

Our bus ride from the Central Plateau back to Port au Prince is somewhat harrowing as we have a tire that is about to blow and we stop to have it changed. By the time we get back on the road it is later than we had planned so that the last quarter of the trip is in the dark. Our driver, trying to get us back to Port of Prince in a timely manner, decides to drive the bus as if he is in the Indianapolis 500. At one point after turning a corner and the bus almost rolling over, the translators tell us how to say "SLOW DOWN" in Creole. We loudly say, "SLOW DOWN" and he tells us that he is trying to outrun the "dust" in the road. We are quite relieved when we arrive at our host, Agatha Jean Baptiste's home in Port au Prince. We are greeted with a wonderful dinner and we engage in lively conversation about our experiences in the Central Plateau and our work ahead in Port au Prince. The water is off so there is no chance of showers to remove the accumulated dust from the trip into the city. However, the company is good and our spirits are high as we anticipate the four work days ahead.

Agatha Jean Baptiste is a doctor who was trained in Cuba and received her MPH at the University of Washington. She is vibrant, charismatic and passionate about improving the infant and maternal mortality rate in Haiti and providing greater access to mental health care especially in light of the earthquake. We are to meet with representatives from other NGOs and also provide workshops in several Internally Displaced Person Camps in order to understand what Haitians in Port au Prince are experiencing in the aftermath of the quake.

TRI places great importance on assessment and evaluation and we have been conducted individual interviews with survivors in the Central Plateau and will also do them in Port au Prince. The interview is designed to alternate between symptoms questions and resiliency questions in a way that will not be re-traumatizing and can be an intervention in and of itself. Our goal is to do 50 interviews before we leave Haiti. This will give us a rich descriptive profile of the concerns, symptoms, strengths and hopes of the Haitian earthquake survivors.

We travel through many parts of Port au Prince during the 4 days. It is now estimated that 250,000 people died. We try to put the numbers of dead in the perspective that 270,000 people died in the Asian tsunami of 2004 that covered 9 countries. The concentration of death, morbidity and property destruction in the smaller geographical area of Port au Prince and its visual aftermath is massive. We have learned in our experiences in other disasters that the earthquake is the first of the traumatic experiences after a wide-scale disaster but the disruption trauma of living in the wake of the earthquake for the days, weeks, months, and even years that follow can cause additional traumatic experiences.

The first day we give an introduction to our Community Resiliency Model (CRM) to Action Aid, an international humanitarian aid organization that includes many services to survivors and Cozpam ("My Cause"), a partner of Action Aid that consists mostly of volunteer staff who are living in IDP camps themselves. The participants are very enthusiastic and ask to meet us at the IDP camp, Foyer Monfort, in Mariani the following day to participate in our work with the camp members and learn additional skills.

We next visit a camp closer to the center of the city called Saj Veye Yo, loosely translated as "wisdom is coming to them," which has been in the section of Belaire for the past 23 years. The Institut Cultural Karl Laveque (ICKL) is a sponsor of the Saj Veye Yo Camp. We are supposed to give an orientation to first responders here. This is postponed to the following day because the camp had run out of money for food, delaying lunchtime for the families. The food was finally brought in and cooking began. It is clear that the people at the camp are hungry. One of the children tells one of our team members that she is hungry. Unfortunately, we learn that this is a common condition for many adults and children. The camp directors did not know until shortly before we arrived whether or not they would have money for food that day. We talk with the staff and entertain some of the curious children with stickers while they wait for lunch.

After the people in the camp have their long awaited for meal, we continue with survivor interviews, collecting our data which will help us design our interventions on future phases and help us add to our body of knowledge of commonly seen symptoms after major catastrophes. We provide many individual sessions with the people we encounter in the camp. Everyone we meet has lost family and friends, as well as their livelihoods and homes. We talk to a man who lost his leg after being trapped in his home for 2 days. He waited at the hospital for 5 days with no care. His sons carried him to the Port where a naval ship admitted him and amputated his leg to save his life. When it rains, there is no place to be dry in the camp as the roof of the main structure has major holes. They do not have tents, only tarps, many of which are just sheets strung up with sticks and rope; we donate our 4 tents to this camp and decide when we return in May or July to bring more tents.

We return to the Saj Veye Yo camp the following day and do a CRM orientation with the staff. They are enthusiastic as we orient them to the skills and they eagerly practice them. People are always surprised at how these seemingly simple stabilization skills can create such positive changes in them. We have learned over the years how to streamline the information we offer and how to make it fun at the same time. There is a lot of laughter as we demonstrate some of the skills by acting out various scenarios of distress so they can learn how to track our bodies.

