What’s Inside...

News Dispatch...............................................2
FORUM.......................................................3
Typescript....................................................7
Profile........................................................10

Regional Emergency Psychosocial Support Network
Quarterly Newsletter
Volume 2               Number 2                 April-June 2003

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Child Soldiers in Burma
Voices from the Frontlines:
Even after having escaped forced conscription, death
take across the border to Thailand where they would be given
jobs as laborers.

“I was picked up in Mingladhone [in Rangoon].
If we didn't agree to join we'd get put in jail, so I
became a soldier. I want to go back home... Or
otherwise, I'll join the Karen guerrillas,” said a 16-year
old Burmese boy who managed to flee from the
army but ended up among rebels. The boy, Kyaw
Zeya, was among the former Burmese army child-
recruits held at a jungle rebel camp belonging to the
Karen cultural community. He was among the young
army defectors interviewed by an Associated Press
reporter. The New Era Journal reported in May 2003
that in March and April, many children unable to
bear the suffering and torture under the Burmese
government army had fled army quarters and ended
up in regions held by divisions belonging to the Karen
National Union.

This rare glimpse into the reality faced by the
boy-children of Burma comes after the military
government had persistently denied that it had been
abducting children and forcibly recruiting them into
the army to fight the various armed rebel groups
operating in the country. Nonetheless, Kyaw's
statement exemplifies the uncertainty faced by child
soldiers after forced conscription. Even after having
escaped forced conscription, torture and death, the
former child soldiers still face an uncertain future.

A Karen National Liberation Army commander says that the Burmese military has problems
recruiting people into their ranks that it has resorted to forcible conscription. Commander Saw Ner Dah Mya says that the children are to be released and

Ne Myo Kyaw, 16, recalled his experience; “I was coming home
at 8pm at night, after tuition, when I was picked up by a car used for
collecting porters. They said 'You have to join the army' then made us
sign up. On the front line, I had to carry rations and eat rats. I took
a lot of beatings. I just want to go back to school now.” According to
Aung Myo Oo, 15, “We weren't happy to be illegally arrested and
forced to become soldiers. I wanted to fight back against the guys.
I didn’t want to carry a gun anymore. But when the other fought I also
fought. I don't dare to go home to my mum and dad. I am afraid of
getting arrested. They can just kill anyone they like.”

The experiences of these children mirror the interviews with
more than 36 former and current child soldiers conducted by
Human Rights Watch for their report on the situation of child soldiers
in Burma. Released in October 2002, the report, entitled “My Gun
In solemn ceremonies on May 10, 2003, two Philippine human rights groups commemorated the death of hundreds of activists and members of the Communist Party of the Philippines (CPP) under a series of purges between 1982 and 1989. In March 1983, the CPP released a document entitled “Mga Siningaw Bahag ng Kampanyang Anti-DPA: Paggunita at Pagpupugay” (Martyrs of the Anti-DPA Campaign: Remembrance and Paying Respects), the event paid respects to the victims of the anti-deep penetration agents (DPA), Bonifacio was accused of treason and of trying to undermine the revolutionary government of his chief rival, Gen. Emilio Aguinaldo. T’bak and PATH, in commemorating both the death of the Bonifacio brothers and the purge victims, called May 10 as “one of the greatest tragedies in Philippine history.” The two organizations were one of the leading groups that struggled against the Marcos dictatorship. (MPP)

Resource: “We must never forget,” Press release statement issued by PATH and T’bak on May 15, 2003; and a souvenir program of the event. The website of T’bak is www.tbak.net. PATH can be reached through their e-mail, biology@jrd.org.ph.

