Emerging Concerns for International Social Work and Disaster Response: From Relief to Development and Sustainability

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When studying natural disasters, it is necessary to analyze the circumstances with a comprehensive approach that focuses on relief and moving the affected area from development to sustainability. Thus, it is imperative to consider all social, environmental, and psychological factors when addressing the complex needs of disaster response from a social work perspective. To establish immediate and long-term support networks, it is also necessary to bring together interdisciplinary teams to assist in disaster relief efforts. In the past decade, a number of devastating natural disasters have managed to cause death, destruction, and disease within the populations of a vast number of countries. This paper examines global disaster relief efforts for three major natural disasters of the past decade through a review of the literature and from observations made in the field.

Social work practitioners are taught to evaluate situations comprehensively, taking all social, environmental, and psychological factors into account. Therefore, when approaching natural disasters, it is necessary to analyze the circumstances using a comprehensive approach that focuses on relief efforts and moving the affected areas from a development standpoint toward a state of sustainability. Social workers aim to establish immediate and long-term support networks by bringing together interdisciplinary teams to assist in disaster-related efforts. In the past decade, devastating natural disasters have managed to wreak havoc, destruction, death, and disease on the populations of a vast number of countries. Although the actual occurrence of some natural disasters last only a few seconds, their impact influences life-course trajectories throughout generations. The following paper examines global disaster response efforts via field research and litera-

ture reviews after the Indian Ocean earthquake and following tsunami in Asia (2004), Hurricane Katrina on the Gulf Coast of the United States (2005), and the devastating earthquake in Haiti (2010).

In the wake of a natural disaster, communities consistently strive to rebuild infrastructure; however, it is imperative to not overlook the need for mental health professionals. In addition to addressing community rebuilding with nongovernmental organizations (NGOs) and governmental aid, this process should be led through cultural formulation while emphasizing the psychosocial impact on those affected and an overall need for mental health care professionals. In addition to examining global disaster response efforts throughout the past decade, this paper also explores, from a first-hand perspective, why the 7.0-magnitude earthquake in Haiti produced such a sudden-onset crisis. The Central Intelligence Agency states that Haiti is the poorest country in the Western Hemisphere (2011) and its poor infrastructure and economic instability highlight why vulnerable communities have limited access to "safety nets" and why the earthquake has made Haiti a global priority.

Indian Ocean Earthquake and the Resulting Tsunamis

On December 26, 2004, a massive earthquake occurred under the Indian Ocean off the coast of Indonesia. The 9.0-magnitude quake created a series of tsunamis that caused great destruction and loss of life throughout the Indian Ocean basin within several hours of the initial earthquake. The U.S. Geological Survey stated that the earthquake-generated tsunami produced the greatest death toll from any tsunami in five centuries, with a total of 275,950 fatalities (Associated Press, 2005). The tsunami wiped away entire villages on the Sumatran shore, tore through coastal areas of Sri Lanka, ravaged the coasts of India, Thailand, Malaysia, Myanmar, and the Maldives, and continued to Kenya, Somalia, and Tanzania. Coastal industrial infrastructure was crushed, structures were destroyed, and an estimated 1,126,900 people were rendered homeless (Olsen, Matuszeski, Padma, & Wickremeratne, 2005).

After this devastation, one of the greatest hurdles toward long-term recovery has been restoring the livelihoods of the survivors of the tsunami. Many of the hard-hit communities already had high levels of poverty, and the large populations of the coastal villages who relied heavily on fishing and farming suffered greatly. While rebuilding and reconstructing communities entails a more straightforward approach, the psychological stress in the aftermath of disasters is more difficult to address (VanRooyen & Leaning, 2005). Rebuilding the community focuses on the immediate needs of the citizens by giving them food and shelter. But discussing traumatic stress and psychologically difficult experiences requires mental health professionals as well as a willingness of the people affected by the disaster to participate. With this understanding, and fearing that psychological damage will impede long-term social recovery, leaders of affected countries are increasingly suggesting that donor nations send teams of international counselors to assist with post-traumatic reactions as a matter of urgency (Silove & Zwi, 2005).

