

# Background

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## Grassroots Disaster Response: Harnessing the Capacities of Communities

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After the devastation caused by Hurricane Katrina in the summer of 2005, Washington was justly criticized for the shortfalls in federal assistance.<sup>1</sup> However, too much attention was given to the role of government and too little to the efforts of those who can and should make the biggest difference in the critical first hours and days of a crisis—people in the communities themselves. The greatest advance that America could make in preparing for catastrophic disasters is to build better individual-based programs, a culture of preparedness, and resilient and self-reliant communities.

Achieving this goal requires thinking differently. Throwing money at states through homeland security grants or turning the responsibility over to the federal government entirely will not make Americans much safer. Instead, Washington should play a limited role, enabling and encouraging states and communities to take the lead by empowering individuals to care for themselves and others during disasters.

### Washington's Role

Ideally, the federal government should be responsible for building a national response system to mobilize the nation's resources when a disaster overwhelms local communities. Washington should also create "plugs," such as interoperable communications and information sharing, that will allow state and local communities to "plug into" the national response system.

By far the largest part of the responsibility for emergency response lies with state and local communities. Local communities should focus their resources on

### Talking Points

- America can best prepare for catastrophic disasters by building better individual-based programs, a culture of preparedness, and resilient and self-reliant communities.
- The first 72 hours after a disaster are the most critical. The most effective responses during this period come from those closest to the scene, because it is extremely difficult for outside assistance to reach the people in need during these early hours.
- Faith-based and community organizations play vital roles in community-based emergency response because of their presence at the scene and the relationships that they have already established with their communities before the disaster.
- A community-centered program is needed to build individuals' capacity for responding without having to experience a disaster first. More effective disaster response will require greater cooperation between government and faith-based and community organizations.

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day-to-day emergencies, but they must have the ability to assess the adequacy of their emergency response plans and to communicate their needs to the federal government in the event of a catastrophe. These localities should also have an “all-hazards” disaster planning approach—a single response system that can be adapted to a variety of disasters. Most important, these plans should include community input.<sup>2</sup>

The federal government should focus the majority of its efforts on preparing for catastrophic disasters. In most disasters, local communities oversee relief efforts until national resources can be requested, marshaled, and deployed to the scene—a process that usually takes several days. But catastrophic disasters have a different character. In such disasters, state and local resources may be exhausted from the onset, and government leaders may be unable to determine or communicate their priority needs. In these situations, national resources need to arrive in hours, not days, and in unprecedented amounts regardless of the difficulties.

Yet even then, federal help cannot arrive everywhere at once because the scope of such disasters will likely be vast. Federal aid in extreme disasters should be targeted first at the most dire situations, where lives are in grave peril. The more that citizens can do to take care of themselves and their neighbors, the more national assets can be focused on the most desperate situations.

### The Need for Grassroots Response

In most disasters, the first few hours and days are critical, especially the first 72 hours. During this

period, immediate life-threatening illness and injury must be addressed, and shelter and water must be provided—or people will die. In addition, critical services and infrastructure must be restored or replaced so that disaster assistance can be rushed to the individuals who need it most. Because bringing in outside assistance during this period is difficult, the most effective responses come from those who are closest to scene.

The efficacy of grassroots response was demonstrated in the wake of Katrina. National-level organizations, including the federal government and nongovernmental agencies such as the Red Cross and the Salvation Army, were unable to mobilize an effective response during the first 72 hours. They lacked adequate situational awareness of local needs and the means to deploy the right resources to the right place at the right time to do the right thing. In contrast, local communities provided immediate and effective relief efforts.

Grassroots organizations can also provide aid that adapts as needs change. Because the likelihood of confusion and ambiguity increases with the scale of the disaster, improvisation is crucial for effective response. Research has found that the communities themselves are the best sources of innovation and ingenuity, and the stronger the communities, the more resourceful are their efforts.<sup>3</sup>

### Innovations in Individual Preparedness

Recommendations about the roles of citizens in disaster preparedness and response have changed little since 9/11. Perhaps the most readily available

