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# Working Paper Series: From Response to Resilience

## 1. Understanding Voluntary Organizations in Health Emergency Management

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## **SUMMARY:**

There is an increasing recognition that mitigation and building stronger, more resilient communities are key elements to effective emergency preparedness and response capacities in Canada. With this has also come an understanding of the importance of the public, private and voluntary sectors in emergency management. Both the National Framework for Health Emergency Management, and the Canadian Pandemic Influenza Plan stress the need for greater intergovernmental and intersectoral coordination. Still, governmental strategic thinking may be changing, and implementation of new ideas and frameworks into actual plans and practices is at early stages, particularly in engaging the voluntary sector. If voluntary organizations are to become more visible and truly effective partners in coordinated strategies for emergency management, we need to better understand the contributions they can make and the challenges they face. This paper explores the role of voluntary organizations in emergencies in Canada, with an emphasis on health issues, by reviewing existing literature, analyzing case studies of recent emergencies in North America, and conducting interviews with staff of voluntary organizations. From this, we identify lessons learned and research gaps, and suggest how both governments and the voluntary sector can help communities to shift their thinking and capacities from response to resilience.

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# **From Response to Resilience:**

## **Voluntary Organizations in Health Emergency Management in Canada**

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## Shifting Paradigms in Health Emergency Management

In the past decade, emergency management in Canada has placed increasing importance on developing enhanced mitigation and preparedness capacities. In this regard, the very concept of emergency and disaster management has shifted from a primary focus on *responding* to health causalities and impacts to one of increased attention to *mitigation* of hazards and helping individuals and communities become more resistant to the impacts of disasters. Of course, the capacity to respond effectively remains important, but governments and their partners are looking more intently at the earlier stages of emergency preparedness. With this has come a need to clearly define roles and responsibilities. Indeed, collaboration, coordination and partnership among governments and between governments and voluntary organizations are central themes of both the *National Framework for Health Emergency Management* and the Canadian Pandemic Influenza Plan.<sup>1</sup> Although governmental strategic thinking may be changing, implementation of new ideas and frameworks into actual plans and practices is still at a very early stage.

Within the voluntary sector, a process of reassessment is also underway. Under the old paradigm that emphasized emergency response, responsibility for addressing emergencies was naturally seen to be lodged with those organizations that have an explicit mandate for emergency management (e.g. Canadian Red Cross, St. John Ambulance, and Salvation Army). Many other voluntary organizations put little thought into how they would continue services during a prolonged emergency or what part they have in a coordinated emergency management strategy. This has begun to change as a wide range of voluntary organizations are recognizing the need to develop plans for continuity of services, particularly to special needs populations, and to undertake the even bigger task of building more resilient communities.

Largely at the instigation of the key organizations with a mandate for emergency management, voluntary organizations and municipal governments are starting to work collaboratively in many locales to develop plans and infrastructure for greater coordination of roles and responses in emergencies. At the national level, the Office of the Voluntary Sector, in partnership with the Centre for Emergency Preparedness and Response, (both of the Public Health Agency of Canada (PHAC)), have been working with national health voluntary organizations to enhance their individual and collective capacities for emergency management and mitigation. Such thinking and planning is uneven across the sector and in many respects the important role of the voluntary sector in both responding to emergencies and in

promoting more resilient communities remains quite invisible to policy makers at all levels of government.

If voluntary organizations are to become more visible and truly effective partners in coordinated strategies for emergency mitigation, preparedness, response and recovery, we need to better understand the contributions they can make and the challenges they face. This paper explores the role of voluntary organizations in emergencies in Canada, with an emphasis on health issues, by reviewing existing literature, analyzing case studies of recent emergencies in North America, and conducting interviews with staff of voluntary organizations.<sup>2</sup> From this, we identify lessons learned and research gaps, and suggest now both governments and the voluntary sector can help communities to shift their thinking and their capacities from response to resiliency.

The *National Framework for Health Emergency Management* was developed in 2004 by Federal, Provincial and Territorial Ministers of Health to provide a consistent, integrated approach to health emergencies at a pan-Canadian level. The Framework “aims to enhance the capacity of local, provincial and federal authorities to prepare for and respond to emergencies by fostering operational bridges based on shared principles, guidelines and operating procedures... Key principles of the National Framework include an all-hazards/consequences approach, resiliency and sustainability of programs and planning, and comprehensive management practices that balance mitigation, preparedness, response and recovery.”

**Source:** David Hutton, John Lindsay, Joan Simpson, Gylda Fry, “Extreme Weather Events: Facing the Challenges in Health Emergency Management”. Available at [http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2005-climat/2005-climat-8\\_e.html](http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2005-climat/2005-climat-8_e.html)

## Differing Situations, A Diverse Voluntary Sector

We have reviewed a wide range of case studies and recent literature on emergencies in North America to draw out observations about the roles that voluntary organizations have played and the lessons learned from these experiences. These cases include the SARS outbreak in Toronto, the Saguenay and Red River floods, the 2005 Gulf Coast hurricanes, 9/11, the reception of airline passengers on 9/11 in Gander and Halifax, the 1998 ice storm, the Swiss Air recovery, and the 2005 Kelowna fires, and others where literature exists. Our focus is not on specific cases, but on identifying lessons regarding the role of the voluntary sector. Generalization across cases has to be approached with caution, however, because the nature of emergencies can vary greatly in terms of their impact on communities. Moreover, case studies all tend to report *response* to emergencies, and thus fail to capture instances of successful prevention or mitigation.

The *Canadian Pandemic Influenza Plan* establishes a coordinated approach among federal, provincial and territorial governments, acceptable to all stakeholders, for the prevention, preparedness and response to an influenza pandemic so as to minimize serious illness, death and social disruption.

**Source:** <http://www.phac-aspc.gc.ca/cpip-pclcpi/index.html>

Most disasters, whatever their cause, have implications for public health. Conversely, situations that start out specifically as health emergencies often impact a broad range of services as well as the use of physical infrastructure. Given the complex inter-sections between causes and effects of emergencies, it may be not be possible, as the Ontario Commission that investigated the response to SARS noted, to neatly define a “pure health emergency.”<sup>3</sup> While recognizing these complex intersections, the subset of public health emergencies (that primarily involve infectious diseases, pandemics, biological toxins or bioterrorism) can be distinguished from natural and other types of disasters in three key ways. First, they tend to impact personnel more than infrastructure, although without personnel the infrastructure may be useless. Second, when health emergencies involve infectious diseases, public fear about contact with other people may create distinctive challenges for collective

action, and containment of the disease may require extensive quarantine. Third, health crises may be of relatively long durations, potentially lasting months in the case of an influenza pandemic.

