PUBLIC SECTOR CONTINUITY PLANNING: PREPARING THE BUREUCRACY IN THE "AGE OF THE NEW NORMAL"

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ABSTRACT

This paper is both a theoretical and empirical discourse on the responsiveness of the bureaucratic norms of governmental response systems in the aftermath of disasters. It starts by discussing the contemporary context, i.e., the "Age of the New Normal" where unexpected catastrophic disasters increase in frequency and become more intensified, also seen to becoming an everyday staple of life that mankind must learn to deal with. It then argues that to become responsive and be able to restore normalcy immediately after a disaster has struck, bureaucracies must innovate. The challenge becomes complicated, however, when the bureaucracy itself becomes a victim. The paper summarizes existing knowledge based on current literature on the challenges and problems that the "Age of the New Normal" pose to Public Administration and how the latter respond to them. Second, it discusses the how the bureaucracy, idealized by Weber, serve either as facilitating or hindering factor during disaster/crisis situations. Empirical evidence is provided by showcasing four government agencies that prepared for the onslaught of Super Typhoon Yolanda/Haiyan on November 8, 2013 in Tacloban City, Philippines. Lastly, the paper presents public service continuity planning as a tool that government agencies could use to provide continuous service in the aftermath of disasters.

Key words: *continuity planning, disaster preparation, public service, recovery*

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THE CHALLENGES TO GOVERNMENTS IN THE "AGE OF THE NEW NORMAL"

"The abnormal is now the new normal," is how UN Secretary-General Ban Ki-moon (2012) sums up the global situation nowadays.

The *IPCC Special Report* warns that climate and weather extremes are getting more frequent and powerful in the 21st century even though only 0.5ºC increase in temperature had been detected in the past decades since 1950 (IPCC 2018, 6). Thus, the "New Normal" is about "unexpected" frequencies and intensity of hazards. According to the same report, "the worst is yet to come" (IPCC 2018). Referring to the case of the totally unexpected power of Super Typhoon Yolanda/Haiyan (for brevity, this paper uses "Yolanda") which struck the Philippines on November 8, 2013, experts warned that people have the tendency to relax in the face of unprecedented disasters because they rely on historical experiences of past disasters, which, luckily for them, they survived (Myrén, 2015). However, such complacency, in itself, may aggravate the disaster. This happened to the people in the affected areas of Yolanda, who did not know the meaning of "storm surge" and stayed in their houses believing that just as they survived the past storms, they would just breeze through it. As history tells us, around 7,000 in the Visayas Region died, the worst in the region's history.

The challenge nowadays to Public Administration in general, and the bureaucracy in particular, is to deal with the unexpected challenges of the "Age of the New Normal" i.e., disasters brought by climate change. The challenge is formidable because the bureaucracy – the offices and the people that manned them – are just as vulnerable to hazards as mankind. It behooves us to ask: Are bureaucracies, as idealized in the Weberian model, responsive to the challenges of the "New Normal"? What are its strengths and weaknesses? What mechanisms can be instituted to "prepare" for these challenges?

To answer these questions, this article briefly reviews literature on how the challenges of the "Age of the New Normal" affect the bureaucracy. Second, it dissects the strengths and weaknesses of the Weberian model of bureaucracy in the face of disasters. Third, short case studies of the preparations of three government agencies, all based on Tacloban City, were written to find out the preparations they did before the super typhoon hit them on November 8. A full case study on a government hospital is presented last. The hospital was chosen for a fuller discussion because, paradoxically, it was given a national award in 2013 as one of the best government agencies, which provided medical services to surrounding areas in the past years. Yet, it fell victim to the super typhoon in spite of all of its preparations and years of experience in disaster/emergency situations. Lastly, the paper briefly presents the "Public Sector Continuity Planning" of the Philippine government in response to the need to prepare its bureaucracy to survive disaster after disaster so that it could recover immediately and render post-disaster services to victims.

BUREAUCRACY FOR EMERGENCIES: ARE THEY READY FOR THE NEW NORMAL?

Rigidity in Bureaucracy: The Limitations of the Bureaucratic Model During Disasters/Emergencies

In times of disasters, governments respond through what is sometimes pejoratively called "bureaucracy." Max Weber's ideal-type of bureaucracy is the model which most of the countries in the modern time have adopted. To Weber and other authors, the bureaucracy is "a general way of organizing human activity so that complex tasks can be carried out in a coordinated, routine, and efficient manner" (in Schneider 2011, 47). The five most common characteristics of it are: (1) clearly defined objectives, (2) a division of labour, (3) a formal structure underlying the process and tying together the various component organizations, (4) a set of policies and procedures guiding organizational activity, and (5) specialized training, expertise, and experience (Schneider 2011, 47). These constitute what is known as "bureaucratic norms." These bureaucratic norms work best in stable conditions. The bureaucracy will function as long as these are followed. However, Schneider argues that these norms will have to contend with "emergent norms" which come out during disaster periods. They are norms that structure human behaviour among the affected population that enable them to cope with the chaos brought by disasters (Schneider 2011, 60). Its four basic components are: (1) milling, (2) rumour circulation, (3) keynoting, and (4) emergent norms. During disasters, people go to safe places to "mill" around with fellow survivors to search for meaning and appropriate standards of behaviour. Rumours, then, begin to circulate which could be malicious accounts of ongoing situations. Those ideas and features that are repeated, while others are discarded, are said to be the keynotes, which transform into emergent norms once they dominate discussions and adopted as new set of behaviour (Schneider 2011, 55-57).

Gaps between the bureaucratic norms and emergent norms develop when there is a difference between governmental plans and the needs of affected population or disaster victims. The rigid, impartial, hierarchical, and rule-bound bureaucracy may not be able to respond to their needs. First, the goals and objectives of the bureaucracy are defined by laws, policies, and procedures imposed by the government. Any deviation from them to meet victims' expectations will be treated as unlawful actions, e.g., emergency purchases that violate the procurement law. Second, in times of emergency, government offices are not flexible enough to attend to people's needs. The division of labour among agencies have to be respected and their expertise has to be trusted to avoid duplication of services and wastage of government resources. Third, the organizational hierarchy,

from top to bottom, has to be observed in authorizing actions and implementing them. In times of emergencies, this could spell a difference in evacuating residents or letting them become potential disaster victims.

