

# Rebuilding Communities

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Dr Michael Wessells

*Many people around the world have been very generous helping the victims of the tsunami. What went right and what went wrong in the process of delivering aid to the victims?*

One of the things that went well was fundraising. It was extremely unusual to find such an enormous outpouring of international assistance. As it turned out, there is actually too much money out there now. So there is a need to invest it in a long term trust fund, so instead of spending it in one or two years, it can be drawn out over a period of 10 to 15 years.

This was one of the first large-scale crises that I can remember where the psychosocial dimension was widely appreciated and understood as an immediate need. Typically, in emergencies the focus is on food, water, sanitation, physical security and shelter. The psychosocial aspect is relegated to a second tier.

It is marginalised and I think that is a mistake. Even under the most difficult circumstances people often tell me their greatest need is to have their dignity back. The way they get their dignity is not by getting tons of food and water but by reasserting control over their lives, by being invited to participate in the rebuilding and by being treated with respect.

There has been, however, poor coordination in the administration of aid. Non-government organisations (NGOs) compete with each other for funding and that competition makes for poor coordination. Often, inter-governmental agencies or government agencies do not encourage the quality of coordination that large-scale emergencies warrant. What NGOs should be doing is joining efforts by collaborating with each other, like the Christian Children's Fund, Save the Children and the International Rescue Committee have done in the past. On the other hand, competition makes it very difficult to exchange information, to

subdivide the work in a way in which different agencies work in different areas or with different ethnic groups. It makes it difficult to get even coverage for large populations affected by war or natural disasters.

Another thing that went wrong with assisting affected people was the tendency to impose outsider trauma models on survivors. In Sri Lanka for example, local universities pledged they could organise volunteers to provide counselling for everyone that had been affected by the tsunami. It was not only a pipe dream, but it was quite inappropriate for the situation. When the wounds are extremely fresh it is not the right time for people to express their experiences. Often that can make matters worse, and in addition, counselling is not necessarily what the majority of people need. Evidence from disasters in war zones worldwide indicates that only a small percentage of people need counselling. In fact, many of the people I talked with who had been affected by the tsunami said that their bigger problems were related to their inability to earn money to support their families, and finding shelter since their homes had been destroyed. People don't want to live so close to the sea anymore but didn't own the land where they were squatting and the government didn't want them to stay there.

There is an error in thinking that the biggest problem is the violence of the past and the horror and destruction of the tsunami itself. Often it is the stresses of the current living situation that have a greater psychosocial impact.



*You have spoken about the importance of collective empowerment through collective action. What are the steps to achieve it?*

The fundamental step is to invite local people to engage in collective planning and action, instead of going into an emergency and assuming that everyone is a victim. The approach is to begin a process of dialogue with local people to find out about how they have been affected, what their needs are and what are the immediate actions that need to be taken. This turns out to be a complicated process and we have to be careful because sometimes the people that come forward during the consultations may represent only one clan or one kinship group. Sometimes, they may not pay any attention to the needs of women and children. So one has to work at promoting

inclusive participation and that takes a bit of time and a critical eye, but it can be done.

Normally in the heat of an emergency the tendency is to roll in the food trucks, deliver food by plan and leave, instead of inviting local people to organise themselves and participate in getting out the food. Experience worldwide has proven that the food goes farther and does more good if it is overseen by women because women are the household managers. They ensure that children get fed, and unlike men, they are less prone to trade the food for other things like alcohol. The simple step of organising people or having people organising themselves to administer the aid is hugely effective. It alleviates the effects of feeling overwhelmed, because people are engaged in a process of self-reliance, and are taking action to control their circumstances, even in small ways. It is one of the most fundamental things.

Another key step is learning about ways in which culture can impact on recovery. Often, finding out what local people see as the cultural practices that would help them the most is important. For instance among Kosovar Albanians, it was eating Kosovar food. People who were in camps in Albania said to me: "people gives us this food ... It is not even our food." After a cultural genocide, going back to your own culture helps to build resilience and a sense of continuity of the past, it rekindles a sense of identity and increases self esteem and confidence for the future. This particular group said: "We want to take control over the kitchen and we want to cook Kosovar food," and they did that and the effect was dramatic. These were people who a week before had been quite downtrodden. By organising themselves they took control of their situation and demonstrated self-reliance and initiative. By reasserting their own cultural identity, they began taking a very positive step towards recovery.

Another key element is identifying who are the local groups or networks. Normally in every society there are women's groups, religious groups, youth groups, men's groups, etc. All these can be reactivated for different functions. For example, in camps of displaced people from the tsunami, young people helped clean up the camp. In Afghanistan, where there is little or no sanitation, young people organised themselves in teams to build latrines and that became a source of pride for them. They saw themselves in a new light and so did their community.