In further examining this need, Hollifield, Hewage, Gunawardena, Kodituwakku, Bopagoa, and Weerarathnege (2008) conducted a study on the psychological symptoms and coping mechanisms of survivors in Sri Lanka roughly 20 months after the tsunami. The researchers found that among participants who were severely affected by the tsunami, the prevalence of post-traumatic stress disorder (PTSD) was 21%, depression was 16%, and anxiety was 30%. Respondents explained that having internal strength, family, friends, western medicine, and religions practices helped them to survive (Hollifield et al., 2008). Yet despite acquired coping mechanisms, a significant percentage of post-disaster affected populations still require mental health interventions.

Committed mental health professionals and corresponding affiliates worldwide strive to coordinate their response efforts to aid those populations seeking to restore their lives to a pre-disaster state. The 2004 tsunami devastated several developing countries in the Pacific region, and while America was rallying behind relief efforts, less than a year later, the United States would also be struck by its own natural disaster.

Hurricane Katrina

In August 2005, Hurricane Katrina struck the Gulf Coast, creating lasting and far-reaching effects. The hurricane caused massive flooding in the city of New Orleans and catastrophic damage along the coasts of Alabama, Mississippi, and Louisiana. An estimated 10 million people residing along the Gulf Coast of the United States were affected by Hurricane Katrina (Hamilton, Sutton, Mathews, Martin, & Ventura, 2009). As a result, Hurricane Katrina caused one of the largest and most abrupt relocations of people in U.S. history (Groen & Polivka, 2008).

Approximately 1.5 million people aged 16 years and older left their residences in Louisiana, Mississippi, and Alabama because of Hurricane Katrina (Groen & Polivka, 2008). Those who remained faced shortages of drinkable water, food, health care, and utility services, as well as long-term health risks from communicable disease outbreaks and environmental contaminants, directly or indirectly associated with the storm (Hamilton et al., 2009). Similar to the catastrophic impact of the 2004 tsunami, one of the pressing needs for the victims of Hurricane Katrina was for mental health professionals' skills and support. More than 386,000 evacuees received medical or mental health services from shelters.

Survivors remained widely dispersed for significant periods, temporarily residing in all 50 U.S. states and the District of Columbia (Mills, Edmonson, & Park, 2007). Post-disaster research has found that both separation from family and relocation elevate one's risk for post-disaster mental health problems (Najarian, Goenjian, Pelcovitz, Mandel, & Najarian, 2001). In fact, a recent meta-analysis investigating the effects of displacement on mental health outcomes concluded that displaced persons display worse mental health than nondisplaced comparison groups do. The meta-analysis also found that persons displaced within their own country experience worse outcomes than refugees relocated to other countries do (Porter & Haslam, 2005). Of the Hurricane Katrina evacuees, approximately 410,000 had not returned to their homes by October 2006, and of these, about 280,000 had not even returned to their counties of origin (Groen

& Polivka, 2008).

In the two weeks following Hurricane Katrina, Mills, Edmonson, and Park (2007) sampled residents of New Orleans who were evacuated to the American Red Cross of Central Texas in Austin. The researchers sought to examine how demographic and disaster-related experiences predict acute stress symptoms among Hurricane Katrina evacuees. Acute stress disorder (ASD), a major stress response in the first month post-trauma, or early PTSD, was the mental health outcome of interest. The researchers found that the emerging predictor of ASD symptom severity was race/ethnicity. The Non-White participants in the sample were both more severely exposed to traumatic experiences and had lower mean income levels than White participants, which suggest that racial status affected the vulnerability levels of the survivors. Minority status itself has been shown to increase the risk of PTSD after trauma, although this effect may be largely because of differential exposure to poverty and violence (Mills, Edmonson, & Park, 2007).

The pre-existing high rate of poverty in New Orleans (close to 28%) amplified the disaster's impact on individuals through decreased disaster preparedness (Mills, Edmonson, & Park, 2007). Therefore, when the middle class evacuated New Orleans, disparities between the very rich and very poor were even more accentuated. Many of the poor were forced to endure the storm in their homes or move to shelters as a last resort, and many were profoundly affected by the inadequate resources and response (Cutter, 2005). As a result, Hurricane Katrina left destroyed homes and lives in its wake. This forced Americans to look at the poverty that continues to exist in the United States. Ultimately, the inadequate response to the hurricane's aftermath exposed a failure in emergency response on the local, state, and federal levels, and as such, a failure in the nation's overall emergency management system (Cutter, 2005). Although America has traditionally been an immediate responder to other suffering nations when a natural disaster occurs, the insufficient and delayed response of the United States to Hurricane Katrina was unacceptable. This pattern was quite distinct from when the earthquake occurred in Haiti: among the first responders to deliver relief sup-

plies was the United States Coast Guard (Morrissey, 2010).

