

## Part III—The Future: Hindsight, Foresight, and Rear-View Mirror Politics

**Angela M. Eikenberry** is an assistant professor in the School of Public Administration at the University of Nebraska at Omaha. Her main research interests are civil society, nonprofit organizations, and philanthropy and their role in democratic society. She has published articles in *Public Administration Review*, *Nonprofit and Voluntary Sector Quarterly*, and *Administrative Theory and Praxis*.  
**E-mail:** aeikenberry@mail.unomaha.edu

**Verónica M. Arroyave** is a doctoral student in planning, globalization, and governance at Virginia Tech's School of Public and International Affairs. Her main research focus is corporate social responsibility and its role in humanitarian action by way of nongovernmental organizations. She has several years of experience working with global health and humanitarian organizations.  
**E-mail:** varroya@vt.edu

**Tracy Cooper** is a doctoral student in planning, globalization, and governance at Virginia Tech's School of Public and International Affairs. Her main research interests are leadership issues affecting international nongovernmental organizations, humanitarian relief, and international development.  
**E-mail:** coopertl@vt.edu

**Angela M. Eikenberry**  
University of Nebraska at Omaha  
**Verónica Arroyave**  
**Tracy Cooper**  
Virginia Tech

## Administrative Failure and the International NGO Response to Hurricane Katrina

*The devastation caused by Hurricane Katrina and the subsequent failure of government agencies and public administrators elicited an unprecedented response by international nongovernmental organizations (INGOs) to a disaster in the United States. This paper focuses on why so many INGOs were compelled to provide humanitarian assistance and relief in the United States for the first time and the administrative barriers they faced while doing so. What does such a response reveal about administrative failures in the wake of Katrina, and what might the implications be for reconceptualizing roles for nonprofit and nongovernmental organizations in disaster relief? The authors answer these questions using data from interviews with INGO representatives, organizational press releases and Web sites, news articles, and official reports and documentation.*

Hurricane Katrina created one of the most devastating “natural” disasters in United States history. The poor response to Hurricane Katrina may rank as the biggest administrative failure in U.S. history (Kettl 2005, 2). It may also serve as a defining (or redefining) moment in the role that nongovernmental organizations play in providing disaster relief and humanitarian assistance in the United States. Although several official government reports have recognized widespread nonprofit and voluntary assistance in response to Katrina (Fagnoni 2005; U.S. House 2006; White House 2006), public administration and policy literature published to date has largely ignored this response (for at least one exception, see Waugh and Streib 2006).

Our focus in this essay is the unparalleled response by *international* nongovernmental organizations (INGOs) to a disaster in the United States in the wake of Hurricane Katrina. *Nongovernmental organization* is the term typically used to discuss nonprofit-like organizations operating outside the United States.

*International* NGOs operate across multiple countries or regions as opposed to operating in a single country. Oxfam, Save the Children, Amnesty International, and World Relief are well-known examples of INGOs (though they do not necessarily represent the vast majority of INGOs that are smaller in size, scope, and assets). In comparison to U.S.-based *nonprofit* organizations—legal entities operating in the United States that conduct work related to the arts, education, health care, and social welfare—INGOs typically serve developing countries and regions, frequently conducting work in areas related to development, humanitarian assistance, and advocacy (Anheier 2005).

In the case of Katrina, more than one dozen INGOs provided significant humanitarian assistance and relief for the first time *ever* in the United States; INGOs such as the International Rescue Committee, Oxfam, and UNICEF had never before, in their decades-long histories, responded to a humanitarian crisis in the United States until Katrina. Although 9/11 elicited a strong response from local and national nonprofit

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organizations and emergent or spontaneous volunteers (Lowe and Fothergill 2003), the attacks did not compel as considerable a response from the international community (Richard 2006).

Such an unprecedented response by so many INGOs—in addition to offers of aid from many small and developing countries around

the world (Richard 2006)—is astounding considering the common perception that the United States is a world leader in helping other countries in times of crises.

