Community Preparedness: Engaging Consulates and NGOs to Improve Disaster

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Abstract

Consulates and nongovernmental and nonprofit organizations are critical players in helping disaster-stricken communities prepare, cope, recover, and rebuild. Coordination among these organizations and local government agencies is integral to successful disaster-relief efforts. Public health agencies can better plan disaster relief by assessing barriers and successes experienced by entities in recent crises.

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Introduction

Responses to recent disasters have shown us how quickly a community disintegrates when prompt, adequate, and efficient assistance is not provided. The tragedy of Hurricane Katrina and its aftermath in August 2006 illustrate the importance of disaster preparedness planning that is tailored to a community's unique needs.¹ There is evidence that local government agencies, nongovernmental organizations (NGOs), and nonprofit organizations (NPOs) can accomplish a successful coordinated response when disaster strikes.^{2,3}

When local governments, NGOs, NPOs, and consulates work together to coordinate services and make information available to communities, the impact of hardships, miscommunication, misunderstandings, delays, trauma, and other distresses associated with disasters is lessened and community recovery hastened. If the NGOs and other groups are engaged equally and meaningfully, the health outcomes of affected communities will be drastically improved.²

A study of NGO effectiveness following the 2005 tsunami disaster in Aceh, Indonesia, reported that many of the NGOs effectively coordinated their activities with each other, the government, and other aid agencies.² The defining characteristic of every successful effort to coordinate activities in Aceh was that the coordination mechanism had been developed and used beforehand in a separate context. Whether these efforts stemmed from the initiative of a NGO or from a government or aid agency, this prior experience was sufficient to ensure coordination. Another important factor was the willingness of certain governments and aid agencies to recognize that partner NGOs were making significant contributions and should be respected as equal partners.² The

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emergency support and reestablishment of the Zaynal Abidin Hospital in Banda Aceh after the tsunami is a good example of collaboration among multiple agencies and local authorities.³ In the week after the tsunami, military personnel established tent wards at the hospital and rehabilitated hospital facilities while NGOs provided volunteer doctors and nurses. This division of labor assured the most effective use of the different resources military agencies and NGOs provide.³

Expatriate communities are often among the first to organize relief efforts for their home countries and provide critical resources of aid and information.⁴ In New York City (NYC), Haitian, Chilean and Pakistani communities responded strongly to 2010 earthquakes and floods in their countries, organizing themselves to provide relief, aid, and other resources for the victims, in cooperation with their respective consulates and with NGOs.^{5,6} Understanding how NYC-based expatriate communities coordinated their responses to disasters in their home countries may aid the NYC Health Department's plans to support the emergency response efforts. This study seeks to identify which carecoordination strategies were successful and to examine barriers to each community's response.

Methods

Study Design

Eight semi-structured interviews were held at the consulates and the NGOs/NPOs offices in 2010-11. A uniform questionnaire was designed to address 4 main topics: role of the NGO/consulate, barriers to response, best experience during the response process, and recommendations for local government agencies or for the NYC Health Department

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to get involved. These questionnaires were answered during the semi-structured interviews. I did all interviews.

Population

The Consuls General of Haiti, Chile, and Pakistan and their associates, and Haitian, Chilean, and Pakistani NPOs and NGOs were invited to respond to the questionnaire. Nine NGOs were invited and five responded; all three above consulates responded. Three Chilean NGOs were invited because they were the only 3 existing NGOs at the time of the interview process. One Haitian NGO was invited based on a recommendation from a colleague who works at NYC HIV/AIDS Surveillance and Research. In New York, consulates and NGOs/NPOs have established professional relationships throughout the year. In emergencies and disasters they continue collaborating and strengthening ties.