Another thing that needs to happen is the

rebuilding of the fabric of social relationships. When there is mass displacement and people are obliged to live among people from different ethnic groups or regions, and may recognize people who had attacked them, it is important to regain trust. One way of doing this is by having people cooperate on the achievement of shared goals, such as providing safety. For instance, all the women in the camp can get together, identify the biggest risks to women and take steps together to reduce the risks. It may be that they have to walk too far to fetch firewood and escorts are needed to protect women as they walk. Out of these collective activities come a sense of common humanity and a stronger sense of social trust and social connectedness. That is profoundly important. Isolation, extreme competition and the lack of social networks are quite toxic when one is in great need of support.

*You mentioned that rebuilding schools had been a vital step towards regaining a sense of normality...*

Yes indeed, working on specific projects where groups begin to plan and take steps to rebuild their physical infrastructure helps to construct meaning in life. Children want a normal life. Going back to school gives children a path to develop towards the future and creates positive life options that build hope. Children's resilience will increase significantly if education starts even in the refugee camps. To rebuild schools can be a symbol of recovery. The message is "now the war has ended and it is time to rebuild our lives." Once the schools are built they enable children to engage in the normal daily routine of going to school. This development is positive not only for children but for adults too, who say: "now we are good parents because we are providing education to our children."

Psychologists have often underestimated the importance of physical rebuilding and also the importance of economics. Women who have survived sexual violence may have to prostitute themselves in order to feed their families, but by providing income generation, vocational training and an opportunity to earn a living, they will gain self respect and dignity and suffer a reduced chance of sexual exploitation. Often the inability to earn a living is stressful for young mothers who say things such as: "I don't know where I am

going to get the money to buy medicines for my family." Often we tend to individualise the idea of suffering. But the greatest suffering for a parent is not being able to provide for a child. The worst part is not the trauma that happens to you necessarily but the inability to provide protection for your children. Most parents, in my experience, would do just about anything to protect the well-being of their children.

*What is the most inspiring aspect of working with people who are rebuilding their lives?*

The kindness and sharing that happens under the most difficult circumstances. I have literally seen mothers who are at risk of starving, work very hard to provide very basic nutrition for their own families, and for the children of others who are worse off than they are. That is absolutely amazing and totally inspiring. I have seen 12 year old orphans taking care of the household and their siblings with a level of responsibility and effectiveness that would please their parents. It is amazing, but it happens! I have seen young children often described as victims, who are not victims but actors and who have saved the lives of adults. For example, a woman and a child were captured by the Revolutionary United Front in Sierra Leone. She tried to escape but was discovered by a soldier, who opened fire. She was overcome with fear and froze. It was her four year old daughter who grabbed her hand and said: "Mummy, Mummy run!" and helped her react and escape to safety. When you hear these stories you realise that people are survivors, who manage to get on in the most horrendous circumstances and find a way of helping each other.

*Do you think there has been too much emphasis on victimhood rather than on survival?*

Yes there is. Overwhelmingly the emphasis is on deficits since people are portrayed as victims. Psychologists have contributed to this problem by saying that war affected people are depressed or that they have a pathology called Post Traumatic Stress Disorder. My observation is that although this phenomenon does occur, it is less pervasive than some may think, and people who are functional find a way to get on. I find that people who are actors, who cope

actively make meaning out of difficult situations, of traumatic experiences and get on with their lives. As psychiatrists and psychologists, we have the responsibility to highlight the ways in which people have functioned and survived in spite of adversity. We need to start telling the other side of the story, though we need to be careful not to let that become a means of exploitation. In some countries, governments have said: “We don’t need to provide any health or psychosocial services to people because everyone is resilient.” Even resilient people need support in difficult circumstances and we shouldn’t diminish that.



*Aid has contributed to perpetuate wars. The case of Sudan is a good example. What do you see as the main challenges for displaced communities affected by war and organised violence?*

Internally displaced people do not enjoy the same legal and international protection as refugees do because they have not crossed the border to another country. The genocide in Darfur, which is perpetrated by government-supported Janjawid forces, is a good example of how governments can be the worst perpetrators of human rights violations.

When time comes for people to return home, there are huge issues around land and land ownership. For example in Rwanda, people returned home to find their land had been confiscated by others. Gender issues played a major role because women, whose husbands had been killed, were not entitled to own land.

There are also issues in relation to resource shortage since people who return home often don’t have jobs, money, or any means to survive. The delivery of international aid goes well when international aid agencies engage in a consultative process with the local people to find out about their needs and have the local people guide the process, and provide resources that local people can use in rebuilding infrastructure. But things often don’t go that well. In East Timor, where the United Nations Higher Commissioner for Refugees oversaw the shelter effort, the emphasis was in getting shelters up fast. Western engineers went there to observe a few East Timorese homes and then drafted what appeared to be a good plan. Unfortunately, the East Timorese people themselves had a very different idea of what a plan ought to look like, and in some instances, they

wanted to refuse the shelters that had been drawn up by these outside experts. The failure to engage local people in a fully participatory process is an endemic problem for western aid organisations. When ideas are imposed on local people, they don’t work. Local people who have lost everything want to participate at the very moment when they most need dignity, respect and power.

