

# Faith-Based Organizations and Sustainable Sheltering Operations in Mississippi after Hurricane Katrina: Implications for Informal Network Utilization

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## Abbreviations:

ARC = American Red Cross  
CPR = cardiopulmonary resuscitation  
FBO = faith-based organization  
FEMA = [US] Federal Emergency  
Management Agency  
NRP = National Response Plan

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## Abstract

**Introduction:** In the aftermath of Hurricane Katrina, a significant number of faith-based organizations (FBOs) that were not a part of the formal National Response Plan (NRP) initiated and sustained sheltering operations.

**Objective:** The objective of this study was to examine the sheltering operations of FBOs, understand the decision-making process of FBO shelters, and identify the advantages and disadvantages of FBO shelters.

**Methods:** Verbal interviews were conducted with FBO shelter leaders. Inclusion criteria were: (1) opening in response to the Katrina disaster; (2) operating for more than three weeks; and (3) being a FBO. Enrolled shelters were examined using descriptive data methods.

**Results:** The majority of shelters operating in Mississippi up to three weeks post-Katrina were FBO-managed. All of the operating FBO shelters in Mississippi that met the inclusion criteria were contacted with a response rate of 94%. Decisions were made by individuals or small groups in most shelters regarding opening, operating procedures, and closing. Most FBOs provided at least one enabling service to evacuees, and all utilized informal networks for sheltering operations. Only 25% of FBOs had disaster plans in place prior to Hurricane Katrina.

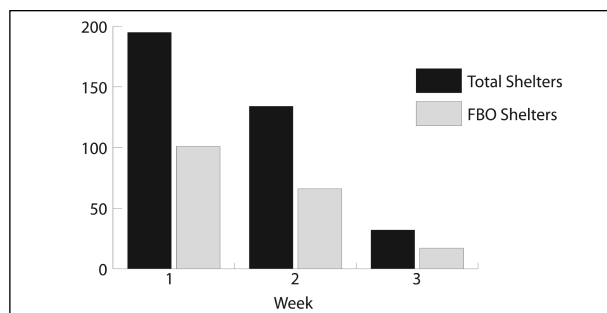
**Conclusions:** Faith-based organization shelters played a significant role in the acute phase of the Katrina disaster. Formal disaster training should be initiated for these organizations. Services provided by FBOs should be standardized. Informal networks should be incorporated into national disaster planning.

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## Introduction

Hurricane Katrina, a Category-3 hurricane at landfall, ravaged the Gulf Coast of Mississippi and Louisiana on 29 August 2005. Approximately 1,330 people died, >770,000 people were displaced, and an estimated US\$96 billion of damages were incurred.<sup>1</sup> Many of the displaced people had to resort to short- and long-term shelters for housing. Responsibility for sheltering those affected by disasters in the United States is formally assigned to the American Red Cross (ARC) under Emergency Support Function 6 in the National Response Plan (NRP), but it also is common for other organizations to provide sheltering services. In the aftermath of Hurricane Katrina, the number of faith-based organizations (FBOs) not a part of the formal NRP that initiated and sustained sheltering operations was notable. Of the shelters in Mississippi established in the first week after the Hurricane, 52% were FBOs, according to statewide shelter lists compiled by the ARC.

The Rural Assistance Center defines a FBO as “an organization, group, program, or project that provides human services, and has a faith element integrated into their organization”.<sup>2</sup> The term FBO is used in this capacity in this paper. Faith-based organizations comprise a significant disaster response asset that currently is not incorporated formally in the NRP and state disaster plan. The aim of this study is to identify and describe these ‘informal’



**Figure 1**—Total number of shelters and faith-based organization (FBO) shelters during the first three weeks post-Hurricane Katrina in Mississippi

response networks, understand the operations of FBOs, and to encourage policy-makers to recognize and consider incorporation of these assets into formal disaster planning.

