

EMERGENCY EDUCATION

BRINGING HEALING TO INJURED SOULS

When if Not Now?

IT ALL STARTED DURING THE 2006 WORLD CUP, when Stuttgart, in Southern Germany, was playing host to some of the football matches. The city's mayor organized a cultural "fringe" program and invited 2,006 young people from all over the world to a UNESCO Peace Festival. Being well aware that Stuttgart was not only famous for Porsche, Mercedes, and Bosch but also for the Waldorf school movement—the first Steiner Waldorf school opened here in 1919 and has since grown into a world-wide movement with schools in over 80 countries—he also invited 300 Waldorf pupils from 16 nations. The Friends of Waldorf Education, a support organization of the international Waldorf school movement, were asked to take on the planning, organization, and management of this event. When the World Cup was over, the Waldorf school in Überlingen, a town south of Stuttgart, invited the Waldorf youth of the world to a weeklong conference at Lake Constance. This educational peace celebration was in full swing when the Israeli-Lebanese War broke out. Lebanon's infrastructure was severely damaged in the Israeli air raids; airports, bridges, and main traffic arteries were destroyed and the Southern parts of the country temporarily occupied by Israeli troops. Twenty-one students from the Beirut Waldorf School—the only group of disabled youngsters to attend the Stuttgart UNESCO Peace Festival—could not return home.

The Lebanese youth group found a friendly host and a welcoming home in the Karl-Schubert School, a special needs Waldorf school in Stuttgart, and the City Council spared neither effort nor expense to provide an entertaining program for the involuntary visitors. The German organizers were happy to be able to offer the young people from Lebanon a safe place to stay, thinking that being far away from the crisis back home would be best for them.

But their view was not shared by the Lebanese partners who urged that the young people return home. Their families implored the bewildered German organizers to do all they could to send the group back home as soon as possible. The young people began to respond to the tenseness of the situation by displaying increasing stress symptoms characteristic of their particular disabilities. This conflict situation in Stuttgart had arisen as a result of different cultural values and traditions; Lebanese families tend to move more closely together if their lives are in danger, potentially even so they can die together.

In the end, the project organizers in Stuttgart and the Friends of Waldorf Education decided to comply with the wishes of the Lebanese families and send the disabled youngsters back to Beirut—into the war zone! Following detailed arrangements with the Lebanese authorities and Israel’s military leadership and equipped with a letter of protection from UNESCO, the young people set off on an adventurous two-day journey home via Syria and Northern Lebanon. In Beirut they were handed over to their delighted parents. Their German travel companions were later received and honored by the Lebanese President and the “repatriation” was widely reported on in the Southern German and Lebanese media.

What the media did not mention was that the German helpers experienced something first-hand that they had previously only known from television—war. In the refugee camps they met the human victims, the “collateral damage” of the political interests—traumatized children, disturbed, pale, apathetic, bereft of their childhood, their gazes empty and dull. Any special or curative teacher will know that,

in the early stages of trauma, it is relatively easy and effective to help traumatized children to resolve their trauma. They know also how difficult this will be at a later stage when the trauma symptoms and responses have become chronic. Teachers and therapists, who look at these children's eyes, know what needs to be done.

The traumatized refugee children at the Beirut Waldorf School inspired the impulse for an "emergency education in crisis situations" based on the principles of Waldorf education.

PSYCHOSOCIAL SUPPORT IS FIRST AID FOR THE CHILD'S SOUL

In a shelter in Zeitoun in the Gaza Strip, 12-year-old Mahmoud, who is severely traumatized, receives emergency education, next to a sick donkey. "Soldiers with tanks shot at us with smoke. My sister was lying on the road; she was hurt. Two helicopters circled above her. Many people fled. Lots of dead bodies were lying at the petrol station. My sister's son is dead, her husband is dead, another of her sons is injured. I can no longer concentrate at school!" Mahmoud had become conspicuous because of the extreme brutality depicted in his drawings.

Trauma changes the lives of children profoundly and lastingly. Children who have been through a traumatic event need special support and affection. Alongside psychological methods, the concept of using educational approaches to overcome trauma has been developed in recent years. "Trauma education sees itself as a (special) educational approach that aims at stabilizing and supporting traumatized children and youngsters" (Kühn, 2009, 26).

