AN INTERVIEW WITH TALIA LEVANON

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JANUARY , 2019

REMEMBERING 1 OCTOBER

ORAL HISTORY RESEARCH CENTER AT UNLV LIBRARIES

SPECIAL COLLECTIONS & ARCHIVE

This is Barbara Tabach. I'm sitting in the lobby of the Downtown Grand. I have to tell you, I've never been in here.

Me neither.

It's very nice. I am very impressed. This is a great renovation they've done here. If you would state your name and spell it for me that would be great.

My name is Talia, T-A-L-I-A. Levanon, L-E-V-A-N-O-N. I am from Israel. I am director of the Israel Trauma Coalition. The Israel Trauma Coalition is an organization that has been in existence for eighteen years. It began at the beginning of the second Intifada, which is the up rise of terror attacks in Israel when we understood that services need to change in order to provide care for the victims of terror. The Israeli law is very clear about who it provides care to and who it does not, and so there was a need to expand the way the services were provided.

We began with seven organizations and the focus was on victims of terror, and now we are about forty organizations and focus is not only on the victims, but also on the caregivers and whole organizations. We realized very quickly that people who are providing care for people who suffer from trauma are also exposed to trauma and they need two things. They need training in order to be able to respond better, and they need care because they are exposed. If we don't care for them, we find ourselves with people who are suffering from burnout, compassion fatigue, secondary primary, primary trauma; it depends what they are doing, what their role is, but they suffer and we see their suffering in many ways. They don't come to work. They have psychosomatic systems. They have anger. They have aggressive behavior. You name it; there is a whole range of things that if you don't address can happen and we don't want that to happen.

Our main work is in Israel. We have been working in Israel for eighteen years, which seems crazy. Over the eighteen years, the reality in Israel is that it has changed a lot. But

basically our work is work done with people who are exposed to long-term trauma. When you speak of trauma in the clinical word, trauma is usually a one-time event, life-threatening one-time event; a car accident, robbery, and so on. But in Israel our work is working with populations who are exposed for a very long time and that calls for a different kind of concept, so different kinds of intervention.

We work in Israel. We work before, during and after disasters or crises in Israel. All our programs are tailor made. The training for the firefighter is different for the training from the child psychiatrist in hours and content, of course, but they all are part of our circles of training. We work in areas that have been or will be exposed to war-related issues. Our work was very focused in the south of Israel where there were many rockets over the past few years, fifteen years. We move along as reality calls us. For example, at the beginning in our work of the South, there were rockets and now there are tunnels. I don't know if you follow the news, but the level of anxiety is rising because of the expansion of the possibilities. There are tunnels, infiltrations from the scene, protests on the grounds, protest on the border that are very close to some of the families alongside with megaphones that are delivering very threatening scenarios to children and families, so it's very difficult.

We move not only along the scenarios, but also geographically. When there are disasters or crises in Israel that are large, we are asked to step in and do our work. For example, there was a large fire in (PLACE) a few years ago where thirty-two people were trapped in a bus and died and they were from all over the country. A year ago there was a flood where ten young people were drowned. All these things have a big effect on communities and our work is dedicated to work not only with the individual, but also communities.

We have learned a lot over the years on practices. Of clinical practices, we've learned that

trauma clinical practices are what we do. We work along with the age continuum, which means we work with very young children with their parents, we work with the adolescents, we work the elderly, and so on. We work along the time continuum, meaning we work immediately as the crisis strikes, but also we work long term. We don't go away when the event is over. Of course, there are different interventions along the time line. What you provide in the first twenty-four hours will be very different than what you provide three months later, and so all this needs to be in place.

We place clinicians that are trained to be able to respond. For example, when a crisis occurs we open clinics immediately so the people in society can walk into the clinics and receive care and that minimizes the level of anxiety that will develop. They close after the event is over. We manage to have in place many responses that we hope are helpful.

As I said, we do not only work with individuals because many terror attacks affect all communities more so than a car accident will. When you have a terror attack in a village or a terror attack in a town, people around the people who were affected will be affected also. You need to recruit them to help, but also help them cope. This is a big challenge. And I am talking about when you are looking at what we call circles of exposure and talking about not only the victim and his family, but also the education system, for example, where his children might go or his children's friends might go, the hospital system was facing a mass casualty event and had to respond and so on, and the volunteers who are working and so on, and so you have to look at all these systems when you provide care.