Just as the nature of emergency situations varies, so do the voluntary organizations and the resources they bring to emergency management. Our goal in this review is to look beyond those organizations which have a primary mandate for emergency management, although we certainly acknowledge the key roles played by the Canadian Red Cross, St. John Ambulance and other ‘first responders.’

Canada’s voluntary sector is large and diverse, estimated to comprise over 161, 000 organizations and to have an economic value twice that of the mining and oil and gas industry.<sup>4</sup> Indeed, on a per capita basis, Canada is reported to have the second largest voluntary sector in the world.<sup>5</sup> Rather than using standard classifications of the voluntary sector that are based on subsectors (e.g. health, social services, culture and recreation), we differentiate voluntary organizations based on their potential roles in health emergency management, as illustrated in Table 1.

A final challenge in drawing out lessons about the role of voluntary organizations in health emergencies is that the existing literature renders these organizations almost invisible. For instance, in assessing what went right and what went wrong in the response to SARS in Ontario, the Campbell Commission report says virtually nothing about the role of voluntary organizations. Yet, the Canadian Red Cross alone assisted more than 10,000 individuals and families who were quarantined, logged more than 13,000 volunteer hours, and delivered 12,000 health kits.<sup>6</sup> The likelihood then is that the case studies have seriously underplayed the role of voluntary organizations in emergency management. In addition, the involvement of voluntary organizations in emergencies has tended to be better documented in the United States, most notably in the responses to 9/11 and the 2005 Gulf Coast hurricanes, than it has in Canada. In drawing on American experience, the distinctive character of these two disasters and the differences in emergency management frameworks has to be recognized. Nevertheless, this paper draws on American and international experience when it has potential relevance for Canada, but does so with caution.

Table 1: Types of Voluntary Organizations

TYPE OF ORGANIZATION	DESCRIPTION	EXAMPLES
Organizations with a mandate for emergency management	National and local organizations whose primary mandate is emergency preparedness, response and recovery; sometimes known as voluntary organizations active in disaster (VOAD) or more colloquially as ‘first responders.’	<ul style="list-style-type: none"> <li>• Canadian Red Cross Society</li> <li>• St. John Ambulance</li> <li>• Salvation Army</li> </ul>
Service Delivery Organizations	Any voluntary organization that delivers a service to individuals or groups. Of particular interest in emergency management are voluntary organizations that serve vulnerable, special needs populations, provide essential or ancillary services or can connect to particular constituencies	<ul style="list-style-type: none"> <li>• Kidney Foundation of Canada</li> <li>• Canadian National Institute for the Blind</li> <li>• Canadian Mental Health Association</li> <li>• Faith communities</li> <li>• Ethnocultural organizations</li> </ul>
Infrastructure Organizations	Organizations, coalitions or networks that serve other voluntary organizations by providing research and public policy advocacy or communications among members.	<ul style="list-style-type: none"> <li>• Canadian Alliance on Mental Illness and Mental Health</li> <li>• Health Charities Coalition of Canada</li> <li>• Volunteer Canada</li> <li>• Imagine Canada</li> <li>• Centre for Voluntary Sector Research and Development</li> <li>• Canadian Council on Social Development</li> <li>• CPHA</li> </ul>
Grantmakers	Organizations that routinely or on an <i>ad hoc</i> basis collect and disperse funds to other voluntary organizations or to victims of disasters.	<ul style="list-style-type: none"> <li>• Private foundations</li> <li>• Public foundations e.g. (United Ways and community foundations)</li> <li>• Canadian Red Cross</li> <li>• September 11<sup>th</sup> Fund (USA)</li> </ul>
Professional Associations	Membership associations of professionals	<ul style="list-style-type: none"> <li>• Canadian Nurses Association</li> <li>• Royal College of Physicians and Surgeons of Canada</li> </ul>
Neighbourhood Associations	Place-based groups organized around specific locales or neighbourhoods, (rather than those organized around a <i>service</i> that is delivered in a particular locale).	<ul style="list-style-type: none"> <li>• Glebe (Ottawa) Community Association</li> <li>• Downtown Eastside (Vancouver) Residents’ Association</li> </ul>

## Learning from Experience: Two Foundational Lessons

The fundamental lesson is that voluntary organizations are important players in emergency management. Working alongside local government emergency response services, they can often be at on the scene of a disaster very quickly. They know specific communities well and how to engage the leadership of these communities. They can mobilize large numbers of trained volunteers quickly and manage them effectively. They have established access to suppliers and are the trusted mechanisms through which people donate money and goods. Even before disasters strike, voluntary organizations are active in training for emergency management and in working with their communities to help mitigate hazards. Governments thus need voluntary organizations to be effective partners in all stages of emergency management.

The second basic lesson is that, while voluntary organizations are essential partners in emergency management, they are not substitutes for governments and cannot act alone. Nor do they want to act alone. The response to September 11<sup>th</sup> provides a good example.

Although more than 369 nonprofits were involved in a wide variety of response and recovery roles, the voluntary sector's contribution accounted for only 10 percent of the overall effort. Emmett Carson, President of the Minneapolis Community Foundation and Interim CEO of the Louisiana Disaster Recovery Foundation, sums up the difference well: "Neither the American Red Cross nor The Salvation Army will ever have the resources to be the first or only line of defense during a major disaster. After all, The Salvation Army is not a standing army with helicopters, trucks and supply lines."<sup>8</sup> This does not diminish the essential roles that voluntary organizations contribute to emergency management, but emphasizes that they are complements, not substitutes for governments.

The underlying premise then for assessing the role of voluntary organizations in emergency preparedness is one of partnership with government, as is articulated in the National Framework for Health Emergency Management.

## The Role of Voluntary Organizations in Preparedness and Mitigation

Mitigation and reduction of threats and vulnerabilities is now recognized as a complex process requiring many players, rather than seeing emergency management as a linear process, beginning with mitigation and ending with recovery.<sup>9</sup> In this paper the voluntary sector is the focal point of analysis and the factors that enable it to be an effective partner with governments in a continuous cycle of mitigation, preparedness, response, and recovery are considered. As shown in Figure 1 (page 6), a number of factors contribute to a more resilient voluntary sector that can take a more active and effective part in all stages of emergency management. In particular, experience points to several key elements.

