

UP FROM THE ASHES



LESSONS LEARNED FROM THE BOMBING OF THE UNITED STATES EMBASSY NAIROBI, KENYA August 7, 1998

**A study commissioned by USAID/Kenya
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With Forwards by
Ambassador Prudence Bushnell and Ambassador Johnnie Carson
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Foreword by Ambassador Prudence Bushnell

On August 7, 1998, the people of Nairobi and Dar es Salaam confronted the extraordinary. Terrorist attacks against U.S. Embassies left in their wake death, destruction, suffering, heroism and resilient spirits. As we reconstructed our lives and our communities, we faced challenges for which we were unprepared. We did many things right and some things wrong. This paper documents both. The foreign affairs community should never be so unprepared again – and it will not be if the recommendations of this report are carefully considered and thoughtfully implemented.

Foreword by Ambassador Johnnie Carson

The bombing of the U.S. Embassy in Nairobi, Kenya on August 7, 1998 was one of the greatest tragedies in U.S. diplomatic history. It was the most serious terrorist attack against a U.S. facility in Africa, and the second most devastating terrorist attack ever against a U.S. Embassy. The attack was unexpected and occurred in a country where the U.S. has always been held in high regard. It is impossible to ensure that tragedies like this never happen again. It is difficult, by definition, to prepare for unexpected events. However, we can and we must learn from our experiences in order to try our best to prevent future attacks, reduce our vulnerabilities, and to improve our response mechanisms and procedures.

The study that follows was commissioned by USAID as a historical record and a resource document for all interested U.S. government decision-makers. It walks us through the response to the catastrophe in great detail. The outstanding analysis and enormous insight provided, if properly considered, will help save lives in the future and help us deal effectively with future attacks against our facilities. Terrorism will not go away; but by adopting many of the key recommendations contained in this report and by assertively applying the lessons learned from the Nairobi bombing, we can minimize the damage our enemies attempt to inflict upon us.

INTRODUCTION

Three years have passed since our embassy was bombed, and we are finally ready to share the lessons we have learned. That may seem a long time to some, but I don't think it is. Some lessons were apparent right after our disaster, but others couldn't be learned until years later. Some of the things we did right or wrong to help Kenyans reconstruct their lives weren't known until the rehabilitation programs were well into implementation. Other lessons were difficult emotionally and some of the U.S. government employees involved were more ready to open up to our interviewer after the passage of time.

The danger in waiting three years is that fewer people may care. The groundswell of support for the victims has, inevitably, diminished with time. Policy makers in the State Department, USAID, and other government agencies and Congress have turned their attention to other priorities now that most of the survivors are on the road to recovery.

But it is important that we not forget, that we be better prepared next time. For there will be a next time. Terrorists will strike, and U.S. government facilities overseas will always be tempting targets. Constructing facilities that meet the Inman safety standards would be a huge step forward. But it's not enough. U.S. overseas missions must be better prepared to deal with a disaster once perimeter defenses are breached. We must be ready to cope with the crisis in the immediate term; we must be ready with humanitarian and rehabilitative assistance to the host country nationals who are victims along with the American targets; and we must be prepared to help our employees heal in the long run.

Because all U.S. government employees in Nairobi on August 7 were victims, we have strong biases. Emotions suffuse our memories and opinions. We therefore hired an independent consultant to research and write this report. While no one will agree with all the observations and recommendations in it, we hope that no single, pervasive bias dominates and that the diversity of opinions fuels rich discussion. The report is long, but we wanted to provide all the details for the record and as a reference.

Although USAID commissioned this report, it concerns all U.S. government operations at post. From the ambassador on down, we in Nairobi hope that those in Washington with the authority to change our overseas operating procedures will review this. We believe it would be most effective to convene a review committee, co-chaired by the USAID Administrator and the State Department Undersecretary for Management. All departments and agencies commonly in our overseas posts, as well as OMB should participate, along with key staff from the U.S. Congress, including the appropriations and authorizing committees for State and USAID. Individuals who led the responses to the disasters in Nairobi and Dar would also participate. The committee would discuss the findings and recommendations, as well as other lessons offered by the participants, and recommend changes to government procedures, so that the next embassy that is bombed will suffer fewer casualties and will be better prepared to respond.

Jonathan M. Conly

Director, USAID/Kenya

August 7, 2001

AUTHORS NOTE

In the course of writing this report, I interviewed or contacted 63 U.S. government personnel. Of these, 26 were USAID staff in Nairobi or Washington. Five were from USAID's Office of Foreign Disaster Assistance. The remaining were current or former Embassy-Nairobi personnel (17), and staff from: the Department of Medical Services (7), the U.S. Information Agency (3), the Department of Health and Human Services (2), the Federal Bureau of Investigation (2), the Office of Casualty Affairs (1), the Family Liaison Office (1), the Department of Justice, Office for Victims of Crime (1), the Regional Housing and Urban Development Office in Pretoria (1), the Foreign Service Institute (1), and the U.S. Attorney's Office for the Southern District of New York (1).

Representatives from 26 service provision organizations, as well as individual service providers were interviewed on their work providing humanitarian assistance (USAID funded or not) to bomb victims. These include: the Adventist Development and Relief Agency (ADRA), Amani Counseling Center, the African Medical and Research Foundation (AMREF), the Aga Khan Foundation, the American Red Cross (ARC), Catholic Relief Services (CRS), Crescent Construction, Crescent Medical Aid, Ernst & Young, Fairfax County Urban Search and Rescue, the Hindu Council, the International Federation of the Red Cross/Crescent (IFRC), the International Medical Corps (IMC), Kenya Management Assistance Program (K-MAP), Kenya National Association for the Deaf (KNAD), Kenya Red Cross (KRC), Kenya Society for the Blind (KSB), Matrix Development Consultants, Mugoya Construction, National Council of Churches of Kenya (NCCCK), and Operation Recovery (OR). In addition, a dozen other service providers were contacted by telephone but subsequently were found to have not contributed significantly to the relief and rehabilitation effort. Most service providers were either contacted personally or sent a standard questionnaire to fill out. (See appendixes 1, 2.)

Nineteen out of 22 hospitals and health clinics that participated in the emergency relief effort were contacted by telephone and through a hospital questionnaire. Representatives (individuals and panels) of all of Nairobi's large hospitals (those that contributed the most to the relief effort) granted personal interviews or provided substantive background information. These include: Aga Khan Hospital, Guru Nanak Hospital, Kenyatta National Hospital, MP Shah, and Nairobi Hospital.

Standard questionnaires were sent to the Nairobi-based diplomatic delegations of Australia, Canada, Egypt, France, Germany, India, Iran, Israel, Kuwait, Pakistan, Saudi Arabia, South Africa, the United Kingdom and others regarding the donor and international response. Five telephone interviews were conducted.

Past and present government of Kenya representatives and ministers from the Office of the President, Ministry of Health, Kenyan Armed Forces, Ministry of Planning, National Operations Center, Ministry of Housing and Public Works, Ministry of Foreign Affairs, and Provincial Commissioner's Office for Nairobi Province participated in the process.

Corporate beneficiaries of U.S. government humanitarian assistance programs, including representatives from Co-operative Bank and Ufundi House, were interviewed.

Numerous bomb victims, as well as victims' groups, were consulted. Bomb victims from Oklahoma City, in Nairobi for a victims' exchange program, provided invaluable perspective. Independent experts from University of Oklahoma offered technical advice.

About sources. It was not possible to talk to all of the victims, service providers, and expert sources. Sincere apologies to those who feel their views are not represented.

About quotations. Where written documents display obvious or misleading errors of grammar and syntax I have made appropriate changes without, I hope, in any way changing the intent and meaning of the writer.

About other U.S. government agencies at post. At the time of the bombing, several agencies were housed in the Embassy—Foreign Agricultural Service, Foreign Commercial Service, Defense Attaché Office, Khartoum Embassy, Immigration and Naturalization Service, Kenya-U.S. Liaison Office. Others—Peace Corps, Medical Research Unit, Library of Congress, Voice of America, U.S. Centers for Disease Control, and U.S. Information Service—were elsewhere. Staff from all these agencies assisted in relief and rehabilitation. For brevity in discussing staff participation, the terms “Embassy-Nairobi” or “U.S. Mission” are used. My apologies to those who find this inadequate.

About anonymity. To promote frankness, quotations are anonymous, except where it is obvious who is speaking or identification of the speaker is not harmful.

About currency conversions. For conversions from Kenya shillings to U.S. dollars a monthly rate is used if the date is precise. If an estimate covers a period of time, a fiscal year-to-date rate is used, per figures supplied by USAID/Kenya.

General observations. While I appreciate all staff who provided information, a few disclaimers must be made. Specifically, two years after the event it was difficult even for USAID/Kenya staff to remember or provide specific information on the bombing. Some staff declined to be interviewed, citing weariness with the process after official interviewers from the Foreign Service Institute, who taped interviews for training, and the Accountability Review Boards chaired by Admiral William J. Crowe. FSI declined to share the interviews, citing confidentiality. The lesson learned perhaps, is that whoever documents a critical incident first should try to make the information useful to a range of sources to spare staff from reliving negative experiences. Other staff who participated in bomb-response efforts have moved to new assignments and could not be traced.

I have made an effort to reconstruct events nonetheless, and I thank all who so kindly lent their time and energy to help me.

Gwendolyn Stuart Driscoll

Nairobi, February 2001

INTRODUCTION.....	ii
AUTHORS NOTE.....	iii
Acronyms	8
Chronology.....	10
Executive Summary	19
Day One.....	19
What Worked and What Didn't?.....	20
Outside Support	21
Health Service Providers	22
The Scramble for Money	22
Recovery and Rehabilitation.....	23
USAID's Bomb Response Unit	23
Building Repair and Reconstruction.....	23
The Co-operative Bank Building	24
The Ufundi Sacco Society, Ltd. Building.....	24
Business Assistance.....	25
Family Assistance.....	25
Medical Assistance.....	26
Mental Health Counseling.....	28
The Survivors	28
Disaster Preparedness	28
Support for U.S. Government Personnel	29
Community Relations	30
Recommendations.....	30
PART 1. EMERGENCY RESPONSE	35
CHAPTER 1. STAFFING AND LOGISTICS.....	35
Introduction	35
Observations.....	35
The Operations Center.....	36
24-Hour Management	37
Bomb Site Logistics—Search and Rescue.....	39
Introduction.....	39
Triage.....	42
Ops Center Logistics.....	43
Communications.....	43
Hotline.....	45
Staff Accounting	45
Hospitals and Morgue.....	46
Death Notifications	46
General Logistics.....	47
Warehouse	48
Airport.....	48
Recommendations	49

External U.S. Government Support Staff	50
Introduction.....	50
Observations.....	50
Official Visitors.....	55
Recommendations	58
Support from Other Diplomatic Missions.....	59
Introduction.....	59
British High Commission.....	59
Recommendation	60
Procurement of Temporary Office Quarters	61
Observations.....	61
Host-Government Staff and Structure	62
Observations.....	62
The National Operations Center	63
The Kenya Armed Forces.....	64
Military Assistance on the Day of the Bombing	66
The Provincial Commissioner’s Office	67
The Office of the President.....	67
The Ministry of Health.....	68
CHAPTER 2. COMMUNICATIONS	71
Introduction	71
Observations.....	71
Information Flow Management.....	72
Recommendations	73
Equipment.....	73
Recommendations	75
Media Relations	75
Introduction.....	75
What Kenyans Think of American Reaction.....	76
Equity	76
Visibility of U.S. Assistance	78
Staff Capacity.....	79
Host Government Relations	81
Recommendations	82
CHAPTER 3. FUNDING.....	83
Introduction	83
Observations.....	83
Kenyan Government and Donor Funding.....	83
OFDA’s Response	84
OFDA’s Mission and Programs	85
Limits of OFDA Funding.....	85
Recommendation.....	87
OFDA Funding for Bomb Blast Humanitarian Services.....	87
CHAPTER 4. SECURITY	89
Introduction	89
Observations.....	89
Securing the Site.....	90

Crowd Control	91
The Kenyan Military	92
The U.S. Marines	93
“What Would You Do?”	95
Looting	95
USAID Building.....	97
Disaster Protocols.....	98
Observations.....	98
Papers vs. People	99
Recommendations	100
Brief Timeline of U.S. Embassy Security.....	101
CHAPTER 5. MEDICAL AND MENTAL HEALTH	103
Introduction	103
The Government of Kenya’s Response	103
Kenyatta National Hospital’s Coordination Role.....	104
Observations.....	104
Other Hospitals	105
Introduction.....	105
Observations.....	106
The Hospital Experience.....	106
Hospitals and Clinics Involved in Emergency Response.....	109
The U.S. Government Response.....	109
Introduction.....	109
Observations.....	110
Medical Support	110
Medical Evacuations.....	111
Visibility of U.S. Assistance	115
Medical Supplies	116
Disaster Preparedness	116
Recommendations	117
International and Donor Response.....	117
Introduction.....	117
Observations.....	118
Search and Rescue and Medical Help.....	118
The Individual Response.....	119
Introduction.....	119
Observations.....	119
Spontaneous and Generous Aid.....	119
The Injured Themselves.....	121
Health Service Providers.....	122
Observations.....	122
Kenya Red Cross	122
ADRA	123
AMREF.....	123
Kenya Society for the Blind.....	124
United Disabled Persons of Kenya	124
Other NGOs	124
Recommendation.....	124

The Mental Health Response.....	125
Introduction.....	125
Observations.....	125
Early Days.....	126
Recommendations.....	130
CHAPTER 6. INFRASTRUCTURE.....	131
Introduction.....	131
Observations.....	131
The Government of Kenya Response.....	131
The U.S. Government Response.....	133
Program Design and Funding.....	134
Insurance Concerns.....	135
CHAPTER 7. BUSINESSES.....	137
Introduction.....	137
Observations.....	137
The Government of Kenya’s Response.....	137
The U.S. Government Response.....	137
Funding a Business Assistance Program.....	138
Program Challenges.....	139
CHAPTER 8. SUPPORT TO FAMILIES.....	141
Introduction.....	141
Observations.....	141
The Public Response.....	141
Service Providers and Donors.....	143
The National Disaster Emergency Fund.....	144
Fund Challenges.....	145
School Fees.....	147
PART 2. REHABILITATION.....	149
CHAPTER 9. REHABILITATION FUNDING.....	149
Introduction.....	149
Observations.....	149
Choosing ESF Funding.....	150
The ESF Process.....	150
ESF Funding.....	152
Timeline of Initial US\$850,000.....	152
Funding Delays.....	152
The Supplemental Appropriation.....	154
The ESF Funding Process.....	157
Timeline of Congressional Supplemental.....	157
Disbursement.....	158
Impact of Delays.....	159
Other Funding Challenges.....	159
Recommendations.....	160
CHAPTER 10. MISSION ORGANIZATION AND MANAGEMENT.....	163

