.

4) to offer free dental care and dental health education to those who need it

5) to empower the Haitian's by building capacity at the grassroots so Haitians can lead themselves.

Future Commitments:

Please see individual reports. We are all committed, however request your approval and direction.

With loving regards,

Maryanne

www.love-for-haiti.com