It is also important to recognize that humanitarian aid actively harms people in some circumstances. Sometimes, aid agencies deliver food in a particular area, which becomes a magnet for refugees. Unfortunately, these same areas may become targets of attacks by rebel groups. In these circumstances, aid becomes a weapon of war, a means through which populations are manipulated and used. In the refugee camps in Goma, following the Rwandan genocide of 1994, genocidaires took over control over humanitarian resources such as food or shelter, which became weapons. This produces huge ethical issues such as whether humanitarian agencies should continue their aid when it is used as a weapon against those whom they had intended to assist.

Ethical dilemmas also arise because of the increased blurring between military and humanitarian operations. In Afghanistan, much aid provided by the US government is administered by the so-called Provisional Reconstruction Teams. These teams consist of a few persons from the aid agencies and military people, who are shooters who wear the uniform and are engaged in military operations. For a short time, they take the uniform off and go out to the communities to distribute aid and help build up schools. But the community people know all too well who these people are. Often shooters who conduct so-called humanitarian work are in fact collecting intelligence information. This practice, which makes humanitarian aid a weapon or an instrument of war, is very dangerous, and I would argue that it damages the whole humanitarian enterprise. It is well intentioned since the idea is that it is safer for humanitarian aid workers if there are shooters out there to protect them. However, this practice endangers aid workers since local people may think that the aid workers are really military people. This perception boosts the target value of the aid workers, who are unarmed and unable to defend themselves. Furthermore, this practice makes local people believe aid workers are not there for humanitarian purposes but to serve military purposes.

*In Sudan, aid was confiscated by the government to feed its troops.*

Yes, and related problems of government intervention in and subversion of humanitarian aid have occurred also in Iraq and Afghanistan. All US NGOs working in Iraq were told by the US government that they had to plant a flag wherever they were distributing aid, indicating it was US funded, so that the US government would get recognition for it. But most Iraqi people perceived the US presence as an act of external domination. Since there is a military occupation local people tend to see humanitarian aid as an extension of a repressive and colonialist effort. So in that sense, there is a tendency to make humanitarian aid an instrument of foreign policies and I think this is a very big mistake.

Humanitarian aid should be kept at arms' length from the wider foreign policy. Although it should be within the state's interest to provide humanitarian aid, aid succeeds best when it is administered according to humanitarian principles rather than to states' political agendas.

*Do you believe many aid agencies may have good intentions but may lack knowledge?*

Yes, particularly church groups that use a charity model that robs people of their dignity and creates dependency. A stronger approach is to view humanitarian aid not as charity but as an entitlement that helps to satisfy fundamental human rights. The delivery of aid is best done not through handouts but through participatory process that respects local culture and empowers people.

*Don't you think it is time for NGOs to embrace some generic code of ethics? Should there be a regulatory body to ensure NGOs embrace a set of principles?*

There have been numerous attempts to create something like that. For example in the psychosocial arena, Psychosocial Working Group convened by the Mellon Foundation is made up mostly of US and British NGOs and academic institutions that constructed a set of guiding principles that ought to inform humanitarians' actions. This is not a strict code of ethics, but

a set of guiding principles that lead one away from doing harm. But these principles lack the wide endorsement that, for example, the Sphere Standards of Humanitarian Assistance have enjoyed. The result is that despite our best intentions our practices may not be appropriate in a particular context and may cause harm. We need to maintain a stance of critical reflection in order to minimize harm.

Although most training programs are adopting a set of guiding principles or, best practices and things to avoid, we are still a long way away from getting the kind of global agreement on what constitutes the best practice and effective means of doing no harm.

Too often, damage is done by imposing an outsider model that doesn't fit the local context. Within the trauma industry many practitioners see it as their obligation to provide trauma counselling even in the early stages of an emergency. We have to ask ourselves whether this is appropriate early in an emergency, when wounds are still raw. The whole idea of going to someone we don't even know, and talking with them about how they feel, may not fit the local culture or make sense to local people. Cultures and individuals differ, yet we try to create a universal model for healing. Through the imposition of presumably universal approaches, we do harm by silencing local approaches, keeping power in our hands, and behaving in ways reminiscent of the colonial era.

*Working in war zone areas must be confronting. What do you see as the main issues faced by aid workers?*

I spend nearly 70 percent of my time in war zones. One of the problems of working in this field is that you tend to pick up toxicity and residues of people's suffering. Many people don't tend to manage this situation and over time they may develop issues of anxieties, depression, of substance abuse, among others. When this occurs, humanitarians tend to give toxicity back to the people they seek to help. Not taking care of yourself can do damage and I think it is a bigger problem than most realize. Having worked in many countries, where I have learned from local healing methods, I can honestly say that respecting the Do No Harm imperative means taking care of oneself. Only when we find ways to take care of ourselves are we in a position to support others. ●