

## NADA after a Natural Disaster

In 2010, a major earthquake hit Haiti, causing massive injury, death and damage to infrastructure. We began planning a trip to Haiti in the hopes of providing treatment and training options to the devastated populace. The situation on the ground was extremely challenging. Communication, personal security, corruption, and disease were already problems in Haiti before the earthquake, all of which got much worse after the natural disaster.

We networked with a group of American Naturopathic Physicians also planning a relief mission, and networked through international and local non-profit agencies to arrange housing, transportation, and access to patient populations. We provided training to a diverse group of healthcare workers, community volunteers and university students in the medical field. Clinical training was done at several of the extensive “tent cities” that spread across Port-au-Prince and surrounding areas.

People responded extremely well to the treatments and were appreciative of the support. Many patients had recent amputations from crush injuries during the earthquake, and we noted that these individuals requested extra long treatment times sometimes sitting with the needles for more than an hour and even after needles had been removed they sat with the treatment group for most of the time we were providing services at the site.



Presidential Palace after the earthquake



destruction in Port-au-Prince





Tent camps in Port-au-Prince



Trainees receiving their first treatment





Treatments in one of the tent camps



Policemen receiving treatment





Treatments at one of the camps



Children showing their ear beads





Training group on graduation day

## NADA response to a humanitarian crisis

A contested presidential election in Kenya created a major humanitarian crisis when violence broke out across the country. Property was destroyed and thousands of people were killed or injured in the resulting chaos. Many people fled over the borders into neighboring countries and became refugees. In an effort to provide services to these refugees, we began reaching out to contacts working in the area of one of the camps that had sprung up on the border between Kenya and Uganda.

We raised money and collected donations for the trip, and arrived at Mulanda Refugee Transit Center in April 2008 with over 100,000 needles, a training manual, and other tools to conduct a training and provide treatments. We chose trainees from the refugee community, who would be able to continue to provide treatments when the camp population was moved to a permanent site. With permission granted from the United Nations High Commissioner for Refugees administration running the camp, we began training in an unfinished structure using desks & chairs from the school. During the clinical sessions, we provided 500+ treatments. Patients reported improved sleep and a more hopeful outlook on the future as well as decreased anxiety, desire for addictive substances, and interpersonal violence and aggression. Trainees expressed a feeling of personal empowerment provided through the training, and were happy to be a resource for their community.

When we returned for a site visit six months later, the trainees had provided over 18,000 treatments in their new location, and the community was very appreciative that NADA treatments were being offered as part of their support services.



A family fleeing their home during the violence





Training at the refugee transit center



Community treatments





Teenagers receiving NADA



A family receiving NADA



Ear beads being applied