Our work has very clear principles. We rely on local professionals. We do not do the work when others can do it. All our programs are tailor made. As I said, we use trauma focused interventions. We also rely on strength and not look at the pathology, especially when you

provide clinical care and somebody comes to you after an event, you don't start going back to all his history. We are just trying to figure out how his coping mechanisms worked before the event and how can you help him continue?

This is how we work in Israel. Our main partners in Israel are, of course, the Minister of Defense, who is in charge of the defense of Israel, and other ministers are Health and Social Services and so on.

We began our work immediately. We had the program in 9/11, which was about the same time that the Israel Trauma Coalition was initiated. We had joint collaboration between New York and Israel and working with the early childhood after 9/11.

Over the years, not to mention everything, we have our work done in different areas. One is natural disasters. When a natural disaster occurs, we were courted by different organizations, by UNICEF, the World Bank, and so on, to provide the training. Outside of Israel, we almost never provide the healthcare. The rule is the professionals should do the work with a local community, so our target is usually local professionals. We worked in Sri Lanka and Haiti and Japan and Nepal, the Philippines. Only last year we worked in Houston and Mexico where natural disasters made our work needed. The work that we did, as I said, were all tailor made to the needs and the resources that the community has.

We have this way of coming into a community where we map the needs and the resources in the community and we prioritize together with our local partners what our problem is going to look like. Our main goal is to train local trainers to see how our experience can be brought and have local professionals become trainers to their own communities so that when we leave the knowledge will stay there and they will be able to continue working. Just to give you an example, in Japan we worked with a thousand caregivers; seventy became trainers. That's

amazing.

Our second focus is working after terror attacks. We worked in Mumbai and in Boston after the marathon, in France after Charlie Hebdo, and in Toulouse and so on. There it is quite different because when a natural disaster occurs, I think in many cases the communities know where they live and when the natural disaster has happened before, maybe, it's not that it's not a surprise, it's not that it's not painful, but it's very different.

The human factor is different.

The human factor is completely different. When it's manmade, I believe after so many years of work, it is much more painful, much more sudden, and it shatters some of our values in a very deep way, and so that makes coping different.

Then we work, of course, over the last years with communities that have been affected by shootings, not called terror, but it's kind of the same although in some cases you cannot even point to a reason, and I think Las Vegas is one of the best, if I can say, examples of this that there is no organization behind it; there is no reason behind it; it's just for its own sake as far as we understand.

Just to sum everything up, we also work with refugees in Jordan, in Germany, and we work with IDPs, internationally displaced people. In Ukraine we have a program now to create programs in Ukraine for people who have been displaced. Our principles remain the same; we work with local professionals, (?) programs. We do our own mapping; we create our own programs. We try and train trainers.

This is, in general, what we do. We are called by very different organizations. We can be called by United Nations, by the World Bank, the local Jewish Federations, and so on. We usually come to do the mapping. Las Vegas, when we came here it was about three weeks after.

Let me ask you before we get you to Vegas physically, how did you learn about the shooting yourself?

In my line of work, we are very—first of all, I'm a human being, so the news was all over and it was terrible and just hearing the news, devastated that something like this is happening.

It hit the international news.

Of course. Of course. It was a terrible thing.

You said there were three weeks...

We were in the States and we came here three weeks afterwards and we met with Carlton from the university.

With whom?

Carlton, Craig Carlton. He is the Dean of Social Work. We had coffee with him and he was describing the shooting. It was very difficult to hear his take of the shooting. I think one of really my strengths and my weaknesses is that I take it very much to heart. The stories were so terrible, the impact was so awful, and the attempt to provide response in an uncoordinated way at the beginning was so...I don't know if the word is touching, but it was very difficult to hear it. Carlton was describing the need for care. Everything was very raw still. Three weeks afterwards the town was still very raw, which makes a difference. When you come to a place a few hours afterwards or five months later or three months later, there is a whole difference of feeling in the air. Three weeks afterwards, it was still very raw, very difficult. We had a long talk and we felt that the needs would be.

At the time a great need was to train clinicians in trauma focused intervention so that they would be able to respond; that was the most important thing. The other most important thing that was very clear is for the first responders to be trained, supported around these issues. And the

third thing that never happened was working in the hospitals because the hospitals were clearly overwhelmed, unprepared. Who would be prepared for such an enormous shooting? When hospitals prepare they prepare for a big car accident with five people and so on. Why would a community in the States prepare for such a high number of casualties? It was really overwhelming.

