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Ethical Considerations in Disaster Services: A Social Work Perspective

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■ Abstract

Natural and technological disasters often strike communities with little or no warning. This paper examines ethical considerations that influence disaster response and recovery efforts and that may go unrecognized within the overwhelming, complex situations created by disasters. First, background information is provided on similarities and differences between natural and technological disasters and on the phases of disaster management. Second, a conceptual framework is described that integrates values and ethical principles that govern social work practice into the context of disaster management, with a focus on post-disaster response and recovery. Third, post-disaster service delivery problems, gaps, and barriers that often emerge are discussed. Fourth, roles that social workers have to play in the planning, preparation, and implementation of ethically grounded, culturally-sensitive, post-disaster social service delivery is reviewed. Emphasis is placed on ways to improve the capacity, opportunity, and rapidity with which individuals, families, organizations, and communities can recover from the devastation that accompanies disaster.

■ **Key Words** Natural and technological disasters; Disaster management; ethical principles; post-disaster service

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Introduction

Natural and technological disasters often strike communities with little or no warning. Individuals, families, and communities suffer trauma and debilitation in every dimension of their daily lives from the loss of life and health, community infrastructure, property, jobs, personal belongings, and social ties (Dukfa, 1988; Zakour, 1996). Many groups and organizations, which operate under various auspices, assumptions, and values, are involved in the delivery of an array of post-disaster services. Despite the best of intentions, organizational variations in modes of communication, application requirements, scheduling, and eligibility standards increase the chance for inconsistency, conflict, and poor coordination in post-disaster service delivery (Gillespie, Colignon, Banerjee, Murty, & Rogge, 1993; Seaman, 1999). Emergency management and social service agencies may fail to address the needs of special populations such as children, individuals who are elderly, immigrants, and individuals who are homeless (Cherry & Cherry, 1997; Cherry, Cherry, & Bowie, 1995; Kilijanek & Drabek, 1979; Saylor, 1993). For survivors, such

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organizational limitations can add frustration and anger to a chaotic situation, cause potentially life-threatening gaps in immediately and desperately needed assistance, and impede a community's movement toward longer-term social, economic, and environmental recovery and development (Gillespie, 1991, Leitko, Rudy, & Peterson, 1980).

This paper examines ethical considerations that influence disaster response and recovery efforts and that may go unrecognized within the overwhelming, complex situations created by disasters. The authors draw upon an extensive review of social work, social sciences, and emergency management research and their research regarding social services in the context of natural and technological disasters.

First, background information is provided on similarities and differences between natural and technological disasters and on the phases of disaster management. Second, a conceptual framework is described that integrates the values and ethical principles that govern social work practice into the context of disaster management, with a focus on post-disaster response and recovery. Third, post-disaster service delivery problems, gaps, and barriers (e.g., administrative, interpersonal, circumstantial) that often emerge are identified and critiqued using the framework (Soliman & Poulin, 1997). Emphasis is placed on how social service providers may fail to address the post-disaster needs of populations who are

already vulnerable, including people who are poor, children, elderly individuals, immigrants, and people who are homeless. Fourth, the important roles that social workers have to play in the planning, preparation, and implementation of ethically grounded, culturally-sensitive, post-disaster social service delivery is reviewed. Emphasis is placed on strategies and tactics that can improve the capacity, opportunity, and rapidity with which individuals, families, organizations, and communities can recover from the devastation that accompanies disaster.

The Phenomena of Disaster and Disaster Management Phases

Natural and Technological Disasters

Disasters are broadly defined in this article as events that disable community social functioning. Earthquakes, tornadoes, and other natural disasters, are often treated separately from technological disasters such as chemical spills and acts of terror, civil unrest, and war, despite their potential to amplify synergistically the threat of harm to human populations and their built and natural environments. As illustrated in Chart 1, for example, natural hazards compound the threat of toxic exposure when, for example, earthquakes damage industrial facilities housing hazardous materials or water reservoirs collapse from structural failure or an act of terrorism (Gillespie, Rogge, & Robards, 1996). Scientists have suggested that the massive level of devastation

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from Hurricane Mitch in 1998 and other natural disasters are outcomes of human-activity induced global warming and climate change (International Institute of Sustainable Development, 1999). Risks from natural and technological disasters are increasing, in part because the human population continues to grow and concentrate in urban areas.

[Chart 1](#) provides an overview of similarities and differences in people's perceptions of and responses to natural and technological disasters. One important distinction is the perceived cause of the disaster as an act of fate or nature, such as an earthquake, or an intentional act of humankind, such as the attack on the Pentagon and World Trade Center. Perceived cause has important implications for survivors and broader community members' sense of victimization, and how and where people turn for solace, justice, and recovery (Rogge, 1995; Saylor, 1993). Despite differences, a number of strategies for reducing the harmful consequences of these two types of disaster are similar. Natural and technological disasters both require external assistance for response and recovery, have emotional and psychological effects, require reconstruction of shattered lives and shattered built environment, and repair of natural environment. Communication of risk and resources with survivors is critical in disasters (Jaswal, 2000; Streeter & Murty, 1996; Zakour, 2000). Disasters of all types require disaster management systems,

organizations, and personnel to be accountable and to act ethically.

