

Collaborative Haiti Relief Mission

Report



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Introduction



On January 12, 2010, Haiti was devastated by a 7.0 magnitude earthquake, which resulted in the death of approximately 250,000 people, millions left homeless and billions in damages to the country's pre-existing fragile infrastructure (residential homes, government institutions, commercial properties, roads, churches, etc.). While the epicenter of the earthquake was the Leogane, Petit-Goave, Jacmel and Port-au-Prince

areas, the impact to the entire nation was massive due to the exodus of residents from the immediately affected areas to the surrounding provinces and beyond.

In an effort to provide sustainable assistance to the Haitian people, the Haitian Coalition of Somerville, dedicated to empowering and providing assistance to the Haitian population in the Somerville and Greater Boston Area of Massachusetts, galvanized its members, other organizations, the Haitian community and supporters of the Haitian people to discuss, plan and implement a two-week humanitarian mission to Haiti. We formed a strategic partnership with Funto Salud International, a non-profit organization whose mission is to provide humanitarian services along the borders of Haiti and the Dominican Republic.





The Coalition and Funto Salud were joined by approximately 30 volunteers from Volunteer for Haiti/Volonte Ayiti (formerly known as HaitiCorps Volunteer Network), Ray of Hope Inc., several individuals from the Haitian diaspora and other supporters of the Haitian people. In consideration of the recommendations and advice from several grass-roots organizations working in Haiti, we

deliberated and decided to focus the mission inside of Port-au-Prince in three tent settlements within the Tabarre neighborhood. Our partners on the ground in Haiti expressed that Port-au-Prince was badly affected by the earthquake and was still in need of humanitarian assistance. We accepted these recommendations and centralized our humanitarian efforts by focusing our efforts on communities there.

The Mission

The goals of the mission as established by the participating organizations and individuals were as follows:

1. Provide direct relief to the people of Haiti, especially the affected victims living outside of Port-au-Prince, in the aftermath of the earthquake.
2. Support and provide resources to the local grass-roots organization that are helping the victims and affected population of the earthquake.
3. Identify and assess with local organizations the future needs of the population.



Activities Planned to Accomplish the Goals of the Mission

- Create a multidisciplinary team of medical, mental health professionals and support staff to provide direct care and services to the affected population.
- Collect medical supplies, food, clothing, beds, temporary shelter and other materials.
- Hold mental health clinics in Tabarre, Port-au-Prince, tent-settlement camps.
- Conduct recreational sports activities for residents to promote mutual respect, cultural acceptance and mutual understanding.
- Provide workshops on herbal preparations, its properties and its uses as well as hands-on holistic services such as *reiki* (a Japanese technique for stress reduction and relaxation that also promotes healing), massage therapy and reflexology to settlement residents.
- Distribute collected items to our partners on the ground in order to allow them to distribute them to the population they service.
- Assess the situation in Haiti and determine how to assist the people of Haiti and grassroots organizations operating there long term.



Preparation for the Mission



The team met weekly for approximately six weeks prior to the trip to Haiti to discuss and plan every and all aspects of its details, including but not limited to collection of items, fundraising, transportation, security, distribution of goods, living arrangements and more. Funto Salud representatives Maria Moreno and Alba Mota prepared and planned for the mission in Bronx, New York, with the same zeal as the

Massachusetts group. Moreno served as a liaison to both the Boston and New York groups.

Organizers also collaborated with the Minister of Haitians Living Abroad Edwin Paraison and his staff, who provided tremendous support and counsel regarding transportation, security and the logistics for transferring the container from the Dominican Republic to

Haiti through the complex-customs systems. Minister Paraison was involved throughout the process, attended the group's final weekly meeting in Boston and (fulfilled his pledge to support the mission once the group arrived in Haiti by providing a driver, official car and other logistical support.)

Over several weeks prior to the trip and through the support of several organizations and individuals the team was able to strengthen its humanitarian mission by collecting a series of items. In March, team members and other volunteers gathered to sort, pack and ship the collected items in a 50-foot container, which was sent to Haiti through the Dominican Republic. They collected the following for distribution during the trip:

- 108 boxes of food
- 145 boxes of medical supplies, medication and toiletries
- 66 pairs of crutches, canes and walkers
- 7 wheelchairs
- 107 boxes of children's clothing and shoes
- 98 boxes of adult clothing
- 6 large tents
- 65 boxes of general goods (bed sheets, batteries, candles, etc.)