The **holistic stabilization** of traumatized children comprises four levels and is a crucial foundation for any therapeutic interventions that might be required later (Landolt, 2004, 88; Hausmann, 2006, 92ff.). The four levels are:

- **Physical stabilization.** The first essential step in emergency education is to make the affected children feel safe. For this they need a place where they feel physically safe. The children need



Tears of joy at a reunion in Beirut, Lebanon, August 2006, following the successful journey home of 21 Waldorf students

to reconnect with their own (physical) body. It is therefore a priority that any physical injuries or ailments receive medical attention.

- **Somatic stabilization.** The functions of the life or ether body need to be supported and strengthened so that the etheric wounds and injuries can heal and congestions and blockages be dissolved. This allows children to experience their body again as a whole entity and a place where they can feel safe and develop a sense of continuity.
- **Psychosocial stabilization.** Reliable networks of relationships need to be established that can convey protection and safety. Establishing relationships means building up the necessary trust in the environment in order to strengthen the child's soul or astral body. Especially when children are severely

traumatized or suffer from comorbid disorders, it is essential that they are psychologically stabilized before any trauma therapies are attempted. Suitable methods of stabilization at this level include artistic educational approaches such as painting, drawing, modelling, play and drama; movement (sports, walking, gymnastics, eurythmy); resource-based processes (diary techniques, body-oriented techniques, imaginative techniques, etc.) and behavioral therapy (anxiety-management, assertiveness training, etc.) The overall aim is to strengthen children's weakened self-esteem in relation to their environment.

- **Mental-biographical stabilization.** Trauma can cause developmental retardation or blockages and destroy the victims' confidence in their ability to shape their own biography. The reason for this is that the human essence (the "I") is prevented from incarnating in the right way. Mental-biographical stabilization means that negative traumatic experiences are corrected or replaced by positive life experiences. It encourages trauma victims to actively take hold of and shape their life again.

Psycho-educational instruction has also been effective at the psychosocial level of stabilization, but it needs to be age-appropriate if used for children. Trauma victims who understand what trauma is, how it evolves and how it may manifest, will suffer less physically and mentally and are not in danger of thinking of themselves as mentally ill.

EMERGENCY EDUCATION IS NOT TRAUMA THERAPY

Trauma can be treated in many different ways. "It is always about healing wounds. The greatest danger is that one might open up the wound again without being able to staunch it" (Donowitz and Lache, 2011, 78).

The educational, psychological, or therapeutic interventions chosen depend, among other things, on the stage of the trauma process.

As a rule, the first intervention needed by children who are in acute shock or in the subsequent phase of posttraumatic stress is the psychosocial stabilization described earlier. Therapy is only necessary if there is an illness that needs treating. Trauma therapy that helps traumatized children to process their stress experiences is therefore usually only introduced weeks after the phase of posttraumatic stress when an actual illness becomes apparent. Trauma therapy confronts victims with the traumatic event that they are trying to suppress. The therapeutic process enables them to resolve the trauma and integrate it in their biography. Therapy that is introduced too early can undermine the natural healing process. The soul wound is reopened and the trauma therapy itself can become a new trauma by aggravating what it ought to alleviate.

Emergency education is not trauma therapy. Its educational-artistic methods, which are based on the principles of Waldorf education, are applied in the first weeks after the traumatic event but before the stage of posttraumatic stress sets in. Emergency education seeks to activate and strengthen the child's powers of self-healing in order to prevent, or at least assuage, pathological developments.

TRAUMATIZED CHILDREN NEED PLACES OF SAFETY

Malalak is a mountain village in West Sumatra. The headmaster of the village school, Kaidir Zein, speaks of conspicuous trauma-induced behaviors among his pupils after the severe earthquake that shook the area in November 2009: "Many children are aggressive and hyperactive during the day. They are defiant toward their parents and teachers. But as soon as it gets dark they are very frightened. They are afraid of falling asleep or they wake up in the night crying, haunted by nightmares." Aggression and fear are typical responses to trauma. The teachers in Malalak speak of concentration problems, lack of motivation, and growing discipline issues: "They no longer listen to the teachers but run around the room during lessons, shouting and ignoring us." When the Emergency Education team arrives, headmaster Kaidir Zein asks if they have brought presents since,



Laughing children holding a handmade doll, West Sumatra, Indonesia, following the earthquake of November 2009

without, they wouldn't have a chance of "motivating the children to work." Astounded, he stands shortly afterward in a big circle with 130 children. All of them had stayed behind after school, voluntarily, to join in with games and other activities. "You got the children to laugh again, you opened up their hearts and made their eyes shine," is how Kadir Zein summed up his impressions at the end of the day.

