

INTERAGENCY RELATIONSHIPS AND CONFLICT IN DISASTER: THE WILKES-BARRE EXPERIENCE*

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Every year, on the average, the United States experiences at least a dozen disasters of major proportion, in addition to as many as 40 catastrophes of lesser magnitude. In some of these situations the population may have advanced warning such as the mounting threat of flood waters, or weather reports of situations conducive to the spawning of tornadoes. In other instances there is little if any warning, such as the bursting of a dam or an airliner crash into a populated area. Generally speaking, the magnitude of any of these disasters is determined primarily by two separate factors – the number of individuals killed, injured or displaced, and the estimated dollar value of damages to property and possessions.

While these two gross indicators do serve as adequate barometers for specified purposes, in most instances the majority of the disaster-affected population will survive without serious physical injury. That is not to say that they survive without experiencing a variety of physical, social, and psychological needs.

During the immediate post-disaster phase, victims are usually provided with the necessary

physical comforts to maintain adequate equilibrium. Temporary housing, food, clothing, and medical care are usually available almost immediately after the disaster, and in many instances during the actual period of impact itself.

Once the immediate danger has passed, and the need for crisis-oriented medical and physical services is lessened, there is a remaining – in fact, substantially increased – need for both hard and soft human services. Recent disaster experiences (Penick et al., 1976; Kafriksen et al., 1975; Zarle et al., 1974) support the notion that disaster victims typically experience a variety of potentially detrimental social and emotional effects, although incapacitating emotional reactions are rare. Experience has also shown that active, aggressive intervention on the part of mental health and social service providers can help eliminate potentially serious consequences.

Traditionally, the delivery system for these services has been and continues to be the public and private social service agencies in each community. While these caregivers might function in a highly proficient manner under normal circumstances, the impact of the disaster tends to drastically alter the status quo, bringing about a new situation in which traditional patterns of behavior and service

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delivery may be neither possible, appropriate, nor particularly helpful.

THE AGNES DISASTER

In June 1972 the torrential rains associated with tropical storm Agnes, then centered over central Pennsylvania, triggered off what has since been referred to as the greatest natural disaster in American history. The normal spring thaw, coupled with an unusually heavy rainfall along the Susquehanna river basin into southern New York State during the previous two months, together with the excessive rains of Agnes, set into motion a disastrous chain of events.

At Wilkes-Barre, situated along the banks of the Susquehanna, normal river level for that time of the year was about five feet. On 22 June 1972 the river crested at 40.6 feet, forcing in excess of 80,000 people to evacuate their homes. The flood waters, ultimately extending as far as six miles across in some areas, damaged approximately 25,000 homes, about 400 beyond repair. Fortunately, loss of life was held to a minimum, with six deaths recorded in the Wyoming Valley. Physical damages, however, were almost incalculable. While financial estimates vary, it is generally conceded that the total exceeded two billion dollars.

As the flood waters gradually retreated, disaster victims were presented with an almost unbelievable picture. Two-story houses, many totally submerged for several days, were grotesquely misshapen. Others, carried from their foundations, smashed together or wedged under railroad underpasses. Washing machines were found entangled in overhead wires, automobiles piled one upon another, and over 1000 caskets unearthed from a flood-gouged cemetery provided mute evidence of the fury of the flood waters.

The type, nature, and degree of intensity of the problems which present themselves following a disaster will vary widely depending

upon a number of factors: the nature of the disaster, its magnitude, the time of impact, the extent of warning, the community's experience with prior disasters, the segments of the population affected, and the character of the community in terms of socioeconomic level, culture, and primary religious conviction. These, and a number of other interrelated, somewhat idiosyncratic factors, can serve to trigger a series of highly complex post-disaster problems, to which the existing community resources are expected to respond in a helpful fashion.

The Wilkes-Barre experience presented ample opportunity to observe the interagency interactions, cooperation, and conflicts which tend to arise in disaster recovery efforts. From August 1972 to April 1975, the author served as Director of Project Outreach, to date the largest federally-sponsored mental health disaster intervention program organized in the United States. The experience of working directly in the flood-devasted regions of Luzerne and Wyoming counties, Pennsylvania, following the 1972 Agnes disaster, forms the basis for many of the observations and conclusions reported in this paper. While the following general areas discussed were developed primarily out of the Agnes disaster, the pattern of interagency relationships observed in Wilkes-Barre does not appear to differ markedly from experiences which have been reported after other, less intense, disasters.

