

Disaster Recovery Challenges and Solutions for New Immigrants

Melodie Hutmacher: #J0005871

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Instructor—Sarah Waring

Advisor—Beth Larcombe

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Abstract

New immigrants and refugees struggle with many challenges during their settlement in a new country of residence. Often, such challenges include becoming acquainted with a foreign country's customs, cultures, official language, and overall environment. For some, they must also struggle with mental health issues after suffering trauma in their homeland. With so many challenges being faced on a daily basis, settling in can take several months, if not years.

If dealing with the stress and anxiety of settling into a new home in a new land is not stressful enough, add to that the trauma experienced for those that must also deal with disaster recovery. During this phase of a disaster event, new immigrants and refugees will experience many barriers that create a slowed recovery period and increased anxiety level. The three main categories under which barriers can be classified include financial barriers, cultural and linguistic barriers, and mental health barriers. These barriers will not only significantly hinder the recovery process for new immigrants and refugees, but also place extra stresses on themselves and their families, as well as create an extended burden and strain upon available recovery resources (e.g., charitable, service, and government organizations). These barriers will also slow the community's recovery overall. To that end, this paper examines those barriers, as well as solutions or recommendations to alleviate them, so that emergency managers can implement workable strategies and solutions into disaster recovery plans.

Keywords: disaster recovery, immigrants, refugees, cultural barriers, language barriers

Table of Contents

Abstract	2
Background and Purpose	4
Methodology	5
List of Keywords and Subject Terms.....	6
Final Selection of Literature	8
Discussion of Findings.....	8
Financial Barriers.....	9
Cultural and Linguistic Barriers.....	11
Mental Health Barriers and Fear.....	14
Evaluation and Recommendations for Corrective Action	15
Gaps	20
Conclusion	22
References.....	24

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Background and Purpose

For new immigrants and refugees (those that have resided in their new country of residence for five years or less), becoming acquainted with a foreign country's customs, cultures, official language, and overall environment can be a challenging and stressful experience, especially when also dealing with discrimination and/or underemployment (Simich, 2010). For some, there is the added disadvantage in dealing with mental health issues after suffering traumas in the homeland due to war, torture, and organized violence (Lafreniere & Diallo, 2010). Because of such challenges, it can take several months to settle into a new and foreign home; at times, it can take years (Simich, 2010).

Adapting to such a wide range of changes and challenges in everyday life is stressful and difficult enough, but imagine the added difficulties in attempting to navigate the process of disaster recovery when significant barriers are encountered: the local language is barely understood—if at all—local customs seem alien, finances are low, available resources are unknown, and perceptions of government or authoritative officials may include fear and mistrust. With such barriers in place, new immigrants or refugees will take longer to recover from disaster, which places extra stresses on themselves and their families, as well as creates an extended burden and a strain upon available recovery resources (e.g., charitable, service, and government organizations). Such barriers also slow the community's recovery overall. Given this, what can emergency managers do to help prepare for and mitigate those challenges and barriers experienced by new immigrants and refugees to facilitate a faster, and less stressful, disaster recovery?

Methodology

Search criteria to identify relevant literature for study was difficult to pinpoint as there are many ways to describe a person that has moved to a new country where the native language differs from the language of origin, and therefore must adapt to a new culture. Phrases such as *new immigrant* or *refugee* are the most direct; however, many articles reference such individuals collectively within a group, or groups, specific to a region or to an area of study, thereby adding an element of difficulty in locating relevant material for research. Examples of groupings include:

- *Culturally and Linguistically Diverse (CALD) Communities*: used most often used within Australian or New Zealand literature to describe individuals that represent a variety of cultures or backgrounds that differ from their respective regions;
- *linguistically isolated populations*: a subjective term used to describe a household where no member over the age of fourteen is considered to speak English ‘very well’ in the United States (Glick, Walker, & Luz, 2013);
- *culturally diverse*: used by many researchers to describe a group of individuals who collectively represent various backgrounds or nationalities;
- *ethnic* or *ethnicity*: used loosely by various researchers to describe persons sharing distinctive linguistic or cultural backgrounds;
- *Non-English Speaking Background (NESB)*: used predominantly by Australian researchers to describe those who come from culturally diverse backgrounds and do not speak English as a first language (Ethics Community Council of Victoria, 2012); or,