Let me understand because I know that is on your tag line; preparedness is one of the words that you had.

Yes, it is.

The hospitals were not part of this, of your type...?

No. We thought they would be, but it never came about, no. We created a program together. I currently brought in the Federation. Carlton brought in the police. They were very interested in working with our human resources to help policemen cope. We created the training program and, unfortunately, it took a long time for the training program to come about. You lose when in takes time.

What were some of the obstacles or logistics of getting it going?

I think there were technical obstacles. It was a partnership between the police and the Federation. I really don't know. Statistically there is an understanding that about 80 percent of the people that are exposed to a trauma or a shooting heal on their own naturally; we don't need to do anything. But that depends, of course, on the shooting; that depends on the event. If it is an event as big as this, then the impact is much bigger.

Then you also need to have some mechanism in place to work through whatever it is you have been through; whatever it is you were, a nurse, a worker in a hotel, a first responder. There needs to be something in place to help you process it. I know that there were some groups down

here, there were open groups that people were coming in, but there needs to be a coordinated effort for many reasons.

This, of course, is my belief. I am not very objective. But this is how we work. There needs to be a shared language between caregivers so that other people providing care will use the same language and understand trauma on a time continuum. Trauma has its own features, its own symptoms, the way it works. If you understand it and you created a shared language, you can cope better. For example, if you find a first responder who is in need of care and you train the clinicians and they share the same language, they understand each other. We have a network of response, which we find is very helpful.

We had the training. The training was both deeper mapping in the training for the policemen and clinicians and I think it was—I wasn't here. I was part of the meeting with Carlton, but three people from the Israel Trauma Coalition came here to work with these groups. The understanding was that there is a great need and to be able to come back immediately. Because the whole idea is that—many people will close up after an event. They will keep some of their thoughts to themselves, some of their feelings to themselves although you don't really have control over it. You think you are (indiscernible), but you may find yourself angrier than you think you should be, or when you hear a noise, you will jump, more awareness, and so on.

When you come and you do these workshops and they open up, then you use the opportunity to create a momentum to do the work. But then when you go away and you don't come back, they close back again. Now we are at the point, I believe, when we need to do the work again, and I hope that we are now, finally having three missions, one after the other, I hope six weeks, one after the other, we will be able to come here, do the work with the populations that were targeted, which are police and clinicians and, also, meet with the Resiliency Center, to

which I will say a few words about it in a minute. I hope this will be helpful and really targeted to where they are at the moment, so this is where we are.

You would say that three weeks was too long a period of time?

No, I'm not saying this. That's okay. Three weeks after when I first was here the community was really still coping. I think had we come here a month later, we would have been able to do something more effective than we did when we came months later, but, still, you do what you can do.

You get in touch with—I'm not sure I'm understanding that.

The Metro police.

Carlton is the one that reached out to the Federation and the police?

No. I reached out to the Federation and Carlton reached out to the police.

Who at the Federation did you talk with?

The CEO was Todd at that time and Marla who was always very helpful. She is a lady there. She was very wonderful about this.

What you do, does the Federation and the police department need to fund your coming?

Of course.

They pay for the team to come over.

Yes.

How do you begin your trainings with people?

Like trainings all over the world. You do your homework before you meet the group. In the case of the police, we have a very close rapport with their chiefs and their human resources departments, so they tell us exactly what they believe they need. But then it's you and the team. You need to feel the parts of the team, where they are, what they say, what they don't say. We

are all experts, so when we come into a group, after a while you can identify those who have better coping skills than others, those who suffer and not admit it, those who will say they need more care. You have a whole variation of people in the group.

Our idea when you work in a group to do the training is to focus on coping skills and safe care. When we do clinicians, we train them in trauma focus therapy interventions. But other than that when we work with other groups, we do psychoeducation, like, what is trauma? What is a normal behavior? What is abnormal behavior? So that you would better understand yourself if you don't understand the person you are dealing with. Again, in our line of work when you do one training and people understand it, then it will go with them anywhere. When you train in Israel a group to deliver tragic news on terror-related issues, they would know also have to do it when there is a car accident. These are coping skills that people will take with them, or knowledge that people will take them. You do knowledge on psychoeducation, on trauma, on coping skills. You exercise it with them. Again, the problems are very varied. But in every problem there is the component of self-care.

