

RESPONDING TO EMERGENCIES IN ISRAEL: ROLES, CHALLENGES, AND OPPORTUNITIES FOR JEWISH COMMUNAL PROFESSIONALS

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The UJA-Federation of New York built a bi-national team of New Yorkers and Israelis to strengthen crisis services in Israel. It fostered creation of an Israeli Trauma Coalition of major Israeli institutions dealing with trauma and is stimulating the development of new public health models and interventions.

Within 48 hours after the outbreak of the Al-Aqsa Intifada in October 2000, UJA-Federation of New York allocated four emergency grants to frontline Israeli organizations to address psychological trauma and demonstrate solidarity. In the face of escalating violence, UJA-Federation identified strengthening trauma services as a key strategic priority to support the ability of Israeli society to withstand the impact of chronic terror attacks. Efforts undertaken by federation professionals and lay leaders in both the United States and Israel resulted in a plan to enhance the resilience of Israeli society, as well as to increase the capacity and coordination of the Israeli service system to care for victims and their families.

The rising unemployment and the concomitant fiscal crisis created further trauma among Israelis. As Chemtob (2001) has noted, "The impact of acts of terror or of natural disasters can be defined as catastrophic when the magnitude of the impact is large enough to injure a community's economic capacity. Catastrophic disasters can profoundly interfere with recovery because they induce a cascade of resource depletion."

UJA-Federation of New York's response to the Israeli emergency was complicated by the fact that on September 11, 2001, the United States itself became the target of a terror attack unprecedented in its scale. While the attack on the World Trade Center reverberated across the nation and the world, it directly affected New York City. Thus, in

the midst of competing world emergencies and multiple demands on financial resources, the ability to launch major initiatives taxed the human and fiscal resources of the federation community.

In times of public emergencies, federation professionals are required to move beyond their traditional roles as planners and allocators in response to the ebb and flow of crisis situations. By virtue of their unique ability to allocate private resources to initiate quick, creative responses, federations have an opportunity to demonstrate strategic impact and leverage government funding. This article describes the role shifts, challenges, and opportunities experienced by UJA-Federation's Caring Commission¹ professionals as they sought to mount a response to Israel's emergency while also struggling to launch initiatives to meet New York's needs.

This article also illustrates the flexibility required of federation professionals acting in emergency response mode by describing the inherent challenges of assessing and responding to emergency needs while concurrently engaging with the Israeli professional community in strategic short- and long-term

¹The Caring Commission is one of UJA-Federation's four strategic planning areas. It serves as the Health and Human Services Planning and Allocations Body for carrying out UJA-Federation's Mission of Caring for those in need—locally and overseas—by serving as a bridge between human needs and resources.

planning. Federation professionals responding to national crisis or disasters, by necessity, use a variety of community-organizing roles, including convener, planner, facilitator, leader, advocate, social change agent, system broker, and resource developer. Although large-scale public emergencies require multiple roles, federation professionals remain guided by firm adherence to the traditional values embedded in fulfilling the covenant that *all Jews are responsible one for another*.

BUILDING CONSENSUS

At the onset of the *Matsav*, the Caring Commission took a leadership role in helping UJA-Federation shape its response to the crisis in Israel. Initially, internal discussions ensued as to whether the donor community would have greater resonance with the traditional "bricks and mortar" approach versus investing in building a psychological safety net to help Israelis endure the chronic effects of terror. Ultimately, communal leadership was able to embrace a less traditional approach in responding to an emergency even if what was being proposed was not apparently sellable. "The power of the trauma initiative as part of UJA-Federation's broader emergency Israel campaign served to galvanize the Jewish community and inspire engagement and support beyond initial expectation" (Personal Communication, Alisa Kurshan, Vice President of Strategic Planning, UJA-Federation).

September 11th further sensitized UJA-Federation leadership to the plight of Israelis, as many of UJA-Federation's top lay and professional leadership were in Israel during the attack on the World Trade Center and personally felt supported by services they received here from Israeli trauma experts. This direct experience enhanced understanding of the significance of the trauma initiative because of the special bond that forms when people face danger together.