It should be noted that interagency relationships are difficult to judge at the best of times, let alone the period immediately following impact. During the immediate aftermath of a disaster, individuals and organizations tend to engage in what can be termed altruistic behavior. People and organizations who have shared the experience of threat tend to join together spontaneously for brief periods in selfless, generous ways. Conflicts are put aside. Beyond this mutual supportiveness, there is what is referred to as the phenomenon of the expanded citizen role (Dynes, 1974), that is,

the desire of individuals to become involved in helping in some way. Unfortunately, this behavior is usually time-limited, seldom lasting beyond several weeks, at which time the solidarity begins to dissipate and conflicts arise.

PRE-DISASTER PLANNING

Traditionally, each community provides access for its members to a varying range of human services: hard services such as food stamps, cash assistance, and transportation, and soft services such as family counseling and mental health services. However, most of the communities in the United States give little evidence of any well-defined disaster plans. Although there are some communities which do have such a plan, these are by far the minority. Furthermore, in those instances where there may be some type of plan, there is rarely a role for human service or mental health caregivers in the total recovery effort.

It is safe to say that the major emphasis of most of the current disaster plans is based upon a civil defense model; that is, the plan gives primary and almost exclusive attention to evacuation, emergency medical attention and provision of physical shelter for victims. There is no doubt that this type of planning is of primary importance, but concern is seldom evidenced in these plans for other community providers of human services.

This absence of clearly defined areas of responsibility for those entrusted under normal circumstances with a great deal of responsibility for the welfare of the population leads to confusion and wasted effort, and fosters inefficiency in service delivery at a time when human services are needed most. Under these circumstances it remains for individual agency personnel to decide how the disaster-affected population's needs are best met, and to develop a plan to meet the individual agency responsibility in the most effective manner. The unfortunate aspect of

this approach to planning in a vacuum is that it can lead to duplication, with a resultant imbalance and inefficiency in service delivery.

Even in the event that the community does have an appropriate disaster plan, including human services, there is the possibility that the magnitude of the disaster might render the plan useless. In Wilkes-Barre, which had no such integrated plan, one of the first areas inundated was the civil defense headquarters, housed in the lower level of the county court house, on the river bank. Further, since virtually all of the human service delivery organizations were headquartered in downtown Wilkes-Barre, these facilities were also inundated almost immediately. In addition, the magnitude of the disaster was such that a large number of the normal community caregivers found themselves victims of the flood and therefore incapable of carrying out their pre-disaster role, at least temporarily.

In situations such as this, no pre-disaster plan really could have been totally effective because the individuals necessary to implement that plan were simply not available, being counted among the victims. This probably represents an atypical situation but it does point out that while comprehensive pre-disaster planning can be very helpful and should be encouraged, one runs the risk that those included in the disaster recovery plan will find themselves either direct or indirect victims.

Shortly after the Agnes disaster, it became apparent to those involved in the recovery efforts there was a pressing need for coordination and cooperation among the agencies and bureaucracies involved in directing various aspects of the recovery effort. It also became apparent that implementation of any kind of a coordinated effort would be a mammoth undertaking, given the wide variety of separate groups involved in the recovery effort, each with different goals, objectives, mandates, and funding sources.

In the Wilkes-Barre region, the federal

response was handled primarily by the Office of Emergency Preparedness, the Army Corps of Engineers, the Department of Housing and Urban Development, the General Services Administration, and the Department of Health, Education, and Welfare, in addition to at least seven other federal agencies which were active to some degree. This intensive federal response was combined with the activities of some fifty local and state service providers. Obviously, coordination among this variety of agencies and organizations was a gargantuan task, probably without precedent in American history. As to be expected, there was a great deal of misinformation and duplication. Simply, many agencies were totally unaware of what others were doing.

To illustrate this point, one of the areas of conflict observed in the Wilkes-Barre area related to the temporary group mobile home sites set up throughout the county by the Department of Housing and Urban Development (HUD). Thousands of families eventually resided in mobile homes, in parks ranging from as few as twenty trailers to one projected to handle 999 units. These individuals automatically became the target of the social service delivery system. In some cases, a family having suffered the trauma associated with the complete loss of property and possessions, having resided in a temporary evacuation center for some period of weeks or months, now facing the adjustment to living in a mobile home in an unfamiliar environment, with an uncertain future, might have as many as five or six separate social service personnel knocking on the door in one day. Many of these individuals asked the same kinds of questions, while others were involved in completing necessary surveys and data collection. However, there was little coordination or cooperation in these activities between the individuals and groups involved. It became such a problem that HUD, with the cooperation of state authorities, set up a special regulation that no personnel were to be

allowed in the group mobile home sites without having first been approved by the HUD resident advisor assigned to each camp. Violations were to be reported to local law enforcement officials. While this directive obviously saved the victims from what some might consider harassment, others felt that the cure was worse than the disease, since it had the potential to seriously limit the delivery of needed social services to a large segment of the flood-affected population.