1. For an analysis of the federal response, see James Jay Carafano, “Improving the National Response to Catastrophic Disaster,” testimony before the Committee on Government Reform, U.S. House of Representatives, September 15, 2005, at [www.heritage.org/Research/HomelandDefense/tst091505a.cfm](http://www.heritage.org/Research/HomelandDefense/tst091505a.cfm). For official government assessments of the Katrina response, see The White House, *The Federal Response to Hurricane Katrina: Lessons Learned*, February 2006, at [www.whitehouse.gov/reports/katrina-lessons-learned/index.html](http://www.whitehouse.gov/reports/katrina-lessons-learned/index.html) (October 25, 2007); Select Bipartisan Committee to Investigate the Preparation for and Response to Hurricane Katrina, U.S. Congress, *A Failure of Initiative*, February 15, 2006, at [http://katrina.house.gov/full\\_katrina\\_report.htm](http://katrina.house.gov/full_katrina_report.htm) (October 25, 2007); and Committee on Homeland Security and Governmental Affairs, U.S. Senate, *Hurricane Katrina: A Nation Still Unprepared*, S.Rpt. 109–322, 2006, at <http://hsgac.senate.gov/index.cfm?Fuseaction=Links.Katrina> (October 25, 2007).
2. Carafano, “Improving the National Response to Catastrophic Disaster.”
3. James Jay Carafano and Richard Weitz, “Learning from Disaster: The Role of Federalism and the Importance of Grassroots Response,” Heritage Foundation *Backgrounder* No. 1923, March 21, 2006, at [www.heritage.org/Research/HomelandDefense/bg1923.cfm](http://www.heritage.org/Research/HomelandDefense/bg1923.cfm).

source of information is the American Red Cross. Individuals can obtain disaster education material from local Red Cross chapters, the national Red Cross Web site, and Ready.gov, a special Web site created by the Department of Homeland Security (DHS). Virtually all disaster preparedness guides include the same basic components: a disaster supply kit, a family emergency and communication plan, a shelter-in-place or evacuation scheme, and common-sense guidance for identifying potential terrorist threats.<sup>4</sup>

These measures are sound. Individuals who follow these guidelines are less likely to be victims, allowing emergency responders to focus on those who are truly at risk. However, these traditional steps are largely passive measures that do little to promote community action. They fail to tap the potential of individuals to take charge, innovate, and adapt to conditions after a catastrophe.

Individuals can and must assume a central role in preparing their families and communities to respond to a disaster.

Hollywood films have projected a dismal image of public response in a disaster, assuming that society will break down and that survivors will take a Hobbesian “every individual for themselves” approach. Real-life experience suggests another outcome. Research indicates that panic is not a likely response to a large-scale disaster.<sup>5</sup> Preparedness in the following areas will help to make a successful outcome more likely.

**Community-Based Planning.** Most state and local emergency management plans were developed without direct involvement from the community. As

a result, people tend to have little faith that these plans offer the best courses of action to protect themselves and their families. On the other hand, disaster planning that includes input from the community produces not only higher quality plans, but also far higher levels of community approval and confidence in the plans.<sup>6</sup>

**Risk Communications.** One of the most significant challenges for authorities in mobilizing public preparedness is crafting and communicating appropriate warnings that will motivate individuals to prepare and respond. To be effective, risk communications must be credible, understandable, and actionable.<sup>7</sup>

In addition, choosing an appropriate spokesperson to deliver news and recommendations is critical. When individuals receive alarming information, they are more likely to act with less stress and apprehension if they are able to ask questions and receive accurate answers. In many cases, people may consider the family doctor or religious leader the most valuable source of information. Developing community risk communications programs that identify, educate, and empower these spokespersons before the disaster will enable them to reach out effectively to individuals in the event of a crisis.<sup>8</sup>

**Needs Assessments and Situational Awareness.** In a large-scale crisis in which communications are interrupted, access to the disaster area is limited, and infrastructure is disrupted, it is essential to determine where needs are the greatest and where assets and resources are available. Extending this situational awareness to frontline responders is

4. Mark Sauter and James Jay Carafano, *Homeland Security: A Complete Guide to Understanding, Preventing, and Surviving Terrorism* (New York: McGraw-Hill, 2005), pp. 362–367.
5. E. L. Quarantelli, “Radiation Disasters: Similarities to and Differences from Other Disasters,” University of Delaware, Disaster Research Center, *Preliminary Paper No. 153*, 1990, p. 4, at <http://dspace.udel.edu:8080/dspace/bitstream/19716/525/3/PP153.pdf> (October 25, 2007).
6. Roz D. Lasker, “Redefining Readiness: Terrorism Planning Through the Eyes of the Public,” *New York Academy of Medicine*, September 14, 2004, at [www.healthprivacy.org/usr\\_doc/RedefiningReadinessStudy.pdf](http://www.healthprivacy.org/usr_doc/RedefiningReadinessStudy.pdf) (October 26, 2007).
7. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Communicating in a Crisis: Risk Communication Guidelines for Public Officials*, 2002, pp. 24–25, at [www.riskcommunication.samhsa.gov/RiskComm.pdf](http://www.riskcommunication.samhsa.gov/RiskComm.pdf) (October 25, 2007).
8. William H. Hooke and Paul G. Rogers, *Public Health Risks of Disasters: Communication, Infrastructure, and Preparedness* (Washington, D.C.: National Academies Press, 2005), pp. 13–16.

extremely difficult, but community residents can often be the most important source for disseminating this information.<sup>9</sup> This exchange can happen most effectively when citizens know what information is needed and how to organize and communicate it during disasters.

