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KEY BARRIERS FACED BY INGOS IN RESPONDING TO INTERNATIONAL AND DOMESTIC DISASTERS

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Sincerely,

Verónica Arroyave, Tracy Cooper and Maral Dilanian

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EXECUTIVE SUMMARY

This study sought to identify and analyze the key barriers faced by international nongovernmental organizations (INGOs) during disaster relief efforts. The research was motivated by an interest in INGOs in responding to humanitarian disasters both domestically and internationally. Specifically, the researchers set out to address the following questions:








- What are the key barriers faced by INGOs in responding to disasters in the United States and abroad?
- How are those obstacles similar and how do they differ?
- How might these challenges be mitigated or eliminated?

To determine the critical barriers, we conducted a literature review and surveyed representatives from the 12 INGO members of the Partnership for Quality Medical Donations (PQMD).¹ The PQMD in alliance with related organizations is dedicated to the development, dissemination and adherence to high standards in the delivery of medical products to under-served people and disaster victims globally. PQMD members have a long-standing reputation for excellence in their work in the fields of international development and health. PQMD's status in the INGO community, plus its stated strategic objective to support and conduct research, made its member organizations obvious research subjects. These INGOs were chosen for study because they all responded, in some manner, to the Asian tsunami in 2004 and to Hurricane Katrina in the United States in 2005.

Findings

At the outset, we expected to find differences between the types of challenges INGOs face in providing aid in international versus domestic contexts. Yet, the literature and our interviews revealed that these environments are, in fact, quite similar. The most common barriers to response in both contexts relate to coordination and communication.

Obstacles linked to lack of coordination and communication may take various forms. Under the theme of *coordination*, several issues arose either in the literature or in our interviews with the representatives of PQMD's INGO members:

-  lack of trust between INGOs and their partners, the government, and donors;
-  logistical breakdowns;
-  competition among INGOs;
-  lack of staff capacity;
-  legal and security barriers;
-  excessive and/or inappropriate aid; and
-  ambiguity of authority.

¹ It is important to note that this report was not written on behalf of PQMD and no PQMD funds were received for the research. We are extremely grateful for the time, help and willingness of all study participants.





Many humanitarian relief scholars have argued that improved coordination and more effective collaboration are the best ways of mitigating barriers. Even though scholars repeatedly state the importance of coordination in the literature, the majority of the interviewees cited lack of coordination as the main barrier to successful relief efforts.

Coordination is a difficult process, in part because of the *lack of trust* amongst agencies on the local, national and international scenes. Local agencies point out that outside agencies, generally larger NGOs, have often diverted attention and resources away from them during a disaster. This lack of trust among organizations leads to competition. Although an abundance of information on *competition* as a barrier to disaster relief can be found in the literature, three of the 12 INGO interviewees mentioned competition as a barrier. Those who highlighted this factor recognized that competition often leads to inefficiencies and increases human suffering. For example, competition can hinder *access and negatively influence logistics*. One reason competition existed among agencies was due to limited resources. For example, following the Asian tsunami, agencies competed for storage space, while during Hurricane Katrina, they vied for transportation. In both the Asian tsunami and Hurricane Katrina, agencies were competing for media attention to ensure their donors knew they were on the scene and contributing to relief efforts in some way and enhance their public image.

A barrier mentioned by the interviewees, but not mentioned in the literature, was insufficient *staff capacity*. Staff capacity issues arising in INGOs responding to disasters can have a negative impact. For instance, during the Asian tsunami, INGOs did not have enough volunteers, whereas for Hurricane Katrina, there were too many. Having few volunteers limits the work that INGOs can perform during relief efforts. Too many volunteers, on the other hand, can lead to more coordination and communication challenges.

Ambiguity of authority was also mentioned as a barrier during both the Asian tsunami and Hurricane Katrina; this is caused by complexity of the service delivery system. Some of the literature (Howitt, 2005; Reindorp & Wiles, 2001; Shepard, 2006) and several interviewees suggested designation of a central leading organization would reduce chaos since such an organization would know who had what to supply and where there were unmet needs. On the other hand, several in the literature (Linden, 2002; Kapucu, 2006; Stephenson & Schnitzer, 2006) and interviewees said a central authority is not the appropriate conduit. Regardless of whether one or many agencies take the lead, coordination requires effective communication.

Our research suggested that communication-related challenges included the following:

-  breakdown in internal communication;
-  failure/incompatibility of communication equipment;
-  differences in language/culture; and
-  lack of public awareness and accurate media coverage.

Due to the large number of people and agencies involved in humanitarian relief, communication becomes a prominent issue. Communication ultimately builds or hampers an effective response. Effective relief delivery depends strongly on successful communication among all of the players: nonprofit organizations, governments, United Nations organizations, FEMA, multilateral

organizations, bilateral organizations, to name a few. And, on a more basic level, communication is essential within individual organizations as well.

A key challenge mentioned by the interviewees was *lack of communication* between staff at the scene and staff at headquarters, especially during initial assessment and assistance efforts. Several factors may explain the problem, such as on-the-ground staff being too busy to report back in a timely fashion and *equipment failure*. Phone line failure, cell service disruption and web site overload are fairly common during emergencies. Although most of the interviewees saw internal communication as a challenging issue, this factor was not found in the literature that the researchers reviewed.

Language and cultural differences presented other barriers. Though differences in language and culture are expected in foreign countries, they were not anticipated, according to the literature, during Hurricane Katrina. However, the Gulf Coast has large Latino and Vietnamese populations, and few of the relief workers knew either of these languages. In addition, a cultural barrier mentioned more by the interviewees than in the literature was religion. Several INGO interviewees represented Christian faith-based groups, which can raise difficulties when working with non-Christian populations.

Another barrier mentioned in the literature (Starr, 2002; VanRooyen et al., 2001; Wood et al, 2001) and by the interviewees was the *media*. The media is given full credit for generating awareness among the public and governments. As a result, money and other donations pour into relief agencies. Conversely, the media can also hinder response efforts when it reports inaccurate or incomplete information. Erroneous media accounts led to several problems for some of the interviewees, especially during Hurricane Katrina.

The coordination and communication barriers presented here are characterized by a common theme: broken or nonexistent relationships between and among INGOs, the private sector, and government. What are the implications of this situation? When these relationships are broken or nonexistent, where do these organizations turn?

Another common theme in the coordination and communication sections of this report is the ambiguity of authority or lack of a central coordinating body as a barrier. The literature and some informants stated a central coordinating body is essential to alleviate many of the barriers discussed in this report. Others agree in principle; but they are not willing to relinquish their autonomy. What exactly would a central coordinating body bring to the table? There is an underlying assumption among the INGOs that the United Nations (UN) and Federal Emergency Management Agency (FEMA) are supposed to help create these networks and relationships, coordinate and facilitate communication between government-INGO as well as INGO-INGO. However, neither the UN nor FEMA possesses a mandate which includes that responsibility. These two organizations do not see themselves in the role of control coordinators with the power to require participants to perform certain functions during a disaster. As such, the bridge between INGO-INGO and INGO-government is a missing link. The lack of relationships, trust, and established networks seems to be the core issues that underlie coordination and communication challenges and, thus, need to be further researched.

Summary

Much information is available regarding the majority of barriers discussed in this report. On the other hand, research comparing and contrasting international and domestic barriers to disaster relief is limited. This lacuna hinders learning from each body of literature. As the unique nature of the Asian tsunami and its closeness in time to Hurricane Katrina makes clear, focused attention on the overlapping barriers hampering international and domestic disaster relief provides important knowledge for INGOs operating in both spheres. Comparative research is necessary, moreover, because many INGOs that responded to Hurricane Katrina were responding for only the first or second time to a disaster in the United States (Wilhelm, 2005). Findings from this study can assist INGOs, funders, public and private stakeholders, and the global community in developing models of dialogue, policy responses and cooperation to improve their responses to disasters.

INTRODUCTION

Natural and man-made disasters have a lasting impact on the lives of survivors, the economy and geography of affected nations, and the global community. Over the last decade, disasters have occurred with increasing frequency due to “explosive population growth, rapid urbanization, poor land use, and industrialization” (VanRooyen et al., 2001, p. 216). Tung et al. (2000) point out that “about 95% of deaths caused by natural hazards occur in developing countries. Conversely, natural catastrophes rarely cause a large number of deaths in industrialized countries” (p. 6). In developing countries, poverty, rapid population growth, poor infrastructure, lack of education and access to healthcare are already devastating the populations. Many of these conditions result in populations residing in harm’s way. As Anan (1999) has observed, “it is poverty, not choice, that drives people to live in risk-prone areas” (p. 1). Thus, the survivors of the Asian tsunami and those living in Louisiana and Mississippi hit by Hurricane Katrina have, at least, one thing in common: poverty pushes them to live in vulnerable areas.

Around the world, there were approximately 113 million victims of large natural disasters in the 1990s, triple the number of the 1960s (Brough, 2002). It also appears disasters are increasing in magnitude and destructiveness, e.g., the death toll from the Asian tsunami topped 118,000. The total confirmed deaths along the Gulf Coast as a result of Hurricane Katrina in 2005 were nearly 1,600. By March 2006 – nearly seven months after Hurricane Katrina hit – 1,500 individuals were still missing (Turner, 2006). Dianne Spearman, director of strategic planning of the United Nations World Food Programme, has argued that “the number of people affected by natural disasters will probably double over the next 30 years” (Brough, 2002, para. 1). Thus, the issue of how to respond immediately and effectively to disasters is a growing global challenge.

This study addresses some of these challenges by identifying key barriers faced by INGOs during disaster responses. The findings show that although the literature treats international and domestic barriers separately, INGOs face similar barriers in both arenas. As such, this study can assist INGOs, funders, public and private stakeholders, and the global community in developing improved dialogue and cooperation before and during their responses to disasters and in advocating for policies to build better capacities in disaster-prone communities.

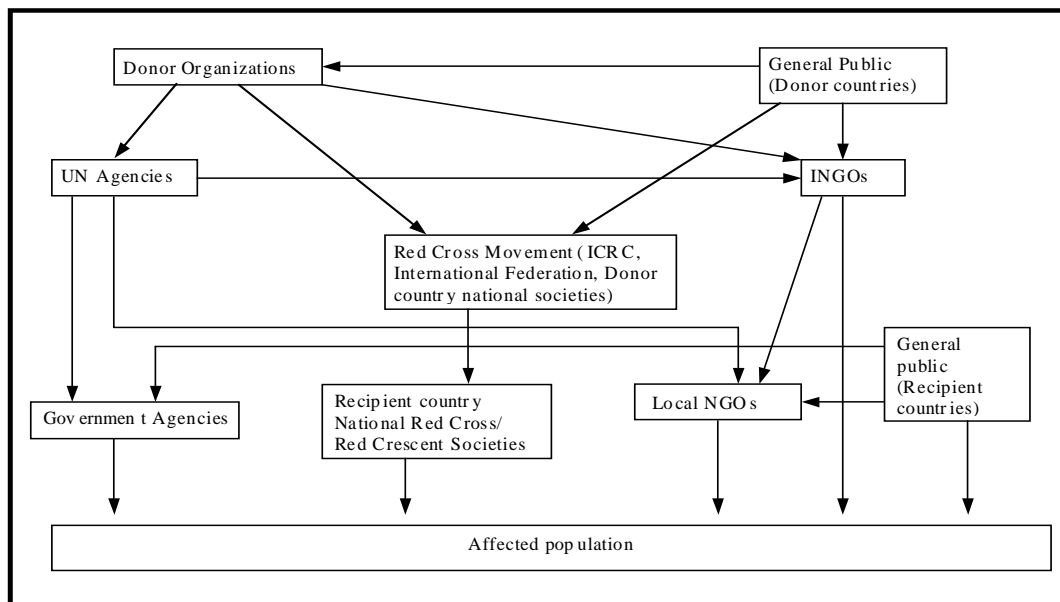
This report is organized into three sections. The first outlines the methods used to address the research questions. The second introduces findings from a review of the relevant literature as well as interviews of PQMD’s INGO representatives. This section also analyzes the key barriers faced by INGOs during international and domestic disasters. The final section provides a brief summary as well as includes implications of the findings and suggestions for future research.