2003 Reebok Human Rights Award
24-year old Filipino physician and staff of Psychnet member organization among four recipients

Dr. Ernest Ryan Guevarra, a 24-year old physician and a staff of a member organization of the Psychosocial Regional Network, was chosen in April 2003, as one of the four recipients of the 2003 Reebok Human Rights Award. He is a project manager/community organizer of Balik Kalipay, a member organization of the network based in the southern Philippines. Dr. Guevarra accepted the award from John Shattuck, Chief Executive Officer of the John F. Kennedy Library Foundation and former US Assistant Secretary of State for Democracy, Human Rights and Labor. Currently working in Mindanao, Dr. Guevarra has been providing an emergency health response to over 40,000 refugees in troubled areas in Mindanao. As a student activist, he helped found Medical Students for Social Responsibility and spearheaded campaigns advocating for the health needs of the vulnerable and disadvantaged. When Ernest graduated, he became a volunteer doctor in Mindanao with the Medical Action Group, the Philippines affiliate of IPPNW, providing care to victims of human rights violations.

“My wisdom is not my own. It is the wisdom of the communities and the people who have given me the opportunity to be part of them and experience how it is to face danger and peril, how it is to struggle and survive and how it is to hope and dream. My spirit is not my own. It is the spirit of the youth who despite facing so much uncertainty and hopelessness still strive to regain control of their lives and chart for themselves a better future. My dream is not my own,” Dr. Guevarra said in his acceptance speech.

Established in 1988, the Reebok Human Rights Award honors activists thirty years old or younger who, against great odds and often at great personal risk, have made significant contributions to the field of human rights, strictly through non-violent means. Since 1988, 72 recipients from 34 countries have been selected. The Award aims to strengthen the work of these young heroes by attracting international attention to both the recipients and their issues. (MPP)


Regional Psychosocial Network Website launched

In March 21, 2003 at the Bahay Kalinaw, University of the Philippines Diliman Campus, the website for the Regional Psychosocial Network was launched. More than 150 guests attended the two and a half-hour affair, among them. Terrel Hill, Representative, UNICEF- Manila, who gave the opening remarks, and Viktor Nyland, UNICEF-EAPRO. Entitled “Moving Across and Filling Up Spaces,” the event was highlighted by the launch of the website. Two of the three books that were launched, were written by the University of the Philippines Center for Integrative and Developmental Studies (UP CIDS-PST). They are entitled “Small Steps, Great Stories: Doing Participatory Action Research with Children” and “Integrating Child Centered Approaches in Children’s Work.” The third book launched was written by UNICEF-EAPRO focusing on child soldiers in the region, the book is entitled “Adult Wars, Child Soldiers: Voices of Children Involved in Armed Conflict in the East Asia and Pacific Region.” An artistic reading by members of the Philippine Educational Theater Association followed the book launches. A film showing by Bayah Kalinaw on war affected children in Cotabato in Mindanao was also shown. Elizabeth Protacio-De Castro, PhD, Associate Professor and Convener of UP CIDS-PST hosted the event. (MPP)


FORUM: Exploring Possibilities (continued from page 5)

constitute ‘intercultural support’? According to Spencer et al, “It is possible for governments, aspects of global governance, UNICEF, NGOs etc. to support grassroots self-help and mutual-help wellbeing action in ways that do not dis-empower and destroy.”

Spencer et al suggest that, “It may be possible to begin evolving a statement for the Emergency Response Network, firstly of the ‘intercultural enabler’ role including the nature of ‘constituents of intercultural support?’”

ENDNOTES

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The following articles represent highlights of the ongoing discussion between members of the Emergency Psychosocial Support Network. The first article in this forum is a summary of the “Guidelines for psychosocial and mental health care in post-disaster and conflict areas” (http://www.psychosocialnetwork.org/faq_interface.html#dutch) a document sparked an interesting series of exchanges beginning with Dr. Les Spencer’s contributions presented in an article he wrote entitled, “Interfacing Alternative and Complementary Ways for Local Wellbeing” (http://www.psychosocialnetwork.org/faq_interface.html) and the comments made by Dr. Elizabeth Protacio-Decastro (http://www.psychosocialnetwork.org/PESN/11/n1.html). Highlights of these exchanges were presented in the maiden issue of this newsletter. The second article in this series is Mr. Bo Viktor Nylund’s email (http://www.psychosocialnetwork.org/faq_viktor.html) which contains his reflections on the Netherlands documents and his response to Dr. Spencer’s think-piece. The third article, on the other hand, summarizes Dr. Spencer’s rejoinder (http://www.psychosocialnetwork.org/faq_spencer_et_al.html) to Mr. Nylund’s email. The last article discusses very briefly the key points of the document prepared by Mr. Thomas Shafer entitled, “Psychosocial Impact of the Mongolian Dzud on Children – Recommendations and Action Plans for UNICEF Mongolia” (http://www.psychosocialnetwork.org/faq_spencer_dzud.htm) on this report. Full-text versions of these documents may be obtained from the internet links provided.