**The importance of social capital, engaged citizens and a strong voluntary sector:** All the evidence indicates that an important asset in mitigation, as well as in providing effective responses to disasters, is a strong voluntary sector and a good stock of social capital (the networks and trust-based relationships that are created and reinforced through voluntary action). Such networks are resources in themselves, and do not need to be focused on emergency management to provide a good foundation for collaboration in emergency situations.<sup>10</sup> Moreover, experience shows that engaged citizens are more likely to take responsibility for themselves and for others in both

hazard mitigation and disaster response. In short, engagement is a route to more resilient communities.

**Emergency management** aims to shift the threshold at which an impact becomes a disaster. This is achieved through two main methods: decreasing the amount of damage an impact can cause and; increasing the capability of the community's coping resources to deal with any damage that does occur.

**Source:** National Framework for Health Emergency Management, p. 20.

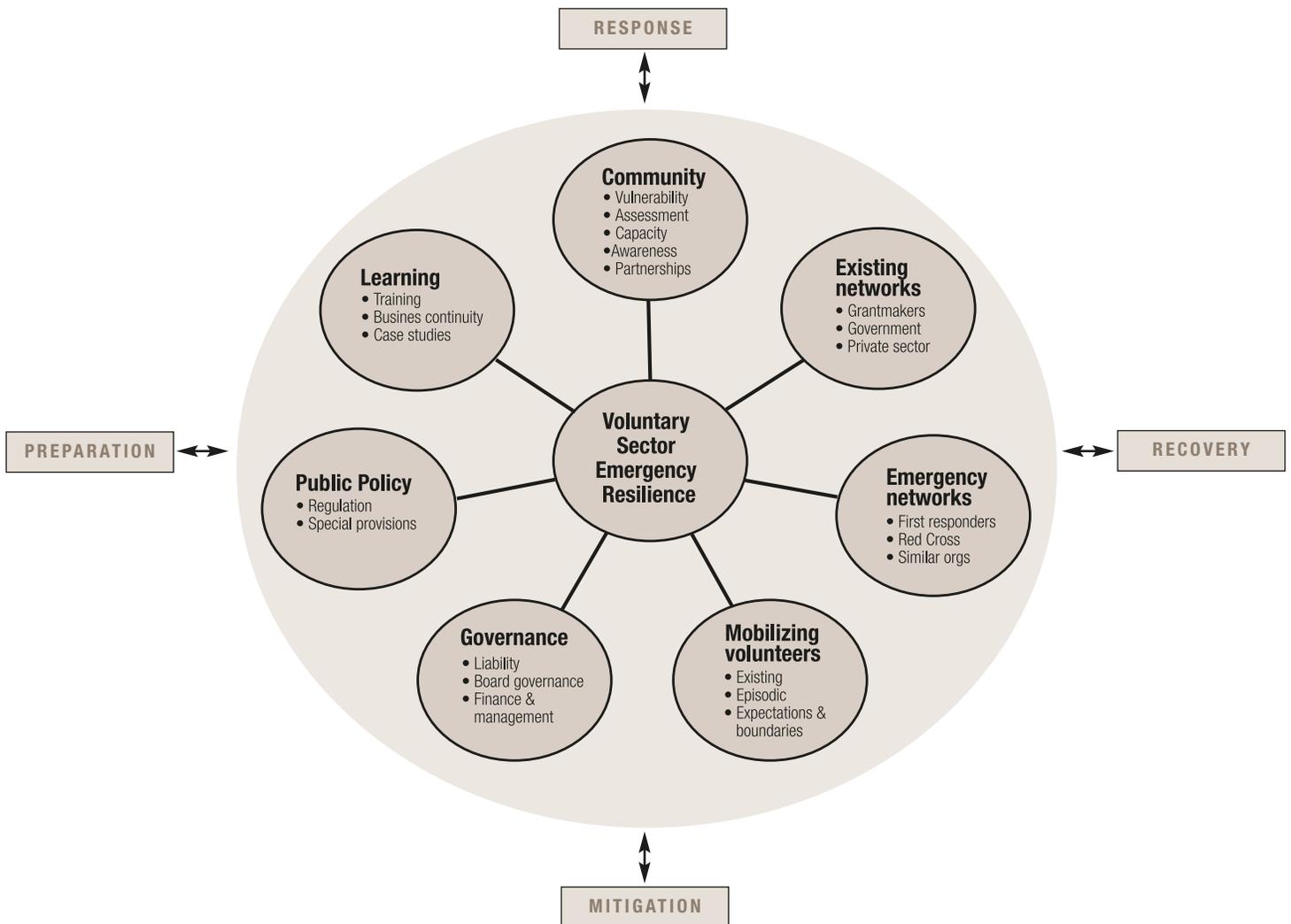
Although the magnitude of the effects of Hurricane Katrina makes it a unique case in many respects, its impacts also point to problems created by an absence of social capital (exacerbated in this case by inequality and poverty) and a lack of capacity of the voluntary sector. These underlying conditions are argued to have hindered both mitigation efforts and emergency management. The lack of capacity of the sector is evidenced by the fact that governments' per capita investment in voluntary organizations in New Orleans was only half that of

many comparably sized American cities.<sup>11</sup> In addition, the relationships between voluntary organizations, business and the municipal government tended to be short-lived alliances aimed at attaining particular development projects or goals. There were very few ongoing and stable networks among voluntary organizations or between organizations and local government. When it came to preparedness, community groups in New Orleans had been egregiously underutilized and excluded from involvement in developing emergency planning schemes and responses.<sup>12</sup>

Similar lessons about the need for a strong voluntary sector emerged from 9/11 and, in particular, the need to enhance the capacity not only of service delivery agencies, but of infrastructure organizations.<sup>13</sup> The distinctive value of infrastructure organizations is their ability to communicate among a broad diversity of community actors, and to

bridge different sets of actors. Infrastructure organizations and networks are central to the concept of a 'resilient community' in which citizens not only have the resources, but feel empowered to use them and have a sense of responsibility to do so.<sup>14</sup> Perhaps the ability of Gander, Newfoundland, to accommodate the sudden influx of 6,600 passengers (a 63 percent increase in its population) from 38 flights diverted there on September 11<sup>th</sup> presents the best Canadian example of an empowered community. According to Scanlon's analysis, the Gander response worked in large part because it is a close knit and resilient community with well publicized emergency plans.<sup>15</sup> In addition, the established organizations with a mandate for emergency management were able to work together in a collaborative and flexible manner and to enlist the help of the business community.

