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Crisis Management for Refugee Populations

Lynn S. Solace

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CRISIS MANAGEMENT FOR REFUGEE POPULATIONS

A Master Thesis

Submitted to the Faculty

of

American Military University

by

Lynn S. Solace

In Partial Fulfillment of the

Requirements for the Degree

of

Master of Arts

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Charles Town, WV

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DEDICATION

I dedicate this thesis to everyone striving to make a difference in someone else's life. From the first responder, to the service member, the student, and the parents working to make sure their children have an opportunity to make a difference in another person's life.

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I wish to thank my friends, family and co-workers that have supported me (even when you didn't realize you were) and understood the importance of this journey for me. I also wish to acknowledge the faculty and staff at American Military University and American Public University. Their level of professionalism far exceeded my expectation of a learning environment.

ABSTRACT OF THE THESIS

CRISIS MANAGEMENT FOR REFUGEE POPULATIONS

by

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American Public University System, May 22, 2016

Charles Town, WV

Dr. Michael Charter, Thesis Professor

The purpose of this research is to examine whether there is a need to introduce refugee populations to disaster preparedness and crisis management training after they resettle. Research was conducted to determine the legal and ethical aspects of disaster management, the effect of cultural and language barriers, the capability of community based organizations, and the need to address refugee trauma. Resilient communities start with acknowledging the individuals that make up the community and understanding their unique strengths and weaknesses in order to build relationships and plan for catastrophe. The conclusion of this research is that while disaster preparedness training is critical to everyone's survival, special emphasis needs to be placed on societies' most vulnerable populations to ensure their needs are addressed and plans are in place to fulfill those requirements if crisis occurs. The obligation is on the whole community to step up and assist through financial support of humanitarian organizations, volunteering to teach English, first aid, or job skills or ensuring that someone has a hot meal and a place to lay their head during an evacuation.

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Crisis Management for Refugee Populations

According to the Arizona Department of Economic Security, 3,925 refugees have arrived in Arizona between January 1 and December 31, 2015 (Arizona Department of Economic Security, 2016). Disaster does not differentiate those affected by race, culture, religion, income level, languages spoken, literacy, or status of home ownership. At times, there is ample warning. At times, disaster just happens.

The problem is the refugee community may be at a greater disadvantage than the general population during a disaster or crisis event. Threats may exist that the refugee population never experienced in their native land. Advanced warnings may be difficult for the refugee to understand because of limitations of language or the media used to deliver the warning. Mistrust of authority or uniformed personnel may exist in the refugee community based on experiences.

The National Institutes of Health defines a traumatic event as “an experience that causes physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world” (U.S. Department of Health and Human Services, 2010). The stimulus and reaction to an event may be different for each person. While one person may perceive an event as traumatic there may be no effect on a person experiencing the same stimulus. Examples of potentially traumatic events may be a move to a new geographic location, the death of a family member or pet, fear, pain, violence, or war. Refugees may have experienced many of the examples as they were seeking a safer home.

As a result of their experiences, refugees may be more susceptible to post-traumatic stress disorder (PTSD). PTSD may present as flashbacks of a previous situation, a feeling of detachment or avoidance, a state of hyperarousal or easy excitability, or an increasing amount of

guilt or blame towards other due to the event (U.S. Department of Health and Human Services, 2014).

The goal of this research is to examine whether there is a need to introduce refugee populations to disaster preparedness and crisis management training after they resettle. Currently, little training is provided for the refugee population, but it may be possible to modify existing programs such as the Citizen Corps' Community Emergency Response Team (CERT) basic training to fill this community's need.

With proper training, refugees may be less susceptible to and better prepared to handle somewhat routine events such as death due to natural causes, minor traffic accidents, or limited loss of property due to burglary or fire. The hope is that the training will also introduce a level of preparedness to the refugee community for extreme events such as the immediate need to evacuate or the complete loss of personal property due to fire or other natural disaster.

Literature Review

Refugee status is a legal form of protection granted to people that are located outside of the United States, are of special humanitarian concern to the United States, and can demonstrate that they were persecuted or fear persecution based on race, religion, nationality, political opinion, or membership in a particular social groups. (U.S. Citizenship and Immigration Services, 2015). Refugees do not choose to leave their homes, but are forced to leave. This differs from the migrant that chooses to leave because they believe there is an opportunity for a better life in another country and still enjoy the protection of their home country (United Nations High Commissioner for Refugees [UNHCR] and Inter-Parliamentary Union, 2001). “The distinction between refugees and immigrants can be vague and tied to United States foreign policy” (Birman, 2006, p. 157). Limited research specifically related to refugee populations as it pertains to disaster preparedness was found during the review. Information relating to vulnerable, special needs, immigrant, and non-native English speaking populations was explored and information as it relates to refugee populations has been extrapolated.

The literature review is presented in four sections. The first section reviews the literature covering the various legal and ethical aspects of planning and providing for refugee populations. The second section is a review of emergency notifications and challenges introduced based on language and culture. The third section explores the capabilities of community based organizations. The final section reviews the literature addressing issues that may be experienced by refugee like trauma and post-traumatic stress.

Legal and Ethical Aspects of Disaster Planning and Refugee Populations

Since the attacks on September 11, 2001, emergency management in the United States has morphed in to a top-down, system that favors command and control. Experience shows that a ground up, local led model supported by federal government as the need arises approach yields more favorable results for those affected by disaster based on the unique needs of the community (Banks, 2011). For many aspects of emergency management, states must request assistance from the federal government. This distinction is founded in the Constitution, authorizing the states to protect the health and safety of their citizens and responding to emergencies as long as the state does not violate any other constitutional right in doing so (Banks, 2011). Emergency management continues to evolve based on lessons learned from each subsequent event. Banks (2011) describes the primary legal instruments available as; the Stafford Act of 1974, the Homeland Security Act of 2002, the Homeland Security Presidential Directive (HSPD) 5 issued in 2003, and the 2006 Post-Katrina Emergency Management Reform Act (PKEMRA).

The Stafford Act affords the President the ability to declare a state of emergency before a request from state or local authorities, if the President believes that doing so “will save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States” (Federal Emergency Management Agency [FEMA], 2013, p. 2). The Homeland Security Act of 2002 directed the consolidation of the disparate federal emergency response plans in to one national response plan (Banks, 2011). This also organized the largest shift of responsibility and resources at the federal level in recent memory. Issued by President Bush in 2003, HSPD-5 framed the National Incident Management System (NIMS), urging states to adopt NIMS in order to better coordinate emergency response activities by and between state, local and federal agencies (Banks, 2011). Following the inadequate response to

Hurricane Katrina, Congress amended the Stafford Act with the passage of the PKEMRA in 2006 allowing a faster federal response and support for other precautionary steps such as evacuations and the ability to better shelter pets and service animals (Banks, 2011).

Col's (2007) exploration of the role of local government in disaster management compares and contrast responsibilities in the United States and China. In the United States, states are responsible for the health, protection, and safety of its citizens based on the Tenth Amendment of the U.S. Constitution. The responsibility of local governments varies from state to state based on that state's constitution. Col presents four points in the paper. First, local governments must be able act decisively in preparation for events. Second, local government must have the support of higher levels of government in planning and response. Third, citizen participation is crucial to effective execution of disaster response. Finally, scientific data and the actions of public officials must be linked to increase response value.

The foundation of international refugee law is the 1951 Convention Relating to the Status of Refugees. The 1967 Refugee Protocol is independent of, but closely integrated with the 1951 convention (UNHCR and Inter-Parliamentary Union, 2001). The Refugee Convention and the Refugee Protocol primarily address three topics. First, is the definition of, cessation and exclusion from refugee status. The second topic is the legal status, rights and obligations of refugees in their host country or states of asylum. The final topic is the obligation of the states and cooperation with the United Nations High Commissioner for Refugees (UNHCR). The UNHCR is mandated by the United Nations to address the situation of refugees and monitor the international refugee law among host nations, non-governmental organizations (NGOs) and a number of others involved in refugee interactions (UNHCR and Inter-Parliamentary Union, 2001).

In an emergency, “the country of asylum is responsible for the safety of, assistance to, and law and order among refugees on its territory” (UNHCR and Inter-Parliamentary Union, 2001, p. 64). If the country is overwhelmed, financial assistance may come from the international community or UNHCR. Responsibilities are often divided among NGOs, UNHCR and the host country with planned arrangements.