A growing body of literature is emerging to make sense of the government and public bureaucracy's inadequate response to Katrina, but very little of this literature has focused on the INGO response. Why were so many INGOs, several of which had been in existence for decades and were headquartered in the United States, compelled to provide humanitarian

assistance and relief in the United States for the first time? What does this response reveal about U.S. government administrative failures in the wake of Katrina? What might the implications be for the future roles that nongovernmental organizations might play in responding to disasters and other emergencies in the United States? We answer these questions using data from 12 interviews with representatives of INGOs responding for the first time to a disaster in the United States, supplemented by eight interviews with representatives of INGOs that rarely provide relief in the United States. We also draw on data from organizational press releases and Web sites, news articles, and official government reports and documentation.<sup>1</sup>

The rest of the article is organized in the following manner. First, we provide an introduction to humanitarian disaster relief, with a focus on the response to Katrina and the roles played by nonprofits and INGOs. Next, we discuss the reasons for the substantial INGO response to a disaster in the United States. The findings indicate that INGOs responded largely because of pressure from donors, staff, and organizational leaders in the affected area, all of whom were reacting to the horrifying images on television and perceived lack of response by the U.S. government and administrators. Another layer of failure emerged in the state and federal government's lack of coordination in relation to international and local nongovernmental relief efforts. Finally, the article closes with a discussion of the implications of the findings for reconceptualizing nonprofit and NGO roles in disaster relief. We argue that in the face of eroding state capacity, the growing expectations for nonprofits and NGOs to assist and even play a leadership role in disaster response must be balanced against their own shortcomings and complexities.

### **The International NGO Response to Hurricane Katrina**

In the last decade, disasters have occurred with increasing frequency, magnitude, destructiveness, and cost around the world, raising the need for adequate preparation to respond immediately and effectively to disasters (Annan 1999; Brough 2002). The overall goals of disaster relief are "to reduce physical, social, and economic vulnerability and to facilitate the effective provision of short-term emergency assistance and longer-term recovery aid" (Tierney, Lindell, and Perry 2001, 256). To achieve these goals, an overwhelming number of participants is often needed during disaster relief efforts: coordinating agencies, transportation agents, freight forwarders, health personnel, government agencies, the media, recipients, and increasingly, nongovernmental organizations, donors, and volunteers.

Nongovernmental organizations have always played an important role in disaster relief operations around the world; however, this role has grown substantially in

recent years (Özerdem and Jacoby 2006). A central reason for this is that civil society organizations, especially NGOs, have become the "magic bullet" for solving all types of collective problems in the face of extensive government cutbacks and privatization (Chandoke 2003; Edwards and Hulme 1995).<sup>2</sup> A growing number of INGOs dedicated to relief and development have taken on a large portion of this burden. It is estimated that INGOs dedicated to relief and development have combined expenditures totaling more than \$13 billion, nearly equal to the official aid budget of the United States in 2003 (Anheier and Cho 2005, 1).

By most official accounts, nonprofit and nongovernmental organizations played a substantial role in the response to Katrina. According to the White House report on Katrina, "virtually every national, regional and local charitable organization in the United States, and many from abroad, contributed aid to the victims of Hurricane Katrina" (White House 2006, 125). Testimony by the U.S. Government Accountability Office also recognized the widespread provision of charitable assistance in response to Hurricanes Katrina and Rita (Fagnoni 2005), and the final report of the U.S. House Select Bipartisan Committee to Investigate the Preparation for and Response to Hurricane Katrina highlighted contributions by charitable organizations (although noting some of the shortcomings of these efforts, especially by the American Red Cross) (U.S. House 2006). In total, it is estimated that \$3.3 billion in private donations was raised in response to Katrina. The American Red Cross garnered most of this (\$2.1 billion), but Mercy Corps and World Vision—INGOs headquartered in the United States—received \$10 and nearly \$11 million, respectively (Kerkman 2006).

Despite their remarkable contributions to the Katrina relief efforts, little has been written about the INGO response to Katrina (for exceptions, see Pipa 2006; Strom 2006; Wilhelm 2005). While INGO relief efforts typically focus on developing countries and territories, the destruction caused by Katrina and subsequent administrative failures to respond led more than one dozen INGOs to provide humanitarian relief for the first time in the United States. (Table 1 provides brief information about each of these organizations, and Box 1 summarizes actions taken by some of these organizations.) These "first-time responders" did so in many cases by disregarding their missions and organizational mandates. In at least two cases, the INGOs responded even though they had organizational mandates in place stating that they only work outside the United States. In two other cases, by charter, the organizations typically do not respond to disasters because they focus on long-term health development. Oxfam America also indicated that responding to Katrina was a major shift in organizational policy (Oxfam American 2005). Why such an unprecedented response, and

