

REPORTS FROM THE FIELD

HURRICANE MARIA - WHAT DID IT MEAN FOR PHILADELPHIA?

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BACKGROUND AND PURPOSE

Many Puerto Rican evacuees have migrated to the United States mainland after facing displacement and hardship associated with natural disasters. The relocation patterns resulting from Hurricanes Maria and Irma in September 2017 and the continual earthquakes since January 2020 have caused many Puerto Ricans to migrate to the U.S. Northeast and South, with Philadelphia as a migration hub. This study aimed to investigate Philadelphia's overall response to the needs of Puerto Rican evacuees following the hurricanes. As disaster-related migration continues, evaluating Philadelphia's approach to reaching and serving this population could be a model for other cities.

METHODS

Semi-structured, venue-based key informant interviews were conducted among grassroots, nonprofit, city, and health care organizations in Philadelphia and regional branches of national agencies (Table 1). An interview guide was created focusing on organizations' protocol for serving these evacuees and respondents' perceptions of challenges, successes, and further needs. Organizations were identified through a search of media coverage on evacuee responses and engagement in the Latino community, and participants also recommended others to be interviewed. Sixteen representatives of 15 organizations were recruited and interviewed. Qualitative data analysis was conducted to identify emergent themes.

Table 1: Summary of Organizations Interviewed

Sector	Organization
Grassroots	Latinos en Marcha
Grassroots	Mother's Mission
Grassroots	Unidos PA PR
Grassroots	Voces del Barrio
Nonprofit	Asociación de Puertorriqueños en Marcha (APM)
Nonprofit	Ceiba
Nonprofit	Taller Puertorriqueño
Nonprofit	Congreso de Latinos unidos
City	Philadelphia Community Services Office
City	Philadelphia Department of Public Health
City	Philadelphia Office of Emergency Management (OEM)
Healthcare	Saint Christopher's Hospital for Children, Center for Urban Child
Healthcare	Temple University Hospital, Psychiatry and Behavioral Science
National	The Salvation Army, Greater Philadelphia
National	"Volunteer Agency" Eastern Pennsylvania**

** one organization preferred not to be named

OVERVIEW OF FINDINGS

Services provided: Various Philadelphia organizations in the grassroots, nonprofit, city, national and health care sectors provided services and programs in response to the mass migration of Puerto Rican evacuees to the U.S. mainland. Response efforts included emergency and long-term services, informational referrals, social services, case management, medical and mental health care, and advocacy work.

Inter-agency collaboration: Some coalitions emerged as a result of evacuee needs. The Disaster Assistance Service Center (DASC), operated by the Office of Emergency Management, was a key emergency-centered service. Some grassroots organizations were formed or became more active due to the hurricane-related exodus. One emerging coalition, Unidos PA PR, included participating organizations from the nonprofit, city, and national sectors.

Successes: Participants noted that collaborating efforts across sectors allowed them to tackle the needs of evacuees. Another success of the response was the commitment to long-term recovery. For example, the Greater Philadelphia Long-Term Recovery Committee provided a continuation of organizational efforts focused on further needs such as housing, employment, and behavioral health services. The committee used guidelines from the national model, Volunteer Organizations Active in Disaster (VOAD).

OVERVIEW OF FINDINGS

Challenges: Respondents indicated that response challenges were largely related to infrastructure. For example, due to limited monitoring, it was challenging to determine how much of the evacuee population was reached or evaluate whether the programs and services provided were accessible, beneficial, and cost-effective.

“One thing that has been a problem for us, we didn’t have a system to track evacuees who were getting services. . . It has been hard to track how many people we have touched. . . it hasn’t been something that is on an intake form. It’s not a question ‘Are you a Puerto Rican evacuee?’, and if people don’t self-identify as such, people would never know.” (Nonprofit organization, director)

In addition, either Philadelphia nor Pennsylvania were not categorized as a host location. Host status designation allows for affected disaster locations to receive additional government funding and costs reimbursements. Without host status, the organizations providing services did not get reimbursed. This is a hindrance, particularly when resources are already limited.