The gaps may continue to widen because of five factors. These are: (1) magnitude of the disaster, (2) degree of administrative preparedness, (3) level of communication and coordination, (4) goals of governmental response system, and (5) prevailing orientation and behaviour patterns of the affected populations (Schneider 2011, 61). The bigger the catastrophe, the more the government may not be able to meet victims' expectations for speedy rescue, relief, recovery, and rehabilitation. The disaster preparedness of the government, guided by sets of procedures and protocols, may either not be followed during emergency situations or may not be congruent with the needs of the victims. Owing to the rigid hierarchies of government agencies, failure in communication and coordination is inevitable. Thus, government officials and employees may not be able to receive information and instructions both from the top and the bottom of the hierarchy. The changing or shifting goals of governmental response systems may obscure effective disaster response. If burdened with so many tasks through time, e.g. adding non-essential or unrelated tasks, disaster management agencies may find it difficult to pinpoint their objectives and priorities in times of disaster. Finally, the community or society's values, culture, or thinking may either support government's disaster management activities if the former is closely-knitted or make things complicated if people are uncooperative (Schneider 2011, 61-67).

Other literature supports the contentions of Schneider. Learning from the dismal Hurricane Katrina post-disaster management, Takeda and Helms (2006) enumerate three failures of the bureaucratic approach towards disaster management. These are: (1) decentralized knowledge and centralized decision making, (2) ignoring outside information, and (3) commitment to failing courses of action According to the authors, the sharing of codified knowledge built within an organization whose staff became "experts" in their own right takes some time to be passed to frontline local governments. Moreover, actions which require approval from the central office of a hierarchical organization cause delay in disaster response. And, due to the inbreeding of knowledge within agencies, there is a tendency among personnel to ignore relevant outside information, which is defined as "as any information, individual or activity which is not currently part of a system, but relevant to the task(s) faced by the system" (Takeda and Helms, 2006). This usually happens when scientific data contrary to those the government agency generated challenge those of the latter. Instead of reconciling, government agencies might defensively refute alternative data without assessing its validity. The result may be that the agencies fail to take appropriate actions, to the detriment of disaster victims.

Public Service Continuity Planning: Helping the Government Provide Continuous Services in Disaster/Emergency Situations

Disaster planning has been largely adapted and widely practiced for a long period of time. Whether there are natural, technological, contextual or human-induced hazards (Pine 2008c; Smith and Petley 2009 in Wasley 2013) that pose risks to the social, economic, and natural capital of a community, region or country (Pine 2008b in Wasley 2013), disaster planners have come up with counter measures to mitigate their effects. They have created emergency, preparedness, recovery and rehabilitation plans in the pre- and post-conditions of governments, business enterprises, communities and other social entities. It is only in recent years that they have popularized continuity planning in the public and private sector, following the September 11 terrorist attack (Savage 2002; Schneider 2011) and other real-world events that increase the awareness to prepare and take action (FEMA 2011).

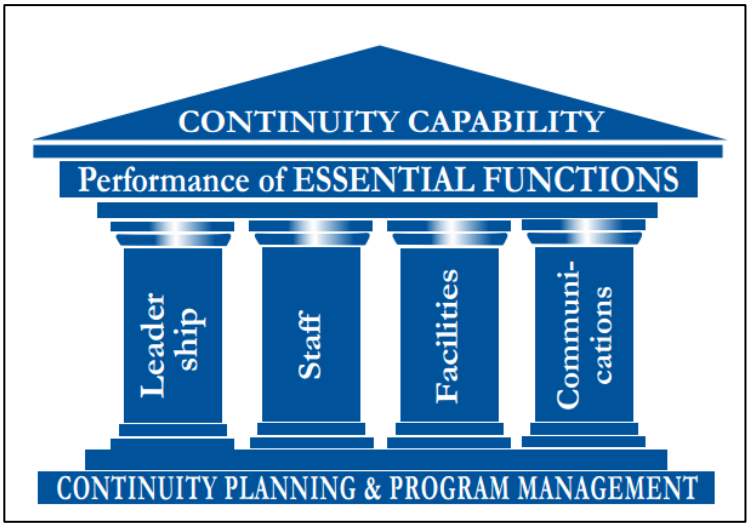
The U.S. Department of Homeland Security describes continuity planning as "simply the good business practice of ensuring the execution of essential functions through all circumstances, and [it is] a fundamental responsibility of public and private entities responsible to their stakeholders," (USHSC, 2007). In the context of business operations, continuity planning serves as a proactive measure to ensure that critical products and/or services are delivered during a disruption. These products and/or services must be rendered for the survival of the business enterprise, prevention of injury, and meeting of legal and other obligations (*A Guide to Business Continuity Planning*, 2014). On the other hand, continuity planning in the context of public service is a political safeguard to ensure an uninterrupted succession of the constitutional form of government in the face of any hazard that could pose threats to its constituents. It is integrated into the daily operations, functions, plans and mission areas of government departments and agencies, and simultaneously occurs with the development of their programs (USHSC, 2007).

In the wake of the disastrous events that struck the U.S., the President George W. Bush's administration pushed for extensive policies to counter terrorism and enhance national preparedness for disasters. In 2007, they issued a National Continuity Policy (NCP), which is an updated, integrated public continuity plan that aims to maintain a comprehensive and effective continuity capability for the preservation of their government and continuing performance of their functions broken down as follows: Mission Essential Functions (MEFs), Primary Mission Essential Functions (PMEFs), and National Essential Functions (NEFs). The MEFs are the government functions that must be continued after a disruption of normal activities in the

department and agency-level. The PMEFs, on the other hand, are the specific MEFs that support the NEFs before, during and after a disruption. They must be continuously performed or must be restored within 12 hours after an emergency, and maintained for up to 30 days or until normal operations are resumed. Lastly. the NEFs are the overarching responsibilities of the Federal Government to lead and sustain the nation in the aftermath of an emergency (USHSC, 2007).