For example, after Hurricane Katrina, rumors spread of hundreds dying in the Superdome. In fact, six people died: four of natural causes, one of a drug overdose, and one of suicide. Most displaced persons at the scene behaved well and followed instructions from the National Guard and other emergency responders at the scene.<sup>10</sup> Yet fears of violence at the Superdome slowed recovery because responders were forced to wait for additional security before moving into the facility in full force. If the correct information had been communicated properly to officials and the media, the response might have been much more effective.

**Self-Diagnosis and Self-Treatment.** Catastrophic disasters can place tens of thousands of lives in jeopardy, requiring medical care for far greater numbers of people than medical service providers care for under normal circumstances. In disaster conditions, only limited medical infrastructure and service providers will be available. Expanding capacity for basic medical self-evaluation and treatment will allow scarce medical assets to be focused on the greatest needs.

**Mental Health Response.** One of the most significant and underappreciated aspects of disaster response is responding to mental health issues caused by stress and trauma. These issues surface with both victims and responders. Not only does

community-centered planning offer more effective prospects for developing better plans and obtaining greater public support, but grassroots efforts make for more resilient responses in the event of disaster.

One disaster research study found that when community ties “are strong, supportive, and responsive to the individual’s physical and emotional needs, the capacity to withstand and overcome stress is heightened.”<sup>11</sup> Citizens tend to feel more secure and better cared for when members of their own community respond to their needs. Even informal community conversation can provide talk-therapy and other immediate measures to relieve stress.

**Long-Term Health Monitoring.** Large-scale disasters can produce many ill effects that do not become apparent for days, weeks, months, or even years after the crisis. At the World Trade Center site, responders, victims, and members of the surrounding community were exposed to a variety of environmental hazards, and the effects on long-term health are still not completely understood.<sup>12</sup>

Individuals can help themselves to cope with long-term health consequences by knowing what kinds of information to retain to make long-term health monitoring more effective.

## Laying the Foundation

Research by emergency preparedness experts shows that individuals are more likely to prepare for natural or man-made (technological) disasters when they have some experience that makes them believe that such disasters might actually affect them. Typically, those who have already experienced a disaster are the most likely to develop a culture of preparedness.<sup>13</sup>

9. For example, see Brian A. Jackson, D. J. Peterson, James T. Bartis, Tom LaTourrette, Irene Brahmakulam, Ari Houser, and Jerry Sollinger, *Protecting Emergency Responders: Lessons Learned from Terrorist Attacks* (Santa Monica, Calif.: RAND Science and Technology Institute, 2002), at [www.rand.org/pubs/conf\\_proceedings/2006/CF176.pdf](http://www.rand.org/pubs/conf_proceedings/2006/CF176.pdf) (October 25, 2007).
10. Donna Britt, “In Katrina’s Wake, Inaccurate Rumors Sullied Victims,” *The Washington Post*, September 30, 2005, p. B1, at [www.washingtonpost.com/wp-dyn/content/article/2005/09/29/AR2005092902360.html](http://www.washingtonpost.com/wp-dyn/content/article/2005/09/29/AR2005092902360.html) (October 25, 2007).
11. Charles E. Fritz, “Disasters and Mental Health: Therapeutic Principles Drawn from Disaster Studies,” University of Delaware, Disaster Research Center, 1996, p. 78, at [www.udel.edu/DRC/preliminary/handc10.pdf](http://www.udel.edu/DRC/preliminary/handc10.pdf) (December 1, 2007).
12. Robert M. Brackbill *et al.*, “Surveillance for World Trade Center Disaster Health Effects Among Survivors of Collapsed and Damaged Buildings,” Centers for Disease Control and Prevention, Surveillance Summaries, April 7, 2006, at [www.cdc.gov/mmwr/preview/mmwrhtml/ss5502a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5502a1.htm) (October 25, 2007).
13. Kathleen J. Tierney, Michael K. Lindell, and Ronald W. Perry, *Facing the Unexpected: Disaster Preparedness and Response in the United States* (Washington, D.C.: John Henry Press, 2001), pp. 158–166.

