

NATIONAL MASS CARE STRATEGY



A ROADMAP FOR THE NATIONAL MASS CARE SERVICE DELIVERY SYSTEM

American Red Cross • Federal Emergency Management Agency • National Voluntary Organizations Active in Disaster
Adventist Community Services • Business Civic Leadership Center • Center for Faith-Based & Neighborhood Partnerships
CrisisCommons • Disaster Roundtable of the National Academies • Feeding America • International Association of
Emergency Managers • Medical Reserve Corps • The National Animal Rescue and Sheltering Coalition
National Association of Counties • National Disability Rights Network • National Emergency Management Association
Save the Children • The Salvation Army • Southern Baptist Disaster Relief

A faded, light-colored map of Mexico is visible in the background of the page. The map shows state boundaries and some major cities, though the text is too light to read clearly. It serves as a decorative backdrop for the text.

The National Mass Care Strategy

provides recommended courses of action for the delivery of improved mass care service to the nation. The five strategic goals seek to move the nation in a direction that increases the capabilities and capacities of the Whole Community across the range and scale of disasters to which this country is vulnerable.

This document was developed after obtaining individual input from more than 50 agencies and organizations involved in mass care operations. The National Mass Care Strategy does not contain consensus advice or recommendations from these agencies or organizations on federal policies or regulations.

Table of Contents

<i>I. Introduction</i>	4
<i>II. Executive Summary</i>	5
Impacts of Hurricane Katrina	6
<i>III. A Roadmap for Mass Care Reform</i>	9
<i>IV. Guiding Principles for a National Mass Care Strategy: State and Local Approach</i>	11
<i>V. Overview of Strategic Goals</i>	13
<i>VI. Action Plans for Meeting Strategic Goals</i>	15
1. Build Scalability into Service Delivery	14
2. Create the Opportunity for Improved Coordination and Participation	17
3. Engage the Whole Community	19
4. Standardize Mass Care Practices	20
5. Strengthen and Unify Mass Care Legal and Policy Foundations	21
<i>VII. NMCS Implementation Plan</i>	25
Annex A: Table of Strategic Goals	28
Annex B: Description of National Mass Care Council Agencies	29

I. Introduction

Ensuring our nation's ability to provide life-sustaining services immediately following disaster events is a fundamental responsibility of government at all levels, as well as the mission of many nongovernmental and private sector organizations. Additionally, it is an inherent value embedded in the culture of this country to assist each other during times of need.

The strength and resilience of our current system is that we do not rely on a single entity for the provision of mass care services, but have a history of collective action by government, nongovernmental organizations, faith groups, the private sector, and other elements of our society—the Whole Community. It is this foundation that the National Mass Care Strategy embraces to further enhance and expand the resources and capabilities available to meet human needs, and to improve the coordination and support of the many providers who strive to care for their neighbors.

The Federal Emergency Management Agency (FEMA), the American Red Cross, and National Voluntary Organizations Active in Disaster (National VOAD) have worked with a large, diverse, and representative set of stakeholders to collect each individual organization's recommended strategic courses of action to improve the delivery of mass care services and the coordination of current and future providers.

The goal is that these actions will have a material impact on the lives of survivors in their time of greatest need.

September 2012



II. Executive Summary

The term mass care refers to a wide range of humanitarian activities that provide life-sustaining support to individuals and families who are temporarily displaced or otherwise impacted by a disaster or emergency that disrupts their ability to provide for their basic needs. Mass care services begin as soon as a disaster is imminent or occurs and continues through the recovery phase.

Each year, thousands of disasters and emergencies—including house fires, hurricanes, tornadoes, and floods—displace people from their homes or restrict their access to life-sustaining resources, services, and support. The provision of mass care assistance is a local governmental and community responsibility. Typically, the support comes from local nongovernmental or faith-based organizations, such as the American Red Cross, The Salvation Army, Southern Baptist Disaster Relief, and others.

Mass Care As an Open System

The majority of local, state, and federal government resources are primarily focused on life-saving activities such as fire, law enforcement, and emergency medical response, while nongovernmental and faith-based organizations have focused on mass care services. Engagement of the Whole Community in building mass care capacity is vital to increasing national response capability. Day-to-day community and state preparedness activities are a critical component of successful mass care response. Working together, Whole Community partners can bridge shortfalls in mass care services and help to ensure that the life-sustaining needs of disaster survivors are met, regardless of the size and location of the disaster. Additionally, Whole Community partners must insure that the needs of children, individuals with disabilities and other access and functional needs, and older adults are met. To reach the level of preparedness required to meet catastrophic disaster risks, our country must build a system that encourages individuals, families, communities, states, and the private sector to all participate in building resiliency and capacity.

For such a system to be effective, it must be built on a foundation of common terminology; well-defined position and roles, responsibilities, and qualifications; and training programs that are flexible in design to adapt to various delivery methods and organizational needs but reflect standardized system fundamentals.

WHOLE COMMUNITY DEFINED

As a concept, Whole Community is a means by which residents, emergency management practitioners, organizational and community leaders, and government officials can collectively understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their assets, capacities, and interests. By doing so, a more effective path to societal security and resilience is built. In a sense, Whole Community is a philosophical approach on how to think about conducting emergency management.

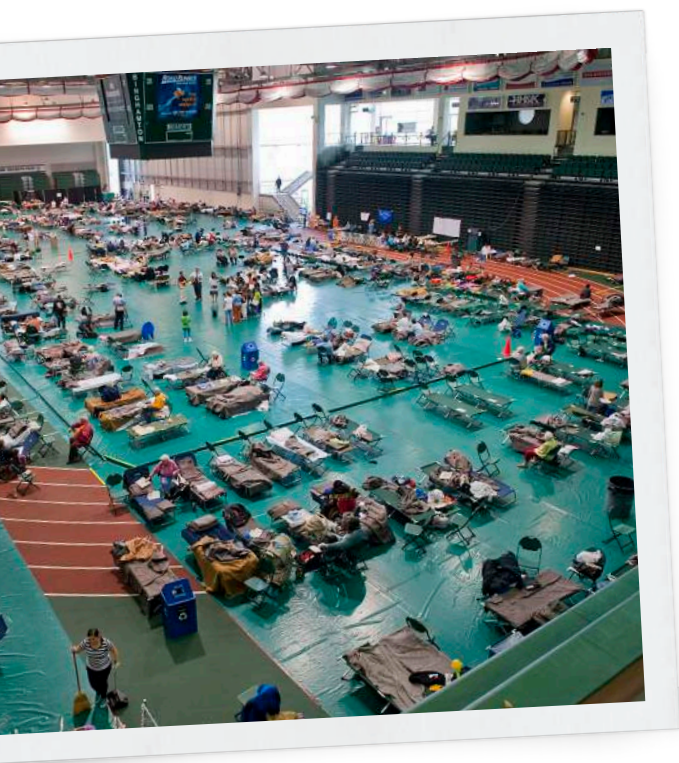
There are many different kinds of communities, including communities of place, interest, belief, and circumstance, which can exist both geographically and virtually (e.g., online forums). A Whole Community approach attempts to engage the full capacity of the private and nonprofit sectors, including businesses, faith-based and disability organizations, and the general public, in conjunction with the participation of local, tribal, state, territorial, and Federal governmental partners. This engagement means different things to different groups. In an all-hazards environment, individuals and institutions will make different decisions on how to prepare for and respond to threats and hazards; therefore, a community's level of preparedness will vary.