THE ISSUES

VanRooyen et al. (2001) suggest “humanitarian aid still is a young science (and art)” (p. 216). As a relatively new area of study, many issues remain unresolved. With the recent tsunami in Asia and Hurricane Katrina in the United States and the media attention they drew, more researchers are focusing on identification and, hopefully, mitigation of the barriers confronting relief agencies during disasters. Much of the research has sought to evaluate government responses; however, emerging research is describing and evaluating responses by other actors.

Borton (1993) provides (Figure 1) a useful schematic that captures the complexity of the international relief system:

Figure 1: The International Relief System



(Source: Borton, 1993, p. 188)

The INGO arena continues to grow in complexity. “Between 1960 and 1996, the number of INGOs grew from 1,000 to 5,500” (Cooley & Ron, 2002, p. 10), and, in 2001, there were approximately 48,000 INGOs in the Union of International Associations database (Union, 2002/2003). INGOs are non-profit groups or associations that act outside of institutionalized political structures. Within this complex system, several INGOs are long-standing disaster relief organizations and have been described in the literature as “super NGOs.” Some of these include CARE, Oxfam, Catholic Relief Services, Medicines Sans Frontieres, Save the Children, and World Vision. “Super INGOs” typically share similar characteristics. They are inherently dependent upon external funding to carry out their missions and require continual fine-tuning to maintain their resources, reputations, and positions. According to Stoddard (2003), the actions of these “Super INGOs” during disasters have direct and indirect consequences for smaller INGOs because they tend to dominate all aspects of relief efforts.

Yet, size and experience responding to disasters does not lead to effective, efficient efforts. News sources and the responding organizations' own evaluations reported that the myriad humanitarian responses, in general, were fraught with difficulties (Anderson, 2002; Turner, 2006). Therefore, great efforts have occurred to standardize intervention in disaster settings. Many large humanitarian organizations use a "standard information system" to assess and characterize the status of affected populations (VanRooyan et al., 2001, p. 218). However, "despite efforts to standardize and coordinate humanitarian activities, the relief community remains an intricate mosaic of people, capabilities, and allegiances. As this mosaic recreates itself with every new major emergency, there are a number of recurrent incongruities that emerge" (2001, p. 216). These incongruities were apparent in responses to the Asian tsunami and Hurricane Katrina.

The researchers' intent for this study of the Asian tsunami and Hurricane Katrina was to identify and analyze the key barriers faced by INGOs during disaster relief efforts. The researchers also aimed to gain a greater understanding of the characteristics of the barriers and how they may possibly be mitigated.

RESEARCH METHODOLOGY

This study used a qualitative framework and drew information from relevant literature, documents analysis, and interviews. A qualitative approach allowed open-ended questions that assisted in gathering detailed knowledge of field practices and experience. This information, used in conjunction with available literature, was useful in comparing and contrasting international and domestic barriers to disaster relief. This approach also allowed the researchers to “create an agenda for change” (Creswell, 1998, p. 18) and offer possible paths by which INGOs could change how they collectively approach disaster relief efforts.

Data Collection

In addition to reviewing relevant literature for what it might reveal regarding international and domestic barriers, this study included interviews with representatives from the INGO members of the Partnership for Quality Medical Donations (PQMD).² PQMD is “an alliance of private voluntary organizations and medical product manufacturers dedicated to raising standards of medical donations to meet the needs of underserved populations and disaster victims around the world” (PQMD, 2006, para. 1). At the time of this study, PQMD consisted of 24 organizations: 12 INGOs and 12 for-profit pharmaceutical companies.

Because of the study’s focus, only the representatives of the 12 INGO members of PQMD were interviewed. The INGO members were chosen because they typically provide international humanitarian aid, they all responded to the Asian tsunami, and of the 12, five responded to Hurricane Katrina, a domestic disaster, for the first time. These 12 have two main characteristics in common: their missions and how their missions are pursued. Their missions incorporate, in some fashion, the aim of serving the underprivileged. These organizations’ missions focus primarily on global health and development. An important area of the work has been some form of international disaster relief. All of the INGOs are registered 501(c)3 organizations with headquarters in the United States, although most have field offices in the developing world and Europe. While all of these organizations emphasize health and international development, each varies in how it defines health, implements health-related programs, and measures programs. They all accept medicines and medical supplies that meet the World Health Organization guidelines, gifts-in-kind (GIK), private donations, and government funding. Additionally, these organizations have a long-standing reputation for excellence in their work in their different areas of expertise.

Although there are many similarities among the PQMD INGOs, there are also differences. For example, they range in size from over 20,000 employees to fewer than 10. Their operating

² For a list of members see Appendix A.

budgets range from \$29 million to \$803 million. Some organizations' founding missions are faith-based, while others are secular. Their founding dates range from 1928 to 1992.

These 12 INGOs were a good fit for this study because all responded to the Asian tsunami and Hurricane Katrina. In addition, five of the 12 were involved in disaster relief for the first time in the United States because of Hurricane Katrina. Interviewing representatives of these INGO members of PQMD soon after the two disasters allowed for identification of the key barriers faced in each emergency. Several respondents were still involved with relief efforts related to Hurricane Katrina when interviewed. Their ability to recall their experiences was strong. PQMD was also chosen because one author of the study was a former employee of an INGO member and an executive committee member of PQMD. This connection facilitated access to participants and documentation. It also aided the researchers to understand better the procedures and policies of the group as well as the characteristics of its individual members.

Interviews were arranged with one (and in one case two) representative(s) from all 12 INGO member organizations of PQMD, a total of 13 people. The sample was purposely selected to include staff knowledgeable about the organizations' humanitarian relief efforts. Interviewees were involved in their INGOs' relief efforts and generally oversaw the management and/or distribution of medical products to devastated regions. Of the 13 interviewees, most are liaisons specifically to the medical product manufacturers and work on procurement or distribution. Those interviewed, however, were not directly involved in on-the-ground efforts; they coordinated efforts from their headquarters.

Eight graduate students enrolled in the Fall 2005 "UAP 5354: Charity, Philanthropy and Civil Society" course at Virginia Tech conducted the interviews. Before the interviews, students researched the backgrounds of their assigned INGO by reviewing web sites, internal publications, and other documents. At the end of the semester, three students continued the research and conducted an extended literature review and completed interviews with the remaining members of the sample.

Interviewees were sent an informed consent form, approved by Virginia Tech's Institutional Review Board, which included a written statement about the purpose of the study, the study's procedures, potential risks, potential benefits, extent of anonymity and confidentiality, and participant responsibilities and rights. Participants' informed consent was obtained via fax or email. Through telephone or email contact, the interviews were set at a time convenient for respondents who were told prior to their interviews that their responses would remain anonymous.

Semi-structured interviews were conducted between November 1, 2005 and March 31, 2006 with a set of predetermined questions modeled to ensure consistency in information gathered from each of the representatives (Appendix B contains the interview questions). The researchers emailed their questions to the participants beforehand to help them prepare. Interview lasted approximately 45 minutes to slightly over 60 minutes. When appropriate, interviewers used probing and follow-up questions to capture the "richness" of the interviewees' experiences (Rubin & Rubin, 2005, p. 13). Interviews were tape recorded and transcribed.

Data Analysis

MAX QDA qualitative data analysis software was used to organize, code, and analyze the data from the interviews. Analysis followed a strategy set out by Maxwell (1998, p. 90), which involved contextualizing and categorizing strategies. This process included reading interviews and other documents thoroughly, re-reading interviews and coding segments, re-coding and grouping codes into broad clusters of similar topics or nodes, primarily around the research questions, though allowing for exploration of emergent topics. The clusters were then iteratively re-coded into more specific and simplified nodes, creating “trees” (Coffey & Atkinson, 1996, p. 29). Initially, each individual researcher (three conducted data analysis) created her own nodes and trees. Then, the researchers convened to review their work collaboratively before creating a single tree to serve as a guide for further coding. During this discussion, they also created a list of follow-up questions to target major trends or key emergent questions. The researchers then interviewed the remaining four INGO representatives. During these interviews, the original questions as well as the follow-up questions were asked. The researchers and advisor met numerous times throughout the research process to discuss findings, the structure for presenting the data, and how best to highlight key findings.

Trustworthiness of the Data

The researchers used several sources of information: publications produced by the organizations, documents about the organizations published by media, and interviews. Triangulation was used to ensure the trustworthiness of conclusions (Maxwell, 2005, p. 93). Lincoln and Guba (1985) state such research must be able to “establish confidence in the ‘truth’ of the findings of a particular inquiry” (p. 290). Multiple investigators contributed to a triangulation of the data. The thirteen interviews and transcriptions were divided among eight different individuals. Each interviewer wrote a case analysis for the specific INGO that he or she was assigned, and different individuals analyzed these case analyses. After the initial data analysis, discussions took place regarding the findings—the similarities, differences, and anomalies that emerged from the interviews. These discussions informed additional consideration of coding and the literature. The interviews were then analyzed afresh.

Two other strategies were employed to ensure trustworthiness of the findings: peer debriefing and member checking. Peer debriefing provided individuals knowledgeable in the subject, but outside the study, an opportunity to review the work. These reviewers helped the researchers ensure the data was valid and understandable (Lincoln & Guba, 1985). As the study progressed, Dr. Angela Eikenberry, advisor to the research project, also reviewed and discussed findings with the researchers. Peer debriefing occurred before the study was submitted to PQMD administrators for final review. This review gave PQMD administrators an opportunity to fact check only, not to alter any part of the document.

Interviewing only PQMD’s INGO members might limit the scope of the research since the organization’s corporate members are also involved in disaster relief efforts. Confining the sample to INGOs alone may limit the richness of information obtained. Moreover, given the focused character of the missions of PQMD member organizations, these interviews represent a segment of the experiences of all INGOs active during these disasters. Through the triangulation of literature review, interviews, and document analysis, however, the researchers have enhanced

the likelihood of capturing the major issues and concerns that arise around disaster relief in international and domestic arenas. In addition, the research takes into account the possibility that those questioned may have been reluctant to be completely forthcoming since the results would be presented to the PQMD membership at large. Anonymity was used to encourage participants to speak candidly.