### Methods

A list of all operating shelters in Mississippi was obtained from the ARC and the Federal [US] Emergency Management Agency (FEMA) in September 2005. The following three inclusion criteria were used to determine whether a shelter was eligible to be interviewed: (1) categorized as a FBO; (2) opened in response to Hurricane Katrina; and (3) in operation for more than three weeks post-Katrina. The time restriction was chosen because of the rapid consolidation in the number of shelters that were operational from the second to the third week. This indicated that the remaining shelters were able to sustain their operations to support the needs of the shelterees as the disaster transitioned from an acute emergency to a subacute emergency phase. Based on a literature search, there currently is no standardized, validated, survey tool to assess informal networks in the acute phase of a disaster. Therefore, a survey tool was developed with the objectives of defining FBO leadership and the ability of the FBO to provide aid to shelterees by asking questions related to organizational operations, logistics, and planning. These areas of organizational structure were focused on attempts to highlight features of FBO effectiveness and efficiency that potentially could be translated into formal disaster planning. Prior to utilization, two disaster experts reviewed the survey. Questions evaluated the ability to publicize to evacuees, ability to recruit and maintain a volunteer base, and procuring resources (food, water, mattresses, diapers, finances). Further questions assessed the ability to sustain resources and provide access to medical/nursing care, rehabilitative resources and enabling services, and formal disaster educational preparedness (Appendix 1). The survey was designed to take approximately 45 minutes to complete. Verbal interviews were conducted with the leaders of disaster operations for the respective FBOs. This study did not involve human subjects research, as deemed by the Johns Hopkins Medicine Internal Review Board. Microsoft Excel 2002 (Microsoft, Inc., Redmond, WA) was used for data entry and sorting. Descriptive data processing methods were used to describe the data.

### Results

In the first week after Katrina made landfall, the ARC identified 195 shelters in Mississippi as operational, and 52% (101/195) of these were managed by FBOs (Figure 1). As of 12 September 2005, the second week after the hurricane, 134 shelters were in operation, of which 49% (66/134) were operated by FBOs. By 19 September 2005, the third week after Katrina, a rapid consolidation of the shelters had occurred, leaving only 32 open shelters, with 53% (17/32) FBO-managed.

All 17 FBO shelters were contacted, and 94% (16/17) agreed to participate in the study. All of these FBOs were of Christian denomination and included: 50% (8/16) Baptist, 13% (2/16) Methodist, 13% (2/16) Assembly of God, and one shelter (6%) managed by each of the following denominations: Catholic, Church of God, Lutheran and "Christian". All FBOs used church facilities, the church, and affiliated schools and/or auditoriums for sheltering. Eighty-eight percent (14/16) of the shelters were shelters for the general population. One of the shelters only cared for the disabled, and another had facilities to care for a limited number of medically complex patients in addition to a general population. Eighty-eight percent (14/16) of the FBO-managed shelters attempted, and 75% (12/16) became ARC-affiliated—meaning they applied for and prepared paperwork processing and approval procedures to advertise as an ARC shelter. As a result, they were able to request and receive financial, material, and human resource support from the ARC. Of the 12 ARC-affiliated shelters, 67% (8/12) became ARC-affiliated immediately upon opening, and the remaining 33% (4/12) became ARC-affiliated within one week.

Each of the shelters served the greatest number of evacuees within the first two weeks, and the number of evacuees sheltered decreased subsequently. The number of evacuees each shelter housed during the first week of shelter operations ranged from 35 to 441 (mean = 135, median = 110). The number of volunteers available to sustain the shelters ranged from 6 to 80 (mean = 23 volunteers, median = 15 volunteers) (Figure 2). The volunteer:shelteree ratio averaged 1:6.2, with a range of 1:23.3 to 1:1.4.

#### *Decision to Provide Shelter*

The decision to open a FBO-managed shelter typically was made by a single person—(69% (11/16)) usually the pastor or administrator of the church. In the remaining shelters, the decision was made by an executive staff or board of the FBO. The decision to open as a shelter was based on perceived community need by 69% (11/16), followed by Red Cross request and perceived need (n = 3, 19%), a Red Cross request (n = 1, 6%), and as a special needs shelter (n = 1, 6%).

