

**MY PERSONAL REFLECTION OF  
DISASTER PSYCHOSOCIAL SERVICE PROVISION POST TSUNAMI**

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It's been a year since Quezon Province was devastated by flashfloods leaving thousands of families homeless and displaced, and hundreds of casualties, either injured, missing, or dead. Days after that horrible incident, the Department of Health, through the Health Emergency Management Staff, sent teams to conduct rapid needs assessment. I was one of the teams who did the psychosocial assessment together with the team from the National Epidemiology Center and Environmental Health and Sanitation of the Department of Health.

As in many provinces, poverty was characteristic. Poverty instills suffering and deprivation that traps the people with a sense of helplessness, passivity, and hopelessness. When disaster strikes these feelings of helplessness and hopelessness can be magnified thus, people around us appeared blunted, sad, stared blankly, and preoccupied with cleaning their houses and surroundings. In disaster situations, poverty is aggravated, reinforcing a sense of helplessness.

As a psychosocial care provider, I have been given the rare opportunity to be in various kinds of disaster all over the country -- armed-conflict, volcanic eruption, flashfloods, air and sea tragedies. The emotional experience is always intense. Each time, the emotional suffering brought about by material damages and physical injuries calls upon my own psyche to feel for others while listening to them, marveling at their strengths in times of adversities and drawing from them my own strength, too. I have experienced danger, too, like when I had to walk for three hours through knee-deep muddy road on my way to Manila from Quezon. Little did I know that the Quezon experience would prepare me to face the effects of a more horrible disaster?

It was December 28, 2005 when, while enjoying the Christmas holiday with my children and my husband who was on a month-long vacation from work in Saudi Arabia, that I got an urgent call and was told to prepare myself to join the Philippine Humanitarian Contingent to Aceh, Indonesia as psychosocial care provider. The team was scheduled to leave on January 1, New Year's Day. Without any second thought I confirmed my joining only to feel guilty for doing so because it meant leaving my family behind on New Year's Day, particularly my husband who spends only a few weeks with us in a year. Besides, there were social obligations to attend to in our parish.

But I had reason to confirm immediately. For me, it is always a big challenge to attend to disaster work. More so for the tsunami. The

television footages have unfolded real-life drama among the Tsunami victims and survivors. Fortunately, we left mid-January because administrative concerns.

While waiting for arrangements regarding the departure, a series of meetings was held. Briefing and debriefing sessions for the 11-man humanitarian contingent for Aceh were conducted. Being apprehensive of the language barrier, I couldn't help imagine how difficult it would be to provide psychosocial intervention when communication skills were impaired. I repeatedly thought about what to do to understand the residents there. In the meantime, we practiced saying some common phrases like "apa kabar" or how are you, "selamat pagi" or good morning, or "terima kasi" or thank you to name a few.

The advantage of our team was that, we have multi-disciplinary contingent. We had our Moslem brothers from Mindanao - doctors, nurses, and a sanitary engineer. We were three for the mental health services, and I was the only Social Worker in the group.

Upon reaching Indonesia, we were briefed by the Ministry of Health in Jakarta about the real situation in Aceh. We were told that only 10% of the Acehiness can speak and understand English. We were oriented about the different evacuation centers, the International humanitarian volunteers worldwide and many other important details.

In Aceh we were met Ibu, (lady) the foster family of one of the two military men who accompanied the Philippine Contingent and offered us temporary shelter. It was a very long day for us so much so that we almost forgot our dinner and simply wanted to rest. That night we conducted our first psychosocial processing on Ibu. She narrated that her husband, a high ranking official in Banda Aceh, perished together with her mother in the Tsunami. Until that time, their bodies were not recovered from the rubbles. It was a story of a wealthy family, whose grand mansion, along with bars of gold and everything in it, perished in minutes. Nothing was left of her except herself and her four children. Their life was their consolation. But they were so helpless. Ibu was not able to work for a living. She has never done so. The four children, although adults, were not raised to be independent for they were living luxuriously. For several nights, this family underwent psychosocial processing and crisis management from us. Gradually, although feelings of hopelessness and helplessness were still there, recovery was noted and the family started to talk about what they can do for their emotional and financial recovery. We became friends that Ibu would cook Indonesian food for us.

