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**Intro:** Welcome to the Let’s Talk Government Podcast. A podcast that is provided for you by the department of government at Minnesota State University, Mankato. Located in Minnesota in the United States. I am your host Dr. Pat Nelson, the chairperson of the department of criminal justice. I want to thank you for joining us as we explore different topics related to government. Some may be surprising and some may not, so please enjoy.

**Dr. Nelson:** Okay. Okay. And then I'm going to go ahead and record and once I start record I'll do my short introduction and then we'll go into what got you interested in it.

**Dr. Porter:** Okay. Sounds great.

**Dr. Nelson:** Welcome to Episode 22 of the let's talk government podcast Disasters and Local Governments. I'm joined today by Dr. Miriam Porter from the Urban and Regional Studies Institute at Minnesota State University, Mankato. You may recognize her from Episode 21 when she got to moderate a discussion. Dr. Porter has served as the chair of the Urban and Regional Studies Institute, the internship coordinator, and the Director of Graduate Studies. She teaches the graduate capstone course Studio and other courses in the graduate curriculum and undergraduate curriculum. She teaches courses such as organizational environment, administrative services, and management process. Dr. Porter has also been a local government manager for three different cities in the Twin Cities suburbs. She did some interesting research last year that we're going to build upon so thank you for joining me today Dr. Porter. So what got you interested in disasters and local government?

**Dr. Porter:** Well thanks a lot Pat and I’m really anxious and happy that I get to have this conversation with you because I know this is also an area of your interest as far as disaster management. got interested in disaster research from an experience I had when I was in West Africa in Ghana. So the answer takes us back to West Africa to 2014. And I was there for field studies with a group of students, Minnesota State University, and we were on a site where there had been a flash flood. And in a matter of minutes 241 people had lost their lives just in less than five minutes. They were washed away. Their lives were washed away. Those that remained and that were still on the location had lost everything. They were trying to build back their businesses. They had lost their personal belongings. And it struck me that they had really nowhere turning to recover from the disasters so it was something I wanted to know more about. And I returned in 2016 and I started research with a colleague Dr. Raymond, started in Bontang, and we began our research and disaster management. So today though I want to focus more on my recent research which is in Nepal, and I did another case study in Nepal in 2020 just a year ago February. And Nepal is such a beautiful country. The backdrop is the Himalayan mountains and it has the most gracious people, some of the most gracious people I've met on the face of the earth. So I was very happy to be in such a setting. But what I was looking at was their post-earthquake recovery from 2015 when they had quite a devastating earthquake. About 180 people died during that earthquake of 2015 and my research strategy in both of the case studies has been to go in after the dust is settled, so to speak, so they've had time to return to some semblance of normal and they can look and they can reflect more on what went right, what went wrong, how they would have done it differently. And so I go in and I try to gather that data, gather that information from the institutional perspective and then hopefully the perspective from the people on the ground that were directly impacted.

**Dr. Nelson:** Sounds to me you are doing what we call the after-action report here in the United States. You go in and gather what people did and what they learned from it and what you can take away from it. This is kind of what it sounds like you were doing.

**Dr. Porter:** That's exactly it. Yeah that's exactly what I was doing.

**Dr. Nelson:** Did you have a partner in Nepal that helped you with the research or did you go there by yourself?

**Dr. Porter:** Well I was very fortunate to be joined when I got to Nepal by a former graduate student of Minnesota State University. Sitou [unsure how to spell last name] and Sitou did a master's degree with us in urban planning. And while she was a student I came to know of her interest in disaster management and preparedness. As a matter of fact, she had been in the recovery efforts of the very earthquake that we went to study five years after the fact. And so she was able to open all kinds of doors because during her work on recovery she met all of the organizational people, administrators, and she was able to make those connections for us when we came to Nepal to do our research. And she's from of course Nepal and so she had been back at home and then I joined her this time. So that was my partner and I was so fortunate to have her. And she was able to get an audience for us with 16 different organizations and I can give you some of the organizations to tell you a little bit about the people we talked to, the organizational representatives we talked to. The National Society of Earthquake Technology was one of them and their job is to organize approaches to manage and minimize earthquake risk so they were an important body. We talked to the Environmental and Public Health Organization and they disseminate appropriate technologies to help people in their environment. We talked to the Social Institute of Social and Environmental Transition which they look at how they can deal with climate change and a change in social environment. We talked to representatives from [inaudible] and their focus was on human rights, going in and focusing on human rights. We talked to the Red Cross and Nepal Red Cross. We talked to the Habitat for Humanity which was some has a chapter in Nepal. We talked to business people, we talked to municipality representatives, we talked to a University Department director and different students, and well a hospital administrator also. So we really get a cross section of everybody that might and was involved in disaster preparedness and recovery.