Fifty percent (8/16) of the FBOs opened as temporary shelters the night before or the night of the hurricane. At the time of opening, however, none of these shelters anticipated the protracted length of time they would be sheltering evacuees. Three of the shelters that opened on or before the night of the storm were asked formally by the ARC to open prior to the arrival of the storm. One FBO was designated as a storm shelter prior to the event as per the disas-

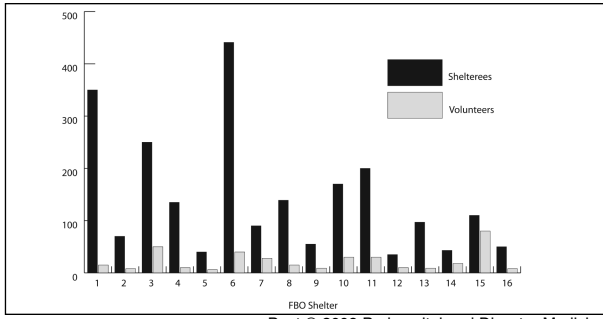


Figure 2—Number of shelterees and volunteers at each faith-based organization shelter

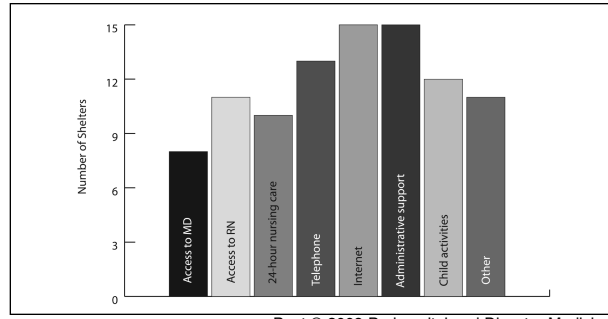


Figure 3—Number of faith-based organizations providing various services to evacuees (MD = medical doctor; RN = registered nurse)

Identified Networks	Forum for Communication
Assemblies of God General Council Church Directory	National phone directory
Baptist Press	Newspaper
Catholic Charities USA	E-mail, Internet, phone
Convoy of Hope	Internet, phone
Evangelical Lutheran Church of America/Lutheran Disaster Response	Internet
Healthcare Ministries	Phone
Internet Church Yearbook	Internet
McComb Interdenominational Care Association	Geographic church community group
Methodist Church Networks—National	Short wave radio
Mississippi Annual Methodist Conference	E-mail list serve
Mississippi Baptist Lincoln County	Phone, word of mouth
Mississippi State Baptist Convention	Phone
Missouri State Baptist Convention	Phone
Natchez Ministerial Interfaith Alliance	Phone, word of mouth
National Interfaith Agency	E-mail, phone
Southern Baptist Church North American Mission Board	E-mail, phone, Internet
Southern Baptist Convention	E-mail, phone
Southern Baptist Disaster Relief Organization	Internet
Word of mouth and personal relationships within congregations—local and national	Phone, word of mouth, e-mail

Table 1—Informal networks used for coordination

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ter plan of the special needs group, but no other interviewed FBO was designated formally as a disaster shelter prior to the storm. Only 25% (4/16) of the FBOs had disaster plans in place prior to the event, and the personnel from two of these FBOs had received the training from the ARC. Only 31% (5/16) of the FBO shelters had been involved in disaster-related sheltering in the past.

#### *Shelter Services*

Aside from food, water, and shelter, there were a number of services that FBO shelters were able to provide for the evacuees (Figure 3). Eighty-one percent (13/16) of the shelters provided on-site access to either a physician, a nurse, or both, with 63% (10/16) of the shelters providing 24-hour access to a nurse. All but one (94%) of the FBO shelters provided at least one enabling service such as Internet access and administrative support for completing FEMA and ARC forms for reimbursements, and 88% (14/16) of the FBOs also provided telephone access. Additional services provided by some shelters included assistance with welfare and Medicare/Medicaid forms, job services, child services and transportation, relative tracking, spiritual support, and housing support, but the availability of these services was not uniform. In addition, 25% (4/16) of the FBO shelters provided basic life support (BLS)/cardiopulmonary resuscitation (CPR) training. The FBOs that provided CPR training were providing this class prior to Hurricane Katrina.