- *Immigrant, Refugee, Ethno-cultural, or Racialized (IRER) group*: a phrase coined by Canadian researchers McKenzie, Hansson, Tuck, & Lurie (2010) since no one term was found by them to encompass all such groups.

Search terms to describe *disaster recovery* can also range disparately in description: *disaster recovery*, *post-disaster recovery*, to simply *recovery*. Additionally, *disaster recovery* netted results dealing strictly with information technology research; therefore, such terminology, along with *IT* (case-sensitive), needed to be collectively excluded.

Exclusion of other terminology to narrow the focus was not practical. While the combination of *disaster recovery* and *immigrant* resulted in many articles dealing solely with immigrant workers hired to help rebuild communities during disaster recovery, it is not possible to exclude terms such as *immigrant worker* or *worker* as this could potentially exclude relevant literature. The same occurred for results that included articles that focused solely on health care issues; it was not possible to exclude *health care*, *PTSD*, *trauma*, or any other health-related term, as these are commonly used within literature dealing with disaster recovery, and such terminology was useful for locating literature dealing with the likely mental health statuses of new immigrants or refugees pre-disaster to be used as background research.

Resources used for the search include Google Scholar, JIBC Library, and Google. Google Scholar was used as the primary source as this netted many more relevant results, with the JIBC Library mainly used to obtain articles found through Google Scholar, but required payment in order to access them. Google was used strictly to search for well-known mainstream media sources that may be relevant to the topic of interest.

List of Keywords and Subject Terms

Keywords: disaster recovery, immigrants, refugees, cultural barriers, language barriers

The list below represents a sampling of subject terms used to narrow the focus of the subject matter. The number represents the number of hits received through Google Scholar. The quotation marks were used to ensure the complete term was used by the search engine instead of searching for each word individually as this greatly narrowed the results. For example, a search for *linguistically isolated, disaster recovery* returned 20,400 articles whereas “linguistically isolated” “disaster recovery” returned 38 articles. After the first search, a publication date range of 2007 or later was imposed to help reduce the number of subsequent results.

- problems for new immigrants during recovery from disaster (56,600)
- problems for new immigrants during recovery from disaster (from 2007-present) (16,500)
- language and cultural barriers in disaster recovery (16,800)
- language and cultural barriers in “disaster recovery” (6,230)
- "disaster recovery" immigrant communities (3,700)
- “disaster recovery”, immigrants, barriers (1,870)
- “disaster recovery”, immigrants, cultural barriers (1,690)
- “disaster recovery”, immigrants, “cultural barriers” (85)
- “disaster recovery”, refugee, “cultural barriers” (72)
- “linguistically isolated” “disaster recovery” (38)
- “linguistically isolated communities” “disaster recovery” (1)
- barriers to “post-disaster recovery”, refugees (496)
- barriers to “disaster recovery”, refugees (1,610)
- “disaster recovery”, refugee (3,990)
- "language barrier" "disaster recovery" Canada (88)
- “culturally and linguistically diverse communities”, “disaster recovery” (27)
- “CALD communities”, “disaster recovery” (38)
- “non-english speaking”, "disaster recovery" (475)
- NESB, “disaster recovery” (7)

For this literature review, 30+ articles were initially selected for abstract review. These articles were chosen for either direct relevance (i.e., titles directly related to challenges encountered by new immigrants or refugees during disaster recovery, or studies of challenges encountered by persons whose language of origin differed from the language of residence), or for keywords that matched the specified search criteria, or a combination thereof, such as *immigrant*

and *disaster recovery*, or *language barrier* and *disaster recovery* (with each term used within quotations to narrow the results).