The International Federation of Red Cross and Red Crescent Societies (1995) published *The Code of Conduct* to address the expected standards based on ten principles when responding to a disaster. First, is the fundamental humanitarian aspect of the mission and the obligation to provide assistance when needed. Second, is that aid is based on need and not on race, creed, or nationality of those in need. Third, aid should not be based on the desire to further a particular political or religious viewpoint. Fourth, humanitarian organizations should consciously act independently from governments and never knowingly gather information for the purposes of foreign policy. Fifth, effort must be taken to respect the culture and customs of the communities that work is being done in. Sixth, each community has capability and that should be built upon, not torn down and built over. Seventh, the beneficiaries of humanitarian aid are in a unique position to assist in the design and implementation of the aid. Eighth, relief should not only address the short term needs of the beneficiaries, but also promote long-term sustainability and reduce vulnerability. Ninth, the expectation of the person in need as well as the person providing assistance must be acknowledged. Resources are limited and must be distributed in an effective way. Finally, the individuals receiving assistance should not be portrayed as helpless victims, but with dignity and respect.

Dina Birman (2006) explores the ethical issues of conducting research with immigrant and refugee populations and the care that must be taken by researchers to present relevant

findings with respect to long terms effects of policy created in response to that research. Of particular interest is the discussion of appropriate ethical behavior framed in the perspective of the researcher as opposed to the perspective of the cultural beliefs of the refugee. Birman (2006) explores this subject in the context of health care and the disclosure of a diagnosis of a terminal illness to a patient, in contradiction to the practices of many cultures where the ill patient is not burdened by the truth of their illness and instead places that responsibility on their families. This is a stark difference to the level of privacy afforded to individuals in the United States where doctors must receive consent from the patient in order to share personal information with the family. This research also explores using cultural insiders and partial insiders in varying aspects of the research project. The benefits are the ability for a greater understanding of the language and culture and a greater level of access for the research team, while the negatives may include a level of fear that anonymity will not be afforded the participants because a member of their own community is present (Birman, 2006).

Sharona Hoffman (2009) argued that even with a significant increase in awareness and funding in disaster preparedness, the most vulnerable populations are being overwhelmingly ignored in research and disaster planning. Vulnerable populations are defined as the disabled, pregnant women, children, elderly, prisoners, ethnic minorities, individuals with limited English proficiency, and the economically disadvantaged. Three approaches to distributive justice are presented. The goal of utilitarianism is to produce the greatest good for the largest number of people. There is little concern for equal or similar actions, only that those actions produce the greatest overall benefit. The second principle is one of equal chances. This principle reasons that each life is equal and each person should have the equal chance to survive, regardless of any other factors such as age or medical history. The final argument is the best outcome for the least

well off. This theorizes that the most disadvantaged should be given prioritized access to limited resources over others.

Research on the Challenges of Culture and Language

Fothergill, Maestas, & Darlington (1999) explored the literature surrounding race and ethnicity in relation to the phases of disasters. They found reports of cultural inequities such as preparedness material only being produced in English when the majority of the residents were Spanish speakers, the inability of disaster responders to communicate with non-English victims, or inconsistent translation used to convey warnings regarding the damage to residential housing. This may be due to the level of perceived risk that varied by ethnicity, but also by the type of hazard. Communication and warnings were evaluated and results were mixed, showing that many Mexican-Americans relied on social networks such as family and friends to relay information about the emergency and instructions while Anglos relied on more formal English language sources such as news from radio and television. Other communities revealed that Latinos relied on both informal and more formal sources like local television reports in their native language. Neighborhood meetings were consistently mentioned as a preferred source of disaster information for minority populations.

Carter-Pokras, Zambrana, Mora, & Aaby (2007) studied the preparedness and perception of risk among Latin American immigrants. The authors found that different groups respond to perceived risk differently based on experience, literacy, and access to source of information. Few participants had ever received information to prepare themselves or their families or had ever begun to plan for a disaster. Of concern is the level of financial resources available to prepare for or recover from a catastrophe, language barriers, cultural reliance on informal sources of information, and distrust of government officials. The research suggests that an

individual's reaction to an event is based on prior experience; networks must be formed before a disaster in order to establish trust, understand capabilities and develop working relationships. A recommendation regarding training suggested that the information should be provided consistently to all members of the family, not just focusing on children, working adults, or the elderly. There are organizations that currently work with and are trusted within these communities such as public health organizations and NGOs. The fear of deportation or arrest and mistrust of government officials is real and by building interconnected networks of already trusted organizations with first responders, the emergency preparedness messages may be better received.

On December 26, 2006, the South Asian Tsunami claimed an estimated 200,000 lives. Sullivan and Häkkinen (2011), studied the preparedness and warnings in relation to vulnerable populations such as the disabled, elderly, or youth. Many of the victims effected by the tsunami were tourists visiting during the holidays and unfamiliar to the hazards, warnings, and evacuation routes and plans. The tsunami warning sirens sounded four hours before the tsunami struck, but many did not realize the seriousness, significance, or meaning of the warnings. In the United States, the research found that emergency plans are typically designed for individuals that can walk, run, drive, see, and hear. Disaster planning does not satisfactorily address people that are not able to obtain messaging or warnings by sight or sound. "The real challenge with any disaster preparedness or warning system lies in the human factor" (p. 229). More lives may be saved by focusing more on understanding the psychology of the human response to danger and then creating warnings that initiate this primitive response.

Disaster messaging is difficult without adding language barriers. With limited language proficiency, some people may never get the message. In the aftermath of the 2011 earthquake

and subsequent tsunami in Japan, a study conducted on the linguistics of warnings and evacuations was conducted. Using a pragmatic framework and looking at the intention of the message and the reception of that intention was measured. The result is that the best chance of success for an emergency management order to be followed is it should convey a sense of urgency, delivered in an unusual tone of voice, devoid of all polite expression (Arai, 2013), similar to the delivery of a military command from a superior to a subordinate. The study noted that of concern was the number of different media outlets disseminating information and the probability that the messaging may not remain in synchronization, causing further confusion among local residents.

Brenda Phillips (1993) studied the issues with sheltering and long term recovery of immigrants following the 1989 Loma Prieta earthquake. The earthquake caused significant damage to the agricultural city of Watsonville, California. Eight percent of available housing, the high school, and the hospital suffered significant damage. Over sixty percent of the population was Latino. Immediately following the earthquake, many residents left their houses, setting up tents or camping in the open in city parks. This caused challenges for the American Red Cross as shelters are typically established in buildings such as churches or schools. Many of the residents refused to go indoors for fear of subsequent earthquakes and the risk of building collapse. The Red Cross agreed to open an official shelter in one park and in an effort to expedite the process, the National Guard erected tents inside fenced off areas, but many of the evacuees were from Central American and the tents were reminiscent of death camps in their home country. This terrified the displaced and the tents went unused. The study also addressed the need to plan food and menus around the palettes of the displaced. The already bleak

circumstances took a negative turn as many the residents suffered from diarrhea and the outdoor shelter lacked adequate running water or restroom facilities.

A variety of factors influence an elderly refugee's ability to learn another language. Grognet's (1997) research focused on the adult refugee's capacity to learn, showing there is little evidence to suggest that a new language cannot be learned later in life. However, the lack of consistent quality medical care may lessen a person's physical health or may diminish the ability to concentrate or sit for extended period of times in a classroom setting. Visual and auditory acuity may affect comprehension and a refugee's mental health may also impact their ability to learn. Depression among refugees is common and symptoms may present as insomnia, short attention spans, and loss of appetite. Cultural beliefs may make it unacceptable for older adults to engage in the acquisition of new skills at this point in their lives. Finally, the elderly refugee's motivation has an impact on their desire to learn a new language. In their new homes, the elders need to overcome an obstacle many perceive as impossible is negated as children or grandchildren step up to become translators and negotiators.

Similarities exist between refugee and homeless populations. Wexler and Smith's (2015) exploration of the homeless population in Worcester, MA in relation to their disaster preparedness highlighted the lack of resources like communication methods and transportation as well as the prevalence of medical and behavioral health disorders. A homeless person may have limited access to mainstream communication such as television, radio, or internet. A refugee may have access to these communications devices, but may struggle to grasp an emergency message or instructions during a crisis when delivered in a foreign language. It may be difficult for a homeless individual to stockpile food and water. Lack of individual transportation equates to a reliance on public transportation for both the homeless individual and the refugee. Public

transportation can become increasingly unreliable during a disaster. Local officials find it difficult to track and maintain a reasonable estimate of the number and needs of both populations. Unfortunately, if not properly amalgamated in to their resettled communities, refugees may ultimately become members of the homeless population.

Research Addressing the Capabilities of Community Based Organizations

Understanding that organizations are defined by a set of relationships and all human systems are relational is the goal of the study by Kahn, Barton, and Fellows (2013). Organizations and families share similar traits in regards to hierarchies, traversing boundaries and handling crisis. Crisis disrupts patterns and the recovery from that event has less to do with the type of crisis and more to do with the relational patterns that existed prior to the crisis. By focusing on the effects of the events and less on the type or cause of event, progress in rebuilding can begin for those affected. Communication is a proven tool to overcome chaos and with proper communication, an organization can emerge post-crisis with relationships stronger than before. Establishing opportunities for people to share their experiences following crisis may allow them to form stronger connections and start to reengage others that have turned away from the community.