However, all Americans should be prepared to respond to a catastrophic disaster without having to experience a disaster first. A community-centered program can serve to build individuals' capacity for response. These programs should:

- **Train the trainer.** Establishing training programs for state and local leaders would help state and local communities to develop a culture of preparedness.
- **Set the standards.** Establishing national standards and identifying and sharing best practices and lessons learned will help to establish consistent, quality local programs across the country.
- **Conduct accreditation and credentialing.** Local voluntary programs are most effective when responders and local officials know who has what skills and where they are.
- **Addressing liability and privacy.** Individuals should be able to act in good faith in the wake of a disaster knowing that their actions will not incur unreasonable liability, compromise their individual liberties, or impose on the liberties of others. Programs must be built to address these concerns.

## The Unique Role of Faith-Based and Community Organizations

Because the first responders to any natural disaster are typically the survivors of the affected community itself, it is crucial that individual households and faith-based and community organizations (FBCOs) are prepared.<sup>14</sup> Recent polls indicate that six in 10 Americans consider themselves prepared to respond to a natural disaster. Most Americans also believe that their local hospitals (62 percent) and emergency service providers (68 percent) are prepared. However, only 31 percent of Americans believe that the federal government is equipped to provide acceptable relief following a major natural disaster.<sup>15</sup>

Local, state, and federal governments must interface better with each other and with trusted community groups. To create effective partnerships, governmental authorities must include community groups and faith-based organizations in their planning sessions, recognizing the unique contributions that these groups can make beyond the capacity of government while preserving the integrity of their missions.

**FBCO Disaster Relief Efforts.** Faith-based and community organizations are uniquely positioned to provide relief after a disaster.

*Spiritual Relief.* One of the greatest services that faith-based organizations can provide is material relief coupled with spiritual relief. Disaster survivors often suffer from more than physical needs. Survivors may experience feelings of anger, depression, doubt, and guilt—all of which could adversely affect their ability to recover physically, mentally, and spiritually.<sup>16</sup>

For example, one of the most spiritually trying aspects of disasters can be the loss of a loved one. Faith-based groups, especially clergy, can fill an important void in this phase of recovery because they have experience with bereavement counseling. Similarly, local funeral homes could volunteer their services. Pre-trained volunteers could assist with the most difficult and pressing tasks such as filing death certificates, notifying family members and friends, and assisting with funeral preparations. More important, clergy could be available to pray with survivors and offer support through grief counseling and scriptural words of hope and strength.

Numerous studies have indicated that religious belief and participation in a strong religious community are very important and effective in helping individuals persevere through adversity.<sup>17</sup> Individuals with strong religious beliefs experience a greater remission of depression symptoms than is experi-

14. *Ibid.*

15. Jeffrey M. Jones, "Six in Ten Americans Ready to Deal with a Natural Disaster," Gallup News Service, May 14, 2007, p. 1.

16. J. P. Wilson and T. A. Moran, "Psychological Trauma: Posttraumatic Stress Disorder and Spirituality," *Journal of Psychology and Theology*, Vol. 26, No. 2 (1998), pp. 168–178.

17. F. M. Ochberg, "Post-Traumatic Therapy," in John P. Wilson and Beverley Raphael, eds., *International Handbook of Traumatic Stress Syndromes* (New York: Plenum Press, 1993), pp. 773–783.

enced by those who do not have strong beliefs.<sup>18</sup> Moreover, individuals who receive spiritual support from fellow church members and clergy are more inclined to use positive coping methods—even after major life traumas—than are those who are not part of a religious community.<sup>19</sup> Faith-based groups and clergy members involved in the disaster relief effort can help to provide this support from the religious community.

**Public Confidence.** Survivors are often most comfortable speaking with trusted religious leaders. For example, after 9/11, many survivors preferred to see a pastor (or a leader from their particular religion) rather than a mental health counselor. In fact, according to one poll, 60 percent of victims preferred to receive support from a religious counselor, compared to only 45 percent who preferred to see a physician and 40 percent who wanted to consult a mental health provider.<sup>20</sup>

Survivors who are members of faith communities often associate a stigma with receiving mental health counseling, yet they are comfortable with receiving similar support from a clergy member.<sup>21</sup> As a result, faith-based groups and clergy members can form an effective partnership with mental health providers to ensure that survivors receive the care that they need. Once referred by a trusted clergy member, survivors are often more willing to seek support from a mental health counselor.<sup>22</sup>

Similarly, many local caregivers—such as police, fire, and medical professionals—are often hesitant to seek mental health care for themselves but are will-

ing to talk to clergy volunteers or members of faith-based groups.<sup>23</sup> It is crucial that the emotional and spiritual needs of emergency service providers be met, and faith-based groups and clergy members can help to provide this support or direct them to mental health providers who can meet their specific needs.

