

# ASPE RESEARCH BRIEF

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION  
OFFICE OF HUMAN SERVICES POLICY - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

## ORIGINAL RESEARCH

### The Role of Faith-Based and Community Organizations in Providing Relief and Recovery Services after Hurricanes Katrina and Rita

By almost any measure—geographic reach of the storm, population displaced, destruction of property, costs of disaster relief, and the prospective costs of rebuilding—the effects of hurricanes Katrina and Rita in 2005 represent the largest single natural disaster on U.S. soil in the past 100 years. The storms and the breaking of the levees devastated a major population center and totally obliterated large swaths of coastal areas. By one account, more than 100,000 square miles of land were affected<sup>1</sup>—roughly the size of Great Britain—and about 160,000 homes and apartments were destroyed or suffered major damage.<sup>2</sup> The Federal Emergency Management Agency (FEMA) estimated damage at \$37.1 billion—or four times higher than the costs associated with the World Trade Center attack in 2001.<sup>3</sup>

The events surrounding the storms also produced one of the largest disaster response efforts by nongovernmental, charitable organizations. These included faith-based and secular groups, religious congregations both locally based and from other states, national organizations with substantial experience in human services delivery, and groups with specific disaster response expertise. By some accounts, the response of charitable groups was regarded as more effective than that of federal, state, or local governmental agencies.<sup>4</sup>

There have been few systematic studies of how faith-based and community organizations (FBCOs) function during emergency situations—what they do, whom they serve, and with whom they collaborate. To fill this gap, the Urban Institute conducted a two-year study for the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, to obtain detailed information on the relief efforts provided by FBCOs in the 2005 hurricanes, and suggest how these groups might help in future disasters. The study included a telephone survey of 202 FBCOs that provided hurricane-related human services in the Gulf Coast region and in-depth, field-based case studies of eight organizations in Louisiana and Mississippi that provided such services.

The telephone survey offers quantitative information on the types of FBCOs that participated in relief and recovery efforts, the services provided, individuals served, and the monetary and human resources and networks and collaborations used to provide such services. Information was collected between November

#### ABOUT THIS BRIEF

*This research brief examines the relief and recovery services provided by faith-based and community organizations (FBCOs) in the Gulf Coast region after hurricanes Katrina and Rita in 2005. The study included a telephone survey of 202 FBCOs that provided services and case studies of eight organizations. This brief summarizes the findings from the full report “The Role of Faith-Based and Community Organizations in Post-Hurricane Human Service Relief Efforts,” available on ASPE’s website: <http://aspe.hhs.gov>.*

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2007 and February 2008 from a stratified random sample of FBCOs in the Gulf Coast region. Of the 202 respondents, 120 self-identified as faith-based organizations and 82 as secular nonprofits. Most of those who identified as faith-based were religious congregations, though a small number (14) were professional human service providers.

The case studies used field-based semi-structured interviews with leaders of the study organizations and others with whom they interacted or who may have influenced the assistance provided. Site visits were conducted between May and July 2008. The purpose of the case studies was to understand how eight organizations in different communities and with different purposes before the storms responded to the disaster. The case studies explored what motivated these organizations to respond as they did, how they related to the larger web of disaster responders, and whether the efforts of these generally smaller or nontraditional responders will be sustainable over time or replicable in future disasters.

## Major Findings

The study addresses five broad questions: (1) what are the characteristics of FBCOs that provided disaster-related human services; (2) what services were provided, and to whom; (3) what resources (monetary, material, and human) were used to deliver services; (4) what networks facilitated the ability of FBCOs to deliver services; and (5) what lessons can be learned from these relief efforts?

### *Characteristics of FBCOs and Catalysts for Response*

The survey found a wide range of FBCOs provided assistance after the 2005 hurricanes. Some had operating budgets of less than \$500; others more than \$1 million. Faith-based organizations were considerably older (median age 55 years) than secular nonprofits (25 years). Roughly 20 percent of faith-based organizations in the survey are more than 100 years old. Although hurricanes are common in the region, two-thirds of survey respondents said this was the first time they provided relief services after a hurricane.

The case study organizations, with one exception, were new to disaster work, or newly created specifically to respond to the storms (Table 1). Half the organizations were secular and half were faith based, but because the cases selected involved relationships with other organizations, the case studies illustrate a complex network of public and private faith-based and secular organizations. While religious conviction may have provided personal motivations to respond to the disaster, the overall humanitarian response and specific catalyst for involvement is often indistinguishable between religious and secular organizations.