The Navajo Nation piloted a train the trainer program addressing public health emergency preparedness (Hites, et al., 2012). The trainers were community health representatives (CHR) and members of the Navajo Nation and the training consisted of a hybrid learning environment designed specifically to meet the unique needs of the CHRs. The concept of this training was not a big departure from the types of training that CHRs typically provide to community members. The training materials and delivery were modified from the U.S. Department of Health and Human Services to better reflect the cultural nuances of the Navajo

people. The results were positive with the authors noting that care was taken to ensure that the classes were held in a familiar setting, with peers, and an instructor that was known by the students. Case studies were structured to better relate to the social and cultural reality of the Navajo Nation.

Clerveaux, Spence, & Katada (2010) introduce all hazards planning with the creation of the disaster awareness game (DAG). The DAG is introduced to children as a lesson in school with the goal of improving the children's ability to assess risk and increase their level of preparedness in multi-cultural environments. The DAG was successful in terms of standardizing a level of disaster awareness and risk perception among the children that participated. The study did not feel that accurate levels of preparedness could be extrapolated from the results, as the children did not have primary responsibility for disaster preparedness and a potential for misinformation regarding levels of preparedness in the study.

The goal of the research by Nepal, Banerjee, Slentz, Perry, & Scott (2010) was to document best practices of community-based participatory research among Vietnamese, Chinese, Somali, and Spanish speaking participants in partnership with community based organizations in Houston, Texas. The paper defines the terms limited English proficiency (LEP) and linguistically isolated populations (LIP). LEP is an individual characteristic, in the sense that one individual is affected and LIP is the consequence of the limited proficiency. Close to 20% of the population in the United States speaks a language other than English at home and 8.6% of the population speaks English "less than very well". The research highlighted specific fears of the participants, including fear of arrest, deportation or an immigration sting. Support for the study was provided by the City of Houston, but because the city logo was prominently displayed on the initial recruitment flyer, many potential participants declined due to their undocumented status.

The authors also revealed that in communities, some members may hold power and influence over the community by virtue of their tenure in the United States, knowledge, or network.

Truman, et al. (2009) explores the preparedness and response of public health agencies relative to an influenza pandemic within the immigrant and refugee populations. The study found that due to inconsistencies in healthcare, substandard living conditions, language barriers, cultural misinterpretations, and mistrust; the represented populations may be at greater risk for the exposure to contagious disease. The study substantiated other research stating that early outreach, before a crisis event will promote trust, build networks, and alleviate miscommunication.

Finding balance in response and relief operations against the need to build capacity is the focus of Gonçalves' (2011) study. An increase of long term relief efforts has depleted the resources of many humanitarian organizations. These organizations now face challenges in responding to new assistance requests while trying to rebuild capacity. The author contends that the immediate needs must be balanced against the durability of the organization and that striking balance will ensure a long-term viability for the organization.

Literature Addressing Refugee Trauma

The research on the traumatic effects on refugees is vast and varied. Kristina Dunman's (2006) thesis on improving resettlement services touched on the behavioral health struggles faced by many refugees fleeing years of violence in their war torn home countries. Torture, genital mutilation, imprisonment, rape, and extreme physical pain were a few of the atrocities mentioned in the research. The study also highlights the need to identify the needs of the individual instead of grouping refugees together and providing services in a one size fits all approach. This approach is especially important when addressing the needs across ethnic

cultures. The experiences and existing support may vary drastically and what is good for one individual or group may be unnecessary or even unwanted by another. The service provider's ability to gather reliable information regarding the needs and capabilities of the refugee communities that they service is incredibly detailed. Once the resettlement services are considered to be complete the information quickly becomes less reliable.

Flynn and Speier (2014) explore the diverse opinions surrounding behavioral health as part of disaster preparedness. While professional standards are rigorously applied in offices and hospitals across the country on a daily basis, the separation of best practices, legal and ethical dilemma, and common sense can quickly disconnect when faced with crisis. Mental health professionals volunteering with humanitarian organizations may be deployed to states where they are not licensed may be limited in their scope by the organization they are deployed under unable to provide the same level of service they would in their office. Addressing mental health in the United States does not have a perfect record in normal times with services limited to only the most serious aspects of behavioral health. Many states are now contracting out service to third parties, rather than directly employing the professionals. Without clear direction and planning, communication may collapse leaving providers with little but their own perspective to guide their actions instead of a process to escalate issues and the ability to resource from a greater pool as many professionals in emergency management strive to do.

Preparing behavioral health professionals for an increased number of clients that have been tortured because of the rising number of refugees resettling in U.S. cities is the focus of William Gorman's (2001) research. Reliable numbers related to torture is difficult to obtain because of the victim's hesitancy to disclose extremely personal details. This may be due to misplaced blame or guilt for having survived and a level of cross cultural mistrust. Gorman

states that recovery from trauma is an even longer process for the refugee population in part because of the disruption to every aspect of their previous life and should never be forced to prematurely address an issue they are not prepared for.

Brutal transgressions against human rights are first and foremost a political issue (Lammers, 2007). War leads to the loss of identity for the displaced. Homes are destroyed, families are separated, communities are erased, and cultures are shattered. The survivors are subjected to an atmosphere of indifference, suspicion, and outright hostility and may be hesitant to share any personal details about themselves. The ability of the individual to recall specific events may be limited due to their harrowing experience and some events may be completely blocked from memory. Researchers have a duty to protect vulnerable subjects of their research and can do more harm by not recognizing that this population is in a perpetual state of protecting themselves and that individuals will decide what they are comfortable sharing and should not be treated as passive victims (Lammers, 2007, p. 102).

Research Design/Methodology

This research attempts to further the understanding of the need to introduce disaster preparedness and crisis management training specific to recently resettled refugee populations.

Addressing the topic of refugees and crisis management begins by recognizing the philosophical worldview in relation to the research theory. Social constructivist research asserts that people form their own understanding and knowledge through experience and their continued reflection of those experiences (Creswell, 2013). Exploring the need to train a population to handle the stresses of a future traumatic event after already experiencing several potentially traumatic events lends itself to the complexities and broad generalities of a constructivist worldview. For this study, the qualitative research method was used. Qualitative research allowed the researcher to utilize open-ended questions, flexible frameworks, and the ability to interpret the meaning of the data in the pursuit of understanding of a social or human problem (Creswell, 2013). Analysis of the data sets occurred and was incorporated in to the research. By incorporating qualitative research methods, different views of the data were able to be analyzed and a better understanding of the potential success of a new program can be built from any of the existing programs already in place for the refugee populations.

The analysis of the data occurred in steps. The primary source of data collection was the internet with a focus on peer-reviewed journal articles, program documentation, case studies, and government reports. A number of online databases were searched including: the EBSCO multi-disciplinary database, the Columbia International Affairs Online Journals (CIAO), the ProQuest political science database, and the ProQuest health management database to list a few. Of concern was the availability of published research focused on disaster preparedness or effects of crisis events on refugee populations. A correlation was made that certain elements such as

unfamiliarity with local laws, customs, hazards, or a diminished ability to communicate in English was similar to immigrant populations. Data collection was expanded to review material targeting the effects of disaster on the broader immigrant population, a larger vulnerable population and the effects of trauma on refugee populations outside of the emergency and disaster management perspective including public health and psychology. The data was analyzed looking for patterns and insight in to themes such as the effect of disaster on populations with barriers to communication, cultural differences, and the designation of vulnerability in a population. Narratives were then created around the themes of the legal and ethical aspects of disaster planning as it pertains to refugees and the general population, challenges presented by culture and language, capabilities of community based organizations, and the effects of trauma on individuals.

The refugee population in the Phoenix metropolitan area is served by a combination of services from the Arizona Department of Economic Security - Refugee Resettlement Program, Catholic Charities Community Services, International Rescue Committee, Arizona Immigrant and Refugee Services, and Lutheran Social Services of the Southwest. Specific program information from these organizations proved difficult to obtain and collection was limited to general information found on the respective organization's website. Within a year, the refugees are graduated from the program and thought to be self-sufficient. The refugee population may utilize various city services, but programs are not specifically designed for the refugee population. First responders are not trained to interact specifically with refugees, although programs to assist with language barriers exist. The Phoenix Police Department has designed literature to be distributed to immigrant populations describing the authority of a police officer and what can be expected during a traffic stop (City of Phoenix, 2016).