Earthquake in Haiti

On the evening of January 12, 2010, the strongest earthquake to hit Haiti in more than 200 years struck the Western Province city of Leogane. The quake's epicenter was located 17 km southwest of the densely populated capital Port-au-Prince (UNICEF, 2010a). The quake affected one-third of Haiti's population of nine million, leaving 300,000 dead and one million individuals homeless. The Creole speaking country is arguably the poorest country in the Western Hemisphere, suggesting a rationale as to why "the coping mechanisms of these communities were and are now stretched to the limit" (UNICEF, 2010b). Haiti's political fragility and lack of solid infrastructure demonstrate how the environment's external factors can exacerbate suffering in a disastrous earthquake.

The Haiti Study Tour

From March 14 to 21, 2010, I had the opportunity to join Fordham University's Graduate School of Social Services Haiti Study Tour, which was organized to assist with on-site disaster relief efforts within the Haitian community soon after the 2010 earthquake. Led by Marciano Popescu, Ph.D., associate professor at the Graduate School of Social Services, the Haiti Study Tour provided students with a unique chance to strengthen their social work skills from an international perspective.

With this goal in mind, Dr. Popescu designed a course, International Social Development and Community-Building in a Global Context, which brings students to different developing countries where they have the opportunity apply theories they learned in class to a real world global context. Dr. Popescu, who traveled with 11 students to the Dominican Republic and Haiti, emphasizes that students cannot truly learn about international development unless they do something that is related to global issues, and asserts that this earthquake has made Haiti a global priority (Sassi, 2010). Thus, the Haiti Study Tour set out to iden-

tify, assess, and evaluate the needs of the disaster-affected communities and post-trauma survivors. Specifically, participants used comprehensive approaches in the development sector by meeting with both government and community leaders to address lifeline resources within the entire Haitian population. After meeting with various NGOs and community leaders, we assessed the most pertinent concerns related to disaster relief efforts such as access to food, water, shelter, medical attention, bathing facilities, electricity, educators, and mental health providers. In examining the response efforts on multiple levels, we had the opportunity to assess post-disaster community needs of the Haitian population in both the Dominican Republic and Haiti.

We spent the first two days in the Dominican Republic, where we met with government officials who are responsible for designing the nation's social policy platform, and with UNICEF representatives who are coordinating response efforts in Haiti (Sassi, 2010). The UNICEF organization in the Dominican Republic provides operational support to the Haiti operation and strives to meet the needs of displaced Haitians across the border, particularly vulnerable children (UNICEF, 2010a).

Poverty of Port-au-Prince, Haiti

After assessing the Dominican Republic's disaster-related efforts, our 12-person group crossed the border into Haiti where we immediately noticed the displaced camps packed in overpopulated tent cities. While driving through the capital of Port-au-Prince, we began seeing endless seas of camp sites precariously perched in unsafe areas between rubble and other hazards lacking basic shelter and basic social services (UNICEF, 2010b). The chaos was seemingly endless as broken-down medical facilities relocated their patients to the yards of their institutions, under tents, or simply on the ground. The streets were flooded with debris, children were walking aimlessly throughout the city, and mothers were washing their babies in buckets of unsanitary water in the sweltering heat. Here the Haiti Study Tour was able to integrate theory and practice, as students had the opportunity to experience the relationship between impoverished and vulnerable

communities and environmental threats.

Konbit Pou Ayiti: Working Together For Haiti

As the Haiti Study Tour continued to drive west of Port-au-Prince, we arrived at our final destination in Jacmel, where we partnered with the nonprofit organization Konbit Pou Ayiti (KONPAY; Working Together For Haiti). Jacmel, a city of 35,000 that is known for its vibrant art scene, lost its city hall, 54 schools, and some 1,800 homes to the earthquake (Sassi, 2010). Additionally, 4,400 homes were partially destroyed, and more than 5,700 families were displaced to tent cities set up by NGOs and the Canadian government.