GUIDELINES for psychosocial and mental health care assistance in POST DISASTER AND CONFLICT AREAS

(for a full copy of this document, please see http://www.psychosocialnetwork.org/faq_interface.html#dutch)

The occurrence of numerous wars and armed conflicts, as well as natural and man-made disasters, worldwide results in obvious physical consequences on the affected population. This has prompted the level of humanitarian aid to victims, but such form of aid should not just be limited to material support. The psychosocial consequences of wars and disasters also have to be taken in consideration. According to the document, “This insight has led to the development and implementation of various projects aimed at psychosocial assistance and mental health care to survivors of massive trauma or natural violence. Given the background of the previous neglect of the psychological and social consequences of violence, these initiatives are encouraging.”

Nonetheless, the document notes the “explosive growth in projects without the necessary co-ordination or quality assurance.” It categorizes the necessary knowledge and skills for the provision of psychosocial and mental health care as not yet “sufficiently developed or founded.” These guidelines have been formulated by and for organizations involved in the provision of such assistance for refugees, displaced persons, and victims of violence or natural disasters. “Current psychosocial aid and mental health care concentrate largely on strengthening or restoring a new social balance and on individual rehabilitation. Both forms of care are not only important to the well-being and health of individuals or groups of individuals, but also in terms of providing opportunities for social, economic and political stabilisation.” The Netherlands Institute for Care and Welfare notes that, “Psychosocial care for the victims of war and natural disasters demands, by definition, a multidisciplinary approach.”

The guidelines outlined in the document pertain to practical aspects of national and international support for survivors of violence and disasters. In presenting the guidelines, the Netherlands document gives the following criteria: One, the goals must be pertinent to the needs of the target group(s). Two, the aid must reach the greatest number possible of people within the target group (coverage). Three, the aid must be provided on a continuous basis for as long as it is needed. Four, the interventions must be effective. Five, there must be equal access for all members of the target group (equity), and lastly, the aid must strengthen and utilize the local capacity. 

FORUM: Experience, Conflict...

(continued from page 6)

Provincial First People’s “domitory school experience,” Spencer et al write, “Does separation have to happen? What do family members themselves think and feel about this ‘children into dormitory schools’? What do the youth think and feel about it? Is separation happening in Mongolia? … In what ways can children and parents be supported to be ecologically together in community?”

Spencer et al recommend the identification and tapping of local natural nurturers among the nomad parents and the nomad children. This recommendation is based on the premise that wisdom about local being well is already existent in the local community. Intercultural enabling is the bottom line. “Perhaps they (the nurturers bearers of indigenous Mongolian self-help) may pass on to Western ‘experts’ some of their local profound psychosocialization about simple ways, so that we can take what we want from them to shift our psychologies and metabolides towards our own forms of wellbeing and be better at intercultural enabling.”

As part of the conclusion, Spencer et al presented a different view of the dzud and its role in Mongolian culture. “Perhaps these dzuds are opportunities whereby the cultural system re-energizes itself with the most viable adaptive strategies.” They see the dzud as a time for cultural healing and exchange among the nomads. They note that, “‘Two critical pathways in a local context may be self amplification and cultural healing and exchange among the nomads. They note that, “Two critical pathways in a local context may be self amplification and cultural healing and exchange among the nomads. They note that, “Two critical pathways in a local context may be self amplification and cultural healing and exchange among the nomads.”

REGIONAL EMERGENCY PSYCHOSOCIAL SUPPORT NETWORK QUARTERLY NEWSLETTER

FORUM: Experience, Conflict...

Canadian First People’s “domitory school experience,” Spencer et al write, “Does separation have to happen? What do family members themselves think and feel about this ‘children into dormitory schools’? What do the youth think and feel about it? Is separation happening in Mongolia? … In what ways can children and parents be supported to be ecologically together in community?”