In Boston, for example, after working there for a week, we did a drill for all those involved. We brought in the police, the education system, the health system, and they worked together in a drill to see what they learned and how it can be applied should another thing happen. Our work is really preparedness and response. We take the teams that we work with to better understand what we feel are psychosocial preparedness and response.

You used the word *mapping*. Can you elaborate a little bit what kind of mapping do you do before you come?

We do this via local partners that we have. It can be a government office. It can be a school. It can be an NGO. It can be anyone we work with. They look out for other partners to come in.

Together we do a mapping of what the needs are. For example, in the case of Haiti, we chose two programs: We chose the school system and we chose volunteers in the community, which we thought would make a difference because we never come to stay for a long time. We work in a cascade model; we want to make sure that their work has impact. In Japan we worked almost only with clinicians because they would work with their communities. Our choices, we map—it's not difficult to find out where the needs lie because the gaps are so painful and people will say, "No, we have nowhere to turn to for therapy." Because nobody knows how to treat this. This is something, for example, we see in many places. The community work is always a challenge. In many places, Israel as well, each player does their own work and one of the big challenges and the big rewards is to bring people together and say, okay, what are you doing? Then it turns out they are doing the same thing I am doing, so one of us might as well do something else. This is part of the mapping. There will be no overlap. There will be identification of gaps. Then very carefully we choose what our goal would be and in some cases we don't know how many times we will be here, so that is a big challenge because we sometimes come for one time and try and do the best we can for one time, but then we come another five, and so during those five times we'd like to go back and think that we've trained local professionals that they will carry on the work.

This is your second visit, then, to Las Vegas.

This is our second visit and there will be two more after this one.

Can you explain how it is such a long period or gap of time that transpired? Is that by design?

No, it just happened. It just happened. But you do the best at what you can.

Absolutely. You mentioned the Resiliency Center. Can you talk about that?

I cannot talk about yours because I haven't met them yet, but I am very excited. I can talk about mine. In Israel in 2003, we were told by the Prime Minister's Office to create a new concept of response, and we decided to open up the call then. We thought it was very pioneering. We decided to call it the Resiliency Center, not the Trauma Center, because resilience is proactive, is a lot of coping and hope, and not trauma where it's responsive and helpless, how we think of trauma victims. We ended up proposing a model to the government and opening five resiliency centers in the most effective place of Israel, in the Gaza envelope.

Our model of a resiliency center has three focuses. One is psychosocial preparedness. We train the local council to be psychosocially prepared. We have protocols. We have drills. We have our own mapping that we have agreed upon with the government. We create a continuum of care. We train clinicians so that they will be ready in all the time line. Then we do community resilience, which are programs for the community, such as emergency teams, working with vulnerable populations, such as single mothers, elderly, youth at risk, and so on. These three, when they come together we create a stronger community.

When I heard that there was a resiliency center here, I was very eager to learn what it is that the mission of this center is and how it can be discussed. It's very interesting to find out what it is.

That's great. I had no idea, so that's good. That is something we were proud of happening, so that's good.

One of the questions we always ask people—and you being out of the Las Vegas community—is: Did your opinion of Las Vegas change in any way with the shooting; that kind of trauma happening in our community?

I am embarrassed to say I had not much knowledge of the Las Vegas community before. I am

unfortunately experienced in jumping into a community after such thing occurs. I always find it very painful to realize that so many people were in a different place; that their lives have changed forever to a certain degree, some more than others. But it's very difficult to see the newness of this in communities as different. A community that has been exposed already, it's different. The newness of this was very sad to see. I see the commitment of the people we are working with; it's amazing. It is always there. We are very lucky because the people that we work with anywhere are people who are committed, and so we feel we've met the right people at the Metro police, at the university, with the Federation, of course. These are people that do a lot for the community. We are still working on seeing the most we can achieve to do this.

I remember when we came we took a taxi from the airport to the hotel. We asked the taxi driver, how is Las Vegas? The taxi driver said, "Don't worry, folks." He didn't know who we are. He said, "Don't worry, folks. You will be able to enjoy Las Vegas. You will enjoy it as if nothing has happened." I felt as a professional that the need for people to go on and defend their safe place so say, nothing has happened; we are going on. But, still, the next day you hear the stories and understand how big an impact it had on so many people. This is very familiar the continuum between trying to feel safe and feeling very vulnerable. Every time a community discovers its vulnerability, it is very sad. Unfortunately over the last few years we see it more and more.