**Infrastructure.** Because local FBCOs and churches are actively involved in the community before disaster strikes, these organizations already have an infrastructure and network in place that allows them to respond quickly during a disaster. They have personal relationships with many of the people in the community, a significant asset for establishing trust and commanding respect during post-disaster planning. Furthermore, proximity and established relationships give these local leaders a greater understanding of the community's particular needs.

In addition to the local infrastructure, churches and FBCOs also have state, national, and international networks that are capable of providing an incredible amount of monetary relief, supplies, and volunteers—even homes in neighboring states and communities willing to take in refugees. For example, after Hurricane Katrina, 9,000 Southern Baptist Relief volunteers from 41 states aided survivors in Texas, Louisiana, Mississippi, Alabama, and Georgia by serving over 10 million meals and helping with the cleanup.<sup>24</sup> Operation Blessing utilized its existing network to provide survivors with 11.4 million pounds of food and supplies, 900,000 meals served from three food kitchens, and medical services for over 10,000 patients.<sup>25</sup> Operation Blessing also

18. H. G. Koenig, L. K. George, and B. L. Peterson, "Religiosity and Remission of Depression in Medically Ill Older Patients," *American Journal of Psychiatry*, Vol. 155, No. 4 (1998), pp. 536–542.

19. Neal Krause, Christopher G. Ellison, Benjamin A. Shaw, John P. Marcum, and Jason D. Boardman, "Church-Based Social Support and Religious Coping," *Journal for the Scientific Study of Religion*, Vol. 40, No. 4 (December 2001), pp. 637–656, and Christopher G. Ellison, Jason D. Boardman, David R. Williams, and James S. Jackson, "Religious Involvement, Stress, and Mental Health: Findings from the 1995 Detroit Area Study," *Social Forces*, Vol. 80, Issue 1 (September 2001).

20. American Red Cross, *The Lifecycle of a Disaster: Ritual and Practice: Understanding the Impact of 9/11 Terrorist Attacks on Faith Communities and Their Leaders* (New York: American Red Cross, 2002).

21. Harold G. Koenig, *In the Wake of Disaster: Religious Responses to Terrorism and Catastrophe* (Philadelphia: Templeton Foundation Press, 2006), p. 104.

22. *Ibid.*, pp. 113–114.

23. *Ibid.*, pp. 101–102.

24. Tim Yarbrough, "Baptists' 10.5 Million Meals Shatters Prior Disaster Relief Record," North American Mission Board, November 2, 2005, at [www.namb.net/site/apps/nl/content2.asp?c=9qKILUOzEpH&b=227361&ct=1568907](http://www.namb.net/site/apps/nl/content2.asp?c=9qKILUOzEpH&b=227361&ct=1568907) (October 26, 2007).

awarded 279 grants totaling more than \$4 million to faith-based organizations.<sup>26</sup>

**Long-Term Relief Efforts.** Religious groups have staying power. While government and other emergency responders withdraw from a community once the most urgent physical needs have been met, religious organizations remain as a part of the community. This permanence is important because depression and other emotional and spiritual issues often do not fully manifest themselves until after the immediate needs have been met and the confusion has subsided.<sup>27</sup>

Survivors need access to trained volunteers who are willing to remain in the community and be a source of support throughout this long recovery process, and local religious leaders are wonderfully equipped to bind such wounds.

Anniversaries of disasters, memorial services, and other observations require sensitivity and knowledge of survivors' needs. Preventing burnout among long-term relief providers is another serious need. Caregivers can overwork themselves or become victims of "compassion fatigue."<sup>28</sup> Religious leaders and faith-based organizations can serve caregivers by providing relief for them as well, such as planning retreats, or by providing accountability and debriefing sessions.

#### Promoting Greater Cooperation with FBCOs.

According to the White House's own report, faith-based organizations and community groups successfully served the survivors of Hurricane Katrina "in spite of, not because of, the government."<sup>29</sup> In the aftermath of 9/11, more attention has been given to improving the interface between FBCOs and government, but much more can be done to create an effective and integrated relief plan.