A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action

FDOC 104-008-1 / December 2011

Essentially, mass care must become an open system capable of incorporating the full range of resources present in our society. Collectively, we must also more fully understand the capabilities and capacities of the Whole Community, so we can identify where gaps exist that must be addressed for catastrophic events.

The federal government recognized the importance of mass care in emergency management when it included mass care in the Federal Response Plan (FRP), released in April 1992. The FRP created the Emergency Support Function 6 (ESF-6), which at that time consisted primarily of mass care activities.



Impacts of Hurricane Katrina

The impacts of Hurricanes Katrina and Rita in 2005 severely stretched our national response capability and focused renewed attention on a number of systemic response-system weaknesses, including our ability to coordinate and deliver mass care services following catastrophic disasters. A series of Hurricane Katrina after-action reviews, including the February 2006 White House report *The Federal Response to Hurricane Katrina: Lessons Learned*, resulted in numerous changes to our national response programs.

To address some of the issues identified, Congress passed the Post-Katrina Emergency Management Reform Act (PKEMRA), signed into law on October 4, 2006. This legislation made a number of fundamental changes in the national emergency response program, including several that affected mass care service delivery. PKEMRA requires the Federal Emergency Management Agency to develop a national emergency management system capable of responding to catastrophic incidents.

Another result of the 2005 hurricane season was revision of the National Response Plan (a precursor to the National Response Framework), which superseded the original FRP. The revisions issued in 2006 added the category of Emergency Assistance under ESF-6. This category includes many of the new services mandated by PKEMRA, including providing care for children and people with disabilities and other access and functional needs, as well as rescuing and sheltering household pets. Mass care and emergency assistance activities, as defined by the National Response Framework (NRF), are closely aligned and sometimes share overlapping responsibilities. For the purposes of this document, most emergency assistance activities are assumed to be a component of mass care.

Post-Katrina Program Advances

After Hurricane Katrina, incremental improvements have been made in our national mass care response capability due to the efforts and collaboration of governmental, nongovernmental, faith-based, and private sector mass care support agencies and organizations. Notable accomplishments include:

- The creation of the National Shelter System (NSS) database, which is used to pre-identify service sites and supports the tracking of shelter sites nationally.
- The development of voluntary agency mass care service delivery guidelines.
- The establishment of the Coordinated Assistance Network (CAN), which allows nongovernmental organizations to coordinate client casework and share information about available resources.
- The development of guidance and training to enhance service delivery to people with access and functional needs support requirements.
- The development of guidance to help ensure the protection and well-being of children, to include life-sustaining supplies such as infant and toddler supplies, guidance on reunification of unaccompanied minors, and disaster shelter care for children.

One of the findings from The Federal Response to Hurricane Katrina: Lessons Learned was that the federal response should better integrate the contributions of volunteers and nongovernmental organizations into the broader national effort.

This integration would be best achieved at the state and local levels, prior to future incidents. In particular, state and local governments must engage nongovernmental organizations (NGOs) in the planning process, facilitate the credentialing of personnel, and provide them the necessary resource support for their involvement in a joint response.

In 2006, recognizing the importance of mass care, FEMA began expanding its capabilities and now includes an organizational element and staff dedicated to the coordination and development of resources organized under mass care. FEMA is focused on developing programmatic guidance and training for local, tribal, and state governments; defining resource requirements; strengthening mass care contracting capabilities; and working with the private sector to identify innovative solutions to potential mass care shortfalls.

Additionally, as part of the Whole Community approach, FEMA is working with other federal agencies to develop pre-scripted mission assignments and engaging with the private sector to acquire resources, including staff, facilities, and medical and other support to augment national mass care capacity.

While there is anecdotal information that the national mass care capacity has increased significantly since 2005 and current resources are sufficient for the majority of individual disasters, additional resources are needed to meet the life-sustaining requirements of survivors following simultaneous very large disasters or a catastrophic disaster. Quantification of the full capabilities and capacities of the Whole Community remains a significant challenge.

Whole Community Partnerships

In addition to programmatic developments, advancements have been made in strengthening collaboration and coordination among the Whole Community partners; these will be outlined under Section III: A Roadmap for Mass Care Reform, which forms the core of national mass care capacity. One element of that progress is the work of FEMA, the American Red Cross, and National VOAD to guide the development of a national mass care strategy and support its implementation.

This strategy will support a wider dialogue with local, state, tribal, and national mass care stakeholders, including nongovernmental organizations, community-based and emergency management agencies, advocacy groups, and the private sector regarding the implementation of a comprehensive set of recommended courses of action for strengthening our national mass care capabilities.

Five Interrelated Strategic Goals

The National Mass Care Strategy is based on five interrelated strategic goals, as the illustration below represents.



THREE-STEP PROCESS

The National Mass Care Strategy was created using a three-step process to strengthen the mass care system.

The steps include:

1. Create a summary that defines the current state of the mass care system.
2. Create a broad-based roadmap of strategies to strengthen the system.
3. Create subsequent implementation plans as needed that define roles, responsibilities, timelines, and costs and identify potential funding sources for the courses of actions that are adopted.

III. A Roadmap for Mass Care Reform

In October 2010, the Federal Emergency Management Agency (FEMA) and the American Red Cross (ARC) signed a Memorandum of Agreement (MOA), which set the framework for ARC, an ESF-6 Support Agency, to serve as co-lead for the mass care function of ESF-6. Additionally, the MOA calls for FEMA and ARC to develop and promulgate a National Mass Care Strategy with National VOAD organizations and other mass care support agencies.

To fulfill this mission, representatives from a diverse set of organizations and agencies were invited to participate in meetings and listening sessions on strengthening the national mass care system (see the table).



Participating Agencies & Organizations

Adventist Community Services	Academia: Disasters Roundtable of the National Academies
American Red Cross	Children’s Community: Save the Children
Federal Emergency Management Agency	Faith Community: DHS Center for Faith Based & Neighborhood Partnerships
Feeding America	Functional Needs Support Population: National Disability Rights Network
National Association of Counties (NACo)/International Association of Emergency Managers (IAEM)	Health & Mental Health: Medical Reserve Corps
National Emergency Management Agency	Household Pets: National Animal Rescue & Sheltering Coalition
National Voluntary Organizations Active in Disaster	Mass Care Partner: National Voluntary Organizations Active in Disaster Mass Care Committee
Southern Baptist Disaster Relief	Private Sector: Business Civic Leadership Center
The Salvation Army	Technology: CrisisCommons

Linchpins of a National Mass Care Strategy

This National Mass Care Strategy is based on three overarching themes:

Organizational Engagement

Develop a Whole Community initiative by engaging mass care stakeholders from all sectors, including all levels of government and private and nongovernmental organizations to provide consistent and quality mass care services to disaster survivors by adopting indicators, identifying organizational gaps and limitations, assessing each organization's gaps and limitations, and establishing a collaborative effort in order to overcome obstacles for success.