Introduction	163
Formation of a Bomb Response Unit	163
Outside Support—Mental Health.....	165
Media Relations	166
Kenyan Community Relations.....	167
American Community Relations	169
Observations.....	169
The Office of Casualty Assistance	169
U.S. Government Project Support Services	171
Recommendations	171
CHAPTER 11. MEDICAL AND MENTAL HEALTH	
REHABILITATION.....	173
Introduction	173
Observations.....	173
U.S. Government-funded Health Service Providers.....	173
Hospital Bill Payment	174
The AMREF-KNH Reconstructive Surgery Exercise.....	176
Rehabilitation of the Injured—AMREF	178
Observations.....	179
Achievements.....	181
Help for the Disabled—ADRA	181
Observations.....	181
Achievements.....	183
Recommendations.....	183
U.S. Government Medical Follow-Up and Socioeconomic Assistance to	
Victims	184
The Mental Health Response—Operation Recovery	184
Observations.....	184
The IFRC-KRC Mental Health Program	186
Observations.....	186
The Amani Mental Health Counseling Program	189
Achievements.....	190
Umbrella Organizations.....	190
The Survivors.....	191
Recommendation.....	193
CHAPTER 12. REHABILITATION FOR FAMILIES.....	195
Introduction	195
Observations.....	195
Program Design and Challenges	195
Who Was Eligible.....	196
IFRC-KRC Structural Problems.....	197
Ernst & Young.....	199
Recommendation.....	199
CHAPTER 13. INFRASTRUCTURE REHABILITATION.....	201
Introduction	201
Observations.....	201

Funding Delays	202
The Co-operative Bank Building.....	203
The Ufundi Sacco Society, Ltd. Building	204
Assistance to Building Owners.....	207
Achievements.....	208
The Memorial Trust.....	208
Blood Safety Centers	208
Recommendation	209
U.S. Government Rehabilitation and Reconstruction	210
CHAPTER 14. REHABILITATION FOR BUSINESSES	211
Introduction	211
Observations.....	211
The KPMG Business Assistance Program.....	211
Program Challenges	212
Recommendation	213
U.S. Government Assistance to Building Owners and Businesses	214
CHAPTER 15. DISASTER PREPAREDNESS	215
U.S. Government Assistance for Disaster Preparedness.....	215
Introduction	215
Observations.....	215
Blood Safety Centers	215
Support to City Morgue	217
Disaster Preparedness.....	217
IMC Emergency Medical Services Upgrade Program.....	217
The IMC Disaster Education and Community Preparedness Program	219
PART 3. INTERNAL SUPPORT	221
Chapter 16. Mission Benefits and Health	221
Introduction	221
Observations.....	221
Benefits	221
Administrative Leave and R&R.....	221
Salary	222
Post Curtailment.....	223
Recommendations	225
Health Care—Emergency Phase	225
Critical Incident Stress Debriefings	226
Community Relations—American	228
Observations.....	228
The Family Liaison Office.....	229
Structure of Victims’ Assistance.....	231
Recommendations	233
Rehabilitation Phase Health Response.....	233
Introduction.....	233
Medical Services Office Efforts	235
Workers’ Compensation	239
Filing a Workers’ Compensation Claim	240
Confidentiality.....	241

Recommendations	244
Sources Cited.....	246
Endnotes.....	253

Acronyms

DOS	Department of State
USAID	U.S. Agency for International Development
ADRA	Adventist Development and Relief Agency
AMREF	African Medical and Research Foundation
APDK	Association of the Physically Disabled of Kenya
BRU	Bomb Response Unit
CCATT	Critical Care Air Transport Team
CDC	US Centers for Disease Control
CLO	Community Liaison Officer
CISD	Critical Incident Stress Debriefing
DFID	Department for International Development (United Kingdom)
DHHS	Department of Health and Human Services
DOD	Department of Defense
DOJ	Department of Justice
EAP	Emergency Action Plan
ESF	Economic Support Funds
FAST	Fleet Anti-Terrorist Support Team
FBI	Federal Bureau of Investigations
FEST	Foreign Emergency Support Team
FHI	Family Health International
FLO	Family Liaison Office
FSN	Foreign Service National
ICASS	International Cooperation Administrative Support Services
IFRC	International Federation of the Red Cross/Crescent
IMC	International Medical Corps
JTF	Joint Task Force
KMA	Kenya Medical Association
K-MAP	Kenya Management Assistance Program
KNAD	Kenya National Association of the Deaf
KNH	Kenyatta National Hospital
KPMG	Peat Marwick group in Kenya
KRC	Kenya Red Cross
KSB	Kenya Society for the Blind
KUSLO	Kenya United States Liaison Office
MED	State Department Medical Services
MOH	Ministry of Health
MSG	Marine Security Guard
NOC	National Operations Center (Kenya)
NGO	Nongovernmental organization
OCA	Office of Casualty Affairs
OFDA	Office of Foreign Disaster Assistance
OMB	Office of Management and Budget
OR	Operation Recovery
OVC	Office for Victims of Crime
OWCP	Office of Workers' Compensation
PC	Provincial Commissioner (Kenya)

PTSD	Post Traumatic Stress Disorder
REDSO	Regional Economic Development Services Office
RHUDO	Regional Housing and Urban Development Organization
RMO	Regional Medical Officer
RMO/P	Regional Medical Officer/Psychiatrist
R&R	Rest and Relaxation
RSO	Regional Security Officer
SAR Team 1	Fairfax County Urban Search and Rescue
TDY	Temporary Duty
UDPK	United Disabled Persons of Kenya
USIA	United States Information Agency
VSA	Visual Seventh August

Chronology

August 7, 1998

10:35

Terrorists in a truck detonate a large bomb in the rear parking area of the American Embassy, killing at least 213 and injuring thousands more.

10:55

Embassy security personnel form a perimeter around the building and begin search and rescue. Radio reports of the bomb reach USAID offices in Parklands, 4.5 miles from the disaster site. Medically trained staff deploy to the site within 20 minutes to aid search and rescue efforts.

11:00

USAID/Kenya and surviving Embassy staff form an Operations Center.

11:30

Soldiers from the U.K. High Commission and two British engineers join the relief effort, providing immediate support with security and search and rescue activities. They are later joined by several dozen members of the British Army Training Team.

14:00-17:00

Kenya military cordon off the site, supplementing U.S. government and UK staff efforts to push back a crowd estimated at up to 50,000.

14:00

Ops Center staff deploy teams of volunteers to hospitals and morgues to try to identify the dead and injured.

15:00-18:00

The last survivor is pulled from the U.S. Embassy wreckage. The first Kenya Provincial Disaster Committee meeting is held.

Within 16 hours, the first outside support (MED and FBI staff) are on the ground.

A Bahrain-based FAST team is deployed but has mechanical problems with the aircraft. The Fairfax County Urban Search and Rescue Team deploys but also experiences mechanical problems.

The Kenyan public mounts a spontaneous and extraordinary humanitarian response, taking the wounded to the hospital, donating blood, providing food, medicine, clothing, and other supplies to hospitals.

Kenyan hospitals treat or admit an estimated 5,000 wounded.

The U.S. Embassy begins to move to the USAID Parklands building.

**estimated times*

August 8

The Israeli Defense Force arrives.

A Department of Defense Fleet Anti-Terrorist Support Team (FAST), 100 Marines from Bahrain, arrives.

A medical assessment team and security team from the 4404th Medical Group (Prince Sultan Air Base, Saudi Arabia) arrives.

A medical evacuation flight and critical care air transport team from Ramstein Air Base, Germany arrive.

U.S. Ambassador Prudence Bushnell holds a press conference in the cafeteria of the USAID Parklands.

Kenya sets up a Joint Operations Center in the Railways Headquarters, opposite the bomb site, for use by police, military, and rescue services.

The “Beyond the Disaster Program” begins preliminary mental health counseling.

Responding to an appeal by Kenyan officials, volunteer engineers and architects conduct a preliminary inspection of damaged infrastructure.

A government funeral committee is established in a tent in Uhuru Park to arrange identification and burial of the dead.

August 9

U.S. Ambassador Prudence Bushnell issues a disaster declaration, opening the way for US\$25,000 of Office of Foreign Disaster Assistance (OFDA) money.

The Federal Bureau of Investigation sends 149 agents and staff to Nairobi and 108 to Dar es Salaam to begin investigations into the criminal case.

The French Civil Defense Force search and rescue team arrives.

The 70-member Fairfax County Urban Search and Rescue team arrives.

A three-person OFDA Disaster Assessment Response Team arrives to serve as liaison to the Fairfax team and support the Mission.

A U.S. military mortuary team arrives from Germany to prepare bodies of Americans for transfer to the United States.

U.S. Ambassador Prudence Bushnell holds a memorial service at her residence to honor and say good-bye to her 12 murdered American colleagues who were leaving in coffins accompanied by their families the next day.

The first group of seriously injured U.S. government bomb victims is evacuated to Ramstein Air Base in Germany.

August 10

U.S. Joint Task Force arrives.

A surgical team from the 67th Combat Army Surgical Hospital and a Combat Stress Control team from the 254th Medical Detachment (based in Germany) arrive.

A second medical evacuation plane arrives from Germany.

A State Department Foreign Emergency Support Team (FEST) arrives.

With guidance from State Department psychiatrists, local mental health care providers begin Critical Incident Stress Debriefings for U.S. Mission staff.

August 11

The second medevac flight departs for Germany.

August 12

In interviews with the media, Ambassador Bushnell defends U.S. security efforts at the bomb site, noting the presence of looters in the Embassy building. The remarks enrage some in the Kenyan media and public.

August 13

The bodies of American Embassy personnel arrive at Andrews Air Force Base, U.S.

OFDA-Washington cables US\$25,000 in response to Ambassador Bushnell's August 9 disaster declaration.

The first major shipment of U.S. government medical donations arrives: a military plane carrying five pallets (1,700 pounds) of medical supplies from Bahrain, donated by the Defense Department.

The Kenya Medical Association launches Operation Recovery, a mental health service effort.

The U.S. government operations center in the USAID/Kenya Parklands building closes.

August 16

OFDA-funded structural engineer John Pepper visits Nairobi through August 18.

OFDA shipment of 1,900 pounds of medical supplies and 500 body bags arrives.

August 17

U.S. Secretary of Commerce William Daley leads a U.S. trade delegation to Nairobi, pledging assistance to Kenya's business community.

August 18

U.S. Secretary of State Madeleine Albright visits Kenya and as a goodwill gesture announces US\$1 million of humanitarian assistance for Kenya and Tanzania. (Some Kenyans feel it is not humanitarian assistance, but money due them as compensation.)

August 20

FBI Director Louis Freeh pays a two-day visit to Nairobi to discuss aspects of the criminal investigation with Kenyan law enforcement officials and Embassy personnel.

August 29

USAID's Engineer Joel Kolker of the Regional Housing and Urban Development Organization arrives from Pretoria to assess buildings.

August 31

The government of Kenya releases a 43-page Appeal for Assistance, requesting KShs.9 billion (US\$156 million) for a wide range of humanitarian assistance programs.

September 1998

AMREF forms a coordination center for bomb victims and their families in early September, using OFDA money.

Kenya Red Cross sets up a family-tracing center in Uhuru Park.

USAID drafts a special objective, initiating the process of securing bomb relief funds through a congressional supplemental.

September 6

An interagency advance team from the U.S. Centers for Disease Control and the Department of Health and Human Services arrives in Nairobi to prepare for a visit from U.S. Surgeon General Dr. David Satcher.

September 8

The Kenyan government's Bomb Disaster Committee, better known as the Njonjo Fund, begins distributing funds to victims and victims' families. It will conclude May 31, 1999.

September 12

The Kenya Red Cross converts its city center office into a counseling center for bomb victims.

September 14

A congressional notification for initial economic support funds (ultimately US\$850,000) is delivered to the U.S. Congress.

USAID Assistant Administrator for Africa Vivian Derrick arrives for an official visit.

September 28

U.S. Surgeon General Dr. David Satcher arrives with a 10-person team of technical experts.

October 1998

US\$850,000 in economic support fund monies is cabled to USAID/Kenya October 27. Money goes primarily for hospital bill reimbursement.

The National Council of Churches of Kenya begins a mapping exercise to track down injured victims.

November 1998

USAID hires KPMG Peat Marwick to assess 208 businesses affected by the bomb blast.

A State Department psychiatrist arrives to review mental health status of U.S. Mission staff.

Operation Recovery receives US\$50,000 grant from USAID November 7.

AMREF conducts an initial screening of 1,482 bomb victims to assess the nature and extent of injuries.

December 1998

K-MAP signs a \$300,000 cooperative agreement with USAID on December 14 to manage a recovery fund for small-business owners affected by the bomb.

A congressional notification for US\$37 million supplemental is delivered to the U.S. Congress December 18.

January 1999

The US\$37 million congressional supplemental is released January 7 for bomb-related humanitarian assistance in Kenya. (Funds are cabled January 14.)

USAID/Kenya and Co-operative Bank sign a memorandum of understanding in support of rehabilitation of the Co-operative Bank building January 14.

Most hospitals that participated in the emergency relief effort are reimbursed by USAID/Kenya in January and February.

Ambassador Prudence Bushnell holds a Remembrance and Recognition ceremony at her residence January 21, 1999. She dedicates a remembrance garden with a fountain of bricks, each of which is inscribed with the name of a victim.

The Bomb Response Unit is officially formed. Along with the acting coordinator, an assistant is hired to oversee the management and programming of the \$37 million supplemental.

March 1999

438 bomb victims participate in a comprehensive, two-week reconstructive surgery exercise, organized by AMREF and held at Kenyatta National Hospital.

April 1999

KPMG Peat Marwick signs a USAID indefinite quantities contract for US\$128,000 to manage a US\$2 million program of business assistance.

May 1999

U.S. families of the deceased meet with high-ranking State and Justice department officials in Washington, May 5-6. Partly as a result of this meeting, the Office of Casualty Assistance is formed in October 1999.

Adventist Development and Relief Agency receives a three-year US\$1.36 million USAID grant to help the disabled May 14.

The International Federation of the Red Cross/Crescent signs a grant for a three-year US\$2.5 million USAID-funded educational support program May 27. (Only US\$546,000 is disbursed before IFRC returns the grant to USAID.)

Wilbur Smith Associates begins examining the structural soundness of the Co-operative Bank building and options for Ufundi House.

USAID hires a coordinator and secretary for its Kenya Bomb Response Unit.

June 1999

USAID awards a cooperative agreement for a two-year US\$1 million crisis mental health assistance program to the International Federation of the Red Cross/Crescent on June 30. (US\$350,000 is used before the money is returned to USAID by IFRC.)

July 1999

A State Department psychiatrist is assigned to Embassy-Nairobi for six months.

USAID awards Family Health International a US\$1 million cooperative agreement to strengthen Kenya's blood transfusion systems.

AMREF signs a US\$1.6 million cooperative agreement with USAID to coordinate and provide medical rehabilitation for victims.