**Emergency Event/Pandemic** (i.e. ice storm, blackout, earthquake, SARS)



### **Networking and coordinating for mitigation and emergency management:**

A strength of the voluntary sector is its diversity and its pluralism. This can lead to a splintered response if coordination systems and networks have not been pre-planned, however. To date, such pre-planning seems to have been the exception rather than the norm. Following the terrorist attacks on New York there was some notable collaboration. For instance, the September 11<sup>th</sup> Fund was formed by the United Way of New York City and the New York Community Trust within hours of the tragedy.<sup>16</sup> A number of other special funds sprang up that operated independently, however, and most service delivery organizations continued to work in their traditionally autonomous manner. Families needing assistance thus had to navigate “a maze of organizations, each with its own eligibility criteria and specific forms of aid.”<sup>17</sup> This resulted in delays and inequities with many people underserved, while others benefited from multiple and overlapping sources of support.

A number of problems can be anticipated with pre-planning and coordination between organizations and across sectors. Such planning is likely to work less like a symphony orchestra with one maestro directing all action, suggest Wachtendorf and Kendra,<sup>18</sup> than as a good jazz band. The players know each other and the routines, but can improvise within these established parameters as needed. The creation of broadly based networks before disaster occurs enables voluntary organizations and governments to recognize their capacities and identify their vulnerabilities, and communicate these to other organizations in the networks. As Wachtendorf and Kendra further argue:

Planning is, indeed, critical. When organizations *plan*, they enhance their capabilities. But the development of a plan should be of secondary importance to the *planning process*, which in addition to outlining appropriate courses of action also allows participants to learn about one another’s skills and capabilities and to assemble those as needed to meet unexpected dangers—in other words, to improvise.

Experience also suggests that these networks need to be inclusive, that is, they should reach out to those organizations that are not part of the disaster response community but that may have distinctive local knowledge or connections to particular social, ethnocultural or faith communities. Indeed, pulling small and community-based organizations into coordination meetings that are run or dominated by

the large players, including governments, helps to ensure that major policies and programs meet the needs and capacities of different constituencies.<sup>19</sup> In this way, the problems and ineffectiveness of top-down command and control approaches can be minimized and the advantages of bottom-up planning maximized. Broad participation is particularly important in risk reduction measures which have been shown to be most successful when they involve the direct participation of the people most likely to be exposed to hazards.

Given some of the ethical issues that may need to be addressed in a health emergency, such as forced quarantines and rationed vaccines, transparency in how decisions are made and having them made with a broad base of support from various communities of interest will be even more salient than in other types of emergencies.

In network building, it is useful to keep in mind that Canada’s voluntary sector has both a horizontal and a vertical structure, albeit in somewhat loosely coupled forms. National umbrella organizations, along with federations and other coalitions, facilitate communication and coordination within and across subsectors. Within the health sub-sector, the creation of the Health Charities Coalition of Canada (HCCC) in 2000, which brings together a diversity of large and small health voluntary organizations, is a good example of the increased network building that has taken place in recent years. Similarly, the establishment of the Federation of Voluntary Sector Networks, a loose federation of cross-cutting networks of community-based organizations in some 15 locales, has been developing capacity to communicate across different subsectors in a pan-Canadian fashion.

For purposes of emergency management, local networks need to be able to learn from each other but also need to have ongoing linkages with governments. In a number of jurisdictions, the creation of cross-sectoral emergency management committees provide useful means of connecting voluntary sector networks with local, provincial and national governments. In addition, the business community should not be overlooked in these networks. To return to the example of Gander, local businesses played important roles in providing supplies to accommodate the surge of more than 60 percent in the town’s population. While the local Red Cross set up a system for registering each deplaning passenger, The Salvation Army contacted local suppliers and the airport caterers to provide hot food and toiletries.<sup>20</sup> All of the voluntary organizations in all of Gander would not have had such supplies on hand if local business had not stepped up to assist.

**The substantial issues in planning:** Several substantive issues demand pre-planning, dialogue and coordination.

- *Essential services:* Emergencies almost by definition involve risk. Imagine what would happen during a health emergency if certain service providers decided that they would suspend services for a while because they did not want to bear that risk. Or, they may have difficulty continuing to provide services because such large numbers (estimated to be about 35 percent in an influenza pandemic) of staff and volunteers are not able to work. In the absence of a common, accepted definition of essential, who decides which are *essential* services and who has a duty of continuity of care that has to be met? Although it is a myth that there is widespread failure to report to duty in emergencies, there have been situations, such as the 2003 blackout in Ontario, when a number of organizations, businesses and employees ‘self-selected’ themselves as non-essential and people stayed home.<sup>21</sup> The commitment of voluntary organizations to their missions and those they serve may help to limit these problems but, as yet, policies or agreements that set out the ‘duty to care’ and determine which agencies will continue which kinds of services have not been established in most Canadian jurisdictions.<sup>22</sup> Furthermore, planning in this area often fails to address that a key part of being able to coordinate and continue essential services is the ability to provide translation services in non-Official languages.
- *Business Continuity Planning:* A Business Continuity Plan (BCP) is a set of policies, protocols and information that enables an organization to maintain the delivery of services and sustain other activities that are essential to the organization’s survival in the case of a business interruption. In addition, organizations need to plan and coordinate for the spike in demand that they will face in an emergency. One aspect of a BCP involves identifying alternative locations for operations should existing offices no longer be useable; another is to address some of the ethical considerations of priority service for clients, users or members if all cannot be served.
- *Coordination of databases and adoption of protocols related to privacy issues in dealing with client and volunteer information:* In the days after 9/11, identification of missing persons and families of victims to the agencies providing assistance was hampered due to privacy constraints which did not permit information held by one agency to be shared with others. Two months later, the United Services Group, a consortia of 13 nonprofits, was established to make data about families of the direct victims available to other member agencies in a client-sensitive way and to coordinate services. In the event of a health emergency, the issues related to

database management and access could be enormous and this may be further complicated by the likelihood that many of the personnel who normally manage the databases may not be working. A technical assistance program to help voluntary organizations coordinate compatibility of data and cross-training of staff might alleviate some of the potential problems.