NATURE OF HUMAN SERVICE ORGANIZATIONS

Perhaps there is an implicit assumption underlying the fact that social service agencies are often excluded from participation in community disaster plans. This exclusion might relate to the fact that in most instances they do not have sufficient resources to cope with extraordinary situations. The nature of social welfare organizations is such that their resources are usually limited to specifically defined goals, with little if any reserve, or access to additional sources of funding. For the most part, community-based agencies do not possess emergency resources or means to get them, keeping in mind there will usually be a substantially heightened demand for services following a disaster.

In the Wilkes-Barre area, expanded social service delivery was made possible through a number of means including: (1) temporary volunteer staff from mental health and family service agencies outside the Wyoming Valley, (2) special monies appropriated by the Commonwealth of Pennsylvania, (3) direct contracts from the National Institute of Mental Health, (4) special church contributions and church related volunteer staff, (5) Red Cross and Salvation Army, and (6) temporary reassignments of federal and state personnel. In general, the increased resources were provided from outside sources, as they were not available locally. This type of situation however may vary widely depending upon

the community affected and the extent of the disaster. For example, in sections of upper New York State, also affected by Agnes flooding, community-based philanthropic or industrial concerns provided substantial financial and other resources to aid in the recovery process.

For the most part, public social service agencies are confined to operating within a series of general goals, if not specific mandates. While these may be bent, the agencies may still be bound by regulations not always compatible with the existing situation. Private sector agencies usually have much greater flexibility, but possess substantially fewer resources.

Beyond this, some groups such as the Red Cross, Salvation Army, and certain church-related groups have community sanction to function during disaster, while existing community resources generally do not possess this approval. Organizations such as these are accepted, and perhaps expected to play a large role in disaster recovery. Mental health workers, on the other hand, when identified as such to disaster victims, are often spurned by individuals who do not perceive themselves as in need of these services. This was the Wilkes-Barre experience, where individuals obviously in need of such services firmly refused to deal with mental health personnel. The same services, however, were accepted if provided by "human service counselors".

INTERAGENCY COOPERATION

It appears that social service organizations relate to each other during the disaster recovery phase in a manner similar to pre-disaster days. This is not to suggest that there are not some obvious differences and necessary adjustments caused by the immediate impact of the disaster.

As a general rule, organizations will seek to relate in ways that they found successful previously. It will probably be an atypical

situation in which patterns of planning, cooperation and coordination existing among social service providers prior to the impact are drastically altered during the immediate post-disaster phase. On a long term basis, however, the disaster experience may produce either positive, unifying effects, or the opposite.

In communities where there was inter-agency trust and cooperation prior to the disaster, there appears to be an increased degree of positive interaction triggered during the recovery phases. If there was agency conflict, mistrust, or dispute over functions, these tend also to be exaggerated after the disaster.

As an example, in Wilkes-Barre, local, state, and federal mental health personnel cooperated to develop a model outreach program proposal to deal with the anticipated emotional crises triggered by the disaster. In a period of six weeks the proposal was developed, funded, and some twenty (of a total group of fifty) specially trained indigenous paraprofessional human service counselors were in the community. The National Institute of Mental Health (NIMH) funded Project Outreach, as the program was called, in the amount of nearly \$ 500,000 for one year, in addition to funding an on-going training program and an evaluation component.

When the grant was announced by the local mental health/mental retardation administrator to the social service agency personnel at a regular daily disaster recovery meeting, there was a highly mixed reaction. Some agency representatives voiced fears that the new program would assume their rightful (traditional) role in the community, and others expressed the feeling that the proposed fifty new workers would create a substantially increased caseload which the existing resources could not adequately handle.

In this case, the local social service personnel themselves could not agree on the Outreach proposal. Some, primarily mental health service providers, were supportive;

others recommended that the NIMH funding be rejected. Still others wanted to accept the funds, but then divide it up among the existing agencies for additional staff positions. Support for the Outreach program from the private sector was limited, while individuals from the public sector were either supportive or indifferent. Perhaps realistically, the latter group saw the least threat to their own situations by introduction of a new program, albeit a temporary one. Agency personnel were apprehensive about the introduction of the new program since they had no precedent upon which to base their estimate of the degree of interface with their program and its future effect on the existing service delivery system.