Disaster Management Phases

The focus in this paper, and in social work practice in general, has been on helping communities during the response and recovery phases of disasters (Sanderson, 2000; Swatzyna, 2000). Ethical, efficient, and effective post-disaster services, however, cannot be brought to bear without attending to important pre-disaster activities to assess, reduce or mitigate, and prepare for disaster events, as shown in [Chart 2](#) (Gillespie, Rogge, & Robards, 1996). Disasters occur in a social, economic, and political context, so that emergency responders, social service organizations, and others involved in disaster management must account for this context in all its phases. For social workers, the focal point of disaster management involvement should be to minimize risks, maximize resources, and streamline administrative processes for vulnerable populations (Karanci & Aksit, 2000; Zakour, 2000).

Ethical Framework

Disasters and Ethical Uncertainty

The complex dynamics of disasters and disaster management are natural breeding grounds for ethical uncertainty and dilemma. Studies have found evidence of dissatisfaction, on the part of survivors and responders, with the type, extent, and consistency of disaster relief (Leitko, Rudy, & Peterson, 1980; Soliman & Poulin, 1997).

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Lack of preparation and training of social service providers and emergency responders can influence the quality of services to survivors (Gillespie et al, 1993; Newburn, 1993). Representatives of disaster relief agencies have felt unable to respond adequately to survivors' needs, and, in some cases, felt compelled to act contrary to survivors' interests because of certain regulations and policies adopted by participating agencies (Kurzman, 1983). Policies and regulations by national governmental entities responsible for disaster management have been assessed as "unclear, poorly explained, too rigid, and required a high level of middle-class financial management skills to comply with eligibility requirements" (Cherry & Cherry, 1997, p. 71). Such conditions may cause the denial or delay of services to survivors at crucial times at which the provision of service best translates to the outcome of successful coping (Soliman & Poulin, 1997). Notwithstanding the best efforts and intentions of organizations and individuals, the standards imposed by some disaster relief and response policies and procedures, or the implementation of such regulations, are not adequately responsive to survivors' needs and may not be built on clear ethical and moral standards.

Survivors of disaster experience abnormal conditions in which their resources are more often than not insufficient. Individuals' ability to cope may be temporarily crippled by the sudden change

and complexity of events. Outside assistance is desperately needed, including shelter, food, evacuation, transportation, and information. Survivors frequently need loans, grants, and other forms of compensation to replace equipment, rebuild housing, and clean up. Communities require public resources to restore roads, bridges and highways; repair telephone and electrical lines; and reclaim other infrastructure.

Outside assistance is delivered by a range of governmental, non-for-profit, and profit entities, each of which operates under its own philosophical stance, assumptions, and values. These variations may increase the chance for inconsistency, conflict, and lack of coordination in service delivery (Robards, Gillespie, & Murty, 2000). Some methods of interacting with survivors can be harmful or produce frustration, anger, desperation and disappointment among survivors (Cherry & Cherry, 1997). Survivors may face a bewildering array of agencies and organizations that use different forms of communication, application requirements, time frameworks, and eligibility standards. Survivors' expectations, particularly in the immediate aftermath of disaster, may exceed the capacity of any organizational system to respond comprehensively. These problems and other administrative, interpersonal, and circumstantial barriers can undermine the delivery of services to survivors (Soliman & Poulin; 1997)

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Ethical Vantage Points under Conditions of Disaster

Ethical theories, the concepts of caring relationships and moral citizenship, and social work ethical codes contribute to the construction of the ethical framework used in this paper.

Ethical Perspectives

Beatley (1989) noted "The appropriateness of particular public policy responses to disasters will depend upon the specific criteria or principles or standards one feels society ought to acknowledge and embrace. Moral philosophy offers several primary alternative ethical vantage points to guide planners and policymakers in the mitigation of disasters" (p. 7). In the last twenty years, there has been a surge of social work professional activity regarding disasters and disaster intervention strategies; however, ethical and moral dimensions of social work intervention in this disaster activity generally have not been well defined. A general presentation of ethics in social work practice should be integrated more fully into disaster relief and response.

Reamer (1999) noted the particular relevance of normative ethics to social work practice, "Normative ethics consists of attempts to apply ethical theories and practice to actual ethical dilemmas. Such guidance is especially useful when social workers face conflicts among duties they are ordinarily inclined to perform" (p. 65).

Normative ethical theory and daily practice is, ironically, applicable to abnormal disaster conditions. Imre (1989), in her discussion of grounding social work practice in moral theory, emphasized the centrality of caring, interpersonal relationships as the context for carrying out successful interventions. In times of catastrophic or personal disaster, social workers are obligated to adopt a caring outlook toward survivors to be responsive to their needs.