The four key pillars of continuity are leadership, staff, communications and facilities (see Figure 1). All these components are significant during day-to-day operations but become critical in times of crisis (USHSC, 2007).

Figure 1: The Continuity Policy Framework



Source: USHSC 2007

Leadership refers to the senior decision-makers that are in command of an organization (e.g., President, Cabinet Secretary, Governor, Chief Executive Officer, or manager). As supervisors to the continuity of operations, they are given physical protection (e.g., sheltering in a secured place or relocation away from the threat) in the imminence of danger. A prioritized list of designated successors is also accomplished in advance to ensure the survival of leadership. The successor serves as the "person to act for and exercise the powers of the principal in the event of death, incapacity, or resignation," (USHSC 2007).

Staff are the "personnel that provide [the] leadership advice, recommendations and [the] functional support necessary to continue essential operations," (USHSC 2007). Like the leaders, they are also cross and vertically trained to continually perform their duties with their peers and with the person above and below in times of disruption.

Communications refer to the "voice, video and data capabilities that enable leadership and staff to conduct their essential functions," (USHSC 2007). It must be durable and reliable substantially in times of crisis. It must also be interoperable so that public and private organizations are linked, and can receive and transmit important information.

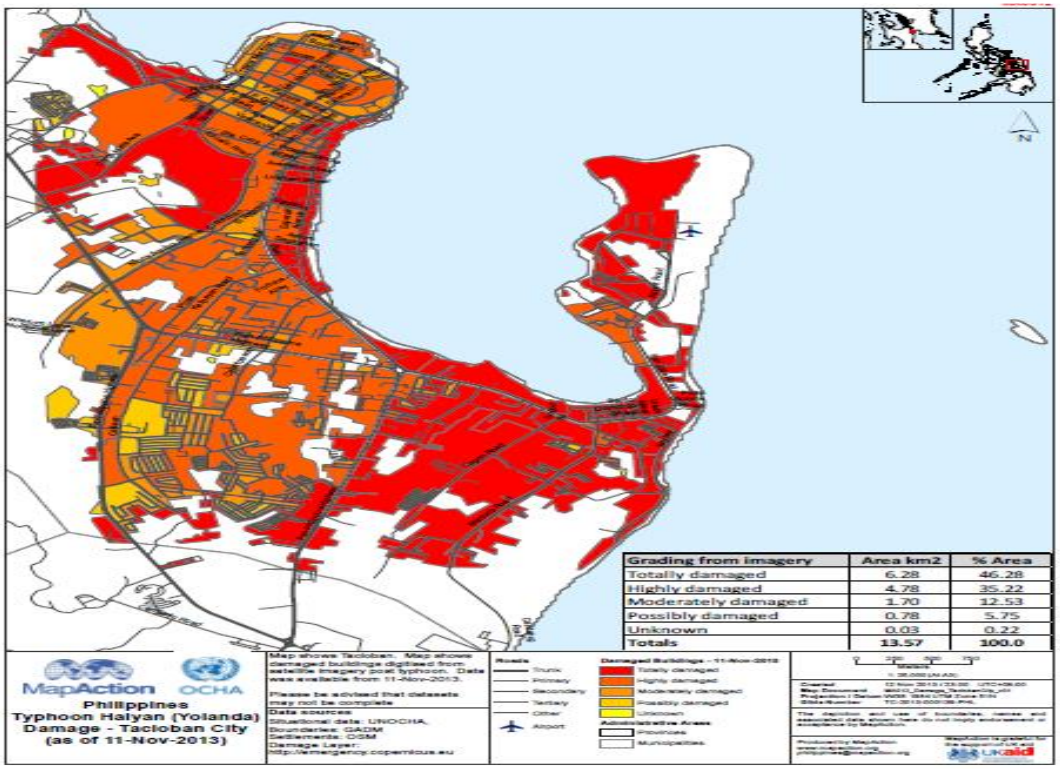
Facilities are the locations where leaders and staff perform their essential functions. There must be a designated facility intended for daily operations and alternate facilities for relocation. They must be sturdy and resilient, and must provide protection for the continuity operations. The leaders and staff may physically work in one facility or distribute in various sites (USHSC 2007).

PUBLIC SERVICE CONTINUITY IN THE EYE OF THE STORM

When Super Typhoon Yolanda, one of the strongest typhoons ever recorded in the Philippines with its wind speed up to 300 km/hour, made its landfall on November 8, nine out of the 17 administrative regions in the Philippines were affected by its strong winds and the storm surge that came with it. This includes Tacloban City, which is considered as the regional hub of the Central Visayas region. The province's eastern part was heavily damaged by the storm surge, which rose up to 6 meters high (see Figure 2). The fatalities were estimated at 7,000 and the number of missing persons at 1,800. Moreover, the number of damaged houses reached up to 28,734. Out of this number, 90% were along the coastline. Partially-damaged houses totaled to 17,643. Major damages were also sustained by all of Tacloban's seven hospitals and clinics.

The succeeding cases highlight the preparations of the government agencies against the incoming super typhoon, the losses and damage they sustained, and analyses on how their bureaucratic set-up facilitated or impeded the resumption of their services after the disaster.

Figure 2: Areas in Tacloban City Affected by the Storm Surge



Source: UN-OCHA 2014

Office of Civil Defense Regional Office VIII[1]

OCD-RO8 is the regional office of the Office of the Civil Defense, which is the technical arm of the National Disaster Risk Reduction and Management Council (NDRRMC) in the Phillipines. The NDRRMC is under the Department of National Defense. Its primary mission is to "administer a comprehensive national civil defense and disaster risk reduction and management program by providing leadership in the continuous development of strategic and systematic approaches as well as measures to reduce the vulnerabilities and risks to hazards and manage the consequences of disasters." OCD-RO8 is the extension arm at the regional level which assists local governments in the Eastern Visayas region in disaster risk reduction. It is headed by a Regional Director who chairs the Regional Disaster Risk Reduction and Management Council (RDRRMC). In 2013, it only had 4 permanent staff that provided technical assistance to 6 provinces, 7 cities, 136 municipalities, and 4,390 *barangays* (villages) with estimated 4.10 million residents (as of 2010).