FROM PLANNING TO ACTIVE ENGAGEMENT

As the rapid escalation of suicide bombing became a growing public health issue, consultation with Israeli providers established that the existing trauma treatment system was inadequate to meet the increasing demands. Assessment also indicated a need to develop new working models of prevention and treatment intended to increase sector capacity and access to services and to improve cross-sector collaboration, coordination, and communication.

Of the funds raised by emergency campaigns, \$2.5 million has been expended to date in the following ways:

- allocating funds to individual projects responding to critical needs
- identifying and stimulating development of new public health models that will have systemic impact on the field
- fostering creation of the Israel Trauma Coalition² linking trauma providers together to share best-practice models
- developing bi-national collaborations for information exchange
- providing support to colleagues
- enhancing research and evaluation capacities

Believing that the best strategy for community building is a community empowerment approach that views community members as partners, Caring Commission professionals built a bi-national team consisting of both New Yorkers and Israelis with different functions but sharing a collective vision designed to capitalize on their strengths, assets, expertise, and organiza-

²Dr. Danny Brom, Israel Center for the Treatment of Psychotrauma chairs the coalition. Other currently funded agencies include: AMCHA, Ashalim, Beit Lowenstein, Community Stress Prevention Center, ERAN, Hadassah Hospital, NATAL, SELAH, Schneider Children's Medical Center, Sorok Hospital. An additional forty organizations are participating in the coalition interest groups.

tional capacity. This community-as-partner approach appreciates that community members are most likely to develop effective strategies for dealing with problems and that this approach offers the best chance for lasting positive change. However, implementing this approach is challenging because it requires resources often perceived by the community as unavailable, as most funding sources focus on direct-service delivery projects while few support capacity building. In addition, operating in the immediacy of a crisis constrains the time available for long-term strategic planning because participants operate with a sense of urgency typical of "survival mode" (Chemtob & Taylor, 2002).

COALITION BUILDING

Developing active collaborations among disparate trauma organizations was made a condition of UJA-Federation funding. This reflected the theoretical perspective that a combined strategic mobilization and deployment of assets and resources through collaborative partnerships is the most effective model of community development. Through its Israel office, a meeting was convened with several trauma organizations that had high-level clinical expertise. The pro-active leadership of Caring Commission professionals was a key element in the early phases of coalition development.

The initial proposal to build an Israel Trauma Coalition encountered suspicion and resistance. It was not until several months into its development that UJA-Federation professionals learned from their Israeli counterparts that within the Israeli political context the term "coalition" can imply shifting and unstable alliances. Despite this concern engendered by the use of language, local collaborations began to take shape. The UJA-Federation Israel office proved invaluable in facilitating and nurturing the coalition's own internal process of relationship building and professional bonding while providing crucial technical assistance and professional camaraderie. At a time when professionals under fire may retreat from public

discourse, the coalition serves as an important venue through which its members seek refuge and much-needed peer support. Consider this statement from an executive director of an Israeli social service agency: "The building of trust among members of the coalition has taken time and is still going on. I have great respect for the professional experience and integrity of the coalition members and am proud to be a member of this group. I can lift the phone and talk to our partners about a great variety of common issues whenever I need. This is especially important immediately after a terrorist attack, when the needs of victims and personnel are urgent" (Personal communication, Nathan Kellermann, Executive Director, AMCHA, Jerusalem).

The time-intensive work of building trusting relationships while operating from afar and in a different time zone also proved challenging as there was a bifurcated planning process and a need to create trust and consensus quickly with Israeli providers. Working with professionals who are living in the locus of attacks means the helpers are themselves heavily affected by the crisis. Despite their tremendous knowledge base and rich experience they can find it difficult to maintain objectivity when operating rapidly in the context of crisis. At times, it was necessary to mediate these inherent challenges and tensions.