**Good governance and legal liability:** Responsibility for ensuring that organizations have BCPs, coordinated databases and emergency measures in place is ultimately the responsibility of boards of directors. Emergency preparedness thus requires boards to have policies in place regarding risk management, liability, privacy, and business and service contingencies. Liability is an enormous issue, particularly if volunteers are put in situations of risk or if new volunteers, previously unaffiliated with the organization, are acting on its behalf. This is particularly relevant in health emergencies in which significant numbers of staff and volunteers may be incapacitated. In such cases, boards will need to have succession plans that designate official spokespersons and decision-makers, even if they cannot delegate their own authority.

As we learned from 9/11, when several agencies came under severe media criticism for how they handled various aspects of response, voluntary organizations have to expect that they will come under more intense scrutiny as their involvement in disasters increases. This needs to be reflected in their governance practices, and thus their boards need to be prepared to deal with such scrutiny.

**Grantmaking and donation management:** One of the first things people do in a disaster is to give money.<sup>23</sup> Frequently, there is an outpouring of donations from the public. One responsibility of the voluntary sector is to make it easy to give, disperse money effectively, and be transparent in how money was spent. Some organizations, such as the Red Cross, are fairly well equipped to handle a massive surge of donations. During the 1998 ice storm, for instance, the Red Cross mobilized quickly to collect donations and distribute cash when needed (without electricity, bank machines and cheques were useless). The Red Cross staff also worked assiduously with regional government officials for two years after the ice storm to ensure that every claim for compensation was reviewed and paid.

Most voluntary organizations are not as experienced in managing this process, and even the old hands often come under intense criticism. In the month following Hurricane Katrina, organizations that protect the welfare of animals, which do not normally consider themselves to be in the business of emergency management, were inundated with donations that were 6 to 20 times more than they normally take in all

year. There may also be a variety of special funds established, as there were in 9/11, because people want to direct their money in specific ways. Fraudulent fundraising by fictitious organizations, although not frequent, does occur.

How to coordinate both fundraising and dispersal of philanthropic funds is thus a major consideration. In the UK, a single fund that is a coordinated effort of several voluntary organizations is triggered in large scale disasters and the UK governments works only with this consortia. Although the single window solution may not be suitable in Canada, a significant policy challenge for grantmakers and governments is to develop policies around coordinated fund management.

Acute crises tend to shift donors' attention, stimulating higher donations over the short term. In comparison, ongoing crises receive diminishing attention and lower rates of giving (Katrina - 1,840 per person affected, HIV/AIDS - \$10, malaria - \$3).

Keith Epstein, "Crisis Mentality," *Stanford Social Innovation Review*, Spring 2006, p. 48.

In some disasters, donations exceed the need, as was arguably the case in 9/11.<sup>24</sup> In slow developing disasters or for purposes of mitigation, the public are less likely to open their wallets to the same extent as they do in sudden and unexpected crises. Consequently, in health emergencies, governments should not expect the same kind of massive outpouring of private funding as occurs in other kinds of emergencies, and that hard work still needs to go into making the case for public spending on mitigation rather than response.

**Public policy governing the voluntary sector:** Emergency response by voluntary organizations that are registered as charities may encounter unexpected problems that pertain to the definition of what is considered 'charitable' activity and giving. The voluntary sector has been calling on the federal government to review the definition of charitable purposes and consider a more modern public benefit test for registration as charities for more than a decade. Although the regulatory body, the Charities Directorate of the Canada Revenue Agency (CRA), has made many positive incremental changes, a full policy review has not taken place.

A large scale disaster may put the definition of charity to the test, as it did in 9/11. The issue then was whether compensation could be allocated for the loss of life *per se*, not just for financial need of victims' families. The latter is considered a charitable purpose for which tax receipted donations could be spent, the former is not. A legislative amendment was required to enable public money to be directed to families for loss of life regardless of their financial circumstances. Because Canada's interpretation of charitable purposes is more restrictive than that of the USA, there may be many other situations in which voluntary organizations could not receive donations from foundations or other charities to conduct the work of emergency mitigation or management because such work falls outside the boundaries of the common law definition of charity and the CRA guidelines.

The most serious public policy issue that inhibits the work of voluntary organizations in emergency management is liability. Getting and keeping liability insurance has become a major issue for many organizations in the voluntary sector, and involvement in emergencies both exacerbates the longstanding problem of obtaining directors' and officers' coverage at reasonable cost and the additional needs for death and disability insurance for staff and volunteers. Ensuring appropriate disability liability coverage for volunteers working on the front lines of emergency situations is often handled by having them sign waivers, which is essentially privatizing responsibility. At minimum, governments working with the voluntary sector need to establish supports for disability, death and income compensation, assuming volunteers or staff may be quarantined after working in a health emergency.

Estimates are that the cost of insurance has already risen between **30 and 100 percent annually** in recent years, and that many organizations working with vulnerable populations can no longer afford or qualify for insurance.

See Voluntary Sector Forum at <http://www.voluntary-sector.ca>.

Moreover, the liability issue extends beyond covering front-line workers and presents a more systemic challenge to the voluntary sector as a whole. For example, one of the most serious challenges that voluntary organizations of all kinds currently face is recruiting appropriate board members.<sup>25</sup> If boards of directors are expected to hold responsibility for BCP and for handing of staff and volunteers through a major public health emergency, they may be more reluctant to

serve, and the cost of Directors and Officers insurance will continue to rise. Unless governments are prepared to work seriously with the voluntary sector to address the public policy issues surrounding liability, an emergency management strategy that presumes a partnership with voluntary organizations will be seriously compromised.

## The Role of Voluntary Organizations in Response and Recovery

Voluntary organizations of all kinds have longstanding but perhaps underappreciated roles in the response and recovery efforts in emergencies. Although case studies often overlook their contributions, several factors that make for more effective response are evident.

**Communication and coordination are key:** Virtually every case study points to the importance of coordination and good communications, both among responders and with the public. In several Canadian examples, communication tools and systematic information (e.g. websites, Registration & Inquiry systems for evacuated persons) were very important aspects of response and helped create the social networks considered central to recovery, especially amongst seniors and those on restricted incomes.

