

Israel Trauma Coalition and UJA-Federation of New York: The Journey from Response to Preparedness

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In order to be a realist you must believe in miracles.

David Ben-Gurion

The violence that erupted in Israel at the end of September 2000 soon evolved into terrorism of a kind and severity previously unknown. Daily suicide bombings ravaged Israel—taking the bus or sitting in a café became an act of courage and faith. Anyone, anywhere, at any time was a target. The war had moved to the home front, and Israel, a country that had been on the cutting edge on the battleground and in dealing with physical trauma, was lagging in responding to the emotional and psychological anxiety, stress, and grief experienced by so many of its civilians. The entire society was so busy surviving the “situation” (as the Intifada was called) that it had difficulty dealing with the wear and tear on individuals’ lives, family functioning, and its very fabric. The Israeli psychosocial support system faced unprecedented challenges.

When the Intifada began, two safety nets were already in place. The first, provided by the state, attempts through the Benefits to Victims of Hostile Acts Law (1970) to meet the needs of direct victims of terrorist attacks. This law embodies the ideological commitment of the state to meet the medical, financial, psychological, and rehabilitation needs of terror victims. Immediately after a traumatic incident, trauma teams are available on the scene and in emergency rooms for approximately 6 hours (following large-scale incidents, municipal welfare personnel are also available for 48 hours). After this period, the National Insurance Institute (NII) provides specific services but only for those who meet their criteria.

The second safety net is provided by nongovernmental organizations (NGOs). Working independently, NGOs had either expanded or been created to assist those who did not qualify for government aid or whose needs were not sufficiently provided for within the framework of the law. These social service and trauma relief organizations worked in “reaction mode,” rushing to respond to each crisis situation as it arose, each working according to its own expertise and generally without collaboration.

UJA-Federation of New York, which at this point had been working directly with close to 200 NGOs in Israel that were addressing a wide variety of issues, brought together several organizations to begin the process of creating a comprehensive, integrated trauma response. In the very early days of the Intifada, it provided five emergency grants to agencies that were responding to the most critical needs. Shortly after the allocations were made and while the agencies

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were still struggling to meet needs in conditions of extreme stress, UJA-Federation brought together these five agency directors with visiting professional and lay leadership from New York. Over dinner, the directors connected with like-minded, dedicated professionals with whom they could share their burden; it quickly became clear that UJA-Federation could play a critically important role by convening a process aimed at harnessing the energies of these key service leaders and that collaboration was essential. It was no longer acceptable that providers work in isolation of one another or that service remain fragmented.

If the aim of terror is to create fragmentation, helplessness, a sense of loss of control, a loss of hope, and a feeling of isolation, then UJA-Federation's purpose in bringing these experts together was to offer the opposite—a sense of control, a sense of continuity, hopefulness, and a feeling of community and solidarity. Those who were fortunate to attend that dinner experienced an overwhelming feeling of camaraderie, mutual recognition, and support that evening.

Early in 2001, UJA-Federation provided the Israel Center for the Treatment of Psychotrauma (ICTP) with \$200,000 to create a national trauma treatment network in Israel: the Israel Trauma Coalition. Grants allocated since that time include this statement: "As a recipient of this grant, UJA-Federation requires that your agency be an active participant in the trauma coalition and engage a collaborative relationship with the other coalition partners." And so the journey began.

The bond and professional relationship between UJA-Federation and these NGOs underwent a powerful personal and professional transformation after the atrocities of 9/11. A UJA-Federation Solidarity Mission headed by John Ruskey was in Israel when the terrorist attacks occurred in New York, and its members were suddenly confronted with terrorism on their own doorstep and the extreme challenge of being far away and out of touch with loved ones. The following day, Israeli experts had been scheduled to call New York for a professional consultation and discussion, but this time, it was the Israeli team that supported their New York colleagues, offering support during this horrendous time.

The chilling understanding that no one is immune from terror underscored the importance of UJA-Federation's role in forming the Israel Trauma Coalition (ITC) to address trauma at all levels of society and to maximize professional expertise and resources. In the meeting point between Israel trauma agencies and UJA-Federation's passionate commitment was a place of innovation set to revolutionize the delivery of trauma services.

FASTEN YOUR SEATBELTS: YOU ARE IN FOR A BUMPY RIDE

"Coalitions are characterized by mutual benefit, interdependence, reciprocity, concerted action, joint production, and dynamic tensions" (Rosenthal & Mizrahi, 1994). They are also quite complex, challenging, and complicated. The coming together of seven founding organizations—Selah: Israel Crisis Management Center, ERAN: National Emergency Hotline, Amcha: Center for Psychosocial Support of Survivors of the Holocaust and the Second Generation, Beit Loewenstein Rehabilitation Center for Children and Adolescents, Community Stress Prevention Center (CSPC), ICTP, and Natal: Trauma Center for Victims of Terror and War—was undoubtedly a turning point. However the positive atmosphere did not mask the very real challenges that lay ahead.

