

LONG TERM PLANNING FOR RECOVERY AFTER DISASTERS: ENSURING HEALTH IN ALL POLICIES (HiAP)

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INFORMATION SHEET 2

Introduction, Recovery phases and Lessons from Napier Earthquake of 1931

What is the aim of this series of documents?

This document series aims to show what can be learnt from previous disasters about the impact of decisions and actions taken that have affected people's wellbeing during the recovery period.

The document is written from a public health perspective but draws from the **literature of many disciplines**.

The key challenge and aim is to gain a place in the recovery planning effort and ensure that health and wellbeing is recognised as a key factor to be considered in all decisions and actions, rather taking a narrow view of "health" as being limited to health protection and disease control functions, vital though they are.

It aims to show that recovery takes place in several phases, from immediate response to long term rebuilding, with transitional phases in between. These phases overlap and the stages of recovery may be of longer or shorter duration for particular groups of people within the affected area.

It highlights that there is always tension between acting speedily and taking time to plan well. Pre-disaster planning is the best means of avoiding short term decisions that create or exacerbate long term problems.

Why is the HIAP approach so relevant?

Health in All Policies (HiAP) is an approach emphasises the fact that health and wellbeing are largely influenced by measures that are managed by government sectors other than health. HiAP seeks to highlight the interactions between health and other sectors. The health sector's role is to support other sectors to achieve their goals in a way which also improves health and wellbeing.

What is recovery?

Recovery can be defined as a process that brings "the post disaster situation to some level of acceptability, which may or may not be the same as the pre-impact level" (Quarantelli 1999). "Recovery", as well as "reconstruction", and "restoration" all tend to be used interchangeably in the literature to refer to the period after a disaster in which there is a return to full functioning of the affected community or area.

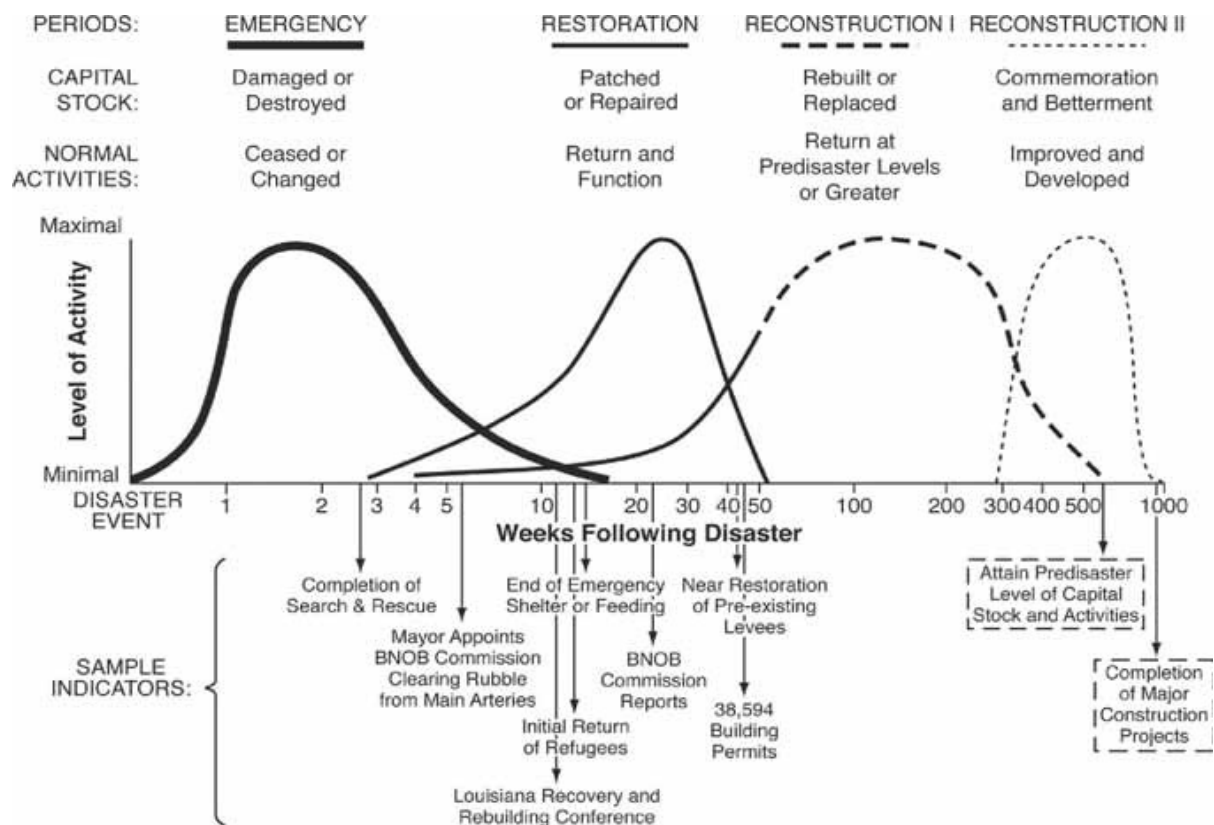
Recovery goes through several phases: the first urgent phase of ensuring survival needs and restoring essential services, the second that works to care for the medium term human impacts; and the third which encompasses community rebuilding and betterment (Quarantelli, 1999, p.2-3)

These phases are not separate but overlap one another considerably. Jacob (2008) examined the sequence and timing of recovery after Hurricane Katrina in New Orleans as shown in the diagram below.