**Table 1** INGOs Providing Disaster Relief for the First Time in the United States in the Wake of Hurricane Katrina

Organization	Year Founded	Headquarters	Typical Areas of Operation	Focus
American Refugee Committee	1978	Minneapolis, Minnesota	Balkans, Guinea, Liberia, Pakistan, Rwanda, Sierra Leone, Sri Lanka, Sudan, and Thailand	Health care, shelter repair, legal aid, trauma counseling, community development services, and repatriation assistance
CARE USA	1945	Atlanta, Georgia	Asia, East/Central Africa, South/West Africa, Middle East, Europe, and Latin America	Special focus on women; basic education, AIDS, sanitation, economic development, environmental protection, and emergency relief to survivors of war and natural disasters
Interchurch Medical Assistance	1960	New Windsor, Maryland	Africa, East Asia, Near East, East and South Asia, Central and South America, and Eastern Europe	Emergency aid, health, and development
International Medical Corps	1984	Santa Monica, California	Africa, Asia, and the Middle East	Primary health care, women's health care, disaster response, AIDS, mental health, malaria response, sexual exploitation and gender-based violence, and restoring livelihoods
International Relief and Development	1998	Arlington, Virginia	Balkans, Asia, Africa, and the Middle East	Civil society building, health, food security, relief, economic development, and infrastructure
International Rescue Committee	1933	New York	African Great Lakes, Asia, Caucasus, Horn of Africa, West Asia, and United States	Refugee rescue, anti-trafficking, emergency aid, gender-based violence, health, immigration assistance, post-conflict development, and child survival
Islamic Relief*	1984	Buena Park, California	Africa, Asia, and Europe (Balkans)	Education and training, water and sanitation, income generation, orphan support, health and nutrition, and emergency relief
Jewish Health Care International	1999	Atlanta, Georgia	Former Soviet Union and Eastern Europe	Health care, medical absorption initiative for Ethiopian immigrants in Israel and the United States, National and International Jewish Disaster Relief Corps
Mercy Ships*	1978	Garden Valley, Texas	African, Americas, Asia, and Eastern Europe	Surgeries and health care, community empowerment
Oxfam America	1970	Boston, Massachusetts	United States, Central America, Mexico, and Caribbean, South America, West Africa, Horn of Africa, Southern Africa, and East Asia	Poor people's rights, natural resources, peace & security, equality for women, indigenous and minority rights, and trade
Project HOPE	1958	Millwood, Virginia	Africa, the Americas and Caribbean, Asia and the Middle East, and Central Eastern Europe	Infectious disease, women's and children's health, health professional education, health system and facilities, and humanitarian assistance
Save the Children	1932	Westport, Connecticut/Washington, D.C.	Africa, Asia, Latin America-Caribbean, Middle East-Eurasia, and the United States	Economic opportunities, education, emergencies and protection, health, and hunger and malnutrition
U.S. Fund for UNICEF	1947	New York	Americas and Caribbean, Eastern and Southern Africa, West and Central Africa, Middle East and North Africa, Central and Eastern Europe, Commonwealth of Independent States, East Asia and the Pacific, and South Asia	Early childhood development, immunization and malnutrition, girls' education, child protection, and HIV/AIDS
World Relief*	1944	Baltimore, Maryland	Africa, Asia, Latin America, and the Balkans	Disaster response, child development, maternal and child health, AIDS, agriculture, microfinance, refugee care, immigration service, and trafficking victim protection

\*These organizations responded to earlier disasters in a minimal or informal fashion, but each identified Katrina as their first official and full-fledged response to a disaster in the United States.

what happened during this response? Answering these questions may help us understand the administrative failures in the wake of Katrina.

## **Administrative Failures in the Wake of Hurricane Katrina**

The INGO response to Katrina revealed failures by multiple levels of government and public administrators

in at least two ways. First, there was perceived failure by all levels of government in the immediate response to the disaster. This led staff, donors, and organizations in the affected area to pressure several INGOs to take action. Second was the administration's failure to plan for and coordinate nonprofit and INGO relief efforts, which made it more difficult for staff and volunteers to respond. We address each of these failures next.