The evacuation center assigned to the Philippine Contingent was at the Syiah Kuala University which house 2,500 evacuees. The Mosque was their quarters. Before heading to the evacuation center we toured around the area so that we will have a good grasp of the situation. It was a shocking scene that lay before us. The devastation was unimaginable. The extent to the damage was so immense; you could see a mountain

miles away, and a mosque standing alone in the midst of hectares of rubbles.

In the evacuation center, we were situated inside the Mosque. We provided medical and psychosocial intervention alongside with other medical volunteers from Sumatra. It is noteworthy that the Philippine contingent was the only team providing both medical and psychological services. Yes, we were limited in terms of medicines and other equipments, and even language, but because, according to the Acehiness the Filipinos are a caring and loving people, " dinudumog tayo ika nga " - we were flooded with clients.

During that time, being an interpreter was a very lucrative job for the English-speaking Indonesian. They were paid 100 \$ a day. While talking to a woman-survivor with bruises on her head, I approached the camp manager, a very young volunteer from that university. to help me communicate. **There was a young lady (the one in picture who embrace me)** was so enthusiastic to share her experience that I could hardly comprehend what she was saying. I could not even interrupt her for she was so engrossed. But her emotion was so powerful that I felt her pain, anguish, loss and helplessness. She could not eat and sleep for several days and wanted to end her life. The volunteer student continued to relate to me her narrative. Cut was 26 year old and two months pregnant, the lone survivor in a family of ten. Both parents and all the siblings died, and her only child perished while she was holding him tight.

The Tsunami literally took away her most prized possession. Gone too were all her friends and neighbors, and the whole community simply vanished. I held my tears and patted her back but she embraced me so tightly and whispered "can you be my mother?" I held her hands too. It was a sigh of relief to her. At that time, that was the only thing I could give her - emotional support. That very moment was very dramatic - seeing people suffer in anguish. That very moment, psychosocial processing was of help. There were no more discussions of interpreters' fees in the days that followed. Aside from the fact that we could not afford the translator fee, the humanness of us all prevailed. We simply wanted to help in anyway we can to address their emotional and physical distress. The following morning, that lady approached me and I asked her "apa kabar" how are you, she smiled and said "bagus tidur" good sleep, no headaches, and feeling light.

Three days later, I-Witness (Documentary film for GMA-7 Philippine TV network) documented the medical mission of the team. He became interested with the story of Cut. Cut asked me if she can visit the place (community) and the grave of her parents, siblings, and child. Before we went to her place using the film crews, we prepared her emotionally and psychologically. We oriented her about the magnitude of the devastation, the real situation of the community, and the only one structure standing on that site. While there, she reminisced her childhood, her friends and the community as a whole. We were just listening to her stories. After that

incident another debriefing went on and it helps her a lot. She was able to see her ability to continue her life, and enhance her capacity to cope.

When we were about to leave Banda Aceh I made sure I informed her. She was crying and thankful to all and it was sweet music to my ears when she said "I love you Imam" and will not forget the Filipinos who went there. She asked me to come back and my reply "Insha Allah" God willing.

Such was the drama that unfolded right before my eyes, and Aceh was the stage. We were part of it all through the provision of medical and psychosocial services to children, community leaders, direct victims and indirect victims in a land of different cultural and spiritual beliefs, in a land that confirmed the oneness of the human spirit when help was needed.

This insightful experience reinforces the following statements that I quote from the book From Victims to Survivors. I consider these my learning.

- Relevant and appropriate psychosocial intervention in disaster must take into utmost consideration in the different phases of the disaster.
- Crisis intervention aimed at modulating the impact of the disaster and lessening the distress experienced by the victims is the main strategy during the impact phase.
- Psychosocial intervention themselves, are not enough to assist the disaster victims from the extreme difficulties caused by the disaster.

- Cultural, spiritual, and language differences are not hindrances in helping people in crisis situation and the most important is to serve with compassion and the rest will follow.