The emergency response lasted up to ten weeks post disaster, peaking around week 2-3; the restoration phase where infrastructure and housing was patched and repaired enough to function started at week three and lasted up to one year; the reconstruction phase started slowly at week four, and by the end of the first year was projected to peak at around three years but likely to last up to ten years; lastly there is a projected phase for long term betterment with an improved and developed city that could last up to twenty years (p.123).

The Napier earthquake: lessons

A recent thesis from the University of Canterbury looked at the response and recovery from the 1931 Napier earthquake (Hollis, 2007). In the discussion section, the



Sequence and timing of reconstruction after Hurricane Katrina in New Orleans
 (from Jacob et al. 2008) Note: no permission obtained as yet

successes of the response are examined and compared to what might happen today (p. 106-115). Of particular note is the speed with which a temporary housing site was set up in Napier and a replacement business and shopping district (Tin Town) built.

Critical infrastructure was restored within days, and debris was cleared quickly and deposited on the beach front. The Napier Citizen's Committee was formed the morning after the earthquake and a relief fund and reconstruction committee shortly afterwards.

Although the Borough Council placed overall control of the recovery in the hands of commissioners, these **citizen committees** are believed to have contributed significantly to the success of the process and ensured that ideas were carried through into action.

The public was consulted about the recovery efforts and the rebuilding style, information was distributed through leaflets and the newspaper, and property owners were compensated if their properties were needed to carry out some of the rebuilding changes (p. 106-107).

The temporary district was set up quickly so that business owners could keep operating, and the majority were back in permanent premises within two years of the earthquake. The

rebuilding made improvements such as the widening of streets and services laid underground.

The Sound Shell and Sound Bay on Marine Parade were built as commemorative structures.

Napier lessons:

- **Speed of temporary housing site and replacement business and shopping district. Majority were back in permanent premises within 2 years.**
- **Napier Citizen's Committee formed the morning after the earthquake. This and other committees contributed significantly and ensured ideas were carried into action**
- **Public was consulted about recovery efforts and rebuilding style**
- **Set up EQC and Civil Defence**
- **Differences – government ownership of all public services**
- **Negatives: Marewa, airport, main road and rail link remain vulnerable to future earthquakes**

The thesis outlines the disaster mitigation efforts that the Napier earthquake generated, including the introduction of building codes and earthquake insurance which have had a far-reaching effect on offsetting the effect of subsequent disasters. The earthquake was also a catalyst for the establishment of Civil Defence. Less positive, was the building of the suburb of Marewa on uplifted land, which remains vulnerable to future earthquakes, although this was not understood at the time. The airport is in this area and main road and the rail link also pass through (p. 110).

What were the social impacts?

Social impact is not examined in detail in this thesis – which is primarily about hazard and disaster management - but a number of relevant social comparisons are made between New Zealand society 80 years ago and the present day.

Compared to today, the population had recent experiences of hardship and devastation during World War I which may have contributed to their readiness to respond to an emergency situation.

Another factor was likely to have been the government ownership of all public services so that their duty was to the public rather than to company shareholders. Both home and business life were very much less complex and dependent on technology 80 years ago, and the lack of legislation is also believed to have made quick action easier, such as the decision to dump all the debris on the beach.

Additionally, there was not the same situation with global companies that could easily withdraw their businesses from New Zealand back to their overseas bases.

HIAP messages:

- “Health begins where we live, learn, work, and play”
- Health starts – “long before illness – in our homes, schools and jobs”
- Health in All Policies (HiAP) is an approach that acknowledges the causes of health and wellbeing lie outside the health sector and are socially and economically formed.
- HiAP highlights the connections and interactions between health and other

sectors and how they contribute to better health outcomes.

- Health Impact Assessment (HIA) is a tool to meet HiAP goals.

Other Information Sheets in this series

Information Sheet 1: Background and key areas of health

Information Sheet 2: Introduction, Recovery phase and Lessons from Napier Earthquake of 1931

Information Sheet 3: Immediate response phase

Information Sheet 4: Equity issues

Information Sheet 5: Housing issues

Information Sheet 6: Mental Health issues

Information Sheet 7: Social cohesion and resilience

Information Sheet 8: Community participation issues

Information Sheet 9: Economic recovery

Information Sheet 10: Sustainability: mitigating future disasters

Information Sheet 11: Heritage buildings

Information Sheet 12: Reflections on literature for Christchurch recovery

Information Sheet 13: Limitations to consider

References

- Hollis, M. (2007). Formulating disaster recovery plans for New Zealand: using a case study of the 1931 Napier earthquake. Christchurch,, University of Canterbury. [M.Sc thesis]
- Jacob, B., Mawson, A.R., Payton, M., & Guignard, J.C. (2008). Disaster mythology and fact: Hurricane Katrina and social attachment. *Public Health Reports* ,123(5), 555-566.
- Quarantelli, R.L. (1999). The disaster recovery process: what we know and do not know from research. Preliminary Paper No. 286. Newark, Delaware, University of Delaware Disaster Research Center. Retrieved 27 March, 2011 from <http://dspace.udel.edu:8080/dspace/bitstream/handle/19716/309/PP%20286.pdf?sequence=1>

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