

RELIEF EFFORTS FOR UKRAINE: WHAT TO WEIGH WHEN ASKED FOR DONATIONS

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Many Americans respond to the call “... to do good, to be rich in good works, to be generous, ready to share.” (1 Timothy 6:18) And so when crisis or disaster strikes — as it tragically has for the war-ridden lands of Ukraine and the more than 7 million refugees fleeing the country¹ — it is the collective instinct of Americans to want to help. One of the ways that we often seek to do this is by sending material goods. In fact, we tend to equate “sending stuff” with “helping.”

While good people with noble intentions want to aid those impacted by the Ukrainian conflict, we tend to underappreciate the many steps involved in effectively leveraging donations within disaster relief efforts. During a disaster — particularly an ongoing military conflict — the logistics involved with transporting, storing, sorting and distributing material donations are exceedingly complex and expensive. Moreover, it is challenging to have an accurate and up-to-date understanding of needs experienced by affected people and the infrastructure available to support these initiatives.

When material donations are gathered and shipped without sufficient planning and coordination, our “generosity” can add to a crisis rather than alleviate it. We challenge leaders of Catholic health care to achieve a level of professional rigor before joining material donation campaigns to support disaster aid efforts. As a means of support, we offer three areas of aptitude for leaders considering donation campaigns. We believe having these aptitudes allows an organization to assist vulnerable regions, including those in Ukraine, without exacerbating the crisis.

UNDERSTAND THE POTENTIAL FOR A ‘SECOND DISASTER’

During the past decade, it has become more commonly recognized that altruistic efforts to help can sometimes be ineffective, counterproductive and even harmful. Local and global altruism does not always successfully reduce poverty, improve health outcomes or advance sustainable com-

munity and economic development. Multiple accounts have demonstrated these points and have inspired a renewed commitment to ensure responsible engagement in charitable work.²

Amidst this growing understanding, efforts in disaster aid are sometimes perceived as immune to the same pitfalls because they are about simply meeting basic and imminent needs. This perception is misguided. In fact, the urgency and constraints that arise with disaster make it even more difficult to minimize waste, empower people and avoid harm.

In disaster relief, dozens and sometimes hundreds of nonprofits, nongovernmental organizations (NGOs) and governmental agencies work in parallel to coordinate logistics, which range from understanding rapidly changing needs to procuring and transporting needed goods to affected areas. Large nongovernmental organizations in partnership with local government are typically best positioned to facilitate the coordination and prioritization of aid efforts amidst devastated infrastructure.

Sending the most critical goods in the right quantities and in the most efficient ways is exceedingly challenging. Despite coordination initiatives, disaster zones are often inundated by useless or low-priority goods. Seemingly essential items must be received, classified, reviewed for quality, repacked, stored and mobilized, constraining logistical resources that are already in high demand. Managing these items amidst limited capacities burdens the supply chain of disaster-stricken areas, clogging the sole pathways

not only for other essential goods, but also for the transport of people.

For example, after a 2004 tsunami in Indonesia, widespread shipments of medical supplies arrived, including many drug donations. Seventy percent of the drugs that arrived were labeled in a foreign language, many drugs were expired, and certain drugs were received in extreme quantities (for example, a five- to eight-year supply of oral rehydration salts). There was not adequate storage capacity or temperature-controlled spaces, and drugs were left in courtyards, open sheds and cluttered hallways. In addition to the wasted time and money lost gathering and shipping these drugs, millions of dollars had to be spent sorting and disposing them — all of this amid the fact that no local health authorities had ever asked for drugs.³

Similar stories can be told of the earthquakes in Haiti (2010) and Japan (2011), as 60% of donations given were not needed, and only 5-10% addressed urgent needs.⁴ Items at the top of the United Nations Office for the Coordination of Humanitarian Affairs' list of most frequently unsolicited donations are: medical products, food/drink (especially bottled water) and nonfood items (clothing, cooking and hygiene).⁵

The problem of receiving, storing and disposing unnecessary donations after a crisis has even earned its own name: the second disaster. This reflects relational, financial and environmental harm done to an already burdened area due to the untimely arrival of inappropriate donations. In addition to the challenges of managing these donations, the time and labor spent reduces the personnel and supply chain capacity for the delivery of other aid.

It is not always better to send something than to send nothing. In most cases, organizations aiding in disaster should only send goods that have been requested by vetted, on-the-ground partners who have assessed needs and are positioned within established infrastructure to ensure coordinated receipt and use of goods.

In areas of disaster or conflict, including in the case of Ukraine, goods often can still be purchased in areas outside the epicenter of crisis. Sending goods that are already available in an area can be economically debilitating to local economies that people depend on.

ASK KEY QUESTIONS BEFORE AGREEING TO PARTICIPATE

It may seem that a small local campaign to gather material donations is innocuous, but even these can become a recipe ingredient for a second disaster. However, this shouldn't dissuade our desire to serve others. Instead, when approached by requesting organizations looking for support, leaders within Catholic health ministries should dive into key questions before agreeing to campaign for material donations:

Is the requesting organization designed to provide, and experienced in, disaster relief efforts?