The magnitude of the disaster was the primary reason that FBCOs in the case studies responded. The level of devastation, the influx of evacuees in communities along the exit routes, and the inundation of cash, material donations, and volunteers both inspired engagement and demanded management and coordination (e.g., to sort, store, and distribute goods and to house, feed, triage or supervise volunteers) on a level never before needed. The magnitude also focused attention on the personal and social dimensions of the disaster, including permanent loss of housing, widespread family dislocation and emotional trauma, and the particular vulnerabilities of low-income minority populations. While some FBCOs may respond in future disasters as they have in past disasters, the magnitude of the disaster in 2005 raises the question of who and how many would respond in future disasters.

Traditional models for disaster response were severely challenged. They did not have sufficient trained staff, resources, or protocols to provide more than limited and short-term assistance. The Red Cross and FEMA were perceived as overwhelmed by the magnitude of the storm and the duration and nature of need. The use of rotating teams as the emergency endured, using outside volunteers unfamiliar with the local area and unable to make meaningful referrals, was criticized. FEMA was also criticized for its slow, rigid bureaucracy and the absence of a strategy to provide appropriate social services along with emergency housing. This motivated newcomers to try to help and spawned new approaches to both relief and recovery. Some case study respondents chose to work outside the formal long-term recovery structures to avoid red tape and bureaucracy. Some had concerns about transparency and equitable treatment of cases.

**Table 1. General Characteristics of the Eight Cases**

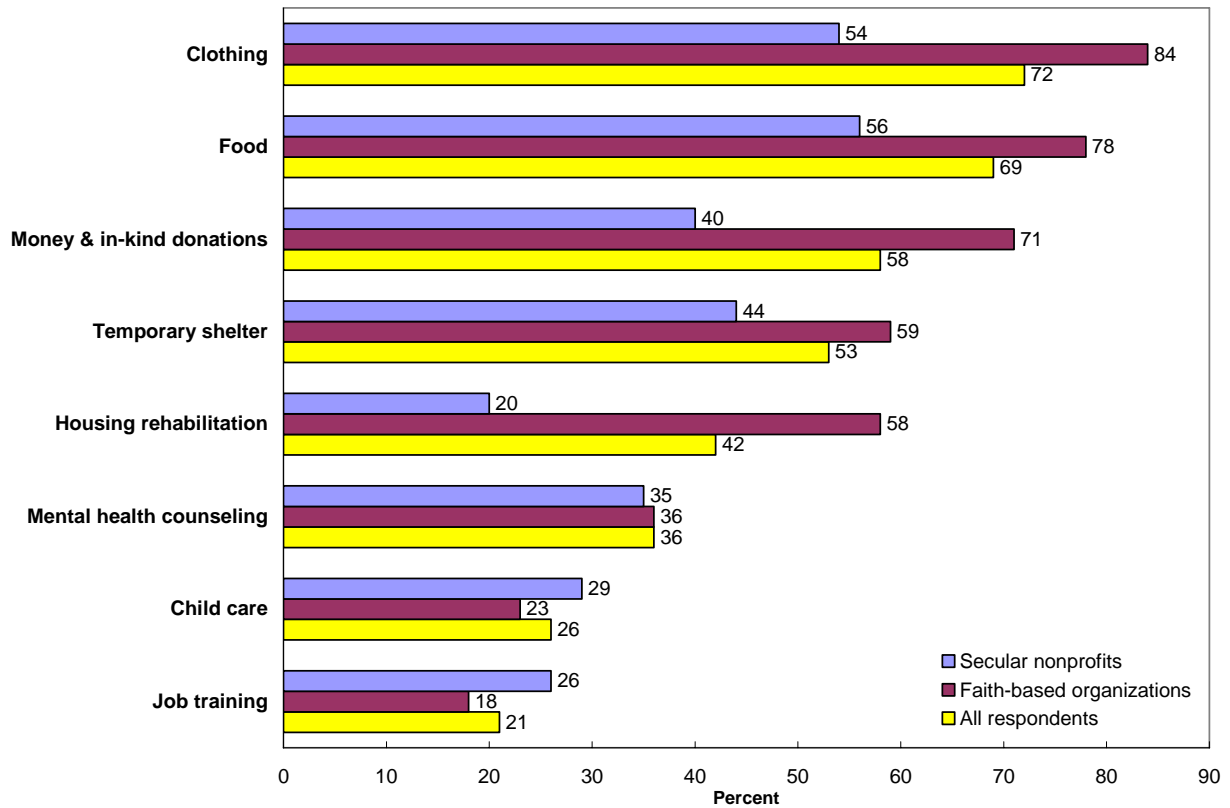
Case	Faith-based or secular	Location	Area of direct impact	Outside area of impact	Organizational mission	Created in response to storm	Over \$1 million for disaster response
<b>Louisiana</b>							
Common Ground Health Clinic	Secular	New Orleans	✓		Emergency and primary health care for Algiers community	✓	✓
Community Initiatives Foundation	Secular	Baton Rouge		✓	Advocacy and services for displaced children	✓	✓
Greater New Orleans Disaster Relief Partnership	Secular	New Orleans	✓		Regional coordination of long-term recovery services	✓	✓
Partners in Prayer for Schools	Faith-based	Lake Charles	✓ (Rita)	✓ (Katrina)	Reduction of violence through prayer and volunteerism in schools		
St. Luke’s Episcopal Church	Faith-based	Baton Rouge		✓	Lutheran church and day school		
Vermilion Faith Community of Care	Faith-based	Abbeville	✓ (Rita)	✓ (Katrina)	Unification of Vermilion Parish faith community for disaster-related services		
<b>Mississippi</b>							
Community Care Network	Faith-based	Ocean Springs	✓		Reintegration of homeless women from adult detention centers or substance abuse programs		
Hope Haven	Secular	Waveland	✓		Licensed shelter for abused and neglected children		