Final Selection of Literature

After reviewing the initial collection based on abstracts, the number of articles selected for final review totaled 19, which was further reduced to 16 after examining the content more closely for relevance to the subject of study. The final articles selected for full review and use for research included peer reviewed papers with content that supplied material directly relating to challenges encountered by either new immigrants or refugees, or both, during disaster events and/or during disaster recovery, as well as studies by field experts that focused on lessons learned and best practices encountered in assisting new immigrants and refugees within their present country of residence in disaster preparedness or recovery measures.

The articles were also selected for their focus on first world nations to keep relevance as equal to Canadian culture as possible (such as, the United States of America and New Zealand), and for a variety of disaster events (the 1995 Northridge Earthquake, Hurricane Katrina in 2005, and the Canterbury earthquakes in 2010/2011 in New Zealand, to name a few). Content involving recovery within Canadian disaster events was not located; however, substantial Canadian literature involving mental health of immigrants and refugees was available and selected for use.

Discussion of Findings

Examination of this writer's first-hand experience obtained during disaster recovery operations in Fort McMurray, Alberta, and research of the literature shows many issues exist for new immigrants and refugees, and non-English speaking citizens during their disaster recovery. Further analysis reveals three themes under which they could be categorized: *financial barriers*

(Marlowe & Lou, 2013) (Nguyen & Salvesen, 2014); *cultural and linguistic barriers*; and, *mental health barriers*, which include issues of fear (Hooks & Miller, 2006) (Loukaitou-Sideris & Kamel, 2004). All issues within these barrier classifications leads to a hindered disaster recovery for new immigrants and refugees, which extends their reliance upon financial aid and mental health resources. Additionally, these barriers add further stress and frustration to the trauma of disaster recovery, which, at times, manifests as anger, negative behaviours, and negative outcomes (Marlowe & Lou, 2013). It is important that these issues and barriers be clearly understood so that emergency managers can implement workable strategies and solutions into disaster recovery plans.

Financial Barriers

Research reveals that immigrants and refugees, who have not yet acclimated to their new country of residence, experience many challenges in learning new customs, learning a new language, and learning to participate in a new society (Marlowe & Lou, 2013). These challenges are compounded when also trying to provide financially for family—whether back home in the country of origin or in the new country of residence—since new immigrants or refugees will often earn less, and therefore live in lower-income, more hazard-prone areas as renters, instead of in the more affluent areas as homeowners (Loukaitou-Sideris & Kamel, 2004). Further to this, immigrants and refugees in low-income households with limited financial resources experience a greater need for financial assistance in disaster recovery as they lack the capacity to prepare for, and recover from, disasters (Nguyen & Salvesen, 2014). Hooks and Miller (2006) add by stating there are “marked ethnic and racial inequalities in adequate insurance coverage” (p.35) due to a lack of financial resources. They add that marginalized groups, such as new immigrants and refugees, face significant barriers in their recovery processes. First-hand experience in Fort

McMurray also shows that new immigrants and refugees experienced slowed recovery from the Alberta wildfire event of 2016 due to lack of finances, which necessitated an extended reliance upon financial aid provided by the Canadian Red Cross and government funding.

The financial barriers also span to the disaster recovery process itself when the inventory of available low-income, post-disaster, replacement housing fails to become available due to a rise in rental prices, and a loss of low-income or subsidized housing, leaving new immigrant, refugee, and minority populations in a precarious position—especially if disaster recovery assistance is delayed, or even denied, by recovery assistance organizations or programs (Hooks & Miller, 2006). This leads to yet another type of financial barrier that can also exist within federal recovery assistance programs. The Northridge, California earthquake response and recovery operation in 1994 shows that federal disaster recovery programs were also partially to blame for creating barriers to a timely recovery for new immigrants and refugees when the program ranked the needs of upper-middle-class homeowners over the needs of renter, low-income, and immigrant populations (Loukaitou-Sideris & Kamel, 2004). The research shows that the needs of the immigrant/refugee, low-income or renter populaces were considered a lower priority since housing was driven by market forces. These market forces drove a higher priority for contractors to rebuild single-family homes in more affluent areas. When it came to multi-family rental buildings that required rebuilds or significant repairs, it was found that the process was prone to complex bureaucratic procedures and political considerations. This again, resulted in favouring large investors who looked towards rebuilding in more affluent areas first. The result of this is hindered recovery “in places where poverty, multifamily rental units, absentee landlords, and recent immigrants are concentrated” (Loukaitou-Sideris & Kamel, 2004, p.22). The overall outcome was that lower-income immigrants and refugees with limited internal

