

Social Work, Volunteers and a Crisis: Jerusalem 1973

JOSEPH NEIPRIS, D.S.W.

Paul Baerwald School of Social Work, Hebrew University, Jerusalem

SOCIAL work has always stressed that it is a profession which is attuned to meeting acute human needs. The fact is that most social work activities are made available to people during the relatively stable times of a particular society. It has been suggested that social workers are trained to carry out certain functions better than many other professionals during periods of instability, abnormality and crisis. This assumption has never been actually tested. There is very little documentation of the professional activities of social workers during war periods, as, for example, World War II or the Vietnam War, to mention just two. There is some material in the American literature about the role of social workers with military forces during periods of conflict and there is some reference to social work activities during periods of natural disasters such as floods and hurricanes. No one seems to have adequately summarized as yet the functions of social work either within the military forces or as adjunct to these forces. There is even less material available on the functions of social workers with the civilian population during the period of war. To my knowledge, there is no research data on social work services during a brief but costly war, when measured in human terms.

This material will be an attempt to describe some of the activities and the experiences of social workers during a very brief but intensive war that occurred between Israel and its Arab neighbours in October, 1973. The material deals with the 17-18 days of actual war and the fortnight that followed the cease-fire de-

cision. This is primarily impressionistic, based on observation of people and organizations as they carried on their regular tasks and took on new ones. Following the 1967 6-day war, social workers in Israel were of the opinion that they had performed many important assignments associated with the war both in the period of tension which preceded the outbreak of hostilities and during the week of the war, as well as during the first few weeks after the cease-fire. In fact, however, there is no documentation in print of any of these activities, although some of them were undoubtedly worthy of detailed description. Nonetheless, there appears to have been some carry-over of the 6-day war experience in the behaviours of professionals when the 1973 war broke out. Unlike 1967 when the population was on a war alert basis for some weeks, there was no comparable preparation period in 1973. Most organization of special war-related programmes took place after the actual out-break of war and reference will be made here primarily to these activities. Programmes whose responsibility included taking into account the possibility of a war such as in the armed forces, are excluded. In other words, it is not my proposal to consider the function of the Mental Health Officers in the army who fulfil a very vital social work role but for which they were prepared by the very assignment they carried in the army. There is evidence that the regular army personnel as well as the reservists called up during the war, did very well, and it is hoped that the entire project will be fully reported. The data being presented in

this paper comes entirely from the city of Jerusalem and relates to the activities of professionals functioning either in their regular places of employment or as volunteers in settings which faced severe pressure of work. Similar projects developed in other cities in Israel, but this survey is restricted to the Jerusalem scene.

The Israeli civilian community reacted with unusual rapidity in establishing volunteer-staffed services and programmes to meet the emergency situation. This in all areas ranged from services that guarantee the distribution of food in the community and the collection of garbage from all areas of the city to intensive psychological advice programmes open to everyone and functioning 24 hours a day.

In the area of social work and social welfare one can describe the war-related activities in relation to four types of programmes or services.

1. The existing social services which continued with their responsibilities, for example, public welfare.

2. Re-organized and expanded existing programmes which became 24-hour-a-day, 7-day-a-week services rather than ones limited to the routine hours and normal conditions of work.

3. The existing voluntary organizations which took on new and temporary programmes to meet the welfare needs.

4. Temporary coordinating services created to meet the emergency need.

On the basis of previous war experience, the social service departments of the hospitals were aware of the fact that they might carry a heavy responsibility should there be many casualties as a result of the conflict. These departments therefore organized quickly to meet the various possibilities which a war might create. In Jerusalem, two hospitals were designated by the government as military casualty centres. In both Hadassah and Shaare Zedek Hospitals, a system of

24-hour, 7-day-a-week coverage of all services was quickly planned. As the hospitals were placed on a war footing, the regular employed social work staff was assigned to each of the medical units organized to care for casualties. To every one of these social workers were added volunteers from among the professional social workers who offered their services to the medical organization. The Social Service Department of the largest hospital, Hadassah, reported that there was coverage available for all types of problems resulting from the influx of patients, and especially for their families. The Social Service Department concerned itself with three types of problems. Firstly, assistance to the injured soldier, especially on the level of catharsis, by offering the soldier an opportunity to ventilate his anxiety, concerns, and so forth. The second was on the level of the family, where the social worker tried to assist the family to cope with the new reality, especially in view of the fact that many of the injured soldiers in this particular hospital suffered severe injuries that would require lengthy convalescence. The third was mediating between the families and the other community services with responsibility for meeting the needs of families under stress. The latter services included arrangements for food while visiting in the hospital, sleeping accommodation either in the hospital or in the city, transportation to the hospital and arrangements for children left at home. Some of these were carried out by the hospital department alone but most through referral to other services. It has been reported that during much of the period of actual fighting, where concerns in the community regarding the war itself and the tensions around the specific family of the injured were high, there was constant demand for the social services in the hospital and the social workers gave those in need of either mediation or catharsis the chance