- First, government officials need to recognize that FBCOs are uniquely equipped to meet certain

needs in ways that are far beyond the capacity of the federal relief agencies.

- Next, federal, state, and local governments need to take the necessary steps to interface better with these groups before disaster strikes.
- Finally, after much collaboration, they should establish a centralized disaster response plan that takes into account and fully involves nonprofits, FBCOs, and charities without compromising these organizations' characters or missions.

**Open Dialogue Prior to the Disaster.** Individual household preparedness is key. Pamphlets and Web sites can help to educate people, and polls and surveys can help authorities to make policy decisions regarding relief efforts. While these types of interaction are important, however, they are one-sided. Better interfacing between government agencies and faith-based and community groups requires open and robust dialogue between government officials and local FBCO leaders.

It is critical that this exchange take place before a disaster strikes. Collaboration in the wake of a disaster is often rushed and unorganized. Engaging community leaders and authorities in planning deliberations prior to a disaster can prevent confusion and potential disagreements later. Moreover, such dialogue can help to educate the community about what to expect from government, in addition to identifying gaps where their service will be essential.

**Predetermine Roles, Responsibilities, and Resources.** Local governments and federal agencies should work with FBCOs to create a disaster response plan that incorporates government and private initiatives. Participants in these planning sessions can use this time to predetermine roles and responsibilities in the event of a disaster.

Inventorying resources is also crucial. FBCOs should assess and communicate exactly what

25. Operation Blessing, "Hurricane Relief Activities in the Gulf Coast," September 28, 2006, at [www.ob.org/projects/hurricane\\_relief/relief\\_log.asp](http://www.ob.org/projects/hurricane_relief/relief_log.asp) (October 26, 2007).

26. *Ibid.*

27. Koenig, *In the Wake of Disaster*, p. 99.

28. See also Charles R. Figley, *Compassion Fatigue: Secondary Traumatic Stress Disorders in Those Who Treat the Traumatized* (London: Brunner-Routledge, 1995).

29. The White House, *The Federal Response to Hurricane Katrina*, p. 49.

resources they can access and who in their organizations and communities is trained to provide particular types of assistance (e.g., medical professionals, carpenters, electricians, engineers, and certified counselors). Leaders also need to know who would be willing to host people displaced from their homes, deliver meals or relief packages, or volunteer their time and vehicles to shuttle survivors to various appointments and shelters. Other community members' and government agencies' familiarity with such resource inventories will smooth and increase the efficiency of post-disaster relief efforts.

By working with authorities to delegate emergency responsibilities before a disaster strikes, FBCOs can avoid bureaucratic impediments from excessive government oversight. To help to eliminate these red-tape barriers that have often prevented the coordination of FBCOs and the government, President George W. Bush issued an executive order on March 7, 2006, creating a new Center for Faith-Based and Community Initiatives within the Department of Homeland Security, the 11th agency to include such an office.<sup>30</sup> One of the center's main responsibilities is to propose strategies to include faith-based and community groups in DHS programs, initiatives, and pre-disaster planning sessions.

*Preserving the Character of FBCOs.* Faith-based organizations, community groups, and other charities with the capacity to assist in relief efforts must have assurances that their organizations' missions will not be compromised. Religiously motivated

groups must have the freedom to offer the spiritual support that is central to their mission. Protecting this freedom is one of the main responsibilities of the DHS Center for Faith-Based and Community Initiatives.<sup>31</sup>

*Greater Communication During the Relief Effort.* Disaster survivors should not be required to recount their circumstances and needs repeatedly to various service providers. Yet until the public and private sectors better integrate efforts, initiatives will often duplicate efforts or even work at cross-purposes.<sup>32</sup>

During the response to Hurricane Katrina, many groups were forced to obtain critical information through second-hand sources—if they received any information at all.<sup>33</sup> In spite of these government-imposed obstacles, FBCOs still delivered crucial aid to survivors, but broader efforts would have been greatly improved if information had been collected and disseminated through one centralized hub for both governmental and private initiatives.

When Hurricane Katrina struck the Gulf Coast, one electronic networking tool was in its pilot phase. After 9/11, FEMA (the Federal Emergency Management Agency) partnered with seven of the largest disaster charities to create the Coordinated Assistance Network (CAN),<sup>34</sup> a database that was intended to identify resources, avoid duplication, and share important client information between the government and the private sector.<sup>35</sup> Although the completed database will be an important tool for long-term relief efforts when fully functional, many organizations have expressed concern to the Gov-

30. George W. Bush, "Responsibilities of the Department of Homeland Security with Respect to Faith-Based and Community Initiatives," March 7, 2006, at [www.whitehouse.gov/news/releases/2006/03/20060307-5.html](http://www.whitehouse.gov/news/releases/2006/03/20060307-5.html) (October 26, 2007).