Experience in disaster aid matters. Question organizations that do not have a history and central mission focused on disaster relief. Organizations new to disaster relief must demonstrate deep competency in the unique realm of disaster aid and have a solid understanding of the roles, responsibilities and authority of key stakeholders.

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With whom is the requesting organization working?

Disaster relief is best guided and coordinated by large stakeholders who have resources and experience, such as the United Nations, World Health Organization, International (or in-country) Red Cross, Catholic Relief Services, etc. How is the requesting organization working within coordinated effort and logistics collaboratives? An organization worthy of material or financial donations will be able to readily demonstrate that they are working along established channels and under the direction of large nongovernmental organizations.

How is the requesting organization addressing need and potential barriers?

The organization should have a clear explanation of how it has identified the specific need requested for material or financial donations. Further, those assessments should not be outdated, as needs change quickly in disaster contexts. Alongside

identifying need, how are storage and transportation challenges being managed? Is the organization adhering to guidance from nongovernmental organizations about what should and should not be sent? Is it likely some of the requested supplies might be sent from a closer area or sourced from a more optimal channel?

Overall, is the requesting organization demonstrating evidence that it is trustworthy?

It must be mentioned that opportunistic campaigns are common and can be problematic. Sometimes, funds raised to help in present-day disasters never end up aiding that community. Campaigns seeking to “Help New Orleans/Haiti/Indonesia/Ukraine” can lack integrity if not done with a transparent acknowledgement of fund restrictions and the organization’s plan for responsible use of material or financial donations. Worse yet, fraudulent fundraising is real, and caution and investigation can help to ensure the trustworthiness of charitable organizations. Potential donors should look for evidence solidifying the organization’s track record, active work or partnerships, and quantifiable impact.

REDIRECT ENERGY ELSEWHERE WHEN ‘NO’ IS THE BEST ANSWER

Asking these kinds of questions is not rude; it is diligent leadership indicative of a commitment to ensure that efforts result in quality work. In some cases, a requesting organization might demonstrate that its efforts are well-established and warrant support. In other cases, important questions may be unanswered or leaders may even get a sense that the requesting organization does not have a strong awareness of its obligations. While evaluating requests, it may be determined that cash donations to well-established international relief organizations are more helpful to the intended recipients impacted by disaster. Regardless of what action is decided, leaders have a responsibility to exercise appropriate caution, and if determined through that discretion, to decline assisting the requesting organization.

When it is necessary to decline the request for help, we need not stifle that amazing human spark to act in love and compassion. Communities, local and global, cry out each day with needs arising from injustice, loss, grief and poverty. There are ways for each of us and our ministries to collaborate in serving local and global communities in need, and sometimes in declining one thing, we find we have energy for another.

CONCLUSION

Exercising caution does not mean that leaders in health care and all those who want to give do not care, are apathetic or paralyzed by fear. And it does not mean that we must insist on perfection — any well-organized response to disaster will admittedly have a certain degree of complexity, waste and imperfection.

Instead, exercising caution means that we recognize the real challenges of effectively delivering aid amidst disaster because we are listening to the voices of our intended recipients. It means that we focus on how to best meet the needs of others, recognizing the constrained capacities within which aid is being delivered. It means that we are humble enough to listen and we acknowledge that the story of aid does not end in a celebration of what we have given to others. It means that we prioritize service of those experiencing disaster over the individual satisfaction that we can do something to help. Ultimately, taking a thoughtful and cautious approach demonstrates that Catholic health care is committed to never creating a secondary disaster that burdens a country. We want to donate in ways that are responsible and recipient-focused, which lies at the heart of truly doing good, being rich in good works and giving generously with all that we can share.

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NOTES

1. “The UN and the War in Ukraine: Key Information,” United Nations, <https://unric.org/en/the-un-and-the-war-in-ukraine-key-information/>.
2. Robert D. Lupton, *Toxic Charity: How Churches and Charities Hurt Those They Help (And How to Reverse It)* (New York: HarperOne, 2011); Steve Corbett, *When Helping Hurts: How to Alleviate Poverty Without Hurting the Poor . . . and Yourself* (Chicago: Moody Publishers, 2014).
2. Pierre Boulet-Desbureau, “Unsolicited In-Kind Donations and Other Inappropriate Humanitarian Goods,” May 2013, United Nations Office for the Coordination of Humanitarian Affairs, https://emergency-log.weebly.com/uploads/2/5/2/4/25246358/ubd_report_eng_-_final_for_printing_2.pdf.
3. Boulet-Desbureau, “Unsolicited In-Kind Donations.”
4. Boulet-Desbureau, “Unsolicited In-Kind Donations.”

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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Reprinted from *Health Progress*, Summer 2022, Vol. 103, No. 3
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