August 1999

Embassy-Nairobi moves to temporary offices off Mombasa Road.

Ufundi Sacco Savings and Credit Society signs an agreement for a new building (Garden Plaza) on August 7, 2000.

U.S. Mission staff have a private ceremony at the ambassador's residence to commemorate the first anniversary of the bombing.

At a rally for bomb survivors in Uhuru Park in downtown Nairobi commemorating the anniversary, some criticize the U.S. government for not doing enough for them.

Pamoja '99, a benefit concert organized by Operation Recovery to raise funds for mental health programs, is held.

September 1999

USAID/Kenya moves to temporary offices off Thika Road.

October 1999

The Office of Casualty Assistance is formed in Washington D.C.

November 1999

The Kenyan firm Mugoya Engineering and Construction is awarded a US\$7.5 million contract to rebuild the Co-operative Bank building.

January 2000

A permanent State Department psychiatrist is posted at Embassy-Nairobi.

March 2000

Unable to fulfill the goals of the project, the Red Cross returns remaining USAID funds for both its educational support and mental health programs.

May 2000

USAID/Kenya awards Ernst & Young a US\$785,445 contract to run a two-year educational support program.

June 2000

Staff from USAID/Washington's personnel department visit Nairobi to help 240 USAID staff file workers' compensation forms.

USAID awards Amani Counseling Center a US\$1.1 million grant to manage a crisis mental health program.

July 2000

An exchange trip of Kenyan bomb survivors and survivors of the Oklahoma City bomb blast takes place in Nairobi, organized by the National Council of Churches of Kenya and Mennonite University, with some financial assistance from USAID/Kenya.

USAID awards a US\$2.5 million cooperative agreement to the International Medical Corps to provide support for a disaster education and community preparedness program.

August 2000

Ufundi Sacco and USAID sign an agreement for a new building August 7. Money is released August 21.

Executive Summary

At approximately 10:35 a.m. on Friday, August 7, 1998 a pick-up truck approached a security gate at the back of the United States Embassy in Nairobi, Kenya. When the truck was refused entry into the embassy's underground parking garage, the occupants of the truck discharged a grenade. Drawn by the noise, people in the embassy and in nearby office buildings came to their windows. Less than one minute later, nearly one ton of explosive materials hidden inside the truck exploded.

The blast left a crater 10 feet deep and 40 feet wide and was felt several miles away; it registered at more than 4.0 on the Richter scale. The explosion ripped the back wall off the embassy, pancaked the adjacent eight-story Ufundi House, and shattered the windows of the neighboring 25-story Co-operative Bank building.

One out of four people in the Embassy died immediately; another fourth were so badly injured that they could not help themselves; and another fourth sustained minor injuries. Inside the embassy, 44 employees and dependents were killed: 12 Americans and 32 Kenyans, known as foreign service nationals (FSNs).

Many more died on the street outside, under the layers of the collapsed Ufundi House, or in the glass-strewn hallways of the Co-operative Bank. The official death toll from the bombing is 213. As many as 5,000 people were injured, 400 people were severely disabled, 38 became totally blind, 75 suffer from severely impaired vision, 15 are totally deaf, 49 have severe hearing disabilities, 3 have total physical disability from the waist down and 164 have severe bone and muscle injuries.

More than 100 buildings in a 10-block radius sustained damage, from complete devastation to the loss of roof tile and windows. More than 250 businesses in one of Nairobi's busiest commercial districts were damaged or destroyed. Some sources estimate that in one brief moment Kenya lost 5-10 percent of its gross domestic product.

How did the United States and Kenya respond? And what have both countries learned through their initial efforts to handle the emergency and their longer-term attempts to support the families of the dead, to care for the injured, and to restore businesses and infrastructure? Three years later, what do we know about how to face a mass-casualty disaster? Are we better prepared today than we were three years ago?

This report is a detailed look at the days and months and years following the blast in Nairobi. If the wisdom painfully gained by that experience can lessen the trauma and improve the effectiveness of recovery efforts after future disasters, this report will have met its goal, and the lives of countless others may be spared some of the suffering inflicted since that day.

Day One

Half the embassy personnel were killed or injured in the blast. Yet within an hour, Americans had set up an operations center in USAID offices and begun search and rescue operations inside the embassy. The four-person health unit worked feverishly for

60 hours non-stop to help the injured and get them to hospitals. Kenyans rallied, carting victims to hospitals, queuing up to give blood, and donating food and blankets to hospitals. Hospital staff were heroic, working double, sometimes triple shifts without pay. With so many injured, hospitals quickly ran out of room. Doctors resuscitated and treated patients where they lay on hallway floors. The injured themselves contributed to saving lives by their calm and altruism, urging doctors to tend to the more severely injured first.

But Kenya had no disaster plan and no system for establishing control in an emergency. Within minutes of the blast, thousands of onlookers and volunteer rescuers converged on the bombsite. Many climbed over the rubble to enter the embassy. The search and rescue team tried to establish a perimeter, to scout for a possible second attack, and to keep people out so they could maintain effective search and rescue inside the building. Kenyans, with a culture of pulling together in times of difficulty, misinterpreted the American cordon as not only uncaring, but aggressive. And the press criticized the United States for caring only for its own and not the many Kenyan victims. When the U.S. ambassador told the press looters had entered the embassy, it fueled the bad feelings. Inside the embassy, similar sentiments were brewing. Kenyans employed by the U.S. government, felt from the first day that Americans got preferential treatment, from the morgues the bodies of the deceased were taken to, to the medical care the injured received, and the salary differentials survivors were later given. Some felt the Americans cared more about saving classified information than people.

The early negative impressions were not eased by the arrival of help from the United States, in part because it took longer to arrive than help from other countries, particularly Israel, and in part because U.S. assistance, when it did arrive, was less visible to the public. In addition, the beleaguered U.S. public affairs office, with three staff, could not do more than react to press queries.

What U.S. government employees in Nairobi were able to accomplish on their own was hampered, in significant ways, by Kenya's shortcomings—poor infrastructure, including telephones that work only sporadically; a shortage of safe blood; and inexperience with disaster that was illustrated over and over. Kenyan troops, for example, were only able to form a cordon around the bombsite four hours after the blast. They initially arrived with weapons instead of tools for rescue, and had to go back to the barracks for shovels and crowbars. There was no inventory of available resources. And the absence of any Kenyan survivors with amputations, head injuries, or spinal cord injuries, according to one doctor, strongly suggests there were unnecessary deaths because of the absence of organized scene control and rescue.

What Worked and What Didn't?

The Ops Center set up at USAID ran 24-hours a day for seven days. The ambassador appointed two managers, one from the embassy and one from USAID, critical to its smooth running and to the spirit of unity that characterized the Mission's recovery. The compassion and leadership of the ambassador, coupled with the dedication, cooperation, and sheer hard work of the staff contributed to the success of the relief effort and of the merging of embassy staff into the USAID building for the next year. But staff were victims, too, operating on their own for the first 24 hours, and that took its toll.

Ops Center personnel did not have a useful emergency action plan, relying instead on common sense. They set up teams, working six- to eight-hour shifts to search for dead and wounded employees in morgues and hospitals, notify families of deaths, set up communications with Washington, run a telephone hotline, and handle logistics.

Their work would have been more effective had they had emergency and contact information, and extra radios and satellite phones. Redundant computers, a paper shredder, food, and other supplies would have been helpful.

In retrospect, Kenyans' negative first impressions might have been assuaged had Americans lent a hand at other bomb-devastated areas, particularly the Ufundi House and Co-operative Bank building, but staff were overwhelmed at the scale of the disaster and probably could not have done more.

Public relations support might have helped later, if any had been sent out with the U.S. support teams, but none was. To be helpful, however, support staff would have to be familiar with the region and have some experience in disaster response.

Outside Support

Within 24 hours of the bombing, foreign governments in a position to help did so, providing immediate life-saving support in the two days between the bomb blast and the arrival of American support. With emotions and press attention at a fever pitch in the hours after the bomb blast, whoever reached the site with assistance first created an indelible impression on the Kenyan public, even though foreign donors dropped out after initial emergency donations.

Staff from the U.S. Department of Defense, Federal Bureau of Investigation, and State Department Medical Services arrived in Nairobi the day after the bombing. By Sunday, Fairfax County's 70-person international search and rescue team had arrived. On Monday, two more medical support teams, 40 emergency military personnel, and an interagency support team arrived to help out.

Nairobi-based personnel give the outside support mixed reviews. While they appreciated the support, there was confusion over mandates and chain of command. Perhaps the worst example was the medical evacuation plane that arrived in Nairobi August 8 and declined to fly out until its crew had taken its mandatory 15-hour rest privilege—departing eventually on August 9, 44 hours after the bombing. Often, outside support teams became yet another burden, needing transportation, lodging, and administrative support.

Staff also had to support visiting U.S. government delegations. Six groups arrived in August and September, when embassy and USAID staff, crowded into the USAID building, were already shouldering an increased workload imposed by the September 30 end of the fiscal year. High-ranking officials were evidence of U.S. concern for Kenyan bomb victims, helping mitigate hostile news reports and were also important advocates for funding back in Washington. However, the significant amount of time involved in the care and feeding of these groups was time away from the top priority of helping bomb victims. In addition, U.S. officials pledging aid raised expectations that led to disappointment when U.S. funding was slow in coming.

Health Service Providers

Dozens of nongovernmental organizations (NGOs) flocked to the bombsite and hospitals within hours of the blast, offering medical support, vehicles and volunteers to transport the injured, and equipment for search and rescue.

However, response was disorganized and chaotic at times. Ultimately all but a few service providers dropped out. Those who stayed either already had a niche role that fit the medical needs of blast survivors or had come in early and established a strong, coordinating role. National disaster planning can structure service provider efforts, but coordination centers require prior planning and capacity building.

Kenyan mental health care practitioners and organizations responded quickly and with a spirit of volunteerism, but the community was too small to handle the entire caseload. Although outreach was part of counseling programs, most victims had to travel to counseling centers or professionals. This became difficult over time.

The African Medical and Research Foundation (AMREF) quickly set up a coordination center to inform family members and the injured of available humanitarian services with a grant from the Office of Foreign Disaster Assistance (OFDA). More than 10 churches and mental health service providers in three areas of Nairobi offered free counseling. Kenyatta National Hospital offered free prescribed medication. The disabled could contact three different agencies offering various levels of assistance. The Kenya Red Cross offered food and school fees and set up a family-tracing center. As the emergency operations ended, it moved to family support, setting up a counseling center for victims and their families in its offices.

The Scramble for Money

In the first two weeks after the bombing, most U.S. support came in the form of OFDA contributions in kind, staff support, and other non-cash assistance. The limited cash available went out to emergency relief NGOs. OFDA can only provide short-term, life-saving assistance. With no source of funding to cover the transition from emergency relief to rehabilitation, to reimburse hospitals, for example, or repair infrastructure, the U.S. government appeared to be doing nothing, which threatened to exacerbate the negative feelings generated in the early days after the bombing.

Money for rehabilitation would have to come through a supplemental appropriation approved by the U.S. Congress. But USAID ran into a central weakness of U.S. disaster response—there is no source of money to plan and design the projects for which the funding is requested. Funding was delayed from the start because the needed assistance programs did not fit pre-existing USAID strategic objectives. A relevant strategic objective is required in a request for money from Congress. That meant USAID/Kenya had to draft a special objective: “To meet the critical needs of Kenyans affected by the Nairobi bomb blast and to build capacity to handle future disasters,” and get it approved. The process normally takes months, but USAID/Kenya pushed it through in a couple of weeks.

In addition, USAID’s fiscal year ends September 30. Congress was in summer recess until the first week of September. That left just a few weeks to get approval. The initial

US\$1 million in fact, did not make the deadline and had to be carried over to FY99, but it still moved through the system in record time.

Even as that request went forward, USAID/Kenya staff worked frantically to come up with a comprehensive package of rehabilitation assistance that would ultimately result in US\$50 million for humanitarian assistance to Kenya and Tanzania. As the scope of the assistance package broadened, so did attendant complications. Ironically, efforts to expedite it ended up attracting excessive attention to programs, funding, and language, which slowed its approval. The first tranche of money—\$11 million for medical, social services, and design—was cabled January 14, 1999, five months and eight days after the bombing.

Recovery and Rehabilitation

In the emergency phase, the United States and Kenya benefited from the support and assistance of numerous other countries, most notably the United Kingdom and Israel. When it came to the long haul of rehabilitation, however, the tragedy became Kenya's and the United States' alone. Kenyan officials released a formal appeal to donors on August 31 requesting KShs.9 billion (US\$156 million) and proposing the money be put in a trust fund, to be managed by a committee of government representatives, donors, and NGOs. Donors asked the government to come back with a more realistic appeal, but its next draft was still exaggerated. As donors lost interest, USAID/Kenya found it would have to shoulder the relief effort.

USAID's Bomb Response Unit

After five months of intense activity, USAID/Kenya set up a five-person bomb response unit to handle major bomb-related responsibilities with money from the supplemental appropriation. The unit became a central point of contact for bomb victims, service providers, and government officials. Staff included a coordinator, an assistant coordinator who handled social services, and a secretary, along with an engineer, and a contracting officer, who provided much-needed technical assistance. USAID technical officers worked with BRU staff on specific project activities, but only had to devote part of their time to it. This set-up enabled USAID/Kenya to work quickly and effectively.

Building Repair and Reconstruction

The government of Kenya was quick to provide information on the extent of damage to the downtown area, although its estimates of the cost of repair and reconstruction were inflated. Rebuilding was delayed because of the time it took to get congressional approval for a supplemental appropriation, and to establish a clear policy on dealing with non-compliant insurance companies. Staff worried that the prospect of U.S. government assistance might discourage Kenyan insurance companies from honoring their own policies covering damaged property.

Of the approximately 15 insurance companies that provided policies to the most severely damaged buildings, only one, American Life Insurance Company, agreed to honor claims on the three buildings it insured.

USAID/Kenya obligated all other building owners to file insurance claims, and then if they did not collect, to file a lawsuit against their insurance companies before qualifying for U.S. assistance. Those that did file would receive 85 percent of verified costs in U.S. assistance, an incentive for buildings that were fully insured. Buildings with policies that excluded terrorist acts received 65 percent of verified costs and buildings with no insurance policies received 50 percent of verified costs. USAID provided limited assistance (dependent on insurance policies) for rehabilitation of 64 private and government buildings. This enabled thousands of people to return to work and ensured that many more thousands would not lose their investments in local cooperative societies.

As late as April 2001, some building owners had not filed suit. Even among those who did, some debate its effectiveness in enforcing insurance company compliance because the courts are slow and most building owners dropped their suits shortly after filing them. The insurance issue delayed assistance up to, in some cases, July 1999 or later.

Of the 105 buildings the government identified as damaged by the bombing, most were small or medium-sized businesses with non-structural damage. USAID decided that rather than oversee a rebuilding program for so many less-serious cases, it would provide grants for the assessed estimated repair cost of each building.