The benefit of experience also emerges out of the case studies. One way of learning from experience is by involving from the start those organizations with knowledge of emergency management. A related lesson, however, is to include other organizations with different competencies and access to different constituencies. Such an inclusive approach has sometimes been impeded by the tendency of governments to control operations and thereby limit involvement by voluntary organizations. In the absence of existing protocols during the 1998 ice storm, for example, the Red Cross became de facto the body organizing transportation and food relief for the first few days. When municipalities later formed a central coordinating committee, however, the Red Cross was not initially invited to join and had to lobby hard to participate.<sup>26</sup> Transparency and communication with the public also matters, particularly in a public health emergency of some duration in which rumours are likely to abound and the media may judge the actions of governments and voluntary organizations very harshly.

**Mobilizing and managing volunteers is a distinctive strength of this sector:** During a crisis people turn out to help in large numbers and with great dedication. In terms of carrying out an effective response, the part played by volunteers is often critical and a unique strength of voluntary organizations is their ability to communicate with, mobilize, and manage their regular volunteers. Emergency response volunteers who have an existing affiliation with a voluntary organization are likely to have been screened, police checked, and trained. When they are deployed through and supervised by those organizations, their deployment and management usually runs quite smoothly.

The challenge comes with unaffiliated volunteers: people who show up spontaneously to help out. They may bring much needed capacity and specialized skills, but such volunteers still need to be received, registered, and credentialed.<sup>27</sup> They should also be subject to good management practices (screened, trained and supervised) which in an emergency may divert staff from other important tasks. The management challenges of unaffiliated volunteers can be alleviated to some extent by encouraging people to pre-register and be pre-screened with a voluntary organization.

A longer term public policy issue for emergency management is the availability of affiliated volunteers. Approximately 27 percent of Canadians volunteer, which has been reasonably stable over the past twenty years, but the startling fact, is that 7 per cent of volunteers do over 80 percent of the work.<sup>28</sup> And, there is evidence that this civic core is shrinking.<sup>29</sup> In health emergencies when many volunteers are needed for sustained periods and the civic core of volunteers are already doing as much as they can, the ability to recruit enough volunteers may be limited.

**Recovery can take time:** The period required to resume normal services may vary considerably depending on the nature of the emergency. At the end of 2005, four months after Hurricane Katrina hit, only 19 percent of the voluntary organizations in the New Orleans area were fully operational, and 45 percent no longer seemed to exist at all.<sup>30</sup> In a pandemic, the challenge will be to work for long periods of time – months not weeks – with severe staff and volunteer shortages. In such circumstances the effective coordination and deployment of human resources becomes a crucial part of planning process.

**The Gendered Nature of Response:** Until fairly recently, emergency response roles were broken out along traditional lines, with men as first responders and volunteers in “dangerous” situations (fighting fires, filling sandbags), and women filling more traditional roles (meal preparation, child care)<sup>31</sup>. It was also largely left to women

to pick up the pieces in the immediate aftermath of a disaster and rebuild the community in the longer term. Current research seems to indicate that as societal roles have shifted, so have the consequences of this shift impacted emergency management. The gendered nature of emergency management has changed considerably and, indeed, in a public health emergency it is women who will face the most severe pressures from multiple roles. Women will be first responders as health care professionals, but also second, third and fourth order responders in their roles as staff of voluntary health organizations, volunteers in caregiving with health and social service organizations, and as caregivers to family and friends. Consequently, it is crucial that planning for health emergencies has a good picture of the gendered implications of both mitigation and response.

## Beyond Our Past: Are we Better Prepared Today?

It is always dangerous to assume that history will neatly predict the future, particularly in emergency management when so much change is occurring. Voluntary organizations and governments are actively enhancing their preparedness, so that they may now be in better positions to anticipate and respond to emergencies, even compared to a few years ago. Checklists, manuals and workshops on how to prepare for and manage responses to emergencies have proliferated in recent years, and provide excellent resources for voluntary organizations and the public. Several PHAC projects funded under Financial Assistance to National Voluntary Health Organizations initiative (FANVHO) are underway with the goal of strengthening the role of voluntary organizations in emergency management by helping to build collaborative networks, and facilitating knowledge exchange to inform public policy development.

Has much changed? As indicated in a recent survey (N = 41), voluntary organizations with a mandate for emergency response for the most part have developed appropriate policies and protocols.<sup>32</sup> In contrast, most other voluntary organizations are still at very early stages; only 20 percent had contingency plans while less than a quarter (23 percent) had done any training. Clearly, there are still very big needs related to awareness, communication and coordination, and network building.<sup>33</sup>

Many of these were obvious from our interviews. For example, one of the voluntary groups we interviewed commented that they did not have an emergency plan, but that it had been on their ‘to do list’ for the past three years. In the absence of support from emergency officials, they inquired if we could send them a template of what one would look like. They also informed us that communication with emergency officials at the municipal level consisted of little more than an occasional telephone call. This is an organization located close to the downtown of a major city, with responsibility for seniors and other vulnerable groups, and with excellent facilities in the event of an emergency. This illustration is not in any way meant as criticism of this organization, but it underlines the lack of coordination between sectors and the continued under utilization of voluntary sector resources. Indeed, the staff we spoke to were more than willing to play a significant role in emergency preparedness, but they are looking to governments to take the lead in integrated planning so that they understand what their roles might be *before*, rather than after, an emergency occurs.

### Survey Results on Voluntary Organizations

With an emergency response mandate:

- 64% have contingency plans
- 73 % have procedures and training

Without an emergency response mandate:

- 20 % have contingency plans
- 23 % have done training

## What We Don't Know from Experience: Research Gaps

Experience clearly indicates that voluntary organizations play crucial roles in all aspects of emergency management (mitigation, preparedness, response and recovery). The social and economic impact of their contributions are enormous. For instance, one can reflect on the cost of the contributions of the 6,000 volunteers who worked during the Red River floods. In addition to the cost, the remarkable accomplishment is the mobilization of 60,000 volunteer on short notice. Estimates of the impact of voluntary organizations are impossible to calculate in the cases we examined, because there is limited or no documentation, particularly in the Canadian cases, of the magnitude and type of contributions made by volunteers and voluntary organizations. Good case studies enhance learning from experience. Better collection of information and data are required, disaggregated to reflect the work of the voluntary sector, and analyse the activities, resources and impacts of voluntary organizations.