### ***BOX 1. Examples of First-Time INGO Responses to a Disaster in the United States in the Wake of Hurricane Katrina\****

The **American Refugee Committee** (ARC) first organized and led a relief team of experts in public health, primary health care, sexual violence prevention, mother–child health care, shelter, and logistics to the Gulf Coast. It then led Operation Minnesota Lifeline, a coalition of Minnesota organizations, to provide medical assistance to hurricane survivors. According to Hugh Palmer, president of ARC, even though committee ARC is an international nonprofit organization with humanitarian operations overseas, “because we at ARC have special expertise in providing relief to displaced people around the world, we have offered our expertise in addressing relief needs—such as water, sanitation, shelter, and health care—to both the Federal Emergency Management Agency and the American Red Cross” (ARC 2005, para. 4).

**Interchurch Medical Assistance** (IMA) was created in 1960 to support overseas church-based health development and emergency response activities. It “had never been called on to assist with a domestic disaster until Hurricane Katrina hit the Gulf States” (Interchurch 2006, para. 2). As the extent of the damage became evident in the days immediately following the hurricane, IMA's member relief and development agencies called on the organization to provide IMA Medicine Boxes of emergency medicines and supplies to be placed in shelters for use by medical personnel treating the health needs of displaced persons.

**International Medical Corps** (IMC) dispatched two rapid response teams to the affected areas immediately following Hurricane Katrina, using expertise gained from years of working in disaster settings to help assess the needs of hurricane survivors. Following its initial response, which addressed the immediate disaster-related needs of those living in shelters throughout Louisiana, IMC formalized plans for three programs: primary health care support, psychosocial support, and direct assistance for community-based organizations responding to the Katrina disaster in the form of a small grants initiative.

Within a few days of Katrina, **International Relief and Development** (IRD) sent a team to the Mississippi Gulf Coast to assess how best to contribute to relief and recovery efforts. Within a month, IRD had distributed nine tractor-trailer loads of food, water, clothing, and health supplies to Biloxi, Gulfport, and other coastal towns in Mississippi. The supplies included everything from meals and hygiene products to bicycles and stuffed animals. In addition to responding to emergency needs, IRD created IRD-US, whose mission is to reduce the suffering of vulnerable groups in the United States and provide the tools and resources needed for their self-sufficiency. In November 2005, IRD-US established a Gulf Coast Social Services Center in Gulfport to assist hurricane survivors as they navigated existing social services while providing assistance with legal services and financial planning.

The **International Rescue Committee** (IRC) typically focuses on humanitarian aid for victims of war and persecution. In response to Katrina, they dispatched an Emergency Response Team to Louisiana to provide support to local organizations in the areas of public health, emergency education, and mental health counseling for children and adults and then aided in relocation assistance to Katrina evacuees. According to George Rupp, IRC president, “Normally, we respond to international crises caused by humans, not natural disasters in this country.... But when we received an urgent plea for help from people in Louisiana, we decided we had to act” (Rupp 2005, para. 2).

**UNICEF** does not normally engage in advocacy and fund-raising efforts outside its mission to support children worldwide. Hurricane Katrina marked the first time since the organization was founded in 1946 that UNICEF was asked to assist with an emergency response in the United States. Recognizing that Hurricane Katrina had left hundreds of thousands of school-age child evacuees without classrooms and school supplies at the start of the traditional school term, the U.S. Fund for UNICEF coordinated the delivery of UNICEF “School-in-a-Box” kits to several aid partners assisting the displaced population. Additionally, Trick-or-Treat for UNICEF, for the first time in its 55-year-history, helped raise funds for American children, with 50 percent of the proceeds benefiting UNICEF's Hurricane Katrina relief efforts.



### **Administrative Failure I: Perceptions and Pressures**

It is clear that the humanitarian response to Katrina was fraught with difficulties. The list of bureaucratic breakdowns is long and troubling, involving government at all levels (see Clarke 2005; Giroux 2006; Graham 2005; Jackson 2005; Kettl 2005; Krause 2005; Lukes 2005; Perrow 2005; Roberts 2005; Sobel and Leeson 2006; Tierney 2005; Wachtendorf and Kendra 2005). In particular, absent before the event were specifics about how federal, state, and local governments and the private and nonprofit sectors were supposed to interrelate and thus create a “common operating picture” for their response (Wise 2006, 303). Regardless of the reasons for these failures, what appeared on television screens all over the world evoked a need by many to “do something.” Katrina was the first hurricane to hit the United States amid continuous television coverage (Dynes and Rodriguez 2005). Masses of impoverished Americans, who normally remain unseen, received continuous exposure as the disaster unfolded (Dominguez 2005). According to Bankoff (2005), “the extensive media coverage that Katrina received graphically demonstrated to the rest of the world that no one country has an exclusive monopoly on poor people, opportunistic looters or ineffectual officials.” Katrina revealed just how alike the United States is, in many ways, with the rest of the world, as highlighted in an editorial in Kenya’s *Daily Nation*: “My first reaction when television images of the survivors of Katrina in New Orleans came through the channels was that the producers must be showing the wrong clip. The images, and even the disproportionately high number of visibly impoverished blacks among the refugees, could easily have been a re-enactment of a scene from the pigeonholed African continent” (Murunga 2005).