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For information and services visit:http://www.psychosocialnetwork.org/faq_interfacing.htm#dutch
Responses

(Mr. Bo Viktor Nylund’s email, dated March 23, 2003, containing his thoughts on the Netherlands paper summarized above and his response to Dr. Spencer’s article entitled, “Interfacing Alternative and Complementary Well-Being Ways for Local Wellness”)

I am writing in response to your think piece on ‘Interfacing Alternative and Complementary Well-being Ways for Local Wellness’. We have had a number of discussions over the past few months, and it has been truly interesting and useful as finally the policies of our own organization are beginning to take shape. Sorry it has taken so long to get back to you...

Let me thank you for taking this initiative, and getting the discussion going on what appropriate psycho-social response in the East Asia and the Pacific Region might look like. The paper includes a number of very good ideas, but perhaps the overriding message is that of the importance, participation and recognition of our beneficiaries by those who are providing assistance. This does indeed get forgotten, and the paper provides an excellent reminder to honor this principle. I have attached your paper to this e-mail, since we now also have a number of new members on the listserve, and it will be good to get them along in this discussion as well. I have requested the Secretariat to send around a list of who is on the list so that we are all aware.

At the outset we should probably make it clear that the ‘Guidelines For Programmes Psychosocial and Mental Health Care Assistance in Disaster And Conflict Areas’ — on which the ‘Western Approach’ in the think piece is based — were sent out to the Psycho-Social Network not with an endorsement from UNICEF, but as an example of some kind of ‘codification’ of sound response.

There are several problems with these guidelines also from a UNICEF perspective, including the fact that they deal with psycho-social and mental health care in one go, which is a problem since different approaches are being recommended. As far as table included in your paper on differences between Western and Local way is concerned, there are many things in the Western column that would not fit a UNICEF approach, and this is not the role UNICEF plays, for example, but it can help support this kind of an approach.

The idea that “nurturers” and those who can straddle two cultures being rare is quite true. But finding people who are extraordinarily sensitive and have the needed experience to achieve this competency is difficult. Thus, nurturers are always in short supply. What are the practical implications of this? If we’re going to deliver in a ‘self-help’ mode, we need people who can UNDERSTAND and DO this kind of work on the Regional network roster. Are there skills for project managers that can be easily transferred are there ideas that can be integrated into the programmes/training that Beth and her team ([F/CIDS-PST] are developing? It would be important that we agree on some key approaches so that we might be able to take this forward and maximize from local wellness and coping mechanisms that already exist. Bottom line is that psycho-social network should be used to improve the response to psycho-social dimensions of emergencies.

FORUM: Guidelines... (continued from page 8)

Responses (continued from page 4)

this point further: If we take his philosophy on First and Third Worlds to other sectors, would we then not vaccinate children in an emergency because of the danger of crushing local “wholeness”? I think not. Indeed, the mere presence of an international organization can help prevent further violations of human rights, as we have seen in many different situations.

This does not exclude the ‘local way’, but it would seem difficult to do only the local way considering the context of many of these onset crises. Also, there is the right to play, and the right to receive certain forms of assistance to restore normalcy immediately, which are very important parts of psycho-social wellbeing. These are important elements also of UNICEF’s humanitarian and psycho-social response focusing on children, and it would seem that they must come in quickly and ‘efficiently’ in order for children to be able to deal with other more psychologically oriented issues. All of this with due regard given to humanitarian principles, including taking into account the customs and culture and religion, and involvement of the local communities, including children. The involvement of children is critical, both to keep some of the youth out of trouble, but also because that way the younger children can see their older siblings and friends getting back to some kind of game and play.

It would also seem that we cannot put all of the Western approaches in one basket. There are different ways of doing psycho-social response, and some are better than others. Focusing on individual trauma that is inherent in counseling and treatment may not be the best way to reach communities and large numbers of people in emergencies. It would seem that the Local Way could push an approach to focus on communities and engaging the communities in true participation one step further, but different actors also have different advantages, depending on their nature. Or perhaps the local way and the self-help mode are strategies which take place at the grassroots level which is more suited for organizations working directly with the communities. This is not the role UNICEF plays, for example, but it can help support this kind of an approach.

