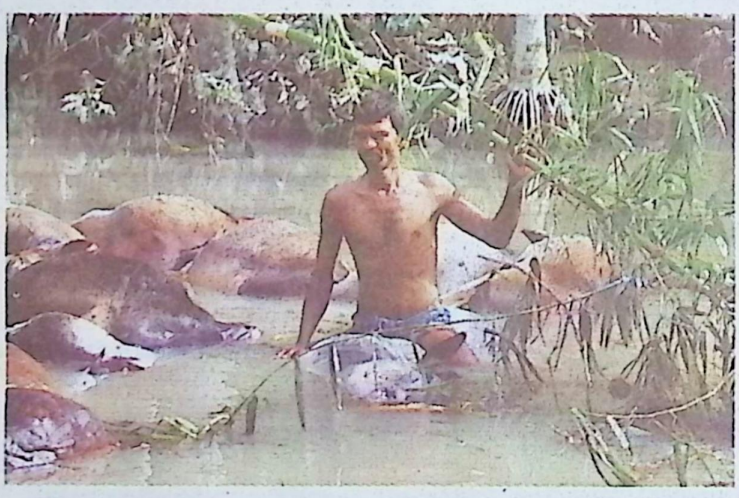
After the 2004 Tsunami, which took the lives of many in the South Asian coast, the issue of trauma was included into the main discourse of disaster management. Trauma is almost inevitable in high impact sudden onset disasters like cyclones and tidal bores. In the 1970 cyclone 500,000 lives were lost while in 1991, 130,000 people perished overnight. The families who had to bear the loss were immensely traumatised. Disaster managers, at that point didn't think about the issue. After the1991 cyclone a handful of organisations did some isolated small studies on the impact of the cyclone on the affected people's psyche. In 2005 Care Bangladesh published a manual on 'post disaster psycho-social care'. Quite clearly not enough has been done till date in this area.



At times of disasters different people are affected differently, and their level of trauma varies depending on their level of mental strength, family support, and level of exposure to the disasters. As time passes, most of the people seem to go back to normalcy. Of them some truly recover from the trauma, while some only seem normal outwardly, but inside the affliction persists, often in their subconscious causing mal- functioning of their familial and social behaviour. This is called 'post traumatic stress disorder' (PTSD)

In Bangladesh psychological or mental health is usually neglected. Rather mental illness is suppressed and concealed, instead of trying to heal it. People still think that mental illness means insanity. The reality is, just as our body can become sick, our psychology can become sick too. Therefore just as health problems need to be treated, similarly the mental ailments also need treating. In our society a common alibi to downplay mental health is the social network. We in vain think that we do not need professional support to heal our mental illness because we have our relatives and friends to share our problems and get their advice, which would resolve our mental problems. The reality is far from this.

Some of the common symptoms of traumatised individuals are: fear; becoming introverts; feeling of guilt; feeling frustrated, and depressed; sobbing now and then; feeling lonely; wanting to be left alone; not feeling like doing any work; becoming suicidal; anxiety; addiction to liquors; insomnia; aggressive behaviour; restlessness; having nightmares, etc. Often these phenomena lead to physical illness like, loss of appetite; feeling tired and weak; palpitation; headache; unusual perspiration; feeling excessively warm or cold; difficulty breathing; trembling; urinating too frequently; feeling pain in different parts of the body.

Shahinoor, the daughter of Badol Howladar was fighting for her life in the Upazila health complex, just with fever, because her real illness was trauma, and the doctors and other care givers in Patharghata Health complex did not have the skills to deal with it.

Trauma counseling is a task for skilled people, people who can identify the trauma victims and do the psychological counseling. In Bangladesh however, we do not have many experts or trained trauma counselors. We need to develop or train counselors and create a pool of skilled counselors who can provide the service at the time of disasters. Preferably, these trauma counselors should be from the local community: school teachers, NGO workers, TBA, religious leaders, Union Parishad members, health workers, agricultural extension workers and others. This preference for local people is to ensure credibility of the counselors and their acceptance to the trauma victims. Rapport building should be faster that way. When the disaster managers were told about this issue this time, after Sidr, the immediate response was: 'we are struggling to provide enough relief for their survival, how can we think about their mental health'. They have a point. However, to care for the mental health, to help them deal with their mental crisis/ trauma, we don't need money, all we need is the awareness and recognising that it is an issue needing support. Trauma has a long term impact in the minds and behaviour of the victims which have the potential to upset the social fabric and equilibrium..

Trauma counselling needs to be an integral part of our disaster preparedness, part of our contingency plan, so that the next time the disaster managers will not need to be persuaded to provide the little resource required to save Shahinoor, Aklima, Jannatul and hundreds and thousands of others like them, who are suffering day after day, night after night, groping in the darkness to find the way out, to find solace, to get back their 'peace of mind'.

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