Such disturbing imagery and the perception that not enough was being done to respond explains a large part of the reason for the substantial INGO response to Katrina. In particular, the images on television led donors and staff to pressure INGOs, who normally would not respond, to do so. As one interviewee put it, “the money just start[ed] to come and ... there’s just that kind of pressure in general, to respond” (telephone interview, November 16, 2006). Because donors expected their dollars to be used for Katrina, these INGOs felt compelled to act.<sup>3</sup> Several of those interviewed and other news stories also discussed how staff felt driven to contribute their skills to the relief efforts and so put pressure on their organizations to respond. At least five INGOs were contacted by local organizations in the devastated area to ask for the help that they were not getting from U.S. government agencies or the American Red Cross.

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According to an International Rescue Committee press release,

After Katrina hit, officials from the Baton Rouge Area Foundation, Louisiana’s largest community foundation, spent a futile 24 hours trying to contact federal and state officials for advice on how to cope with the growing number of people driven from their homes by the storm. They decided to call the IRC, says John Davies, the foundation’s president, because of its experience with similar situations around the world. “This was a Banda Aceh-type crisis,” Davies says. “We went and found the guys that did Banda Aceh.” (IRC 2006)

There was a general perception among the INGOs we interviewed and other communications that the administrative response to Katrina was wholly inadequate. For example, Oxfam America responded because of what it described as the “fumbling of government coordination and relief efforts” (2005, para. 7). Oxfam America typically focuses its efforts on countries that lack the means to respond on their own. However, massive “institutional failure during the Katrina crisis at all levels of government in the United States has changed the agency’s operating practice” (para. 8). International Medical Corps gave similar reasons for responding once it realized that federal and state officials had rarely dealt with displacement and destruction of such magnitude (IMC 2006, 3). In addition, World Relief quickly

came to the aid of churches across the devastated areas outside of New Orleans because neither the Federal Emergency Management Agency (FEMA) nor the American Red Cross had reached these areas. According to Bruce Wilkinson of Pump Ministries, “The only thing working here [on the

Mississippi shore] is the churches. They have united together and they are acting like a machine” (World Relief 2007, para. 8).

These perceptions of the response to Katrina are in stark contrast to how INGOs and others perceived the response to the 9/11 terrorist attacks. Nonprofits and volunteers were active in the response to the terrorist attacks (Lowe and Fothergill 2003; Sutton 2003); however, they appeared to play only a supplemental role in actual on-the-ground relief efforts (Kapucu 2005; Lowe and Fothergill 2003). As one of our interviewees stated, “In 9/11 it is not like anyone looked to NGOs to do something” (telephone interview, March 6, 2007). The reason for this may be that in this response, the global public witnessed a quick, steady government hand at the helm in providing relief and

recovery.<sup>4</sup> According to one first-time responder INGO representative,

9/11 was considered a one-time incident wherein both the state and federal response were adequate and well handled; it had no long-term implications besides psychological/mental health implications. NYC and the Feds handled this well. However, Katrina was not an incident, it was a natural disaster that took place over a longer period (9/11 was a one-day incident) ... people were displaced, livelihoods lost, homes destroyed, it became a population movement ... similar to what [name of INGO] responds to abroad ... state and federal response was poor and slow ... we felt compelled to step in and aid in the response. (Personal e-mail, February 13, 2007)

Nongovernmental organizations and INGOs were not called upon or pressured to help as they were with Katrina, and so the nonprofit and INGO response to Katrina seemed to take on an entirely new level of magnitude compared to 9/11. In particular, the international response to Katrina was unprecedented and unexpected (Richard 2006).<sup>5</sup>