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These organizations had previously viewed each other as competition for resources and target population groups. Adhering to the principle of mutual cooperation seemed “unnatural,” even disloyal to one’s own organization. Despite the professionals’ intellectual recognition that in the 21st century, the paradigm for work in the nonprofit sector had shifted from competing priorities to collaboration, from individual organization expansion to strategic partnerships, there were perceived tacit risks associated with joining the Israel Trauma Coalition. Despite this natural tension, members felt excited by the possibilities of what could be built together. Now there was an opportunity to share knowledge, to develop the language of the “we” and a continuum of trauma services, and to launch two pilot projects—in schools, to support teachers in their expanded role of calming and caring for children in natural settings at unnatural times, and “helping the helpers,” providing support to the professionals who were on the frontlines and combating compassion fatigue.

SUCCESS IS WHERE INSPIRATION MEETS PREPARATION

Effective coalitions encourage multiple definitions of success and a variety of results. While addressing the tension between conflict and consensus and between retaining personal identity and belonging, the ITC began to develop collaborative programs. Although UJA-Federation was not expert in the trauma field, as a strategic partner it brought to the table a vision and direction that encouraged ITC experts to (1) define the needs in ways that people could understand and relate to, (2) develop a macro approach to issues that encouraged inclusive thought, (3) pool resources, (4) and create a joint culture that reflected the need for a continuum of trauma care on a local and national level. At every step, there was collaboration between lay leaders and professionals in New York and the ITC on strategic development. The Israel office of UJA-Federation played an important role in ongoing consultation and cultural translations, enabling effective and efficient sharing of information and decision making.

Yet, the security situation was continuing to wear down individuals and systems, eroding their basic sense of security and well-being. Thousands of people had not received treatment and were not supported by either of the two safety nets already in place. To cope with this plethora of needs, it was critical to develop new, complementary services and integrate them as the first step toward a continuum of trauma services (CTS).

NOTHING SUCCEEDS LIKE SUCCESS

In 7 intense years, the ITC has grown from the 7 founding members to include collaboration with more than 50 organizations, government ministries, local agencies, and NGOs, greatly surpassing both the initial expectations of the founding members and those of UJA-Federation. Developing naturally from direct care to include team training and a model of community resilience, strategic relationships have developed among government ministries, the nonprofit sector, and international organizations such as the United Nations and World Health Organization. No one could have foreseen the needs of Gush Katif evacuees, the ongoing shelling of Sderot and the Gaza region, the Second Lebanon War, and Operation Cast Lead (the battle with Hamas in the Gaza Strip). However, through the ITC and the commitment, support, and encouragement of UJA-Federation,

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systems were developed to respond to the escalating needs in a movement from response to proactive intervention. During Operation Cast Lead, partnerships developed through years of working together came to the fore to provide a comprehensive response to the situation, involving inter-ministerial collaborations and partnerships between the government and nonprofit sector.

The ITC now manages more than 200 high-impact initiatives in three key areas—direct care, team training, and community preparedness—with budgets of \$25 million. Programs provide training for health and educational professionals that both bolsters their competencies to better serve clients and provides critical support and self-care. ITC's nine innovative Resilience Centers assess community needs, deliver an array of services, and prepare for future emergencies. The Resilience Center model, adopted by the Prime Minister's Office, is changing not only the language of trauma care but also the very landscape.

During Operation Cast Lead, the Resilience Centers worked around the clock to provide a seamless combination of trauma care, team training, and relief for care providers in danger of burning out. For the first time, professionals who constituted a network of local teams trained and established through the Resilience Centers provided a fitting response to individual and community needs. A 2009 concept paper of the Reut Institute, an Israeli think tank, and ITC, commissioned by the UJA-Federation of New York, placed emphasis on the “culture of preparedness”—the need for a civilian resilience network to strengthen the home front through a collaboration of government agencies, NGOs, the private sector, and local municipal councils.

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CONCLUSION

We live in dangerous times. Terrorism, war, natural disasters, tragedy, and bereavement are global phenomena that have transformed our world into one small village: no one is unaffected. Individuals, families, and entire communities are left exposed, vulnerable, and fragile. The ITC is a model applicable not only in Israel but around the world; it is true to the spirit of *tikkun olam*.

Now that Hezbollah has more missiles than before the Second Lebanon War and the situation is heating up on the Iranian front, Major General (ret.) Moshe Kaplinsky recently told a conference at the Center for Strategic Research that we need to prepare for tomorrow's war. Preparedness requires collaboration. Resilience needs to be enhanced, promoted, and nurtured at all levels of society. This is the essence of the ITC model, which has positively transformed the field of psychotrauma and emergency preparedness in Israel. We need to explore ways to further these goals both nationally and internationally by creating caring communities that in the words of John Ruskay are communities “whose members at the most human level reach out to one another in times of joy and in times of sorrow and are there for each other in the most fundamental human ways.”

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