*Services Provided*

Disaster response can generally be divided into two phases—the immediate rescue and relief services and long-term recovery services—although the distinction between the two sometimes blurs. Roughly 70 percent of survey respondents provided immediate relief services, such as food, water, clothing, and temporary shelter. A higher proportion of faith-based groups (predominantly congregations) than secular nonprofits provided these services (Figure 1). Three-quarters of the faith-based organizations reported providing spiritual counseling. In contrast, fewer FBCOs provided long-term recovery services. Housing repairs were the most common long-term service (reported by 42 percent of FBCO respondents), while only 20–30 percent provided other types of long-term services that might aid in resettlement, such as mental health counseling or job training.

Chance explained the direction that the case study responses often took. Thus, many study organizations performed a range of functions as needs and resources changed over the course of the disaster. These might include management of donations, volunteer housing and coordination, case management, and various direct health and human services.

**Figure 1. Percent of FBCOs Providing Immediate and Long-Term Services after Hurricanes Katrina and Rita, 2005**



Source: Urban Institute 2007–08 survey of FBCOs in Louisiana, Mississippi, and Houston.

Distance from the storm affected the speed with which FBCOs responded. The survey found that FBCOs away from the storms’ immediate impact were both quick to respond and to leave—that is, more than half ended their assistance within three months. Fewer FBCOs in the primary impact areas responded immediately, no doubt because of the devastation in these areas and the restrictions imposed on returning to areas under evacuation orders that lasted many weeks after the storms. But at the time of the survey, more than half the FBCOs in the primary impact area were providing some long-term recovery services.

### *People Served*

Estimating the numbers of people served during a crisis is extremely difficult. Often records were not kept on the number of people helped, and for those organizations that did keep records, definitions of units of service are unclear, do not easily translate into individuals served, and are often not comparable across organizations. Providers who offered highly professionalized services, such as in a health clinic, or services that require liability waivers, for example for volunteers, are likely exceptions.

Survey respondents provided rough estimates of the number of people helped. About a quarter of the respondents reported serving fewer than 50 people, and almost a fifth reported more than 1,000. The median number was 112. These numbers may represent multiple services to the same individual.

The case studies illustrate that some emergency services, such as food, water, or cleaning supplies, might be provided to the same people over and over—for example, an organization might distribute thousands of cases of water within a neighborhood of 100 or fewer people repairing their homes. A few organiza-

tions housed hundreds of volunteers for very short stays, and the numbers that received home repair assistance might be fewer than 100 for any organization in a year.

Determining who received assistance can also be problematic. Survey respondents most frequently described recipients as low income and families with children. For case study organizations rebuilding houses, determining who was eligible to receive services was often not well thought out and likely to be based on personal judgment without uniform standards about need or deservedness. Such organizations often made no attempt to use income levels or prospects for insurance reimbursement or other assistance as a screen for service. Income and other assistance received was typically a part of a long-term recovery committee's review process, but some in the field complained about the lack of transparency in needs assessments.