Resources

Develop and implement processes to enhance collaboration, coordination, communication, and cooperation by all mass care providers to acquire, expand, and share human and material resources, including information and technologies. Develop funding strategies that recognize and support not only the cost of responding to disasters but also preparedness and the building and sustaining of response capacities.

Knowledge

Develop mechanisms and tools to gather, analyze, enhance, and disseminate knowledge and expertise that are inclusive to stakeholders and mass care services providers, by creating opportunities to mentor, train, and develop guidelines and documents and by creating a mass care community of practitioners.

Extensive background research was also utilized to gain perspective on lessons learned from recent disasters, guidance received through the Post-Katrina Emergency Management Reform Act, and Presidential Policy Directive 8.

In addition, coordination with recent federal planning efforts such as the National Preparedness Report, Mass Care Services Core Capability, NRF/ESF #6 Annex, and hazard-specific plans including Space Weather, Cyber Attack, Earthquake, and Hurricane occurred to ensure that ongoing and future assessments of mass care and emergency assistance capabilities and capacities, at FEMA and across the Whole Community, are coordinated with other national-level planning factors.

PPD-8 sets a strategic vision for national preparedness using a comprehensive approach, including a National Preparedness Goal, the National Preparedness System, the Campaign to Build and Sustain Preparedness, and the National Preparedness Report

IV. Guiding Principles for a National Mass Care Strategy: State and Local Approach

The National Mass Care Strategy includes five guiding principles, which will be implemented through a state and local government–focused engagement. The recommended courses of action are based on these principles. They are:

Whole Community Approach

Engagement of the whole community in building mass care capacity is vital to increasing national response capability. Day-to-day community and state preparedness activities are a critical component of successful mass care response. Disaster preparedness is also a responsibility of individuals, families, and communities. To reach the level of preparedness required to meet our disaster risks, the Whole Community must identify pre- and post-disaster actions to build capacity, promote resiliency, and facilitate disaster recovery preparedness; mass care response capacity-building at both the national and community levels is necessary to prepare our nation to address the needs of a catastrophic event.



Integrated Response

Whole Community mass care service providers should respond in a coordinated and integrated manner that maximizes efficiency while avoiding duplication and ensures uniform access to services. A key element to support integration is the timely exchange of situation and response information among mass care providers, including the projected scope, scale, type, and duration of the mass care response. The key for successful data sharing is for all organizations to adopt interoperable standards. During large-scale disasters, new organizations should not form to assist in addressing disaster needs without integration into the existing structure. A lack of integration may create duplication of resources and services that may result in inequitable benefits to disaster survivors and inefficient use of donor and taxpayer dollars.

Holistic Approach to Survivor Support

We need to ensure that mass care services are available to all impacted communities and provided in a confidential and nondiscriminatory manner that ensures the safety, security, and well-being of all, including individuals with disabilities and other access and functional needs, children, and older adults.

As part of the holistic approach to survivor support, mass care plans should also address the needs of individuals with household pets and service animals. The ultimate goal of mass care services is to provide survivors with the comprehensive life-sustaining support they require to move from response to recovery.

Sustainable Mass Care Capacity

Mass care capacity-building has typically been undertaken to meet specific shortfalls that occur in a disaster response rather than as part of an integrated, nationwide building and sustainment program. This creates temporary increases in capability but does not reflect the true cost of maintaining response capacity over time. Additionally, mass care preparedness and planning activities should be based on a firm foundation of common definitions and methodologies of estimating mass care service delivery requirements. Resource requirements should be matched against an accepted methodology of estimating known resource availability to determine shortfalls and allow effective contingency planning. The community of mass care practitioners should focus on solutions that are feasible, achievable, and sustainable—matched to resources that provide stability over the long-term.



Scalable, Flexible National Mass Care Resource Capabilities

As incidents change in size, scope, and complexity, response efforts must adapt to meet evolving requirements. The number, type, and sources of mass care resources must expand rapidly to meet the changing needs associated with a given incident. Current mass care resources are generally adequate to handle the majority of disasters, but we must strengthen our capabilities to respond to rapid sequences of multiple large disasters or to a truly devastating catastrophic disaster, which could require mass care services to be provided to over 1.75 million people in multiple states. As the needs of disaster survivors change, mass care service providers need to remain flexible. As the incident is stabilized, efforts should be adaptable to support the ongoing needs of the survivors during the transition from response to recovery.

V. Overview of Strategic Goals

The National Mass Care Strategy is driven by five strategic goals. The overview of the goals and sub-goals is below and detailed recommended courses of action to implement each goal is in Section VI.

1. Build Scalability into Service Delivery

- 1.1 Create an integrated National Mass Care Plan
- 1.2 Support local and state engagement in building mass care capacity (gap analysis)
- 1.3 Implement strategies for tiered response to expand available mass care resources
- 1.4 Improve the effectiveness of disaster exercises in building mass care capacity, including scenario planning

2. Create the Opportunity for Improved Coordination and Participation

- 2.1 Create a national platform community of practice with common templates and definitions
- 2.2 Implement an integrated mass care resource deployment strategy that leverages the capability of all organizations while reducing duplication and improving source visibility
- 2.3 Implement mass care asset management and coordination
- 2.4 Improve communications and coordination, including Emergency Operation Center (EOC) coordination and partners

3. Engage the Whole Community

- 3.1 Identify and remove barriers that limit volunteer, community agency, and private sector involvement
- 3.2 Create a virtual portal to support the creation of a mass care community of practice through information sharing

4. Standardize Mass Care Practices

- 4.1 Recommend and adopt mass care standards of practice
- 4.2 Implement a standardized mass care incident management training program
- 4.3 Promote the use of existing mass care tools

5. Strengthen and Unify Mass Care Legal and Policy Foundations

- 5.1 Address gaps in FEMA authorities to improve delivery of mass care services that may require legislative action
- 5.2 Assess gaps in other federal authorities that directly affect the provision of mass care services to meet Whole Community needs
- 5.3 Assess gaps in existing federal doctrine, policies, and regulations that adversely impact national mass care capacity
- 5.4 Standardize state law to enhance the sharing of mass care resources

VI. Action Plans for Meeting Strategic Goals

1. Build Scalability into Service Delivery

1.1 Create an integrated National Mass Care Plan

With input from participating organizations, create an integrated National Mass Care Plan based on three response activity levels:

1. One or more catastrophic disasters
 2. Multiple simultaneous large disasters
 3. Routine major disaster operations
- Plans will be based on identified organizational capabilities using a standardized capability assessment model. Assignments of operational lead roles will be determined by identified organizational capability and will specify alternative strategies that will be implemented when projected requirements exceed estimated capacity. Agencies unable to provide capability will not be assigned operational lead roles in the response plans.
 - In collaboration with local, tribal, state, and federal government and in a coordinated manner, create contingency plans by identifying and recruiting private sector companies that have the desire and capacity to assume major operational roles supporting mass care activities when normal system capacity is exceeded. These contingency plans will be integrated into the National Mass Care Plan for scalability. For example, identify major full-line retailers that can assume a role, depending on their capability post-disaster for supporting bulk distribution, or a delivery organization that can support the supply delivery for emergency shelters.
 - Create a standard set of national mass care basic planning assumptions, capability estimates, and resource matrixes for sheltering and feeding for use in federally funded response planning and interagency operation planning.
 - Integrate a continuum of care that is designed to meet the entire spectrum of humanitarian needs of the affected population, particularly people with access and functional needs, children, older adults, and cultural, ethnic, and religious minority communities, including care for their household pets and service animals.