#### *Coordination*

Sixty-three percent (10/16) of the FBO shelters worked with the ARC as the central coordinating body. More than half (56%; 9/16) of the FBOs worked with one or more of the networks/agencies listed in Table 1 as a coordinating body for FBO sheltering activities. Forty-four percent (7/16) of the shelters stated that they would stay open until the last person left, while 38% (6/16) were cooperating with the ARC consolidation plans. Three FBO shelters used other deadlines to close shelters, such as the need to re-open their schooling facilities and the services for the congregation.

Thirteen (81%) of the FBOs contacted formal, recognized disaster response agencies, such as the Red Cross, or government agencies such as FEMA and the Department of Health at the state or federal level for assistance. All 13 FBOs who contacted formal agencies contacted the Red Cross. Of the 13 shelters that contacted formal agencies for assistance, 9 (69%) felt the external contact was helpful to their operations. Of the 16 total shelters, 12 (75%) received private donations to maintain their services, while 10 (63%) were assisted by the Red Cross. One shelter was entirely reliant on the Red Cross for all resources after the first four days of self-sustenance. All shelters also utilized other means or "informal networks" to assist them in providing services at some stage of the disaster response.

All 16 of the FBO shelters either contacted or were contacted by the 18 separate, informal networks identified in this survey, or from personal relationships and word-of-mouth referrals for assistance. These "informal" networks are not traditionally or formally integrated into the disaster response incident command system (ICS) and are listed in

Table 1. Five shelters contacted the National Interfaith Agency, the Southern Baptist Convention, or the Southern Baptist Church, North America. All of the shelters relied to some extent on informal networks for assistance with transport and delivery of material supplies and human resources.

#### **Discussion**

Faith-based organizations are recognized in the US as important partners in social programs across the country, and, since January 2001, have been supported by the federal government through the White House Office of Faith-Based and Community Initiatives.<sup>3</sup> The responses of FBOs in the aftermath of Katrina, and their ability to make quick decisions to assist their communities, has been commended by the House of Representatives.<sup>4</sup> The purpose of this study was to describe the informal networks by discussing the mechanism of operation of the FBOs, resulting in their ability to initiate and sustain a steady response to the needs of those left homeless in the aftermath of Hurricane Katrina. This study is the first to describe the coordination of operations and services provided by FBOs during a disaster. In searches of PubMed and Medline (1966–present), no prior descriptive analysis of the role of FBOs as informal networks in the acute and subacute phases of a disaster response was found.

Informal networks have been defined as "the web of relationships that people use to exchange resources and services. Informal networks are distinct from formal networks in that they are not officially recognized or mandated by organizations and in that the content of their exchanges can be work-related, personal, or social."<sup>5</sup> In the disaster context, the term *informal network* has not been defined formally, although the concept has been alluded to in several past disasters such as the Loma Prieta Earthquake, the Indian Ocean Tsunami, and the Bam Earthquake.<sup>6–8</sup> These networks often arise or evolve in relationship to a single problem.<sup>9</sup> The World Health Organization (WHO) recognizes the significance of informal networks for disaster response stating "they can represent the most useful, reliable, and inexpensive source of understanding...[and] can represent the single most important step towards gaining true insight into the situation".<sup>10</sup> For the purpose of this paper they are defined as organizations not formally integrated into a disaster responses by inclusion in the NRP, state disaster response plans, or incident command structures. Faith-based organizations are just one type of organization that compose the "informal network" that responds to disasters. Other organizations include businesses and business groups, community and fraternal organizations, and other non-governmental organizations.<sup>11</sup> As observed from the results of this study, both informal and formal networks were important in the ongoing sustainability and operations of the FBOs as shelters.