In the United States these episodes happen more frequently than we can historically can remember.

Yes, yes.

It touches people of all ages, as you mentioned, and the vulnerability of young people, older people. You mentioned you responded to Boston. Where else in the United States?

Sandy, Katrina, Broward County, Houston, Las Vegas, Pittsburgh was extremely difficult.

Personally I have just recovered from Pittsburgh.

That hits home.

Very much. Los Angeles.

We had a community service at one of the temples here after Pittsburgh.

Yes, everybody did.

I was humbled to see how many people turned out. It was quite moving.

When we were in Pittsburgh, we did the training for the rabbis in the morning. One of the rabbis invited us to the evening and he said to me, "You must come. My wife made cookies, so don't eat dessert. I think there will be a hundred and fifty people tonight." There were eleven hundred. And I looked at the cookies and I couldn't stop laughing because there was a small basket of cookies standing there on the table and there were eleven hundred people. There was no place to sit. There was no place to stand. They were Christians; they were Buddhist; they were...I was so touched. Yes, Pittsburgh was difficult. I think you feel more exposed all the time. It is just waiting for the next one.

How do you take care of yourself?

I don't know. I am a very happy person. I am very strong, I think. But I think it gets to me. It gets to some more than others. I am a people's person, so the personal connection is very important to me. We see the change we make. Also, there is something called post-traumatic growth that when something bad happens to you and you have meaning to what it is you do and you see the impact and it strengthens your values, although I must say that within the last few months my values were very challenged. The word I felt was very...You had Pittsburgh, and you had escalation in the south where they had five hundred rockets within a period of two days in places that we know as well as our homes, and then there were the fires, and the shooting in the bar, all

these in a period of three weeks. And you think, what's happening?

But, on the other hand, I feel that we make a difference. I think we share experience and we connect and we make a difference. I have a wonderful family. I read a lot. So I am okay, but it's difficult. It's very difficult.

How much time are you spending traveling to different places in the world?

I try not to too much. This time we tried to do Pittsburgh, Las Vegas, Los Angeles and New York in one trip, so it is turning out to be a three-week trip, which is crazy. Unless there is a disaster, I travel once a year to the States. But we worked in Germany; we finished a training for forty-three hospitals in Berlin. I am usually the one that does the mapping in the first development of the concept and then the teams come, so I am not there all the time. My purpose is to...

Actually, because I'm in the States, it was very important to me to say thank you to all involved, the police and the federation and the university. But the team is going to do very well in the next few days.

How many people are on a team?

Two. But we have talked to four. But in this case, there are two.

How many teams do you usually have working at a time?

It depends on how things are developing.

Are they full-time employees?

No, no, no. We have forty organizations in our organization, so they are all employed by their own organization. We turn out to an organization according what is needed. The special thing about the people who are working outside of Israel is that the work outside of Israel is very difficult to predict. Even if you say, on Sunday we will have the police, on Monday we will have

the school system, and on Tuesday we will have (?), then things happen and you need to all of a sudden find yourself doing something with volunteers because there was a great need. People who work outside of Israel need to be very flexible with a lot of knowledge on working, training, teaching, workshops, experiences, and so on. We choose the people according to what the training would be. We choose people out of the organizations; we hand pick them and we say, "We think this person would be good to work...whatever." We have people who are trained (37:48)

You mentioned that you didn't get a chance to work with the hospitals here. If you had, what kind of expectations should they have had?

Had we been here—it all depends again on the time where you find the people. On the time continuum, if you meet a group of caregivers immediately after you invest more in providing care for them than you would in coping skills. If you meet them a year later, then you would say to them, how can we share our experience so that you will be better prepared for a mass casualty event? Whatever organization, do you have a psychosocial protocol in place? Do you know who runs the show? Who to work with? What are the interventions that you can provide? Even if you're not a clinician, how do you approach somebody who is suffering from trauma? Working with special needs people. There is a whole area of questions that come up. But the thing is to ask the people what they think they need in order to be better prepared. They have learned our lessons from the last time, all of them, all of us. It is very easy to ask a person, what it is you think you need?

When you were growing up, a young student in college, did you ever imagine yourself going into work like this?