Manning (1997) defines moral citizenship as "the responsibility to determine rights and good behavior as part of the rights and privileges social workers have as member of a community that includes clients, colleagues, agencies, and society" (p. 224). Manning clarified that moral citizenship is concerned with "how social workers use awareness, thinking, feeling, and action to enact social work purpose" (p. 224). Under conditions of disaster, then, social workers' moral responsibility towards survivors is enacted through connecting with survivors and through negotiating organizational and societal resources to protect survivors' rights and privileges.

Utilitarian theorists deem an action to be right if the action, under conditions of conflicting duties, produces the greatest good and if the choice of action is predicated on the estimation of the future good to be produced (Reamer, 1999). Linzer (1999) notes that utilitarian ethical standards have been met if the benefits of disaster

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mitigation exceed costs. Setting ethical priorities is often difficult for people in need and social workers alike in daily living. This difficulty is amplified under conditions of disaster in which multiple, urgent needs are generated and time constraints force immediate choices with little time to assess the full range of potential costs or goods. Critics of utilitarianism focus on the difficulty of deciding between two competing options where benefits of one option may be unfeasible considering the costs and rewards of each choice. Social workers should help survivors of disaster navigate choices and calculate their actions under the existing conditions of disaster.

A constructivist approach emphasizes mutual problem definition, priority setting, and the potential for change among actors. In social work practice, this approach translates to ethical practice grounded in "mindfulness, respect, and empowerment" (Allen, 1993, p. 35). Again, belief systems shape rules of conduct which influences behavior and outcomes. Allen argues that a constructivist approach in clinical practice places greater emphasis on social context and social justice than clinical social work "largely grounded in individualism and rationalism...often treated as universal truths without respect to culture...neglecting the social contexts which may define the lives, needs, and problems of individuals" (p.42).

Kurzman (1983) summarized the study of

ethics into the three principal theories of virtue, duty, and the common good. "The theory of virtue refers to such traits as honesty, probity, and respect for others- -a theory of duties therefore suggests prescriptions and prohibitions, contractual permissions and obligations- - the theory of common good addresses the issue of social justice (p. 106). Applications of these three theoretical perspectives indicate that individuals, families, and communities that face the aftermath of disasters should be treated with respect and dignity. Chodoff (1991) viewed ethics in practice as behaving accountably and competently, and engaging in advocacy. Further, policies, programs, and services to help survivors should be based on the rights of the individual to be protected against physical and psychological harm.

Taking these perspectives into account, then, in times of disaster, social workers have joint obligations to create a caring context for individuals and to engage in moral citizenship that accounts for the pressing needs of populations and that maintains a social justice focus. These obligations must be met in part by individual and organizational pre-disaster action to maximize post-disaster protection of rights and to minimize physical and psychological harm.

Social Work Principles

Professional social workers, regardless of their field of practice, commit themselves to abide by a code of ethics such as the National

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Association of Social Workers (1999), in the United States, and the International Federation of Social Workers (1994), which guides conduct in interaction with multiple systemic levels. Social workers and other social service providers should be aware as well of governmental and international humanitarian relief ethical guidelines such as the Code of Conduct of the International Federation of Red Cross and Red Crescent Societies (2001a). An examination of how professional social work guidelines apply in the context of disaster is imperative. Richman (1997) states, for example, "We always need to be aware of the ethical implications of our work, but when dealing with people in extreme situations we are obligated to give special thought to ethical issues" (p. 374). Disasters multiply and amplify, at times exponentially, individual crises. Individuals, families, and communities in crisis are particularly vulnerable to exploitation and misunderstanding. Under the stigma of victimization, for example, survivors' reactions to extreme distress under extreme conditions may be misinterpreted as mental illness (Fulford, 1991). Among the foundational values to attend to under conditions of disaster are respect and dignity, self-determination, justice, and advocacy.

Respect and Dignity. Studies indicate that survivors of disasters are, in most cases, individuals and families who have little experience with social service organizations and who have

generally relied on their own resources. Many survivors of natural and technological disaster may find it difficult to seek help from service organizations because of the social stigma often attached to these agencies and for fear of losing respect, independence, and control over their lives (Rogge, 1995). Social workers must assess how intervention approaches best facilitate mutual, respectful relationships with individuals and families in the context of post disaster intervention. Allen (1993) states, "In postmodern dialogical therapies, a kind of respectful curiosity replaces neutrality. Curiosity focuses on the multiplicity of possible patterns...generates respect and respect generates curiosity within the client system... invites collaboration" (p. 48).