Delays in funding hurt efforts to rehabilitate damaged buildings. For one thing, evaluation of bomb damage became increasingly difficult as building owners initiated their own repairs. But fraudulent claims and changes in the management of some businesses also held up the process for months at a time, in some cases.

The two buildings that sustained major damage, Ufundi and Co-operative Bank, were handled separately, ultimately accounting for more than US\$12.9 million of the total US\$37 million congressional supplemental appropriation.

The Co-operative Bank Building

The Co-operative Bank, a primary banking institution to Kenya's rural- and urban-based cooperative societies, was experiencing a banner year in 1998. The bomb abruptly ended the bank's good run. Eleven staff were killed, 200 were injured, and millions of dollars in equipment and income lost. It was not until May 1999 that an assessment of damages was conducted.

The assessment found the Co-Op Bank building structurally sound and estimated repairs at US\$12 million. Before USAID/Kenya could get bids for the repair work, however, it had to get a waiver from U.S. government regulations requiring the use of American-owned construction firms. USAID awarded the bid to a Kenyan firm in November 1999. The company expects to finish the building in November 2001.

The Ufundi Sacco Society, Ltd. Building

Long-standing issues of accountability and transparency in Ufundi Sacco management derailed initial efforts to secure a new building for the society. Management selected a second building, frustrating USAID/Kenya staff, while Ufundi management complained of personality conflicts with USAID/Kenya's procurement office staff.

USAID couldn't hire an engineering firm to review prospective buildings with Ufundi's board of directors until May 1999. A building was selected in August. But society members, dissatisfied with the board's lack of accountability and transparency, voted in a new management team at the end of August. That team found the building selected unsatisfactory because it was smaller, though in much better shape than Ufundi's original building. The new board selected a more expensive building. USAID said Ufundi would have to contribute the additional money needed.

In January 2000 Ufundi identified a second, less-expensive choice, though still almost twice the price of the building originally selected. Ufundi and USAID/Kenya negotiated the price down, leaving Ufundi responsible for KShs.50 million (US\$666,666) of the total.

Plummeting property values in the business district meant the original Ufundi plot was now only worth KShs.25 million. USAID/Kenya decided that should be Ufundi's contribution to the purchase of the replacement building. Like all building and business owners, Ufundi management voices concerns that U.S. humanitarian assistance does not cover lost rent and revenue. In general, however, Ufundi staff say they are highly satisfied with U.S. government assistance.

Business Assistance

The explosion destroyed or damaged more than 300 businesses, many small or medium-sized businesses with little or no insurance. Many (particularly the mom-and-pop shops) operate on such a slim margin that any disruption is devastating. USAID had to perform financial acrobatics to get quick funding for the business community. Even after money was found, the NGO running the loan program to small businesses struggled with logistical, managerial, and administrative problems.

Businesses did not like receiving loans, believing they should get direct assistance. In addition, they were unhappy that assistance only covered damaged stock and fixed assets, not loss of revenue or business. Some businesses offered inflated or fraudulent claims, necessitating thorough investigations of each application, which slowed disbursement.

A second program, administered by KPMG (Peat Marwick group in Kenya) provided direct grants based on damage claims to small and medium-sized businesses. KPMG staff reviewed 346 businesses to verify claims and recommended 260 for assistance.

Two problems KPMG encountered were exaggeration in 95-100 percent of the claims and verification of assets. The major lesson learned is the value of quick response and a deadline for assistance.

Family Assistance

Direct and indirect victims numbered in the tens of thousands. Many of those killed or disabled were the sole support for their immediate, and often extended, family. These families received assistance such as food, blankets, and other goods from private charity as well as financial and educational aid. One program in particular—offering cash to bomb victims from a national fund—received criticism for encouraging attitudes of

entitlement and dependency. The National Disaster Emergency Fund gave the money to victims accountably, but it fostered the idea that victims should get cash, rather than humanitarian services. In addition, fund recipients, particularly widows, were vulnerable to requests for part or all of the money from their extended families.

Payment of school fees is an emotional issue in a country that places a high value on education. Some schools waived or reduced their fees to some children of bomb victims, on a case-by-case basis. But until USAID started its educational support program in May 1999, there were only two small programs of educational support, run primarily by volunteers at the National Council of Churches of Kenya (for 63 children in 1998 and 76 children in 1999) and the Kenya Red Cross (for 49 children).

USAID's school fees program for children of deceased or severely injured bomb victims has been its most visible support to families. Initially, USAID awarded the International Federation of Red Cross/Red Crescent and its national partner, Kenya Red Cross (KRC), a \$2.5 million grant to run a three-year program that would cover school fees and associated costs (transport, uniforms, books) for more than 800 children.

The project ran into multiple logistical and administrative difficulties, including having to investigate suspected fraudulent claims. The goal was to pay school fees for the children in time for the third term (starting September 1999). However, less than half were funded by December 1999. By March 2000, KRC had not met its goals and the program was closed, after spending only US\$546,000 of the US\$2.5 million. USAID selected the Nairobi accounting firm Ernst & Young as its new partner in the school fees effort. Ernst & Young redefined the criteria for admittance into the program. While only 600 children were enrolled in the KRC program, 1,450 are now enrolled as of June 2001.

Medical Assistance

The slow-moving U.S. government funding process frustrated efforts to help bomb victims recover. Delays in payment ranged from four months (for hospital bills) to one year (for some service providers.) Most service providers persevered, providing valued services to thousands of victims, including reconstructive surgery for more than 400 who sustained scarring and other injuries—the bomb's most visible reminders. Limited capacity of local partners hampered some service providers. Others imploded from poor management or lack of funds. And in the first year, service providers and USAID/Kenya staff found victims' grief and anger a particular challenge.

The care and treatment of the hundreds who had been disfigured by the blast became a major task for the African Medical and Research Foundation (AMREF). The bomb blast was doubly destructive because of the way the bombers orchestrated it. They first set off a grenade, which drew the curious to the windows, and then the larger blast, which killed and maimed them. Thousands received lacerations to the face, throat, and up-flung hands. Nuggets of glass lodged deep in the tissue. Two years later, glass was still working its way to the surface of some victims' skin. The tragedy was compounded by the tendency of some dark-skinned people to form keloid scars—upraised, discolored welts. AMREF organized a comprehensive, two-week reconstructive surgery exercise for 438 patients at Kenyatta National Hospital.

Hospital staff, and volunteer foreign surgeons (organized and housed by AMREF and flown in gratis by British Airways) conducted 377 reconstructive surgeries, 50 ophthalmic surgeries, 10 orthopedic surgeries, and three ear, nose and throat surgeries. The operations were not without hitches, the most tragic being the loss of one patient who reacted fatally to anesthesia. Medical staff also felt they should be paid extra for the exercise, which created some strife.

In July 1999 AMREF received a grant to run a two-year medical assistance program (which would be extended to three years in June 2001). AMREF concentrated on helping survivors get treatment locally or internationally, as well as providing information and referrals to survivors and families on available services. AMREF drew from a pool of some 20 medical consultants working in various fields at Kenyatta National Hospital.

AMREF worked with 300 of the most severely injured immediately after the bomb blast, and 1,450 more in the rehabilitation phase. As the AMREF office filled up with bomb survivors and their families, staff tried various tricks to reduce traffic. From October 1999 through January 2000, AMREF experimented with laminated medical cards that patients could take to pharmacies and doctors' offices. It terminated the program, however, when it discovered that forgers were designing their own cards, copying doctors' rubber stamps and going directly to pharmacists to get expensive drugs, such as antibiotics.

Identifying legitimate bomb victims was also a challenge. As time passed, it became difficult for staff to determine which illnesses were related to the bombing. (For example, some dental injuries turned out to be a result of traditional tribal excision ceremonies.)

Bomb victims made use of the available services: by August 2000, there were more than 105 surgeries, 6,605 referrals, 77 admissions, and 8,493 medical prescriptions. Beneficiaries surpassed initial projections by a third. Only 350 to 500 need more follow-up care as of June 2001. AMREF is working with the remaining clients to teach them how to manage their illnesses, some which are chronic (such as high blood pressure, ulcers, hypertension).

At least 400 people were severely disabled by the bomb—38 were totally blind, 75 had severely impaired vision, 15 were totally deaf, 49 had severe hearing disabilities, 3 were physically disabled from the waist down, and 164 had severe bone and muscle injuries. Poverty and poor access made outreach and service delivery difficult. In the end, providers found that bomb victims respond better to service providers who share their disability.

Adventist Relief and Development Agency (ADRA) received a USAID grant to help survivors become independent in May 1999. By April 2001, through four small Kenyan partners, it had rehabilitated more than 400 survivors. Rehabilitation included sign language training for the deaf, mobility and orientation training (including computer skills training) for the blind, and physiotherapy and occupational therapy for those with motor skill difficulties. Many of the survivors have returned to work and regained some of the confidence destroyed by the bombing. At the time of this report, more than 400 disabled people had been trained in running a small business and most had received small loans to start up new businesses. This part of the program continues until April 2002.

Mental Health Counseling

Operation Recovery, formed by the Kenya Medical Association shortly after the bombing, initially provided good quality counseling. However, demand was so high, it had to use volunteer lay counselors, which reduced quality of care. The program was plagued with other problems, including overly ambitious plans. Counselors suffered from stress and burnout. USAID reimbursement was so slow in coming that many stopped providing services after several weeks.

USAID awarded a bid for continued counseling to the International Federation of the Red Cross/Red Crescent and the Kenya Red Cross in August 1999, but had disappointing results with them, as well. Finally, in June 2000, USAID gave the program to the local Amani Counseling Center. Staff at Amani estimate that, three years after the bombing, at least 50 to 65 percent of bomb victims and families have received some form of counseling.

Amani had been involved from the beginning as one of the many service providers. As a long-standing and well-respected counseling center in Nairobi, it was able to step into management of the program, capitalizing on the experience and difficulties of the previous organizations. Amani immediately hired an experienced program manager and a consultant psychiatrist. It took over KRC's program offices and retained the most competent counselors, some of whom had been with OR initially.

By June 2001, Amani has provided 1,595 counseling sessions for adults, 1,078 for children; 756 psychiatric sessions for adults, and 98 for children. Its outreach team has monthly group meetings with bereaved family members, youth groups, and the community. Amani submits weekly articles to the newspaper on trauma and provides information on counseling and trauma in radio and TV talk shows. It has trained 480 mental health providers around Kenya in mental health and trauma.

The Survivors

Survivor groups were unhappy with the top-down provision of services, and said they would like to have been consulted during planning and design. Numerous service providers said including survivors earlier in the process would have been ideal, but found survivor support groups often derailed by the anger and trauma of the victims. With the right support and guidance, victims can help each other, but a balance of outside experts and self-help would probably be most effective.

USAID met with survivor groups to listen to their concerns, answer their questions, and explain why certain decisions were made. USAID even offered to help them write a proposal for funding for a meeting place for their organization, but then never got a response. For their part, survivor groups saw the meetings less as an exchange of views and more as USAID "laying down the law."

Disaster Preparedness

USAID/Kenya's support of blood transfusion centers, Nairobi's city morgue, and a national disaster preparedness program are long-term legacies of its humanitarian assistance program.

Kenya, like many countries in Africa, has high HIV prevalence. USAID funded a Preparedness for Future Disaster initiative from the congressional supplemental to improve blood treatment and storage facilities. The objective is to improve Kenya's capacity to provide a safe, adequate blood supply. It has built two regional blood transfusion centers and is building three more.

USAID gave the city morgue two grants: US\$60,000 for more cooling units, and US\$30,000 for a stand-by generator and fuel tank to ensure continuous power supply. This greatly increased the city's ability to handle the deceased in a proper environment.

It is also funding an 18-month disaster education and community preparedness program to benefit more than 3,500 people from the medical profession and the general public (including survivors). The program includes training for emergency medical staff and capacity building of local NGOs and government entities dedicated to disaster-response, as well as public education and a national inventory of resources.

Support for U.S. Government Personnel

Both Americans and FSNs were offered unique benefits after the bombing to relieve stress, reunite American staff with their families, and reward staff for putting up with the cramped and crowded conditions in the USAID-temporary embassy Parklands building. American Mission employees were given administrative leave as needed, and an additional rest and relaxation (R&R) allowance to be used within six months of the bombing. The R&R covered an airline ticket for the employee and dependents to London or New York, or its cost-equivalent. Employees had to use annual leave for the R&R.

Unfortunately there was just too much work after the bombing for many to take off. But the policies, particularly the R&R air ticket, aroused resentment among some FSNs who received no similar benefit, although for them to spend time with their families is a less-expensive proposition.

American and Kenyan staff also received salary increases to help them cope in a post that had become dramatically more insecure. American direct-hire staff (a minority of American employees) received a 15 percent increase after the bombing (on top of the 10 percent post differential they already received), initially for one year. FSNs (as well as the majority of American staff, who work on contract) received a 15 percent "unique conditions of work" increase, originally for six months, but extended to a year. Some FSNs are disappointed that that was the limit of U.S. financial assistance, particularly since many more FSNs were killed or injured.

State Department direct-hire American staff were also offered the option to curtail immediately and move to a new post, an option many health workers believe should have been mandatory. USAID had no such official policy, but honored the few requests for curtailment. Mental health professionals note that response to stress is individual and that there should be no hard and fast rules.

That counseling would be needed was apparent. Embassy and USAID staff had dug through rubble to retrieve the corpses of their colleagues, toured the blood-slicked halls of hospitals in search of injured staff, viewed the charred and mutilated remains of the dead in Nairobi's horror-house of a mortuary.

Several local mental health service providers offered counseling for staff at the USAID/Embassy Parklands building the day of the bombing. The ambassador formed an ad hoc crisis trauma team of counselors to advise the ambassador, debrief Americans and FSNs, notify and counsel families of the dead or injured, and provide counseling.

The team's first major task was the mandatory Critical Incident Stress Debriefings the ambassador ordered for all staff. Self-selected sessions of 6 to 25 employees ran for three hours. MED officials note that the effectiveness of CISD is debatable. Although many staff say they appreciated the debriefing, some noted that cultural differences and professional concerns between Americans and Kenyans (many of whom are support staff to Americans) inhibited dialogue.

MED sent in rotating psychiatrists, but in retrospect, said it would keep at least one psychiatrist permanently for several months after a disaster.

Community Relations

Communications in the year after the bombing were tense. Around the first anniversary of the bombing, there was significant friction with Kenyan victims. USAID/Kenya and USAID-funded service providers were disappointed with perceived Kenyan "ingratitude" for humanitarian assistance. The resulting impasse hurt relations between the two communities. However, an exchange of survivors from Nairobi and Oklahoma City bomb blasts has helped give bomb victims and service providers perspective.