1.2 Support local and state engagement in building mass care capacity

- Establish mass care-specific internal readiness guidelines for local, tribal, and state government to reflect response capacity and leverage the use of federal preparedness grant funding.
- Provide states with access to a standardized on-line tool for reporting and assessing their internal mass care readiness.
- Create a national methodology to perform mass care capability and capacity analysis as a standard component of local, tribal, state, and national response planning.
- Establish and share technology best practices and guidance across the mass care community to support data interoperability.
- Identify ways to leverage federal preparedness funds to support state emergency-management agencies to maintain adequate staffing and to build and maintain their mass care response capability.
- Ensure that each FEMA region has a dedicated mass care specialist with the program management and planning experience to work with state and federal agencies and nongovernmental organizations to support building capability.
- Encourage state emergency-management agencies to have, at a minimum, a qualified full-time mass care coordinator.
- Review federal grant guidelines to identify ways to enhance support for building mass care response capacity through mass care management training, specialized equipment purchases, and focused regional mass care exercises.
- Further develop the Whole Community concept, including defining organizational structures, roles, and responsibilities and other business practices.
- Using the Comprehensive Preparedness Guide (CPG) 101 v2 model, provide local and state governments with detailed examples of how to develop their mass care response plans so they reflect the Whole Community concept, and integrate into the national mass care system.
- Review CPG 102 to ensure uniformity with the revised national mass care system and reflect the critical planning requirements for delivering mass care services.

1.3 Implement strategies for tiered response to expand available mass care resources

- Establish a standardized methodology to estimate mass care response capability and establish the current baseline capacity, both nationally and by state, to provide the foundation for disaster response planning.
- Expand resource typing and encourage mass care resource sharing through systems like the Emergency Management Assistance Compact (EMAC).
- Explore options for inclusion of nongovernmental organization resources in the EMAC system.
- Establish a national model for utilizing social media or other web-based systems to recruit community agencies and volunteers and incorporate their capabilities into the delivery of mass care services immediately following a disaster.
- Work with mass care service delivery organizations to identify historical resource shortfalls by incident size and type to support the design and utilization of standardized federal mass care resource deployment packages.
- Identify national private sector companies that would be willing to establish an externship program to allow their employees to support mass care responses and connect those companies to NGOs that can train and support their staff locally.
- Implement incentives to encourage states to build mass care planning and coordination teams that can be shared through EMAC.

1.4 Improve the effectiveness of disaster exercises in building mass care capacity, including scenario planning

- Establish guidelines for federally funded disaster exercises that include mass care as an integral component of the exercise design.
- Conduct an annual national mass care system exercise that focuses on establishing state-to-federal coordination systems and integrating staff from key NGOs, faith-based organizations, and the private sector into an effective mass care multi-agency coordination structure.
- Provide local, state, territorial, tribal government, faith-based, NGO, and private sector partner agencies with access to template mass care exercises that they can use to test their plans, and to train their staff and supporting agencies/ organizations about coordinating a mass care response.

- Include mass care resource allocation workshops as a standard part of exercise and planning efforts.

2. Create the Opportunity for Improved Coordination and Participation

2.1 Create a national community of practice with common templates and definitions

- Establish an integrated national mass care situational awareness information system.
- Implement a standardized situation reporting format and process for mass care services and data systems.
- Expand the National Shelter System database to integrate and geographically display mass care situational information gathered through the standardized reporting system.
- Adopt information sharing guidelines that protect confidential information and provide “hold harmless” protection for the source agencies.



2.2 Implement an integrated mass care resource deployment strategy that leverages the capability of all organizations, while reducing duplication and improving resource visibility

- Create a national resource ordering and fulfillment tracking system, which can be made available to all mass care agencies and organizations and can provide a centralized picture of resource requirements, resource deployments, and potential shortfalls.
- During the response to presidentially declared disasters, provide no-cost federal transportation and logistical support for the deployment of mass care resources for national NGOs and faith-based organizations when required.
- Integrate the potential opportunity for providing base camp support for affiliated volunteer mass care staff from nationally recognized NGO and faith-based organizations into federal response planning.

2.3 Implement mass care asset management and coordination

- Establish a mass care multi-agency coordination center to support multiple large or catastrophic disasters, including defining participants, roles, position descriptions, tasks, information, and resource ordering processes.
- Develop a mass care technology liaison position within the center to coordinate access and integration of situation and resource data and geospatial information.

2.4 Improve communications and coordination, including EOC coordination and partners

- Create tailored messaging and educational background briefings for local, state, and national political leaders to provide them with a basic understanding of how they can support the mass care systems.



3. Engage the Whole Community

3.1 Identify and remove barriers that limit volunteer, community agency, and private sector involvement

- Establish a mechanism that allows unaffiliated, interested partners to join and contribute to response efforts in their area of interest and capability, under the overall coordination of an activity lead.
- Collaborate with states to limit disaster response-related liability exposure for individuals, private sector companies, and nongovernmental, community, and faith-based organizations that want to volunteer their resources to support mass care response activities.
- Provide local government with guidance regarding how to identify, engage, and attract community agencies with mass care response capability.
- Provide local, state, tribal, and territorial government and their mass care partner agencies with a mass care plan template that incorporates all levels of the community into an integrated response.
- Establish recognition and other incentives for communities that implement Whole Community mass care planning and capacity-building programs.
- Establish user-friendly national recruitment systems that can be activated by local, state, tribal, and territorial government and their partner faith-based or nongovernmental organizations to match mass care support requirements with available volunteers or community agencies.



3.2 Create a virtual portal to support the creation of a mass care community of practice through information sharing

- In conjunction with other mass care stakeholders, support the establishment of a national mass care information sharing website that consolidates available information and provides easy access to resource, planning, and training information for all levels of the mass care response system.

4. Standardize Mass Care Practices

4.1 Recommend and adopt mass care standards of practice

- Using the NVOAD Mass Care Committee draft Standards of Care as a starting point, finalize and publish mass care service delivery standards and propagate throughout the national response system.
- Establish best practice guidelines that define principles that mass care service providers can adopt, including standards to ensure the protection and well-being of vulnerable populations, for example children, individuals with disabilities and other access and functional needs, and older adults.
- Standardize mass care system terminology and expand use of tools such as the NIMS resource typing system and the Commonly Used Shelter Items list.



4.2 Implement a standardized mass care incident management training program

- Create and utilize a standardized mass care incident management training program for local, state, tribal, and federal government and their nongovernmental, faith-based, and private sector partners.
- Develop and utilize online just-in-time training to provide a common understanding of the mass care services for all deploying mass care leadership personnel from all responding agencies.
- Create a Professional Development Series based on all facets of mass care.
- Work with national mass care service providers and local, state, tribal, and territorial government to adopt and implement National Incident Management System (NIMS) Mass Care Job Title and Qualification standards.

4.3 Promote the use of existing mass care tools

- Promote the use of existing mass care systems (such as NSS), templates, and guidance documents through outreach at the state and local levels.