Established in 2004, KONPAY aims to empower and improve the lives of the people of Haiti by collaborating with other NGOs. The collaboration allows KONPAY to build networks to share innovative technology and expertise to strengthen Haitian solutions to social, environmental, and economic problems. Specifically, KONPAY partnered with the Haiti Study Tour to promote awareness on a global level and increase urgency to take action to address the current situation in Haiti. According to Popescu:

> The importance of working with KONPAY was that it focuses on dignified relief and reconstruction efforts that empower Haitians to organize and provide for themselves . . . It gave students a chance to speak with Haitians to 'learn from them what is needed.' (Sassi, 2010).

While in partnership with KONPAY and working on a local level, the Haiti Study Tour's mission was to implement a Work for Cash employment program that incorporated sociological and ecological methods through deforestation and compost techniques. The Work for Cash program was based on self-assertive and empowerment approaches. We designated three main themes to help facilitate the employment program: leadership/management, direct work, and marketing/community education.

The unprecedented number of displaced Haitians has

placed a considerable burden on the already weak infrastructure of roads, shelters, medical facilities, and schools. After meeting with local communities' lawyers and professors and conducting site visits, we were able to identify and prioritize the Haiti Study Tour's fundraising goals. We created fundraising goals to build latrines, bathing facilities, and educational amenities, as well as to provide mosquito nets to help prevent the spread of malaria.

The Haiti Initiative

Upon the Study Tour's return to New York City, we had the opportunity to bring new knowledge and ideas regarding global disaster relief into our classrooms and field placements. As a result of the trip, we were able to integrate theory and practice, as well as strengthen our skills in international development and social work. Columbia University School of Social Work held a Haiti forum entitled "Rebuild, Renew and Restore: A Riveting Dialogue on Haiti's Future." The forum consisted of panelists from the School of Social Work, the School of International Public Affairs, and Columbia University Graduate School of Journalism. The panelists were able to share their first-hand experiences in assisting in disaster-related efforts. Together, we promoted awareness and increased education among other graduate students and met our fundraising goals to help rebuild the city of Jacmel.

Inspired by international NGOs and the resilient Haitian community, I partnered with the Haiti Study Tour's team leader Kara Lightburn to further address the needs of the Haitian community by providing disaster-related services. Together, we created The Haiti Initiative (THI), which built a network of agencies, institutions, communities and individuals designed to support each other in disaster relief efforts. Based on the Asset Based Community Development (ABCD) approach co-founded by John L. McKnight and John P. Kretzmann for the Obama Presidential Campaign, we tailored the THI model to more specifically meet the needs of disaster response efforts in Haiti.

Ultimately, THI identifies and uses individual and community strengths by investing in human capital. Our practices are

designed using a humanistic approach that implements empowerment and self-assertive perspectives. We aim to create networks of support through an interlinked comprehensive structure and system by strengthening community ties. THI encourages and provides the capacity for the community to develop ownership of their direction and achieve long-term independence. Similar to the structure of the KONPAY work for cash program, The Haiti Initiative aims to establish relief efforts through community empowerment so individuals have an opportunity to take local ownership in development efforts rather than remain passive consumers of international aid.

Conclusion

We believe that community mobilization and strengthening the capacity of existing resources in Haiti to conduct social interventions remains an immediate and pressing need. Poor government infrastructure and economic instability in affected disaster communities highlight the urgency to establish relief efforts that are designed to help vulnerable populations develop and become self-sustained. As international aid focuses on supplying displaced camps with essential lifeline resources, their approach still raises provocative questions. For example, what precautions are implemented to control the increasing numbers of rape and crime victims?

While it is possible to completely repair damaged and destroyed infrastructure over the near future, it is imperative to address the psychosocial impact on Haitians as well. It is our mission, as social work students and as future social work professionals, to promote awareness of the situation in Haiti. We must highlight the importance of early recovery action, the stabilization of the situation, and the prevention of further deterioration.