### ***Administrative Failure II: Lack of Planning and Coordination***

Once INGOs made the decision to respond to Katrina, they encountered several barriers that are also revealing about administrative failures in the wake of Katrina. It seemed to all of the INGOs we interviewed that chaos reigned in the aftermath of Katrina. It is now clear from various sources that there was no effective coordinating structure in place to integrate the multitude of charitable organizations that responded to Katrina. As Pipa describes,

[M]any in the charitable sector soon became bewildered by the impression that they were mostly on their own. Whereas they anticipated fitting into a system that simply needed to expand its capacity, they soon became uncertain whether there was a system at all. They had a difficult time determining where to direct important information about their activities and their needs, and how to communicate with others involved in providing crucial supplies and services. (2006, 15)

This was confirmed by several of our interviewees. As one person noted,

The perception is that in the U.S. there is so much infrastructure in place. That, therefore, the immediate response type of things that you would have in a third world or developing nations or whatever, you kind of expect that

government agencies, state and local and other infrastructure will, in fact handle this, and then you kind of fill in the gaps... However, in cases like Katrina, that was absolutely false. (Telephone interview, November 23, 2005)

Another respondent told us that “FEMA was largely pre-occupied with coordination of and between official entities. That left the ‘private’ aid organizations to coordinate themselves. This was also difficult as most of them were faith-based and so tended to forget or have trouble recognizing any agency that was not faith-based or not local.” (Personal e-mail, March 8, 2007).

For many of these INGOs, highly knowledgeable about responding to disasters around the world, the experience working in the United States was especially confusing because, as opposed to the standards and protocols that typically guide relief efforts in the international arena, there seemed to be no such standards and protocols in place to guide domestic relief efforts. We describe the international disaster response system in more detail below.

When INGO staff attempted to contact government agencies to determine where to concentrate their resources, the agencies either did not respond at all or responded in a less than timely manner. One interviewee described the experience this way:

We had never done disaster relief, so we had no experience with disaster relief and we were not going to really do anything.... and as you remember every day we saw how, I am trying to say this nicely ... how limited and how awful the [government agency's] offices were.... I don't know if you were aware but you couldn't get on to their Web site, you couldn't get through to their phones and so we are watching saying there is a huge need for doctors and nurses, for everything and nobody could get through to anybody to tell them they needed to come. (Telephone interview, February 21, 2007)

In another case, once the INGO did link up with local government agencies, there was a great deal of confusion about what resources were available. According to one INGO representative,

Local officials who were very supportive of our work were also interested in providing us with resources but they were unclear of what resources they would have and how to dispense them in this case. The same thing occurred at the state level. There was interest in supporting our work but a lack of clarity and understanding or the resources available.... Officials and ourselves were left waiting endlessly for guidance on

how to proceed in obtaining funds. (Personal e-mail, March 8, 2007)

When guidance came from federal officials, it was often confusing or misinformed. For example, one of the INGO representatives we interviewed said, “FEMA was making public announcements that everything was taken care of but the people that we were talking to on the ground were in desperate need of water, nutritionals, medicines. But, of course, the pharmaceuticals were listening to FEMA and so that was hard for us to get the type of products that we needed to do an immediate and appropriate response” (telephone interview, March 6, 2006). Such confusion made it difficult for INGOs to respond in the most effective and efficient manner. Many of those we interviewed said that this confusion and lack of communication and transparency caused their organizations to avoid working with FEMA entirely. In the next and final section, we discuss the implications of these findings.

### Implications: INGO Roles in Future Disaster Response

International NGOs responded to Katrina because they saw an overwhelming need that was not being met. It is noteworthy that some of these INGOs had to change or ignore their own organizational mandates to respond to a disaster in the United States. Many of the INGOs that responded to Katrina for the first time are considered “super NGOs” in their fields. Because of their response to Katrina, several of these organizations have changed their organizational mandates to include the United States in their list of countries to assist in future disasters. This shift or expansion in organizational mandate may have serious resource implications for domestic nonprofits. If larger INGOs enter a region, they will no doubt introduce some degree of competition for scarce resources. Government agencies and donors might favor these larger INGOs over smaller, local nonprofits. Yet these INGOs may also offer leverage to smaller, local nonprofits if they attempt to partner in preparing for and responding to the next disaster. Many INGOs see such partnering as a key strategy in disaster relief preparation and response (Arroyave, Cooper, and Dilanian 2006). In any case, the U.S. government has acknowledged the significant role that nongovernmental institutions—especially faith-based nonprofits—might play in disaster relief efforts. As a future strategy, the White House report on Hurricane Katrina concludes that “state and local governments must engage NGOs in the planning process with their personnel, and provide them the necessary resource support for their involvement in a joint response” (White House 2006, 64).