In the spring of 1973, after Project Outreach had been in operation for approximately nine months, the evaluation team carried out an independent interagency inquiry. While the primary purpose of the study was to measure the degree to which Outreach had achieved its own service objectives, some of the data does lend itself to interpretation in terms of the issues raised above.

The interagency inquiry involved interviews with representatives of 44 separate agencies throughout the two-county flood area and included, among others, primary medical care providers, state and local police agencies, social service and welfare providers, disaster relief agencies, and mental health/mental retardation providers.

The results of the study indicated that two-thirds of the agencies surveyed had learned of the existence and function of Project Outreach within six weeks of its inception, with nearly 90 percent reporting an awareness of Outreach services within four months. Despite a concerted effort on the part of the Outreach staff to initiate contact with all service providers immediately after the beginning of the project in August 1972, it was disillusioning to note that 10 percent of the agencies contacted reported not learning of Outreach services until early 1973.

While the majority of the agencies reported an awareness of Outreach very early, the fact that some did not increased the potential for conflict, misunderstanding, and the possibility that some clients would be overlooked, thereby not receiving services.

When asked how they learned of the Project Outreach program, half reported learning through direct contact with an Outreach worker, 29 percent indicated learning through other agencies, 21 percent through the media, and 3 percent through county MH/MR providers. However, in response to an inquiry concerning the degree to which they were informed, and whether they had been sufficiently informed to know how and when to utilize Outreach services, 14 percent characterized themselves as poorly informed with an additional 11 percent reporting they contacted Outreach for clarification. While the majority (75 percent) felt they were adequately informed, this data also has interesting implications.

First, those who reported first learning of Project Outreach through the mass media (radio, television, and newspapers) represented only a small percentage of the population. This, despite the fact there was a great deal of media coverage, including news conferences on several different occasions, at which time top level federal, state and local personnel participated. In most disaster situations the mass media is the most effective means of getting necessary information to the population. For example, in assessing the degree of agency awareness on the part of victims of the San Fernando earthquake in 1971, Bourque et al. (1976) conclude that in addition to personal contact, media coverage is a highly important source of information. However, from the present data it appears that a distinction must be made between the general population and its service providers in measuring the value of the mass media.

Based on this data, specific interagency communication is most important in clearly

outlining the available services, especially in light of the fact that nearly 30 percent of the agencies reported receiving their information from other service providers, rather than from the primary program or the news media.

The evaluation study also requested that each of the agencies report what they felt were particular strengths or weaknesses of the Outreach program. These are important since they tend not only to identify positive and negative aspects of the project as perceived by other providers, but also some of the potential sources of interagency conflict. The results of the study are summarized in Table I.

Of the forty-four agencies included in the survey, twenty did not feel qualified to judge, nineteen made both positive and negative comments, and the remainder was either totally positive or negative. Most respondents indicated more than one strength and/or weakness.

The results of the survey are inconclusive, in that it represents a measure of agency perceptions of another agency, and thus the strengths and weaknesses can be colored by a number of unknown factors. Nevertheless, the data is interesting in that, for example,

the youth and advocacy role of the staff was listed as both a positive and a negative quality, as was the fact that Outreach provided specific services, not only referral. Certainly many of these reflect disputes over functional duplication as well as conflicting agency goals, outlooks, services and philosophies.

AGENCY POLICY

Another of the major problems inherent in disaster recovery relates to the fact that some agency goals, and the subsequently formulated policy and procedures implemented to achieve these, are sometimes in direct contrast to goals of another agency.

In the Wyoming Valley, the Department of Housing and Urban Development was entrusted with the responsibility of providing appropriate temporary housing for disaster victims in need. This in itself was a gigantic task which was done reasonably well under extremely difficult circumstances. However, HUD policy was to assign individuals to group mobile home sites on a first-come-first-served basis. There were exceptions in special instances, but for the vast majority this was the policy. No effort

TABLE I

Summarized Results of Interagency Inquiry

Reported strengths	Percentage of total positive comments N = 30	Reported weaknesses	Percentage of total negative comments N = 27
Availability, immediacy of response, capability of Outreach	37	Inadequate number of referrals made	15
Program flexibility, willingness to become involved, act as advocates	7	Independent operation, inadequate cooperation with other agencies	19
Young, energetic competent personnel	10	Duplication and overlap of existing agencies	15
Effective augmentation of mental health services	13	Program inadequately publicized	18
Miscellaneous (follow-up, reliability, persistence, provide services not only referrals, preventative approach)	33	Miscellaneous (staff too young, over-eager, immature, overzealous, too flexible)	33

was made to assign victims to parks near their home and community, or with social groups from their neighborhood who might provide mutual support during this traumatic period.