“Usually people compare us to Katrina. . . and Philadelphia was named at that time a host city and so there was levels of advocacy that was done. At all levels. From the councilwoman, the state rep, all different levels of nonprofits and for profits, were really advocating, and of course the mayor . . . That would allow that we put out basically our resources above what our current resources are and we get reimbursed for services... In this case, that didn’t happen because of the bureaucracy. You know when you do the reimbursement, to the whole city, the state- in this case being Puerto Rico- would have to pay a portion. But they’re bankrupt right so they have no money and therefore how’s that going to play? So, politics hugely played a role here.” (City office, director)

Assets: Despite such challenges, Philadelphia was able to successfully provide an array of services for many of the evacuees. This could be due in part to the long-standing Puerto Rican population in Philadelphia and the leaders committed to confronting these disasters.

Further needs: Still, evacuees continue to face numerous difficulties, especially related to housing and employment insecurity. Other needs at the forefront of Philadelphia’s long-term recovery approach include a need for evacuees to be oriented to, or provide assistance in, navigating city systems, language resources, and access to mental and medical health care.

“We have to ... learn from this experience and be prepared. You know there is a lot of challenges. And these are things that I discuss with the other groups. . . And I don’t think we are prepared . . . if there are evacuees or people asking for asylum, what is the process to take care of them, you know?” (Health care organization, provider)

RECOMMENDATIONS

Organizations recommended continued collaboration across sectors, including partnership with the Latino community, to establish protocol and responsibilities, and ultimately, change Puerto Rico's colonial status in the case of another imminent disaster.

Other Specific Recommendations Include:

1. Resources are needed to improve evacuee identification methods and monitoring systems. This will allow organizations to understand the scope of the evacuee population, provide systematic follow up to document and address immediate and long-term needs, and evaluate impacts.
2. Advocacy is needed to raise awareness about how the lack of federal aid severely limited funding and long-term response efforts in Philadelphia.
3. A protocol is needed to establish organizational preparedness and response infrastructure. Providing a protocol with designated roles for each organization in various sectors, as well as collectively as a coalition, could allow for efficiencies, centralization of efforts, and the infrastructure needed to seek additional funding. The VOAD model provides an effective model, considered the best practice for disaster-related long-term recovery efforts. Such protocol should also consider the status of Puerto Rico as a colony with dual citizenship, its regulations and policies, and subsequent financial turmoil.

IMPLICATIONS OF THIS RESEARCH FOR PHILADELPHIA AND OTHER DISASTER-RELATED EVACUEES

As a result of disaster-related migration, Philadelphia was tasked with providing an influx of evacuees from Puerto Rico with an array of services. As one of the poorest large cities in the nation, the capacity for Philadelphia to provide aid to this population was limited, especially as the city faced housing and opioid crises.

This research comprehensively explored Philadelphia organizations' response to this exodus within this context. Organizations across several sectors successfully collaborated to provide short-term and long-term services. Response efforts included informational referrals, case management, medical and mental health care, and advocacy work. Philadelphia organizations faced challenges such as limited resources, inadequate monitoring, and lack of preparedness in reaching and assisting some evacuees. As many evacuee families transition permanently to Philadelphia, further attention to cross-sector collaboration, inclusion of the Latino community, and establishment of an organizational preparedness and response protocol and infrastructure is recommended.

As disaster-related migration affects cities across the United States, evaluating Philadelphia's approach in reaching and serving this population could be a model for others. Further research on the experience of other sectors in serving this population, such as for-profits and other healthcare organizations (particularly in mental health services), should be considered. As other locations with high evacuee influx rates conduct similar research, we hope to compare our findings. This research can be used to improve relevant organizations' coordination of services, programs, funding, and infrastructure for this marginalized and traumatized population.

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CITATION

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