Before any trauma therapy can be attempted trauma victims have to feel safe again. This sense of safety can be established with special imaginative exercises that start by evoking beautiful, empowering inner images. Such imagination techniques help to build up inner places of safety to which trauma victims can retire when flashbacks threaten to overwhelm them. The inner images are like safe anchorages in a harbor that protect the boats from being swept away by the surging waves of the ocean.

Based on these considerations, trauma therapist Luise Reddemann developed the concept of “psychodynamic imaginative trauma therapy” (PITT) (2008). Reddemann encourages trauma victims to imagine the parts of their inner life that have been hurt by the traumatic experience and then asks them to take these parts to an imagined place where they are cared for, nurtured, and healed by imagined helpers. Andreas Krüger, a psychiatrist at the trauma clinic of the university hospital in Hamburg-Eppendorf (Germany) developed Reddemann’s concept further and adapted it for children (Krüger and Reddemann, 2007).

Both Reddemann’s and Krüger’s approaches to trauma therapy are derived from the “ego states model” developed by the American psychologists Helen and John Watkins (Watkins and Watkins, 2003). According to this thought model we combine within ourselves the most diverse “ego states,” such as the role of the son, husband, father, brother, professional roles, the role of victim and perpetrator, and so on. “When people suffer injuries to their soul they develop, as a kind of defense mechanism, new ego states; they segregate these severely injured states and lock them away in an inner dungeon. But from this dungeon the ego-states unfold a destructive life of their own which can soon dominate the whole personality.” Through trauma therapy these segregated and repressed “parts of the self” can be reintegrated into the overall personality.

Emergency education also strives to build spaces of both objective external protection and subjective inner safety. Trauma sufferers need a protected, reliable place so they can begin to feel safe again. It is the only way for children to reestablish the connection with their natural environment and with other people that was destroyed by the trauma.

It is equally essential for the further development of traumatized children that they can reconnect to their own bodies. The body must become a place of safety again, a safe home for the child’s spirit-soul. In order to achieve this one needs to nurture the senses, especially the sense of touch. Our skin forms the boundary between the inner

and outer world. The skin delineates and protects inside and outside and mediates between the two. The sense of touch resides in the skin. Experiences of touch allow us to feel the world around us, ourselves, and our own boundaries. The sense of touch gives us the experience of our own body. Inside this body we can feel safe (König, 1986, 12ff.). Wounds violate this boundary. Physical contact—if the child allows it—such as stroking, holding, rhythmic *Einreibung*,¹ massaging, baths and compresses, enhanced body awareness, and reconnecting children with their body.

At the same time, traumatized children have been particularly sensitized to sensory stimuli. The trauma-induced lack of sensory integration makes it difficult for them to cope with external stimuli. Commotion, noise, traffic, exposure to visual or acoustic media, being confronted with too many objects—all of these will soon lead to a sensory overload that, in turn, causes over-excitation, fears, and hyperactivity. Protecting traumatized children from excessive external stimulation will also help them to reestablish a healthy connection with their own body so that it can become a safe place again.

For children to feel safe in their body it is also necessary to nurture their life processes. These processes are closely related to our life or ether body. We best nurture the child's life processes by offering a healthy, balanced diet, by fostering the child's biological rhythms and warmth organism, by teaching children about hygiene, by providing a safe place for sleeping and, above all, by giving love and affection. All this will help children to reconnect with their body. Emergency education helps to create external and internal places of safety.

1. “Rhythmic *Einreibung*” is a therapy of rhythmic body oiling. Its techniques were developed by Dr. Margarethe Hauschka on the basis of suggestions from Dr. Ita Wegman, founder of the clinic in Switzerland that bears her name. Dr. Wegman trained in Swedish massage, and rhythmic *Einreibung* is a development of this technique that emphasizes rhythmic elements and qualities to create lightness rather than pressure. The strokes work with the surface of the skin rather than kneading the body as is done with conventional massage techniques (Monika Fingado, 2011).