In terms of research, there is much we would like to know about the role of the voluntary sector in emergency management; this warrants investigation:

- First, we need a better understanding of, and good data on, the role and impact of the voluntary sector in emergency management, and specifically in health emergency management. This would enable governments to effectively implement their emergency preparedness frameworks that rely on collaboration with multiple partners. Better information would also enable the voluntary sector to promote its often crucial role in terms that the media, government, private sector and the public could more readily understand and appreciate.
- Second, we need crisp conceptual analyses of the differences in types of emergencies and how they impact on the role of voluntary organizations.
- Third, it is important to understand the relative capacity of different groups and areas responding to emergency situations. This would be defined in some part by expectations contained in official plans and relationships between different levels of government and the voluntary sector (e.g., memoranda of understanding, letters of intent) which would facilitate or constrain this. How extensive and advanced is business continuity and service continuum planning? Are different locales or different agencies more likely to be prepared than others, and if so, why?
- A fourth important aspect is knowing how vulnerable populations will be served in emergencies. For example, what are the implications of response to a health emergency for people with special health needs? Although it may be relatively straightforward to identify and address the needs of individuals who are living in institutional care or on an official list because they receive government funded services (e.g., Meals on Wheels), it is less clear how the vast majority of older seniors who are being cared for in their homes by unpaid caregivers, will be served in a coordinated manner.
- Fifth, evidence suggests that many voluntary organizations are just beginning to turn their attention to business and service contingency planning, and a key issue here is developing models to raise awareness of the importance of the issue and develop plans.
- Finally, to what extent will existing public policy and regulatory frameworks enable or inhibit effective mitigation and response by voluntary organizations? It will be important to have a better understanding of the extent that existing public policy and regulatory frameworks may enable or inhibit the voluntary sector role in efficient mitigation and response. What would be necessary to enhance existing partnerships within the voluntary sector and with governments?

The need for research will be an ongoing requirement in emergency management as new health situations occur and we are able to challenge our assumptions and assess how well Canada is learning from experience and from its frameworks and planning processes. This need will require support to develop more enhanced, focused research capacity in governments, universities, think tanks and voluntary organizations than currently exists.

## Conclusion: From Emergency Response to Resilient Communities

Increasingly, the goal of emergency management is not simply to respond and recover from an incident, but to learn from it in order to create more resilient communities that can better respond to and withstand the effects of emergencies. More importantly, resilient communities can better anticipate local hazards and take intentional action to mitigate such risks and influence the course of their own social and economic development.

**Resilience** is a quality that is developed and strengthened over time as personal, collective and institutional capacities are enhanced, citizens are engaged and learning from experience takes place.

Governments can enhance the capacity of communities to be more resilient in several ways. One is to expand the opportunities to learn from experience through better data gathering and analysis of responses to emergencies. A second is to provide ongoing means for dialogue between governments and voluntary organizations in order to better understand their needs and those of the communities they serve, and to coordinate efforts with governments. As voluntary organizations begin to increase coordination among themselves, governments can support these initiatives with capacity development funding, information and expertise.

Voluntary organizations are certainly willing to be part of emergency management, yet in spite of considerable prodding from within the sector, many appear to be waiting for governments to provide direction and dialogue so that they understand how they fit in and what they need to do. The fact that relatively few organizations (whose main missions are not emergency preparedness) have developed business or service contingency planning indicates that there is still an enormous task of awareness building, training and capacity building to be done.

Finally, when we put the voluntary sector squarely in the picture as being central to emergency management, it is evident that we need to take a hard look at a wide range of community supports, such as networks and infrastructure organizations, and public policies, such as liability and regulation of the sector, to see if they enhance or inhibit effective contributions by the voluntary sector. We have yet to take such a hard look in Canada.

A resilient community able to anticipate and respond to health and other emergencies will involve an active partnership, not only among all levels of government, but with a wide variety of voluntary organizations, and on both these fronts there is much work to be done.

## Notes

The research assistance of Elaina Mack and Dan Markel is appreciated, as is the time and thoughtful comments of the representatives of voluntary organizations whom we interviewed.

- <sup>1</sup> Federal/Provincial/Territorial Framework on Emergency Preparedness and Response. *National Framework for Health Emergency Management: Guideline for Program Development*. Ottawa, ON: Author, 2005; Health Canada (now Public Health Agency of Canada), *Canadian Pandemic Influenza Plan*. Ottawa: PHAC, 2004.
- <sup>2</sup> As a small-scale introductory study, we conducted interviews with representatives of five local and national voluntary organizations working in health or with a mandate for emergency management during February and March 2006.
- <sup>3</sup> Government of Ontario, *The SARS Commission Second Interim Report: SARS and Public Health Legislation* (Hon. Mr. Justice Archie Campbell, Commissioner), April 5, 2005.
- <sup>4</sup> Statistics Canada. *Satellite Account of Nonprofit Institutions and Volunteering 1997-1999*. Ottawa: Statistics Canada.
- <sup>5</sup> Michael Hall et al., *The Canadian Nonprofit and Voluntary Sector in Comparative Perspective*. Imagine Canada, 2005.
- <sup>6</sup> Information provided by the Canadian Red Cross. Other voluntary organizations also contributed significantly, and a more comprehensive study could develop a fuller picture of the overall contributions of the sector in the response to SARS. ditto
- <sup>7</sup> Lester M. Salamon, "Introduction: The Real Lessons of September 11<sup>th</sup> for American Charities," *September 11<sup>th</sup>: The Philanthropic Response, Volume 3*. New York: The Foundation Center, 2004, pp. 1-11.
- <sup>8</sup> Emmett Carson, "Commentary: Beyond Relief and Recovery," *Foundation News and Commentary*, 46, 6, 2005. Available at : <http://www.foundationnews.org/CME/article.cfm?ID=3488>

