



Psyc.E.In. MOOC 2

Unit 6

Chapter 3

Case study/Good practice

3.5 Leadership

Leadership in Emergency situations: the case of Katrina Hurricane

Instructions for the students

Working in groups, read the case study and answer the questions to complete the activity. It is not necessary to describe the whole process in detail.

In the following case study, you will be provided with a scenario to use in your classroom for an exercise that will last 20-30 minutes:

- 5 minutes to read the instructions and the information about the scenario individually.
- 10 minutes for subgroup discussion.
- 10 minutes to answer the questions.

Background Scenario Description

On August 29, 2005, Hurricane Katrina began a chain of events that devastated and flood a city, claimed thousands of lives across the Gulf Coast and forced over 100,000 people into exile. Hurricane Katrina which had been a Category 5 storm but weakened to Category 3 moved onto the Louisiana and Mississippi coast with a storm surge, supplemented by waves, reaching up to 8.5 m above sea level along the southerly-facing shallow Mississippi coast. In New Orleans, the surge reached around 5 m, overtopping and breaching sections of the city's 4.5 m defences, flooding 70 to 80% of New Orleans, with 55% of the city's properties inundated by more than 1.2 m of water and maximum flood depths up to 6 m. In Louisiana 1,101 people died, nearly all related to flooding, concentrated among the poor and elderly. The center of the storm passed east of New Orleans on the 29th August 2005. It is estimated that by the time Katrina came ashore, approximately 1 million people had fled the city and surrounding areas with a further 25 to 30 thousand remaining in the city.

By the 31st of August 2005, 80% of New Orleans was flooded with some areas under 15 feet of water. The extensive flooding trapped many people, some were blocked on the roof tops of houses, some inside houses and some trapped inside attics unable to escape. Most major roads were damaged.

The hurricane presented catastrophic and long lasting effects on New Orleans and surrounding areas. Initial reports from the incident indicated that the loss of life from the hurricane was expected to be in the thousands, with media reports that bodies could be detected floating in the flooded streets particularly in the eastern regions. There was no clean water or electricity in the city and communication infrastructure was severely affected, telephone, cell phones and internet, all local TV stations disrupted.

Katrina was the most destructive and costliest natural disaster in the history of the United States. It was the first to impact the central urban area of a major city. Prior to Katrina, the housing stock

in the New Orleans region consisted of a mix of single- family dwellings, multi-dwelling units and mobile homes. The damage was estimated at over \$80 million. Were estimated over 1,800 deaths (direct and in direct), most of the occurred in Louisiana.

Emergency response intervention included:

- emergency shelters set up for those who couldn't evacuate, (e.g if they didn't have transport)
- search and rescue teams, medical teams sent by FEMA
- 58,000 National Guard Troops deployed from all over US to evacuate and rescue.
- over \$4 billion of donations from the public to provide aid collected by Charities

Shortly after Hurricane Katrina struck, the Federal Emergency Management Agency (FEMA, 2008b) provided temporary emergency housing, drawing from their existing inventory of temporary trailers and the purchase of 102,000 additional travel trailers. FEMA trailers were a mix of new and used small trailers, larger travel trailers, and even larger mobile homes Designed for mobility and rapid deployment, the trailers were provided on wheels for ease of movement into trailer parks or onto individual lots (Tiefenbacher, J. (Ed.). (2013). *Approaches to Disaster Management: Examining the Implications of Hazards, Emergencies and Disasters*. BoD–Books on Demand). To meet the high demands, new trailers were made using the least expensive and most readily available materials and methods. In addition to the trailers, FEMA had also ordered 25,000 Building America Structural Insulated Panel (BASIP) homes. These houses differ from travel trailers both in terms of size and construction. Seeking a more sustainable housing option, the proposed BASIP house design uses prefabricated insulated panels for walls and the roof, resulting in greater energy efficiency and improved durability. Other proposed features included special shutters to provide future hurricane protection and solar shading, a retractable awning for solar shading and an additional square area. FEMA travel trailers were widely criticized for providing

less than desirable temporary housing but two years after the hurricane, 60,000 people were still living in ‘temporary’ shelter FEMA trailers in Louisiana and Mississippi.