resources, were hindered in their disaster recovery by limited or slow external assistance, and their redevelopments were under-funded by the federal programs compared to other construction projects that withstood similar or less damage (Loukaitou-Sideris & Kamel, 2004).

Cultural and Linguistic Barriers

In addition to financial barriers, research shows that new immigrants and refugees also experience substantial cultural and linguistic barriers to accessing post-disaster benefits, which reduces the speed of disaster recovery and creates further tension (Hooks & Miller, 2006). Cultural differences between a new immigrant's homeland and the newly adopted country of residence can be significant, thereby creating an environment of confusion and frustration, leading to angry outbursts and inappropriate behaviour when interacting with recovery workers. This writer concurs; such outbursts were noted within Fort McMurray when new immigrants lashed out in fear and confusion when frustration set in after trying to comprehend the recovery process expected of them, in a language with which they were unfamiliar. With stresses already heightened while working hard to adapt to a new country and its customs, as well as learning a new language during a disaster event, introducing more frustration and confusion only creates further obstacles that slows the recovery process.

Cultural barriers also existed during the disaster recovery phase of the Canterbury earthquakes in 2010/2011. A study by Christchurch Migrant Inter-Agency Group (2011) notes that Maori wardens, who visited the Christchurch Recovery Centre daily, reported witnessing numerous occurrences of cultural blunders between centre staff and the Muslim community. Due to these blunders and faux pas, Muslims found it difficult to deal with centre's practices, which slowed the Muslims' rate of disaster recovery as they shied away from using the available resources offered. Such mishaps were also observed during this writer's time as a Case

Management Supervisor with the Canadian Red Cross while on deployment in Fort McMurray to assist with the recovery operations of the Alberta Wildfires in 2016. During this time, it was found that case workers frequently made cultural errors due to a lack of cultural sensitivity and awareness training, which made it necessary to educate the case workers on avoiding certain behaviours, especially when dealing with the Muslim community. Corrected blunders included:

- Preventing male workers from touching Muslim women, such as placing a hand on her shoulder in a gesture of comfort;
- Making it known that asking a Muslim man about his wife or a female family member can be considered insulting or rude, therefore such a practice should be avoided; and,
- Eliminating the practice of pointing a finger or object (i.e., pen) at a Muslim person as it is considered rude or possibly a threat (30 Days, 2017).

Mathew and Kelly (2008) make note that the provision of community liaisons who both understand the cultures and speak the languages representative of the immigrant community is “integral to community safety and confidence” (p.12). Going further to say that new immigrants and refugees, who, during the Hurricane Katrina recovery, expressed a desire to have information made available to them from a “higher” source than that of the media. Such sources include religious leaders, parish officials, and even police and fire representatives despite some having fear of uniformed personnel. Yet, despite this wish, such leaders, reportedly, did not reach out to the immigrant and refugee community in either a cultural or linguistic capacity, leaving them feeling abandoned and left out until outreach services were finally provided to the immigrant communities in the form of cultural liaison and translator services.