5. Strengthen and Unify Mass Care Legal and Policy Foundations

Prerequisites to strengthen and unify the legal and policy foundations for the provision of mass care services are the identification and analysis of federal and state policies, doctrine, regulations, and statutes that impact the delivery of mass care programs, resources, and services. This process will require the engagement of ESF #6 lead and support, as well as local, state, tribal, and territorial government and nongovernmental agencies.

Together, these groups will address gaps in authorities, prioritize any possible changes, and establish a timeline for submitting modifications to the relevant governmental entities.

5.1 Address gaps in FEMA authorities to improve delivery of mass care services that may require legislative action

- There currently are no authorized grant programs to provide grants, benefits, and incentives to affected states for:
 1. Emergency human services, to minimize the financial impact on community service programs when disaster-caused needs exceed the capabilities of program funding and resources.
 2. Workers' Compensation benefits for volunteers providing disaster relief during declared disasters.
 3. Incentives to build mass care capability and capacity. Incentive grants could be made available to local agencies and voluntary, community-based, and faith-based organizations through state or federal programs.
- Assess how to establish a sliding cost share that incentivizes state and local governments to invest in mass care resources and planning. (Use the example of Stafford Act Section 322 (e) as a model).
- The Stafford Act does not separate Public Assistance from Essential Assistance to provide separate funding authority for mass care programs, resources, and services, or to reimburse nongovernmental relief or disaster assistance organizations for expenses incurred in the provision of relief during a major disaster or emergency, where requested by the Federal Coordinating Officer or designee.

5.2 Assess gaps in other federal authorities that directly affect the provision of mass care services to meet Whole Community needs

- Federal agencies currently cannot adjust their disaster assistance program benefits to align with host jurisdiction cost of living.
- The U.S. Department of Agriculture currently cannot adjust the Disaster Supplemental Nutrition Assistance Program allotment for temporarily displaced disaster survivors to match the rate in the host jurisdiction.
- The U.S. Department of Labor currently cannot adjust Disaster Unemployment Assistance benefits provided to temporarily relocated disaster survivors to match the rate in a host jurisdiction.
- Medicaid regulations currently lack portability between states for disaster-displaced populations.
- The Privacy Act and Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes barriers that inhibit sharing client data among agencies for the purpose of providing disaster recovery support and medical care.
- Federal law currently is not optimally designed to minimize the liability exposure of nongovernmental, community-based, and faith-based organization staff and professionals who volunteer to support disaster response (counter-example: some states, such as California, have such laws in place that could serve as models).
- The Emergency Management Assistance Compact (EMAC) does not include an enforceable licensure/credentialing reciprocity to facilitate deployment of medical, veterinary, and other professionals (e.g., plumbers, electricians) between states during disaster responses. Although EMAC includes a provision for reciprocity, currently it is not honored by state regulatory agencies.



5.3 Assess gaps in existing federal doctrine, policies, and regulations that adversely impact national mass care capacity

- Assess whether modification is needed for the Department of Homeland Security Grant Program (HSGP) Urban Areas Security Initiative (UASI) to require recipient jurisdictions to apply a percentage of grant funding to the development and implementation of mass care planning, programs, resources, and services.

- Assess whether modification is needed for the U.S. Department of Agriculture to adjust the Disaster Supplemental Nutrition Assistance Program allotment for temporarily displaced disaster survivors to match the rate in a host jurisdiction.
- Assess whether modification is needed for the Department of Health and Human Services to provide crisis counseling to disaster survivors temporarily relocated to host jurisdictions.
- Guidelines on the federal process for relocation and reunification of minors evacuated out-of-state lack clarity.
- Review the federal grants program eligibility criteria to consider how to better address mass care planning and resource development in the state emergency operations plan.
- CFR 44 does not separate Public Assistance from Essential Assistance to provide separate funding authority for mass care programs, resources, and services.
- Establish a sliding cost share that incentivizes state and local governments to invest in mass care resources and planning.
- FEMA Disaster Assistance Policy 9443.2, Transitional Sheltering Assistance, does not provide flexibility in providing non-congregate sheltering to displaced disaster survivors.
- FEMA Policy does not allow for expanded use of donated temporary housing units to include the sheltering of disaster workers deployed to assist disaster survivors.
- FEMA Recovery Policy 9523.19, Eligible Cost Related to Pet Evacuation and Sheltering, allows for only a limited length of time during which pet sheltering expenses will be reimbursed to affected states. Existing timeframes limit household pet owner access to transitional sheltering or temporary housing, which puts increased stress on household pet owners in regard to the well-being of their pets.
- Disaster Assistance Policy 9525.2, Donated Resources, does not allow state eligibility, under the Public Assistance program, for donated hours for mass care services provided by organizations that have a mass care mission.
- The Department of Homeland Security Immigration and Customs Enforcement policy does not prevent the removal of undocumented individuals from congregate mass care facilities during the emergency phase of a disaster.

- FEMA mitigation grant policy does not allow expenditures for mass care project facility construction or retrofitting of facilities that will be used for congregate sheltering.

5.4 Standardize state law to enhance the sharing of mass care resources

- Promote the adoption of National Incident Management System Resource Typing for Mass Care Services to facilitate the request and deployment of assets across state lines.
- Work with the National Emergency Management Association and the Association of Governors to establish standards for animal care/household pets during disasters, including policies on the length of time unclaimed animals may remain in emergency animal shelters.
- Modify state legislation to facilitate the safe evacuation, relocation, and reunification of unaccompanied minors across state lines during major disasters and emergencies. State legislation should establish a process and mechanism to address the safety of children, including the transition to the social services system, child custody requirements, medical consent requirements, and other evacuation and sheltering concerns.
- Establish uniform legislation for all states and territories to allow for the temporary licensing of credentialed medical, professional, and trade staff to work in affected and host states.



VII. NMCS Implementation Plan

Implementation Overview

Implementation of the National Mass Care Strategy will be a complex, multi-year endeavor requiring continuing support and focused effort by participating agencies and organizations as well as across the national mass care system stakeholders. The scope of changes as outlined by the recommended courses of action touch almost every aspect of the current mass care system.

During development of the National Mass Care Strategy, participating organizations utilized their extensive network of stakeholder contacts to review and provide input to strengthen and inform development of the Strategy. As the project moves to the implementation phase, the networks of stakeholders will further identify subject matter experts who can provide input to ensure the best possible outcomes for those courses of action that are ultimately adopted.

Implementation Lead

The lead for monitoring and overall coordination of implementation of the Strategy is envisioned to be the organizations that participated in its development. Additional input from key sectors such as state and local government, Health and Human Services (HHS), and Emergency Support Function 6 support agencies may be sought during the implementation phase of the Strategy to ensure effective communications and coordination.

Sub-goal and Action ‘Tracks’

During a meeting in May 2012 at the NVOAD Conference, the National Mass Care Strategy sub-goals and associated courses of action were evaluated and placed within three groupings, or “tracks.”

The three implementation tracks established were:

- Operational
- Planning
- Legal

Additionally, the sub-goals and courses of action can be further described as follows:

- Actions that are primarily procedural, fall within the authority of the representative organizations, and are within their authority and existing resources.
- Actions that require a moderate increase in new resources, but can still be achieved within the representative organization’s current business practices and can be implemented in the near term.
- Actions that are either outside the control of the representative agencies or require significant resources and will be achieved on a longer timeframe.