The competing roles of community organizer-as-funder added to the complexity of the team dynamic, sometimes exacerbating the complicated process of relationship building. The challenge for UJA-Federation professionals in their desire to foster caring connections with people on the frontline was evident when having to shift roles from one of supportive facilitator to that of grants manager. As clear performance expectations were set, the conflict between managing by love versus managing by objective and strategy became apparent. "Whereas managing by objective tends to reflect the past and present, managing by strategy seeks to focus on specifying future goals and mechanisms and uti-

lizes transformational planning by which the future is defined in terms of the ideal, and current practice is oriented towards reaching the ideal (Kruzich & Austin, 1984).

In the early stages of its development, the coalition organized a retreat facilitated by an outside consultant. After an intensive, highly charged process, the participants emerged with a greater sense of purpose. "The birth of the coalition filled us with enthusiasm. Creative ideas were born everyday and the feeling that there are partners that will collaborate rather than compete or ignore each other was in line with the spirit of the Community Stress Prevention Center" (Personal communication, Mooli Lahad, Executive Director of the Community Stress Prevention Center, Kryat Shemona). As the coalition became more empowered and took increased ownership in stewarding its own process, UJA-Federation's activist management role diminished.

To date, of the coalition has achieved the following outcomes:

- building a national network of trained trauma therapists and strengthening the capacity of local networks
- using technological resources to expand access points
- enhancing community education, prevention, and outreach
- increasing organizational capacity to train and deploy volunteers
- facilitating training workshops throughout the country for teachers, emergency workers, social workers, psychologists, and primary care providers
- creating adaptable models designed to help sustain the helpers
- developing age-appropriate screening and assessment tools, curricula, trauma protocols, and interventions
- creating new public health models combining clinical and community-based interventions with a focus on helping children in school that will result in improved psychosocial outcomes (Chemtob, 2001).

As it continues to map services, identify

gaps, and assess the public health consequences and effect of relentless terrorism on its citizens, the Israel Trauma Coalition has begun to serve as a pivotal convener of trauma services while strengthening its organizational capacity to coordinate and plan for services on a national scale. This unprecedented paradigm of service coordination has proved successful in its nascent stages by expanding the scope of service delivery—especially to high-impact underserved areas and populations—and has sought to provide culturally, linguistically, and religiously sensitive services.

Another strategic response has been to organize subcommittees of the coalition with specific interest areas that engage various governmental ministries, renowned academic research institutions, and non-governmental organizations (NOGS). Current interest groups include Children and Adolescents, School-Based Interventions, Emergency Room/Primary Care Intervention, and Community-Based Interventions and Resiliency. Efforts to coordinate and leverage the resources of the American Jewish Joint Distribution Committee (JDC) and the Jewish Agency for Israel (JAFI) are also underway in order to expand system-wide capacity and militate against a fragmented decentralized approach. The value and importance of public/private partnerships as an incubator of best practices and model development has been highlighted by UJA-Federation's experience with the Ashalim model for children at risk. Ashalim is a partnership between the Israeli government, JDC, and UJA-Federation to address the needs of children at risk.

BI-NATIONAL COLLABORATIONS

Sharing the experiences of victimization and terrorism reinforced the importance of an international systematic professional response system. Even before 9/11, UJA-Federation had fostered a bi-national collaboration between the Jewish Board of Family and Children's Services (JBFCs) and the Israel Center for the Treatment of Psychotrauma to develop joint strategies for school-based in-

terventions, which subsequently led to the first Bi-National Conference on Treating Traumatized Children held last year in Israel. The impact of traumatic events on children often goes unrecognized, and providing trauma services through schools is an effective strategy for mitigating the consequences of traumatic exposure (Chemtob, 2001).

Israeli trauma clinicians value collaborations with American colleagues as they derive a sense of psychological support from these relationships and a perspective on their daily work with victims. "Connections to other professionals engaged in trauma work has lessened the isolation. It is also why the connections to Americans are so meaningful and powerful, as it lets Israelis know that others on the outside care" (Personal communication, Elisheva Flamm-Oren, UJA-Federation Israel Office, Jerusalem). Similarly, when Israeli trauma professionals visit New York, their experience is highly valued by top policymakers in state and city government, clinicians, researchers, and lay leaders. Linking Israel trauma specialists with UJA-Federation network cohorts enables federation professionals to continue building global Jewish communities of concern.