The great media interest in the survivors of disasters raises issues about confidentiality, privacy, and dignity. In monitoring community reactions to a disaster and reporting on its effects, the use of media's technological resources can often contribute to communicating survivors' needs to the broader community while simultaneously infringing on survivors' most private experiences (Richman, 1997; Robinson, 2000). By focusing on dramatic news about disaster-related death, injuries, damages, and loss, the media may perpetuate suffering rather than address survivors' needs. Whether publicized information about the performance of disaster response organizations is correct or inaccurate, the pressure of operating

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under the media's watchdog function may result in widespread efforts to correct systemic failures to anticipate and react effectively and efficiently to the disaster. Alternatively, such tremendous pressure may exacerbate intraorganizational chaos, create interorganizational conflict, and heighten survivors' anxiety and distrust in service organizations. Social workers have obligations following disasters to engage members of the media judiciously in ways that protect the rights of survivors and that balance the broader community's right to know with organizational autonomy to function.

Self-Determination. As disasters unfold, so do situations that threaten self-determination as they generate uncertainty, confusion, and conflict. Survivors must make crucial decisions as they seek immediate resolution to intense, traumatic, emotional situations. Often, however, individual autonomy is curtailed as emergency response and service organizations implement their post disaster operations. Survivor input is minimal in matters such as evacuation, shelter, and food distribution. The unique characteristics, strengths, and needs of individuals and families can be lost as organizations strive to regain control in post disaster confusion. Survivors should have the opportunity to make known their unique life situations, special needs (e.g., a child's medical condition or mobility limitations of a frail elderly family member), values, beliefs, culture, and

resources (Tierney, Petak, & Hahn, 1988). For example, an emergency housing shelter in which all family members, regardless of gender, shared the same space would be contrary to traditional Muslim practices; hence the services may compound post disaster stress by intensified feelings of frustration, anger, and disrespect.

Most disaster studies indicate that community members' participation is critical to effective and speedy recovery (Soliman, 1996). Jago (1991) described the important role of a committee comprised of disaster survivors along with local and state government officials. The committee, in response to a local flood, monitored recovery progress, identified local needs, advanced recommendations to local and state governmental and other organizations, negotiated for, and carried out recovery activities.

Social workers must take care in the aftermath of disaster to use approaches that enhance survivor self-determination whether addressing material or emotional upheaval and loss. Researchers have documented over time the multiple financial effects of disasters (Visno, 1977; Dodds & Nuehring, 1996) Data regarding the long-term effects of disaster on small and impoverished communities are still limited, however. Economic effects on households, including loss of homes, decline in household values, loss of financial assets, and a drastic decline in family income, correspond with a greater dependency, at least

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temporarily, on others for support. As she argued for the use of constructivist models, Allen (1993) cautioned, " ...the idea that the therapist possesses superior knowledge about what constitutes problems and desired solutions...does not honor the client's agency and experience in determining the problem or the outcomes so vital to her or his life. A client can end up feeling grateful for the expert effort and help but feel disempowered at the same time" (p. 44).

Justice. Physical security and subsistence are essential for all individuals, families, and communities to recuperate from the effects of disasters (Sundet & Mermelstein, 1996). In disaster response and recovery, social networks, volunteers, and informal organizations address some of these basic needs while others require the coordinated intervention of local, state, and federal government (Gillespie et al., 1993). Intentional efforts on the part of governmental agencies, not-for-profit organizations, and concerned citizens are required to guarantee social justice to survivors of a disaster. In keeping with our tradition and history, social workers should pay particular attention under conditions of disaster to the needs of vulnerable and disenfranchised populations, including children and elderly individuals; people who are physically and mentally challenged; ethnic, racial, cultural, and religious minority populations; and people who are poor. A number of studies indicate that

disaster relief to individuals in these groups is often delayed or diminished, and that special needs, such as individuals with physical challenges, are often not well accounted for in community disaster management efforts (Cherry & Cherry, 1997; Fothergill, Maestas, & Darlington, 1999; Streeter, 1991; Tierney, Petak, & Hahn, 1988).

Social workers should be able to apply principles of distributive, procedural, and participatory justice under conditions of disaster (Hoff & Rogge, 1996; Sanderson, 2000). Allen (1993) cited O'Connor's view that social work should adopt a justice framework based on satisfying human needs rather than wants. Otherwise, social workers are in danger of supporting a status quo in which many individuals and families are disadvantaged. Unfortunately, support of the status quo can and has been justified by a focus on psychological symptoms and therapeutic interventions, which can result in "unwittingly adjusting people to poverty and other forms of injustice" (p. 50). On the other hand, therapy can be a vehicle for addressing some of the injustice that occurs in society. "Just" therapies account for "the gender, cultural, social, and economic contexts of any person or family seeking help...require that political work be conducted in association with the psychological" (p. 50). The use of just therapies is perhaps even more essential under the enhanced conditions of stress

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and turbulence of natural and technological disaster.

Advocacy. Advocacy is one of the most controversial issues in disaster response and recovery because it demands a clear understanding of survivors' interests and because of the potential conflict with other core principles such as self-determination (Manning, 1997). Advocacy in disasters engages social service providers in moving beyond attention to survivors' immediate physical, subsistence, and emotional needs to fights for survivors' rights as both case and class advocates (Murthy, 2000). Disasters, however, create such sheer volume of need that basic subsistence needs may be unrecognized and unmet and advocacy becomes a secondary priority. This situation can be seen in individual situations in which survivors have special needs that may not be accounted for in the basic set of disaster services that organizations are prepared to provide (e.g., a child who is mentally retarded or an adult who has Alzheimer's disease). In such situations, social service personal are obligated to assess individual and families' special service needs to maintain subsistence level functioning and to engage in case advocacy to address their needs sufficiently.