Preparations: From November 1-6, OCD-RO8 was busy meeting local officials to prepare the region for the impact of the super typhoon using the established disaster plan and protocols. The office staff were prepositioned to secure them from the risks of the typhoon. Then, in the afternoon of November 7, its director, Rey Gozon, met the NDRRMC Chairman and Defense Secretary Voltaire Gazmin who was accompanied by the Interior Secretary Mar Roxas who flew to Tacloban City from Manila. He presented the preparedness measures of the RDRRMC. He assured them that the typhoon advisory reached down to the *barangay* level. At 8:00 p.m., the director met again Secretaries Gazmin and Roxas for last minute updates and preparations.

Loss and Damage: On November 8, the day the super typhoon made its landfall in Tacloban City in the morning. OCD-RO8 became busier with meetings and coordinating activities. However, after Yolanda left the city, the communication lines were disrupted. The office has only one satellite phone and no transportation/vehicle to go around the city for inspection. The office of OCD-RO8 at the Grand Stand inside the Leyte Sports Development Centre was damaged. Sensing danger for his staff, the director had them moved to another building (at the compound of the regional command of the Philippine National Police, around 7 kilometres away or 20 minutes by car) to continue their operations and secure the well-being of the staff. He tried to contact another high-ranking official of the Defence Department, but unfortunately, he could not get speak to him due to poor cell-phone signal. Without transportation, the director and some of his staff walked to Leyte Park to handover the only satellite phone to Secretary Gazmin who used it to communicate with his staff in the central office in Manila. In the evening, again, he had a meeting with the regional governor, city mayor and representatives of the city police force.

Starting November 8, OCD-RO8 became busy with data gathering and facilitation of check-in procedures of various response organizations. Dir. Gozon met in the airport his boss. They immediately went to another nearby Municipality of Palo, another devastated area in the province, to conduct inspection.

On November 10, OCD-RO8 assisted in creating task forces that would manage the cadaver collection, debris clearing and cleaning, health and sanitation, peace and order, and food and water distribution. From then on, daily meetings were held to force team leaders to report their accomplishments and prepare what needs to be done.

Analysis: The law that created the regional offices of the OCD, which include OCD-RO8, provided for "hierarchical" (a Weberian characteristic) disaster response system because it allows hierarchical inter-local government cooperation in response to the damages caused by disasters.

For example, if a disaster covers several local units, the next higher-level authority that covers them is mandated to take over the rescue efforts. This hierarchical set-up is appropriate to deal with disasters that varies in terms of areas of coverage, and damage caused. Analytically, the more damaged area, the higher level of authority should respond because it has more financial and logistical resources for rescue operations.

However, the experience of OCD-RO8 shows that without adequate service continuity plans, it became a glaring example of "first responders" becoming "victims." Thus, it unable to effectively and adequately coordinate with 4,539 local government units in the whole Eastern Visayas region.

On that fateful day on November 8, 2013, to its credit, OCD-RO8 did its best even though it had its hands full in assisting local governments in the region to prepare for the super typhoon. Fortunately or unfortunately, it got busier when high-ranking officials from the central offices of the Defence and Interior Departments personally came visiting who had to be attended to also even though the regional office only had a handful of staff (less than 10) at that time. Hence, it had hardly enough time and personnel to secure its office before the typhoon hit it. It also did not have enough satellite phones (the only one available was lent to the Manila official) and other communication equipment. Moreover, its office in Tacloban City's Grandstand was severely damaged. Its employees complained about the lack of appropriate clothing to keep them protected during disaster operations; the lack of transportation vehicles that can be used in water and off-road operations. The staff were not given hazard pay for the services rendered during disaster periods. Ironically, OCD8 was a disaster victim in itself which was temporarily paralyzed to help the region. And, it did not help that it relocated to a building in Barangay 88 in San Jose, Tacloban City which is both a storm surge and tsunami-prone area. The levels of administrative preparedness and communication of the OCD-RO8 at that time were all low for a high level of urgency to provide undisrupted coordination services.

Bangko Sentral ng Pilipinas (Central Bank of the Philippines) Regional Office No. 8[2]

Background: The *Bangko Sentral ng Pilipinas* Regional Office No. 8 (BSP-RO8) in Tacloban City began its operation in 1976 to bring central banking services closer to the grass-root level especially in the city being the centre of cash and commerce, culture, education, government, and tourism in the Eastern Visayas region. It serves the six provinces in Region VIII, namely, Biliran, Leyte, Southern Leyte, Northern Samar, Samar, and Eastern Samar. Its clients include 7 commercial banks, 2 specialized banks, and 9 rural banks which transact with it in terms of withdrawals, exchanges, and deposits.

Preparations: As early as November 6, BSP-RO8 activated its Departmental Business Continuity Plan (DBCP) as an outcome of the emergency meeting it had on that day. The DBCP is part of the BSP Business Continuity Plan (BBCP) that emanated from the central office's Business Continuity Office (BCO) in Manila. The DBCP of BSP-RO8 aims to: (1) restore critical business functions within the pre-established recovery time objectives and levels of service, (2) recover disrupted critical function within established and/or agreed-upon objectives, and (3) ensure availability of critical data/vital records. Following its plan, the regional office prepared food and water, and secured the equipment and premises.

Loss and Damage: On November 8, the storm surge that entered the building destroyed the currency processing equipment, generator set, telecommunication (voice and data), vehicles, and some IT equipment. The strong winds damaged the roof deck resulting to water seepage to the second and ground floors of the building. All of its employees survived during the tragedy in their homes except for some family members who lost their lives in the storm surge. This was confirmed through word of mouth because their Call Tree cannot not be activated anymore with the damaged communication lines in the city.