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Indeed, in the face of extensive government and administrative failures in the response to Katrina, some see a need for near complete reliance on nongovernmental entities (including for-profit corporations) for better disaster response in the future (Freedberg 2005; Smith 2006, 5; Sobel and Leeson 2006). Yet there has been little discussion of the potential for *voluntary* failure to occur in responding to disasters. Salamon (1995, 45–47) defines voluntary failure in terms of philanthropic insufficiency, particularism, paternalism, and amateurism. Nongovernmental institutions can fail in response to problems such as those caused by disasters because they typically have insufficient resources on a scale that is adequate and reliable enough to cope with problems; they have a tendency to focus on particular subgroups of a population and geographic area, which leads to gaps and/or duplication of efforts; they vest authority for defining community needs and response to these needs within the hands of those in command of the greatest resources, thus allocating foregone public revenues without benefit of a public decision making process; and they frequently take an amateur approach to coping with problems. In addition to the failures identified by Salamon, there is the basic reality that nonprofits and NGOs are voluntary entities without the legal authority to coerce, and thus without the power to address long-term and deep-seated problems that create situations conducive to disasters in the first place. According to Özerdem and Jacoby (2006, 18), the diverse and often fragmented character of the NGO/donor sector has significant negative implications for efforts to bring relief to disaster victims, rehabilitate disaster-affected areas, and bring about reconstruction initiatives and reduce hazard vulnerability.

The response to Katrina revealed some of these shortcomings and weaknesses. According to Smith (2006), many nonprofit agencies in affected areas closed altogether or curtailed services because of a lack of resources. In addition, even though there was extensive media coverage, cou-

pled with calls by President George W. Bush to donate funds to “help the good folks of this part of the world get back on their feet” (White House 2005; see also <http://bushclintonkatrinafund.org>), the amount donated in response to Katrina—\$3.3 billion—was quite modest compared to the need; the cost of rebuilding has been estimated at more than \$200 billion. Furthermore, voluntary and philanthropic assistance in response to Katrina concentrated on meeting immediate and basic needs. There was, and still is, a lack of resources and expertise for longer-term and complex services such as job training, child care, mental health counseling, and abuse treatment (Smith 2006, 7). Finally, the planned response by the

city of New Orleans to a potential disaster relied heavily on the hopes that neighbors and congregation members would help New Orleans' immobile population leave the city in an emergency (Kiefer and Montjoy 2006). This clearly was not adequate preparation for the catastrophe caused by Katrina.

Any analysis of the administrative response to Katrina must acknowledge that disasters, even catastrophic disasters, were generally not considered the province of government until the past century, and then primarily at the local level (Waugh 2000, 11; Kapucu and Van Wart 2006, 282). Nonetheless, many have agreed time and again in recent years that there is a need for government leadership in disaster response and recovery. In reaction to Katrina, several proposals have been made for reorganizing the Department of Homeland Security and making other changes to the organization of homeland security. Many have called for greater centralization of authority (Wise 2006, 308–10). Yet much of the disaster relief literature notes that such a hierarchical model is incompatible with the complexity of emergency response. Kweit and Kweit (2006, 388) show the need for coordination through collaborative networks, including an ongoing interaction among actors leading to the development of shared goals to adequately prepare for disaster response. Others have argued a similar point (Comfort 2005; Kapucu and Van Wart 2006; Stephenson and Schnitzer 2006; Waugh and Streib 2006). Furthermore, it is clear from past and recent experience that nonprofits and NGOs (and other private organizations and citizens) will respond to disasters—with or without government approval. Thus, we need to assume this and plan for it—but not rely on it because of the potential failures noted above.

Though recommendations have been made to do more to coordinate nonprofits and NGOs, it is not clear that the umbrella will ever be big enough (Waugh and Sylves 2002, 148) or that nonprofits and NGOs will want to participate in a plan that might constrain or co-opt their own vision and missions. A comment made by one of our interviewees is enlightening here: “We typically don’t like to work with big governments and we like to work with on-the-ground indigenous organizations as much as possible, because they’re there for the long haul and they also know the land, the landscape the best” (telephone interview, November 11, 2005). Thus, there seems to be a tension between the hierarchy of government and the fragmented and independent, grassroots nature of nonprofits and NGOs. A model of disaster response in the United States would have to balance the need for central-

ized coordination with the nature of nonprofits and NGOs—a model that addresses the tension between coordinating nonprofits and NGOs and allowing them freedom to respond as they see fit while addressing the complexities of providing relief.