EMERGENCY EDUCATION IS PART OF TRAUMA EDUCATION

Emergency education applies methods that provide stability for traumatized children. It is introduced at a stage when it becomes apparent whether a child will cope with the trauma or develop posttraumatic disorders. Emergency education is therefore not trauma therapy in the classical sense. Emergency education seeks to activate and strengthen the powers of self-healing in trauma victims, whether they are children, adolescents, or adults. Its educational-therapeutic interventions are based on the principles and the anthropology of Waldorf education. Emergency education can help to stabilize traumatized children by helping them resolve their trauma and integrate their traumatic experiences into their biography. In crisis intervention, emergency education supports the psychosocial stabilization of children and adolescents; it is first aid for the child soul.

Based on the trauma process outlined earlier, a four-phase model of emergency trauma education emerges:

- **Acute Emergency Education** is introduced in the stages of acute shock with interventions that aim at the physical level.
- **Early Emergency Education** takes place in the phase of post-traumatic stress response with interventions that aim at the level of the life or etheric body.
- **Trauma-oriented special education** is introduced in the phase of posttraumatic disorders and works at the psychosocial level.
- **Trauma-oriented intensive education** is introduced in the phase of chronic PTSD with lasting personality changes following extreme stress. This phase can be seen as the biographical level of intervention.

Emergency education is used during the first two phases of the trauma process (Landolt, 2004, 72), at the time when it becomes apparent whether or not the trauma will take a pathological course. Emergency education aims at activating and strengthening the powers

of self-healing in traumatized children in order to enable them to resolve the trauma before posttraumatic stress disorders can develop. “Instant help saves a longer path of suffering” (Morgan, 2007, 11). Emergency education is a part of trauma education.

WALDORF EDUCATION AS PART
OF INTERNATIONAL CRISIS INTERVENTION

Since 2006 special needs teachers, physicians, psychologists, and therapists from the Parzival School Center in Karlsruhe (Germany) have, together with volunteers from other anthroposophic professions, been providing emergency education in crisis intervention assignments all over the world. These Emergency Education teams are trying to help traumatized children and adolescents in disaster or war zones. They are deployed by the Friends of Waldorf Education, an aid organization that promotes Waldorf education worldwide.

Emergency education begins in the first weeks that follow a war or natural disaster. Its interventions are based on the principles of Waldorf education and oriented in the traumatological concepts described above, as well as on the special guidelines for dealing with traumatized children and adolescents in a state of acute shock and during the period of early intervention. Emergency education strives to stabilize trauma victims and stimulate their powers of self-healing and coping mechanisms in order to enable them to resolve and overcome their trauma.

Wherever possible, the usually fifteen-strong Emergency Education teams include local teachers and therapists in their work. Apart from the emergency program for traumatized children and youngsters, the team also offers support and information to parents. These parents often suffer because they fail to understand the changed behavior of their traumatized children, who overstep boundaries and break rules, become irritable or aggressive, run away or even hit their parents. Since many of these parents are severely traumatized themselves, they tend to either overreact or give up. Training seminars and courses in

Emergency Education are also offered to local teachers and educators so they can learn to deal with trauma-induced behavioral problems in children and adolescents.

These acute educational emergency interventions are usually followed up by aftercare programs that aim to avoid the break-up of relationships, introduce the necessary measures if children and adolescents have developed pathological posttraumatic stress symptoms, and support the necessary restructuring activities.

Between 2006 and 2011, fifteen Emergency Education interventions with subsequent aftercare operations were carried out in the war and disaster zones described below.

Lebanon 2006: “A Traumatized Country”

“I was shocked when the missiles began to hit us. I was shaking and lost control over my body. My own weakness affected the children badly. Since that time my five-year-old son vomits after every attack.”

This is how a mother describes her ordeal during Israel’s air strike on Beirut in 2006. In 2006 and 2007, following the armistice in the Israeli-Lebanese conflict, Emergency Education interventions were carried out in schools and special needs kindergartens in Beirut, Baalbek, and in the Palestinian refugee camp of Shatila (Schiller, 2007a, 2007b).²

China 2008: “When Worlds Tumble Down”

At 2.28 p.m., our school building suddenly jolted and we heard a deep growling noise. We were having our lunch break; the children were sleeping. I didn’t realize at first that it was an earthquake. When the tremor got stronger panic broke out. Everybody just ran around. The children cried and screamed. Since the staircase had collapsed all escape routes were blocked. Many children jumped out of the windows. Then the ceiling came down. Amidst all the

2. Emergency team Lebanon (2006–2007): Claudia Bartholomeyczik, Myrta Faltin, Georg Kreuer, Barbara Schiller (team leader), Dr. Renate Späth, Timon Tröndle, Sebastian von Tschammer, Erika Wickenhäuser.