I am an Israeli and I was an officer in the army and my work in the army turned out to be to work

with bereaved families. I was twenty. There was war. Overnight I became what is called an Israeli Casualty Officer. I had to go to homes of parents of soldiers who were part of my unit and tell them that their sons were killed or injured. All I did was work with these families over these injured soldiers. So, yes, I can say that at the age of twenty I knew...I mean, I did it. When I finished social work almost ten years later, it happened—but, of course, Freud would say there is no such thing as happen—but I started working with bereaved families of terror attacks. Then when the Israel Trauma Coalition came up, I was very involved with a wedding hall collapse in Israel where many people died and voluntarily I worked with bereaved children. There were eighteen bereaved children that I worked with. My work has been this area for many, many years.

And you keep doing it.

Well, the world keeps doing it, so somebody has to keep doing it, too. It doesn't stop.

Are there other organizations like yourself? Like you say, it keeps happening, traumatic events. What other organizations in the world are similar to ITC?

I am not sure there are. There are many countries that have systems in place, but the systems of governments are slow to respond and in many cases they are not very updated on the most updated interventions because governments, again, are slow. When there is a flood in a European country, then they wouldn't respond. But in Israel, the thing is that we have developed so much knowledge and we are very flexible and quick because we are an NGO. We work alongside the government and know what the government is doing or not doing. I am not sure there is such an organization. I'm sure there are many responders in the world. The professional world has become very close and we know of each other. I work with the European community and with the European counselors and our colleagues. But when it comes to practice, unfortunately I think

Israel is very advanced because this is what we do. I mean, we are a practical organization; this is what we do. We are a professional and practical organization. When you look at protocols, there are so many protocols out there, we use them every day so we can share experience, so this is different.

Do you think people in general, the human race, is able to heal generally?

Yes. That is the beauty of it; humans heal. I think in my line of work when I meet a bereaved family and I look at them and I listen to them at the beginning, I know that within a year they will be in a different place. Or somebody that is suffering from trauma. But you can't say that because if you say to a person who is suffering, it's okay; in a year you will be...You lose the person immediately. But you know your experience that people heal, and some more than others. People are very different. But people heal. Communities heal.

Unfortunately, in Israel, some heal in order to be impacted again; people living in the south are all the time healing and hurting and healing and, hurting. And then you need to develop new techniques because we can't offer the same thing all the time. This is where our innovation comes from. Imagine a person coming to you for therapy. You have twelve sessions and he is much better. Then he goes home and a week later there is a rocket on his son's school. I mean, you cannot offer him therapy again; you need to offer family therapy; you need to offer clinical. You know that people heal, but the work is also offering a new thing.

Tonight at the reception are you speaking to the group?

Yes.

How do you know what format to use?

Me neither. I understand that we are being taken through the simulation center of Touro University and actually I am meeting with Marla and Stephanie from the Federation an hour and

a half before to better understand what they wish us to talk about. But I believe we will share the Israeli experience and some of the work that we do and some of the principles. The audience is very varied because they are lay leaders and professionals, so you can't be too professional. But we'll see.

I appreciate your time this morning. Anything else you'd like to share with me?

If something occurs in your home or anything, it is sometimes more effective for the healing to be helped from the outside, which is why we in Israel are so grateful for the help we are receiving from Israel and from other people. The Israel Trauma Coalition was initiated by New York. We wouldn't have thought to do it, I think. When you have disasters you have many people coming from the outside. You can only rely on the local community to do the work, but sometimes you need other people to acknowledge it for the local community to move on. The local community needs to see itself in other people's eyes and the other people will come from the outside. I think again it is not that Las Vegas does not have...Even if it doesn't have the knowledge, it does have abilities and so on. When somebody from the outside comes and says, this is what we see and from our experience, we can do this, we can do that, but this is what helped us, then it moves the community in the right direction, which is very different than when somebody comes and says, I know what to do and this is how you should do it, which happens a lot, especially after disasters when many NGOs come from outside and say, "We have our models; you use our models and you will be better." That doesn't always work because you need to really (?) with the local language and understand what it is they need. But you need to have them look into your eyes and see compassion, understanding, but also strength and the knowledge that the can do it. I think this makes a big difference. This is what we hope to bring.

Powerful.

Now if you'll just share this this evening instead of me talking, it will be great. All of this. Just put this recording on there.

Your dress rehearsal.

[End of recorded interview]