Although relations between Kenyan bomb blast victims and the U.S. government were tense in the months after the bombing, relations between American blast victim families and the U.S. government were arguably worse. Survivors reported continued frustration trying to identify the proper agency or person to answer questions ranging from health benefits to the criminal trial, until a new office of casualty assistance was funded in October 1999. Many saw that as a positive step toward more effective relations with American victims. However, the office is less than two years old, and has only two fulltime staff. Progress toward becoming a central information point for the medical, legal, social, and economic issues bomb victims face has been limited. In addition, the office has only communicated reactively, responding in writing to issues family members raise. U.S. government personnel in Nairobi report little to no active contact from OCA.

Recommendations

The report is an objective look at the events after the bombing. USAID staff, however, made these recommendations for action after reviewing the report and assessing the practical changes needed to improve the U.S. government's ability to respond to mass-casualty disasters. They represent but a selection of the many lessons learned.

1. *DOS and USAID*: Establish a mechanism in Washington for convening a special disaster coordination committee that cuts across agencies, chaired by the USAID

- administrator. The committee's focus will be to provide support, including money. It will be empowered to draw funds from existing budgets of U.S. departments that can be repaid once Congress approves a supplemental appropriation.
2. *USAID/Washington*: Immediately after a bombing or similar disaster, make short-term staff and money available to the field Mission for a rapid needs-assessment of host country victims. Use the findings to speed approval of a supplemental appropriations bill. For the field Mission: Lead the team and supplement it with its regular staff. For other agencies at post: contribute members as needed.
 3. *DOS, USAID, and Congress*: Make funding available quickly after terrorist attacks. Options worth considering include: 1) broadening OFDA's mandate to fund rehabilitation programs; 2) using "notwithstanding other provisions of the law" congressional language to enable USAID to speed approval of funding and avoid funding restrictions when speed is of the essence; 3) writing new congressional language that permits the government to use already appropriated money for bridge programs to begin rehabilitation while OFDA emergency assistance is going on.
 4. *DOS*: Be prepared to send additional public affairs staff to field Missions after a disaster. For other government support teams coming to aid an embassy in crisis: public affairs officers on the team.
 5. *USAID*: Suspend normal competitive bidding for contracts in the first six months of a humanitarian disaster program, except for procurements over \$5 million.
 6. *DOS and Congress*: Change the language of supplemental appropriations bills for humanitarian assistance to victims of disasters to permit hiring staff to manage the programs.
 7. *DOS*: Develop guidance for establishing Mission operations centers to deal with crises at overseas posts. Draw on procedures used in State's Washington Ops Center, and on findings from overseas posts, including Nairobi. Management and staffing of Ops Centers should include all agencies represented at post.
 8. *DOS and USAID*: Develop an interagency disaster plan that includes medical response planning and preparedness, clarifies the roles of agencies at post, and of support from outside.
 9. *State MED and DOD*: Assign two crews to long-distance medevac flights to expedite evacuation.
 10. *Field Missions*: Keep redundant radios and satellite phones in secure areas off-site, but easily accessible. *OFDA*: maintain a "fly-away" system of communications equipment and computer servers available on short notice.
 11. *Field Missions*: Keep an accurate, updated list of all U.S. government employees, with names, addresses, and phone numbers of next of kin, off-site but accessible. When an FSN's family has no phone, include a map to the residence.

12. *DOS*: Supplement the classified emergency action plan with an unclassified document, available to all staff for disaster response. Keep with it a survey of the resources of other diplomatic missions at post and neighboring countries.
13. *Field Missions*: Keep at multiple locations, and update yearly, key emergency contact information, including phone and fax numbers and the email address of the DOS Ops Center. *DOS*: List Ops Center phone and fax numbers and the email address on the global email system and in the global address book.
14. *Outside Support Teams*: Be prepared to be self-supporting and work effectively at post immediately, making minimal demands on the embassy. This includes bringing your own administrative, contracting, and transportation officers.
15. *DOS and USAID*: Be prepared to deploy TDY staff skilled in administration, personnel, contracting, and public relations immediately who can stay up to four months.
16. *DOS*: Establish a clear chain of command to include all short-term teams sent to post to help. Send only solicited outside assistance to an emergency.
17. *Ops Centers*: Keep a log of important events for immediate briefings to Washington and long-term record keeping.
18. *Ops Centers*: Set up teams to monitor and relay radio messages at the disaster site and in the ops center.
19. *Field Missions*: Have multiple radio channels available for staff communications. *Staff at post*: carry radios at all times.
20. *Field Missions*: Assess the ability of the host country to coordinate or conduct emergency relief efforts.
21. *DOS and USAID*: Back up information systems on a set schedule and keep data copies off-site or exchange them between agencies.
22. *Field Missions*: Make it clear to USAID/Washington and to Congress that infrastructure reconstruction and rehabilitation programs need approval for time enough to complete all activities. Some of the most important recovery programs—mental health counseling, scholarships, construction—are lengthy.
23. *Field Missions*: Consult survivors early in planning and designing programs for them. Give special consideration to community-based programs, as they may be the most useful.
24. *MED*: Assign a full-time regional psychiatrist to post for at least six months immediately following a disaster.
25. *MED*: Review experience with critical incident stress debriefings following other disasters and compare them with the results in Nairobi to determine if they are more effective with Americans and host country nationals together or separate.

26. *DOS*: Train diplomatic security and other security staff in disaster and search and rescue operations.
27. *DOS*: review procedures for notifying families of victims.
28. *DOS*: Temporary support from Washington should include a family liaison officer.
29. *DOJ*: Clarify responsibilities for aid to U.S. government victims between offices.
30. *DOS OVC*: Communicate to U.S. Missions overseas clear guidance on services offered. Update the information on a set schedule.

PART 1. EMERGENCY RESPONSE

CHAPTER 1. STAFFING AND LOGISTICS

Introduction

Federal agencies, military support units, and U.S. government-affiliated rescue services responded immediately to requests for assistance from Embassy-Nairobi. The first teams arrived within 24 hours and provided an estimated US\$3 million¹ of assistance in the first week alone (OFDA 1998 35). The Department of State (DOS), the U.S. Agency for International Development (USAID), the Department of Defense (DOD), the Federal Bureau of Investigation (FBI), Fairfax County Search & Rescue (SAR Team One), and others provided manpower and equipment (but no cash). Although some outside support would remain over the long-term, most came during the high point of relief activity—in the first two to four weeks after the bombing.

The support remained at all times merely support. Most emergency activity fell to the staff of Embassy-Nairobi, USAID/Kenya, and the other U.S. government agencies at post. USAID/Kenya staff supplemented dead or injured embassy staff in areas central to the relief effort, including expediting air traffic of incoming relief teams.

USAID/Kenya staff supplemented dead or injured embassy staff in areas central to the relief effort.

Observations

- v All staff worked diligently and contributed to the efficacy of the relief effort.
- v Staff are most effective after they ascertain status of loved ones.
- v Ops Center staff did not find the emergency action plan relevant.
- v U.S. Mission volunteers carried out search and rescue in the first 24 hours, with unknown psychological consequences.
- v Government staff with security or medical backgrounds comprised the small, volunteer search and rescue teams.
- v Search and rescue was based on common sense and split-second decision making.
- v Equity between Americans and FSNs was an issue during search and rescue and medical treatment.
- v Equity issues may be the result of poor communications as well as the pressure of the situation.
- v It may have been politic to help other bomb-devastated areas but, U.S. government staff were overwhelmed by the disaster.
- v All staff worked unacceptably long hours without relief. This was of particular concern for embassy medical staff.
- v Despite an initial shortage of equipment, Ops Center communication systems functioned adequately.

- v With only one radio channel permitted by the Kenyan government, a radio command post was required to organize heavy traffic flow.
- v Ops Center staff could not immediately get contact information for Washington emergency support and emergency documents.
- v In order to notify families of deaths in person, hotline staff were instructed to give information only to families of the injured. This was distressing when families of the deceased called.
- v Ops Center staff couldn't get an accurate, up-to-date list of embassy and other U.S. government staff immediately.
- v No list included information on family members, some of whom were in the building when the bomb exploded.
- v Teams included one Kenyan and one American to surmount cultural, linguistic, and red tape obstacles. FSNs were best able to identify dead and injured FSNs.
- v The FSN community's collegiality was important to swift identification of the dead and injured, and sensitive notification of families.
- v FSNs were able to locate families' homes, invaluable as personnel records were destroyed and there was no contact information for staff residences.
- v Americans are unhappy with the way U.S.-based relatives are notified of the death of American staff overseas, ostensibly in person, but often, when compelled by family members over the telephone.
- v Warehouse staff had to transport and store the bodies of friends and colleagues, a task better assigned to outsiders.
- v USAID/Kenya staff supplemented dead or injured embassy staff in areas central to the relief effort.

The Operations Center

An inclusive spirit aided the relief effort.

Embassy-Nairobi and USAID/Kenya established an emergency Ops Center within one hour of the blast and kept it running 24 hours a day through Thursday, August 13. Staff used common sense rather than following policy in deciding to form an Ops Center. Nevertheless, it was essential and worked well in Nairobi. In fact, Ops Center staff could not, initially, get contact information for Washington emergency support units and other emergency documents. Despite an initial shortage of equipment, Ops Center communication systems functioned adequately. The ambassador delegated line-management responsibility for overseeing the center to two senior staff, one from the Embassy, one from USAID. This fostered an inclusive spirit that aided the relief effort. To give senior staff some breathing room during the intense relief effort, Ops Center management was divided into a.m. and p.m. shifts.

Radio communication made it immediately clear that the embassy building was unusable. No staff interviewed cited DOS or USAID procedure as the basis for the decision to open the Ops center. However, staff almost immediately and instinctively² agreed to set it up at the (former) USAID

Parklands building, some four kilometers from the blast site (where embassy operations would shift for the next year).

Senior embassy and USAID staff collectively chose an open “bullpen” space on the first floor, to handle the complex task of relief, as well as the many people who would soon come seeking information or offering support. Embassy, USAID, and other U.S. government staff spontaneously and voluntarily flooded the center to offer help. Many would stay for 48 hours, some even longer, in a frantic round-the-clock effort to locate colleagues, comfort families, and help the hundreds of outside support staff who were, even then, on their way to Nairobi.

From the first few minutes after the bombing, embassy staff—many injured themselves—did most of the search and rescue of their colleagues in the shattered building. Within 20 minutes, however, embassy and USAID staff tried to organize reinforcements. USAID staff with medical expertise responded to an intercom appeal from USAID’s executive officer. Other embassy and USAID staff began a preliminary attempt to account for staff and to communicate with the bomb site and Washington.

“There were more than enough people there to help,” recalls one USAID/Kenya employee who served at the Ops Center. “The issue became that there were too many people.”³

Within two hours, U.S. Ambassador Prudence Bushnell arrived to assign tasks and offer encouragement to her shaken staff. Bushnell suggested a loose structure that Ops Center management would refine over the coming days. It included voluntary teams to cable Washington and to set up information flow, to make lists of staff to identify the missing, to support families, and to take care of procedural details, such as setting up eight-hour work shifts. Staff interviewed for this report remember Bushnell’s visit vividly, describing her manner as calm and “compassionate” in assigning tasks, even as she dabbed at her bleeding lip with a handkerchief. Every single individual interviewed for this report gave the ambassador high marks for her performance during and after the disaster. It is moments like these that stood out particularly in the minds of staff as a most valuable and needed boost to shattered morale.

The ambassador’s calm, compassionate manner earned her high marks from everyone.

“Despite my being a career soldier for many years, the incident had left me shaken to the extent that I was nearly disoriented,” recalls one FSN, a retired policeman who worked in the embassy’s local investigator’s office. “Ambassador Bushnell was NOT. In spite of what had happened, she was courageously in charge and in control. [She] inspired and encouraged me greatly.” (S. K. Macharia. All caps, his.)

24-Hour Management

Bushnell asked for two volunteers to lead the Ops Center. These were Robert Godec, economic officer, Embassy-Nairobi; and Lee Ann Ross, deputy director, USAID/Kenya.

At first, team leaders tried taking different shifts. But for consistency, Godec was eventually assigned to be day team leader and Ross night team leader. Ops Center staff typically met when shifts changed to discuss priorities for the next eight hours. The rest of the day would be spent alternately trying to plan relief strategies and respond to the deluge of questions and challenges.

“A lot of what I did was standing in the middle of the room and answer questions,” recalls Ross, who also found herself fielding telephone calls from Washington and directing dazed embassy colleagues around the unfamiliar Parklands building.

The two Ops Center managers were experienced in their fields and had lived and worked in Kenya for several years.

The choice of the two managers was significant for several reasons. Both Godec and Ross are experienced managers who had lived and worked in Kenya for several years. The summer turnover had brought a number of new managers to Kenya—some just days before the bombing. Although as USAID/Kenya’s new executive officer and mission director—were as yet unfamiliar with Nairobi’s streets, much less its hospitals and morgues. Although all staff contributed to the relief effort, the choice of two seasoned managers well acquainted with Kenya’s *modus operandi* was to prove helpful.

Second, by choosing a USAID staffer as one of the managers, some USAID staff believe the ambassador was conferring equal status on the two agencies. (In normal times, the two occasionally engage in what staff diplomatically describe as professional rivalry.) The appointments, therefore, sent an important message of unity to the U.S. government event.

Third, by choosing managers to run the Ops Center, as opposed to managing the relief effort directly, and conferring an active role on the entire team, rather than sticking to a hierarchical role, the ambassador empowered her demoralized staff, both embassy and USAID staff say, while maintaining the dignity of her office.

Godec and Ross technically reported to the ambassador and the embassy’s emergency committee, which met in the days after the bombing. In reality, Ops Center management was highly autonomous, specifically in terms of providing direct support to Kenyan emergency operations. Most staff involved praise the autonomy under which they operated, saying it allowed for more streamlined delegation of tasks at a critical moment.

“[Bushnell] was very astute about not having to be personally in charge. She clearly was, but she didn’t have to sit in the Ops Center 24 hours [a day],” recalls one USAID/Kenya staffer.

Bomb Site Logistics—Search and Rescue

Introduction

Owing to the long travel time separating Nairobi from U.S. government installations in Europe and the United States, U.S. Mission volunteers carried out search and rescue in the first 24 hours—“victims helping victims”—with unknown psychological consequences. The search and rescue teams were small voluntary groups of government employees with security or medical backgrounds. The teams did not follow policy or procedure, but relied on common sense and split-second decision making. Several conflicts arose during search and rescue that would color the days and months ahead. One was the issue of equity between Americans and FSNs. Some FSNs still question whether the U.S. government puts a higher priority on people than documents.

Another was the public perception that because Americans weren't helping with search and rescue outside the embassy, they were indifferent to Kenyan suffering. It may have been both right and politic to provide search and rescue and other assistance to bomb-devastated areas around the disaster, such as the Co-operative Bank and Ufundi House. However, U.S. government personnel were overwhelmed with their own disaster.

The public perceived Americans as indifferent because they weren't helping with search and rescue outside the embassy.