On November 13, 2015, a series of coordinated terrorist attacks occurred in and around Paris France. Within days, reports stating that some number of the perpetrators of the Paris attacks may have entered the country as refugees (Tharoor, 2015). The result of these reports prompted states to file lawsuits against the U.S. government (Wagner, 2016) and calls to ban Muslims and only accept Christian refugees (McAnear, 2015). This research attempted to avoid any discussion with regard to the policy of accepting or vetting refugees, but as noted in the discussion the policy of refugee resettlement is inexorably linked to the subsequent success or failure of the refugee's integration in the local community and the amount of resources local governments, hospitals, non-profits, and faith based organizations ultimately devote. As this research explores correlations between refugees and a larger immigrant population any discussion regarding the legality of providing services to undocumented immigrants or immigration policies was avoided.

No data was collected on specific individuals or groups within a refugee population. Data collection was limited to programs, policies and laws that support the transition of refugee populations and the subsequent services provided by emergency management, emergency services, or law enforcement agencies. During the course of this study, individually identifiable data was not collected, stored, or published.

Findings/Results

Addressing the Legal and Ethical Aspects of Disaster Planning

Governments by design are responsible for the protection of their citizens. When governments fail to provide that protection and citizens are subjected to violations of their human rights, forced to flee their homes, families, and find safety in another country; the international community must ensure that these individuals are provided a basic level of safety. As previously noted, when a country accepts refugees, that country assumes responsibility for the safety and well-being of that individual (UNHCR and Inter-Parliamentary Union, 2001).

From a legal perspective, responsibility for emergency management and disaster response in the United States is not specifically addressed in the Constitution, instead assuming that constitutional order will continue to function (Banks, 2011). The separation of federal and state governments as defined in the United States Constitution and specifically the Tenth Amendment states that “the powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.” (U.S. Constitution, Amendment X). Based on that separation, responsibility for health and safety is the responsibility of the states (Col, 2007). While drafting the Stafford Act, it was never the intent of Congress to move responsibility for disaster response to the federal government, preferring it remain the responsibility of state and local governments. The federal government would assume the role of coordinator and resource provider in times of extraordinary need (Birkland & Waterman, 2008). The equal protection clause of the Fourteenth Amendment provides that “no state shall deny to any person within its jurisdiction the equal protection of the laws.” (U.S. Constitution, Amendment XIV).

Vulnerable populations are offered additional protections under the law. These protections extend to these individuals during crisis, but many times these groups are excluded from the planning phases of disaster preparedness (Hoffman, 2009). While there are differing opinions, vulnerable populations or populations with special needs may be defined as: 1) individuals with physical or mental disabilities, 2) the elderly and in particular those that are confined to group or residential homes or care facilities, 3) pregnant women, 4) children, 5) prisoners, 6) economically disadvantaged minorities, 7) undocumented workers, 8) those with language barriers, 9) homeless or transient populations, and 10) individuals that rely on others or public transit for their transportation (Hoffman, 2009) (Houston, et al., 2009). Vulnerability may also be measured as the individual's ability to withstand and recover from crisis events (Bankoff, 2003).

Refugees have the same rights and expectation for their personal safety as other citizens with the freedom of movement and ability to live free from torture or substandard treatment (UNHCR and Inter-Parliamentary Union, 2001). Warehousing is the confinement of refugees in camps and settlements that deny the refugee the right to freely move or gain wage earning employment as detailed by the UNHCR (Josephson, 2013). While warehousing is not common in North America, it will not be uncommon for many of the resettled refugees to have potentially experienced an extended period of time in a camp. In the ten years between 1993 and 2003, the UNHCR estimated that the average length of stay had increased from 9 to 17 years (U.S. Department of State, 2016).

Challenges Based on Culture and Language

In the best of conditions, emergency managers struggle to overcome the issues of complacency and apathy (Federal Signal Corporation, 2013). When the warnings are being

translated to another language by official or unofficial sources, the result may be even more diluted or confusing. Following the deadly 2011 tornado in Joplin, Missouri, the National Weather Service (2011) released a report citing many reasons that residents did not heed early warnings. Among those reasons were the inability to recognize the threat based on the warning, with many residents stating that the sirens are always going off and a level of validation from a second source such as confirmation from a family member, television or radio station or actually observing the funnel cloud or resulting damage. In coastal areas, a phenomenon known as hurricane fatigue has been coined. After numerous warnings, many people are simply tired of the interruptions and chose not to evacuate (Federal Signal Corporation, 2013).

Disaster preparedness tends to be low on many priority lists leaving children particularly at risk (Ronan, Alisic, Towers, Johnston, & Johnston, 2015). In general, many people do not know what constitutes an emergency or how to respond (McKay, 2012). Factoring in socioeconomic differences, language barriers, a penchant for a particular information source such as family or friends, and the potential for a distrust of government authority (Carter-Pokras et al., 2007) and the risk of important information regarding evacuation orders before an event and lifesaving announcements during an emergency may not be heard or understood.

In August 2005, as Hurricane Katrina made her way towards New Orleans, an estimated 1.1 million people evacuated the region the equivalent of approximately 90% of the population (Boyd, Wolshon, & Van Heerden, 2009). Even with the tremendous amount of people that safely evacuated, a negative focus remains on the suffering endured by the 10% or nearly 113,000 residents that remained, many of whom were of ethnic descent. There may be a certain level of “cultural ignorance, ethnic insensitivity, racial isolation and racial bias” (Fothergill et al. 1999, p.

169) leading to a diminished level of emergency preparedness, information dissemination, and disaster response.

There are many physical, emotional, and mental factors that may negatively affect an elderly refugee's ability to learn a new language (Grognet, 1997). Recognizing and addressing the informal networks and desire to have community based announcements may assist in curtailing misinformation. The importance of delivering a clear consistent message from an identifiable and credible spokesperson should not be underestimated (Carter-Pokras et al., 2007). The responsibility to successfully adapt training, planning, warning, response, and recovery rests with the government to protect the individuals within their borders.

Preplanning for disasters and acknowledging the cultural nuances of the prominent population in a community will lessen the need to make unforeseen adjustments such as food that is unpalatable and alleviate fears of sleeping in building after an earthquake (Phillips, 1993). Low income families may have difficulty prioritizing the need to stockpile food and supplies for an emergency when it is difficult to keep food on the table in a normal month. Disaster supplies are raided as soon as extra food is needed to feed guests that come to visit (Eisenman, Glik, Maranon, Gonzales, & Asch, 2009).

Capabilities of Community Based Organizations

Government alone cannot adequately serve the needs of the citizens during a catastrophic event. This limitation is not measurable before the disaster as unknown factors such as the number of victims or the ability for emergency vehicles and first responders to navigate damaged roadways has not occurred and any number given would be at best a guess. During any normal day, it is unacceptable for an emergency 9-1-1 call to go unanswered or a caller be put on hold, but this may be the reality during an emergency if voice and data communication networks

become overloaded or unavailable because of structural damage, cell towers unable to handle the demand, or wide spread loss of power. Planned occasions such as sporting events and concerts can overload normal cellphone communications, an emergency such as the 2013 bombing at the Boston Marathon's finish line crippled communications (Ungerleider, 2013). An effective approach is a collaborative effort between individuals, emergency managers, business and community leaders, and government officials to understand and address the available resources and needs before disaster occurs (FEMA, 2011). The benefit of establishing these collaborative groups and the trust that is built during the routine efforts should not be underestimated in terms of forming solid working relationships.

The establishment of grassroots alliances will bring many informal leaders from the community together and establish relationships that go far beyond planning for crisis events. All communities have unique capabilities (International Federation of Red Cross and Red Crescent Societies, 1995). By exploring these capabilities before an emergent need arises, the community; including the government officials and first responders, will be able to better identify resources available (Abou-bakr, 2013) and may result in business opportunities across the network or the creation of new a business to fill a need. As the response resources of local communities become overwhelmed, the need to expand the response to a more regional model emerges (Gerber & Robinson, 2009). Knowing the capabilities and vulnerability of the local community will facilitate the effective coordination at a regional level or at the very least identify possible needs before disaster strikes.

The goal of establishing communication during pre-response efforts is to empower community members, leading to better understanding of the unique risks and resources of the community, and establish and enrich relationships between leaders at all levels (FEMA, 2011).

Business plays an important role in most communities and residents hold many roles such as employees, customers, and suppliers. Reestablishing the community is dependent on quickly reestablishing local business. Public – private partnerships are increasingly becoming an important planning tool as some businesses have unique skillsets that can positively affect the response effort of an event. For example, Wal-Mart is very proficient at the movement and distribution of physical goods over a large geographic area and can stage supplies in anticipation of some disaster events (Busch & Givens, 2012). FedEx, UPS, and other shipping companies contract with relief organizations to quickly move supplies when needed. Wireless providers can establish data and voice communications for first responders and other relief organizations (West & Valentini, 2013). Verizon Wireless was a critical partner in quickly reestablishing cellular voice and data systems to ground zero after the terrorist attacks on September 11, 2001 (Abou-bakr, 2013).