Recovery Efforts: BSP-RO8 was put to red alert status after initial assessment was sent on November 8 to BSP Regional Office in Cebu, which is only an island away. Relief goods and office supplies and equipment from the nearby BSP-Regional Office No. 9 office and the Manila-based central office were dispatched. Below were the assistance provided by these offices:

- BSP-RO9 in Cebu procured and shipped office supplies and equipment to BSP-RO8;
- BSP-RO9 distributed relief goods from Cebu to the houses of the BSP-Tacloban personnel using an escorted armoured car which was intentional to conceal them from criminal elements along the way;
- BSP-Central Office's Human Resources Management Department facilitated the relief operations. All branches nationwide brought basic needs and sent them via C-130 airplanes, and food and relief items (in cash and kind contributed by all BSP employees nationwide) were distributed to all BSP-RO8 employees, whether permanent or outsourced.

On November 15, the regional office received satellite phones from the central office. On the same day, its cellphone lines were once again operational.

On November 21, 13 days after the visit of the super typhoon, BSP-RO8 resumed its cash operations, i.e., withdrawals of banks were serviced. The cash department head of the regional

office visited commercial and specialized banks to discuss with them their currency requirements due to communication system problems. Manual processing of currency was made pending the replacement of currency processing equipment that had to undergo government procurement processes. Cash transactions were processed manually. End-of-day balances and withdrawal approvals were sent via e-mails using Wi-Fi plug-ins.

Analysis: The case of BSP-RO8 exemplifies government offices or the bureaucracy which are "bureaucratically" responsive in times of disasters. There was no "de-bureacratization" involved in the creation of regional office's DBCP because it fits into the descriptions of Weber's bureaucracies, i.e., with clearly defined objectives, and hierarchical response system. However, judging from BSP-RO8's action to use manual processing of currency and other cash transactions, and the use of e-mails to send end-of-day balances and withdrawal approvals in the aftermath of the disaster, a glimpse of flexibility, which is not a defining characteristic of stoic bureaucratic offices, could be discerned,.

The direct clients of BSP-RO8, i.e., 18 local banks in 2013, were not as vulnerable (to hunger, thirst, injury, death, etc.) as human beings after the disaster. The services of the regional office were not very urgent compared to those of the OCD-RO8 and local governments, which must come to the rescue of people in danger. Generally speaking, banks didn't need food, water, medicine, shelter, etc. to survive on Day 1. However, the regional office of the BSP opened immediately to service the needs of the local banks whose depositors were disaster victims who needed cash to purchase basic necessities to survive. Its continuity plans assisted them to resume operations immediately which prevented prolonged disruption of banking services in the city.

Social Security System-Tacloban Branch[3]

Background: The Social Security System (SSS) is a government run social insurance program for workers in the private, professional, and informal sectors. It was established in 1954 through a national law (Republic Act 1161). It has branches in almost all of the local governments of the country including that in Tacloban City. The city branch covers establishments, commercial banks, and government offices under its jurisdiction. Its services include payment of SSS members, benefit claims, loan application processing, and registration of membership applications.

Preparations: Days before November 8, SSS-TB Head instructed the staff to lock the office windows and wrap their equipment in plastic. All branch employees filed for 30-day calamity leave, which was approved by the field office of the Civil Service Commission.

Loss and Damage: On November 8, the first floor of the SSS-TB was submerged in water reaching as high as the ceiling. When the water came out, the whole floor was filled with mud. The office documents, furniture, and equipment were all damaged.

Recovery Efforts: Three days after the visit of the super typhoon some staff from the neighboring SSS Calbayog Branch and the Senior Vice-President for SSS Visayas-Mindanao Group visited the SSS-TB. They delivered food and water, and assessed the situation of the branch employees.

Twenty-two days after, SSS Catbalogan and Cebu Branches sent some of their personnel to set up temporary office in tents. The Catbalogan branch even provided skeletal staff to man the temporary office up to Dec. 10.

On December 11, 33 days after, 21%-25% of the SSS-TB employees returned to service. They were reorganized by the branch head to cater to the work demands in the office while some personnel were still on leave. On that day, majority of the transactions were back to normal. However, they were only able to receive request but cannot issue SSS numbers and process transactions.

On December 19, the SSS Main Office in Manila sent some of its Human Resource Department staff to conduct stress debriefing with the branch employees in Cebu, an island away from the city.

In January 2014, the heads of the Branch Expansion, Information Technology, and Engineering and Maintenance Department from the central office came to help SSS-TB re-establish their work base. Also, the HRD of the main office came again and conducted the second and final stress briefing of the branch employees.

Analysis: Unlike BSP-RO8, SSS-TB had no continuity plans to show (during the interview). However, to its credit, it was able to resume its services, albeit limited, and later (33 days after) compared to BSP-RO8 (13 days after). Still, the resumption of its operations attest that the bureaucracy could stand up to the challenges of severe disasters.

There is a disturbing observation, however, in the case of SSS-TB that is worth discussing, i.e., the 30 days leave of its personnel approved by the field office of the Civil Service Commission. Although the services of the SSS regional office were not that urgent on Day as they are not into rescue operations, still, being the insurance institution for private employees, their a month-after resumption of operations could be belated because disaster victims who are members may have

been deprived of time to apply for calamity loans. After 30 days, members whose banks deposits or cash had already been depleted, or, unfortunately, inaccessible for some technical or administrative reasons, might apply for loans. Having the staff report only after 30 days could have caused unnecessarily delays in application processing because the offices had to be restored, and its communication systems re-booted.

The Full Case of the Eastern Visayas Regional Medical Centre[4]

Background

One of the hospitals which was heavily damaged was the Eastern Visayas Regional Medical Centre (EVRMC). EVRMC is a regional, tertiary, teaching-training health care facility established in 1966 with 275 bed capacity. In 2013, it had 389 health manpower complement consisting mainly of doctors (27%) and nurses (40%). It is an "apex" hospital or the "end-referral" hospital where all the lower health facilities, patient transport services and volunteer emergency responders bring their patients for definitive management, especially patients during emergencies and disasters. Specifically, during disasters, its functions are as follows:

- Receive all cases or victims of disasters and other calamities;
- Observe all the requirements and standards needed to respond to emergencies and disasters;
- Ensure enhancement of the facilities to be responsive to the needs of the communities especially during emergencies;
- Establish and maintain a network with other hospitals in and outside of the area to maximize resources and facilitate the smooth and coordinated transferring of victims to the appropriate facility or facilities;
- Report all health emergencies to the Operation Centre for its recognition and possible help, if any; and
- Document all incidents responded to and keep a record of the same.