Paul Peterson, regional security officer (RSO) at the time, was placed in charge of the bomb site, a decision agreed to by the embassy's administrative counselor and the acting deputy chief of mission. Peterson and W. Lee Reed, DSS chief security engineering officer, agreed to divide responsibilities. Peterson would manage the building exterior and perimeter operations, while Reed would manage the interior and search and rescue operations.⁴ (Reed January 31, 2001) Volunteers with emergency medical experience were sought from the embassy and USAID, and were on-site within 30 minutes. Two search and rescue teams of five to six people each were then formed under the direct supervision of Reed (who had the grisly distinction of witnessing the aftermath of two U.S. Embassy-Beirut bombings.) Reed tried to balance each team with individuals who had either some medical or rescue experience (such as the USAID professional who was a trained emergency medical technician) or security experience.⁵

“We used a common sense approach, as this was something for which we didn't have a set plan,”⁶ says Peterson (Peterson 29 September 2000).

“There was no time to stop and debate the merits...since people were dying in the building,” recalls Reed. “All the organization and initial planning took place in a matter of seconds.” (Reed 6 November 2000)

The teams divided up the building and began search and rescue as best they could, often at great personal risk. The building was “a death trap” as one rescuer recalls. Piles of concrete and other debris lay in three- to six-

foot drifts. Part of the main stairwell was blasted away. Wires dropped and ceiling tiles peeled down to obstruct rescuers. Most internal walls were down. In much of the building there was no electricity, and feeble emergency lights were obscured by dust and thick smoke from the generator.

“My team took the basement,” recalls one volunteer. “We got down there and almost immediately we evacuated my team and the other teams because we smelled gas. Fumes were coming from the generator⁷ out back. It was on fire for hours, pouring out this thick yellow smoke. We were afraid it had some PCBs that might be carcinogenic.”

Risking electrocution, an electrical contractor (not even a permanent employee), Juzer Moosajee, waded through half-flooded basement rooms to turn off the generators, which threatened to ignite the tons of fuel stored at the back of the building. (Vandenbroucke June 2000). With masks or scarves to muffle the choking smoke, the teams reentered the building and went about their grisly task—the only search and rescue effort inside the embassy until an Israeli team arrived the following day. Up to three members of a team took a sector to clear. The relief effort was a “strong backs job,” recalls one volunteer, who spent the weekend lifting 70- to 100-pound chunks of cement off the floor in a desperate search for buried survivors.⁸ In the end, rescuers estimate only two or three people were found alive, and all within the first 24 hours when Embassy staff conducted the search and rescue. As for finding the dead, in the dispassionate words of one rescuer: “It became easier as time went on because you could start to use your nose. By the second day you could smell the bodies.”

Embassy staff who rescued their injured colleagues worked heroically and under intense pressure, some for 72 hours or longer.

By all accounts, the Embassy Mission staff who came to the rescue of their injured colleagues worked heroically and under intense pressure, some for 72-hours or longer. Numerous staff who helped in the search and rescue recall Peterson and Reed as “exceptional” and “integral” to the effort. Most staff involved assert they felt both duty-bound and best qualified to do the work, but other staff across both agencies question the psychological ramifications of their actions. For example, one rescuer who spent days crawling through the rubble was the only surviving member of his department. All of his colleagues had been killed (some of whom he discovered and brought out.) Another rescuer damaged his shoulders and lost half his lung capacity from the dust, asbestos, and other debris he inhaled during the rescue. (There was no proper equipment until the professional teams arrived the next day.) “You can’t have victims be rescuers,” says one staffer. “They performed magnificently, but was it right for them to be there at all?”

Right or wrong, the near 20-hour travel time between Kenya and the United States made staff participation in the relief operation mandatory until reinforcements could arrive on August 9. “Kenyan resources were overwhelmed. When it came to help, we Americans were on our own,” says Ambassador Bushnell.⁹

However, it is perhaps the intensely personal nature of the relief effort (consider friends discovering the broken bodies of friends in the rubble) that contributed to the contentious elements that cropped up. Chief among these was the issue of equity of treatment between Americans and Kenyans, specifically FSNs. Several related issues pertain to search and rescue.

FSNs were part of the search and rescue effort. "I saw Americans and Kenyans risk their lives together to save all the victims of this terrible act," recalls an American staffer.

One FSN, although badly injured, was so concerned about his colleagues that he left the hospital where he had been taken and returned to the site to try to help. "But we didn't ask for volunteers widely for two reasons," says Peterson. "I was hesitant to put their lives at risk in an unstable building, and many of the FSNs were among the dead and injured." Some FSNs interviewed for this report dispute Peterson's account, alleging that they were deliberately barred from search and rescue for "security reasons," namely protecting classified documents.

However, one staffer points out that Ambassador Bushnell declared soon after the bombing "that all classified information was compromised in the building, so the news reports that we kept unnecessary individuals (also known as rescuers) out of the building to protect our secrets were simply wrong."

"We intentionally limited the volunteers because frankly there were many FSN Kenyans in the building who were literally in pieces," recalls Reed. "The horrific scenes in the building caused one American volunteer to quit in the first few hours. Paul and I were actually trying to be humane."

Some Americans involved remark that the American search and rescue effort in the first 24 hours centered exclusively, and understandably, on the embassy itself. Embassy rescuers point out that with so many staff injured or killed, they had few resources to devote to the outside relief effort. (See Appendix 10 "Let's Not Blame the Americans.") However, hundreds more people lay dead and injured in the immediate vicinity, and one rescuer notes it might have been both right and politic to "have some white faces on the [Co-op and Ufundi] pile [disaster site]."

In large part, however, the equity issue appears to be more a matter of perception than fact, and is rooted in a breakdown in communication that is understandable in the heat and bustle of the emergency phase, but becomes more difficult to explain over the longer-term rehabilitation effort. It is not that information was not given and myths dispelled; it was and they were. But there seems to have been no concerted process to engage FSN staff (and Kenyans in general) in a dialogue over time about the whys and wherefores of the relief effort. In the gap, and with the assistance of emotional and sometimes inaccurate news reports, rumors flew.

The equity issue appears to be more a matter of perception than fact, rooted in a breakdown in communication.

“[Communication with FSNs] was a problem area,” recalls one senior American staffer. “The way they were handled in terms of being part of the community and making sure that in developing plans they were kept in the picture of how do we handle this...could have been better.”

After one week, embassy staff shifted from rescue operations to salvage, recovering equipment in the embassy for use in the USAID Parklands building, tearing down unstable walls and ceilings (with the assistance of incoming U.S. security and salvage groups), recovering information and other tasks. Key staff, such as Peterson and Reed, remained active in the recovery efforts, and were point people for inspection tours for Kenyan, American, and British visitors. The keys to the building were turned over to the Federal Building Office on 15 October 1998.

Despite the challenges, one comment from an embassy rescuer stands out in the assessment of the first 24 hours of search and rescue work and seems to speak for all who participated in the event:

“[Our] people performed amazing tasks in an environment of death, destruction, and terror. We did our best, from Prudence Bushnell down to the lowest-ranked MSG (Marine Security Guard), and I think we did as well as we could have, based on the circumstances. I will always look back on our performance during this terrible time with pride. I don't know how we could have done any better and, believe me, I've gone over it in my mind a lot over the last two years.”

Triage

The embassy's health unit stumbled out of the smoking, shattered building and immediately set up a triage site on the sidewalk.

The embassy's health unit, located in the basement of the building, was buffered from the force of the explosion, protecting the lives of staff who would be key to rescue efforts over the next 72 hours.¹⁰ Health unit staff—Dr. Gretchen McCoy, nurses Trusha Patel and Barbara Muli, and nurse-practitioner Jim Dickey—stumbled out of the smoking, shattered building and immediately set up a triage site on the sidewalk, aided by volunteers and supplies from USAID/Kenya. Job definitions were necessarily stretched: Dickey participated in search and rescue, pulling people out of the building. Muli at one point took command of a vehicle whose driver, although unhurt, was too traumatized to drive. She personally drove several badly injured embassy victims to a hospital, returning immediately to continue work. Embassy medical staff and site managers also arranged for the respectful transportation of the dead, at one point coordinating a human shield of volunteers to line the path from the building to the ambulances, to prevent press photographers from taking pictures of the bodies. This medical team dedicated itself primarily to injured embassy staff, as was its primary mandate, and triage went swiftly, both because of the hard work of the medical team and for the more morbid reason that “pretty much everybody who was alive got out on their own,” according to an American staffer. Relief came in the form of medical supplies and support from the British High Commission and from USAID/Kenya's “morale store,” as well as from volunteers. Staff efforts were supplemented

by regionally based State Department Medical Services (MED) staff and locally based U.S. Centers for Disease Control (CDC), Peace Corps, and U.S. military medical staff. But the length of time embassy medical staff worked—more than 60 hours each in all cases—before taking a break became a point of concern. Many interviewed for this report feel it was unacceptably long.

“[They] were running on fumes,” recalls one USAID staffer who was at the site.

Health practitioners note that the average time medical staff can work in an emergency before they start to make bad judgments is 6 to 10 hours. “From my perspective, this is one of the most important lessons: you remove the medical providers as soon as possible. Don’t keep them on for more than eight hours. Debrief them individually,” says one MED staffer.

Ops Center Logistics

Embassy-Nairobi leaned heavily on all U.S. Mission personnel for support in the aftermath of the bombing. Deprived of nearly half its staff by death or injury, it could hardly do otherwise. USAID’s Nairobi offices, which include USAID/Kenya and the Regional Economic Development Support Office for East and Southern Africa (REDSO/ESA), comprise the second largest USAID Mission in Africa, after Cairo. Although the ambassador was in charge of the overall disaster response, most staff point to the interagency Ops Center as vital to day-to-day emergency relief.

All staff from the embassy, USAID, and other U.S. government agencies did their utmost to help their colleagues and Kenyans, but most were not fully functional until they knew their loved ones were safe. Once assured (a spontaneous, individual process that occurred rapidly, mostly in the first hour after the bombing), and with the guidance of Ops Center and other managers, staff assembled in a fluid and revolving system of voluntary teams dedicated to specific tasks.

All staff...did their utmost to help...but most were not fully functional until they knew their loved ones were safe.

Most teams (especially those working from the Ops Center) were organized under control officers, who assigned tasks and recorded activities in a log as best they could. Teams worked six- to eight-hour shifts, divided into the following rough categories: search and rescue, triage (bombsite), Ops Center communications, hotline, staff accounting, hospital and morgue, death notification, general logistics, warehouse, and airport.

Communications

Teams of volunteers were stationed throughout the center to man various communication points, which were rapidly set up in the hour after the bombing. There was a team to monitor the radios—answering questions

and relaying messages from the bombsite. There was a team for an OFDA/Food for Peace satellite telephone (satphone) set up for incoming calls, manned by a senior embassy staffer for some time. There was a team to keep a landline open around the clock to the DOS Washington Operations Center. Teams were eventually organized by sign-up lists.

Some staff complained that radios were in short supply, as many employees were not in the strict habit of carrying theirs at all times. The shortage continued until more radios could be secured. However, extra radios only compounded the problem of high traffic, as the embassy had only one channel (despite previous requests to the government of Kenya for more). USAID/Kenya had a radio channel, but “it still wasn’t adequate” to handle the traffic, according to a staffer. Other staff wished for more satphones, and some Mission personnel have since purchased redundant computers, satphones, paper shredder, radios, food, and other supplies in the event of future disaster.¹¹

Meanwhile, at the bombsite, staff eventually set up a radio command post, which helped organize the flow of communication.¹² However, even contacting Washington presented challenges at first. Staff found there was no telephone number for the DOS Washington Operations Center in the global address book. The number, staff note, should be on computers’ main “F2” list, and a direct email address should be on the global email system. At the time of the bombing, they were not. While most Embassy officers have this number memorized, their USAID colleagues did not.

The Mission itself seemed in some ways unprepared for disaster.

The Mission itself seemed in some ways unprepared for disaster.

“We had a lot of [information] in the vault,” recalls one senior USAID/Kenya staffer. “But no one knew the combination.”

Internal communications in the Ops Center and the larger USAID Parklands building presented other challenges. As Embassy and USAID staff crowded together in cramped office space they would share for the next year, misunderstandings (related in part to organizational culture) cropped up. For example, within three days of the bombing, embassy security personnel announced on the intercom that FSNs would have to be escorted in the Parklands building after 6 p.m. The communication actually applied only to “secure” areas, standard policy in the security-conscious DOS (in which FSNs are primarily support staff) but unheard of at USAID. Indeed, USAID has by necessity produced a cadre of professional FSNs fully integrated in policy and administration, for whom the prospect of new security rules implied mistrust. The inaccurate communication relayed a message of mistrust to some FSNs, many of whom had, at the time of the announcement, worked 48 hours or longer on the relief effort.

“They were devastated,” recalls one USAID/Kenya staffer. “Some just packed up their stuff and walked out. We had all these FSNs who had just...[worked] like crazy. It had been a great, common effort. This [hurt] morale.”

The message was retracted within 24 hours, but the damage was done. For FSNs, it was just one more example in a catalog of griefs about equity of treatment with their American colleagues. In a similar situation, many staff consulted for this report advise that all announcements and policies relating to employees be decided on by a team of managers, being careful to transmit messages that are accurate and non-divisive.

Hotline

Up to three telephone lines were set up on the first day, manned by volunteers to handle inquiries from families and relatives of Embassy personnel and to account for staff. These lines were installed, thanks in part to uncharacteristically quick assistance from Telkom Kenya, the Kenyan telephone company. Announcements listing the telephone number on local radio aided the hotline effort. Ops Center management made it clear to those manning the hotline that death notifications were not to be given out on the telephone, but information on the whereabouts of the living could be revealed. This, most staff feel, was the right thing to do: death notifications should be given in person; preferably by someone the family knows and trusts. But for the volunteers (primarily FSNs) manning the hotline, this was an unbearable burden. FSN staff often knew the families of the deceased personally. To have to talk to them with full knowledge that their loved one had died and yet be unable to tell them the truth was agonizing, by all accounts. Several staff who manned the hotline requested assistance or training, even a one-page advice sheet, on how to perform hotline work in the future.¹³

Staff Accounting

“A lot of [the Ops Center] was just trying to find out where in the world people were,” recalls one USAID staffer. Accounting for staff was one of the immediate priorities. Teams of volunteers, eventually headed by a REDSO team leader, were organized to find an updated list of staff and set up a system of checking off names as information on staff whereabouts trickled in. Personnel records in the embassy were largely destroyed, and the U.S. government phone list proved unreliable because of the high summer turnover. Eventually, staff realized the most updated list of Americans was the Mission radio list. The weekly payroll, compiled out of the U.S. government’s regional accounting office in Paris, provided an updated list of FSNs. That list, swiftly requested and faxed to the Ops Center, became the primary master list for staff accounting.

Personnel records in the embassy were largely destroyed, and the U.S. government phone list proved unreliable.