A popular phrase in emergency management is “all disasters are local” (Fugate, 2013). This is often used to explain that local resources will be first on scene and the last to leave with long term recovery taking up to three to five years (Stys, 2011). This phrase may also be used to explain that as each geographic area is unique, the needs of the communities are unique, and the crisis that affects those communities will be unique (Fugate, 2013). Nonprofit organizations are critical to the planning for and recovery of disaster events. Because of the daily interactions with vulnerable populations, some nonprofits may be in a position to provide critical services to those individuals. Excluding national organizations like American Red Cross and the Salvation Army, most non-profits are not included in the disaster planning by local governments (Stys, 2011), but may be a crucial element to the survival of many vulnerable individuals.

In 1985, the Los Angeles City Fire Department (LAFD) developed the CERT concept to train the general population to meet their initial needs after a disaster. Since this inaugural program, the Federal Emergency Management Agency (FEMA) has expanded the CERT program to include train the trainer's courses and participant training materials (FEMA, 2016). There is an expectation that immediately following an event people will assist each other. A goal of CERT training is to educate individuals to understand the risk and save lives, both the injured and the spontaneous rescuer. An important aspect of CERT training is decision making skills (FEMA, 2016) and knowing when a building is unsafe to enter or a person has succumbed to their injuries while providing assistance for the greatest number in need.

The Need to Address Refugee Trauma in Emergency Management

Understanding that refugee status is granted on the premise that the individual was persecuted or feared persecution, refugees may have a different reaction to emergency planning, response and recovery efforts because of trauma related to their past. Refugees fleeing war may have symptoms of post-traumatic stress (PTS) or be diagnosed with post-traumatic stress disorder (PTSD). PTS is defined as a common or adaptive response to a traumatic or stressful situation. Following a car accident, physical effects may include racing heart, shaking hands, and the inability to reengage in that activity or approaching similar situations with extreme caution with the ability to return to normal activity in time (Bender, 2011). PTSD is a clinically diagnosed condition. Symptoms may include reliving the event through nightmares or in a constant state of thinking about the incident. Individuals suffering from PTSD may alter their lives, avoiding certain situations, large crowds, or people that remind them of the event and a feeling of constant agitation or hyper-vigilance that last more than one month (Bender, 2011).

This is not to say that every refugee will experience negative or lasting effects and many may never experience any effect of trauma.

Behavioral health issues among refugees is a controversial subject, with many researchers dismissing claims of PTSD as inappropriate and clinical interventions are concepts over used by Western societies. Recent studies show that PTS symptoms may actually increase in many refugees over long period of times in the resettlement process (Silove & Ekblad, 2002). In order to effectively prepare individuals in refugee communities for potential crisis events, there must be a willingness to acknowledge the violence that refugees have survived, and ways that it affects their lives (Dunman, 2006).

It is difficult to determine the effects of a crisis event will have on a refugee that has survived the horrors of war or a previously traumatic event. The act of resettlement alone may cause undue stress on the refugee. A new home, language barriers, lack of reliable transportation, limited income may add complexity to an already fragile situation (Dunman, 2006). Crisis causes disruption to normal behavior and cultural beliefs can be viewed as either a means or an obstacle based on that individuals frame of reference (Doherty, 2007). In general, elderly adults may not easily traverse traumatic events based on physical ailments, resistance to change or strong feelings of uncertainty, and a strong resistance to the loss of possessions with strong sentimental value (Doherty, 2007). This may be especially true for an elderly individual being re-traumatized.

Refugees by definition have been subjected to a violent separation, forced to flee their homes and possibly families. The classification is not only a legal distinction, but psychological, social, and economic as well. Once an individual is granted refugee status, it is if they have become a member of some subhuman race (Harrell-Bond & Voutira, 1992). Refugees that have

fled war may feel the loss of identity, culture, family and community (Lammers, 2007). Refugee status was always intended to be temporary, but on average many refugees do not even get out of a resettlement camp in five or possibly even ten years and some refugees still remain in a transitory status 40, 50, and in extreme cases 60 years (Josephson, 2013).

Forced migration and refugee populations are political issues as much as they are a humanitarian issue (Lammers, 2007) and the resulting nationalism, racism, xenophobia, and challenges to human rights are just some of the issues that propagate the reality of refugee resettlement (Malkki, 1995). In order to address the effects of trauma and overcome the disempowerment and deprivation, the individual must be allowed to regain power and control (Gorman, 2001). The goal should always be integrating the refugee in to the local community as soon as possible, allowing them to further their education, gain employment, earn an income, provide for their family and contribute to the economy (Josephson, 2013).

Discussion

A number of vulnerable populations have been identified and it is difficult to single any one of these populations as more susceptible to crisis or more deserving of training for a potential disaster. The research shows that universally, people can do a better job of understanding the risks where they live and work, build a better communication plan with their families, stockpile a three-day supply of water and food, and take a few moments to check in on their neighbors. The plight of the unprepared plays out several times a year as hurricanes batter the coastline or floods ravage cities following days of spring rains. It is difficult to make recommendations specifically for one vulnerable population, when so many could benefit from the recommendations. While some hazards present with warning, others such as tornadoes, fire, accidents involving airplanes, trains, or buses, chemical spills and intentional acts of terrorism may present with little or no warning and then everyone has the potential to be categorized as vulnerable.

The subjection to the atrocities of war, genocide, rape, torture, imprisonment and other forms of trauma and the subsequent risk of PTS and PTSD is the singular reason to introduce crisis management training to refugee populations. Expecting a newly resettled refugee to navigate a tragedy in their adopted home during a disaster is absurd, when those same tasks are considered difficult on a regular day. As refugees continue to flee persecution and war across the world and the United States continues to welcome the displaced, state and local officials must be prepared and understand the unique requirements of this population. The misconception that refugees are placed in a large city and never move must be reexamined. The reality is refugees are resettled in predetermined locations, but are free to move and often do. This may be to bring them closer to family or friends or to a location that is reminiscent of their former homes.

Refugees may be resettled in areas that are radically different from anything they have experienced. A family from a rural area that primarily grew their own food may find it difficult to be resettled in the middle of an American city where the lights burn bright throughout the night blotting out the stars and the corner convenience store never closes. A refugee from the sub-Saharan deserts could adjust very well to a new life Minneapolis once he understands the challenges of a Minnesota winter. This change is not easy and the task associated with resettlement could add to the confusion and trauma of the refugees (Feenstra, 2013).

From a legal perspective, state and local emergency management must afford the same level of disaster planning and response to all residents. Vulnerable populations may have more laws written to protect them, but plans must be drawn to better understand the susceptibilities and capabilities of these individuals. In order to evacuate an urban population, prior planning must occur to effectively and successfully carry out the evacuation (Houston, et al., 2009). Planning should include information such as number of residents that rely on public transportation because no other options are available, number of languages and dialects represented in the community and the need for special medical devices in shelter locations such as oxygen, wheel chairs, walkers, and other devices to assist with mobility.

As several studies have exposed, community involvement is critical to the success of response and recovery efforts. Children that are involved in the preparedness training become more invested in the outcome and have less of a tendency to become bored and if interested enough to search for more details outside of the structured training may even have very low levels of fear and uncertainty (Ronan, et al., 2015). A goal should be that the children are excited to share what they have learned with their parents and siblings in an effort to pique the rest of the family's interest as well.

Adults and the elderly may also be at risk for extreme boredom in training if they do not understand how the lesson benefits them (Dunman, 2006). For some cultures the idea of learning something as radical as a new language is unthinkable (Grognet, 1997), but that is exactly what resettled refugees are asked to do. This is difficult because it competes with the notion that the refugee must quickly become financially stable. Learning takes a lower priority to multiple jobs in order to provide for themselves and their families (Dunman, 2006).

While there is no desire to intentionally subject an individual to a potentially uncomfortable situation, the need to include members from these communities in planning and training is critical to the success of these plans in an actual crisis event as seen in a number of studies. As Lammers (2007) noted, refugees should not be treated as passive victims. Many refugees were very successful in their own countries. They were well educated, integral members of their communities that fled because of their fear of persecution (Malkki, 1995). Sessions should be structured to allow people the ability to excuse themselves if needed and behavioral health professionals can also be brought in to facilitate and monitor particularly sensitive aspects of the sessions. An opportunity to overcome aspects of their traumatic past exists in activities that give these individuals a feeling of empowerment; an added benefit for those involved in planning and training.