Along with cultural barriers preventing a timely disaster recovery for new immigrants and refugees, there are also considerable linguistic barriers presenting further challenges to this

vulnerable group. Research shows that the language barrier issue was enormous during the Christchurch earthquake disaster recovery; persons with English as a second language needed interpretation of official communications as they were only provided in English, yet it took several weeks before any consideration was given to producing materials in other languages, and several weeks still before the information was disseminated (Christchurch Migrant Inter-Agency Group, 2011). The Christchurch Migrant Inter-Agency Group (2011) also states that once communications were translated, they were of poor quality and incomprehensible, making them of little use. Such an issue was also observed by this writer while in Fort McMurray, Alberta where the Canadian Red Cross provided disaster recovery information, and all signage, in English with only two brochures translated to French, despite community leaders and Canadian Red Cross officials being made aware of the large population of French-speaking immigrants, and a very large Arabic-speaking population. Literature by Purtle, Siddiqui, and Andrulis (2011) supports this with similar experiences noted during several disaster events in the United States, including the 1995 Northridge earthquake, Hurricanes Katrina and Rita in 2005, and the 2007 Southern California wildfires. The researchers state that such language barriers “inhibit disaster victims from being aware of recovery assistance and pose difficulties to completing paperwork and navigating administrative structures in order to receive aid” (p.4). Further, their research shows that the limited-English proficient (LEP) communities are also affected by various challenges within the response and recovery stages, as the immigrants and refugees face communication barriers with first responders, as well as being unaware of, or unable to obtain, disaster recovery aid due to information being distributed only in English. They conclude that the effectiveness of post-disaster recovery information is dependent upon the related material being delivered in a linguistically appropriate format for the community.

Mental Health Barriers and Fear

Along with confusion and misunderstanding due to a lack of information available in a language that can be understood, many new immigrants and refugees also need to contend with mental health issues, including fear, when trying to access recovery assistance. These mental health issues, and issues of fear, are often experienced by immigrants and refugees who are survivors of war, torture, organized violence, and oppressive cultural practices. Such individuals have faced various forms of trauma, including torture by military or armed persons, forced marriages, unjust imprisonment, rape and sexual harassment, witnessing the deaths of others, as well as experienced trauma due to unsafe living conditions in refugee camps; all of which leads to extreme fear of authoritative figures, PTSD, and other mental illnesses (Lafreniere & Diallo, 2010) resulting in emotional distress, angry outbursts, violence, and negative behaviours (Abe, Zane, & Chun, 1994).

Due to past traumas, especially those involving authoritative or uniformed figures, it is understandable how a fear of officials—who are often encountered throughout the disaster recovery process—can present a seemingly impassable barrier to new immigrants or refugees who were previously traumatized in their homeland. This writer witnessed similar behaviour during the 2016 wildfire recovery operations in Fort McMurray, Alberta, when some new immigrants and refugees seeking assistance from the Canadian Red Cross expressed apprehension in dealing with the security officials who were present in the recovery centres; a few commented on the reminder of political unrest in their homeland. Given the past histories of some, it can be expected that the sight of a uniformed presence could incite memories of traumas incurred at the hands of military or government officials. The sight of fencing or tents at emergency shelter locations could also pose reminder of refugee camps, or worse, death camps,

which would cause reluctance in seeking out disaster recovery assistance (Fothergill, Maestas, & Darlington, 1999). Loukaitou-Sideris and Kamel (2004) also provide an example of how vulnerable immigrants and refugees were fearful of utilizing available federal assistance in the United States during the Northridge, California earthquake recovery; when the new immigrants heard rumour the government was tracking down undocumented immigrants and deporting them, the immigrants refused to access recovery aid in fear of possible deportation. While the immigrants or refugees might have been documented citizens, family members and friends may not have been, and even if all documentation was in order, according to Purtle, et al. (2011), there is simply an overall fear of immigration officials.