Since American experts are not living amidst constant terrorism and experiencing the immediacy of traumatic involvement, they are uniquely positioned to offer their Israeli colleagues important perspectives, quick access to opportunities and resources, as well as much-needed respite. Conversely, Israeli experience with terrorism provides a learning laboratory that permits Americans to confront their own vulnerability and prepare for future acts of terror.

Though operating in a parallel universe, professional exchanges among Israelis and Americans have begun to advance knowledge, foster collaborative projects, and identify the most effective evidence-based trauma interventions and best practice models. Coalition interest groups are serving as incubators of new ideas and strengthening coordination and communication among providers. While fertilization of ideas between

the varied service sectors and across national boundaries proves to be a dynamic process, UJA-Federation emergency funding continues to help stimulate the important development, testing, and dissemination of innovative service delivery models.

VICARIOUS TRAUMATIZATION AMONG ISRAELI AND AMERICAN PROFESSIONALS

The Israeli professional community of helpers are functioning and operating on "military emergency time" and are attempting to "change the tire while the car is moving" (Chemtob, 2001) as they simultaneously deliver therapeutic services, care for the vulnerable and psychologically injured, conduct training seminars, and engage in community organizing and coalition-building activities. Like their fellow citizens, the professional helpers also experience the stress, worry, and potentially dangerous decisions of everyday life and work with the awareness that anywhere, anytime, anybody could be injured or killed. This awareness is poignantly captured in the worry that clinicians have of potentially losing their own child in a bombing. The coalition's development of flexible and adaptable "helping the helper" protocols is an important initiative directed toward the first responders: volunteers and mental health professionals comprising the community of caregivers.

As Israelis professionals experience suicide bombings, face broken bodies, and help heal the minds of their fellow citizens, they are best positioned to report on what it means to work in a state of siege.

Trauma organizations and staff themselves may internalize the experience of trauma and feel isolated and neglected. They are highly motivated with a strong, almost ideological stance and tend to be overinvolved with their clients and work. These characteristics are part of the phenomena you see in traumatized individuals and groups. Terror and trauma can also be paralyzing. For professionals engaged in trauma work, "doing is coping" and pro-

vides a sense of control, as well as a positive and meaningful context of achieving something amidst chaos (Personal communication, Danny Brom, Director, Israel Center for the Treatment of Psychotherapy, Jerusalem).

Like their Israeli counterparts, American professionals engaged in trauma work are not immune from the effects of secondary traumatization. UJA-Federation professionals engaged in planning, advocacy, organizing, writing, fundraising, and model development have been working at an equally intense pace in response to the multiple crises confronting the Jewish world. Exposure to both the horrifying images of Israelis being blown apart and the devastating losses of 9/11 has led to a shared sense of urgency and passion that is brought to bear in implementing trauma services for those who suffer and in the effort to develop effective models that will help build resilient communities. In crisis situations careful management of emotions is required. Thus, "helping the helper" models become a prototype for effective self-care strategy.

FUTURE IMPLICATIONS AND NEW PARADIGMS OF SERVICE

Trauma services have historically been highly fragmented. Service providers tend to specialize in different aspects of trauma care, rather than in a holistic perspective that brings together a collective knowledge base, expertise, and integrated planning. A comprehensive model that includes preparedness, prevention, mitigation, intervention, and recovery provides the philosophical framework that informs UJA-Federation's funding strategy.

Funding dedicated to the Israel emergency is stimulating the development of new public health models that combine clinical and community-based interventions. Recognizing that traumatic stress conditions and post-traumatic stress disorders emanating

from the events of the past two years will continue to affect Israelis personally and collectively, even if the violence were to end today, UJA-Federation is helping develop infrastructure capacity that will serve Israelis in times of peace as well as war. "We know that even after peace and quiet reach our area . . . the aftereffects of the prolonged terrible exposure to horrific scenes will be evident and will need at least the attention they get now if not more" (Personal communication, Mooh Lahad). Through envisioning a new paradigm of service coordination and development of innovative strategies, the Caring Commission hopes to lay the foundation for significantly altering the landscape of trauma-related services in Israel.

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