FINDINGS/DISCUSSION

*"We want to be efficient when connecting people to a world in need."
- PQMD INGO Representative*

Several categories were established to organize the study's findings. More than half of the INGO representatives from PQMD stated they encountered two key barriers both internationally and domestically during their relief efforts: lack of coordination and lack of communication. Coordination-related concerns included the following: lack of trust, competition, logistical breakdowns, insufficient staff capacity, legal/security barriers, excessive or inappropriate aid, and the ambiguity of authority. Communication-related topics included the following: breakdowns in internal communication, equipment failure, differences in language/culture, and lack of public awareness and accurate media coverage. This section first looks at the INGOs that responded to Hurricane Katrina. In some cases, these organizations responded for the first time in the United States, raising unique challenges for the affected organizations. Suggestions from the literature and the interviews on how INGOs may mitigate the barriers are incorporated throughout this section.

COORDINATION

The literature discusses coordination and collaboration extensively as a means by which to address barriers to disaster relief. Gray (1991) has defined collaboration as "a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible" (p. 5). As a process of give and take, collaboration provides the possibility of constructing solutions no individual actor could achieve alone in dealing with "complex and interrelated problems that cross administrative and jurisdictional boundaries" (Williams, 2002, p. 20).

Although many authors stress the importance of coordination and collaboration in disaster relief and urge organizations to invest time and dollars in them, inadequate coordination and collaboration remains an on-going reality in international and domestic relief. A key theme of both the literature and interviews conducted for this effort was that chaos breeds a lack of coordination. As Dahle (2006) has observed,

disaster preparedness and recovery is not the domain of any one sector, and in fact it requires a high level of collaboration among local communities, citizen sector organizations, international relief organizations, governments, and military units. As Katrina proved, even the vast resources of a Western nation are ineffectual in the absence of coordination, communication, and planning (para. 2).

Collaboration within the United States, in particular, is not easy due to the independent nature of INGOs. According to Linden (2002), "individualism continues to be a dominant element in American society. It contributes to many of our greatest strengths. It doesn't make collaboration

impossible at all, but it does make such behavior more difficult” (p. 50). Linden (2002) lists three main hurdles to collaboration as risks “to be managed”: “communication problems and value differences at the interpersonal level, distrust at the organizational level, and systemic problems such as the fragmentation of responsibility” (p. 35). If collaboration is needed with a new organization, it is even more difficult because of the risk implicit for the professionals involved of working with the unknown. Such risks could include a concern not to lose authority or resources; in other words, some may believe an organization could suffer if another agency is allowed access to its territory. While coordination is often difficult to attain among subunits even within an organization, it may become still more difficult to obtain when working beyond organizational boundaries with outside agencies.

Unfortunately, according to Smillie (2001), setbacks of this kind are not uncommon in disaster situations: “good intentions notwithstanding, outside organizations appear to have great difficulty working effectively with local organizations during humanitarian emergencies” (p. 1). Local organizations can be territorial when outside agencies appear in their communities and begin taking control of actions that they believe they are perfectly capable of managing without outside “help.” According to Dynes (1978), “as existing organizations take on new roles, assume heightened importance, or cease operation entirely, and as new organizations appear, the normal system of coordination no longer works” (p. 51). Local organizations also worry about finances being diverted when nationally-known entities appear on the scene. However, no matter the location of disasters, the importance of finding ways to work together cannot be overstated. It can make the difference in whether the “goals of disaster relief: a reduction in the loss of life and prevention of human suffering” (McEntire, 1997, p. 223) are achieved.

The literature on international disaster relief suggests that poor collaboration results in delayed, ineffective responses. For example, it took many days after the Asian tsunami before official aid arrived. Much of the delay was due to negotiations among aid organizations on how and with whom to collaborate (Interviewees # 1, 4, 5, 12 & 13). When numerous organizations respond to disasters, it is difficult to coordinate and apprise everyone of the latest status of the situation. According to Granot (1997), “even when all participants are skilled at what they are called on to do, coordinating their efforts is one of the most troublesome aspects of emergency management” (p. 305). One reason for this problem is the apparent lack of trust among agencies, yet the very nature of collaboration requires mutual trust. Without trust-based collaboration, it becomes an “every man or woman for himself/herself.” But, when an INGO does not trust other INGOs, the government or its private donors, this creates a major roadblock to collaboration. As the Overseas Development Institute staff has recognized, “in most emergencies, even the largest NGO is incapable of launching an effective response individually” (Stoddard, 2003, p. 4).

Lack of Trust

Without trust, disaster relief work is encumbered by competition, inefficiency, and duplication of efforts. INGOs, government, and the private sector all need one another to have an efficient, speedy, and effective disaster response and therefore need to trust one another. According to Linden (2002), “trust and confidence form the soil from which collaboration grows” (p. 42). Stephenson and Schnitzer (2005) postulate trust is a precondition to coordination and boundary spanning between organizations and is essential to effective inter-organizational coordination.

Within this context, “collaborating across organizations with different cultures and rules always places a huge emphasis on personal relationships” (Linden, 2002, p. 48). The crucial role of personal relationships was confirmed in interviews for this project. Several of the INGO representatives stated the importance of having partnerships—whether short- or long-term—with local people in the devastated area. Lindenberg and Bryant (2001) also note that “partnerships with local organizations not only save resources but also permit greater cultural relevance and adaptation in program design and implementation” (p. 160). Trust is a key element in maintaining on-the-ground partnerships, and it is these relationships that enhance coordination efforts. Agencies tend to coordinate with other agencies they trust.

Trust, or the lack thereof, was also brought up by some of those interviewed in regard to relationships with donors, especially with the pharmaceutical companies. One INGO representative cited lack of trust between the INGO and donor as an impediment to responding to disasters, while another discussed it as a barrier in coordinating on-the-ground relief efforts:

It would be nice if we had a blanket approval of product. We could send product to any place in a disaster. If the donor knows our programs, we like to be able to say, we would like to use 50 to 100 medicine boxes that we could use as our first response to a disaster. The problem becomes when we have country restrictions, just because a disaster hits in an area where they do not want their product, it is still a disaster. Getting approval for things would provide a comfort zone that we could actually trust in [a] disaster if [we] needed to. (Interviewee #2)

One interviewee stated the pharmaceutical companies create almost insurmountable hoops to jump through during disasters when they ask that their product not be used in a certain country or area (Interviewee #4). According to the INGO representative cited above,

They [the pharmaceutical companies] are more than welcome to come along and do these things but do not complicate our processes. You are in a disaster because the disaster is a disaster. It is hard enough to get great communication and everything else. And how many treatments did this do, etc. Let us do the appropriate response and do not put all the regulations on us. That comes from the trust issue. If you have been working with that particular NGO for X number of years we know that they meet our standards as a field recipient and instead we have to meet the pharmaceutical standards. So do not change during a disaster and send us inappropriate items, etc. So that trust thing is a big issue. (Interviewee #2)

When INGOs go into a disaster situation, they are looking for or may have already established relationships with “the most credible, trustworthy, well-informed, well-educated folks, local folks that [they] can to work with” (Interviewee #5). As an alternative plan, one INGO shared,

I think finding the most trusting of partners and being vigilant about that. If there’s any sense that maybe these people just aren’t ready, you can’t use them. You’ve got to go with people who really know the territory, who really know what they’re doing. In the case of giving money, we had the opportunity to send someone into the field who knew the area. I think that’s really vital. It’s a black

hole otherwise. I've heard so many stories over the years of people who've had whole containers of product disappear, just disappear; we don't know what happened to it. Well, somebody got it, probably a black marketer, and I do know of pharmaceutical companies who have seen their donated products for sale on retail shelves in the developing world because they worked with the wrong partners. That's just the way it is. (Interviewee #12)

Trusting partnerships, as Interviewee #12 suggests, are vital to an effective disaster response. Trust is essential in order to have good relationships that result in more efficient coordination and communication, particularly in times of crisis and chaos. Another issue that Interviewee #12 touches on is the importance of having the right people on the ground—people who know the territory and can provide a sound assessment of the situation.

As a component of trust, assessment helps to determine the magnitude of damage, the level of response needed, as well as the types and quantities of supplies on hand and that need to be obtained. Without a proper needs assessment, INGOs are almost certain to encounter logistical problems. With incomplete assessment, organizations risk being a part of the problem by distributing unneeded or insufficient supplies.

Seven of the 13 respondents specifically mentioned assessment as a critical component of coordinating humanitarian action; 12 considered field presence a key factor. Assessment is basically determining the extent of the damage in the situation and conducting an inventory of what supplies and services are needed. Field presence is having someone on the ground whose main job is to coordinate the work and establish links to other organizations. The ideal situation is to trust those in the field to conduct the assessments. If the INGOs do not have presence in the disaster area, they partner with indigenous NGOs or another international organization on the scene. Some of these partners may well be staff for the organization if it has a branch office in the disaster area. As one INGO representative noted,

The power of partnership is paramount in this because a lot of times one organization can't operate all the way around the world and there are some organizations that are qualified, very credible organizations that we have worked with for a number of years and we want to not reinvent the wheel someplace, we want to partner with people that have a strong presence in certain areas that we work in. And that really shines during a disaster because the network and the procedures are already set because you have already been sending product there all along. What happens in a disaster is that you just utilize that network again. (Interviewee #12)

A direct benefit from on-the-ground partnerships or collaborations is accurate assessment of the needs and conditions of the area. In many cases, INGOs and other disaster-related organizations depend on and trust local staff to do the initial assessment. Several interviewees stressed the importance of being able to trust someone on-the-ground to conduct the assessment. It is important for the person doing the initial assessment to know the region's culture, resources, and local methods of functioning. This person becomes the organization's "eyes and ears to look, see, touch, feel...not just to determine true needs, but determine the situation" (Interviewee #7). It is important to have an accurate assessment, for coordination purposes, to know which

government officials waive import duties and connect to the customs officer at the airport or ocean port. This on-the-ground person would know how to locate transportation, storage units, operating hospitals or clinics, and to ensure appropriate placement and use of supplies. He or she would be aware of what other organizations are doing and the resources they have so duplication of efforts does not occur or is reduced. For example, the Red Cross may already have obtained helicopters or military support from another country. That person on-the-ground would know how to tie into such support. The thoroughness of the initial assessment helps to coordinate with other organizations.

It is important for INGOs to establish and maintain good partnerships before a disaster occurs so that when disaster strikes, they do not need to hunt for people on-the-ground who may or may not deserve their trust to do thorough assessments. Several PQMD organizations learned this lesson during the Asian tsunami. These INGOs either had no partnerships in Banda Aceh or the local staff was not trained appropriately. As a result, they were unable to determine what was needed. Two interviewees emphasized the importance of on-going contact with local representatives and partner organizations (Interviewees #5 & 10). These deliberate steps to build and maintain trust with local organizations or other INGOs with on-the-ground presence assist INGOs not only with initial assessments, but also in meeting their goals long-term. In addition, these same two respondents saw partnerships or, at least, pre-event informal collaborations with hospitals and transportation companies as vital. By developing trust with these particular entities, the INGO representatives felt they could have knowledgeable people in place to provide an accurate initial assessment of conditions.

Further evidence in support of building pre-disaster trusting relationships was provided by two PQMD members who stated they encountered no barriers during the Asian tsunami or Hurricane Katrina. They attributed this to having established partnerships already in the disaster areas with people who “knew the ropes.” They trusted these partners to assess the situation thoroughly and guide them in providing necessary supplies. Hence, long-term partnerships are critical to any mitigation and preparedness plan. To support the importance of partnerships and assessments, when the Australian Council for International Development (ACID) revisited the tsunami area a year later, it reported lessons learned regarding relationships: to improve the impact of its efforts, the ACID (2005) made use of the INGO network already in place, and it recognized the “critical importance of a prior investment in NGO disaster preparedness [including accurate assessments of the situation] ... [and] the central role of healthy local partner relationships to enable quick mobilization” (p. 3).