#### *Strengths of FBO Shelters*

The greatest strength of FBO shelters is that they are part of and proximal to the affected communities, with volunteers from those communities who are invested in ensuring a committed and responsible effort to assisting evacuees. As noted after Hurricane Katrina, a comprehensive federal

response to a disaster may take 48–72 hours, and from a state, 24–72 hours. When delays occur in the delivery of goods and services to evacuees by state and federal organizations, local FBOs often are able to provide these services during the acute emergency phase of the response. Many of the churches surveyed recognized the vital role of their informal networks in early disaster response, since supplies arrived quickly and in excess, while formal networks, such as through the ARC, were important for sustainability. This is supported by the fact that all of the shelters in this case series saw the greatest number of evacuees in the first week after the hurricane. In addition, because of the proximity to the disaster, many of the FBOs were able to determine needs of the evacuee population quickly, and communicate those needs via faith-based, informal networks locally, statewide, and nationally to facilitate rapid, targeted, and sustained delivery of supplies and volunteer support to the disaster site. This widespread and immediate availability of FBO informal networks is evidenced by the fact that 49% of all initial shelters were FBOs, and 53% of the shelters after three weeks still were FBO-based. In this event, this may have been a result of the high concentration of Christian churches and organizations along the Gulf Coast. Further studies on the role of FBOs in the acute phase of disasters in other areas of the United States are needed to confirm this finding.

Another important strength of FBO shelters was the flexibility and rapidity with which decisions were made. In this case series, most often a single leader or small executive board was empowered to make decisions on behalf of the FBO. This resulted in the ability of the FBO to rapidly adapt to the changing needs of the evacuees and the church members. Management and volunteer recruitment also was easier because most of the volunteers already were a part of the FBO community. Many cited personal investment in the community as reasons for wanting to assist evacuees, as well as a sense of personal responsibility to assist those in need in a time of crisis. The flat management structure and relative freedom from bureaucratic constraints allowed the congregation and local community volunteers to provide unique services as needs arose, such as plumbing for shower-building, construction assistance, as well as assistance for evacuees to clean up debris at their own homes, power outlet repair and construction, and medical and nursing care. Most of the FBO-shelter leadership communicated with other FBO and non-FBO shelters in their community, and found they were able to allocate resources efficiently. When supplies from national donors were in excess, FBO leaders were able to quickly redirect those supplies to where they might be needed, a further utility of the informal networks, low degree of bureaucracy, and community cooperation.

Another major strength was that the majority of FBOs provided at least one enabling service to the evacuees such as telephone services, Internet services, administrative support for filling out forms for FEMA and ARC reimbursements, Women, Infants, and Children (WIC) forms, Medicare/Medicaid forms, job services including child services and transportation, relative tracking, spiritual support,

and housing support. All of the shelters surveyed had access to medical care, and most often provided on-site medical assistance. These enabling services grew out of perceived needs and demands from the evacuees at the shelters, and further supports that the FBOs were flexible in responding to the needs of the shelter populations. As seen in one survey of evacuee experiences in Houston after Katrina, enabling services such as medical assistance were viewed as important to evacuee rehabilitation.<sup>12</sup>

#### *Weaknesses of FBO Shelters*

The major weakness of FBO disaster responses is related to their existence as an “informal network”. Because they are not part of the formal response structure, they may not have access to routine means of monetary support, communication, supply lines, or access to the affected area. In addition, while many of the FBOs did have volunteers, the Red Cross was required to fill varying degrees of supply gaps for 63% (10/16) of the FBO shelters in this series with support in the form of nurses, medicines, material goods, and publicity.

Another weakness was the lack of formal disaster training and education provided for the volunteers in FBO shelters. Some FBOs did provide disaster response training to volunteers after the event, but those shelters utilized Red Cross educational materials. This is important when considering the standardization of FBO evacuee shelters, and one possibility is to utilize the ARC to provide the education and training. Additionally, only a minority of the shelters had pre-existing disaster plans, and these mainly were evacuation plans and drills for the church facilities. This lack of formal integration, training, and experience could lead to a lower quality of service or even harmful practices. Although this study did not attempt to assess quality of service, there were no major problems identified by the interviewers during their shelter visits. Integrating FBOs into the formal disaster response network and providing them with appropriate training, supplies, and material could greatly improve their ability to respond.

Another weakness was a lack of child educational and parental support programs. Out of the 15 shelters that cared for adults and children (one shelter only cared for special needs adults), some provided a faith-based educational program, while others provided some sort of reading group, day care, or recruited local teachers to have reading time for children. This was voluntary and not uniform. This lack of uniformity is another issue to consider when standardizing shelter operations. Childcare should be seen as an enabling service for adult evacuees in the recovery phase of a disaster when they would need time to search for employment and apply for disaster assistance through formal government agencies.

