

# Disaster Recovery Challenges and Solutions for New Immigrants

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## Introduction

Recognizing and appropriately dealing with barriers among new immigrants and refugees in disaster recovery poses a challenge to emergency managers. New immigrants can face cultural, linguistic, and mental health barriers when attempting to obtain timely and appropriate access to post-disaster resources, resulting in a delayed recovery process. This delay places extra stresses upon themselves and their families, creates an extended burden and strain upon available recovery resources, and can also slow the community's recovery overall. To that end, this research aimed to identify the barriers to new immigrants and refugees within the area of disaster recovery, the possible reasons behind the existence of those barriers, and strategies to help emergency managers remove them. Existing gaps within available literature as well as within recovery plans were also identified and flagged as areas requiring further study.

## Background

For new immigrants and refugees, 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?

## Methods

Literature selected for use included those that supplied peer-reviewed 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.

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

## Results/Findings

Research of the selected literature, and examination of this writer's first-hand experience obtained during disaster recovery operations in Fort McMurray, Alberta, uncovered many issues experienced by new immigrants and refugees, and non-English speaking citizens during their disaster recovery. Further analysis revealed three themes under which they could be categorized: financial barriers (Marlowe & Lou, 2013); 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 led to a hindered disaster recovery for new immigrants and refugees, which extended their reliance upon financial aid and mental health resources. Additionally, these barriers added further stress and frustration to the trauma of disaster recovery, which, at times, manifested 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.

## Recommendations

Recommendations for overcoming the language, cultural, and mental health barriers experienced by new immigrants and refugees while navigating a disaster recovery include:

- developing strong leadership in emergency management;
- creating solid partnerships with community organizations and immigrant agencies to collaborate on appropriate recovery strategies (Christchurch Migrant Inter-Agency Group, 2011);
- translating important disaster recovery materials (Hooks & Miller, 2006) (Mathew & Kelly, 2008);
- providing free workshops on low-cost mitigation and preparedness measures (Hooks & Miller, 2006), as well as recovery seminars that explain how to deal with bureaucracies (Canadian Red Cross, 2007);
- conducting seminars that explain insurance policies and how to reduce premiums;
- conducting free legal clinics to educate new immigrants and refugees about their rights (Hooks & Miller, 2006);
- developing relationships with local faith-based and community organizations to assist with translation and cultural education (Marlowe & Lou, 2013);
- providing in-person translators during recovery operations (Purtle, Siddiqui, & Andrulis 2011);
- partnering with local mental health organizations to educate and make available mental health resources; and,
- providing cultural awareness training for recovery staff and volunteers (Khanlou, 2010).

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