On the Ground in Haiti

The team expected to find more signs of a country under construction when its members



arrived in Haiti in late April prepared to deliver medical assistance and mental health counseling, distribute medication and food, as well as provide training in CPR and first aid to survivors of the January 12 earthquake. Instead, the volunteers found a country at a standstill. Piles of rubble still littered Port-au-Prince's streets. Buildings remained toppled and structurally unsound.

Generally, there were few discernible signs of progress. The government's role in post-

earthquake reconstruction was unclear. In some cases, individuals and organizations worked independently from each other and without central coordination to fill the leadership vacuum.

“We expected to see forklifts, tractors and other signs of construction. With all the donations made, pledges promised and funds collected on behalf of Haiti, we expected to see more,” Franklin Dalembert, executive director of the Haitian Coalition, said. “Bodies are still buried under the rubble. When you enter the camps [tent settlements], there are no case workers working to assist survivors, to direct them to services available to them and address their needs.” Another surprise was the population’s distrust especially of those working for non-governmental organizations (NGO’s). As a result, settlement residents expected our group of volunteers to enter the camps only for photo opportunities while delivering scant services and assistance in the areas that they truly need.



During the two-week mission, the team worked to establish trust with the residents in the project’s area of focus to deliver medical assistance and mental health counseling to 1,200 survivors; distribute supplies, food, clothing, beds, temporary shelter and other materials to 1,300 survivors; and provide CPR training to 60 women. The 60 women who received CPR training were identified by the de facto leaders

that had emerged from the camps. Through the trainings, the women were taught effective methods for providing CPR to children as well as adults. They were provided basic skills that would allow them to react effectively during emergencies so that they could properly treat wounds, monitor chills and fevers and, ultimately, save lives.

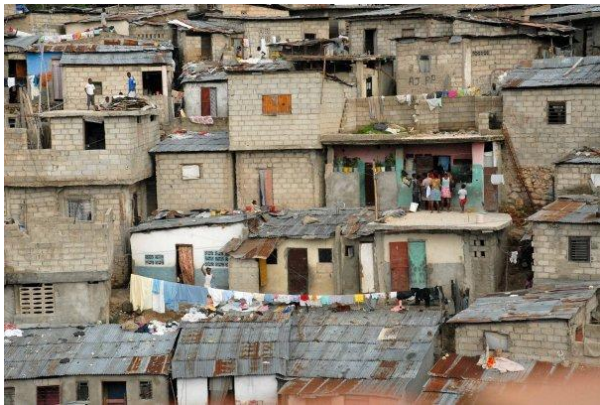
The mental health clinics held each day of the mission left an impression about the growing



need for a mental health system in Haiti. Psychotherapy or any open discussions about daily struggles and obstacles were once regarded as a taboo in Haitian culture. The earthquake reversed this norm. Survivors welcomed the opportunity to work with five mental health professionals among the volunteers to discuss openly the emotional toll of the earthquake on their lives. During group therapy sessions, survivors met in groups for women, men, boys or girls. They enthusiastically accepted the opportunity to talk about the issues still affecting their lives by recounting their individual stories of loss or of their struggles to move forward after suddenly losing everyone and everything.



Session participants were clearly still traumatized. Many cried or expressed various forms of remorse. Mothers confessed of the guilt they still felt over being unable to protect their children when the earthquake struck. Fathers also frequently asked “What more could I have done to save my child?” Parents collectively worried about their surviving children’s future. What about their children’s education? Many survivors also talked about feelings of neglect and the ongoing lack of privacy.



Beyond the group therapy sessions, sports became a form of therapy at the camps. Our team organized soccer, basketball and other games where neighbors collaborated, organized and found a sense of community. During the informal tournaments, participants relieved themselves of their daily stresses by smiling, joking and interacting with one another. In an effort to provide other outlets that allowed

settlement residents to relieve stress, members of our team also successfully presented workshops on herbal preparations, its properties and uses as well as demonstrated hands-on holistic services such as *reiki* and other massage therapy.

Conclusion

This collaborative humanitarian mission allowed the Haitian Coalition to listen to the Haitian people's concerns so that we can create and implement better future projects. Most importantly, it deepened our understanding of Haiti's pressing need for greater human development and capacity building. An effective plan encompassing human development and capacity building will empower the Haitian people to be self sufficient without relying on long-term assistance from NGO's, their government and the international community.

In addition, many participants in the mental health clinics provided by our clinicians said the sessions were their first exposure to psychotherapy since the earthquake. It is clear that the sessions were well received. Participants forthrightly asked us to remember them and requested more similar services. The positive response to the sessions highlight the need for an established and formal structure for providing more mental health services to individuals living in Haiti's tent settlements.

Acknowledgements

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