Results

Respondents' Roles During Disasters

Eight entities were represented: the Consulate General of Chile, the Gabriela Mistral Foundation, the Chile Club, the Consulat General de la Republique d'Haiti, the Haitian American Nurses Association (HANA), and Haitian Americans United for Progress (HAUP), the Consulate General of Pakistan and the Pakistani American Pharmaceutical Association. Interviews were held in Manhattan, Brooklyn, Queens, Rockland County, NY, and Gonaïves, Haiti. The NGOs/NPOs overall mission statements are to provide health services, education, training, and networking opportunities. The consulates'

missions are to provide visas, issue passports and promote scientific, technical, social, and cultural programs.

During a disaster, the roles of the consulates, NGOs, and NPOs are similar.^{7,8,13} Among their responsibilities are:

- asking the community to remain calm;
- updating expatriates about residents who may be directly affected by the disaster;
- communicating with the local press;
- increasing the number of special missions in response to the disaster;
- coordinating support for affected citizens, including providing telephone lines and access to the Internet to locate and communicate with families;
- arranging for counselors on site and referrals;
- preparing containers with donations (eg, canned food, medicine, medical supplies, and clothes) to ship to victims.

Barriers to Disaster Response

The Chilean NGO reported that containers with donations have to have a value of \$60,000 in order to ship them. The president of the Chilean NGO put the donations in his garage and consequently began to reject donations because he had no place to store them.

NGOs, churches, and individuals shipping containers to Haiti reported that their containers were not released by the customs authorities in Haitian ports. The containers were loaded with disaster relief items such as food, clothing, medications, baby formula, and toys. These groups paid anywhere between \$5,000 - to \$7,000 to commercial shipping companies to send these 40-foot containers from New York City with the idea

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that when these groups arrived in Haiti, they would be able to claim their aid and distribute it.

These groups were told that there was a backlog, or as in the case of the HANA, that they were unknown organizations in Haiti so the process of verifying the containers' contents would take much longer for custom officials to perform. This massive obstacle was aired on *60 Minutes* and featured a construction manager who had been waiting for 4 months for the release of 24 containers loaded with materials to build 1,200 temporary shelters.⁹

Other potential barriers to relief efforts included policies that prohibited hospitals from releasing patient information, making it difficult for consulates and NGOs to inform and support people who had family members in disaster-stricken areas.

Best Experience During the Response

All participants reported a high degree of coordination, cooperation, unity, support, and generous donations (eg, the University of Massachusetts offered free tetanus shots to HANA for their ongoing missions to Haiti). Consulates commented on the high degree of collaboration with the NGOs' staff, who worked around the clock for no extra pay during their crisis events.

After the earthquake in Chile, the NYC Health Department identified an NPO, the Clothing Bank of New York, which had warehouse space that could be used short-term for a small fee, allowing donations gathered by other organizations to be stored until they could be shipped successfully to Chile. The Haitian, Chilean and Pakistani consulates reported that local government provided valuable assistance during the earthquake: the

NYC Health Department provided linkage to the Family Assistance Centers (FACs), which were operated by the Office of Emergency Management. The FACs are set up in the event of an incident that is expected to involve more than 10 fatalities. They are intended to be a one-stop shop and are part of the New York Police Department's (NYPD) missing people operations. The scope of the FACs is dictated by the size and severity of the incident, but they are designed to provide families and friends of disaster victims with a wide range of services, including pertinent up-to-date information, mental health assistance, daily briefings, referrals, facilitation of the rapid return of victims to their legal next of kin, opportunities for families to ask questions, and other critical services.¹¹ By coordinating communications and information into messages that are clear, consistent, and culturally sensitive,¹⁰ FACs help reduce the chaos and confusion that increase distress and the risk of disease and injury.¹¹

Recommendations and Opportunities for Local Government Involvement

There are some gaps between service providers (NGOs, NPOs, consulates) and local governments that need to be reduced or eliminated. All entities have services, resources, expertise, experience, and information that can be beneficial to members of the community. Coordinating joint efforts among various institutions requires a comprehensive approach that covers all operational aspects, including finance, logistics, and program administration.¹² Groups representing diverse constituents at the local level, for example, can facilitate critical linkages between service sectors such as health care providers, public health, and housing or emergency relief.¹