The involvement of hospitals, including EVRMC, in disaster operations are based on the following law and issuances:

- Republic Act 10121 – Philippine Disaster Risk Reduction and Management System Act of 2010

- DOH Administrative Order (AO) 2001-182 - Adoption and Implementation of CODE ALERT System for DOH Hospitals during Emergencies and Disasters

- DOH AO 2004 – 168 - National Policy on Health Emergencies and Disasters

- DOH AO 2004–155 - Implementing Guidelines for Managing Mass Casualty Incidents during Emergencies and Disasters

- DOH AO 2008-0024 - Adoption and Institutionalization of an Integrated Code Alert System within the Health Sector

EVRMC has proven that it is capable of living up to its functions in times of disasters. Prior to the November 2013 disaster, the hospital responded to 12 emergency/disaster-related cases, ranging from man-made (fire, collision, car falling off from cliff or to canal, landslide, flooding, typhoid fever outbreak, search and rescue mission) to natural disasters (earthquake and typhoons) (see Annex A).

For outstanding medical contributions to emergency/disaster responses in other areas, EVRMC was awarded on October 25, 2013 by the Office of the Civil Defense (OCD) the 2013 *Gawad Kalasag* (Shield) National Award: Best Hospital (Regional and Training Hospital Category). It was barely a month before the super typhoon brought the hospital down.

Preparations

Having been accustomed to disasters, EVRMC took immediate actions as early as November 6 in anticipation of the visit of the super typhoon. The chief of hospital raised the "Code White" alert[5] thru the issuance of Hospital Memorandum No. 189, s. 2013, which instructed the following personnel to be present and man their stations during the entire duration of the latter:

- Senior House Officer
- Residents on Duty –
  - Orthopaedic
  - Internal Medicine
  - Family Medicine
  - Ob-Gyn
  - Surgery
  - Eyes, Ear, Nose, Throat
  - Psychiatry
  - On-Scene Response Team (EMTs) – composed of 14 doctors and staff
- Nurse Supervisor Residents on Duty –
- Operating Room Staff and Personnel
- Institutional Workers
- Radiologic Technologist
- Pharmacist
- Medical Technologist
- Admitting Unit
- Ambulance Driver
- Maintenance Crew
- Security Guards

In addition, all concerned departments/sections/units were instructed to prepare in accordance with the alert level, and send flash report of any untoward incidents to the operations center of the hospital.

On 7 November 2013, the chief of hospital issued HM No. 192, s. 2013 suspending work starting the afternoon of that day until the next day when the super typhoon has made landfall in Tacloban City. However, the following units were requested to keep skeletal forces during the entire duration of the typhoon visit: admitting, pharmacy, billing and PHC claims unit, cash section, laboratory, radiology, and facility and maintenance.

The staff of the Clinical Department was ordered to maintain its working force in support of the "Code White" alert or higher level codes. On the day of the visit of the super typhoon, the hospital had a total ward census of 331, and around 66 personnel on duty.

Loss and Damage

However, in spite of all the preparations and its experiences in responding to disasters, the hospital became one of the victims of the super typhoon. After the wrath subsided, 5% to 90% of the hospital's buildings/infrastructure were damaged. Its desalinization plant and water treatment plant suffered the most. Except for three places, all of the offices got flooded and their equipment were either partially or completely destroyed (refer to Table 1).

Table 1: Damage Sustained by Various EVRMC Structures

Building/ Infrastructure	% Damage	Flooded	Equipment Damage
Desalinization Plant	90%	Yes	100%
Waste Water Treatment Plant	80%	Yes	100%
Tropical & Infectious Diseases Building	30%	Yes	100%
SARS (Severe Acute Respiratory Syndrome) Building	50%	Yes	100%
SAO & CN Quarters (housing the Offices of the Supervising Administrative Officer and Chief Nurse)	30%	Yes	100%
Chief of Hospital Quarters	30%	Yes	100%
Supply Office	25%	Yes	100%
Laundry & Linen Building	40%	Yes	50%
Engineering & Maintenance	15%	Yes	50%

Building/ Infrastructure	% Damage	Flooded	Equipment Damage
Powerhouse & Generator	15%	Yes	100%
Morgue	50%	Yes	NA
Incinerator	50%	Yes	NA
Dietary	10%	Yes	None
Out-Patient Department	90%	Yes	Yes
Administration Building, including Pharmacy & Emergency Complex	10%		Partial
Main Building (Patients' Wards) • Internal Medicine Ward/Intensive Care Unit • Internal Medicine Ward/Ob-Gyn Ward • Paediatrics/Ob-Gyn Ward • Operating Room Complex/Labour Room/Delivery Room • Laboratory • Philippine Health Insurance Corporation I/Orthopaedic • Philippine Health Insurance Corporation II/General Surgery	 15% 10% 50% 25% 5% 50% 15%	 Yes Yes Yes Yes Yes Yes Yes	 Partial Partial Partial Yes Yes Yes Yes

Source: Ruetas, 2014

The hospital's personnel were also hit hard by the super typhoon. When an unnumbered Hospital Memo was issued on November 20 requesting all personnel to report to duty starting November 25, many failed to show up. Out of the 680 staff, 44% or 301 of them were not able to immediately report. Unfortunately, two medical staff and two administrative personnel (1%) died during the typhoon's onslaught. Luckily, 375 personnel (or 54%) went back to duty immediately (see Table 2). Those who reported struggled to do their jobs in spite of the damages sustained by the hospital and its equipment, the shortage of medical supplies, and the bleak conditions in the city.