Annex A contains a list of the Strategy sub-goals and their assigned implementation track.

Sub-goal Research

During the design of the National Mass Care Strategy, the participating organizations reached out to a wide audience of national stakeholders to solicit their input on the design of proposed mass care system development goals. The process both improved the Strategy and served to highlight the complexity of making fundamental changes to our national mass care system.

During the implementation process, each sub-goal and course of action may need to be reviewed to:

- Validate the underlying problem assumptions and sub-goal language.
- Identify the key implementation stakeholders.
- Identify specific implementation action steps.
- Estimate implementation costs.
- Identify potential barriers and project “champions.”
- Identify pre-existing initiatives that are currently underway in participating organizations that will support sub-goal implementation and coordinate where appropriate.

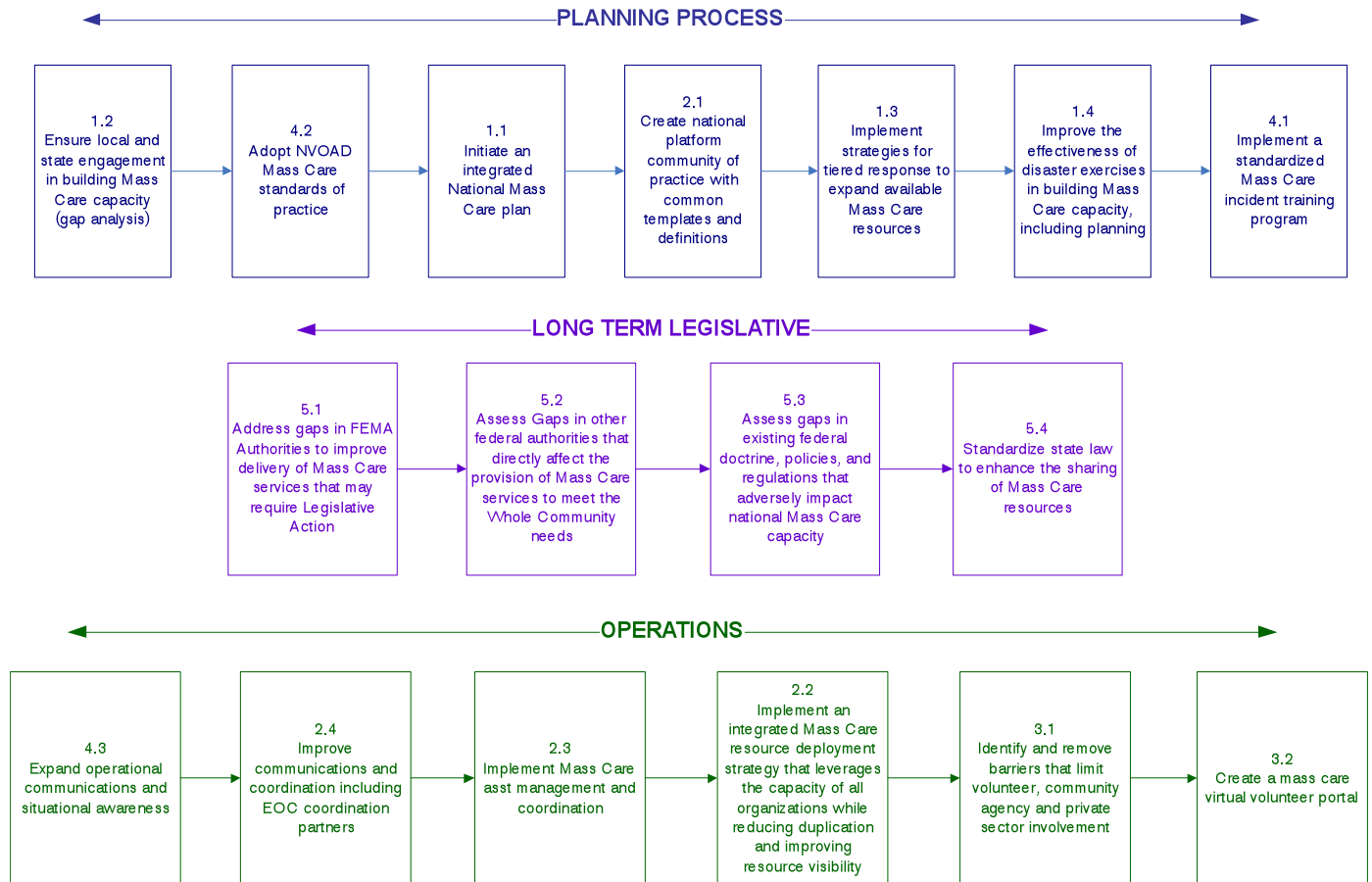
Because of the widespread interest in the implementation of the National Mass Care Strategy and the multilayered communications that will be required to implement it, the participating organizations will establish a dedicated website to provide information on the Strategy and publish implementation progress reports. The website will be designed to provide broad public information on the Strategy implementation progress and to support restricted-access communications for those implementing the Strategy and project support staff.

In addition to using the website as the primary communications portal, other communications strategies may be utilized, including:

- Adding links to the website on member organization web pages.
- Publishing quarterly electronic newsletters to provide project updates.
- Having members add Strategy implementation updates to their newsletters,
- Utilizing group e-mail capability for participating organizations to distribute project status updates.
- Other strategies as developed by the participating organizations’ communications departments.

NMCS Implementation Chart

National Mass Care Strategy Implementation Flow



Annex A: Table of Strategic Goals

	Goal	Subsection	Sub-goal	Implementation Team
1	Build Scalability into Service Delivery	1.1	Create an integrated National Mass Care Plan	Planning
		1.2	Support local and state engagement in building mass care capacity (gap analysis)	Planning
		1.3	Implement strategies for tiered response to expand available mass care resources	Planning
		1.4	Improve the effectiveness of disaster exercises in building mass care capacity, including scenario planning	Planning
2	Create the Opportunity for Improved Coordination and Participation	2.1	Create national platform community of practice with common templates and definitions	Planning
		2.2	Implement an integrated mass care resource deployment strategy that leverages the capability of all organizations, while reducing duplication and improving resource visibility	Operations
		2.3	Implement mass care asset management and coordination	Operations
		2.4	Improve communications and coordination, including EOC coordination and partners	
3	Engage the Whole Community	3.1	Identify and remove barriers that limit volunteer, community agency, and private sector involvement	Operations
		3.2	Create a virtual portal to support the creation of a mass care community of practice through information sharing	Operations
4	Standardize Mass Care Practices	4.1	Recommend and adopt mass care standards of best practice guidelines	Planning
		4.2	Implement a standardized mass care incident management training program	Planning
		4.3	Promote the use of existing mass care tools	Operations
5	Strengthen and Unify Mass Care Legal and Policy Foundations	5.1	Address gaps in FEMA Authorities to improve delivery of mass care services that may require legislation	Legal
		5.2	Assess gaps in other federal authorities that directly affect the provision of mass care services to meet Whole Community needs	Legal
		5.3	Assess gaps in existing federal doctrine, policies, and regulations that adversely impact national mass care capacity	Legal
		5.4	Standardize state law to enhance the sharing of mass care resources	Legal

Annex B: Description of National Mass Care Council Agencies

Federal Emergency Management Agency

FEMA's mission is to support our citizens and first responders to ensure that as a nation we work



FEMA

together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards.