*Destroyed temples and shaken soul landscapes
in the earthquake region of Sichuan, China, June 2008*

dust I managed to grasp hold of a girl's hand, but I couldn't get her free. One boy was hanging upside down in the staircase for a day and a half. His legs were trapped. Moments after we managed to free him he died, like many other children who did not survive their rescue. There were maimed bodies everywhere. On the day after the earthquake the second floor collapsed, killing the children who were still trapped. More than 160 children and colleagues died. I cannot remember anything from before the earthquake. I still have no feelings. I am dead even though I am still alive.

Similar tragedies to this one, described by 33-year-old village school-teacher Xu Xingyou from Hongbai, were experienced by many children, parents, and teachers in the disastrous earthquake in the Chinese province of Sichuan in May 2008. Emergency Education teams went to schools, tent cities and factories in the mountains near Shifang (Ruf, 2008b).³

3. Emergency team China (2008): Stefanie Allon, Christoph Doll, Dr. Olaf Koob, Bernd Ruf (team leader), Sebastian von Tschammer, Warja Saacke.

Gaza Strip 2009: "The Shooting Continues in the Heads"

After Israeli military strikes in 2009 emergency education interventions were carried out in the Gaza Strip (Ruf, 2009a, 2009b, 2009c).

Because of their severe injuries many children in the Gaza Strip are unable to leave their flats. Others are so badly traumatized they hide in their flats and have panic attacks when they are asked to leave the house. Others again are hidden or locked away by their despairing parents because of the psychopathological disorders they have developed.

Farrah, who is 2½ years old, lives with the surviving members of her peasant family in the remains of their burned-down house in Northern Gaza. The blood marks in the hallway have been painted over now, but the kitchen is still coal-black. On January 4, 2009, phosphorous shells hit the flat where 16 members of the family had sought shelter (Melzer, 2010, 332ff.). Farah's grandfather, Sadaka (45), and her brothers Adavahim (14), Zad (12) and Hamsa (9) burned to death. Her sister Shakes (1½) was being nursed by her mother, when the wave of the blast killed her. Six other family members were badly injured. When they were taken to hospital, two cousins of Farrah's who arrived with a cart to help them, were shot dead by soldiers. Farrah and her mother Ghada (20) ended up in a military hospital in Egypt. The crisis team of the Friends of Waldorf Education tried to visit the child there but failed due to bureaucratic hurdles. Farrah's mother died of her injuries. Farrah also has severe phosphor burns. Back in Gaza, she is in a tent hospital, her still "smoking wounds" dressed in a makeshift way with a silicone sheet.

In addition to her physical injuries Farrah has received severe wounds to her soul. Once a cheerful girl, she has not played since the horrific event. She has withdrawn and she suffers from eating and digestive disorders. She is given sleeping pills in the evening so she can fall asleep, but in the night she wakes up screaming, tormented by nightmares and covered in sweat. Farrah is fixated on her father, Mohamed (24). She panics and gets confused when they are separated. Tearfully, her 45-year-old grandmother Sabah Salama Al Suleima Abu Halami says, "Not only are the burns on her body hurting; this child also has no future!"

In Gaza City, Khan Yunis, Zeitoun and Salatin the Emergency Education team worked with hundreds of severely traumatized

children and youngsters in tent cities, holiday camps, orphanages, schools and in the actual ruins. Counseling was provided for afflicted families and specialist helpers were trained in seminars. In cooperation with the cultural center, Al Qattan Center for the Child, in Gaza City, follow-up operations have been agreed upon and building work has started on a child protection center in Zeitoun. Specialist training seminars for teachers are being offered and intense support programs are now running in ten preschool institutions. Since 2010 the follow-up operations have been funded by the German Foreign Office.⁴

Indonesia 2009: “Devastated Soul Landscapes”

In November 2009 crisis intervention began in schools and refugee camps in the earthquake-hit area of West Sumatra, Indonesia (Ruf, 2010a). Malalak, a mountain village with 2,227 inhabitants, was devastated by the earthquake and resulting landslides. Sixty-two people died. Of 808 homes, 545 were destroyed; a further 21 were buried beneath the ruins. Many people, including 12 children, had gathered for prayer in the mosque when the earthquake struck. Joru is 30 years old. When the tremors started she was breastfeeding her 14-month-old daughter on the terrace of her little house. Her voice is thin and monotonous: “I saw my 12-year-old son Boy run from the collapsing mosque toward our house. About 3 meters short of our terrace he was carried away and buried by the landslide. We still haven’t found him.” Boy is one of nine children who are still missing in Malalak.⁵