When it becomes apparent that the needs of a group of survivors (e.g. residents of low income neighborhoods, indigenous communities) are unattended to because of their group status or

identity, social service personnel may be obligated to act on the joint principles of justice and class advocacy. Social workers who practice primarily in clinical modalities must assess their role as advocates under conditions of disaster. Advocacy includes, as Richman (1997) stated, " promoting ethical codes of conduct in clinical work and research, informing others about the ethical issues involved, and encouraging adequate and equitable services" (p. 378).

Organizational challenges may undermine the use of advocacy in disasters. Formal and informal organizations struggle to respond to so many needs, yet they face multiple administrative and policy challenges. In other words, agencies during disaster are also vulnerable and may well be stretched beyond their own capacity to respond adequately to community needs. Thus, organizational reactions to advocacy may be hostile. Enacting the principle of advocacy in regard to disasters illuminates the obligation on the part of social workers and social service organizations to become involved in pre-disaster assessment, mitigation, planning, and preparedness processes to increase the probability that services for special needs will be available if and when disaster strikes.

Case and class advocacy in disaster work can be vital to address survivors' unique and unmet needs (Jago, 1991). This may require emergency response and social service

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organizations to recognize the vitality of advocacy as a tactic to improve services to survivors. Organizations in which disaster preparation promotes an open minded, flexible outlook will more easily adapt their strategies to address new needs with minimal defensiveness. Considering the multiple, demanding roles in which social workers must engage in during disaster response and recovery, case and class advocacy are essential parts of the repertoire.

Ethical Applications in Disaster Services

Disaster response and recovery programs have become increasingly sophisticated, efficient, and organized in developing and implementing plans for reducing the harmful consequences of disasters for survivors (Dufka, 1988; Soliman, Raymond, & Lingle, 1996). One common factor among more successful programs is clear objectives that have been translated directly to concrete services to help survivors cope. Notwithstanding the many advances in disaster preparation, however, there are many aspects of disaster management, from local to international levels, which need improvement (Akashi, 1998). As noted earlier, explicit attention to ethical guidelines and dilemmas is one important area that requires greater emphasis, training, and implementation. Two experiences of disaster services illustrate service problems that arose as a result of limited ethical guidelines in disaster response and recovery training and practice.

Agency Response to Hurricane

Andrew

When Hurricane Andrew hit south Florida in 1992, 75,000 homes were destroyed, over a million people lost without shelter, electricity, telephone services and water, and costs reached \$30 billion. Cherry & Cherry (1997) found critical limitations in the response of the U.S. Federal Emergency Management Agency (FEMA):

Inadequate, unclear information from FEMA to the public about services;

- Lack of emergency money to support families following the hurricane;
- Length of time for responding to survivors' requests for services and support;
- Restriction on materials and goods that could be bought by families;
- Unexplained policies and procedures;
- Rigid requirements for documentation; and
- Lack of sensitivity to the needs of special populations.

Natural disasters create tremendous pressure on emergency response and social service organizations, from local to national and international levels. Congressional hearings following Hurricane Andrew, however, found that FEMA's failure to learn from previous disasters contributed to the problems experienced in Andrew's aftermath (Cherry & Cherry, 1997). Notwithstanding the complications inherent in

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large-scale disaster, the failure of a federal organization, created to ensure survivors' safety and protection, is unsettling. Because of ethical and moral considerations, emergency management agencies at all levels are required to study, prepare, and develop strategies and procedures that are adequate to help survivors receive effective services. Such services in turn enhance survivors' ability to cope with disaster and reduce the possibilities for long-term psychological reactions.

The Great Flood of 1993

The Mississippi Flood of 1993 devastated parts of five Midwestern states. As a result of the massive damage that affected 39 (40%) of Illinois' 102 counties, the Illinois Department of Mental Health and Developmental Disabilities received a grant from the FEMA to provide outreach counseling services to flood victims. Over a hundred counselors were recruited and trained to provide: 1) information and referral, 2) individual and group counseling, 3) education to the general public on the mental health aspects of the disaster, and 4) consultation with other organizations that participated in disaster relief (Soliman, Raymond & Lingle, 1996). Preparation for the outreach included a training program developed and administered to the counselors by two experts in the area of disaster and mental health. The training program included:

- The concept of disaster response

services,

- Identification of the phase of emotional responses to disaster,
- Myths and realities of disaster response,
- Identification of groups at highest risk,
- Special population groups such as frail elderly, children, disadvantaged, and ethnic/ culturally specific, and
- Provision of information and referral

The training program was perceived as helpful to the outreach counselors, yet it did not explicate ethical or moral standards for service delivery in disaster (Soliman, 1996). Review of the outreach project's materials and observation of meetings provided evidence of the consequences of not integrating ethical content in the training. For example, outreach counselors raised questions in follow-up meetings about interaction with survivors, communication with representatives of different agencies, conflict between counselors and supervisors, confidentiality, administrative and organizational barriers, termination of services with survivors, and interaction with survivors after the termination of services. Counselors and survivors may have benefited had ethical principles and guidelines related to many of their questions, as well as underlying logical processes used to assess ethical choices and outcomes, been addressed clearly and systematically in their training.