Pre-established trusting relationships are essential to effective and efficient coordination. Relationships can affect the acuity of the initial assessment. In turn, the initial assessment can affect the competence of the coordination efforts. Without trusting relationships, another issue that arises, even as early as the initial assessment process, is competition among disaster organizations.

Competition

Competition undermines coordination and collaboration. It highlights the motivational structures underpinning relief efforts. According to McEntire (1997), “although the international relief

community is frequently referred to as a system, this statement is an inaccurate depiction of those agencies and organizations which provide relief” (p. 223). As scholars note, the system is “frequently marked by competition and rivalry for public attention and available resources” (Granot, 1997, p. 305), and problems are caused by a “crowded and highly competitive aid market in which multiple organizations compete for contracts from the same donors” (Cooley & Ron, 2002, p. 17). Unfortunately for many INGOs, “securing new funding is an ever-expanding part of [their] function, pushing other concerns – such as ethics, project efficacy, or self-criticism – to the margins” (Cooley & Ron, 2002, p. 16). Resources include not only dollars, but also donors’ time and the media’s attention.

Despite the plethora of information on competition in the literature, three of the 12 INGO representatives mentioned competition as a barrier. Competition involves other INGOs, governments and the private sector. Less obvious is competition among donors, in particular the pharmaceutical companies, who want their donations to be used. The interviewees discussed competition in a more general, overarching context and applied it to all disaster response situations, international or domestic. For example, one interviewee said “yes, competition was a big part of it; we have to have the products to respond” (Interviewee #2).

The same interviewee noted relief efforts sometimes cause competition among interested organizations. An INGO must decide whether to use a product on hand for long-term health development initiatives or for relief efforts. This tradeoff can be painful as decision-makers often do not know if the items used will be replaced by a donor. In this regard, one interviewee spoke of “regular” organizational support in light of so many disasters:

When you consider sustainable health care around the world, all of that product could have been used by organizations to go into an area where people are desperately ill. They’re just as sick whether there’s a tsunami at the other end of the world or not. The need for the medicine doesn’t go away just because there’s a disaster somewhere else. We’re experiencing still, and so is everybody else, our donations this year of pharmaceutical products are down. And they’re down because there’s less product to donate because the disasters really cleaned people out. (Interviewee #12)

During the Asian tsunami, one organization experienced competition among its regional offices, each of which was seeking resources from the organization’s development headquarters:

... from the internal perspective, because it wasn’t one country it was a massive area, certainly I think countries would be vying for resources. Because it all happened at the same time across, what five, six, maybe even twelve countries? So they’re all vying for resources, and the other thing is that different country programs, they have their own budgets, some are more well-funded than others. At the same time, donors were putting in funds, but then some donors wanted to earmark it for certain countries. So in the first instance, because it happened across such a massive area, you’ve got different countries vying for different resources. And sometimes for the same pool of resources, this is internally now, at the same moment. (Interviewee #13)

Although it may be an inappropriate reason to respond, many INGOs try to be first on the scene after an emergency to “beat the competition” and respond to unspoken pressure from donors. One interviewee explained, “if you do not do that, then it seems that you get on the blacklist from the pharmaceutical companies, which you know, you are dependent on” (Interviewee #12)., Pharmaceutical firms usually offer donations to trusted INGOs. But given limited resources and urgency, those with a sound response or in-country presence have greater probability of getting donations immediately. There is also an incentive among donors to get their donations to the scene quickly because they, too, are pressed by the media and their own employees to respond.

Funding and supplies frequently seem to drive responses. One interviewee remarked, “We’re not a huge organization where we have to hit \$40 million. We’ll take, let’s say we raise \$2 million for Pakistan, that’s what we’ll take and that’s what we’ll use” (Interviewee #6). This comment speaks to the importance of funding in carrying out an appropriate response. In short, funding determines the response level instead of the level of need correlating closely to the level of funding and services provided. Donor-driven programming is the norm rather than the exception in disaster relief. The question that arises is which bottom line drives the work— mission or money?

However, as much of the literature and respondents pointed out, “Rivalry is not foreign to emergency services, where response agencies are under great pressure to prove themselves and in many communities, resources for emergency response are particularly short” (Granot, 1997, p. 305). In fact, according to a recent UN report, “competitiveness” is “built into the system” and “competition within the UN relief system is even fiercer than in the private sector” (Cooley & Ron, 2002, p. 13). This competitiveness often leads to inefficiencies and inequity among donors and their beneficiaries and, certainly, to increased human suffering.

Logistical Breakdown

Establishing a field presence and determining humanitarian aid logistics, both internationally and in the United States, are complex activities that are critical to delivering aid. The logistics capacity of an organization, in many cases, determines its ability to respond to a humanitarian relief situation. Although logistics and site access are vital to an INGO’s response capability, a majority of interviewees repeatedly cited problems with logistics, transportation, distribution and warehousing as significant barriers to relief. For example, during the Asian tsunami, inadequate transportation and failed communication equipment posed major difficulties for INGOs in communicating and coordinating their activities with other organizations effectively. This is not unusual because roads, telephone and cable wires are typically destroyed or damaged during most disasters, particularly in developing nations. Transportation and communication equipment also caused problems during Hurricane Katrina. For instance, INGOs had great difficulty finding vehicles to move supplies because the Federal Emergency Management Agency (FEMA) already had most of the transportation companies under contract (Interviewee # 3). As one interviewee stated:

One thing this [Katrina] has taught us, and actually the tsunami also taught us, this is the weak link, the Achilles heel, is the logistics aspect in the disasters. That [Katrina] just reinforced that because we kind of assumed that the government

during [Katrina] had all that in place, but when they weren't, our capabilities and logistics people [stepped in]. (Interviewee #10)

INGOs must be invited into a disaster-affected area before providing aid. A declaration for assistance by the affected country government initiates INGO fundraising, resource allocation, outreach to networks, and aid deployment. Absent such a declaration, INGOs must recognize that aid delivery may over-step their mandate as private organizations and could be seen as an infringement upon national sovereignty. Understanding the legal boundaries for such assistance is important at the onset and helps INGOs determine their role in such crises, particularly if the host country or affected area seeks to coordinate or submit to local authority or military assistance. Such was the case in recent crises in Afghanistan, Iraq, Kosovo and Indonesia. In these countries and scenarios, military forces played a key role in providing access, food/water, distribution, security, logistics, search and rescue, population control, peacekeeping, transport by land/air/water, disease prevention and health delivery. However, military engagement can sometimes co-opt or hamper the process of aid, giving INGOs unclear or conflicting signals on authority, roles, responsibilities and accountability (Christian Aid, 2005, p.5).

In the United States, the situation during Hurricane Katrina was, at times, volatile. The military was heavily involved in providing relief and security to hurricane survivors. “[The] Army and Air National Guard units from around the nation sent troops and equipment to the New Orleans area to help with the evacuation and recovery of the city following Hurricane Katrina and the flooding that followed when the levees were breached” (U.S. Army, 2006, para. 9). Such military involvement can compete directly with INGOs in their efforts to obtain needed resources.

Gaining access to affected areas is another common problem. During the Asian tsunami, cargo planes collided with cows on the runway, local airports had no lighting or fuel and local seaports had no forklifts or cranes (Oloruntoba, 2005). Logistical problems like these restricted INGO access to affected areas. During Hurricane Katrina, high water and road closings also limited INGO access.

Access is not limited merely by INGO inability to reach affected populations; the ability to deliver aid is also shaped by infrastructure and freedom from local regulations and processes that would hinder relief. The capacity to build a supply chain for the delivery of aid must exist, and relief agencies must be given wide authorization to engage in the following activities:

- obtain customs clearance of aid goods;
- purchase supplies;
- access financial resources;
- open bank accounts;
- transfer funds;
- set up offices;
- have free movement throughout the affect area;
- be respected by locals as independent of any political agenda;
- import goods;
- access communication; and,

- in some cases, access vehicles and military resources when infrastructure is compromised (OCHA, Guidelines on the Use of Foreign Military and Civil Defense)

Such freedom of movement and access is especially important in logistically securing aid to rural, rugged or, otherwise, inaccessible areas.

Trusting partnerships are needed if INGOs are to respond quickly and interact smoothly with others. When local partnerships are not present, INGOs cannot develop logistical plan, distribution or warehousing plans in advance. In responding to Hurricane Katrina, INGOs scrambled to establish viable links, contacts and partnerships with local organizations for the first time. One interviewee shared his/her INGO's approach:

With Katrina, we didn't have a network to go back to that we had supported in the past. The only U. S. facilities we really support are clinics in [this state], so what we did is we went to the National Association of Free Clinics and the National Associations of Community Clinics...But we basically went around and tried to find out whether there was need for material aid. (Interviewee #5)

Another interviewee made this comment regarding logistics:

Logistics function has risen in our minds as something important and, quite frankly, prior to this [Katrina], and the tsunami, we didn't consider that a core capability, or never viewed it that way. But it sure turned out to be that and based on that, going forward, I think we will, in fact, strengthen that capability, have additional people, for those types of things so that we are in fact ready to go and actually establish IT functions, more than satellite phones, how to set the network and those types of things – have that all set to go when disaster does hit we do have that. Another thing which Katrina taught us, and again, it wasn't planned, but the value of helicopters and private jets were invaluable and we don't have those – of course NGOs aren't equipped with private jets and helicopters and they aren't going to be in the budget no matter what –unless they are gifts in kind and then we will accept helicopters. (Interviewee #11)

Two interviewees raised another important logistical concern: emergency medical staff credentialing was a barrier in responding expediently when Hurricane Katrina hit. One of the representatives explained the situation:

We have [a roster] at our organization that is over 200 nurses and physicians and they are ready to go within 24 hours on a response. And in Louisiana and Mississippi it took some time for the government to give grace on licensing so that our [state] physicians could practice in another state. So that really held us up for quite awhile...I think it is very important for them to enforce licensing for everyone's sake, but I think there should have been some procedures in place to have grace over certain organizations and institutions that would provide qualified licensed individuals and have a state to state grace. (Interviewee #8)

According to the Emergency Systems for Advance Registration of Volunteer Health Professionals program within the Department of Health and Human Services, “*credentialing* is the process of obtaining, verifying, and assessing the qualifications of a health care professional to provide patient care, treatment, and services in or for a health care organization” (p. 4). It is not an uncommon barrier in emergency situations. According to a recent report:

Approximately one third of study respondents from hospitals in rural communities have no established mechanism for credentialing volunteer staff during an emergency... Credentialing of disaster volunteers appears to be lacking nationwide in both urban and rural areas and should be examined by community planners. (The Joint Commission, 2005, p. 49)

Because emergency credentialing of volunteer medical personnel is vital in a national disaster effort, it merits a concerted national effort for future preparedness planning. One interviewee offered a pragmatic suggestion. During catastrophic events, the government – national, state, and local – should establish a state-by-state grace program so those licensed in one state can easily assist victims in another state where they are not licensed.

Overall, access and logistics underscores the importance for preparedness and partnerships for effective planning.