Table 2: Inventory of EVRMC Staff after the Typhoon

Service	Number of Staff	Reported Alive	Dead	Did not Report
Medical	93	59	0	34
Nursing	120	66	1	53

Service	Number of Staff	Reported Alive	Dead	Did not Report
Administrative	93	53	1	39
Ancillary	37	21	0	16
STD (Sexually Transmitted Disease) Unit	13	6	0	7
Casuals	4	2	0	2
RN Heals (Registered Nurses for Health Enhancement and Local Service	169	78	1	91
Job Orders	135	76	0	59
Security Guards	15	14	1	0
Total	**664**	**361**	**4**	**301**

Source: Ruetas 2014

Recovery Efforts

In spite of the damages it sustained and loss of lives of its personnel, the hospital continued to provide its services as a critical community facility during and after the visit of the super typhoon In fact, EVRMC was the last hospital standing in the aftermath of the disaster despite the depleted manpower and logistics. The table below shows the dedication of its staff to its oath to serve people in dire need of medical assistance even in times of disasters. From 7 to 22 of November, on the average, the hospital admitted 42 patients, adding to its in-patients averaging 220 each day. As quickly as it admitted patients, the hospital discharged 47 on the average each day. Unfortunately, among those admitted during the said period, 49 of them died (see Table 3).

Table 3: Hospital Census, November 7-22, 2013

Date	Admissions	Discharges	Mortality	In-Patients
Nov. 7	56	64	5	331
Nov. 8	29	3	1	346
Nov. 9	28	30	4	340
Nov. 10	51	54	3	334
Nov. 11	46	62	6	312
Nov. 12	52	77	2	285
Nov. 13	37	75	0	247
Nov. 14	40	106	3	168
Nov. 15	45	58	4	154
Nov. 16	29	34	3	146

Date	Admissions	Discharges	Mortality	In-Patients
Nov. 17	25	4	4	135
Nov. 18	35	25	1	125
Nov. 19	55	30	0	131
Nov. 20	47	47	3	169
Nov. 21	49	40	3	164
Nov. 22	46	48	3	144
Total	**664**	**757**	**49**	N/A

Source: Ruetas 2014

EVRMC was assisted by many to continuously give medical services immediately after the disaster, and to recover immediately from the devastation. These include local governments, local hospitals, national government agencies, UN organizations, local and international private corporations/foundations and foreign countries.

Continuity Planning for the Future

In reflection, the hospital learned that even though it was a national awardee on disaster response that very same year and had lots of experience in responding to disasters in other provinces, it lacked plans, effective communication system, transportation system and units, logistics, and lifelines. Moreover, it realized the problem of their staff as victim-responders, i.e., they are also susceptible to the hazards, hence, may not be able to report immediately to the hospital to perform their duties. To address these gaps, EVRMC drafted its *Hospital Emergency Preparedness, Response, and Recovery Plan (HEPRRP) 2014-2015: Contingency Plan, Business Continuity Plan* in 2014. The manual "defines the direction of the hospital in preparing for effective and efficient response and recovery in any event of emergency or disaster within its facilities and/or its catchment area" (EVRMC, 2014). The over-all goal of the new systems put in place is to decrease mortality and morbidity in times of disasters. Four plans have been drawn up in details. These are the:

- **Preparedness Plans -** contain strategies and activities that the hospital shall carry out, all geared toward the building and enhancing of the hospital capacity to address all types of emergencies and on disasters.
- **Response Plans -** include the established strategies and activities defining the utilization of the hospital resources for an effective and efficient response during emergencies and or

disasters. This includes specific policies, protocols, guidelines and procedures pertaining to various emergency management systems for a more efficient and calculated response.

- **Hospital Recovery or Rehabilitation Plans** - include any and all strategies and activities which will bring back the hospital to its status quo condition antecedent to the occurrence of the emergency and/or calamity in order to prepare the same for any other forthcoming eventuality.
- **Contingency Plans** - systems and standard operating procedures in establishing and sustaining surge capacity of the hospital. Its objective is to maintain continuous hospital operation during disaster.
- **Business Continuity Plan -** includes systems and standard operating procedures on how to continue critical functions of the hospital without interruptions. It contains logistical plans with strategies, mechanisms, arrangements, systems and procedures on how to continue operations. Includes support to operation in terms of resources such as manpower, logistics, finances, information, lifelines and accommodation, among others.

Systems and procedures were also drawn up for to verify reports of impending hazards/disasters, management of victims in the "tent emergency room," standard operating procedures on the conversion of the hospital's parking lot into triage, collection and treatment area, and mechanism for the activation of the plan for external disasters.

The hospital created its EVRM Planning Committee with the Chief of the Medical Centre, as the chairman, (alternative is the HEMS Coordinator), with members composed of the heads of the various clinical departments or their representatives, i.e., the administrative officer, the chief nurse, the security officer, head of the maintenance division or their representatives.

Analysis: The case study above has shown that EVRMC's bureaucracy is well-experienced in dealing with emergency situations. However, its high level of preparedness, and long years of experience in dealing with emergency situations, as fully narrated above, were of no match to the power of the super typhoon. Still, it persevered to serve the people of the Eastern Visayas region even though the hospital itself was handicapped by the damage to its building, equipment, and facilities, and casualties and injuries to its personnel. Like OCD-RO8, it deals directly with disaster victims. It lived up to expectations when it continued its operations during and immediately the disaster has struck.

Institutionalizing Public Service Continuity Planning in the Philippines

On 10 April 2018, the NDRMC, through its Memorandum No. 33, s. 2018, called on all government member-agencies of the council at all levels and other government departments, offices, bureaus, services, units, and instrumentalities to develop their own Public Service Continuity Plans (PSCPs). This was after a decision was made at the 4th Meeting of the Cabinet Cluster on Climate Change Adaptation, Mitigation, and Disaster Risk Reduction "to guarantee the

continuity of operations amidst disruptions." The concept of the PSCP was developed through the joint-collaboration of the OCD, NDRRMC TWG, and Philippine Disaster Resilience Foundation (PDRF).

A PSCP is officially defined as "a document containing strategies and mechanisms of a government agency/ organization to ensure continuous delivery of services to the public amidst any disruption" (NDRRMC-PDRF, 2018). Specifically, PSCPs are drawn to:

- Ensure continued performance of essential functions – essential functions are those services that must be delivered amidst any disruption;
- Minimize damage and loss to critical processes – critical processes are all internal to your organization;
- Ensure succession if agency leadership is disrupted – such will allow continuity of leadership roles by having backup leadership positions;
- Reduce or mitigate disruptions to operations – your government agency can still perform your mandated roles;
- Ensure facilities for performance of essential functions – the infrastructure and facility requirements will be in place so that you can perform your essential functions;
- Protect essential facilities and resources – aside from essential functions, the facilities and resources that support the performance of your essential functions are also secured from the threats;
- Achieve a timely and orderly recovery;
- Resume full service to customers; and
- Maintain a test, training, and exercise program (NDRRMC-PDRF, 2018).