**Dr. Nelson:** Well that was very interesting. I didn't know Habitat for Humanity had a chapter there. So I just want to ask a question about that National Society of Earthquake Management. Is that specifically a society within Nepal or is it outside of Nepal too?

**Dr. Porter:** It is-- as far as I know it is a Nepal organization. I'm not aware of it being International.

**Dr. Nelson:** Okay.

**Dr. Porter:** So, yes. They are really working on developing an institutional framework to address disasters and they're seeing more frequent disasters and more intense disasters just as the whole world is at this point.

**Dr. Nelson:** So, you were talking to a variety of organizations and a variety of people. So what did you find out when you were talking to them?

**Dr. Porter:** Well to get the information we were looking of the best practices we had developed a questionnaire. And this was some tested questionnaire for validity and reliability and that was kind of the framework for our conversation. And the questionnaire was in three parts. The first dealt with, what are the prevalent disasters? Now in Nepal, the prevalent disaster is earthquakes. They are right on a fault line in Nepal. And so it's not a matter of, will there be another earthquake, it'll be when will the next earthquake occur? So being prepared is very important in Nepal. In Ghana, it was some flooding, flash floods because of the intensity of the rainfall it's a tropical area. And so the top by disasters kind of surface during that question when they're asked to identify the prevalent disasters. The second deals with preparedness. How prepared do they feel they are to face the next disaster? And they based that on what happened previously.

**Dr. Nelson:** Did you give them a definition of preparedness, or did you let them interpret that on their own?

**Dr. Porter:** I let them kind of take that and decide because given the different perspectives of the organizations from a hospital, a municipality, of policy agency, they looked at preparedness a little bit differently. But the goal is, which was the next area of the question, was what was the response? How did they respond? And then that led to the answer to your question, the best practices. And what were those best practices that were identified during the interviews.

**Dr. Nelson:** So you did a questionnaire. Did you talk to just individuals at one time or were there groups of people or a combination of that?

**Dr. Porter:** Combination. Sometimes it was like a team of the organization. Might have had three or four people, sometimes it was just one person. And then when we were at the businesses it was kind of the manager was there, the owner was there. And with the municipalities it was the person who most directly worked with the disaster management.

**Dr. Nelson:** All right so you got to interview a bunch of people. So, what kind of common themes came out or interesting things came from your discussions with them?

**Dr. Porter:** Well it was-- we put it together through a qualitative process. So we tried to identify threads from every conversation we had with the different organizations. And then took us to some different best practices and the first one, the first thread that connected for us dealt with education. And the feeling was, as far as education for people, was that you put your greatest emphasis on school children. Because in that culture it's the school children that go home and tell their families about what they learned in school and about what they should be doing. And so that has been pretty effective in providing the information directly in the schools. Now it's so important, though, to make sure that the kids have a good understanding and they give a story, I heard this from a few different organizations it was really a tragedy. The kids had learned first of all when there's a hurricane or a disaster, earthquake at hand, that they duck, cover, and hold on. So wherever they're at they duck, they covered themselves and they hold on to whatever is stationary. Now an earthquake struck and the kids were outside playing which actually is a very good place to be to get an open area where things aren't going to fall on you. However, they remembered their training to duck, cover, and hold on and they ran back into school and they lost their lives. So they learned to distinguish between outside and inside, that was part of the education that the kids had. The next thing that came up were, as far as best practices, were construction methods and looking at a combination of traditional construction and modern construction techniques. And with that the trend to spend to go more into concrete which has least give. So the traditional materials have a lot more flexibility for use in construction and it is a matter of looking at a combination of the traditional methods and trying to put those together with the modern techniques to build the most earthquake ready buildings.

**Dr. Nelson:** So did cost in the construction come up at all about the best practices? Or is it just more about just using the right materials type of thing?