Insufficient Staff Capacity

Building and sustaining staff capacity is important in any emergency response effort. Knowledgeable staff members mobilize others, organize logistics, and aid delivery. The high burnout rates and turnover in humanitarian relief staff, due to taxing working conditions, the urgent nature of the work, and relatively low compensation and benefits, is well documented (Lindenberg & Bryant, 2001; Edwards & Fowler, 2002; Loquercio, Hammersley & Emmens, 2006). In fact, humanitarian relief organizations can become “entangled in perpetual recruitment and discouraged from investment in essential training and development” for these reasons (Toth, 2006, para. 7).

Staff capacity is put to the test during disasters. Several interviewees described the strains encountered while simultaneously receiving and allocating funds, managing new and experienced volunteers, directing calls from donors, processing applications for grants and/or volunteers, and other tasks. One interviewee noted,

We just did not have those systems in place for what to do when the response is this huge, whose job responsibilities are going to change, who’s going to be back up for who. And we have learned a lot from that experience, and we have been trying to do several lessons learned talks and discussions on that. I think that because of the tsunami we were better equipped for Hurricane Katrina. Things like our systems kind of fell in place quickly as far as who is going to do what within our office...whose roles are going to change slightly for the response. (Interviewee #8)

Insufficient staff capacity was mentioned by a handful of interviewees who reported low capacity can create problems in volunteer coordination and donation collection. To mitigate this problem, some INGOs hired additional staff. However, some interviewees still had staff capacity issues when staff members were required to remain at disaster sites for long-term response and rebuilding:

One of the barriers is that part [half] of our staff is still there [in the Gulf Coast area] and we are now in week 12 of response. They are still busy unloading trucks – they are sleeping in the warehouses... Staff capacity was and is an issue. Several of our staff members went out with the first trucks and haven't been back to the office since. We are hoping to have them back in January. (Interviewee #9)

Staff capacity problems appear, at least partly, to be a function of the extent of media and public attention to a given disaster, which can result in a “Catch 22” situation. When media coverage is limited and donor response is low, little money is available to retain a large staff. Yet, when disasters like the Asian tsunami or Hurricane Katrina hit and millions of dollars of donations pour in, these same INGOs do not have enough staff to respond adequately to the need or the resources available.

In addition, long-term initiatives and organizational programs that are not related to disaster relief tend to be neglected during emergencies. Many organizations allow the urgent to push out the important. When a disaster occurs, there is an increased need for staff to man the phones, write proposals, manage web giving, process credit card donations, vet donor calls, send out appeals, communicate with pharmaceutical partners and manage the flood of unsolicited supplies. One INGO representative gave this example:

...people were just swarming, so many people were coming in to volunteer and not necessarily having a good coordination of those folks [was a problem]....Spending time screening offers and screening callers takes valuable time away from responding to the disaster. (Interviewee #5)

Although lack of staff capacity can present many challenges, an overabundance of staff – volunteers – can present other issues. Coordination of volunteers can take a tremendous amount of time, especially if they have no experience; they simply lack the training necessary to make them effective. In the wake of a disaster, well-motivated people volunteer to assist their local nonprofits; however, staff time and attention is required to train them appropriately. There are obvious shortcomings associated with coordinating volunteers under such circumstances; it can lead to volunteers being poorly trained or unprepared for the situation. As such, these volunteers usually learn on the job with little training, supervision or feedback. As Tom Weidemeyer, Chief Operating Officer of UPS, said after Hurricane Charley, “it is a paradox — people’s willingness to volunteer versus the system’s capacity to use them effectively” (Points of Light, 2002, p. 2).

Legal and Security Barriers

Understanding legal boundaries for disaster assistance is important at the onset. Although most of the literature discusses legal aspects internationally, and mainly focuses on access and import

restrictions, three of the interviewees mentioned domestic legal issues encountered in trying to respond to Hurricane Katrina. For example, one interviewee stated:

Legally, our organization always worries in responding to anything in the United States. Because we receive donations from companies that unless they give us permission for domestic use, it all has to go out of the country... There was no way to send product designated for international use which made for a slower response on our part because we have to either purchase or do something we are not used to doing for domestic response. (Interviewee #4)

One interviewee argued legal issues could be a constraint in responding to emergencies in the United States, given the nation's litigiousness (Interviewee #10). The respondent, however, provided an example in the international arena where legal, structural and cultural barriers were found simultaneously during a disaster:

If legal has to do with government, there is clear government structure in place like in Sri Lanka which is a very socialized, centralized government. Everything must go through the bureaucracy in Colombo. Therefore, going to the field – and this is maybe structural or legal or both and culturally too, you cannot go to the east shore of Sri Lanka and talk to people there because they were so programmed that you had to talk to Colombo first. So you had to work both Colombo and the local – it was such a structured chain of command up and down their internal system was so major, yet some of the people actually died in the tsunami. So where that gap existed people didn't know how to respond around that because the person they were supposed to contact was no longer there, so they were kind of paralyzed...When the disaster hit, it so overwhelmed their legal process and procedure but no one knew how to respond outside of that – it became a real, real challenge in Sri Lanka. (Interviewee #10)

The same interviewee continued,

Legal structures are an issue... In a lot of countries, kickbacks and other things are common procedures unless you have a partner on the ground that knows what is going on. You can be blocked by the structures in place. If you have a partner who is attuned to the situation, has connections with the government and is therefore not squeezed for kickbacks and all the rest, they [the government] know who is sanctioned and who is not. You can run into a lot of very difficult situations if you don't have someone [a partner] who has been there for awhile and the government trusts them. Otherwise you are looked at as a Western person coming in with all kinds of money and therefore perfect to be fleeced unless they know you well. (Interviewee #10)

In addition, four interviewees pointed to security as a concern in international relief settings, but not in the United States. In one case, the interviewee referred to the safety of the supplies or donations provided to the INGO: “security can be a barrier, a problem, sometimes we don't feel confident that the products will get there and can't ship” (Interviewee #5). Another interviewee described security as a partnership requirement: “there's also ensuring that whoever [our

organization] works with on the ground meets the various requirements of the UN security criteria or Patriot Act type of stuff” (Interviewee #13). In this last instance, this can be considered minimum standards in choosing partners as well as the minimum in selecting field partners to minimize the risk of misappropriation.

Excessive or Inappropriate Aid

According to Amanda Lepof, an American Red Cross In-Kind Officer, “unsolicited, spontaneous donations of goods and services from individuals and community groups, although well intentioned, have hidden costs and pose a number of complications for initial relief efforts” (Dennison, 2005, para. 4). In some cases, donated goods disrupt local economies, are often subject to corruption, and wind up being distributed to unintended recipients. Also, donated goods contribute to unplanned transportation and logistical bottlenecks. Waldman (2005) noted several problems in the Asian tsunami relief efforts, including the shipment of unneeded food products. These unnecessary items overcrowded storage facilities and prevented the delivery of more useful items (p. 476). Similar offers were made after Hurricane Katrina. There were management centers set up in the different towns affected by the hurricane, with boxes and boxes of goods that no one could use. There are kind intentions behind these donations, but the public needs to be helped to understand that such unneeded donations hinder essential relief efforts.

A few interviewees mentioned excessive or inappropriate aid as a barrier, citing it as an important impediment to effective coordination. As one interviewee poignantly observed,

Sometimes disasters make people forget what their mission is. When you get to the pharma side of things, I observed several big pharmaceutical companies, some of whom are in PQMD, violating all the principles that they so carefully wrote down and live by, and just packing up containers of product and sending it to the tsunami, for example. Most, if not all, of that product ended up rotting on the docks somewhere in a foreign port where they had no forklifts to take the product off. People just didn’t know what to do. Pharmaceutical company X, which shall be nameless, they thought “well we’re just going to send something, we need to respond.” So rather than calling one of their trusted partners they just panicked and filled up a sea container and took it down to the port, for some carrier here to get it to Indonesia. It’s weird, like everybody gets stupid for a day or two. I totally get it, emergencies change the way you think about things, but there have to be some rules that make sense. (Interviewee #12)

Excessive or inappropriate donations tie up phone lines. One interviewee recounted her/his experience:

...And also there [were] huge numbers of people just calling to offer material things, stuff that you don't want or isn't useful, or their services which may or may not be useful. (Interviewee #5)

Another INGO interviewee related this story:

We had this one gentleman who wanted in the worse way to donate this beautiful medical tent. However, he wanted it done next Tuesday and it's like that's great, sir, but we don't have permission from the Indonesian government to set up that tent long term in this area. We are waiting an additional week until we get official authorization and a two year doc to do this. That's not soon enough, I want this done now. I have this tent and I want it there now. Sir, we are in a delicate negotiation with the Jakarta Minister of Health on this. You are talking about a rebel health area and a person is like if you guys aren't going to react quickly, I'm going somewhere else with my tent. That's great, sir, hope you have luck the next spot you go with your tent. So you're turning down my tent? Yes, I'm turning down your tent. Those types of irresponsible type of requests based on what they perceive reality to be having never been in a disaster is a real frustration. (Interviewee #10)

Another “bottleneck” is created when too many volunteers and too many INGOs respond to a disaster. The interviewees said the excessive volunteer issue was worse after Hurricane Katrina than in the Asian tsunami, surmising that it is expected a domestic disaster would generate more local volunteers.

According to some reports (Abramson, 2005; Kuriansky, 2005; Samy, 2005), too many INGOs responded to the Asian tsunami. Some of the responding organizations were driven solely by funding, not expertise or presence in the area. One interviewee stated,

I think there is always greater need for coordination. You have NGOs and organizations already working on the ground but then, of course, when emergencies happen many “others” crop up. You know, hundreds, sometimes crop up. Some people come and they stay for a little while and then they're gone. And a “little while” varies according to who you might be talking about. I'm not suggesting that everybody is long-term development but there's a lot of funding or resources made available that gives rise to many more organizations. (Interviewee #13)

These ad-hoc or “suitcase” INGOs add to the confusion and hinder coordination efforts (Stephenson & Schnitzer, 2005). While well-intentioned and often well-funded, these INGOs are frequently inexperienced, often lack logistical experience, reputation and distribution capacity. They can become burdens and liabilities for the INGO community as a whole. Their need for “field training wheels,” partnership development, and on-the-ground knowledge bedevil the more experienced INGOs. In the midst of a disaster, taking time to mentor the newer INGOs funnels valuable time and staff capacity from experienced responders. Additionally, limited storage and transportation capacities are sought by too many agencies, further wreaking havoc on an often already debilitated system. According to the 2005 World Disaster Report, chapter 4, regarding the Asian tsunami, aid agencies poured in and by early January 2005 found the following:

... survivors being well cared for prompted a NGO scramble for beneficiaries. Some agencies jealously guarded their information to ensure their “niche.” Within weeks, the “humanitarian space” had become too small for all these actors.