to cope with some of the problems resulting from the new situation.

The usual practice in Israel is to grant a school vacation period during the week of the Feast of Tabernacles. This vacation period should have been on days 5-13 of the war. While schools were closed on days 2 and 3 because of the unclear war picture and then for the first few days of the holidays, it was decided to cancel the vacation and call pupils back to school for the days 8-13. The Social Service Department of the municipality organized itself to meet some of the needs arising from the war situation. Special attention was given to social work in the schools so that problems resulting from the war could be coped with in the classroom and so that teachers could share with social workers some of their own anxieties in this time of stress. Since many of the women teachers had husbands, brothers or sons in combat zones, their own anxieties could have a serious disrupting effect, if they could not get support. At the same time, many teachers were concerned how they would handle the child whose father was killed or missing. The social work function was central in the educational programme in time of stress.

The Department of Family and Community Services of the Municipality of Jerusalem found that many of the normal activities of the local welfare office were reduced during the weeks of actual warfare. While routine services such as financial assistance continued, few new requests were made. The Department was able, therefore, to direct its energies to organizing for special needs. A city-wide information service with offices in various sections of the city was a joint activity of this department and of the voluntary organizations as well as non-affiliated volunteers. A specific war-related joint activity of the staff and of volunteers developed in order to serve the Jerusalem district of Neve Yaakov.

This was a new residential area, quite distant from the centre of Jerusalem. It was still in the process of being constructed. Only relatively few buildings were inhabited when the war broke out and most of the services had not yet been created for the resident population. The decision of the government of Austria a week before the outbreak of hostilities, that the transit camp in Vienna would be closed and that they would no longer give service to immigrants en route from Russia to Israel, resulted in a large number of immigrants arriving in this country a day or two prior to the war as well as on the days just after the war began. It was necessary to find housing for these people and therefore several hundred persons were sent to Neve Yaakov and placed in apartments which had been completed but for which electricity and water had not yet been made available. Thus, several hundred new immigrants found themselves in a relatively unpopulated area, in housing which did not have water and light, and in an area with inadequate shopping facilities. Schools were not open, buses were not running and there were few neighbours. The Municipal Department of Social Welfare, the Ministry of Absorption and volunteer organizations such as WIZO, joined an organized effort to meet the immediate needs of this population. Within three days, electricity, water and cooking gas were available. Russian-speaking volunteers were brought into the community in order to answer the questions of the population and to orient them to their new community. Many of the new immigrants came only with winter clothes, having left Russia when it was already very cold. They arrived in Israel during a very hot spell. The volunteers quickly collected an adequate supply of clothes for the several hundred people in this group. Within two weeks, day nurseries were established for some 45 children between the

ages of two to four, and Hebrew classes were set up for the older children. This activity was clearly a result of cooperation between various social service bodies and readiness of social workers, including retired ones, to work full-time on this project since the regular bureaucracy was not able to meet all the needs because of the war.

A very interesting development during the first few days of the war period was the establishment of a coordinating body whose purpose was to meet unexpected needs, to offer psychological services and to supplement the existing programmes where deficiencies became evident. Headed by a number of psychiatrists, some employed by the Ministry of Health and others in private practice, and assisted by a group of social workers employed by the university, the Ministry of Health and other welfare programmes, the coordinating body set itself up as a 24-hour-a-day telephone centre with teams working on a number of fronts. One team went to the Town Major's office (*Ktsin Ha'ir*) to be available there for those families applying to the Town Major for information regarding soldiers. In normal times this military unit does not include personnel with any social work or psychological training since its routine functions do not require these services. One of the war related functions was to try to meet some of the immediate needs of those families by arranging contacts for them with the agency in the community able to meet their request. This required considerably more active "doing" than many social workers consider their usual method of work. In some cases the function of the volunteer social workers was to reduce the tension of the families by clarifying their problems. One very interesting development was the recommendation by psychologists, psychiatrists and social workers that any contact between the Town Major's office and families of sol-