**Dr. Porter:** It was more about using the right materials. But the cost factor is an issue because of the growth and the need to get buildings up gravelly. So they use the cheapest, quickest ways to build which are usually not the most reliable ways that are going to keep people's buildings from collapsing on them. So there's that pull, push and pull from hurry up and get it done to make an earthquake safe, but that is foremost on their minds. Another best practice was the need to create continuous awareness. Like anything, when something passes we forget. Our attention [inaudible] as time goes on and we can think in this country, April's coming up and it's earthquake awareness or it's tornado awareness. And the tornado awareness we have education, we have practice drills, that kind of thing would be helpful in the developing world as well to try to create an ongoing awareness of the techniques that are going to place people in the safest place. So, another best practice that surfaced was streamlined response. Now as I said earlier about the different organizations that are involved, we have national governments, we have local governments, we have different agencies involved, to make sure that there's some cohesive response. And the idea is to have more standardized plans and policies and have the national level recognize that it's the local communities that are the first responders and they need to have the freedom for the swift and efficient response to disasters. So that's an ongoing coordination that they're working on continually because every agency, every organization has their own ways of approaching the disaster but to make sure that there's some standardized policies and practices so that when the time comes things move swiftly and efficiently.

**Dr. Nelson:** Well and that's important not only in the developing world, but the developed world as well and we'll talk about that difference in just a minute is that it is the locals that initially respond. If you're going to wait for a national or a federal response that's multiple days out, you have to start right away.

**Dr. Porter:** So true. Yeah absolutely true.

**Dr. Nelson:** So, having a national kind of standard so people would understand if we have an earthquake, everybody should respond at least similarly, makes a lot of sense especially if you're bringing in responders from outside of the area.

**Dr. Porter:** Right. Who's in command on the scene? Is it a local official, should it be a local official and should everyone else bring their resources to that person to be disseminated? The next area is preparation. And with preparation we're really looking at identifying community members who can take action. And then looking at how the community is executing its zoning plans for instance. Zoning becomes a huge issue in all of this and I'm going to go back to the ganache case study for a minute because it became very problematic to zone in areas that weren't for instance, in the flood district because the city doesn't have the discretion to sell property or to oversee the exchange of property rights. That's done in the Tribal Council. The tribes allocate the property and if you're given property from the chief in the tribe then you're going to build on it regardless of its zone floodplain or not. So trying to get those conflicts together but the zoning becomes very important. Where to stay out of that's what is important.

**Dr. Nelson:** Was there anything specific in zoning in Nepal that you saw?

**Dr. Porter:** As far as the fault lines and trying to stay a distance from the fault lines. That is an important aspect and there's a lot of infringement upon the fault lines and they've done a better job of identifying where those lines, where the worst earthquake is going to be but still it's an ongoing vigilance to try to move people out of those zones, out of those districts.

**Dr. Nelson:** Oh interesting. I hear you have a commentator in the background giving its two cents on disasters here too. That's what we're real people doing it from home. Okay so we got zoning, anything else that came out of the conversation?

**Dr. Porter:** two more thins. One is accountability. And with accountability it was making sure the government is using the money responsibly and appropriately. Because the developing world does receive funds from international organizations to help with their problems and there's always a potential for corruption. And so it's a matter of making sure that the money has been expended as it was intended to be so accountability is a big thing. In Nepal particularly the last finding dealt with the culture. And the culture is such that it is a surface and in its surface its very generous to help each other in the time of need. Probably the most more so than I've ever seen anywhere in the world, how they look at things. I was talking to somebody out in the epicenter of where the earthquake had occurred he was a businessman and also known as a wise man in the area. And he said that after the disaster people came by with bedding and some rice and his family had gathered and he felt they had enough. And he said, we have plenty, but the people over there don't seem to have what they need so give them ours which is uncharacteristic in this day and age when people-- we look at the pandemic here and people who are doing different things. That’s part of their culture to be of service to each other in giving and that is also I think a very, very good practice maybe the best practice, because it probably is their neighbors that are the first ones to really see what the impact has been on this. Those were the findings Pat and you'd mentioned why the developing world? Why is that so important to look at separately from other parts, other than the developed world? And the reason is, they don't have the resources by any means that we have in the developed world. They don't have insurance, they don't have the equipment, they don't have the infrastructure, they don't have funding. Those kinds of things that we have that sometimes aren't even enough when we have almost everything we need, they have none of that. And so it's important to look at with that lack, with some of that core-- those core things needed, lacking. What can we do? And that's why we look at best practices outside of those specific resources. And the other piece when we think about the developing world, 83% of the world's population is in the developing world. Those of us that are in the developed world are a small percentage of the people that exist in the world. So these are the needs of most of us in the world and to focus on the needs of most of us in the world has become to me very important.

**Dr. Nelson:** Right. Well and it's not like we talked about when we have a disaster here in the United States and people don't have clean drinking water. We just ship in semis of bottled waters to them where in other areas of the world you don't have that capability and you have to still figure out ways to get people clean drinking water. That might be a little more innovative or you make more use of the tools that they have available so. It just makes so much sense and disasters don't care. They don't care if they're in the developed world or not or in the developing world. So we have to prepare for all of that. Its very interesting.