Coordination became difficult. At the root of coordination problems was one key factor: too much money. Nearly everyone could hire a helicopter or boat, make their own needs assessments and distributions, and “fly the flag.” The classic situation, in which NGOs queue to become implementing partners of the UN, was reversed. (Walter, 2005)

According to OCHA’s 2004 Indian Ocean-Earthquake/Tsunami Contributions and Pledges list on its website, nearly 60 governments responded to the Asian tsunami, not to mention the countless INGOs, churches, individuals, and businesses. How was this aid coordinated? How was quality controlled? How can donors use the countries’ own systems to build capacity? Whose responsibility is quality control – the recipient country’s government, the donors or the in-country recipients? One interviewee stated,

And it’s hard to know, if they [field partners] are requesting it, if other organizations are also providing the same drug. That’s why we’re trying to figure out ways to improve communication, but it still could have unintended results of having too much of certain types of product all go to the same place. And it’s just really hard to know who should try to control that, whether the companies should try to control it, and they have actually tried harder but sometimes their requests are just making more work, and more problems for the NGOs, and asking them exactly where they’re sending every pill. (Interviewee #5)

Who or what entity is addressing the capacity and infrastructure within the country to be able to handle donations? Which agency would be most appropriate and has capacity? More questions arise than answers, and they all speak to INGO management of inappropriate and/or excessive donations. All of the above factors highlight the need for INGOs and donor governments to increase communication efforts in order to coordinate their activities better.

Catastrophic events contribute to large-scale waste and invite corruption when systems are overburdened with goods, services and money. ActionAid reported that 80 official agencies, overseeing 35,000 aid transactions a year, impose a massive administrative burden on some of the poorest countries (Greenhill, 2005). Through whom should aid be funneled – the government, global civil society organizations, indigenous INGOs? Sri Lanka’s Foreign minister stated that almost six months after the Asian tsunami, aid from Western nations was non-existent: “not a penny had come through yet. We are doing the relief work with our government money. Sri Lanka is still waiting for the money pledged by the donors. Money pledged by the people has been pledged to the NGOs” (BBC Sinhala, 2005).

Ambiguity of Authority

In the literature for both international and domestic disaster relief, the perceived lack of central leadership was consistently noted as a barrier. When reviewing the Asian tsunami and Hurricane Katrina relief efforts, the two organizations seen as leaders in such situations - the United Nations (UN) and the Federal Emergency Management Administration (FEMA) – were viewed as hindrances. When they do not perform well, relief efforts are delayed, and victims of the disasters and the INGO community at large are frustrated.

Some interviewees said coordination and communication would certainly improve if one entity knew what every organization was doing. In the international arena, the UN humanitarian coordination system is two pronged. The first deals with strategic coordination, outlining the program's goals and monitoring and evaluating program implementation. This program also includes advocating for humanitarian principles, ensuring access, and communicating directly with the military within the affected countries. The second prong is operational coordination; the UN works to organize efforts in specific geographical areas through beneficiary groups, typically INGOs. The UN relies on these INGOs' expertise. For example, "UNICEF often takes the lead in water and sanitation programs within the larger inter-agency coordination process. It may also involve providing common services for humanitarian participants in areas such as security, communications, and common logistics systems" (UNICEF, 2005, para. 17).

Each UN entity is established by different charters with independent governance structures that encourage, but, do not mandate collaboration. In the early 1970s, there was an attempt to coordinate efforts through a UN Disaster Relief Office. Then came the Emergency Relief Coordinator and the Inter-Agency Standing Committee (IASC), then the Department of Humanitarian Affairs (DHA). The DHA has evolved into the Office of Coordination of Humanitarian Affairs (OCHA). The present OCHA/IASC mission is "to formulate humanitarian policy to ensure coordinated and effective humanitarian response to both complex emergency and to natural disasters" (www.ocha.un.org). OCHA's strategic priorities in disaster management are the following four: Response Coordination (networks, procedures, tools, stand-by); Preparedness (early warning capabilities, contingency planning, norms); Advocacy; and Early Recovery/Transition (Zupka, 2006, slide 11). In a March 2006 international conference in Dubrovnik, Croatia, UNOCHA reviewed the OCHA Disaster preparedness efforts and noted one of the emerging coordination trends as "proliferation of initiatives and huge number of actors" (Zupka, 2006, slide 3). In the same meeting, government was positioned as the main coordinator, since the UN system lacks global endorsement, support and authority to negotiate effectively collaborative structures, address barriers and implement a global sovereignty (Reindorp & Wiles, 2001).

However, one effective type of collaboration used by the UN during the Asian tsunami was an ad-hoc committee. When UN Development Program officers revisited the tsunami area and reviewed responses a year later, they noted "one of the key stumbling blocks has been the delay in getting approval for projects that involve multiple stakeholders and actors...Government cooperation is also essential" (Shepard, 2006, p. 8). To facilitate cooperation, a UN volunteer formed a committee of government officials, local authorities, and INGO representatives to exchange information to improve coordination. This was an effective interim partnership with local stakeholders.

In the United States, FEMA is responsible for central coordination only when state and local governments request its assistance. It has long been FEMA policy to work with charities "as a facilitator, not as a leader or director" (GAO Report, 2002, p. 26). Even as a facilitator, FEMA operates very differently than nonprofit organizations. It is less flexible about rules and regulations, regardless of the circumstances. Alternatively, according to Howitt in a 2005 panel discussion,

the charitable sector is comprised of independent entities responsive to clients and donors; it is not under the direction of a unifying authority... This makes it difficult to obtain quick cooperation [with FEMA]. In the United States, there is no system in place to coordinate numerous organizations; it is the 'breakdown in communication and recognition of roles of political figures and authority figures' that hinders inter-organizational efforts.

Beyond differences between FEMA and the nonprofit sector, issues exist among the nonprofit organizations themselves. The American Red Cross (ARC) usually assumes an informal authoritative role in coordinating humanitarian relief and recovery efforts unless a state government requests FEMA. Thus, with the ARC taking the lead, conflicts between the ARC and other nonprofit responders can (and do) occur. According to Gillespie, et. al (1993), "interorganizational conflicts arise around issues of authority, responsibility, and public recognition between the American Red Cross and other organizations" (p. 24). Such conflicts eventually hinder outreach to disaster survivors. Comfort and Cahill (1988) explain that these challenges and conflicts are "compounded by significant differences in training, facilities, experience, and conceptual grasp of the requirements for action among organizations" (p. 180).

Although the literature describes the UN and FEMA as lead organizations, they apparently do not assume that role to the satisfaction of many of the other relief agencies. For example, one INGO representative felt chaos resulted after Hurricane Katrina because there was no clear lead agency:

I think the biggest struggle in the whole Katrina response is determining who's calling the shots. Katrina was a huge effort and still continues to be and understanding who's really - who's in charge. FEMA has, by charter, the directive to be in the lead, but they, and I'm not here to bash any governmental or nongovernmental organization, but in both areas, the Mobile and the Gulfport, there was temporary confusion on who's on first, how do you register, who's calling the shots. The municipalities obviously have a vested interest. The feds are there to direct from the top level and are bringing the most resources to it. But, as an organization, who do you plug into, I mean, who do you check in with, who do you register with, how do you get your directives, you know? What's the chain of command - the hierarchy of response locally? And what we have found - Mobile got organized much, much quicker than Gulfport. Mobile has faced two or three evacuations in just the last year from previous hurricanes... So, they've had a lot of practice. And they seem to learn from their prior mobilization efforts. I think Mobile was much more organized than, let's say, the Gulfport area [which was headed up by FEMA]. (Interviewee #11)

Several INGOs generally conduct their relief efforts through local partners rather than work through the UN or FEMA. These INGOs prefer local organizations because they have a better handle on local resources and contacts to get supplies to survivors more quickly. One interviewee stated when discussing the response to the Asian tsunami:

What probably is more valuable is the informal network of people around the world that know each other. Because in the tsunami while the governments of

Indonesia and the UN were fighting over territories, the NGOs were meeting informally on the side and making their own calls. I can't say a specific organization has done that. But the camaraderie, and quite frankly the expertise, of NGOs and other agencies, these are the people that are out there, were the best coordinators rather than the official government agencies and the UN which, in theory, should have been leading that. (Interviewee #10)

The statement above reflects what some interviewees said about their response to Hurricane Katrina. They either relied on long-established relationships or formed partnerships with local organizations to conduct their response efforts. While the benefits of coordinating with partners are widely recognized, some did not see it as an adequate substitute for a central coordinating body. Several interviewees (Interviewees # 4, 7, 11 & 12) thought having one coordinating body might solve the coordination problem. One interviewee stated, "I think you may expect a quicker response if there is a central coordinating body and, therefore, you'd expect a repository of information" (Interviewee #13). Another interviewee noted,

I think it would be a wonderful idea if there were some kind of international oversight, I just [don't] know how you would possibly set it up and control it. And how would they be able to then determine and give you the feedback you need before your product actually did go, and distribute it and all? (Interviewee #4)

Nevertheless, not all of the interviewees agreed with a central coordinating body. For instance, internationally, one INGO representative interviewed thought the UN was a "friendly" coordinating agency with which to work. In the United States, although disaster relief organizations are invited to work with FEMA, two interviewees said their organizations did so during Hurricane Katrina. As one interviewee commented,

We typically don't like to work with big governments and we like to work with on-the-ground indigenous organizations as much as possible, because they're there for the long haul and they also know the land, the landscape the best. (Interviewee #6)

Among the interviewees, few believed the role of the government in coordinating relief efforts was helpful or desired during the Asian tsunami or Hurricane Katrina. This is similar to Stephenson and Schnitzer's (2006) findings:

The plurality of aid organizations involved in relief delivery suggests that the strategic context for top-down coordination is likely to be inauspicious. Competing missions, differing organizational strategies, policies and norms as well as funding mandates make it difficult for the leaders of this complex array of relief institutions to focus on matters (inter-organizational coordination) that seem to lie beyond their own organizational reach (Scott, 2003). Additionally, relationships among UN organizations, INGOs, and NGOs often create sub networks of action that complicate further the humanitarian aid delivery structure. Operating authority in this decentralized and multi-organizational structure is

shared among a number of related, but at least quasi-autonomous, participants. (p. 5)

The literature indicates INGOs and governments are moving away from central coordination, just as the nature of the organizational world is moving from mechanistic models to more organic models where authority is more lateral versus hierarchical; therefore becoming a "nobody's-in-charge world" (Linden, 2002, p. 15; Kapucu, 2006). One INGO interviewee summarized the situation:

It [government coordination] would be nice in a perfect world, but at this point our organization has been at this long enough that we kind of like to do it our own way. It's not because we're arrogant but because we know it works. (Interviewee #12)

Since the roles of the UN and FEMA do not appear to be clear among all the organizations working in disaster areas, this contributes to a lack of trust between the UN or FEMA and other disaster organizations. This was clearly evident throughout the interviews regarding both the domestic and international arenas. Linking relief activities of donors, government and civil society organizations would, in many of the interviewees' opinion, create synergistic collaboration that would be immensely beneficial for all in need. But, how best to coordinate and communicate across sectoral lines remains elusive. The debate will hinge on such factors as trust, capacity, sovereignty, competition, authority and disparate stakeholders and accountabilities. Thus, effective coordination cannot occur without complete, accurate, and open communication.

COMMUNICATION

During disasters, the number of participants is enormous and varied: donors, transportation agents, freight forwarders, customs agents, ministries of health, health personnel, agricultural workers, government agencies, corporations, media, field partners, volunteers, coordinating agencies (i.e., UN and FEMA), foundations, material aid supporters, and recipients. Due to the nature of humanitarian relief and the variety and number of people and agencies involved, communications challenges are tremendous. Lack of communication in humanitarian relief is often noted as a key barrier, if not *the* key barrier, to effective response both internationally and domestically. Communication ultimately shapes or hampers an effective response. Lack of communication or inaccurate communication can also be a barrier intra-organizationally and inter-organizationally. Effective delivery of relief is heavily dependent on good communication.

