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DISASTER WORK: THE DIFFICULTY OF ‘DOING GOOD’

by Colin Credle, G’00

Colin Credle received his MBA from the UNH Whittemore School of Business and Economics in 2000. He is Regional Humanitarian Aid (HA) Manager for Project HOPE and has been spending time this spring working in Haiti.

It’s difficult to implement "good." Of course, it’s essential that cell phone numbers are punched to send money; donations are made so that non-profits, like my employer Project HOPE, can help out the vulnerable and needy of the world. But, the devil is in the details. There is a consensus that any "good" has to be long term and sustainable. Yet the path to long-term impact often requires some short-term help to re-establish relationships, commence dialogue on defining need and to confirm that you are there to genuinely help and listen, not just implement your agenda.

My recent work in Haiti for Project HOPE was a small part to a multi-faceted response on a long road to implement "good" for the long term. After the earthquake, Project HOPE provided more than 75 medical volunteers to staff the U.S. Navy hospital ship USNS Comfort. More than $20 million in donated medical supplies were provided to medical workers for treating patients in the Dominican Republic and Haiti. These were immediate, necessary and effective "short-term" responses. Project HOPE also brought an assessment team of medical volunteers to visit clinics and talk to local health officials to define a long-term response to the earthquake’s aftermath. Project HOPE’s goal is to quickly establish intermediate primary care as well as long-term rehabilitation programs in the country.

As Manager for Gift-In-Kind (GIK) donations of medicines and medical supplies, it is my responsibility to find the right Haitians to define current medical needs, the right officials to negotiate customs clearance, the right resources to transport donations when infrastructure is damaged beyond repair, and the right time to deliver. Disaster response moves in stages. The first stage is response, which is critical and time sensitive at the most chaotic point. The second stage is recovery, which often...
affects a greater portion of the surviving population as they get resettled. Survivors begin to coalesce and disease vectors become apparent; water-borne diseases, infant diarrhea, tetanus, maybe even polio outbreaks. It’s during this stage that media attention evaporates and the donor push loses momentum. The third stage is mitigation, or preparation for the next disaster with better building, better planning.

_Credle with colleague Dr. Mephisto Mathurin, whose brother has been missing since January 12th. Says Credle, “His dedication to our work was inspirational.”_

Most of my field experience has been in the recovery stage, where I find the need for assistance is greater in terms of the numbers of vulnerable people. I was in Indonesia after the tsunami, Mississippi after Katrina, Guatemala after Hurricane Stan. The recovery stage is a different challenge, and it is even more difficult to transition out of response into recovery; when we need fewer sutures for surgery and more oral rehydration to treat infants in tent camps.

The most gratifying part of this job is also the biggest challenge. Relief workers and volunteers are passionate, vocal and dedicated individuals. Yet often the biggest asset is the willingness to listen and to study the history of the local point of view. In Tajikistan we were able to vaccinate 30,000 medical workers from Hepatitis B because the Ministry of Health explained that it was necessary. After that, we could sit at the table more comfortably and define their long-term goals. Project HOPE is doing the same in Haiti. It’s gratifying to know that Project HOPE is putting the assets in place to define a long-term response, but they also understand that this requires a short-term helping hand in a time of crisis. It’s difficult to do "good," but it’s worth the extra push to do it well.