When efforts were made to modify this procedure, conflict arose. While virtually everyone was aware that the disaster victims would be residing in the temporary housing for some time, the HUD mandate was to operate a temporary housing program with the goal of returning disaster victims to the community as soon as possible. While this policy was designed to meet the goals and objectives of one organization, it was in direct conflict with those of some other human service agencies. Harshbarger (1973) noted the same problem following the Buffalo Creek disaster, and argued that the disaster intervention system could have the effect of maximizing pathology.

The major approach to the community utilized in the Outreach program stressed neighborhood canvassing in an effort to reveal individuals in need of help, whether this be transportation, help with filling out forms, or just allowing the individual opportunity to ventilate his feelings. Under terms of the previously mentioned HUD policy, Project Outreach workers were not allowed to engage in the canvassing effort with those families residing in the group mobile home sites, and could only work with those individuals when a direct referral was made by or through a HUD park manager or resident advisor. In practice, the Outreach workers were usually able to establish positive working relationships with the individual HUD staff member at each park. Nevertheless, while the policy was well intended, many felt it demonstrated an insensitivity to the mental health needs of the residents. This is a clear example of the goals of two disaster intervention agencies being in direct conflict. It was some nine months before Outreach staff were allowed free access to the parks, and then only under the auspices of the Commonwealth of Pennsylvania.

LACK OF APPROPRIATE INFORMATION

A prime source of interagency conflict and frustration is the red tape and the bureaucratic nature of some agencies. This situation is certainly due in part to misunderstanding of the ability of various agencies to respond as quickly as one might think appropriate.

Following Agnes, social service personnel typically encountered individuals with a myriad of concrete problems which quite often were beyond the control of either the victim or the helper. This proved to be a mutually frustrating issue. Victims had to apply for a variety of disaster-related programs, including Small Business Administration (SBA) loans and grants, state grants, unemployment compensation, food stamps, public assistance, HUD temporary housing, and Red Cross vouchers. Many victims expressed frustration at what seemed to be constant changes in policy, feeling they were getting a runaround.

As an example, shortly after the flood waters receded the victims received notification that they should throw out all unusable possessions which would be removed by the Army Corps of Engineers. Many did so, only to be later informed that there would be difficulty with grant or loan applications since they had no photographs to verify their losses. Angry victims triggered interagency squabbles. Many felt that chaos was also bred by a high turnover of disaster agency employees, which meant that flood victims were sometimes forced to detail their plights to new faces on each visit. At the SBA office in Wilkes-Barre, which granted more than \$ 550 million in low-interest disaster loans, it is reported that twelve persons occupied the job of chief administrator during the first year after Agnes. Many victims and agency staff felt that each of these individuals tended to interpret the regulations somewhat differently. As a result some victims were thought to have benefited while others suffered.

REACTION TO OUTSIDERS

Interagency conflict during disaster can also be triggered by the influx of “outsiders” to the disaster scene. It is an observable phenomenon that disaster-affected communities expect immediate, clearly defined direction and assistance, but paradoxically tend to resist what is perceived as outside interference.

The same phenomenon can be observed in interagency relationships. Local caregivers tend to resent outsiders, unfamiliar with the character and needs of the community, who try to influence the local agency scene. A major problem in these circumstances is that there is usually no real power or authority to pull together the various community resources in a coordinated effort. One might typically expect that local private and public agencies, state-related agencies, federal agencies, religious groups, the Red Cross, and others with a myriad of separate mandates, goals, funding streams, lines of accountability and sensitivity to human problems would find it difficult to cooperate.

CONCLUSION

The purpose of this paper has been to point out areas of actual and potential interagency difficulties associated with natural disaster, utilizing the experiences of the 1972 Wilkes-

Barre Agnes flood. In general what has been presented is an overview and is not generalizable to all situations. While no pre-disaster plan will eliminate all potential sources of conflict, certainly it will go far to help insure against many unnecessary and unanticipated problems. It seems, however, that all too often in the United States we tend to try to “reinvent the wheel” following each disaster. The emotional, social, financial, interagency, and reconstruction problems, among others, are reported over and over again following each disaster. We are only now beginning to profit from our experiences.

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