It should be noted that internal communication as a barrier was only mentioned by the interviewees. However, both the literature and interviewees describe several communication issues as barriers to disaster relief: the breakdown in physical communication systems, differences in language/culture, and the lack of public awareness and accurate media coverage. This section begins with a discussion of internal communication challenges, then moves to

physical communication issues linked to equipment, language and cultural differences, and concludes with media/public awareness issues that can create barriers.

Breakdown of Internal Communication

Several interviewees mentioned the complexity of internal communication (Interviewees #2, 4, 10 & 12) between personnel in the field and those at the home office. This barrier was noted for both international and domestic responses. Yet, the literature on disaster relief discusses external barriers, not those internal to organizations. This may be because external problems are readily seen by almost any observer, while internal concerns are discussed less publicly. Organizations' staff members are seldom willing to divulge internal problems, generally out of concern about the appearance of weakness or concern that the information might be misrepresented or misinterpreted. However, discussing such barriers can serve to improve future response efforts.

Internal communication was a barrier for the majority of the INGOs in responding to the Asian tsunami and Hurricane Katrina. One interviewee stated the team on the ground “does [its] own thing and the rest of the organization seems to do [its] own thing” (Interviewee #10). The interviewee explained the reason for this might be that, often, the on-the-ground team does not understand the importance of reporting to headquarters quickly and completely. The on-the-ground team is more focused on completing the work at hand—delivering needed supplies, trying to coordinate with locals, and helping survivors. The team and partners on the ground are in the midst of chaos—one of the last actions on their minds is to stop work and fax or call in with updates. One interviewee stated,

Here's another kind of interesting thing - these guys have seen disasters—they looked at disasters so many times—what we look at as important, well, that is just common everyday disaster type of thing. We are saying for us, for people back here, we don't see that all the time, you have got to tell us what we can communicate to our people. Well, it's your basic disaster. They've seen so much that it is commonplace to them. (Interviewee #10)

Lack of good communication between the people on the ground and the people at headquarters may also be due to the frequent failure of phone lines and other communication equipment (discussed in more detail below). The lack of communication with the people on the ground causes backups with donation distribution since it is difficult to know which facilities need what medicines and other supplies. The topic of internal communication barriers needs further research.

Failure of Communication Equipment

During disasters, communication systems often break down during disasters and become a barrier to providing rapid relief. When the systems are down, response times are longer and coordination is hindered. Internationally, communication failures are expected, especially in remote regions that do not have sophisticated systems. During the chaos after a disaster, it is difficult to find replacement parts or install new systems. Even though such breakdowns have been the norm for years, little has been done to improve the systems or upgrade equipment in

disaster-prone international regions. After the Asian tsunami, experts and novices alike recognized the need for an early warning system that could have alerted the region about the impending tsunami. Experts argued, following the disaster, that if people living in the affected areas had been given more time to react, more lives could have been saved (UNF, 2005; Oloruntoba, 2005).

Much of the literature discussing disasters in the United States examines what happens when physical communication systems fail. For instance, equipment failure occurred during Hurricane Isabel (2003, North Carolina), resulting in lengthy power outages that affected nonprofits' communication with each other and other relief agencies (Greater Washington Task Force, 2003, p. 2). Similar failures happened during the Fort Worth tornado on March 28, 2000 (McEntire, 2001). Although failure in communication systems has been a long-time barrier, systems have not been updated to ameliorate well-known potential problems. This was apparent during Hurricane Katrina when INGOs and other relief agencies turned to communication systems to interact with each other but were, again, faced with equipment failure. For example, relief agency representatives noted "the lack of communications and technology as one of the largest impediments to their relief and recovery efforts" (Foundation for the Mid South, 2005, p. 2).

The failure of physical equipment was discussed by all the interviewees. They experienced this barrier when responding to the Asian tsunami and Hurricane Katrina. Some said communications—like access to phone lines—were practically non-existent in both cases. One solution proposed by the literature is satellite phones. Yet, one interviewee said that even satellite phones did not function well during the Asian tsunami (Interviewee #10). Cellular phone malfunctions were noted as a problem during both disasters, too. One interviewee admitted the organization's staff could use cellular phones during Hurricane Katrina, but the lines were so clogged that no one could get through; the phones were useless (Interviewees #4 & 10).

Another physical barrier was the INGO's own communication systems. One interviewee stated,

Internal communications barriers with the tsunami it was just so huge, our communications systems weren't strong enough, our website almost crashed, since then it's been strengthened. We didn't have enough phone lines, we had to have a call center. I mean it was just like nothing ever before though, I mean it was so different. (Interviewee #5)

Although the literature acknowledges communication as a problem, few solutions are offered. Instead, attempts are made to explain the reasons for the problems. For example, a U. S. Government Accountability Office (GAO) report stated, "Barriers to achieving interoperable public safety wire communications [are] incompatible and aging equipment, limited equipment standards, and fragmented planning and collaboration" (U.S. GAO, Emergency Preparedness, 2006, para. 23). The cost of replacing outdated equipment and training staff on a new system would be significant, and it would cost millions for governments to set up better infrastructures. In turn, it would cost INGOs millions to create infrastructures and/or replace their technology. Many question which agency or agencies should pay for the upgrades and/or replacements; this debate continues. Yet, this barrier must be addressed to improve communication and, therefore, save lives, in the future.

Even when equipment is operational, a different type of communication challenge remains. Differences in language and culture can have devastating results.

Differences in Language and Culture

Language and cultural barriers contribute to the challenges of communication. The differences in language and culture between non-English speakers and INGO staff can lead to critical communication problems (FEMA, 2002, p. 8). One interviewee expressed concern about not speaking the local language and especially the need for the on-ground staff to know the language:

We would have to rely on a local presence, assuming they've been there long enough to have the language, because we couldn't just roll into a foreign language environment and be effective. We believe that's part of the recognition in having the authority to even speak into the situation is being able to communicate with them. We can always hire translators, but there's a higher degree of credibility in most countries if your point person for the organization speaks the local language, then the credibility of the whole operation, I think, goes up a notch. (Interviewee #11)

Language was also cited as a barrier in the literature on disaster relief in the United States during Hurricane Katrina (Goodman, 2005; Thomas, 2006). The Gulf Coast is home to a significant immigrant population, including large Vietnamese and Latino communities. Approximately 18,000 Vietnamese are concentrated in the Gulf Coast area of Mississippi, many of them residents for the past 20 years. The 2000 census lists 40,000 persons of Latino descent in Mississippi (Written Testimony, 2006). Claudette Antuna, a mental health counselor and Spanish translator who volunteers for the American Red Cross, stated that in a crisis situation people often revert to speaking in their native language due to the high stress situation (Anderson, 2002, para. 1-2). As the immigrant population in the United States increases, this could possibly become an even larger barrier.

One issue discussed in the literature on international disasters regarding local culture is the need to build local participation and capacity within affected communities. This is difficult to conceptualize at the onset of a major disaster, yet, its premise is vital to sustainability, local ownership, empowerment, community resilience, democracy and development. Resentment and dependency result when INGOs take charge, ignoring the local and civil authorities and culture. Psychologically, populations begin to rely on outside assistance for their livelihood and survival. Typically, the magic and romance of outside aid is slowly replaced by distrust and umbrage at local and civil authorities' inability to respond (Weiss & Collins, 2000). Building this capacity is difficult if outside organizations do not learn the customs of the devastated area.

One interviewee explained the concern this way:

Without sensitivity to the culture, you see NGOs and other people just totally doing things that they intend to be done well but just offending people in very unfortunate ways. It is as simple as even how Americans enter a room how they walk versus how they should show respect to this particular person. It is pretty

much an American command and control mentality as compared to respect and working with the person. Just a whole communication process to where we are here, you guys don't know what you are doing and we really don't care about your culture and customs - so it is a full moon holiday, you should be working anyway. It is just appalling the lack of knowledge and sensitivity... (Interviewee #10)

By learning the language and culture, outsiders demonstrate their concern for the country and their commitment to its citizens. Although there is widespread acceptance and practice of empowerment, there is oddly a tremendous gap in research on the theory and practice of participatory involvement, local decision-making and ownership in the agenda-setting of emergency humanitarian assistance (Weiss & Collins, 2000). This supports the observation that many INGOs and others prefer to work on their own because they believe they are most effective that way. As Smillie (2001) indicates, both academics and practitioners agree this gap is problematic because building local capacity is not only fundamental to the effective delivery of humanitarian aid, but also contributes to strengthening the foundation for further efforts in reconstruction, peace building and development.

Communities need to assume responsibility for their own emergency responses, so they are able to contribute to future relief efforts. External agencies must be sensitive to the coping strategies that have been adopted by the community and integrate with them, rather than supplanting them. National governments are better able to draw up recovery strategies than international agencies. Still, local participation and the promotion of accountable governance should be integral to the design and implementation of all reconstruction plans. Relief projects should also be monitored for inclusiveness and accountability to local communities and for their ability to facilitate the transition from emergency relief to long-term development (Christian Aid, 2005, p. 2).

The researchers did not expect anyone to mention cultural differences as barriers in the United States; yet, one interviewee did encounter regional differences:

Some of the cultural barriers, even the South versus the North —you would think the Civil War just happened. I actually sat in a meeting where I thought “Deliverance” was being shot right next door. People are not always thinking clearly right after a devastating event like this. They tend to look short term rather than long term. Don't use up our resources, etc. You can't bully your way in. I was not prepared for that ... There were definitely cultural issues there that had to be dealt with. (Interviewee #9)

Another cultural barrier brought up in the interviews involved Christian faith-based organizations providing relief in a Muslim country. One interviewee described the pressures felt by the organization's donors to advance Christian values while providing disaster relief in a Muslim country. The interviewee explained the difficulty of relating the importance of relief efforts and of following Biblical teachings. One interviewee stated, “It is like they [donors] don't understand if you are blatantly Christian in this fundamental area, you are going to be kicked out,” which ultimately defeats the purpose of providing aid (Interviewee #10).

Whether it is equipment failure, language/culture differences or other factors, the dissemination of accurate information regarding a disaster situation is crucial to effective response. If this does

not occur, problems ensue. The media plays a large part in the conveyance of information to the general public. Both the literature and interviewees discussed the media's role during a disaster as well as the role of INGOs and the information they should impart.

Lack of Public Awareness & Accurate Media Coverage

The media, whether based internationally or in the United States, has mixed influence on public awareness and the operations of INGOs during disaster situations. Reporters typically highlight the damages rather than the needs of the INGOs and the disaster survivors whom they are trying to help. The situation becomes more problematic when the media disseminates inaccurate or incomplete information. Such inaccuracy impedes the work of INGOs and may affect the INGOs after disaster relief efforts are complete.

On the one hand, Wood et al. (2001) notes the media can be hugely influential by increasing public awareness and moving a particular disaster up the international or domestic agenda. The media can also press governments and the public to respond (pp. 3-4). One interviewee concurred regarding donations and said “media communications, press releases, both organizationally and for pharmaceutical companies...drives donors to contact [the] organization” (Interviewee #2).