FORUM: Guidelines... (continued from page 8)

respondents or the quality of (future) care.” While the document refers to scientific research falling outside the scope of the preparation and evaluation of projects, it notes a further...
The guidelines cover areas regarding (1) preparation, coordination and cooperation, (2) planning, phasing and exit strategies, (3) goals, interventions and methods, (4) political, ethnic, cultural and religious neutrality, (5) project evaluation, and (6) scientific research. For each of these areas, the document presents a description of the target groups, and outlines general standards and specific guidelines.

In discussing preparation, coordination and cooperation, the document states that vital information must be collected. These include the scope, condition and needs of the target group, its cultural, political, historic, ethnic and religious context. "The insights gained from this information are essential prerequisites for any intervention." Specifically, here are some of the guidelines presented by the document: The preparation phase should make as much use as possible of (assessment) data that has already been, or will be collected by other aid organisations. It notes the importance of coordination and consultation with other aid organisations and local governments for achieving the maximum terms of the quality and scope of psychosocial and mental health care.

In the section on planning, phasing and exit strategies, the document provides the following general standard. It states, "The goal of psychosocial and mental health care is to provide support and relief to people and communities that are forced to live with the physical, mental and material consequences of violence, suppression or disasters, under circumstances that often constitute a continued threat to human integrity and dignity." It views psychosocial assistance and mental health care as a "necessary bridge" between humanitarian aid and development cooperation. As for some of the specific guidelines, the document notes that both the psychosocial aid and the mental health care must focus on the continuity of provisions and that whenever possible, relevant, efforts must work towards achieving independence of local partners. This is in the terms of expertise, financing and integration within the local care system. The issue of the balance between striving for continuity of care and the available resources should not be missed.

As for the discussion on goals, interventions and methods, the document provides this general standard: "Psychosocial care should be aimed at strengthening or restoring the social (care) structures (emancipation) and on stimulating (integrating) suitable coping strategies and skills... Dissemination of ‘suitable’ and ‘situation specific’ knowledge and skills is essential for achieving the stated aim of all aid projects promoting self-sufficiency, independence, and sustainability." Among others, the specific guidelines call for the concrete phrasing, feasibility and relevance of goals, the involvement of representatives of the target groups, the focus on prevention by means of promoting socially and culturally suitable bonds and activities. The methods must strive to restore self-sufficiency and integration of the target group with the rest of the community. The possible burn-out of care providers should also be considered.

The document states as a general standard, that as far as the political, ethnic, cultural and religious neutrality is concerned, "It is an important and internationally accepted principle that medical and psychosocial support is offered regardless of a person's political and religious convictions, sexual orientation or ethnic background. Aid projects should take into account that this principle may come under considerable pressure when put into practice." The guidelines under this area stress the respect for the belief and cultural background of the target groups, but that this "does not mean that all local practices and beliefs need to be accepted and observed by aid organisations." In summary, the document foresees the development of ethical dilemmas or problems as a result of the principle of neutrality. Also, the planners and implementors should be aware of the dependence and vulnerability of the target groups, who should be protected from abuse by the media.

In discussing project evaluation, the document notes the importance of adequate project evaluation. "In the interest of the development of know-how concerning the design effectiveness of psychosocial and mental health care projects, the programme or project evaluation must be given due attention in the planning and budgeting." The organizational aspects of the project as well as the implementation or the effects of the interventions should also be taken into consideration during the evaluations. The document stresses, as one of the guidelines, the active involvement of the local partners in the design, implementation and formulation of the evaluation, which should be cost effective and proportional in terms of the scope and methods to the project and programme. They should also bear direct relevance to the specific and operationalized goals. Independent experts should carry out the evaluation of the results of the interventions.