31. *Ibid.*

32. Shankar Vedantam and Dean Starkman, "Lack of Cohesion Bedevils Recovery: Red Tape, Lapses in Planning Stall Relief," *The Washington Post*, September 18, 2005, p. A1, at [www.washingtonpost.com/wp-dyn/content/article/2005/09/17/AR2005091701392.html](http://www.washingtonpost.com/wp-dyn/content/article/2005/09/17/AR2005091701392.html) (October 26, 2007).

33. Major Todd Hawks, "The Response of Charities to Hurricane Katrina," testimony before the Subcommittee on Oversight, Committee on Ways and Means, U.S. House of Representatives, December 13, 2005.

34. The seven CAN charities are the Alliance of Information and Referral Services, the American Red Cross, National Voluntary Organizations Active in Disaster, the Salvation Army, 9/11 United Services Group, Safe Horizon, and the United Way of America.

35. Cynthia Fagnoni, "Hurricanes Katrina and Rita: Provision of Charitable Assistance," testimony before the Subcommittee on Oversight, Committee on Ways and Means, U.S. House of Representatives, December 13, 2005, p. 6, at [www.gao.gov/new.items/d06297t.pdf](http://www.gao.gov/new.items/d06297t.pdf) (October 26, 2007).



ernment Accountability Office about using the database again during the initial phases of a large-scale disaster because of the risk of technical glitches. During long-term relief efforts, the database will serve as a helpful organizational tool, but it cannot replace the effectiveness of pre-disaster planning or pre-existing relationships.

*Sustaining Community Volunteer Efforts.* In the wake of a major disaster, FBCOs can marshal multitudes of volunteers and large amounts of aid (financial and material donations) to serve the affected community. While volunteers do not expect payment, they do need food, housing, and operational resources. In the past, FEMA had provided funds to the American Red Cross, but Katrina marked the first occasion when the federal government made large-scale compensation available to smaller religious groups for disaster relief. Some criticized the application process as overly complex, and some groups were concerned about mission integrity. Before future disasters occur, the application process should be simplified.

## Conclusion

The survivors of a major disaster require immediate, personal relief. The government is simply not equipped to provide for all of these needs—especially survivors' spiritual needs—but by partnering with faith-based and community groups before a disaster, government (local, state, and federal) can

help survivors receive a higher quality of immediate attention and guarantee long-term support.

After 9/11 and Hurricane Katrina, the public became much more aware of the great acts of service that faith-based and community organizations perform. However, despite this recognition, government agencies have not adequately included these groups in their disaster relief plans or planning sessions. Federal, state, and local government authorities need to include FBCO representatives in their pre-disaster planning sessions to encourage better coordination between the private sector and government. Groups and agencies must accurately assess their resources for responding to emergencies and coordinate efforts to eliminate gaps.

Survivors need speedy, effective relief. When government agencies work effectively alongside faith-based and community organizations, their coordinated efforts can provide survivors with hope, comfort, and sources of strength.

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## APPENDIX ADDITIONAL RESOURCES

### Publications and Related Web Sites

- Harold G. Koenig, *In the Wake of Disaster: Religious Response to Terrorism and Catastrophe* (Philadelphia: Templeton Press, 2006).
- Marvin Olasky, *The Politics of Disaster: Katrina, Big Government, and a New Strategy for Future Crisis* (Nashville: W Publishing Group, 2006).
- National Voluntary Organizations Active in Disaster, *Light Our Way: A Guide for Spiritual Care in Times of Disaster*, 2006, at [www.nvoad.org/articles/Light\\_Our\\_Way\\_LINKS.pdf](http://www.nvoad.org/articles/Light_Our_Way_LINKS.pdf) (December 3, 2007).
- The White House, *The Federal Response to Hurricane Katrina: Lessons Learned*, February 2006, at [www.whitehouse.gov/reports/katrina-lessons-learned/index.html](http://www.whitehouse.gov/reports/katrina-lessons-learned/index.html) (December 3, 2007).
- National Voluntary Organizations Active in Disaster (NVOAD), at [www.nvoad.org/index.php](http://www.nvoad.org/index.php) (December 4, 2007).
- FBCO Emergency Response Network, Faith Based and Community Organizations Online Resources, at [www.emergencyresponsenetwork.org](http://www.emergencyresponsenetwork.org) (December 4, 2007).
- The Roundtable on Religion and Social Policy, "The Role of Faith-Based Organizations in Disaster Response," at [www.socialpolicyandreligion.org/resources/article.cfm?id=3337](http://www.socialpolicyandreligion.org/resources/article.cfm?id=3337) (December 4, 2007).