The Whole Community concept (FEMA, 2011) stresses that members of the community are essential to the success of planning, response and recovery efforts, that communities are composed of many diverse groups with many different values, and it is always better to address these diversities and differences before a disaster strikes. In November 2015, the Red Cross of Colorado started offering training for refugees in partnership with the Emily Griffith Technical College and the Colorado Refugee Services Program. The goal of the training is to help the

attendees understand what threats they may face in their new homes (Billinger, 2016). The Red Cross in conjunction with the local college and the state refugee services program demonstrates a brilliant example of a partnership spanning a NGO, government agency, and public education institution. The training sponsored by the Colorado Red Cross offered a unique opportunity to build on partnerships. The refugees are able to explore new educational opportunities through the college and may expand their skillsets leading to greater employment opportunities.

Training for refugee populations does not have to be built from the ground up, but can be modeled after existing training provided by local CERT organizations. Many communities already tailor CERT basic training for teens, the elderly, homeowner's associations, and civic or spiritual groups. FEMA and many CERT organizations detail the steps and advice for tailoring training (FEMA, 2016). CERT basic training is delivered in seven sessions and can be presented one night a week, over a weekend, or on any schedule that the participants want. The sessions are: disaster preparedness, fire suppression, medical operations, light search and rescue, disaster psychology, team organization, and a disaster simulation. A one size fit all approach will not provide the most favorable results. By including participants in design and execution, they will have a stake in the outcome. Further iterations of the training may include train the trainer scenarios giving a greater reach within the community. The Newport News, VA CERT partnered with the Commonwealth Catholic Church's Refugee Resettlement Program to provide a disaster preparedness training course to educate refugees about fire safety and emergency responses (Chiglinsky, 2013).

CERT training offers an added benefit, in that many communities use first responders such as fire fighters, police officers, and emergency medical personnel as trainers. The training should provide an opportunity to build informal networks, allowing the refugee population to

meet and talk to first responders in a relaxed classroom setting and allowing the first responders an opportunity to meet and learn more about the diverse make up of their communities before they are responding to a life threatening emergency.

Cultural differences may preclude the willful sharing of information (Bögner, Brewin, & Herlihy, 2010). This may be based on expectations of gender roles or the fear of admitting sexual abuse, rape, torture or other forms of trauma. Many cultures direct shame and blame towards the victim of these atrocities for allowing the event to happen instead of blaming the perpetrator of the abuse. The shame and silence is exacerbated when the only interpreter available is a family member or from the same refugee community.

Healthcare organizations, community or faith based agencies that routinely provide service and assistance to vulnerable populations may have in-depth intelligence needed to assist local governments in establishing better planning (Wexler & Smith, 2015) and establishing connections during planning and training may offer unforeseen benefits. Stepping outside of official communication channels may offer collaborative efforts that previously did not exist.

Secondary Migration and Similar Roadblocks

As this study progressed, it became increasingly obvious that although there was a need to establish disaster preparedness training for refugee populations there was a gaping hole in the local community's ability to effectively plan for and provide training and a number of other services critical to the refugee's success. This is reflected in statements such as "We do not track refugees. Once a refugee arrives they can move wherever they want." from a State Department spokesperson (Welsh, 2015). This subsequent movement is referred to as secondary migration.

The road to the resettlement is long and consists of many checkpoints. Security checks and background screenings can take as little as 6 months to more than a year if an applicant's

name is similar to another person in a government database (Kerwin, 2011). Medical screenings are conducted and then the refugee's name is placed on a master list until a resettlement agency chooses to resettle them. Weekly, representatives meet to scrutinize the list and divide the selected between 350 smaller agencies around the nation, based on the refugee's known needs and the capabilities of the local agencies (Lunn, 2011). An effort is made, but it is not always possible to resettle refugees near family members (Forrest & Brown, 2014). When refugees are settled in locations away from family or friends they may struggle to integrate in to their new surroundings and may choose to leave resettlement assistance behind.

Refugees typically choose to relocate for better employment opportunities, housing options, family, and to be closer to culturally familiar community (Forrest & Brown, 2014). Secondary migration disrupts the intended resettlement patterns and puts an added strain on the newly resettled community (Brown & Scribner, 2014), but federal agencies mandate that local affiliates plan for it (Weine, et al., 2011). The standard time a move is considered a secondary migration is within the first eight months of resettlement, as this is the time that refugees receive the initial benefits package. Eight months is essentially arbitrary as many moves are not tracked and several relocations occur within the first few years (Weine, et al., 2011) and individuals may still need significant assistance even after the initial benefit period has elapsed.

Almost immediately after the Refugee Act of 1980 was enacted, budgetary pressure and an eroding political climate saw a reduction in benefits available to resettled refugees and the agencies that assist and support was reduced from 18 months to 8 months (Brown & Scribner, 2014). Responsibility for refugee resettlement lies with the federal government, Congress delegates this obligation to resettlement agencies. The agencies ensure that refugees have at least 30 days of housing, food, and clothing and agree to provide other services like healthcare,

employment, and education referrals for up to 6 months (Lunn, 2011). The burden on the resettlement agencies and receiving states is enormous and as the federal government changes the refugee policy, funding is not always equitable. One report from the US Senate concluded that resettlement efforts in many cities are grossly underfunded and fail to even meet the refugee's most basic needs and argued that after the first six months, the liability for care is transferred to the local community, hospitals, schools, and non-profits. (Brown & Scribner, 2014).

A report by Lutheran Immigration and Refugee Service found that only 39 percent of the total cost of resettlement was covered by federal reimbursement, the rest had to be covered by donations, volunteer hours and direct contributions (Brown & Scribner, 2014). Because of the reduced funding and the increased economic strain, many communities have started to push back on additional refugee resettlement. The continued failure of the federal government to adequately fund the resettlement program seriously jeopardizes the future of the program. Congress' recent inability to keep the government running and the subsequent sequestration provided an unreliable funding source and inability for resettlement agencies to enact programs for the long-term benefit of refugee populations (Brown & Scribner, 2014).

Of concern is a particularly vulnerable category of refugee. Lunn (2011), describes the "free-case" refugee as an individual that has no family or friends in the country and no choice where they are placed. The free-case refugees are completely reliant on resettlement caseworkers, may find it difficult to integrate in to their new communities, and represent a larger burden on the resources of the resettlement agency. In contrast, a refugee that can be properly assimilated in to the community can positively impact the local economy with one study showing only 8% of the households still receiving financial assistance after two years (Brown & Scribner,

2014). The federal government has started to change the policy regarding the type of refugee admitted for resettlement with a greater emphasis on the free-case refugee. This type of refugee will need greater public assistance and funding levels must be adjusted accordingly (Lunn, 2011). The monthly federal assistance provided to refugees is rarely enough to cover food and rent (Anders & Lester, 2013).

Building a mechanism to better track secondary migration will mitigate the lag in services due to the unexpected arrival of refugees (Brown & Scribner, 2014) and provide local authority to build this potentially vulnerable population into their disaster planning. The US Department of Health and Human Services' Office of Refugee Resettlement (ORR) is responsible for compiling data on the secondary migration of refugees. There is no easy way to accurately gather and verify this information. The states are mandated to provide this information back to the ORR, but a state is only aware that a refugee has relocated if the refugee applies for benefits in the new state. There is also an existing requirement that refugees provide notice to the Department of Homeland Security (DHS) within 10 days of a move, but even after the attacks of September 11, there is no guarantee that DHS would be willing to share the migratory information with OSS even if there was a way to accurately collect and disseminate the data (Brown & Scribner, 2014).

There are many benefits to establishing a tracking mechanism for refugees as well as potential negatives. Refugees often spend years in camps with limited access to quality healthcare and the potential for frequent outbreak of diseases like measles. While they are required to complete a medical screening prior to their arrival, refugees are not required to be vaccinated before entering the US (Coleman, et al., 2012). The majority of the school-aged children are vaccinated prior to their enrollment in school and many refugees have a subsequent

health examination with 90 days of arrival and may receive vaccinations then (Coleman, et al., 2012). The risk and resulting cost to both the refugee and the host community is great and becomes even greater if the refugee leaves to resettle in another state. Establishing a health care and vaccination plan before the refugee arrives in the United States is critical to protect the refugee, their family and the communities in which they live.

Data derived from tracking secondary migrations, could allow the federal governments to work more closely with states and resettlement agencies in the initial placement of refugees effectively reducing or negating the need for successive moves. Historically, the coordination and sharing of information between the responsible parties has not functioned efficiently. This is reflected in the inability to recognize and treat mental health and physical ailments in refugee populations, but also by programmatically blocking the flow of information because of artificial privacy concerns. During a refugee's evaluation period, UNHCR develops an in-depth analysis of each refugee's life including information regarding trauma, sexual or physical abuse of adults and children and if known the perpetrator of the abuse. This information is passed to the State Department ultimately intended for the resettlement caseworker entrusted to ensure the refugee is integrated in to their new community.