Post-Disaster Response, Recovery, and Social Intervention

Response and Evacuation. Interventions by emergency response and social service organizations during the early response stage of post disaster focus on triaging survivor needs, estimating the effects of the disaster, and informing the public about the its nature and magnitude. Interventions during this stage may include the evacuation of residents from affected areas. Voluntary and forced evacuation from homes and community are highly stressful experiences for individuals, families, and communities. There are unanswered questions, uncertainty, and anxiety about what will happen to pets, livestock, belongings, and structures left behind as well as what the future holds in terms of reestablishing community. Many individuals, therefore, may resist leaving home regardless of what information about imminent risk is provided to them (Saylor, 1993).

Disaster recovery theory indicates that, during the early stages of disaster, people tend to cling together in a cohesive group, while others engage in heroic efforts to serve the group. Richman (1997) noted that people in threatening circumstances might feel secure if they can stay in familiar places close to, and know the status of, relatives and friends. Loss and separation from one's familiar environment may block an individual's thinking process and generate a sense of fatalism. Ressler (1993) advocated for effective

evacuation processes that account for evacuees' emotional and psychological status. For example, information about the area designated for the evacuation and the process of adjustment should be discussed with evacuees as soon as possible. Moreover, a proper reception of the evacuees and adequate care may reduce anxiety and prevent exploitation (Ressler, 1993).

Recovery. Jago (1991) noted, "Financial, material and personal support offered immediately and sensitively, and then on an continuing basis has been noted as critical to recovery" (p. 43). Gordon & Wraith (1988) estimated that "The need for the greatest level of personal support tends to occur between four and eight months after the disaster event" and that "With ongoing community support, approximately 80 percent of individuals can be expected to recover from their 'normal reactions to abnormal stress'" (p. 10).

Leitko, Rudy, and Peterson (1980) analyzed the social response to dependence produced by disasters. Their research compared public expectations for relief giving in natural disasters to those in economic disasters. Based on their observations, direct relief is contributed to survivors of severe economic disaster only for a brief period until indirect work relief programs can be devised. Disasters have somewhat different effects on public direct relief contributions. Generally, natural disasters affect people across socio-economic strata more equally than do economic disasters, however, important

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differences exist. For example, people who have lower income are somewhat more likely to be exposed to certain disasters such as floods (i.e., living on flood plains), while people with middle and upper-middle income levels are more likely to be insured against loss. Data continues to emerge about the massive extent and multiplier effects of direct relief giving following the World Trade Center and Pentagon attacks (Independent Sector, 2001). People regardless of social status are vulnerable to severe financial loss, physical deprivation, and psychological trauma.

Members of different socioeconomic status groups may perceive disaster differently as well as experience some dynamics of disaster differently. Leitko, Rudy, and Peterson (1980) noted, "middle class victims resented the 'need not loss' basis on which relief was distributed" (p. 732). Emergency responders and social service organization personnel may have to address ethical issues that stem from survivors' perceptions of appropriate recompense. The authors found, for example, that middle class survivors were offended because they expected relief to correspond to their status in the community and their losses, regardless of their ability to support themselves, while this was not a common complaint among working and low income status individuals.

The status of inter-organizational disaster relief services remains similar to Leitko, Rudy & Peterson (1980) description two decades ago: "a

variety of private agencies compete to provide disaster relief, and local agencies within the national organizations often have a considerable amount of control over their own activities" (Gillespie, Murty, Rogge, Robards, & Shen, 1995). Jago (1991) argued "because of the unique situation in every disaster, decision making on recovery structures and processes needs to remain invested in the local community, with assistance from external resources" (p. 43). Depending upon the country, location, and type of disaster, disaster response and recovery services may be decentralized, nonprofessional, and supported through voluntary giving (Anonymous, 1999). Historically, in many countries, the public has expressed dissatisfaction with disaster relief provided by national governments (Dufka, 1988). In the U.S., the quasi-governmental American Red Cross was traditionally the primary source of disaster relief for individuals and families until responsibility for much of the more extensive and long-term financial relief was assumed by the FEMA. The American Red Cross' current efforts are aimed toward restoring individuals' and families' independent functioning in the early stages of post-disaster response, largely through the provision of food, clothing, emergency shelter, short term mental health services, small loans and referral of victims to other governmental and other non-governmental source of aid (Cosgrove, 2000).