Disasters will happen. To lessen their impacts in the future, vulnerable communities need to strengthen their resiliency as well as gain awareness of potential risk factors that could impede their quality of life in the event of a disaster. Damaged housing and infrastructure need to be rebuilt and made more resistant to environmental threats. Disasters are income-neutral and

color blind, yet their impacts are not (Cutter, 2005). Research on the 2004 Indian Ocean tsunami, the 2005 Hurricane Katrina in the United States, and the 2010 earthquake in Haiti demonstrates, once again, that impoverished communities suffer greatly from catastrophes that result from natural disasters, as this population often lives and works in highly vulnerable locations.

References

Associated Press. (2005, April 10). 2004 deadliest quake year five centuries. Retrieved from http://www.msnbc.msn.com/id/6948775/

The Bateye Relief Alliance. (2011). Retrieved from http://www.bateyrelief.org/work/projects/the-bateys/

Central Intelligence Agency. (2011). *The world factbook*. Retrieved from https://www.cia.gov/library/publications/the-world-factbook/geos/ha.html#

Cutter, S. L. (2005). The geography of social vulnerability: Race, class, and catastrophe. Retrieved from http://wasis.ou.edu/docs/Cutte_2005.pdf

Groen, J. A., & Polivka, A. E. (2008). Hurricane Katrina evacuees: who they are, where they are, and how they are faring. *Monthly Labor Review, 131*, 32–51.

Haitian children in Dominican Republic, the fight for an identity. (2008, February 1). *Entreculturas, Educares dar Oportunidades*. Retrieved from http://www.entreculturas.org/noticias/news/Hatian_children_in_Dominican_Republic_the_fight_for_an_identity

Hamilton, B. E., Sutton, P. D., Mathews, T., Martin, J. A., & Ventura, S. J. (2009). The effect of Hurricane Katrina: Births in the U.S. gulf coast region, before and after the storm. *National Vital Statistics Reports, 58*(2), 1–32.

Hollifield, M., Hewage, C., Gunawardena, C. N., Kodituwakku, P., & Weerarathnege, K. (2008). Symptoms and coping in Sri Lanka 20–21 months after the 2004 tsunami. *The British Journal of Psychiatry, 192*, 39–44.

Mills, M. A., Edmonson, D., & Park, C. L. (2007). Trauma and stress response among Hurricane Katrina evacuees.

American Journal of Public Health, *97*(S1), 116–123.

Morrissey, S. (2010, January 22). U.S. Coast Guard in Haiti: First Responders –in for the long haul. *TIME*. Retrieved from http://www.time.com/time/specials/packages/article/ 0,28804,1953379_1953494_1956034,00.html

Najarian, L. M., Goenjian, A. K., Pelcovitz, D., Mandel, F., & Najarian, B. (2001). The effect of relocation after a natural disaster. *Journal of Traumatic Stress*, *14*(3), 511–526.

Olsen, S. B., Matuszeski, W., Padma, T. V., & Wickremeratne, H. M. (2005). Rebuilding after the Tsunami: Getting it right. *AMBIO: A Journal of the Human Environment*, *34* (8), 611–614.

Porter, M., & Haslam, N. (2005). Predisplacement and postdis-placement factors associated with mental health of refu-gees and internally displaced persons: A meta-analysis. *Journal of the American Medical Association*, *294*(5), 602–612.

Sassi, J. (2010, April 19). GSS professor's study tour gives stu-dents on-site disaster-aid experience. Retrieved from http://www.fordham.edu/campus_resources/enewsroom /insidefordham /april_19_2010/in_focus_faculty_and/ gss_professors_study_75104.asp

Silove, D., & Zwi, A. B. (2005). Translating compassion into psychosocial aid after the tsunami. *The Lancet*, *365*, 269–271.

UNICEF (2010a, February 12) Situation Update, UNICEF Monthly Situation Report:Children in Haiti One Month After.

UNICEF (2010b, March 10) United for Children, UNICEF Emer-gency Response Update: UNICEF in Haiti: 21-28 Febru-ary 2010.

VanRooyen, M., & Leaning, J. (2005). After the tsunami - Facing the public health challenges. *The New England Journal of Medicine*, *352*, 435–438.