Evaluation and Recommendations for Corrective Action

With an understanding in place of what immigrants and refugees experience as the most commonly encountered barriers to a fast and effective disaster recovery, emergency managers can work towards implementing countermeasures into emergency plans for both preparedness and recovery. Research of the available literature shows there are many ways in which financial barriers, cultural and linguistic barriers, and mental health barriers can be addressed ahead of time to reduce anxiety and frustration for new immigrants and refugees in an already stressful situation, which will aid in an expedient disaster recovery process (Hooks & Miller, 2006) (Mathew & Kelly, 2008).

While emergency managers are unable to directly assist new immigrants and refugees with better financial outcomes, they can assist in aiding them to be better prepared for disaster despite having a lack of finances to fund preparedness measures. Such measures can come from providing preparedness information in the various languages most often spoken within the community, partnering with immigration agencies and service organizations to explain low-cost

mitigation measures that can be undertaken ahead of time, and conducting seminars and sessions that explain insurance policies and how to reduce premiums. Hooks and Miller (2006) also recommend the running of free legal clinics during recovery operations to educate new immigrants and refugees about their rights and aid them in applying for recovery assistance. By providing free advice and information, the gained knowledge and understanding can encourage new immigrants and refugees to implement mitigation and preparedness measures with little or no budget so they can be more resilient post-disaster. It should be noted, however, that in order to achieve this outcome, emergency managers will need to establish solid working relationships and partnerships with the various community organizations and immigration services.

When it comes to developing relationships, the Christchurch Migrant Inter-Agency Group (2011) explain how this development starts from the top; having strong and trusted leadership in place is crucial to gaining compliance, particularly with respect to immigrants and refugees, as this can assist in alleviating fear by adding trust. The researchers explain that good leaders can “connect immediately into wider community decision-making and thereby ensure that their constituents have improved access to important information and processes” (p.5). In knowing this, emergency managers can prepare ahead of time to ensure strong recovery leadership is in place, and that good relationships with immigration organizations are proactively established to create collaborative community-based strategies. Purtle, et al. (2011) add that such strategies created with new immigrants and refugees in mind have proven to be most effective in reducing language barriers and gaps in disaster recovery outcomes.

Literature from the Canadian Red Cross (2007) concurs, saying that in an aim to reach new immigrants and refugees, emergency managers should develop a good relationship with local, low-income immigrants who are trustworthy as they can assist with translating local

languages, act as informal opinion leaders, and assist other immigrants and refugees through government bureaucracies. This can only be accomplished with a strong emergency management leadership team.

Reducing language barriers in disaster recovery is another task emergency managers need to recognize and address throughout the recovery process. Mathew and Kelly (2008) state that this reduction can be achieved by ensuring all information distributed, whether verbal or printed, is in languages that are representative of those most often spoken in the community. While most organizations are now stating they are committed to providing information in different languages, history has shown why this is important: during the Hurricane Katrina response and recovery in 2005, Mathew and Kelly report that emergency managers claimed there was not enough time to develop the appropriate translations that were needed, leaving non-English speaking persons in the lurch. Had the emergency managers understood and addressed this need ahead of time, by creating documentation with key messages in the various languages needed to reach the community's demographic, it would have alleviated anxiety and frustration experienced by the new immigrants and refugees, who failed to understand what resources were available to them, and how to access them. This language barrier only served to slow the recovery process of non-English-speaking citizens. Purtle, et al. (2011) further adds to this by stating that community-based strategies that "define, locate, and partner with linguistically diverse populations have proved to be most successful in ameliorating language barriers and disparities in disaster outcomes" (p.1).

Additionally, Purtle, et al. (2011) recommend hiring bilingual staff to provide in-person translator services in addition to translated printed and online materials. During the Hurricane Katrina earthquake response and recovery operation, the disaster areas went weeks without

power, meaning translated up-to-date information made available only online was not received by non-English-speaking persons; there were no translators available to deliver updated messages in languages other than English. The Canadian Red Cross (2007) also add that translation of materials is not enough and recommend an information exchange by networking with other agencies and actively consulting with them ahead of time would be very beneficial, which circles back to the importance of a strong leadership.