- <sup>9</sup> See *National Framework for Health Emergency Management: Guideline for Program Development*, 2005.
- <sup>10</sup> Peter Burns and Matthew O. Thomas, "The Failure of the NonRegime: How Katrina Exposed New Orleans as a Regimeless City," *Urban Affairs Review*, 41, 4, March, 2006, pp. 517-27..
- <sup>11</sup> Urban Institute, FactSheet: *The Aftermath of Katrina: State of the Nonprofit Sector in Louisiana*. September 21, 2005.
- <sup>12</sup> Kathleen Tierney, "The Red Pill," Social Science Research Council, *Understanding Katrina*. 2005, Available at: <http://understandingkatrina.ssrc.org/Tierney/>. At the beginning of the 2005 hurricane season, state and local officials acknowledged that in the event of a hurricane, they did not have the resources to take everybody out. Only a few weeks before the hurricane hit, they had worked with the Red Cross and other nonprofits to produce a video to warn people living in low income areas that they would need to fend for themselves in a hurricane. This came too late, however, as the videos were sitting in a warehouse awaiting distribution when Katrina hit. See Peter Burns and Matthew O. Thomas, "The Failure of the NonRegime," 2006, pp. 521-2.
- <sup>13</sup> Salamon, "Introduction: The Real Lessons of September 11<sup>th</sup> for American Charities," 2004.
- <sup>14</sup> Louise K. Comfort, "Cities at Risk: Hurricane Katrina and the Drowning of New Orleans," *Urban Affairs Review*, 41, 4, March 2006, pp. 205-516.
- <sup>15</sup> Scanlon, "Helping the Other Victims of September 11<sup>th</sup>," 2002.
- <sup>16</sup> Our reliance on 9/11 and Katrina as cases is not that the involvement of voluntary organizations was more or less effective than in other emergencies, but simply that more has been written explicitly about the role of nonprofits in these situations than for any others. See Foundation Center, *September 11<sup>th</sup>: The Philanthropic Response*, Volumes 1, 2 and 3. New York, 2002, 2003, 2004; and work by the Urban Institute available at <http://www.urban.org/afterkatrina/>.

- <sup>17</sup> Salamon, "Introduction: The Real Lessons of September 11<sup>th</sup> for American Charities," 2004, p. 3.
- <sup>18</sup> Tricia Wachtendorf and James M. Kendra, "Improvising Disaster in the City of Jazz: Organizational Response to Hurricane Katrina," Social Science Research Council, *Understanding Katrina*. 2005. Available at: [http://understandingkatrina.ssrc.org/Wachtendorf\\_Kendra/](http://understandingkatrina.ssrc.org/Wachtendorf_Kendra/).
- <sup>19</sup> Melcher, Michael F. with Mandl, Alex. *The Philanthropic Response to 9/11: A Practical Analysis and Recommendations*. New York, NY: Simpson Thacher & Bartlett LLP, 2003.
- <sup>20</sup> See Scanlon, "Helping the Other Victims of September 11<sup>th</sup>," 2002.
- <sup>21</sup> Interview with representatives of a voluntary organization. On the various myths of response to disasters, see Joseph Scanlon, "Lessons Learned or Lessons Forgotten." Discussion Paper No. 1, Institute for Catastrophic Loss Reduction, University of Western Ontario, 2001. Available at: <http://www.iclr.org/pdf/research%20paper%2016%20-%20paper%201%20joe%20scanlon.doc.pdf>. Accessed February 20, 2006.
- <sup>22</sup> For a discussion of some of these ethical considerations, see University of Toronto, Joint Centre for Bioethics, Pandemic Influenza Working Group, *Stand on Guard for Thee: Ethical Considerations in Preparedness Planning for Pandemic Influenza*. Toronto: University of Toronto, November, 2005.
- <sup>23</sup> In response to the 1996 floods in Saguenay, Quebec which killed 7 seven people, forced more than 16,000 people to be evacuated and caused \$750 million in damage, the Red Cross had hoped to raise \$2 million in relief. Actual donations arrived from all across the country totalling \$28 million and one year later, almost 90 per cent of flood victims had new houses or were in the process of rebuilding. See "Flood aftermath in Quebec and Manitoba." *The National Magazine*, CBC Television. Toronto: Aug 6, 1997.
- <sup>24</sup> To handle the massive outpouring of funds following 9/11, the American Red Cross created the Liberty Disaster Relief Fund. After providing for all immediate needs of the disaster, the Red Cross announced that it would direct \$250 million left over to long-term programming including preparedness for terrorist attacks. The public outcry was enormous as they thought all the money donated would go directly to victims, to which the Red Cross responded. As a result, the Liberty Fund had by the end of 2004 distributed \$390 million as compensation to victims, about \$110,000 per person. This was the most money ever distributed per person following a disaster and the first time that eligibility was not tied directly to financial need, a change in practice that required a change in legislation. See Keith Epstein, "Crisis Mentality," *Stanford Social Innovation Review*, Spring 2006, pp. 46-55.
- <sup>25</sup> Statistics Canada, *Cornerstones of Community: Highlights of the National Survey of Nonprofit and Voluntary Organizations*. Ottawa: Minister of Industry, 2005.
- <sup>26</sup> Personal communication.
- <sup>27</sup> In some cases, quite stringent credentialing is required to enter a site as was the case with Ground Zero in New York given that there were still concerns about the threat of additional terrorist attacks and the need to protect the integrity of the recovery operation. See Tricia Wachtendorf, *Improvising 9/11: Organizational Improvisation in the World Trade Center Disaster*. Dissertation # 35, Disaster Research Center, University of Delaware, 2004.
- <sup>28</sup> Michael Hall, L. McKeown, & K. Roberts. *Caring Canadians, Involved Canadians: Highlights from the 2000 National Survey of Giving, Volunteering and Participating*. Ottawa: Minister of Industry, 2001.
- <sup>29</sup> Paul Reed and Kevin Selbee. *The Social Dynamics of Contributory Behaviours: A Synopsis of Findings from a Multi-year National Study*. Draft report. Ottawa: Presented to a Colloquium on Research Findings from the Nonprofit Sector Knowledge Base Project. Ottawa, 2006.

- <sup>30</sup> Jennifer Claire Auer and Linda M. Lampkin, “Open and Operating: An Assessment of Louisiana Nonprofit Health and Human Services after Hurricanes Katrina and Rita,” Washington, DC: Urban Institute, February 2006.
- <sup>31</sup> Interestingly, evidence also suggests that women are more likely to take accurate warnings seriously and to urge positive action, including evacuation. See Elaine Enarson and Joseph Scanlon, “Gender Patterns in Flood Evacuation: A Case Study in Canada’s Red River Valley,” *Applied Behavioral Science Review*, 7, 2, 1999, pp. 103-124. See also Alice Fothergill, “Women’s Roles in Disasters,” *Applied Behavioral Science Review*, 7, 2, 1999, pp. 125-143.
- <sup>32</sup> Survey conducted by a consortia of Canadian voluntary sector organizations, and presented by the Canadian Red Cross, “Consultation for a National Voluntary Sector Emergency Management Framework,” to a meeting of voluntary organizations, Ottawa, February 2006.
- <sup>33</sup> These results probably underestimate the degree of awareness of the importance of business and service continuity planning because few organizations surveyed from the broader voluntary sector responded, suggesting perhaps that they had done little work in this area at all and do not appreciate its importance.