During the early phases of emergency response interventions working conditions were oppressive with very high humidity, so dehydration was an issue, the physical working conditions associated with the flooding and the use of boats for access presented special challenges.

Disaster response interventions were also compromised by coordination and leadership issues between federal agencies and organizations, private and non-government organizations (NGOs). Between them there was a lack of clarity regarding roles and functions. Moreover as frequently stated by leading members of the FEMA, when Hurricane Katrina struck the United States, FEMA was not optimally operating: “FEMA was operating as a politically motivated, fragmented and disenfranchised agency when Hurricane Katrina wreaked havoc on multiple states” (Buxton, J., Ondracek, J., Saeed, M., & Bertsch, a. FEMA leadership and Hurricane Katrina). FEMA leadership team was without the proper training to adequately handle crisis management, without conflict management skills and unable to address conflict. Evacuations were improperly managed, the levee system collapsed, and attempts to deliver aid were delayed or sabotaged. This resulted in delayed relief, high losses in New Orleans population, and demise of public trust.

FEMA demonstrated a competing negotiation style during early phases of Hurricane Katrina’s disaster management; it refused to allow thousands of volunteers to assist with the recovery process, delaying critical assistance (Farazmand, 2009). Later FEMA interfered with other agency attempts to assist victims. In one case (as described by Sobel and Leeson, 2006) FEMA confiscated a parish gasoline delivery.

The response efforts to foster clear and unified command faltered because much of the state and local emergency infrastructure was destroyed, and because “overwhelmed organizations cannot achieve unity of command” (House Report 2006, 184–185, 189). This failure to establish a unified

command led to multiple, duplicative, and uncoordinated efforts. Unity of command was also prevented by ambiguity about who was in charge. Many state, federal, and local officials were unable to coordinate with the appropriate authorities at FEMA or the state. (Moynihan, D. P. (2007). *From forest fires to hurricane Katrina: Case studies of incident command systems*. Washington, DC: IBM Center for the Business of Government.)

FEMA leadership failed to demonstrate important emotional intelligence traits such as empathy and handling of relationships.

Methods, resources and obstacles:

Emergency situations are often characterized by high complexity, uncertainty, ambiguity and chaos, this is the reason why it is necessary to coordinate and synchronise collective action. Leading during a crisis event means “to guide or direct”, “to go at the head of or have the top position in”, a good leadership in health services is essential for a more efficient and effective care delivery.

Effective leadership is a key component in emergency responses in order to ensure better health outcomes and increase patient safety. High leadership skills and competences are required during Psychological early interventions, specifically when a team needs to provide a timely and organized response in emergency situations. Effective leadership is associated with improved teamwork outcomes in emergency situations and improved staff engagement.

As a psychological emergency facilitator, leading coordinator of an Agency operating in crisis events, you are enrolled by the National Health System in order to provide help and support to local rescuers teams to guarantee a more effective service to the population damaged by Katrina Hurricane.

Objective:

You are the leading coordinator of an Agency operating in crisis events, your team is composed of 15 psychologists and three psychiatrists specifically trained in trauma focused interventions. The National Health System asks for your intervention to provide a global response which includes the crisis management of activities focused on local victims and the management of the psychological rescuers team.

Even though mutual aid agreements are in place, overall planning and coordination is lacking. Your role as psychologist facilitator manager will be to coordinate both your team and local agencies/ organizations involved in the crisis.

Questions for learners:

1. Having in mind that you need to develop an action plan adjusting actions in response to a changing and complex environment, which criteria do you use to plan and prioritize interventions?

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2. How can you manage conflict proactively and reactively? How can you quickly and effectively manage disruptive behaviors?

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3. What are your skills as a psychological emergency facilitator leader during a crisis event?

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4. List a number of informal activities that you could organize to improve cooperation in your team.

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5. What kind of operational procedures can you develop to synchronize activities and form an effective and efficient rescue team?

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