#### *Limitations*

The sample size was small and limited to FBO shelters able to remain in operation for longer than three weeks after the Katrina-induced disaster. However, some of the data regarding the number of operational shelters for the initial three weeks is not as reliable, due to the fluctuating

nature of shelter operations and the poor communication that was inherent in the immediate post-event. In addition, there likely is recall bias in some of the questions regarding the numbers of evacuees and volunteers in the first week of operation, as the shelters did not always document this information formally. Finally, the survey interviews were not audio taped. The same two people who developed the survey also performed all of the interviews. The survey was designed to have short, numerical, or binary (yes/no) answers in order to reduce interpretation bias.

### Conclusions

The devastating effects of Hurricane Katrina placed a tremendous strain on all aspects of disaster responses. Informal networks, specifically FBOs, were a vital part of the responses, and policy-makers should consider ways of integrating these networks into formal disaster planning. This study demonstrates that FBOs played an important

role in sheltering, in providing enabling services and medical services for the evacuees and assisting in resource allocation of non-monetary donations. The informal networks utilized during the disaster responses were important for the sustainability of the FBO shelters, but integration into the more formal response network also was necessary for most FBO shelters. To improve their role and services, FBOs should be incorporated into formal disaster planning and response activities. Their ability to operate with less bureaucracy, with willing and available volunteers in many professions from medicine to construction to cooking, and their flexibility are important assets to be utilized during a disaster. The provision of standardized disaster planning and training, as well as guidelines on facilities and services provided to evacuees for these FBOs could improve their utility during a disaster. There should be further investigation on whether formally incorporating FBO informal networks will worsen their bureaucracy, and how best to balance efficiency and utility in disaster responses.

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Appendix—Informal networks used for coordination

When did you open as a shelter? \_\_\_\_\_

Did you become a red cross shelter, or try? Y N

How long was it before you became officially a Red Cross Shelter? \_\_\_\_\_

Do you start any preparations as a hurricane starts or is being tracked? Y N

If Yes, when? \_\_\_\_\_

Did you locate and actively transport evacuees? Y N

If yes, how did you find out about them? \_\_\_\_\_

If yes how did you transport them? \_\_\_\_\_

How many evacuees did you shelter in the first week of operation? \_\_\_\_\_

Who decides when to open as a shelter? \_\_\_\_\_

What criteria is used for opening as a shelter? \_\_\_\_\_

How do you publicize your decision to be a shelter? \_\_\_\_\_

Which federal agencies or national NGOs do you contact, if any? \_\_\_\_\_

If the church needed supplies who was contacted? \_\_\_\_\_

Who supplied the following to your shelter?

- Mattresses or cots? \_\_\_\_\_
- Food? \_\_\_\_\_
- Bottled Water? \_\_\_\_\_
- Soap? \_\_\_\_\_
- Diapers? \_\_\_\_\_
- Clothes? \_\_\_\_\_

How were supplies brought to the shelter? \_\_\_\_\_

Did you provide any medical care at the shelter? MD/RN? \_\_\_\_\_

Was it available 24 hour/day? \_\_\_\_\_

If you did not provide medical care at the shelter, did your evacuees have access to medical care?

Where? \_\_\_\_\_

If you did provide medical care, do you think this helped your operations? Y N

What enabling services did you offer evacuees for rehabilitation?

- A)Internet
- B)Telephone lines
- C)Administrative support for FEMA applications
- D)Other \_\_\_\_\_

How many volunteers did you require for daily operations? \_\_\_\_\_

How did you recruit these volunteers? \_\_\_\_\_

Is there formal disaster training class in place at your church? Y N

Where is this training from (who developed this?) \_\_\_\_\_

Do you train people in CPR/BLS, etc? Y N

Do you have any specific programs directed for children? \_\_\_\_\_

Was your Church functioning independently as a shelter? Y N

If no, how many other shelters did you coordinate evacuee needs with? \_\_\_\_\_

Is there a central coordinating body or central network that you are a part of that you use to communicate with when you decide to become a shelter? \_\_\_\_\_

What criteria was used to close the shelter? \_\_\_\_\_

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