diers killed or officially missing in action should be carried out in the presence of a psychologically trained person. The recommendation was accepted and effected. Thus, probably for the first time anywhere in the world, social workers or psychologists were attached to each of the teams sent by the Town Major to notify families of the death of a soldier or of the fact that he was officially missing. The value of such contacts will probably be studied but it is significant that the military establishment recognized the importance of these contacts and agreed to the arrangement by which civilians joined the military personnel.

A second group working from this voluntary centre made available a 24-hour telephone service to answer questions regarding pressing personal issues, anxieties and war-induced fears. This service also served as a referral channel for people who, under normal conditions, would not need the aid of welfare programmes.

A third activity involved going out to the civilian defence units in order to meet with them because there was an assumption that many of the men in these units had left families, many with problems. It was also assumed that considerable tension would develop in the men sitting around in groups, not actively involved in military matters. First evidence is that there was not any particular need for intervention, and this activity was phased out quickly. Thus, the coordinating committee proved itself flexible and moved to meet pressing emergency needs.

Primary responsibility for the care of veterans wounded in military service and for the care of survivors of soldiers killed in line of duty rests with the rehabilitation division of the Ministry of Defence. Normally a small department, this rehabilitation division overnight became the centre of tremendous activity and pressure. The moment a family was

notified of the death of a soldier, the division assumed responsibility and when a family was informed that a member was missing in action, the division offered its services. While the services for the missing in action are not defined by law, as are the division's responsibilities in the case of survivors, the division was ready to offer to families guidance, advice and referral to other agencies, as the situation might require. The social workers responded very quickly to the increased needs of this department. They offered to visit families, fill out forms, arrange for all the services the family might need. The activity was carried out with full concern for implications of the activity — this differentiating it from voluntary visiting by untrained persons. The social worker who volunteered for the assignments visited the family, listened, reacted and functioned as the situation required. If the natural anxiety in the case of the missing person could best be reduced by talking, this was the method used. If a nursery school placement or a small financial grant seemed most suitable, this was the service offered and effected. For the social workers who dealt with the injured soldier and his family, even in cases when the injury was resulting in permanent damage of a gross nature, such as double amputations, severe burns or brain injuries, the impact of numbers, of the relative youth of the victims and the reaction of parents, wives or children, were difficult to integrate into professional practice, but were in fact, crisis situations for which the social worker was trained. For the social workers assigned to work with the widow or the parents of a soldier killed in action, they were able to function with a conceptual framework of professional thinking that was the result of a process of social work experiences in hospitals and with the aged. The difficult service, and one that never has been studied, is the role of the social worker

meeting the parents, the wife or the children in the cases where the soldier is missing in action. The unofficial evidence usually supports the assumption that the soldier has died in action, but so long as there is no official decision and there is not yet the definitive evidence for this status, the family is left with the indefinitiveness of missing in action. What support does one give the parents who already suspect the worst, yet still have hopes that the son's name will appear on a list of P.O.W.'s? Does social work have roles to fulfil in such situations? The experience has shown that there is no single answer. The visit of the worker has resulted in some cases of total rejection — "you can't help me — no-one can — just find out what happened" — to deeply felt satisfaction that a person is ready to listen, to act if necessary, to serve as a support. The readiness of the professionally trained volunteer to move into an activity which is not the usual one and help families through a period of severe crisis is a reflection of a deeply ingrained professional ethic among social workers which critics of social work both from within the profession and from outside have tended to deny in recent decades. The spirit of voluntarism warrants recording and study.

The experiences described above cover only a part of the activities of social workers during the war crisis, and, as stated at the outset, the information is impressionistic. There is here, however, significant evidence that social workers in Israel utilized their knowledge and training to help families and individuals cope with the traumas, anxieties, fears and pressures that struck the civilian population in the sudden, bitter war. Virtually every family in the country was touched by a death, an injury or the inconclusive status of "missing in action". The social agencies, the community centres, the women's organizations — and especially the professional man-

power part of the country — moved with rapidity to meet critical and acute needs. Without previous experience in similar

situations, and under the pall of war, the Israeli social worker has done a tremendous job.