Neither the survey findings nor the case studies provide a clear picture of how individuals were triaged for help. Some in the case studies gave accounts of unprecedented generosity regardless of race or class. But these stories contrasted with other recounts of chaos and heavy-handed response by some law enforcement units. These conflicting perspectives speak to the need to better understand how assistance is distributed and how order can be maintained with equanimity in a major crisis.

Some in the field noted that oversight took a back seat in the emergency response because of the magnitude of need and to allow for more flexibility in the delivery of assistance. The lack of guidelines and specificity for designated use of funds, populations served, service units, or standards about what constituted need raises questions about equitable treatment among those in need and how to balance accountability and flexibility in the context of an emergency.

### *Staffing*

In the first few months after the storms, paid staff and volunteers were both called upon to deliver relief and recovery services. Over half (53 percent) of the FBCOs in the survey used paid staff to deliver their post-hurricane services, but the number of paid employees was relatively small (median of five). Secular nonprofits were more likely than faith-based organizations to use paid staff, but the difference in number of staff used was small (median for secular nonprofits was 7; for faith-based organizations, 4).

Finding and maintaining staff after the storm was often challenging. Several case study informants in the New Orleans area reported losing most of their staff because of lack of housing and basic infrastructure in the city, and some were still trying to get back to full staffing capacity. Employees were often in other states and out of contact, making it impossible to anticipate their return to jobs or to help in other ways in relief and recovery efforts. First responders are likely to be unavailable if their own families have not been provided for, and this may require prearranged plans.

On the other hand, leaders in several case study organizations were high-energy people able to donate large amounts of time, sometimes pro bono, in part because their own lives had not returned to normal. Some brought expertise in management, housing operations, logistics training, human service delivery, or working in stressful circumstances. Others had connections to community and political institutions that they used to catalyze funding and craft services based on unique understandings of services and populations. Several leaders understood the limits of their expertise and connected with experts in the area or elsewhere to broaden their services and skill sets. Informants noted the importance of perceived legitimacy in working with traumatized individuals, and of a sustained presence.

About three-quarters of FBCO survey respondents used volunteers, with the median number of volunteers used each week around 20. There was a very small difference between faith-based (median of 21) and secular groups (median of 18). Only 10 percent of FBCOs reported using more than 100 volunteers. For most FBCOs in the survey, the volunteer workforce increased substantially after the hurricanes. Volunteers were important to the recovery operations, and most survey respondents were very satisfied with their experiences working with volunteers; however, a few acknowledged that problems arose with the types and numbers of volunteer groups coming to help.

In the case studies, the number and ways volunteers were used varied greatly. Two or three volunteers could run a mobile van that served hundreds, while a team of 10 to 12 might rebuild one storm-damaged house. The studies also illustrate that the distinction between paid staff and volunteers was sometimes blurred; many people who lived in the impact areas may have volunteered in the immediate post-storm period while their normal jobs and lives waited to be reconstructed.

Volunteers could also create challenges, including the need for housing, feeding, and careful supervision, as well as liability concerns. Volunteers might come with truckloads of goods but have no place to stay and little money, which could become the burden of the host FBCO. Case study organizations using outside volunteer professionals, such as physicians and nurses, had no way beyond basic licensing of evaluating their quality or competence. Louisiana provided emergency medical credentialing, but basic licensing did not ensure that professionals were well suited to deal with the unique circumstances of this disaster or with populations with which they were unfamiliar. As “demucking” of houses was completed, more skilled labor was needed, and it became harder to fill work orders for rebuilding.

Some case study respondents suggested that some other FBCOs were in “over their heads” (for example, taking on shelters or feeding responsibilities with inadequate experience or resources), less competent to address the specific problems of the populations that needed help, or less experienced in working in collaborative settings and integrating their efforts with others. The finding emphasizes the need for pre-disaster planning and vetting of volunteers that come to help in major disasters.

### *Funding and Donations*

Estimating the cost of providing services was difficult. More than a third of survey respondents (36 percent) did not know how much was spent, did not keep records, or refused to indicate an amount. Of those that provided information, the median expenditure was about \$6,700. Secular nonprofits spent somewhat more than faith-based groups (\$7,500 versus \$6,100, respectively), and FBCOs in the directly impacted areas reported the largest median expenditures (\$10,000). About 10 percent of secular nonprofits reported spending more than \$1 million.