SUMMARY AND CONCLUSIONS

Theoretically speaking, the literature points out that the strengths of the Weberian model of ideal-type of bureaucracy is also its weakness during times of emergencies. The Weber-inspired bureaucracy assumes a stable condition such that it creates its bureaucratic norms which makes it inflexible to respond immediately to emergent norms of disaster victims who need help to cope

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with their personal losses and the destruction in their environment. Hence, gaps between the government's bureaucratic norm and the victims' emergent norms develop. These gaps may still widen depending on the nature and power of the disasters, the preparedness of the governmental response systems, and people's orientation and behavior towards disasters and their government. The four cases somehow bring light to these observations.

The four cases give an overview of four important findings for possible future research. First, from the case of OCD-RO8, it can be hypothesized that the more the clients a government agency services, the less it will be able to focus on securing its office due to the enormity of its tasks and the wide base of its clients. Second, in the case of SSS-TB, the overzealousness of the management to give its personnel lengthy time to recover from their own devastations in their families may hinder the immediate restoration of public service. Third, the quick post-disaster recovery of BSP-RO8 proves that a continuity plan initiated by the top management was a decisive factor in the resumption of its services. Lastly, the case of EVRMC has shown that years of experience in disaster/emergency response may not be enough to withstand powerful hazards in the "Age of the New Normal." Hence, continuity planning for various disaster scenarios may still prove to be useful to lessen, if not eliminate damage, losses, and casualties.

NOTES

1 This is based primarily on an interview with OCD-RO8 Regional Director Rey Gozon, April 2015.
2 This is based primarily on interviews with various officials of BSP-RO8, April 2015.
3 This is based primarily on an interview with BSP-TC Head Lilibeth Cajucom, April 2015.
4 This is based primarily on an interview with Dr. Lory Ruetas, April 2015.
5 Code White is the first level among the 3-level Code Alert System of the Department of Health.

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Annex A:
Involvements of EVRMC in Emergency/Disaster Response, 2011-2013

Disaster/Event	Where	When	Why	How It Happened	Action Taken	Assistance
Earthquake	Bohol and Cebu Provinces	October 15, 2013	Magnitude 7.2 Earthquake struck Central Visayas	Communities were displaced; most hospitals were structurally damaged.	Medical Team dispatched	2 teams from EVRMC were sent to Bohol Province
Typhoon Pablo	Davao Oriental	December 2012	Flashflood in several areas of the region	Communities were displaced; heath workers experienced burnt out	Medical and Mental Health and Pyscho-Social Services Team dispatched	3 EVRMC doctors were sent to the Municipality of Cateel together with a team from the Centre for Health Development-8
Mass Casualty Incident – Vehicular Accident	Abuyog, Leyte	September 16, 2012	A truckload of people fell into a deep canal	Abuyog District Hospital called EVRMC requesting to transfer around 30 patients to the hospital for further evaluation and management.	Code Red was declared	Augmentation of drugs and medicines and other supplies for emergency room and admitted patients
Mass Casualty Incident – Vehicular Accident	Naval, Biliran	July 22, 2012	A truck fell into a cliff	Naval Provincial Hospital called the EVRMC requesting to transfer around 10 patients to the hospital for further evaluation and management.	Code Blue was declared	Augmentation of drugs and medicines and other supplies for emergency room and admitted patients
Earthquake	Leyte and Samar, including Tacloban City	August 31, 2012	Earthquake with magnitude 7.6 struck Eastern Visayas	Residents from nearby houses rushed to the EVRMC for fear of tsunami	Code Red was declared	Augmentation of drugs and medicines and other supplies for emergency room and admitted patients
Typhoon Ofel	Leyte and Samar, including Tacloban City	October 24, 2012	Thousands of residents were brought to evacuation centres	Patients seen in the evacuation centres were referred to the EVRMC for further evaluation and management	Code Red was declared	Augmentation of drugs and medicines and other supplies for emergency room and admitted patients
Search and Rescue Operation	Eastern Samar	August 6, 2011	4 fishermen were reported missing for 12 Days	The Regional Director of the Centre for Health Development-8 requested the Assistant	The EVRMC-Health Emergency Management Staff joined he Joint Rescue	Emergency drugs and medicines. Medical consultation and psychological counseling of the

Disaster/Event	Where	When	Why	How It Happened	Action Taken	Assistance
				Coordinator of the EVRMC-Health Emergency Management Staff to accompany him and the Acting Director of the Office of Civil Defence for a search and rescue operation	Operation of the Office of Civil Defence, Department of Social Work and Development, and Department of Health	2 rescued patients who were brought to EVRMC.
Fire Incident	Tacloban City Port	June 6, 2011	Boat explosion	All patients were brought to the EVRMC's emergency room being the nearest hospital from the area	Received all victims	Augmentation of drugs and medicines for burn-related injuries
Typhoid Fever	Leyte	November 2011	Increase incidence of Typhoid cases in Leyte	Surge of patients with Typhoid Fever were referred to the EVRMC, mostly from Carigara District Hospital and Regional Health Units	Received all victims	Augmentation of drugs and medicines and other supplies for emergency room and admitted patients
Mass Casualty Incident	Paranas, Samar	October 27, 2011	A bus collided with another vehicle	All patients were brought to the EVRMC's emergency room by the volunteer responders	Code Red was declared	18 patients were taken cared of by the EVRMC
Flooding/ Flashflood and Landslide	Eastern Visayas including Tacloban City	March 16,2011	Continuous rains were experienced	Patients were brought to the EVRMC from their houses, evacuation center, and other hospitals. Some hospital personnel were themselves victims.	Code Red was declared	Augmentation of drugs and medicines and other supplies for emergency room and admitted patients

Source: Ruetas 2014

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