Advising on building codes and flood plain management; teaching people how to get through a disaster; helping equip local and state emergency preparedness; coordinating the federal response to a disaster; making disaster assistance available to states, communities, businesses, and individuals; training emergency managers; supporting the nation's fire service; administering the national flood and crime insurance programs—the range of FEMA's activities is broad indeed and spans the life cycle of disasters.

The disaster life cycle describes the process through which emergency managers prepare for emergencies and disasters, respond to them when they occur, help people and institutions recover from them, mitigate their effects, reduce the risk of loss, and prevent disasters such as fires from occurring.

And at every stage of this cycle you see FEMA—the federal agency charged with building and supporting the nation's emergency management system.

American Red Cross

Since its founding in 1881 by visionary leader Clara Barton, the American Red Cross has been the nation's premier emergency response



American Red Cross

organization. As part of a worldwide movement that offers neutral humanitarian care to the victims of war, the American Red Cross distinguishes itself by also aiding victims of devastating natural disasters. Over the years, the organization has expanded its services, always with the aim of preventing and relieving suffering.

Although the American Red Cross is not a government agency, its authority to provide disaster relief was formalized when, in 1905, the Red Cross was chartered by Congress to "carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry on measures for preventing the same." The Charter is not only a grant of power but also an imposition of duties and obligations to the nation, to disaster victims, and to the people who generously support the work of the Red Cross with their donations.

Red Cross disaster relief focuses on meeting people's immediate emergency disaster-caused needs. When a disaster threatens or strikes, the Red Cross provides shelter, food, and health and mental health services to address basic human needs. In addition to these services, the core of Red Cross disaster relief is the assistance given to individuals and families affected by disaster to enable them to resume their normal daily activities independently.

The American Red Cross is where people mobilize to help their neighbors—across the street, across the country, and across the world—in emergencies. Each year, in communities large and small, victims of some 70,000 disasters turn to neighbors familiar and new—the more than half a million volunteers and 35,000 employees of the Red Cross. An average of more than 9 million people a year receive Red Cross training in first aid, water safety, and other skills that help save lives.

The Red Cross also feeds emergency workers, handles inquiries from concerned family members outside the disaster area, provides blood and blood products to disaster victims, and helps those affected by disaster to access other available resources.

National Voluntary Organizations Active in Disaster

National Voluntary Organizations Active in Disaster (VOAD) was founded in 1970 in response to the challenges many disaster organizations experienced following Hurricane Camille, which hit the Gulf Coast in August 1969.



Prior to the founding of National VOAD, numerous organizations served disaster victims independently of one another. These included both government and the private nonprofit sector. As a result, help came to the disaster victim haphazardly as various organizations assisted in specific ways. Unnecessary duplication of effort often occurred, while, at the same time, other needs were not met. People who wanted to volunteer to help their neighbors affected by disaster were often frustrated by the variety of organizations in some areas of service and the total lack of opportunities to serve other needs. Further, there was only limited availability of training for potential volunteers. Information for

victims on services during disasters was woefully inadequate. Likewise, communication among voluntary disaster agencies was very limited and coordination of services was negligible. In fact, mechanisms for this were nonexistent.

The seven founding organizations came together and committed to fostering the four Cs—communication, coordination, collaboration, and cooperation—in order to better serve people impacted by disasters.

Today, National VOAD is a leader and voice for the nonprofit organizations and volunteers that work in all phases of disaster—preparedness, response, relief, recovery, and mitigation. National VOAD is the primary point of contact for voluntary organization in the National Response Coordination Center (at FEMA headquarters) and is a signatory to the National Response Plan.

Members of National VOAD form a coalition of nonprofit organizations that respond to disasters as part of their overall mission. Dozens of the most reputable national agencies and 55 state and territory VOADs, representing hundreds of additional organizations, make up the membership of National VOAD.

Adventist Community Services

Adventist Community Services is the domestic humanitarian agency of the worldwide Seventh-day Adventist Church. There is a long church history of developing and engaging in community development initiatives. This includes more than 100 years of providing emergency relief in times of disaster.



In 1970, Adventist Community Services became a charter member of the National Voluntary Organizations Active in Disaster, and the agency continues to

promote the cooperation and collaboration of the disaster response and recovery participants to better provide for those in need. Since 1974, Adventist Community Services has operated under a Statement of Understanding with the United States Federal Emergency Management Agency (FEMA) as an established national nonprofit disaster agency.

The mission of Adventist Community Services is to “serve communities in Christ’s name.” This includes the ministry of local, state, and national-level volunteers from over 6,000 churches to provide donations management, distribution of relief supplies, emotional and spiritual care, repair and rebuilding, chain saw teams, sheltering, and feeding.

Business Civic Leadership Center

Disaster Response and Recovery Program BCLC helps businesses communicate and collaborate with each other and with the nonprofit and government sectors to make disaster relief, recovery, and reconstruction activities more effective.



With a focus on community resilience before disasters and long-term economic recovery afterwards, the program is a mechanism for sharing the latest ideas on disaster assistance, practicing recovery plans, highlighting the good work of corporate citizens, and helping to rebuild the livelihoods of people affected by extreme events.

Center for Faith-Based & Neighborhood Partnerships

The Department’s Center for Faith-based & Neighborhood Partnerships is one of the 12 federal

agency offices/centers under President Obama’s Faith-Based and Neighborhood Partnerships. The role of the Center is to maximize the appropriate participation of faith-based and community organizations (FBCOs) in Departmental programs.

The mission of the Center is to build resilient communities among faith-based and community organizations. In collaboration with federal, state, and local partners, the Center supports the Department’s strategy of sustainable risk management by building capacity and resiliency among faith-based and community organizations.

The Center’s strategic activities include:

- Develop policy and protocols for the engagement of faith-based and community organizations in Departmental initiatives.
- Develop and coordinate Departmental outreach efforts to disseminate information more effectively to faith-based and community organizations with respect to programs, contracting opportunities, and other agency initiatives.
- Provide opportunities for unaffiliated faith based and community organizations to formally engage in emergency preparedness, response, and recovery activities by building strategic relationships with voluntary organizations active in disasters and with state and local emergency management professionals.
- Co-sponsor joint training efforts with the Department and other local, state, and federal government entities to build the capacity of faith-based and community organizations to engage in Department-related efforts.

CrisisCommons

CrisisCommons seeks to advance and support the use of open data and volunteer technology communities to catalyze innovation in crisis management and global development. CrisisCommons is a global community of volunteers from the technology sector, crisis response organizations, and government agencies, who, along with private citizens, are working together to build and use technology tools to help respond to disasters and improve resiliency and response before a crisis.

Disasters Roundtable of the National Academies

The Disasters Roundtable (DR), a unit of the Division on Earth and Life Studies (DELS), facilitates and enhances the exchange of ideas among scientists, practitioners, and policy makers concerned with urgent and important issues related to natural, technological, and other disasters. Roundtable workshops held three times a year in Washington, D.C., are focused on a specific topic or issue selected by the Disasters Roundtable Steering Committee.