Donations from individuals were the most common source of financial support for survey respondents. Nearly three-quarters received individual donations, followed by support from faith-based organizations and national organizations such as the United Way and Red Cross. Faith-based organizations were most likely to receive support from individuals and other faith-based organizations, while secular nonprofits received support primarily from other nonprofits, individual donors, private foundations, and government. In fact, secular nonprofits were three to four times more likely than faith-based groups to receive support from state and local government.

Only 18 of 202 survey respondents (mostly large FBCOs with budgets over \$500,000) said they applied for reimbursement from federal or state government, primarily from FEMA and other federal agencies. Thirteen of these said the application process was difficult or somewhat difficult, primarily because the process was unclear or required documentation that had been destroyed in the storms.

Funding used for the disaster response by case study organizations ranged from \$42,000 to over \$1 million. Seven of the eight case study organizations received some public funding. One began with seed money from a local foundation, amplified over time by other foundation funding and by formal collaborations that leveraged money from various public and private sources. Available funding and donations have diminished as new disasters and other priorities gain the spotlight.

Case study respondents also indicated that cash and in-kind donations distributed early in the relief efforts were often not well documented, and especially difficult to report if they involved several organizations. Intake and distribution of donations was a problem for many organizations, and some had or created warehouse space to handle the influx. Some became official points of distribution and others just distributed goods as they arrived.

The case studies suggest that FBCOs developed creative ways to use the Internet to seek donations and volunteers from within social and professional networks and the general public. They also used the Internet to match organizational needs with volunteer skills and interest, and to provide a way to communicate when no other was available. One FBCO equipped a van with satellite communications and computer equipment to allow hurricane victims and first responders to communicate their whereabouts and to bring help to devastated areas. Another used a camcorder to broadcast local conditions and attract support, and another set up a 211 information number outside the impact area to help hurricane victims find services they had lost in New Orleans.

### *Networks and Collaborations*

Two-thirds of survey respondents worked with one or more groups to provide post-hurricane services. Nearly half reported that the collaborations were new, and another fifth were a combination of new and old relationships. Most collaborations involved sharing resources, such as space, equipment, and supplies. Being affiliated with a larger entity (such as a religious diocese or national association) did not increase the likelihood that an FBCO reported collaboration, though some national organizations did support their local affiliates, as the case studies found.

All the cases studied involved some level of inter-organizational collaboration; some were formal partnerships, and others were episodic or informal connections. Several also connected with local, state, or federal agencies. Understanding the people and resources of the local area seemed to be a major advantage, and social and professional connections more often than formal organizational affiliations assisted their relief efforts. These connections created access to restricted areas, rebuilding assistance, financial help, or professional expertise, and they permitted sharing of facilities or other resources.

The case studies suggested that many local and small FBCOs are not well connected to the disaster response system or to the larger social welfare system. Contacts with larger human service providers were more often through long-term recovery structures, fortuitous, or the result of doggedness of organization staff. Lack of connection and coordination limited access to an array of services to address transitional or permanent housing, family and legal problems created or exacerbated by the effects of the storm, the need for health and mental health services, and services for people with preexisting and new disabilities—services that were often limited before the storms.

## Lessons Learned

The same humanitarian instinct that motivated FBCOs to respond after hurricanes Katrina and Rita may apply again in a disaster of similar magnitude, but there is little evidence to suggest that FBCOs will be better prepared. The survey found that less than a quarter of the respondents had created new emergency plans, new partnerships, or lists of local services, and more than a third had taken no steps to prepare for a future emergency. Some officials charged with emergency preparedness who were interviewed in the case studies were aware that FBCOs could be an important component of emergency planning, but the details of how they might be included in future disasters were unclear. Yet, several case study organizations were not interested in formally committing themselves or their resources to a role in a future disaster such as being credentialed as an official Red Cross shelter, which would require conforming to Red Cross rules and regulations.

Many organizations that are not traditional disaster responders, including community-based social service providers and local congregations, played important roles in the aftermath of hurricanes Katrina and Rita. The findings from the telephone survey and the case studies suggest several lessons about what roles they might play in future disasters.

- **Those preparing emergency preparedness plans need to better understand the availability and capabilities of FBCOs.** Simply being able to identify who is left after a disaster, what their needs are, and who might provide assistance is critical to a response effort. Incorporating an inventory of local

FBCOs and their contact information into disaster plans would be helpful. Ideally, the nature of their facilities, their capabilities, and prior experience would be included in the plan.