Characteristics of Effective Services

Certain characteristics of service are

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crucial for survivors of disaster and are important for survivor satisfaction. For social service organizations and professionals, attention to these service characteristics is recommended as an optimal, ethical strategy for meeting survivors' needs. The discussion builds on empirical research in which disaster survivors shared their views regarding how services could be valuable for them (Soliman & Poulin, 1997). These characteristics reflect values and morals that a service program should integrate to address survivors' concerns and needs.

Information

Sufficient, valid information is vital in disaster response and recovery. Accurate information about the location, type, and eligibility requirements for post disaster assistance helps survivors make informed decisions that are intrinsically related to their life arrangements and future well being. Accurate information of this nature is crucial for social workers and other services providers, as is valid information about the range of reactions and behaviors that survivors will likely experience. Jago (1991) reported on the utility of information workshops following a disaster in Australia. The workshops, presented by recovery experts on survivors' reactions, were arranged for members of government and non-government organizations. Pre-disaster training, such as offered by the FEMA and the International Federation of Red Cross and Red Crescent Societies has become increasingly available in

recent years (International Federation of Red Cross and Red Crescent Societies, 2001b; U.S. FEMA, 2001).

It is difficult to overestimate the barriers that challenge the flow and exchange of information under conditions of disaster. Emergency response and social service organizations must coordinate pre- and post-disaster to prioritize reliable mechanisms for communication throughout the community. Once communication networks are up and running, organizations should continue to coordinate throughout the recovery phase to disseminate not only data about the nature of the disaster and information about how and where to get help, but also about normal disaster recovery processes, and how individuals, families, and communities tend to react emotionally, psychologically, and behaviorally to the stress of disaster (Gillespie, 1991). Media can carry out an important information distribution role in this regard (Robinson, 2000). Jago (1991), for example, described how newspaper supplements were used over time for this purpose.

Appropriateness and Clarity of Procedures

Negotiating the processes for services may be daunting to survivors. Unfamiliar, detailed, bureaucratic processes can often be confusing; the demand for documentation – in the aftermath of widespread destruction of homes, property, and legal documents - to substantiate proof of eligibility can be maddening to survivors and organizational

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personnel alike. As one survivor of the Great Flood of 1993 noted in the presence of one of the co-authors, "I'm sorry, all my documents were in the house and the house was gone". Survivors' tribulations may not be over once applications for service have been completed. Survivors may leave a disaster relief center with only an application processing number and a telephone number to call for follow up. Applicants have reported feedback on their applications to be inaccurate and inconsistent; survivors have received different answers on the status of their application from the same office (Soliman, 1996).

Clear, simple procedures to obtain services are critical for survivors. These procedures should consider the survivors' educational level, life experience, nature of the disaster, type of loss, and survivors' experience with social service organizations. Jago (1991) and Soliman (1996) found that rigid, unclear eligibility requirements could prevent survivors from receiving needed funds and support. The consequences of not acquiring post-disaster resources can be more serious for members of vulnerable populations such as children and elderly individuals. Trust between survivors and organizational representatives are essential for a positive working relationship; good communication between survivors and helpers are critical for effective recovery.

Appropriately Timed Service Delivery

Disasters are large scale crises that create

the need for immediate services to satisfy urgent needs, including shelter, food and water, clothing, transportation and information. If access to services is delayed, individual survivors suffer the consequences as does the community at large.

Service Coordination

The efforts of the many organizations that may converge on a community, region, state, or nation in disaster must be coordinated. Poorly harmonized activity among the mix of local, state, federal, and international organizations can create wasteful redundancy, complicate access to services, or cause some groups to receive delayed or no service (Gillespie, et al., 1995).

Implications

Studies suggest that although disaster services have improved over time, many survivors experience services as complicated, inconsistent, and inadequate. Services may be formalized and categorized to the extent that they may fail to consider the principles that guide service provisions. Furthermore, these services may continue to fall short of addressing adequately the needs of individuals who are elderly, children, people of color, people with low income, and other vulnerable populations. This article has illustrated areas of pre- and post disaster planning and service interventions in which ethical issues are likely to arise and in which clarification of ethical and value principles could foster resolution. Pre-disaster training that takes ethical considerations into account can improve the post-disaster

capacity of staff and volunteers to function appropriately during intensified demands for service, strengthen organizational strategies to handle massive disaster, and broaden opportunities for organizations to coordinate.

In this context, the roles of social workers in conducting ethical practice with survivors of disasters include:

- Participate in community pre-disaster management committees and encouragement of other social service organizations and citizens to become involved;
- Structure social service organizational management to include an ethical framework for participation in disaster response and recovery activities;
- Review organizational regulations and policies to maximize coherence between the requirements and interests of organizations and survivors;
- Initiate and participate in pre-disaster activity that increases the capacity of public, private, and volunteer organizations to coordinate and collaborate ethically when disasters occur.
- Engage in pre-disaster, interdisciplinary, public, and professional training that addresses ethical approaches to survivors' reactions to disaster, the use of

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interpersonal and environmental coping resources, and the particular needs of vulnerable populations.