The State Department routinely blocks this information from reaching the caseworker because of concern for the refugee's confidentiality (Brown & Scribner, 2014) potentially causing the abused to be relocated near their abuser. Anders and Lester (2013), describe this systematic failure during their tenure as English as a Second Language (ESL) instructors with Burundian refugees, detailing the atrocities committed in the camps before the refugees were moved to the US. Woman and girls were targeted and sexually assaulted as they completed their daily chores or traveled outside the camp to collect fire wood. The small community where the

Burundi were resettled were ill prepared to deal with the trauma that the refugees had experienced and lacked the resources to effectively negate the trauma the individuals experienced. This information is crucial to the successful resettlement of these individuals and should be protected as privileged and confidential, but must be shared in order to facilitate a transfer of care.

On the negative side of implementing tracking of secondary migrations is the introduction of fear, hate, and xenophobia. Recent events have stirred up calls to block further refugees from being resettled and the need to track refugees that are already within the borders of the United States. The lack of conviction and politicized negativity displayed by elected officials and the media calling for the reversal of refugee protection in the name of national security is disheartening. For most of the summer in 2015, the plight of the Syrians fleeing their homes was of little concern to most Americans. That all changed in September when the body of three-year-old Aylan Kurdi was found washed ashore on a beach in Turkey and the heart wrenching images were seen around the world. It was later reported that Aylan's older brother and mother also perished when their boat sank leaving Aylan's father devastated. Thousands of signatures were collected urging the Obama administration to resettle Syrian refugees (Hanley, 2015). A mere two months later and the attacks on Paris left governors calling for an end to refugee resettlement in their states. South Carolina introduced legislation that requires state police to track refugees and holds the sponsoring resettlement agency responsible if a refugee commits an act of terrorism (Collins, 2016). Governors of 31 states indicated they would block admission of Syrian refugees to their states after it was reported that one of the suspects responsible for the November 2015 attacks in Paris (Fantz & Brumfield, 2015). This rhetoric creates and

atmosphere where citizens feel empowered to racially profile (Hing, 2006) and lessens the ability for refugees to integrate in to their new communities after they have already suffered for so long.

“Security reviews have left refugees in dangerous conditions for lengthy periods and prevented the entry of persons who do not pose security risks” (Kerwin, 2011, p. 1). The US government’s primary responsibility is undoubtedly to ensure its citizen’s security and protection from acts of terrorism, post-9/11 this homeland security is at the expense of refugees and other vulnerable immigrants (Cintora, 2008). Many corporations and universities have criticized the waning post-9/11 immigration policies that have depleted the ranks of foreign born students, scientists, and scholars entering the United States (Kerwin, 2005).

The goal of deterring terrorist by making it difficult to freely move about or accumulate money is noble, but Hing (2006) argues that by bringing honest people out of the shadows and creating an atmosphere that identifies and documents low-risk individuals, the dishonest and dangerous would become more susceptible to detection. Evidence that terrorist groups have entered the United States through official immigration channels is difficult to find and contrary to most known methods of operation of terrorist organizations (Kerwin, 2005). The true threat is the lack of scrutiny towards non-visa visitors to the US. In 2000, the number was close to 30 million visitors or 30 times the number of refugees and other immigrants admitted to the US and the total time the total time they were scrutinized before entry could be measured in minutes (Centner, 2012). Security must be re-envisioned, as an event that occurs between a State and its people and not as an event between states (Ellemor & Barnett, 2005).

While refugees are free to move about once they are resettled in the US, they do not share the same legal status as citizens (Lunn, 2011) and after one year must apply for lawful permanent resident (LPR) status or more commonly known as a green card. The LPR process can be

confusing to the applicant because of limited English proficiency, lack of information on the legal requirements, or inability to complete the process. Enforcement of the rule is loosely applied to individuals, where most refugees are expected to file for permanent residency after the first year, but others with a criminal history have been arrested and detained because they have not filed within the first year (Kerwin, 2011).

When detained, a refugee's already fragile life can spin out of control. A report by Human Rights Watch (2009) details the story of David, who fled Liberia with his family when he was a child. David's father failed to apply for a change in his son's LPR status when David was 14 years old. In 2009, David was 21 years old and was arrested for misdemeanor battery and served a 30-day sentence. Upon his release from jail, David was detained by federal Immigration and Customs Enforcement (ICE) officials for his failure to adjust his LPR. With David jailed, his girlfriend struggled to provide for their twin daughters, fell behind on rent payments, had to leave her job and move out of state to live with a relative. Refugees can languish in immigration detention for extended period of time, simply because of a procedural oversight.

The Refugee Act of 1980 has an admirable goal of assisting refugees to become self-sufficient (Brown & Scribner, 2014), but narrow definitions, inadequate funding, and refugees that are unsure of how to operate common household appliances like stoves and refrigerators (Lunn, 2011) make self-sufficiency a cumbersome assignment. Self-sufficiency is often narrowly defined as finding employment and supporting one's family without further public assistance. This frequently causes other priorities such as learning English, completing training to acquire certifications and licenses, or participating in medical or behavioral health therapies to take a lesser position to the first job a refugee can find (Brown & Scribner, 2014). Many

refugees expressed frustration at their inability to perform more than menial tasks and felt like indentured servants (Anders & Lester, 2013). Allowing the refugees a chance to gain the skills to better integrate in to their new communities should ultimately reduce the support needed in the long term and build stronger communities.

Further Research

The ability to find research specific to refugee population was limited with a significant amount of the information focused on anthropological aspects of refugee reintegration and the psychological aspects of trauma. As a subset of the larger immigrant populations, a fair amount of information on linguistics, disaster preparedness, and cultural isolation was extrapolated. Opportunities to increasingly expand on the body of knowledge surrounding the refugee populations once they are past the point of receiving assistance from resettlement agencies exist.

A greater focus on the need to track refugee populations could include studies such as: the overall percentage of refugees that receive their LPR or green card and the time it took them to achieve this milestone. An emphasis on what steps were taken to prepare for the process, what assistance was required, what could streamline the process, what road blocks were so significant that exceptions had to be made, and should those processes be reviewed for modifications? Examining the demographics of the individuals that complete the process would also be beneficial. For instance, what is the average age, education level, comprehension of the English language, family status, employment status, previous employment before the resettlement, and LPR status of family members of the individual?

There appeared to be little research done on refugees post resettlement that explored the effectiveness of the resettlement programs. Of interest would be the sacrifice made by immigrant parents for their children. For example, if the focus remains on rapid self-sufficiency

requiring the refugee parents to quickly establish employment in one or more jobs in order to provide for their families and ensure that no additional public assistance was received, but in doing so the parents lacked sufficient comprehension of English that their children had to translate and negotiate for them. What benefit did the children receive? Were they able to graduate from high school, did they get accepted to college, did they become self-sufficient in their own right and care for their parents as they aged and eventually retired? If as a result of the sacrifice the children reached a higher level of success, then the parent's narrowly defined self-sufficiency may be acceptable. If the children were unable to complete high school or were forced to accept unskilled labor for minimum wage, then no level of success can be claimed.

Many factors go in to a student's success in school. In addition to learning a new language, and learning what it entails to be a student in the United States, refugee children must find their identity in their new homes and school. This challenge is intensified by the school's need to teach to standards such as common core. A study to determine the factors that contributed to the success or failure of school aged refugees would be beneficial.

The rush to self-sufficiency could be offset by exposing the refugee to language and cultural awareness training while they wait to come to the United States. As noted, the refugee typically waits for at least six months for a background check to be completed. A study to determine the effectiveness of skills training programs before resettlement may allow the refugee to better integrate and find a better level of employment. An article by Jenny Knight (2009) detailed the establishment of libraries in refugee camps to assist healthcare workers with material allowing them to maintain their skills and proficiency and granting access to reference material to better serve their patients could serve as reference point.

The benefits afforded resettled refugees has been reduced significantly over the years. During the resettlement of Hmong refugees in the 1980's, federal assistance was provided for up to three years. That assistance has been reduced to eight months (Lunn, 2011). Eight months may be sufficient if support exists outside of the resettlement agency in the form of family or friends. As Brown and Scribner (2014) detailed, the need still exists and the liability and financial burden is merely transferred to another responsible party in the form of emergency room visits, community support, or increased emergency medical calls. A study is needed to determine the true amount of time that public assistance is offered to refugee populations so that funding can accurately reflect reality. The additional cost of free-case refugee and the strain it subjects the receiving community needs to be commissioned in order to find acceptable alternatives.

As regional assistance planning continues to grow, research is needed to determine if the need to formalize agreements exist to facilitate licenses and certification of medical and behavioral health professionals across states especially when working under the structure of a national organization such as the American Red Cross. Health care professionals will continue to need to move across state lines to provide assistance to neighbors. Agreements such as the Emergency Management Assistance Compact (EMAC) exist and may be used as a basis to explore interstate cooperation.