“It helped us account for embassy staff. What it didn’t do was help us account for husbands, wives, or children who might have been down at the Embassy that day,” recalls one Ops Center worker. As children and spouses of Embassy and other agency workers were in the building—and some perished—the attempts to account for staff highlighted a significant flaw in emergency response efforts.

Hospitals and Morgue

Teams of volunteers (typically one Kenyan and one American to handle cultural barriers and red tape, along with a driver) with radios went to the more than 16 area hospitals, the city morgue, and a local funeral home. These teams had the morbid job of walking the bloody halls examining bodies and patients in hopes of identifying staff. They radioed results back to the Ops Center. Most staff interviewed for this report cite the bravery of their team members who volunteered for this most difficult task.¹⁴ “There was blood, blood, blood just everywhere,” recalls one USAID/Kenya staffer. “One team member came back [from a hospital] crying because of the children who were blind.”

Equity surfaced as an issue among the hospital and morgue teams. Several embassy and USAID FSNs report that the initial priority was the identification and well being of Americans. When an injured embassy staffer was identified at one of the smaller hospitals, an FSN in the Ops Center recalls an American asking, “Are there Americans? Get them to Nairobi Hospital!”¹⁵ Injured Kenyan staff, FSNs charge, were not accorded the same care.¹⁶

“The ‘us and them’ thing was there, evident and clear from the very beginning.”

“The ‘us and them’ thing was there, evident and clear from the very beginning,” says one senior FSN. “What hospital they were taken to, what condition they were in.”

But American sources disagree, saying that they gave specific instructions to look for FSNs as well as Americans. Some sources note that due to the swollen or bloody state of many Kenyan FSNs, it was at first difficult to pick them out of the thousands of civilian victims. Americans, on the other hand, were almost immediately identifiable owing to the light color of their skin (with one exception, an African-American, who was the last American U.S. government employee to be identified, for the same reasons.)

As for bodies of the deceased, since the local mortuary did not have the capacity to handle so many dead, the Mission secured a 40-foot refrigerator container from a private company, Transami, on August 7 to serve as a temporary mortuary. Bodies of the dead, Kenyan and American, were transported there August 7 through August 9, after which U.S. Embassy officials made arrangements with a private funeral home to store the bodies. The city morgue was not used, say American sources, because it was already unable to cope with its caseload.¹⁷

Death Notifications

Using reconstructed personnel records, advice from friends and colleagues, and even assistance from the embassy’s local insurance company, embassy and USAID staff rapidly established next of kin. Family support groups were formed for families of FSNs killed in the bombing. Usually two volunteers, typically chosen for their close relations with the deceased, visited the families to notify them. They also helped secure

death benefits for surviving spouses or next of kin, make funeral arrangements, facilitate travel of family members to see medically evacuated injured, and organize counseling.

Ops Center staff were able to visit all family members with accurate news before the press, or anyone else, broadcast the news. (Fortunately, FSNs often knew where families lived, since the embassy and USAID did not have maps to employee homes.)

“This was one of the areas in which [USAID] FSNs did so tremendously well. [Their relationship with the families] did not stop, in some cases it lasted six months or more,” recalls a senior USAID manager.

“[Helping families] was one... area where USAID FSNs did so tremendously well.”

An embassy-assigned team, usually including at least one close friend of the family and a counselor or senior-ranking embassy official, notified American families in Nairobi. As for notifying the U.S.-based American relatives of deceased U.S. employees, problems arose with the emergency locator card (Optional Form #190) that all staff must fill out. The card is small, and provides room to list only the names of immediate family. Embassy staff point out that extended family were therefore overlooked in the notification process, causing some extreme distress.

“We ought to revise that form—make it bigger. We need to ask our employees, ‘Who do you want to be directly notified upon your death?’ And they should list not just mom and dad, but everyone,” says one staffer.

Another problem was the mass destruction of embassy personnel offices and documents, including emergency locator cards. Staff suggest copies of emergency locator cards and other documents vital to quick interaction with families be kept in several locations at post, in the event of disaster.

As for the notification itself, staff remain dissatisfied with the manner in which U.S.-based families are notified. The preference is to give the news in person, rather than on the telephone. But some family members were insistent on hearing the news on the telephone. This debate is ongoing.

General Logistics

Teams of volunteers provided invaluable support as general gofers, administrative aides, and logisticians, not just to existing staff but to the many hundreds of military, search and rescue teams, and official visitors who would flood Nairobi in the next week. Staff were deployed across the city to find blankets, rubber gloves, spray paint, and anything else teams requested. The new USAID executive officer, Mike Trott, personally ensured the bombsite received vital supplies, such as a tent from the warehouse. He found ice for local morgues, and even worked to ensure that the USAID building was structurally sound to handle the added embassy equipment and staff. Steve Nolan, the embassy’s administration officer, provided valuable logistical and other help. When water from broken pipes near the bomb site started to threaten rescue efforts, USAID

volunteers George Jones¹⁸ and James Karigia were dispatched to make sure the City Council turned off the water supply. Other staff responded to smaller requests, such as finding flat shoes for one of the medical unit nurses working at the bombsite. “No task was too heroic or too mundane,” Ambassador Bushnell remembers. (Bushnell April 19,2000) In response to the outpouring of aid, from the American community and Nairobi, volunteers at the USAID building began a blood drive and tried to keep a list of donated supplies. The drivers in the motor pool, and other volunteer drivers, merit special recognition for their hard work.

Warehouse

Several dozen FSNs based at the U.S. government warehouse 11 kilometers east of the embassy worked more than 48 hours straight to provide search and rescue teams with portable generators, tank lights, blankets, bed sheets, mattresses, and identification tags (for body bags). On Saturday, August 8, they took on the task of storing the corpses of fallen comrades in the 40-foot refrigeration unit provided by Transami, a local trucking company, and another unit provided by the local Lee Funeral Home. Warehouse staff also transported bodies from the bombsite and the funeral homes to the warehouse. Although they performed their grisly duty faithfully, several note the extreme toll it took to house and guard the bodies of friends and colleagues. One actually shelved his father’s body.

FSN warehouse staff stored the corpses of fallen comrades.

“They should get people with an idea of how to handle those dead bodies,” says one warehouse staffer. “Not colleagues, not friends.”

Others say the job of transporting bodies should not have fallen to them.

“We can take them from the bomb site to the warehouse because that is an emergency [request]. But from the mortuary to the warehouse is not. They should have hired people to do that.”

A USAID/Kenya manager notes however, that with hundreds dead and thousands injured, “there were limited [human] resources to handle this job. ...In fairness, there was no one else available.”

For months after the bombing, traumatized staff avoided the warehouse courtyard where the refrigeration units were housed. Even today, although the warehouse has moved to a new location, a lone embassy vehicle mangled by the bombing continues to sit in a far corner of the warehouse.

“We wish they would come and take it away,” says one staffer. “It just keeps us thinking about that day.”

Airport

By August 8, dozens of planes loaded with relief staff and supplies were landing in Nairobi, creating a potential logistical nightmare. The embassy had lost five of its seven expeditors. The surviving two were in no condition

to work. Ops Center senior staff sent USAID's two expeditors to the airport to help coordinate incoming planes. They would remain at the airport for the next seven days, sometimes going home only for a change of clothes and a meal. In the first week alone staff estimate there were 31 emergency flights to Nairobi and Dar es Salaam transporting personnel, food, water, tents, medical equipment and supplies, 288 units of blood, and search and rescue equipment. All these had to be docked, unloaded, and otherwise expedited, a job that was, for the most part, done swiftly and well. In large part, staff credit the good work of the USAID expeditors in helping Kenyan authorities cope with the influx of foreign rescue workers and donations. Their work is particularly appreciated in light of problems encountered with military teams that came in to relieve them, as discussed later.

USAID's two expeditors stayed at the airport for seven days, sometimes going home only for a change of clothes and a meal.

Recommendations

- ? Develop guidance for Mission operations centers to deal with crises at overseas posts. Draw on procedures used in the DOS Ops Center and on findings from overseas posts, including Nairobi.
- ? Management and staffing of Mission Ops Centers should include the various agencies represented at post.
- ? Keep accurate, up-to-date maps and contact information for all U.S. government staff off-site, but accessible, including names, addresses, and phone numbers of next of kin. If an FSN family does not have a phone, a map to the residence should be included.
- ? Make every effort to communicate with and aid victims equitably and non-divisively.
- ? Clear all communications to staff, and aim for messages that are accurate and non-divisive.
- ? Remove physical reminders of a disaster from public view, including the warehouse, as soon as is feasible.
- ? If possible, have outsiders transport, store, and care for the dead.
- ? Revise and expand emergency locator cards to allow room for all members of a family who should be notified in a disaster.
- ? Keep emergency contact information for Washington, other American embassies in the region, and regional military commands in two locations, including one off-site.
- ? Keep redundant radios and satphones off-site but accessible.

External U.S. Government Support Staff

Introduction

An estimated 250 to 400¹⁹ U.S. government support staff poured into Nairobi within three weeks of the bombing, providing valuable back-up to exhausted embassy and USAID personnel, but also straining Mission resources, logistics, and chain of command. Most needed Mission assistance to find lodging, food, and transportation.

Observations

- ▼ Nairobi staff appreciated the efforts of outside support teams to relieve them.
- ▼ Delay in the arrival of outside support caused significant stress to exhausted embassy and other staff, and added to the public perception that the U.S. was unsympathetic.
- ▼ USAID/Kenya staff acted as liaisons to 400 outside support staff unfamiliar with the country and culture.
- ▼ Outside teams could have eased the burden by bringing their own administration, contracting, and transportation officers.
- ▼ Some Washington-based staff perceived the disaster as specific to the embassy, although USAID and other agencies at post provided significant support.

Within 24 hours, the first major outside American support units touched down in Nairobi.

Within 16 hours, six staff from MED arrived to support the embassy's Regional Medical Office. These staff provided needed support to the Mission in emergency medical and mental health responses.²⁰ Three FBI staff also arrived from Pretoria hours after the bombing with a South African Defense Force medical evacuation flight. They would launch the FBI's investigation and response, supplemented by dozens more agents over the next three days. (Wright February 5, 2001)

Within 24 hours, the first major outside American support units touched down in Nairobi. The first was a Department of Defense Fleet Anti-Terrorist Support Team (FAST), a unit of a hundred marines from Bahrain who deployed immediately to the bombsite and the USAID Parklands Building to supplement security.²¹

On the same day, August 8, a C-130 Hercules arrived in Nairobi carrying a 12-person medical assessment team from the 4404th Medical Group (Prince Sultan Air Base, Saudi Arabia) and a 13-member security team. (*Air Force News* August 11, 1998) The medical team helped evaluate and treat victims at all of the major hospitals. With the embassy health unit, it also worked with a critical care air transport team (CCATT)²² and medical personnel from the 52nd U.S. Air Force Mobile Field Surgical Team from Bitburg/Spangdahlem, Germany²³ (who arrived the same day) to evacuate critically ill Kenyan and American Embassy personnel on a flight to Ramstein Air Base, Germany August 9. (Geiling May 12, 2000 35).

On Sunday, August 9, the OFDA partner²⁴ SAR Team 1, an international disaster response team skilled in search and rescue and medical and other emergency response, arrived in Nairobi.²⁵ The team included technicians, physicians, paramedics, logisticians, collapse rescue experts, four canine search dogs, as well as counselors for staff *and* dogs. They brought with them 65,000 pounds of search and rescue equipment (generators, lights, hydraulic machines, telescoping cameras, core drills, listening devices, communications equipment, medicines, and surgical equipment) and three trucks. Immediately, the team deployed to the bombsite and divided into teams that would work around the clock over the next few days.

SAR Team 1 included technicians, physicians, paramedics, collapse rescue experts, canine search dogs, and counselors.

Since much search and rescue work had already been accomplished in the embassy itself, and an Israeli search and rescue group had already established operations on the Ufundi pile,²⁶ one SAR Team 1 group worked on recovery and debris removal in the Co-operative Bank building. Using specialized visual and listening equipment, including search cameras in pockets of the collapsed concrete and steel, another team continued to search in and around the embassy building for survivors. Two other teams carried out room-to-room searches of buildings adjacent to the center of the explosion. By August 11, after pulling 17 bodies from the pile, SAR Team 1 reported that the chances of finding additional survivors had significantly diminished. (See Appendix 11 Mission Reports.) (Search and rescue efforts were aided by what all observers describe as a tremendous civilian relief effort. This included immediate donations of food, medical supplies, and, in the case of search and rescue, heavy-lifting and other construction equipment.)²⁷

Also on August 9, a 10-member mortuary team arrived from Germany to prepare the bodies of Americans for transfer to the United States (Embassy-Nairobi August 11, 1998). A three-person OFDA Disaster Assessment Response Team arrived from Washington, primarily to serve as liaison with search and rescue teams and to support the Mission. Over the coming days, it would meet with the U.S. Embassy team, a DOD Joint Task Force, and the Israeli army. Three additional OFDA staff were in Nairobi at the time of the bombing and were active in response activities. (USAID-OFDA August 11, 1998) Although the OFDA team fully supported the Fairfax team, it was too small to be able to offer much help to USAID/Kenya when it came to other disaster responses. (SAR Team 1 December 12, 2000)

The cavalry arrived in full on Monday, August 10. First, two new medical support teams, requested by OFDA, arrived—the surgical team from the 67th Combat Army Surgical Hospital²⁸ (based in Wurtzberg, Germany) and the combat stress control team from the 254th Medical Detachment²⁹ (based at Wiesbaden, Germany). These teams went to hospitals to help with the civilian wounded (see Chapter 5, U.S. Government Response). The same day, a second medical evacuation flight arrived in Nairobi from Germany (and departed at 4:30 the following morning, August 11).

Also on August 10, more than 40 emergency military personnel and administrative and support staff from European Command (the Joint Task Force or JTF) and the Foreign Emergency Support Team (FEST) arrived. The Defense Department sent the JTF, 20 military staff of various ranks, to take over many of the duties of the Kenya-United States Liaison Office (KUSLO), whose members had been decimated by the bomb. FEST was an interagency team designed to augment embassy capacity lost in the bombing. The FEST mandate, according to DOS staff, was to provide “immediate assistance to the U.S. embassies in Nairobi and Dar es Salaam and initial coordination with host governments on bilateral issues related to the attacks.” Headed by an ambassador, FEST was meant to take pressure off embassy staff. Military personnel were also supposed to help organize the huge donations of aid, mostly medical, pouring into Kenya from individuals and governments around the world.

Embassy-Nairobi and USAID/Kenya staff involved in bomb-response give mixed reviews to the military assistance. Not only was it late—both FAST and FEST experienced mechanical problems with their airplanes, slowing arrival in Nairobi—but also both were the subject of misunderstandings on arrival.

Numerous Nairobi-based U.S. government staff noted a “disorganized, chaotic” approach and lack of communication with military support groups, particularly those who worked at the airport. “The U.S. military controls out at the airport got mixed up with other planes coming in,” recalls one staff member. “We were doing better before they came,” recalls another. Others recall military units as burdensome. “They had a person in charge of their local transportation but still asked USAID for motor support,” recalls a USAID/Kenya employee.