In addition to the FACs, there are several possible ways that local governments could assist NGOs, NPOs, and consulates in their response efforts.³ One of the most

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crucial aspects of disaster response is delivering donated supplies to the people who need them the most. Local governments serve as a point of communication between NGOs and consulates to ensure that local NGOs are aware of the consulate's recommendations on avoiding any existing impediments to relief efforts at the disaster site. For example, the Haitian Consulate recommends that NGOs, NPOs, and others wishing to send donations and aid to Haiti should obtain a *franchise douanier*, a document that registers NGOs in Haiti via the Ministry of External Cooperation. Having the *franchise douanier* increases the chances of a container being released sooner. The consulate also recommended that relief supplies should be shipped in barrels or boxes via commercial shipping companies that have business relationships in Haiti including long-standing relationships with customs. Local governments can also develop systems to obtain such advice from consulates and convey the information to local NGOs.

While limited to a small sample of the organizations that provided disaster relief in Chile, Haiti and Pakistan, this study points toward the needs and advantages for local coordination of efforts to aid disaster victims overseas. Interviewing a larger sample may have uncovered additional concerns, barriers, and successes to inform local disaster-relief planning.

Conclusions

The NYC Health Department has aided disaster recovery efforts by providing information about the Family Assistance Centers and communicating the Haitian Consulate's recommendations to increase the likelihood of successful disaster relief and foreign aid. In other cities, counties, villages, or tribal areas, a local health department

and/or other public health agencies may take the lead in similar situations. Strong relationships of local governments with area NGOs, NPOs, and consulates are vital in promoting and preparing for effective, efficient disaster responses.

References

1. Andrullis DP, Siddiqui NJ, Gantner JL. Preparing racially and ethnically diverse communities for public health emergencies. *Health Affairs*. 2007;26(5):1269-1279.

2. Luna JM, Malpani R, Zawde D, et al. Panel 2.14: Contribution of non-governmental actors. *Prehosp Disaster Med.* 2005;20(6):446-449.

3. Joyce N. Civilian-military coordination in the emergency response in Indonesia. *Mil Med.* 2006;171(10 Suppl 1):S66-S70.

4. Center for International Disaster Information. Diaspora. http://www.cidi.org/diaspora. Accessed January 20, 2011.

5. Haiti aid groups criticized as money sits unspent [transcript]. *NPR Special Series*. National Public Radio. January 11, 2011.

6. Barrionuevo A, Robbins L. 1.5 million displaced after Chile quake. *New York Times*. February 27, 2010: A1. www.nytimes.com/2010/02/28/world/americas/28chile.html. Accessed February 17, 2011.

7. Consulate General of Chile in New York. <u>http://www.chileny.com/index.html.</u> <u>Accessed January 21</u>, 2011.

8. Haitian Consulate of New York. <u>http://www.haitianconsulate-nyc.org/index_en.html. Accessed January 20</u>, 2011.

9. Frustration and anger over conditions in Haiti. 60 Minutes. CBS Television. November 14, 2010.

10. Fullerton CS, Reissman DB, Gray C, Flynn BW, Ursano RJ. Earthquake response and psychosocial health outcomes: applying lessons from integrating systems of care and recovery to Haiti. *Disaster Med Public Health Prep.* 2010;4(1):15-17.

11. National Academy of Sciences. Family assistance centers. In: *Medical Surge Capacity: Workshop Summary of the Institute of Medicine (US) Forum on Medical and Public Health Preparedness for Catastrophic Events*. Washington DC: National Academies Press; 2010:45-46.

12. Babcock C, Baer C, Bayram JD, et al. Chicago medical response to the 2010 earthquake in Haiti: translating academic collaboration into direct humanitarian response. *Disaster Med Public Health Prep.* 2010;4(2):169-173.

13. Consulate General of Pakistan New York. <u>http://www.pakistanconsulateny.org/</u> Accessed October 4, 2010.