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4. Emergency team Gaza Strip (2009–2011): Elisabeth Baumann, Fiona Bay, Heike Böhret, Dr. Pia Büchi, Mirja Cordes, Dr. Peter Elsen, Monika Görzel-Straube, Manfred Hartmann, Diana Jessen, Friedgart Kniebe, Georg Kreuer, Alexa Kuenburg, Peter Lang, Christiaan Liedorp, Lukas Mall, Grit Malsch, Kristina Manz (team leader), Dr. Elke Mascher, Dr. Claudia McKeen, Bernhard Merzenich, Ursula Middelkamp, Yoko Miwa, Marie Pfister, Jenny Rüter, Bernd Ruf (team leader), Bruno Sandkühler, Micaela Sauber, Anni Sauerland, Katrin Sauerland, Hans-Joachim Sennock, Kristian Stähle-Ario, Dimitri Vinogradov, Annekatrin Vogler, Heidi Wolf.
 5. Emergency team Indonesia (2009): Vina Bunyamin, Class Kluever, Dr. Matthias Lohn, Lukas Mall, Kristina Manz, Yoko Miwa, Bernd Ruf (team leader), Warja Saacke, Annie Sauerland, Carsten Troll, Carmen Will.



Not even the presidential palace in the Haitian capital of Port-au-Prince withstood the devastating earthquake of January 12, 2010.

Haiti 2010: “Desperate, Disturbed, Deserted”

In January 2010, a devastating earthquake shook Haiti, claiming more than 230,000 human lives. In an orphanage in Santo, a suburb of Port-au-Prince, the Emergency Education team meets Marie-José, the founder of the Hope for Haitian Children Foundation. She runs five homes with more than 200 children. On the campus in Santo we meet 53 of them—orphans, Aids orphans, economic orphans, and street children. Ernson (12) comes hobbling toward us on crutches. He doesn’t want to put weight on his injured leg. Nicodem (12) has injuries on his lower left leg and contusions on the left side of the chest. “When the earthquake began, Franky (24), Ernson (12) and I (Nicodem, 12) were on the balcony on the second floor of the home. Franky wanted to save himself by jumping, but he didn’t do it because he didn’t want to leave us alone. Then the building collapsed on top of us. We were squashed together like one body and couldn’t move. Herrig, a 24-year-old student, spoke with us from outside during the many hours we were buried. After more than 12 hours we were dug out and taken to hospital in the school

bus. I saw many children with bleeding head injuries. Many died on the way. Franky died in hospital. The doctors thought Ernsion and I were dead, too. We were put with the dead bodies. When Ernsion and I came round we crept back to the hospital. Every night I dream that I cannot move. I call my brother, Master, who comes and turns me in bed. Then I fall asleep again.” While Nicodem can speak fluently about his experience, Ernsion can’t remember anything. He speaks in a soft voice, his answers are monosyllabic, and he clings tightly to his crutches.

Emergency Education interventions were carried out in the orphanages and slums of Port-au-Prince, in cooperation with the aid organization Our Little Brothers and Sisters. Together with the local organization Acrederp and the German child aid organization Kindernothilfe, it was possible to set up two shelters for over 700 children in Léogâne and to train and employ around 30 native specialists (Ruf, 2010b, c).⁶

Kyrgyzstan 2010: “Pillaged, Displaced, Murdered”

At the request of the Kyrgyz ministry of education Emergency Education was carried out in four schools in Osh in Southern Kyrgyzstan in November 2010, following pogrom-like interethnic conflicts between Kyrgyz and Uzbeks that claimed 2,000 lives.