Finally, in the area of scientific research, the document states that, "Scientific research into the field of psychosocial or mental health care is by no means a necessary part of projects. If research is done – either in combination with aid or not – it must be aimed at the improvement of insights into the condition and needs of the target group, and directly or indirectly benefit the delegates of the target groups, the focus on prevention by means of promoting socially and culturally suitable bonds and activities. The methods must strive to restore self-sufficiency and integration of the target group with the rest of the community. The possible burn-out of care providers should also be considered.

The enriching experience of a psychiatrist and psychologist named Dr. Neville Yeomans among oppressed cultural communities in the Southeast Asia Oceania region forms the backbone of suggestions for new frameworks and for the evolution of “Quick Response Healing Teams” in the context of describing “Healing Cultural Action” – the heart behind the suggestions they are presenting in their e-mail. It “involves actively fostering and sustaining cultural wellbeing. It fosters people extending their own culture as a balance to other cultures that may be dominant, elite and oppressive. As well, it is a movement for intercultural recognition and wellbeing.”

Yeomans began the journey of evolving the concept of such teams. He also founded the Fraser House, which served as a research center for “studying self-organizing grassroots processes for mutual help in reconstructing of societies devastated by man-made and natural disasters.” In what may seem to be a strange notion among Western experts in the psychosocial field, Yeomans conducted a lifetime and extensive research to demonstrate that “traumatized and dysfunctional people, with enabling support, can engage very effectively in self-help and mutual help in co-reconstituting their lives together.”

In their e-mail, Les Spencer PhD (Can), BBSc., BBSc., Dr. Dhan Wijewardana and Dr. Andrew Cramb explain that these “Quick Response Healing Teams” comprise enablers and natural nurturers “who can quickly establish rapport with traumatized locals from other cultures and offer support which locals may accept, and quickly commence supporting local people following a man-made or natural disaster.” They note the existence of natural nurturers among a traumatized community, and that with and through these local nurturers, action can be taken immediately. "It may be that within the Network, Small Quick Response Healing Teams in the context of describing "Healing Cultural Action” – the heart behind the suggestions they are presenting in their e-mail. It “involves actively fostering and sustaining cultural wellbeing. It fosters people extending their own culture as a balance to other cultures that may be dominant, elite and oppressive. As well, it is a movement for intercultural recognition and wellbeing.”

Yeomans, Spencer et al explain the concept of “Quick Response Healing Teams” in the context of describing “Healing Cultural Action” – the heart behind the suggestions they are presenting in their e-mail. It “involves actively fostering and sustaining cultural wellbeing. It fosters people extending their own culture as a balance to other cultures that may be dominant, elite and oppressive. As well, it is a movement for intercultural recognition and wellbeing.”

Spencer et al suggest the possibility of exploring new frameworks, such as contemplation on the role of the SE Asia Oceania Emergency Response Network (as well as UNICEF) in the psychosocial field. Spencer et al conclude that, “Scientific research into the field of psychosocial or mental health care is by no means a necessary part of projects. If research is done – either in combination with aid or not – it must be aimed at the improvement of insights into the condition and needs of the target group, and directly or indirectly benefit the people who have been brought up in two or more cultures or who have been an outlier in their own culture. These conditions, according to Spencer et al, gave the enablers “the sensitivities, perceptions and behavioral flexibility to quickly establish rapport and work within the local cultural assumptions, frames, worldview, ways, etc., without imposing the enabler’s ones.”
Experience, Conflict and Context: The MONGOLIAN DZUD, the UNICEF Action Plans, and Recreational and Intercultural Enabling

The landlocked country of Mongolia serves as the backdrop for this article on experience, conflict, context and intercultural enabling. Annually the country experiences very cold winters, which can reach unusual but disruptive proportions called dzud. UNICEF released in March 2003, a document entitled “Psychosocial Impact of the Mongolian Dzud on Children – Recommendations and Action Plans for UNICEF Mongolia.” In it, UNICEF notes that these abnormally severe winters have a psychosocial effect on the children of Mongolia. “Depending on the family, previous coping mechanisms, and previous adaptation to change and hardship, this period of time may make the child particularly vulnerable to physical or emotional abuse, lack of attention needed at a developmental phase, or simply inattention due to the understandable preoccupation of the parent’s own overwhelming concerns about economic survival of the family. The loss of the parents will transfer to a loss for the child.” UNICEF notes the increasing rates of self-reported depression and a recent World Health Organization report that cited a rise in the incidence of suicide among young people. According to UNICEF, the dzud “presents unique challenges in considering an appropriate psychosocial response.”