Such a model may already be found at the international level, involving international standards and procedures that aid in creating a more efficient and effective response (Richard 2006, 45–46). For example, the Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response has served as a guide for NGOs in disaster response efforts since 1997 (see <http://www.sphereproject.org>). The aim of this project is to improve the quality of assistance provided to people affected by disasters and to enhance the accountability of the humanitarian system in disaster response. In addition, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) typically acts as a coordinator of humanitarian emergency response by ensuring that an appropriate response mechanism is established and facilitated to help humanitarian organizations access information to understand the scope of needs in affected areas. The international humanitarian relief system is not perfect, to be sure, but it may be one of the best ways to balance the tensions of loosely coordinating nonprofits and NGOs while addressing the complexities of providing relief. Although FEMA has a similar mandate to that of OCHA, this reality apparently has not been matched by citizen and local government understanding and expectations of FEMA (Stephenson 2006). Thus, there is an immediate, imperative need to clarify the role of FEMA (in the U.S. system and in relation to other international actors such as OCHA) in disaster response and, in particular, how it might coordinate the NGO sector with government efforts. If FEMA should take on the role of nonprofit and NGO coordinator, staff must be open to creating a process that works for all parties involved.

## Conclusion

In their first time responding to a disaster in the United States, more than a dozen INGOs witnessed scenarios similar to those seen in the developing countries in which they typically operate. The substantial response by international actors to Katrina may underscore that the United States has much to learn

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The substantial response by international actors to Katrina may underscore that the United States has much to learn about disaster preparedness, management, and recovery from other nations....

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about disaster preparedness, management, and recovery from other countries, INGOs, and international governing bodies such as OCHA. Our analysis shows that INGOs were compelled to respond in Katrina's aftermath because of perceived and real failures of the U.S. government administration. Though these failures existed, we also argue that in



planning for homeland security, we should not abandon an important and central role for government in disaster response. However, the coordination of relief efforts must also account for an inevitable nonprofit and NGO response to disasters and plan accordingly. We suggest a model that balances the tensions between coordinating nonprofits and NGOs against allowing them freedom to respond as they see fit while also addressing the complexities of relief provision.

## Acknowledgments

The authors wish to thank Maral Dilanian and other students in Virginia Tech's Charity, Philanthropy, and Civil Society class for their contributions to earlier phases of this research. We also extend profuse thanks to the PQMD and INGO representatives who participated in the study. This paper includes original research that was not funded by outside sources.

## Notes

1. Twelve telephone interviews were conducted with a purposefully selected sample of representatives from INGOs identified as first-time responders to a disaster in the United States. We attempted to reach representatives who were most knowledgeable about the organizations' humanitarian relief efforts. These individuals generally had oversight of the management or distribution of aid to devastated regions but are not typically involved directly in on-the-ground efforts. Interviews lasted from 20 minutes to slightly over one hour. In two cases, interviewees e-mailed their responses to our questions about why they had responded to Katrina and the barriers they had faced in their response. A first round of interviews was conducted between November 2005 and March 2006, and a second round of interviews and follow-up interviews from the first round was conducted in February and March 2007. All interviewees were promised anonymity. We supplemented data from these interviews with eight additional interviews with representatives from INGOs that rarely respond with humanitarian relief in the United States, as well as from content analysis of organizational press releases and Web sites, news articles, and other documentation. Interviews were conducted and data were analyzed and written up by three researchers to enhance the trustworthiness of the findings and conclusions.
2. Recent literature indicates that international groups are starting to turn away from NGOs in this regard, looking for the "next magic bullet," though what this might be has yet to be fully articulated (Lewis and Opoku-Mensah 2006).
3. This is in comparison to organizations such as Doctors Without Borders, which in some situations does not accept contributions if they do not fit with its mandate or response level.
4. Even though, as Lowe and Fothergill (2003) note, there was a 72-hour period following the 9/11

disaster when official response organizations were not able to respond in "typical" fashion.

5. The U.S. government had no mechanism in place to accept or process offers of food, supplies and materials, money, or volunteers from abroad (Richard 2006).

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