- **Recovery services needed after a disaster of this magnitude extend far beyond the traditional boundaries of emergency relief.** Longer-term recovery activities in a traditional disaster response model are largely focused on physical rebuilding and dependent on a limited circle of organizations providing aid. These traditional models are not well equipped to deal with deep and sustained injuries of disaster victims, both physical and psychological, and they are not well connected to the broader universe of expertise and service delivery systems that might provide appropriate and sustained interventions. Lists of potential governmental and private providers, as well as regional and national specialists in trauma and vulnerable populations, could be developed by local areas to assist in reaching a wider group of experts after a disaster.
- **Many FBCOs involved in long-term recovery appreciate the need to coordinate activities, as evidenced by new attention to data-sharing mechanisms among traditional responders.** The case studies suggest the critical need for coordination among a wider array of providers, including federal, state and local agencies; experts in various specialized interventions; and private donors whose contributions may be critical to success.
- **Major disasters generate major humanitarian responses, which sometimes include those with the best intentions but uneven capabilities.** The case studies suggest the importance of seeking out the best performers—those with proven track records in addressing complex or challenging needs, the ability to work with the populations affected, and the ability to integrate their work with others. Those who are not sufficiently experienced, not culturally competent, or cannot recognize appropriate ways to coordinate their services with others are likely to be less successful in their relief efforts or create problems for others trying to give assistance.
- **Soliciting and managing cash and material donations as well as volunteers is a key to effective disaster response.** Some FBCOs studied learned to use the Internet to disseminate real-time information, reach out for help, solicit and vet volunteers, share databases, and establish 211 directories to identify resources. Government and FBCOs might devise ways to work together to set up web sites to serve as clearinghouses, manage solicitations, and allocate resources, including donations, volunteers, and emergency services.
- **How FBCOs will respond in the future will likely depend on the magnitude of the disaster and the extent of damage they sustain to their own operations.** Many that were new to disaster response learned much about how to provide disaster-related services and how not to repeat mistakes. It would be valuable to incorporate those experiences into disaster preparedness planning, including how to increase flexibility for traditional disaster responders. The fact that social and professional connections were so important to case study organizations reinforces the need to nurture connections, perhaps through strategic conferencing and other methods, to create awareness of how to tap connections before disaster strikes.

The Gulf Coast hurricanes of 2005 have put a new lens on the limits of understanding among researchers and policymakers of the breadth and depth of a major disaster's effects. Collecting and reexamining data on the effects of the storms, particularly on the most vulnerable populations, and incorporating these lessons into planning for future disaster responses is clearly important. Data sharing among organizations, such as FEMA, that have detailed information on hurricane victims could be used to provide follow-up services for people who still need help. These data could be used to support needed evidence-based research on the effects of the storm and outcomes of sustained treatment, particularly mental health services, for individuals who are the victims of major disasters. The data could also provide needed evidence for proposed changes in disaster response planning.



## Notes

<sup>1</sup> According to *the 2005 Louisiana Hurricane Impact Atlas*, 108,456 square miles of land were affected by hurricane Katrina. The measure includes Louisiana, Mississippi, Alabama, Florida and Tennessee. The land area of Great Britain is approximately 95,500 square miles. Accessed November 17, 2008, at [http://logic.lsu.edu/images/hurricanes/2005\\_LAGIC\\_HURRICANE\\_ATLAS.pdf](http://logic.lsu.edu/images/hurricanes/2005_LAGIC_HURRICANE_ATLAS.pdf).

<sup>2</sup> U.S. Department of Homeland Security. 2006. *Current Housing Unit Damage Estimates: Hurricanes Katrina, Rita, and Wilma*.

<sup>3</sup> Louisiana Recovery Authority. 2005. "Addressing the Challenges of Recovery and Rebuilding from Hurricanes Katrina and Rita: Overview of Comparative Damage." Accessed March 8, 2008, at <http://www.lra.louisiana.gov/assets/12212005.ppt>.

<sup>4</sup> See for example, Tony Pipa, 2006, *Weathering the Storm: The Role of Local Nonprofits in the Hurricane Katrina Relief Effort*, Washington, DC: The Aspen Institute Nonprofit Sector Research Fund; James J. Carafano and Richard Weitz, 2006, *Learning from Disaster: The Role of Federalism and the Importance of Grassroots Responses*, Washington, DC: The Heritage Foundation; and the 2005 Louisiana Survey Post-Hurricane Community Audit, conducted by the Public Policy Research Lab, Louisiana State University, Accessed March 8, 2008, at <http://www.survey.lsu.edu/projects.html#2005fla>.

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