Along with reducing language barriers, it is also recommended that cultural barriers that may exist within the community be addressed ahead of time. Research by the Christchurch Migrant Inter-Agency Group (2011) show the importance of ensuring emergency managers and staff are educated to identify and understand cultural barriers, and are provided with appropriate cultural awareness training in dealing with the limited English proficient (LEP) community. The group state that if the new immigrant and refugee communities are to receive adequate and appropriate support during disaster recovery, identifying and addressing cultural barriers is crucial. Mathew and Kelly (2008) also address the importance of cultural awareness and state “it is integral to community safety and confidence that community liaisons who understand the cultures and languages of LEP groups are engaged” (p.12). By addressing both linguistic and cultural barriers and implementing solutions into emergency plans, this will assist in aiding new immigrants and refugees in navigating a speedy disaster recovery and greatly reduce the stress while doing so.

Strategic partnerships also offer a solution for dealing with mental health barriers experienced by new immigrants and refugees. Creating partnerships between emergency managers and mental health professions prior to a disaster can help to create programs or policies that expose immigrants to available mental health resources and how to access them, thereby

giving them an opportunity to treat and control mental health issues prior to disaster events occurring. This will also assist in alleviating some fear when dealing with government or other officials as the immigrants will become more comfortable in navigating such systems making disaster recovery assistance seem less alien. Recommendations to achieve this include: the development of public education campaigns for immigrants and refugees explaining the mental health system and how to access the most appropriate services; creation of standardized education to cultural interpreters; and, creation of unified community-based mental health services that address the challenges of diverse groups of new immigrants and refugees (Khanlou, 2010). Such provision of services can extend to the post-disaster and recovery phases so that specialized and targeted resources are available based on known requirements of the immigrant community, which will assist in reducing anxiety and fear due during disaster recovery.

Another fear reducing recommendation is to develop solid relationships with local ethnic organizations, immigration agencies, and faith-based organizations. Marlowe and Lou (2013) explain that learning about new immigrant and refugee groups, and what may create fear and therefore hinder or stall disaster recovery, will help to create strategies within emergency recovery plans. They state that such understandings are important for identifying psychological vulnerabilities created by past trauma, and for providing a source of indigenous knowledge, which can be used within cultural awareness, and psychosocial training. This writer observed the benefits of cultural awareness and psychosocial training for new immigrants and refugees during the Alberta wildfire recovery operations in Fort McMurray while working as a Case Management Supervisor for the Canadian Red Cross. In understanding the possible origins of fear for new immigrants, and how it can manifest as angry outbursts, defensive posturing, and aggressive behaviour, it was possible to calm and assure clients in a respectful and meaningful

manner using psychosocial first aid techniques learned prior to deployment. In doing so, it not only alleviated fear, but reduced stress and anxiety for the new immigrants and provided them with a better understanding of Canadian culture, which contributed to reducing delays in gaining recovery assistance.

Gaps

As with all studies, regardless of how well-researched they are, there are always gaps that need to be addressed until a full understanding is achieved. Even subjects that have garnered much attention over the years will eventually encounter new gaps as subject knowledge changes with the times and new information is revealed. In dealing with the subject of what emergency managers can do to assist new immigrants and refugees in effectively navigating the disaster recovery process in a timely manner, the literature is scant. While much exists on the topic of vulnerable populations within disasters, it is mostly aimed towards preparedness and not recovery.

Additionally, there is little devoted strictly to the one topic of challenges encountered by new immigrants and refugees who are dealing with learning a new culture and new language in a new country all the while struggling through the disaster recovery experience—quite possibly for the second time. This observation has also been noted by Marlowe and Lou (2013), who stated “there has been relatively little literature examining the experiences, perspectives and responses of refugee communities impacted by natural disasters” (p.59). They also stated that this gap in research makes it difficult to ascertain the best way to create and implement effective approaches for dealing with new immigrants and refugees in addressing their needs.