### Federal and State Disaster Recovery Resources

- U.S. Department of Homeland Security, Office of Faith-Based and Community Initiatives, at [www.dhs.gov/xabout/structure/editorial\\_0829.shtm](http://www.dhs.gov/xabout/structure/editorial_0829.shtm) (December 4, 2007).
- The White House, Faith-Based and Community Initiatives, at [www.whitehouse.gov/government/fbci](http://www.whitehouse.gov/government/fbci) (December 4, 2007).
- The White House, "Hurricane Preparedness," at [www.whitehouse.gov/infocus/hurricane](http://www.whitehouse.gov/infocus/hurricane) (December 4, 2007).
- Florida Disaster Recovery Fund, at [www.flahurricanefund.org](http://www.flahurricanefund.org) (December 4, 2007).
- State of Alabama, Governor's Office of Faith Based and Community Initiatives, at [www.servealabama.gov](http://www.servealabama.gov) (December 4, 2007).
- OneStar Foundation, Texas Responds, at [www.texasresponds.org](http://www.texasresponds.org) (December 4, 2007).
- Mississippi Emergency Management Agency, at [www.msema.org](http://www.msema.org) (December 4, 2007).
- Louisiana Governor's Office of Homeland Security and Emergency Preparedness, at [www.ohsep.louisiana.gov](http://www.ohsep.louisiana.gov) (December 4, 2007).

### Faith-Based and Community Disaster Relief Initiatives

- B'nai B'rith Disaster Relief, at <http://bnaibrith.org/programs/dr/index.cfm> (December 4, 2007).
- Catholic Charities USA, at [www.catholiccharitiesusa.org](http://www.catholiccharitiesusa.org) (December 4, 2007).
- Church World Service, Emergency Response Program, at [www.churchworldservice.org/Emergencies/index.html](http://www.churchworldservice.org/Emergencies/index.html) (December 4, 2007).
- Episcopal Relief and Development, at [www.er-d.org](http://www.er-d.org) (December 4, 2007).
- Evangelical Lutheran Church in America, Disaster Response, at [www.elca.org/disaster](http://www.elca.org/disaster) (December 4, 2007).
- Habitat for Humanity, Disaster Response, at [www.habitat.org/disaster/default.aspx](http://www.habitat.org/disaster/default.aspx) (December 4, 2007).
- HANDS (Helping Americans Needing Disaster Support), at [www.hands.ms/home](http://www.hands.ms/home) (December 4, 2007).
- Islamic Relief USA, at [www.irw.org](http://www.irw.org) (December 4, 2007).
- Lutheran Disaster Response, at [www.lss.org/disaster/disaster.htm](http://www.lss.org/disaster/disaster.htm) (December 4, 2007).
- Mennonite Disaster Service, at [www.mds.mennonite.net](http://www.mds.mennonite.net) (December 4, 2007).
- North American Mission Board, Disaster Relief, at [www.namb.net/site/c.9qKILUOzEpH/b.224451](http://www.namb.net/site/c.9qKILUOzEpH/b.224451) (December 4, 2007).
- Operation Blessing, Disaster Relief, at [www.ob.org/programs/disaster\\_relief/index.asp](http://www.ob.org/programs/disaster_relief/index.asp) (December 4, 2007).

Presbyterian Disaster Assistance, at [www.pcusa.org/pda/index.htm](http://www.pcusa.org/pda/index.htm) (December 4, 2007).

PRC Compassion, at [www.prccompassion.net](http://www.prccompassion.net) (December 4, 2007).

The Church of Jesus Christ of Latter-day Saints, Humanitarian Services, at [www.lds.org/humanitarianservices](http://www.lds.org/humanitarianservices) (December 4, 2007).

The Salvation Army, Disaster Relief, at [www.redshield.org/crisis](http://www.redshield.org/crisis) (December 4, 2007).

Somebody Cares America, Hurricane Relief, at [www.somebodycares.org](http://www.somebodycares.org) (December 4, 2007).

United Methodist Committee on Relief, at <http://gbgm-umc.org/umcor> (December 4, 2007).