The subject of secondary migrations came as surprise when this research was conducted. There is no official policy for secondary migration, but federal agencies mandate that local affiliates plan for it (Weine, et al., 2011). This mandate leads to a dangerous precipice where the federal government places refugees in an area and resettlement agencies and state and local governments have some level of assurance of the number and needs of the incoming population

and then without warning there are exponentially more refugees for some municipalities and less for others. A better understanding of the timing and types of secondary moves needs to occur in order to allow agencies an opportunity to adjust their funding and resource requests.

The author's initial interest in this subject is based on a series of emergency dispatches to assist members of various refugee communities in crisis. The calls ranged from a triple homicide, a home invasion, the death of a family patriarch, and a fatal car accident. In each instance, the refugees struggled to grasp the official need for further investigation of the call based on cultural perceptions in an already tense situation. The police department has assigned one detective to manage refugee services and the fire department crisis response team has started tracking calls where services were provided to vulnerable populations with refugee status being considered an indicator of vulnerability. A study to determine an accurate number of emergency dispatches to assist refugees by law enforcement, fire and emergency services may give valuable insight in to future trends or the ability for agencies to apply for grants that may offset some of the costs.

In addition to the emergency services calls, data needs to be collected regarding the number of behavioral health calls for refugee populations as research shows that a greater number of refugees have the propensity to suffer from symptoms of PTS. Without understanding the level and severity of this situation, communities are at a disadvantage and the refugee is unable to get the level of care they deserve. This also echoes the need for the UNHCR analysis to be forwarded during the transfer of care of the individual.

At the local level data is collected at various points. In order to effectively manage refugee services, cities could benefit from exploring where refugees reside and then examine that data to determine if sharing between departments would allow the city to better serve the refugee

community. The housing department may collect information regarding low income or subsidized housing specifically for refugee populations; public health, school officials, fire and police may have information that if viewed holistically may provide better insight and planning in to the refugee population. If successful, this concept could be expanded to county and state governments, as well as community organizations, churches, and other non-profits that assist in the resettlement of refugees.

As greater awareness of the makeup, capabilities, and needs of the local refugee population become available, law enforcement, fire and medical service personnel may need to determine if the need for language immersion training exists. The ability to converse with the refugee in their native language when they are experiencing a crisis may aid the first responder in providing care. This may also extend to establishing messaging in emergency planning that increase the comfort level of elderly refugees that may still feel their English proficiency is lacking and they must rely on family members to communicate.

English language proficiency is critical to the long term success of the refugee in their new home and a better understanding of the needs of the population need to be planned out. The ability to communicate is especially important during a crisis where time may be of the essence and small nuances in the choice of words, inflection, or body language may determine the action and reaction of the receiver. Language proficiency may be an opportunity to partner with a local university or community college and bring cross functional teams such as educators, researchers, linguistics, social workers, and anthropologists together to explore programs that assist the refugee with language acquisition. Long term, this language proficiency may be the most beneficial skill that the individual can master.

Mastery of a new language takes up to five to seven years for children and teens and possible longer for adults (Anders & Lester, 2013), the need to find other alternatives is crucial. As low cost technology solutions are introduced they may afford refugees the opportunity to translate written text from signs posted on a building to words spoken on the radio as they gain mainstream acceptance. The key will be the reliability of this type of application during routine transactions such as grocery shopping, but also critical communications such as evacuation or shelter in place orders and notifications to boil water before use. A study is needed to determine the effectiveness and availability of this technology in an emergency situation when electricity, internet, or phone lines may be inaccessible. If feasible, this type of technology could be a positive addition to its recipient's daily lives.

The issue of detention due to failure to register for a change in LPR status appears to cause undue hardship for the refugee. A 2003 study commissioned by the US State Department explored procedural reforms (Human Rights Watch, 2009). One of the recommendations was to grant LPR status when refugees were admitted to the United States. The argument was that background checks were already performed, the LPR status created a long-term sustainable solution for the refugee, the status eliminated duplicate paperwork. In the event that a refugee committed a serious crime a legal process to remove that refugee still existed. The study did not result in policy changes, but may warrant a second look to see if there any additional merits.

As research was gathered and the literature review was conducted, examples of guides written to assist a specific population or articles detailing a program sponsored and funded by a non-profit organization was uncovered. A study to identify and determine the effectiveness and longevity of programs such as the disaster preparedness training offered by the Red Cross of Colorado to resettled refugees is needed. Tracking the results of program outcomes in Colorado

and across Red Cross chapters would be beneficial if the participants were ever involved in a crisis situation. The need to incorporate input and feedback from agencies that provide resettlement services is critical; unfortunately, the current political environment in the United States precludes open access to many of these agencies.

A realistic understanding of the effects of the federal government's inability to cover the cost of refugee resettlement needs to be examined. The US has stated that it intends to increase its refugee admissions to 50% of all referrals made by the UNHCR worldwide (Ostrand, 2015). This is an admirable goal, but reckless if the local communities and resettlement agencies are unable to effectively manage the inflow of current refugees. This may not be a simple numbers problem and a study to determine if special circumstances or changing policy is causing an imbalance in levels of service.

Conclusion

Having the coping mechanisms and life skills in place to deal with crisis and other daily setbacks is necessary to lead a healthy and productive life and disaster preparedness is a critical aspect of surviving a catastrophic event. Refugees are especially vulnerable because of their lack of knowledge regarding the risks in their new settings. This is compounded by the fact that they may have experienced tremendous levels of trauma. Social and economic circumstances may lead to a greater vulnerability to disasters among the most susceptible populations (Ellemor & Barnett, 2005).

Municipalities must understand the population that makes up their community. The languages, the needs, the strengths, the skills are all important factors in providing safe and resilient neighborhoods. By building the capacity to make new connections, learning new skills, and gaining a better understanding of their new environment the individual may feel empowered

and begin to assimilate to the community. The community will benefit by better understanding the refugee's needs and capabilities. Relationships are important and encouraging communities to step out and better understand the vulnerabilities and strengths of neighborhoods is vital to resilience. The real victory is not that another person will be trained in the importance of working smoke detectors or the operation of a fire extinguisher. The win comes with the potential to build connections and relationships. Creating the opportunity to expand networks should foster an understanding between people sitting across from each other in a restaurant or on the bus that while that person speaks a different language or looks different they have similar fears, dreams and aspirations.

Programs may be best approached in partnerships, but organizers need to be aware of apprehensions held by the participants. Fears may be alleviated by removing city or other official logos and facilitators may want to request that first responders refrain from wearing uniforms that refugees may associate with authority to initial planning meetings. Establishing partnerships among organizations with common goals and sharing information may alleviate some of the issues regarding trust.

After years of economic uncertainty, lost jobs and wages, diminished operational budgets and a subset of the population that already relies on subsidies through Medicare, unemployment insurance, food stamps, and other government assistance programs, state and local governments must continually ascertain whether the citizens in the community are prepared to weather the storm. The first step is education and training.

Lutheran Immigration and Refugee Service has built an informative website and a collection of publications detailing the steps a receiving community can take to welcome refugees. Guides and reports such as "Disaster Preparedness in Migrant Communities: A

Manual for First Responders” (Lutheran Immigration and Refugee Service, 2013), are a welcomed start to the dialog needed to ensure that everyone has the opportunity to participate in, plan for, and recover from the effects of man-made and natural disaster and details practical ways the community can build partnerships.

The definition of self-sufficiency must be reexamined to determine if pushing the refugee in to the first job they can get is really in the best interest of the individual, their family or the community. Given time to learn the language or additional skills, many refugees may be able to take on greater roles and be in a position to provide for their families and contribute to the economy.

In the research by Laura Lunn (2011), the story of a refugee family being resettled in Kansas City was shared. The family arrived in the middle of the night and was taken to their new home. That is where the real struggle began. There were limited provisions, little food, and no direction. The food was substantially different enough from the family’s regular diet that they could not eat it and with no money or even a concept of where they were located they could not get food. A week later the case worker returned with a small amount of money, but after a month the family had still not received any medical care. The family finally connected with a small group of other refugees for assistance.

Bates and Peacock (1989, p. 352) define a disaster as “a failure in the social structure or organization of a social system.” Multiple studies point to the short falls in the federal refugee resettlement program and every indicator is there is no slow down to the number of displaced around the world or the United States’ willingness and generosity to assist. Officials need to take a hard look at key metrics of the program to determine that policy is not doing more harm than good. “...the suffering of the world’s poor intrudes only rarely into the consciousness of

the affluent, even when our affluence may be shown to have direct relation to their suffering”
(Farmer, 2005, p. 31).

If a resettled refugee fears for their safety or the safety of their children in their new home, are unable to earn enough wages to feed, clothe and shelter their families after the assistance ends and have no family or friends nearby are they better off in their new home or is the current resettlement policy just shuffling pieces on the checker board and hoping for the best instead of planning for the inevitable disaster?

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