It should also be noted that there needs to be some question regarding whether location (i.e., city or country) and disaster event type (hurricane, earthquake, flood, wildfire, terrorist, or

manmade disaster event) play any sort of role in possible differences in the way disaster recovery programs are delivered. Since current literature is limited on the specific topic of barriers to a quick and effective disaster recovery for new immigrants or refugees, further studies will need to be conducted before such a question is truly answered. Given that there are numerous historical events from which to draw, and the likelihood of new disaster events occurring in the near future within first-world countries is great, conducting such research is possible. This would provide a great opportunity to learn how new immigrants and refugees adapt within the recovery process based upon the specific circumstances in which they are living, and the type of event experienced, in order to create targeted assistance in both the preparedness and recovery phases.

Another gap that exists is the scarcity of studies involving Canadian disaster events, and Canadian disaster recovery research that deal with addressing the specific needs of new immigrants or refugees. The Canadian Red Cross (2007) concurs and explains that this obvious gap demonstrates how such vulnerable groups still “fall through the cracks of emergency planning, response and recovery” (p.18). This writer’s experience in Fort McMurray, Alberta during the wildfire disaster recovery of 2016 furthers the Red Cross’ findings of 2007; new immigrants and refugees were observed having problems understanding what was expected of them, not understanding the English instructions provided, some were afraid to ask questions until prompted, and some were wary about accessing government assistance, which produced a slower recovery and did nothing to strengthen resiliency. In short, they fell through the gaps of available assistance. By researching their specific needs, new emergency management approaches can be created for assisting the new immigrants and refugees using better communication methods in languages they can understand, and in a manner respectful to their culture, as well as ways to provide advocacy support to help guide them through recovery.

Furthermore, there also exists gaps in the initial understanding and provision of care for mental health issues and services for new immigrants and refugees within Canada. Such a gap is, according to McKenzie, et al. (2010), a result of services not embracing the diversity that abounds within Canadian borders, in addition to the challenge of new immigrants and refugees having “poorer access to care and poorer treatment” (p.65). Studies of the mental health status’ of new immigrants and refugees before and after Canadian disaster events that involved regional evacuations—such as the Eastern Canada ice storms of 1998, the British Columbia wildfire events in 2009, the Southern Alberta floods in 2013, and the Alberta wildfire event in 2016—can serve as a backbone for further research and analysis of mental health challenges experienced by new immigrants and refugees during disaster recovery. The results of that research can then be analyzed to determine if common approaches to mental health assistance can be adopted, or if more specific methods of assistance need to be applied towards disaster type and community composition.

Conclusion

Research and first-hand experience has shown that new immigrants and refugees experience multiple barriers and challenges while navigating the disaster recovery process. These barriers add an extra element of stress and frustration to an already taxing and traumatic experience and slow their recovery process. In slowing their recovery from disaster, this creates an extended dependence on social service and government organizations to provide financial aid and mental health assistance. In order to help new immigrants and refugees break down the financial, cultural and linguistic, and mental health barriers that keep this vulnerable population from accessing help and adequately navigate the recovery process, emergency managers need to

learn what those barriers are, why they exist, and how to overcome them in order to create and implement effective strategies for recovery planning.

Research has shown that some solutions exist in the form of:

- developing strong leadership;
- creating solid partnerships with community organizations and immigrant agencies to collaborate on appropriate strategies for the community;
- translating important disaster recovery materials so that immigrants can learn of available resources and how to access them in a language they comprehend;
- providing free workshops on low-cost mitigation and preparedness measures, as well as seminars during recovery to help explain how to deal with bureaucracies;
- providing in-person translators;
- partnering with organizations to educate and make available mental health resources; and,
- providing cultural awareness training for all leadership, to help provide aid in the most respectful manner possible to help alleviate fear.

While some solutions do exist, there has not yet been enough research strictly on the topic of the experiences of new immigrants and refugees in disaster recovery. This gap will need to be addressed in depth before the most appropriate strategies can be discovered and implemented into disaster recovery plans.

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