Later at the camp, a psychologist from the Faculte des Sciences Humanaries at the Universite d'Etat d'Haiti arrives to speak with us. The university has a psychology program that had 90 students before the earthquake and now has 35. He tells us that there is widespread lack of education about traumatic symptoms and he has been trying to inform teachers and parents about normal responses of children following a traumatic event. He shares that many teachers and parents were beating their children because of children expressing fear to go into structures where school is being held. Some teachers and parents think the children are faking symptoms to avoid going to school. He is working with students of psychology who are very motivated to learn more skills to help children and adults and after we explain TRM/CRM wants us to train all of his students.

On Wednesday, we prepare to do training for 30 people in Mariani and when we arrive at the Foyer Monfort camp, we are escorted to a patio area where 150 persons from the camp are crowded together under a corrugated metal awning waiting for us. They have heard about our skills program and want to do anything they can to reduce the symptoms they are experiencing. Unanticipated challenges, like changes in the numbers we will be working with, are an inherent part of work in disaster zones. We have learned how to adapt our programs for various contingencies and we have a short meeting with the team to revamp our format for the morning. We give a short introduction to stabilization skills, teach tracking and grounding with experiential games and role-playing.

Midstream we ask the group if they would like to share a song with us and a young woman raises her hand and she leads the group in "When you're happy and you know it, Clap your Hands" in Creole and the whole group of 150 raise and dance, clap their hands with great joy. We then share the TRI dance of the Hokey- Pokey, which is greeted with uproarious laughter and gleeful smiles. Our goals for the short skills orientation are to: 1) Introduce two to three basic skills that help stabilize dysregulated states, 2) Demonstrate how movement can move people into their Resilient Zone and increase states of well being, and 3) Encourage the use of the skills for self-care and with children. As we leave, the Catholic nun who runs the school and camp shares that she feels joy again for the first time since the earthquake. This is expressed to us repeatedly with reports of symptom improvement after the group orientation. It is very gratifying to know that a 1 ½ -2 hour community workshop like this one can begin to restore hope to so many people. And that this can happen without hearing any of the trauma stories.

After the workshop we conduct individual interviews with the participants from the workshop. Everywhere we go people line up to be interviewed, eager to be witnessed and pleasantly surprised to be asked about their strengths and support systems. We have over 55 interviews at this point. It is hard to turn people away when we have to leave.

Our last morning in Port au Prince we go to a medical clinic and food program for malnourished children to meet its director. She is delayed in coming and we are given a tour of the clinic and asked to orient their staff to CRM. As often happens in the field, we are asked to give the orientation in a cramped hallway by a staircase. We quickly improvise and split the group in half, with Laurie and Julia in the hallway and Elaine and Ellen going into an exam room. Since we thought we were only having a meeting with a director, we have no materials when we demonstrate tracking which is usually done using the Sheet Exercise. So, we simply pretend we are holding a sheet and the tracking exercise is as successful with the imaginary sheet as it is with the real one!

Some of us work with the children who are at the food program, drawing pictures, playing with the puppets, and introducing them to the pleasures of blowing bubbles.

Our final stop of the trip is a visit to the Feminist IDP camp and meeting with Maria Suarez, an impassioned and articulate Puerto Rican woman who represents the feminist movement in Central America, Haiti and the Caribbean. She is a member of the Women's National Coordinating Committee. Three of the most important leaders of the women's movement in Haiti were killed in the earthquake. She recounts her experience of living next to a camp that did not have food for an entire week and the joy in the people when the food arrived. We discuss the dangers for women in the camps and at food distribution centers (there are 16 distribution points in Port au Prince). There is an increase in violence towards women since the earthquake that is reported in Port au Prince and the Central Plateau. Women are being raped as they take showers and wait for food. Maria's group is encouraging the formation of women's groups within the camps to create greater solidarity and protection for women and children. We make plans to meet with women who could benefit from our CRM training when we return on the next trip.

It has been distressing to see absolutely no sign of prefab housing being built to replace the sheet and tent camps. At the 2-month post tsunami point in Thailand there were many houses rebuilt in Khao Lak as well as well-organized camps of prefab housing. Where is the aid money going in Haiti? Why is there no sign of more stable housing as the rainy season approaches?

We leave Haiti on Friday morning. It has poured rain all night and is still raining in the morning. We are so sad to think of the added discomfort of being wet in the overcrowded and flimsy tent and sheet camps. The Haitian people have shared deeply with us their concerns about the present and the future. We have seen their strength and we have witnessed their suffering. We have again seen, as in China, the US, Rwanda and Kenya, the healing potential of body-based models, like CRM. The people we meet ask us to come back sooner than July for our full trainings. We decide to try to arrange the trip for May. We leave with a strong desire to begin increasing capacity and sustainability within the Haitian people to take CRM to their own people.