Major disasters like the Asian tsunami and Hurricane Katrina may receive large and sustained focus from the media. One INGO interviewee stated that with these two disasters, “the money just starts to come and once the organization is trusted and people feel like you do good things and they really want to help, there's just that kind of pressure in general, to respond,” even if it is against procedures to respond (Interviewee #5). Multiple INGOs that never or almost never work within the United States felt compelled to respond to Hurricane Katrina due to the media attention and unsolicited donations that they received. During the Asian tsunami, some organizations actually received more funding and donations than they could use. According to Cohen et al. (2005), “some relief officials complained earlier in the year that NGOs flush with money were able to work alone and 'fly the flag,' ultimately hindering the integration of relief operations and leading to duplication” (para. 5).

On the other hand, the media can be a barrier by providing little information or misinformation. Interviewees reflected the tone of the literature regarding the media as a barrier. The lack of attention by the media certainly hinders relief efforts. Hundreds of disasters around the world are not given the media's spotlight. Without the media bringing attention to the situation, donations are low and, therefore, INGOs' responses can be limited.

Lack of media coverage is an issue, but, the media can be just as problematic when its reports are inaccurate. For example, largely because of media reports of blood shortages after 9/11, the American Red Cross (ARC) ended up discarding thousands of gallons of unneeded blood (Starr, 2002, para. 1). This sparked several front-page stories that were critical of the ARC for not using the blood donations. In the case of 9/11, VanRooyen et al. (2001) discussed FEMA Director Brown's testimony in Congress where he admitted “the government and the NPOs responding did a poor job of ‘managing the media,’ failing to make sure the media understood what was happening across the swath of the crisis.” Inaccurate media coverage led to an erroneous

portrayal of the INGOs' efforts. During the disaster, "charities missed a critical chance to tell their story" (Anonymous, 2001, p. A6).

One INGO representative explained how her/his organization neutralized media inaccuracy by having its own representatives on the ground, rather than relying on the media for information:

If there is a disaster this major, the information coming out will be so inconclusive that, unless you are actually there, you really don't know what's happening, especially with the media now days - some of the sensationalism involved, misinformation, there's nothing better than being there with your own people who are experienced to do that. (Interviewee #10)

The media cannot be blamed entirely for the public's lack of awareness. The general public seems to lack knowledge about the nonprofit sector overall, which can create barriers for INGOs when responding to disasters. Thoughtfully informed public awareness of disaster situations will remain a barrier unless there are changes to the disaster relief system to educate the public. What types of systems are needed to facilitate accurate public awareness and communication? Is it the government's responsibility to regulate information given to the public? Is it the INGOs' responsibility to create a way to get information to their donors and public? Such questions need further research.

As research continues to seek the causes for the barriers, it is also essential to search for effective solutions. This report, in a small way, attempts to assist those involved in disaster relief to find ways to improve their coordination and communication with other disaster relief agencies.

CONCLUSION & IMPLICATIONS

“Humanitarian aid networks are animated by organizations with disparate stakeholders, few common claims, a high need to demonstrate salience to ensure continuing fund raising support and capacities, and marked differences in orientation” (Stephenson & Kehler, 2003, p. 22). All of these factors form the complex operating environment of humanitarian relief, especially in disaster response. The complexity of the system complicates coordination and communication efforts. The literature and interviews consistently suggest that with proper communication and collaboration most of the barriers could be mitigated. Collaboration itself needs further exploration on issues such as open dialogue and facilitated solutions by the INGOs and how best to collaborate with governments at the local, national and international levels and with donors.

The purpose of this study has been to discover the key barriers faced by INGOs during disaster relief efforts. This study interviewed the 12 INGO members of PQMD to obtain information about these barriers since they all responded, in some manner, to the Asian tsunami and to Hurricane Katrina. The following principal challenges, linked closely to breakdowns in coordination and communication, were identified during the research:

- *Lack of trust* between donors (mostly pharmaceutical companies) and INGOs impedes timely response.
- *Insufficient initial assessment* and/or on-the-ground presence create delays and may result in inappropriate supplies being sent to disaster sites.
- *Competition between INGOs*, even among PQMD members, exists, but is rarely discussed.
- *Poor logistics and access* were expected to be different in the United States and in foreign countries, yet, they proved to be essentially similar.
- *Staff capacity* was a barrier to success after the tsunami because needed volunteers could not be deployed to far-off East Asia. In the United States, by contrast, there was the opposite problem after Hurricane Katrina – there were often too many volunteers to coordinate.
- *Failure of governments to request INGO assistance* may make it difficult to coordinate humanitarian aid, and security can become an issue. Whether responding domestically or internationally, the INGOs must await an invitation from the affected area government. If no invitation is extended, they are faced with the prospect of responding anyway and facing the legal ramifications of such action.
- *Excessive and/or inappropriate media coverage* can encourage *excessive and/or inappropriate aid*.
- *Absence of centralized coordination or alternative forms of coordination* is thought to result in duplication of effort and other inefficiencies, yet, this debate continues, especially in regards to loss of autonomy should a central coordinating agency be established.

The following barriers were found in connection with communication issues, both international and domestic:

- *Internal communication* breakdowns often occur when responding due to insufficient capacity to handle the volume of work and/or equipment failure.
- *Differences in language and culture* were mostly a problem when responding internationally. However, language was also a barrier when responding domestically due to the increase in Spanish-speaking and Asian residents in Louisiana and Mississippi.
- *Inadequate media coverage of a disaster* may trigger other problems, including poor public awareness of the extent of the disaster, leading to insufficient assistance and inadequate aid.

Although barriers exist during disasters, the literature and interviewees offer several suggestions that may mitigate or even eliminate some of these barriers. As discussed earlier in the report, trust is a key factor. Trust is necessary to form partnerships and collaboration which, if successful, leads to improved coordination and communication.

It is incumbent on INGOs, funders, and the global community to develop models of dialogue and cooperation to respond better in disasters and leverage resources to build greater assessment and response capacity. Despite the profusion of barriers, overcoming them is far from impossible. But, it does require the building of a transparent and cohesive community. Each barrier must be perceived as an opportunity to form a global agenda built on inclusive dialogue, coordination and better communication. All are vital to generate joint political advocacy, monitoring, evaluation, and accountability in the arena of disaster relief.

Implications

The implications of this study—for PQMD, nonprofit governance, donor-agency relations, donor-driven missions, and state and civil society—are substantial. First, beyond the acute crisis, PQMD should leverage its resources to bolster the capacity of disaster-prone and vulnerable countries to prepare for future emergencies. This may include early warning systems, rapid response training and best practices guidelines. In fact, a paradigm shift must occur for disaster response to develop comprehensive disaster planning and management. To accomplish this, long-term strategic dialogue must be facilitated and opportunities to enhance collaborations must be welcomed. PQMD should continue efforts to secure timely and expanded commitments towards strengthening internal capacities in the areas of communication and coordination.

A complicating factor in all this is the donor-agency relationship. Many of the INGO interviewees felt pressured to respond to the Asian tsunami and Hurricane Katrina because of the potential negative reaction for not responding or they responded only because of the volume of donated money and goods. This holds important implications. Who is driving the missions of these organizations – the donors, the media “hype” or the organizations themselves? Are donor-driven missions and goals acceptable? If donors drive missions, will the needs of the society at large be met? Might donor-driven missions of disaster relief organizations constitute a larger problem that needs to be addressed?

With respect to greater implications for the role of state and civil society, the researchers found that many INGOs responded to Hurricane Katrina because their perception was that the U.S.

government was not addressing obvious needs. Does this signify a growing distrust of government among INGOs? What does this “do it our own way” (Interview #12) attitude among INGOs mean for their partnership with government and other agencies? This question bears on the notion of having a central coordinating authority for disaster relief efforts. This issue surfaced often and has broader implications for nonprofit governance in that many of the interviewees and the literature discussed the absence of a central authority as a barrier. Yet, many INGOs do not want to be told what, when, where and how to do things, especially during a disaster. As nonprofit organizations are being expected to fill in the gaps that governments once addressed, what does this mean for the role of the state and civil society and governance?

There is some research on the issues of the state’s role, civil society, governance, donor-driven missions, coordination and collaboration between organizations, relationships and trust. But, this research is far from equal to the importance of the questions. When these core issues are dealt with, and the barriers that have been explored in this study are overcome, who can say what the INGOs and their many partners might be able to achieve.

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<http://www.reliefweb.int/rw/lib.nsf/db900SID/AMMF-6RKCY6?OpenDocument>

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APPENDICES

APPENDIX A: PQMD Membership

Abbott Laboratories
AmeriCares
Amgen, Inc.
BD
Boehringer Ingelheim
Cares Foundation, Inc.
Bristol-Myers Squibb Company
Catholic Medical Mission Board
Direct Relief International
Eli Lilly and Company
Genzyme
GlaxoSmithKline
Heart to Heart International
Hospira, Inc.
Interchurch Medical Assistance, Inc.
International Aid
Johnson & Johnson
MAP International
Merck & Co. Inc.
Mercy Ships
National Cancer Coalition
Northwest Medical Teams International
Pfizer Inc.
Project HOPE
Schering-Plough Corporation
U.S. Fund for UNICEF
World Vision
Wyeth Pharmaceuticals

As of June 2006

APPENDIX B: Interview Questions

1. Could you tell me a little bit about your organization and your role within the organization?
2. What policies does your organization have in place for responding to disasters?
 - a. What preparations do you take in advance to respond to disasters?
 - b. What are the procedures for responding internationally?
 - i. When, how, where, who do you contact, etc.?
 - c. What are the procedures for responding domestically?
 - i. When, how, where, who do you contact, etc.?
 - ii. Do these procedures differ significantly from your international procedures? If so, why?
 - iii. If your first domestic response was very recent (for example, Hurricane Katrina), did you rely on procedures already developed for international response, or were circumstances so different that entirely new procedures had to be created?
3. When was the last time you responded to a disaster internationally?
 - a. Why did you respond to this disaster?
 - b. In what capacity did you respond—what did you do?
 - c. Do you work with other organizations to coordinate efforts? Who? Please describe this nature of this relationship.
 - d. What factors does your organization consider important in choosing who to partner with in domestic disasters?
 - e. Who coordinated the overall response to this disaster? Did you work directly with this group? If so, how would you describe this partnership?
 - f. Do you see any agency as central to the domestic coordination role?
 - g. What barriers did you face in responding to this disaster?
 - i. External legal/structural/cultural
 - ii. Internal organizational
 - iii. Communication
 - h. In what ways can these barriers be mitigated?
 - i. What would you change and why?
4. When was the last time you responded to a disaster domestically? (Was this the first domestic response?)
 - a. Why did you respond to this disaster?
 - b. In what capacity did you respond—what did you do?
 - c. Do you work with other organizations to coordinate efforts? Who? Please describe this nature of this relationship.
 - d. What factors does your organization consider important in choosing who to partner with in international disasters?
 - e. Who coordinated the overall response to this disaster? Did you work directly with this group? If so, how would you describe this partnership?
 - f. Do you see any agency as central to the international coordination role?
 - g. What barriers did you face in responding to this disaster?

- i. External legal/structural/cultural
 - ii. Internal organizational
 - iii. Communication
 - h. In what ways can these barriers be mitigated?
 - i. What would you change and why?
- 5. Is there anyone else in your organization who handles disaster preparedness and response? Who? Does their role differ from yours? If so, in what ways?
- 6. Is there anything else you would like to tell me about your organization and its efforts to provide humanitarian relief in response to domestic and international disasters?