“I always got along well with my Kyrgyz neighbors,” says Manzura Nargiza (42) from the Cheryomushki district where Kyrgyz and Uzbeks had always lived side by side peacefully: “Now 200 houses have been torched. Next-door to us a family of seven burned to death, including my 76-year-old neighbor, who was holding her grandson in her arms. We live in tents now. There is still shooting going on every night and Uzbek men are hunted down. They want to drive us away so they can build high-rise buildings on our land!” Nadir (18) adds: “I spoke with my boyfriend on the mobile for 15

6. Emergency teams Haiti (2010): Christoph Doll, Wibke Falk, Juliana Hepp, Eric Hurner, Julija Kodrevataja, Christiaan Liedorp, Grit Malsch, Lukas Mall, Kristina Manz, Michaela Mezger, Yoko Miwa, Adeline Moelo, Mechthild Pellmann, Dr. Johannes Portner, Bernd Ruf (team leader), Annie Sauerland, Dr. Elke Schmidt, Dr. Michael Schnur, Birgit Marie Stoewer, Dimitri Vinogradov, Heidi Wolf.



Countless arson attacks were among the atrocities committed during the conflicts in Kyrgyzstan in the summer of 2010.

minutes, until he died. Later I found him and his whole family in the cellar of their burned-down house!”

Apart from delivering emergency education to around 1500 pupils, the intervention team offered further training to teachers and trainers in the area and information sessions for parents on trauma symptoms and posttraumatic disorders (Ruf, 2011a).⁷

Japan 2011: “Haunting Images—Haunted Souls”

The triple disaster that hit Northern Japan on March 11, 2011, was particularly challenging for all international crisis intervention

7. Emergency team Kyrgyzstan (2010): Monika Görzel-Straube, Christiaan Liedorp, Grit Malsch, Lukas Mall, Kristina Manz, Yoko Miwa, Dr. Ulrike Preisser, Bernd Ruf (team leader), Anna Slavinuk, Dimitri Vinogradov, Heidi Wolf.

teams worldwide. Just a few days after the catastrophe happened, an Emergency Education team was ready and would have flown to Japan if it had not been for the nuclear disaster in Fukushima that followed the earthquake and the tsunami. The meltdown in several reactors and the release of radioactive material on March 12 rendered the situation entirely unpredictable. No one was prepared for the ultimate “maximum credible accident” (MCA). Before any crisis intervention could go ahead, expert risk assessments had to be completed and possible risk scenarios played through in preparation for drawing up an intervention plan and deciding on the necessary equipment. The team members received special training from radiation protection experts of the Karlsruhe Fire Services and the nuclear emergency services (a specialized fire brigade for nuclear incidents in Germany, based in Karlsruhe) to prepare them for their challenging mission. Retreat scenarios for particular situations and locations were worked out in minute detail.

Because of this specialist training the Emergency Education team could only set off on April 27, 2011. In the Japanese disaster area they carried out interventions, advised parents, and trained teachers in the schools and refugee camps around Sendai.⁸ Aside from their educational work with around 300 children, 200 teachers, and 120 parents they trained around 70 teachers, educators, physicians, and therapists for further Emergency Education interventions in the crisis area. The intervention team had brought specialist nuclear measuring equipment with them. During their sojourn in Japan the team members were informed daily by the Federal Office for Radiation Protection and the nuclear emergency services in Germany on the most recent developments. Every day, the situation was reassessed on the basis of this information. After returning from the disaster area the members of the emergency team were immediately examined by medical radiation

8. Emergency team Japan (2011): Susan Gay, Monika Görzel-Straube, Dr. Bärbel Irion, Grit Malsch, Akiko Matsunaga, Jörg Merzenich, Sibylle Naito, Mechthild Pellmann, Bernd Ruf (team leader), Markus Seitz.



The Emergency Education team of the Friends of Waldorf Education in Japan, May 2011

experts from the Institute for Technology at Karlsruhe University (KIT). Team members and luggage tested negative; no raised levels of radiation were registered. The Emergency Education operation in Northern Japan was funded by the Federal Ministry for Family, Senior Citizens, Women and Youth (Ruf 2011 b).⁹

As a support organization for the psychosocial health of children in war and disaster zones, the Friends of Waldorf Education have

9. We received much valuable support during the preparation and follow-up stages as well as during the actual intervention. We would like to thank in particular Dr. Klaus Eiben, chemist; Stefan Prüssmann, head of the Nuclear Aid Services in Eggenstein-Leopoldshafen; Joachim Pech, radiation protection expert with the Karlsruhe Fire Fighters; the Medical Services of the radiation accident department of the Karlsruhe Institute of Technology, the Federal Office for Radiation Protection and not least our Japanese partners, especially Kai Imura and Kimiko Ishikawa.

joined the aid organization association Aktion Deutschland Hilft, one of three major German alliances for disaster relief. Waldorf Emergency Education is now part of the international disaster management network.