**Dr. Porter:** What we do know about the disasters is that they are occurring more frequently and with more intensity. And so that is very much part of climate change and most of the developing world is acknowledging that has been a major issue in disasters.

**Dr. Nelson:** Well then if you add man-made disasters on top of it just complicates things too. So, how did Nepal recover from-- it was a very devastating earthquake in 2015 and impacted a lot of people. What kind of recovery steps did they take, are they still in recovery, what's going on there?

**Dr. Porter:** Really five years later, you could still see damage that had been done but they have done a great deal of recovery. Businesses were working, most people have had homes again. The loss of life, life is loss of course but a lot of progress is being made. And I was in some of the historic districts and there's some amazing history in that country. And those were probably the hardest to come back because they're trying to reconstruct the architecture that existed thousands of years ago and didn't try to make it as authentic as possible so that remains an ongoing process in Nepal that might be decades down the line before that full recovery ever takes place.

**Dr. Nelson:** And there might be some that doesn't recover to because you can only reconstruct so much. Alright so I'm going to ask you to do a little comparison then because you've been in Ghana, and you've been in Nepal and had seen significant disasters both there. What are some ways-- I'm sorry, let me try that again. What are some steps that they took for recovery from their disasters that we could use here in the United States we maybe don't even think about?

**Dr. Porter:** Well I think the idea about looking to each other for support and with a generous heart I think that is what we could very well learn from. And I think that so many things as far as processes for response, as far as equipment, we are in such a good position if we use it correctly and that's a key. You look at what happened with Katrina and why that was such a terrible failure when we had everything but we hadn't been adhering to our own policies. I mean we had the, I believe it was Iraq war going on at that point. And we had high water equipment that had been shipped out to the desert in a wrap for some reason so we didn't have the response equipment. I think in Louisiana, that one in three national guard had been called out to Iraq and they weren't available to them to respond to the national disasters. So, our own policies weren't being followed. We had them in place but do we follow through on own policies? Other things that they are trying to do that we could do better as well, is streamlining, response, making sure all agencies are on board. I think we do a fairly good job of that but there's always room for improvement. But we just have such an advantage over the developing world. Like creating the awareness we have the sirens and things like that. That's not available in most parts of the developing world. So we don't have those alerts systems and that puts the honors more and more on the communities themselves and the people within the communities to work together to be aware, to watch the signs, and to react appropriately.

**Dr. Nelson:** I was going to say it also sounds like in those communities they have more community resilience. Let's get together, let's work together, let's help each other out to recover from a disaster instead of relying on an outside agency to do that so I think that's a great idea. The generous heart and community resilience goes together very well.

**Dr. Porter:** They really don't have a place to fall. They have to pick themselves up and move forward and their governments try their best and the organizations that come in are trying their best but they’re are a long way from really filling the need that exists after disaster. And the prevention of the loss of life, that should be first and foremost as we look at the preparation. I look to the future as far as research in this area. Now one thing I was able to do with Ghana was go a second time and talk to the people, the community members themselves and the people who had experienced a disaster firsthand, had lost the business, maybe lost a relative, had lost their belongings and find out from them how they managed to survive it. And I hadn't been able to do that so much in Nepal. The focus was on the institutions so that would be an opportunity for further research. To go back and talk to the residents themselves about their experience and what they did right and what didn't go well and what they would have done differently. That hindsight is so important isn't it?

**Dr. Nelson:** Oh it is. I mean that's how we learn and that's how we try to do things better so, interesting. Well I'm going to close with, what was your personal-- what did you get personally out of going to Nepal for research? I know you got a lot of great data, a lot of great interviews, but did you bring anything back personally?

**Dr. Porter:** Well I, again I go back to the generous nature of the people. I mean it really was a culture that embraced each other and how they greet each other with namaste and they put their hands together and bow and they're just a very, very gentle society. And they pride themselves in being of service to others and that is something that I think I took back the most with me was how important that is. When everything is said and done, how important that is.

**Dr. Nelson:** It is. It’s very important. Well thank you Dr. Porter I’ve loved this conversation. I have an emergency management background, I’ve been in some disasters but after hearing what they’ve done in Nepal to recover and Ghana, it makes me take a step back and realize that it’s a little easier when you have more tools available, but it doesn’t always make it smoother. So thank you for joining me today.

**Dr. Porter:** thank you so much Pat for being part of this conversation.

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