- Provide personal support and case and class advocacy to survivors throughout disaster response and recovery periods;
- Intervene through sensitive planning, team building, and community coordination -- pre- and post-disaster -- through the full spectrum of social work approaches from clinical and direct practice through advocacy, organizing, and organizational administration.

For social workers operating under conditions of disaster, Allen's (1993) description of ethical responsibility applies. Accountability "lies in the responsibility to advocate and to open space for client voices in the developing conversation so that they can define themselves, their problems, their preferred solutions" (p. 40). Social service organizations and professionals at local, state, national, and international levels must continue to learn from past successes and failures to improve disaster management frameworks, strategies, procedures, and collaborations. With the certain knowledge that new natural and technological disasters will emerge, our obligation is to think and act, before disasters arrive, to minimize potential harm and to intervene, post-disaster, with maximally efficient, effective, and ethical service.

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Chart 1

Disasters: Events that disable community social functioning

Natural	Synergistic	Technological
Earthquake	Flood	Hazardous materials releases
Volcanic eruption	Landslide	Nuclear accidents
Avalanche	Drought	Structural and transportation accidents
Hurricane, typhoon, cyclone	Desertification	Forced migrations
Tornado	Deforestation	Terrorism
Snow/ice	Famine	War
Fire	Disease Epidemics	Civil unrest, riots
Insect swarms	Global Warming	Genetic engineering
		Computer-technology failure

Differences and Similarities between **Natural** and Technological Disasters

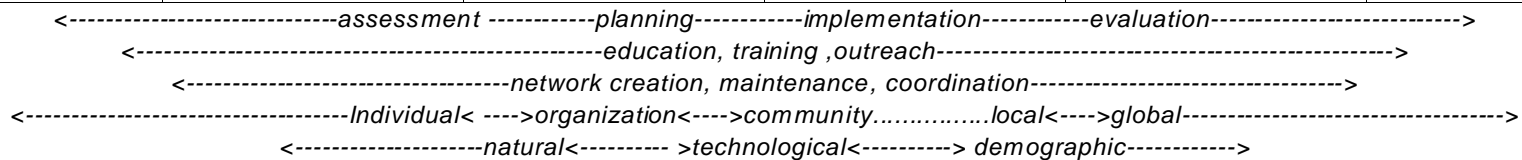
Differences	Similarities
Cause: nature, fate, supernatural	Cause: human error, intent, neglect
Uncontrollable, mitigatable	Controllable, preventable
Random victimization	Unjust risk and victimization
Clear beginning, ending	Clear beginning, ambiguous ending
Reluctance to evacuate, readiness to return	Spontaneous evacuation, reluctance to return
Visible event, consequences, recovery	Invisible event, consequences, recovery
Known destructive effects and remedial actions	Ambiguous destructive effects and remedial actions
Emergence of therapeutic community	Community conflict and dissention
	Increasing vulnerability: greater population density in hazard zones
	External assistance required
	Long-term effects for victims
	Localized to large regional effects
	Emotional/psychological consequences
	Structural and non-structural mitigation
	Mandated mitigation vs. loss of autonomy/control
	Risk perception and communication are critical
	Cost/benefit comparison of risk vs. mitigation
	Accountability for success of human disaster management systems
	Threat detection, evaluation and information dissemination required

(adapted from Gillespie, Rogge, & Robards, 1996)

Chart 2

Disaster Management Phases

<i>Evaluations of disaster potential</i>	<i>Actions that minimize destruction and disruption</i>	<i>Actions to reduce immediate loss, improve respond and recover</i>	Disaster Event	<i>Immediate and short term mobilization of resources to protect life, property</i>	<i>Intermediate and long-term efforts to restore and stabilize community functioning</i>
A S S E S S M E N T	M I T I G A T I O N	P R E P A R E D N E S S		R E S P O N S E	R E C O V E R Y
Hazard (location, severity, probability of occurrence) Vulnerability (estimated loss & damage to persons, property, community functions, natural environment) Risk (estimated probability of vulnerability for a given hazard) Community capability (to manage disaster) Sustainable community development planning (hazard/development integration)	Legislating building codes Land use zoning Structural (building and construction standards) Non-Structural (furniture, light fixtures, windows, gas lines) Insurance incentives Sustainable community development planning: involvement of vulnerable groups	Planning response roles Training and exercising response roles Inventory community capabilities Stockpiling, distributing resources Monitoring, warning, evacuation Planning for and involvement of vulnerable groups		Search and rescue Debris removal Lifeline service re-establishment Medical, psychological, emotional care Mass shelter and sustenance Differential outreach and response with vulnerable groups	Reconstruction and sustainable development of: *Built and natural environment, land use *Economic opportunity and structure *Emotional and psychological well-being Recovery-generated disruption, enhancement Differential recovery among vulnerable groups



(adapted from Gillespie, Rogge, & Robards, 1996)