At the workshops, experts in the hazard and disaster field offer insight through presentations and discussion. The presentations and the dialogue that occur between invited speakers and attendees are documented in a written summary. Past workshops have furthered additional discussion on hazard science policy topics and provided insight on the nation's future research and applications needs.

Feeding America

Feeding America is our nation's food bank network. Each year, Feeding America Food Banks distribute more than three billion pounds of food and grocery products to underserved communities



through a network of more than 61,000 local agencies. Feeding America resources and logistics capabilities are frequently leveraged during disasters to augment ESF #6 and ESF #7 efforts.

Our mission is to feed America's hungry through a nationwide network of member food banks and engage our country in the fight to end hunger.

International Association of Emergency Managers

The International Association of Emergency Managers, which has more than 5,000 members worldwide, is a nonprofit educational organization dedicated to promoting the "Principles of Emergency Management" and representing those professionals whose goals are saving lives and protecting property and the environment during emergencies and disasters.



Our vision is that IAEM be recognized as the premier international organization of emergency management professionals.

Our mission is to advance the profession by promoting the principles of emergency management; to serve our members by providing information, networking, and professional development opportunities; and to advance the emergency management profession.

Medical Reserve Corps

The Medical Reserve Corps (MRC) is a national network of local groups of volunteers—those with medical training and those without—strengthening



public health, emergency response, and community resiliency. Through ongoing public health efforts throughout the year, MRC units are helping individuals, neighborhoods, and whole communities to prevent, identify, and manage health issues, as well as prepare for and respond to public health, natural, and man-made disasters. By creating healthier and better prepared communities, MRC units are also building the capabilities of these communities to respond and rebuild after disaster strikes.

MRC units are community based, which means that they are locally started, managed, and maintained. MRC unit leaders develop and implement the necessary mechanisms and processes to recruit, screen, train, prepare, organize, retain, engage, and utilize the volunteers. With their community focus, MRC units are best positioned to identify needs and provide the services that will create the greatest impact on the health and resilience of individual persons, entire neighborhoods, and their jurisdiction as a whole.

The national network of MRC units receives guidance, support, and resources from the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC), which is headquartered in the Office of the U.S. Surgeon General. The DCVMRC functions as a clearinghouse to help communities establish, implement, and maintain MRC units.

The National Animal Rescue and Sheltering Coalition

The National Animal Rescue and Sheltering Coalition (NARSC) represents a diverse membership composed of 13 organizations. Member organizations represent a broad, non-disaster-mission, animal-welfare mission; the coalition supports an integrated mass care response through support for household pets and service animals based on members' disaster response capabilities. The coalition:

- Identifies, prioritizes, and finds collaborative solutions to major human-animal emergency issues.
- Offers capabilities in rescue (land- and water-based) or emergency animal sheltering and general animal husbandry necessary to support government and community efforts to provide "rescue, shelter, and care" for household pets and service animals.

National Association of Counties

NACo is the only national organization representing county government. Driven



by a strong membership, NACo's Board of Directors represents counties across America. NACo's Executive Committee is composed of four officers elected by the membership and a regional representative from each of the four regions in the country. County leaders develop and shape the association's mission and goal.

National Disability Rights Network

The National Disability Rights Network's (NDRN)



mission is to promote the integrity and capacity of the Protection and Advocacy Client Assistance Programs (P&A/CAP) national network and to advocate for the enactment and vigorous enforcement of laws protecting civil and human rights of people with disabilities.

NDRN has three main priorities:

- NDRN's top priority is to obtain increased

appropriations for the programs that fund the P&A/CAP network. NDRN also monitors the administration of these programs by the various federal agencies in the areas of timely grant awards, policies, oversight activities, data collection, etc.

- NDRN works to keep federal laws for people with disabilities robust, as P&As must enforce those statutes at the state level.
- NDRN provides training and technical assistance to its members on a broad range of topics including legal, fiscal, governance, leadership, communications and organizational development of the P&A/CAP system

All of NDRN's goals and activities are based on its understanding of the needs and capacities of the P&A/CAP network.

National Emergency Management Association

The National Emergency Management Association (NEMA) is a nonpartisan, nonprofit 501(c)(3) association dedicated to enhancing public safety by improving the nation's ability to prepare for, respond to, and recover from all emergencies, disasters, and threats to our nation's security. NEMA is the professional association of and for emergency management directors from all 50 states, eight U.S. territories, and the District of Columbia. NEMA provides national leadership and expertise in comprehensive emergency management; serves as a vital emergency management information and assistance resource; and advances continuous improvement in emergency



management through strategic partnerships, innovative programs, and collaborative policy positions.

NEMA began in 1974 when state directors of emergency services first united to exchange information on common emergency management issues that threatened their constituencies.

Since then, NEMA has grown and captured the attention of the president, Congress, governors, federal agencies, major corporations, the military, and other government-representative organizations. NEMA serves as the source of information, support, and expertise for people like you—emergency management professionals at all levels of government and the private sector who prepare for, mitigate, respond to, recover from, and provide products and services for all emergencies, disasters, and threats to the nation's security.

Save the Children

Save the Children is the leading independent



Save the Children®

organization creating lasting change in the lives of children in need in the United States and around the world. Recognized for our commitment to accountability, innovation, and collaboration, our work takes us into the heart of communities, where we help children and families help themselves. We work with other organizations, governments, nonprofits, and a variety of local partners, while maintaining our own independence without political agenda or religious orientation.

When disaster strikes around the world, Save the Children is there to save lives with food, medical care, and education, and remains to help communities rebuild through long-term recovery programs. As quickly and as effectively as Save the Children responds

to tsunamis and civil conflict, it works to resolve the ongoing struggles children face every day—poverty, hunger, illiteracy and disease—and replaces them with hope for the future.

Save the Children served as Chairman of the National Commission on Children and Disasters and currently leads the National Coalition on Children and Disasters.

The Salvation Army

The Salvation Army was founded in London, England, in 1865, and its International Headquarters can still be found there. The leader of the Salvation Army faith worldwide is given the honorific “General” and elected by a High Council of international Salvation Army leaders. The purpose of The Salvation Army is succinctly stated in its mission statement:



“The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.”

While every disaster is unique and creates its own special needs, the core of The Salvation Army’s disaster program consists of several basic services. And while these services address many of the typical needs of a disaster survivor, Salvation Army disaster relief is also flexible. Our services are adapted to the specific needs of individuals and communities and scalable according to the magnitude of the disaster.

Southern Baptist Disaster Relief

Southern Baptist Disaster Relief is a Christ-centered partnership of national, state, and associational ministries serving through the local church to bring help, healing, and hope to individuals and communities affected by disaster.



Southern Baptist Disaster Relief provides services through the ministry of local Southern Baptist churches, regional Baptist associations, and state Baptist conventions. These services include chain saw, mud-out, water purification, temporary childcare, showers, laundry, feeding, temporary roofing, minor repairs, and rebuilding. Volunteer teams respond to disasters within their own state and work cooperatively with teams from other states in larger emergencies, including international situations.