UNICEF proposes the rapid identification of a central group or agency responsible for the implementation of all dzud emergency activities. It also proposes the provision of recreation kits for children, which may include but not be limited to items such as jump ropes, books, and etc. UNICEF proposes the conduct of emergency psychosocial first aid training, both primary and advanced, in the affected areas. Such trainings include topics on strengthening coping mechanisms, the sharing of experiences, problem solving, common reactions to stress, and the identification of children who may need help. UNICEF also proposes the conduct of a gardening partnership project, wherein the children are provided “a very interesting and dramatic diversion from the stress of the dzud.”

UNICEF also proposed the delivery of public health messages. These include information about the psychosocial effects of the dzud on children and families. Commenting on the UNICEF document, Les Spencer PhD (Can), BSc, BSc., Dr. Dihan Wijewickrama and Dr. Andrew Spencer presented issues regarding the important and dynamic role of experience and context, with cultural enabling as one of the focal points. In writing their comments, Spencer et al. drew from their experience with indigenous ways in Southeast Asia, Australia, and Oceania. They presented “possible actions whereby the nurturers of psycho-social and other forms of well-being in the First, Third, and Fourth Worlds may engage together in supporting people in the aftermath of man-made and natural disasters in ways that enrich local ways, have positive second and third order consequences, that detract from the well-being of no one involved, and that do not compromise local self-help.”

Spencer et al raised concerns on possible conflicts from using culturally inappropriate outside ways in providing local well-being. They noted the possible breakdown of traditional mutual help networking as a result of the adoption of outside ways. Using the provision of recreation kits as an example, Spencer et al raised the issue of cultural striping. “Are ‘show bags’ with ‘trinkets and books’ the answer? We haven’t a clue. In our culture the ‘stuff’ would not last 5 minutes ... and Arsenal Soccer fans? With respect, is cultural striping happening? ‘Try your games, they are better than yours’.”

Described in its foreword as a “benchmark in academic publication on the psychological consequences for people who have been uprooted against their will,” the 25-page book is the seventh in the series of studies in forced migration. It is the latest in the series, published in association with the Refugee Studies Programme, University of Oxford. The volume “brings together noted researchers to discuss the emotional and social impact of forced migration. It reflects the ‘multidisciplinary nature of the field and includes within its scope international law, anthropology, medicine, geography, geopolitics, social psychology and economics.’ The authors of the featured studies look into technical issues in research, such as sample selection, measurement, reliability and validity, and refugee narratives. The volume provides excellent guidelines for researchers.

Part I of the book discusses theoretical issues in qualitative and quantitative research, including a study made by Ahearn, Jr., a professor at the School of Social Services of the Catholic University of America, ends the book with a conclusions and implications for future research. (MPP)

The first part of the book discusses the results of a study conducted on a sample of individuals arrested or convicted of various crimes and who are at that time the study was conducted are under the custody of several detention centers and the national penitentiary in Metro Manila. Statistics and descriptions of the various types of mistreatments were presented as they were experienced during arrest, investigation and incarceration. To keep a balanced picture, the study interestingly provides the side of the keepers, or those assigned by law to assume responsibility for the care of inmates. This section discusses a variety of topics, ranging from the allocation of space for inmates to the existence of riots, gang wars, and violence. The third part of the study focuses on the law on torture, detailing international laws ratified by the Philippines. It also discusses core constitutional provisions against torture and gives a comparison, noting the similarities and differences, between the 1987 Philippine Constitution and International Law. The fourth and final part presents an assessment of the prevalence of torture in the Philippines, and gives several recommendations, including ones that are directed to the police and other law enforcement agencies, and the general public. The book recommends the enactment of a comprehensive law on torture and the amendment of existing laws. Particular interest is the section listing the features drawn up by FLAG on such a comprehensive law. (JP-MPP)