A medical evacuation plane arrived August 8 and declined to fly out until its crew had taken its mandatory 15-hour rest privilege.

Perhaps the most notorious example was the medical evacuation plane that arrived in Nairobi August 8 and declined to fly out until its crew had taken its mandatory 15-hour rest privilege—departing eventually on August 9, 44 hours after the bombing. Embassy, USAID, and others point out that medevac flights should, by their very nature, be able to respond rapidly. Two crews should have accompanied the flight, to allow for quick evacuation of the wounded.

Then there was confusion over the FEST and JTF mandates. Were they, as some believed, to relieve the embassy, including removing embassy managers from decision making? Or was the ambassador still in charge? Efforts to resolve these issues were, according to some staff, “frustrating.”

“We didn’t know whom we were answering to,” recalls one embassy staffer. “The lesson learned is that agencies at a specific post need to make sure we have a clearly defined command and control structure.”

Post staff note that the trauma of the disaster and the loss of friends and colleagues bonded existing Nairobi-based staff into “a tight, protective, and insular community. As utterly exhausted as we were, we stubbornly refused to relinquish control of what we thought of as our tragedy,” recalls

Ambassador Bushnell. “As the one responsible for the lives of American citizens in Kenya, I was particularly adamant about the need to stay in charge.” (Bushnell April 19, 2000)

FEST, however, “saw themselves as good guys who were out here to help the embassy cope and to relieve the embassy,” says one USAID staffer.

“We were immensely grateful to [outsiders] but frankly did little to make them a part of us. We were we—they were they. ...I think in retrospect, that we were not an easy group to help,” says Ambassador Bushnell. (Bushnell April 19, 2000)

“We were immensely grateful to [outsiders] but frankly did little to make them a part of us.”

In the days to follow, one State Department personnel employee arrived on temporary assignment to help process employee benefits payments for local and U.S. government staff and to help reconstruct the destroyed office and its records.³⁰ Although appreciated, temporary staff, known as TDYers, stayed only a few weeks. That, according to embassy and USAID staffers, was not enough time. They recommend a minimum stay of three to four months after an event of this size and scope.

Likewise, two Nairobi-based U.S. Information Agency (USIA) staff and one press officer brought in from Addis Ababa handled public relations. USIA-Washington did not provide external support. The U.S. government’s understaffed public relations effort, in the face of a huge national and international press presence, swiftly became problematic (see Chapter 2, Media Relations).

“What we did need help with and strangely did not get was the public relations side,” says one staffer, his comments echoed by many interviewed for this report. “That should have been the first thing sent in.”

The FBI arrived en masse in three days: 149 agents or staff were deployed to Nairobi and 108 agents or staff to Dar es Salaam.³¹ FBI Director Louis Freeh also came within a month for a short visit. Although embassy, and particularly USAID staff called on to support them acknowledge the importance of their presence, many complained of the burden the FBI in particular placed on the overwhelmed Mission.

“We did a lot of work for the FBI, teaching them how to operate in a foreign country,” recalls one USAID staffer. “They were not self-supporting—renting and borrowing our cars when they could have taken taxis from their hotels.”

“You’ve got to arrive assuming there is nothing,” says one U.S. military source.

Most staff interviewed say that there was, in fact, too much “help”—too many staff and too much congestion. But Nairobi-based staff do appreciate the difficulties of estimating the appropriate make-up of a support team after such a distant, and large, disaster. And others acknowledge that prickly relations with outside staff might have been related to ongoing trauma experienced by the entire Nairobi-based American community.

Ops Center management assigned volunteer embassy and USAID staff to act as liaisons, booking hotels and buses as well as performing odd jobs. An OFDA-Washington administrative officer who was (coincidentally) in Nairobi when the bomb exploded became the liaison to SAR Team 1. The OFDA staffer met the team at the airport and spent the next week performing a range of duties, from changing hotels (twice), to arranging transport buses, testing satphones, and buying gloves, oxygen, acetylene, and other supplies. The system, random though it was, seemed to work.

“We couldn’t have made it without her,” says a SAR Team 1 staffer of its OFDA liaison.

Embassy and USAID personnel have conflicting complaints about outside support. Some say there were “too many people,” “more is not better,” and “we were overwhelmed [by visitors.]” Others say “the problem wasn’t [the number] of visitors. It was so many people coming in who should have been more self-reliant.”

Embassy-Nairobi and USAID/Kenya staff note that, unlike other foreign disaster relief teams, American personnel were not prepared to operate in an under-developed, foreign country like Kenya. Many did not bring support staff, such as administration and contracting officers, putting the bureaucratic burden on USAID/Kenya. Others who brought support staff—such as the military Joint Task Force, which brought a transport officer—still relied on USAID cars, drivers, and other Mission support systems.

“At one point I said to [a support team leader] ‘Guys, you can use local taxis, shuttles from the hotels—you don’t have to call us all the time,’” recalls a USAID staffer.

Nairobi-based staff in charge of logistics for the American personnel point out that other foreign relief teams, such as the Israeli search and rescue team, came with their own tents, meals, and support staff.³²

“They could take care of themselves; but we had to make hotel reservations and run errands for our people,” says one employee.

In March, Ambassador Bushnell imposed a six-week moratorium on unsolicited visits.

Nairobi-based embassy and USAID staff advise outside support teams to bring their own support staff—including transportation, administration, and contracting officers—when deployed to an emergency where capabilities are already likely to be overstretched.

Some staff say although they appreciated the good will of visiting delegations, that did not compensate for the many hours of work each visit detracted from the primary job of aiding the victims (and the secondary task of normal business). Nairobi-based staff resisted when smaller delegations from other government agencies (such as a CDC team) insisted on joining the relief effort, because they caused unnecessary administrative hassles, as well as stress to Mission staff. In March, Ambassador Bushnell imposed a six-week moratorium on unsolicited visits.

Initial delays in the arrival of outside support caused significant stress to exhausted embassy and other staff, as well as problems with public perception over the nature and extent of the U.S. government's response. Embassy-Nairobi did not get as much temporary duty (TDY) help as it needed in administration, personnel, and public relations. Some medical evacuation flights did not travel with sufficient crew to turn around quickly with victims who needed to be evacuated immediately.

Official Visitors

In addition to the hundreds of U.S. government staff at least six U.S. government delegations visited Nairobi over the next two months.

High-ranking officials provided tangible evidence of U.S. concern for Kenyan bomb victims, helping mitigate hostile news reports in the local (and some international) press. Official visitors are also important advocates to push for funding back in Washington. However, the visitors' logistical and diplomatic needs required Embassy-Nairobi and USAID/Kenya to spend significant time away from the higher priority of helping bomb victims. The Mission appreciated self-reliant delegations. On the negative side, repeated visits by U.S. officials pledging aid paired with the ultimately slow-moving U.S. funding process disappointed some service providers and Mission personnel.

The first government delegation to visit was, curiously enough, Secretary of Commerce William Daley, who led a U.S. trade delegation to Nairobi on August 17. Daley's visit, which originally included 20 American business leaders to Nairobi (many of whom decided not to go after the bombing), had been organized months earlier.³³ The bomb itself as well as doom-filled media reports (See Appendix 33 "Bomb Blast Cost Too Dear") on the bomb's effect on Kenya's economy changed the tenor of Daley's trip from creating Kenyan business opportunities to saving those that remained. Daley also pledged to support passage of a congressional supplemental appropriation.

High-ranking officials provided evidence of U.S. concern for Kenyan bomb victims. The Mission appreciated self-reliant delegations.

A day later, U.S. Secretary of State Madeleine Albright arrived. Her visit was essential, say Embassy-Nairobi and USAID/Kenya staff, to counteract some of the negative press (see Chapter 2, Media Relations) that had plagued the Mission since the early hours of the relief effort. Because of the work involved in hosting the secretary and her large advance and security teams, everyone agreed the visit would be short—one day.³⁴

On August 20, FBI Director Louis Freeh paid a two-day visit to Nairobi to discuss the criminal investigation with Kenyan law enforcement officials and embassy personnel.

An interagency advance team from CDC and the Department of Health and Human Services (DHHS) were in Nairobi September 6-12 to prepare for the visit of the U.S. surgeon general. The team met with six staff from

Embassy-Nairobi and USAID/Kenya, as well as the Kenyan minister of health, the director of Kenyatta National Hospital (KNH), and 21 other stakeholders in the rescue effort. (Centers for Disease Control September 24, 1998)

On September 14, USAID Assistant Administrator for Africa Vivian Derrick arrived to convey condolences to the U.S. Mission and specifically to her colleagues at USAID who had played an important role in the relief effort.

The surgeon general arrived on September 28, with a 10-person team of technical experts. The team again met with the six senior staff from Embassy-Nairobi and USAID/Kenya, as well as with the Kenyan minister of health and representatives from 18 government ministries and nongovernmental organizations (NGOs).

Over the next year, the embassy and USAID/Kenya would receive official visitors from OFDA-Washington, the Foreign Service Institute,³⁵ the Senate Foreign Relations Committee and other congressional staff, the Department of Justice's Office for Victims of Crime (OVC), a repeat visit from Secretary Daley, and others.

"They all wanted to be treated like things were normal. They weren't normal. We weren't normal."

Embassy-Nairobi and USAID/Kenya staff express mixed feelings about these guests. While they provided evidence of U.S. concern, the time staff had to dedicate to them was time away from helping victims—both Kenyan and American. Each visitor had to be lodged, fed, and transported. Some, such as the surgeon general's team, needed particular assurances on security (armored cars). Delegations needed help to meet with Kenyan government officials and others. All this took time.

"When we send folks over there it also creates work for the embassy," notes a Washington-based OVC representative. "Imagine the level of reports needed from the Mission; they were inundated by the FBI; every official visitor had to be provided for their arrival and hotel."

The burden was particularly acute during August and September, staff note, when they were shouldering the increased workload imposed by the September 30 end of the fiscal year. Crowded into the USAID building, embassy and USAID staff had all their regular work, plus bomb relief efforts *and* official visitors at a time of acute personal and emotional stress.

"We had all these visitors out. They all wanted to be treated like things were normal. They weren't normal. We weren't normal," says one USAID/Kenya official.

Some USAID/Kenya staff note the value of official delegations but stress their appreciation for those who were self-sufficient and, more important, brought tangible resources. The CDC advance team, for example, used the Nairobi offices of the Carter Center-Global 2000 to minimize the burden on USAID/Kenya, while Foreign Service Institute staff taught a number of classes on stress and time management.

The burden of official visitors was made more acute by the palpable lack of resources the Mission had for humanitarian assistance to victims. Embassy-Nairobi and USAID/Kenya staff repeatedly stressed that official visitors match words with resources, lest they exhaust the patience of their Kenyan hosts. Kenyan media echoed this assessment.

“A visit [from Albright] alone without any tangible material help and mere condemnation of the terrorists will not do,” wrote the *East African Standard* on August 18. “Big expectations in U.S. envoy’s trip,” read *The Nation* on the same day.

Although the secretaries of State and Commerce both pledged aid (economic support funds for hospital bills and a later congressional supplemental), aid did not begin to arrive until late October (see chapters 3 and 9), a source of frustration for Mission staff. Other delegations, such as the CDC and the surgeon general’s office, offered limited support in the form of technical assistance,³⁶ but no cash or commodities.³⁷

“The high-level DHHS delegation would be the fourth such visit since the bombing,” wrote the CDC advance team that visited Nairobi in early September. “To the Kenyans, these high-level visitors have left little in substantive aid.”

Bomb-response service providers were disappointed in U.S. officials’ repeated visits pledging aid paired with the slow-moving U.S. funding process.

“[We were] completely broke in spite of many visits by many important men and women from the U.S.A.,” wrote the director of the mental health care service provider Operation Recovery (OR). “OR had the impression that funding would soon be coming—it was not. Many volunteers were disheartened and left. The visits from the U.S.A. officials soon became too many, distracted OR from its focus, and were damaging to morale. The view then was that had all the money spent on these visits been given to OR directly, more Kenyans would have benefited. Different countries operate in different ways. USAID was asked to reduce the number of expensive disaster tourists.” (Operation Recovery January 2000 53)

One unpleasant duty was guiding visitors through the bombed embassy. “It has a real impact on your psyche.”

One of the most unpleasant duties, Mission staff note, was guiding official visitors through the bombed embassy building. The ambassador was typically the guide for high-level American visitors, but other staff were asked to escort Kenyan governmental and nongovernmental officials and Americans, a task that continued until the building was demolished.

“You go through there and you see the brains on the wall, where people sat,” notes one USAID staffer. “It has a real impact on your psyche. There was no recognition of that [from Washington].”

Many Washington-based U.S. government officials acknowledge the burden their visits placed on the Mission, but also note that the Mission initiated some of them (Secretary Albright, Foreign Service Institute) and

that the visits were important for raising support and resources back in Washington.

“While it was terrible for those folks, it’s what the department needed to see,” notes one DOS-Washington employee.

Unsurprisingly, relations between agencies were most seamless where bonds already existed. Almost all Nairobi-based staff say their colleagues at Embassy-Nairobi, USAID, Peace Corps, Immigration and Naturalization Service, and others provided dedicated support to the relief effort and to each other in the weeks and months after the blast.

USAID staff in Kenya were responsible for housing, comforting, supplementing, and otherwise supporting embassy personnel, outside support staff, and others. Yet they say they had a “three-week grace period before it was back to business as usual.” Specifically, staff note that there was no extension of the September 30 U.S. government fiscal year deadline to obligate regular program funds.

“We were doing an incredible amount of work, but in USAID Washington’s view, it wasn’t USAID’s disaster, it was the embassy’s.”

USAID/Kenya staff feel that USAID/Washington did not appreciate their efforts, during the emergency and in the longer-term relief effort. USAID’s assistant administrator for Africa visited Nairobi within two weeks of the bombing, which her traumatized staff appreciated, but many feel official recognition of USAID’s role did not extend much beyond that.

“We were doing an incredible amount of work for the embassy,” recalls one USAID/Kenya manager. “But in USAID/Washington’s view, it wasn’t USAID’s disaster, it was the embassy’s.”

“We had everything to do and we still had our jobs to do,” recalls a USAID/Kenya employee.³⁸

Recommendations

- ? Provide organized, self-supporting outside help that can work with the embassy and other agencies at post, with minimal demands on the embassy. Teams should bring their own administrative, contracting, and transportation officers.
- ? Have a clear chain of command that includes all teams sent to help.
- ? Do not permit travel for other than solicited outside assistance to an emergency.
- ? Long-distance medevac flights: travel with two crews to expedite evacuation of the severely injured.
- ? Deploy temporary staff skilled in administration, personnel, and public relations immediately who can stay up to four months.

Support from Other Diplomatic Missions

Introduction

Kenya's diplomatic community was quick to respond to the distress of its American counterparts, rushing staff, resources, and other unexpected support to the site or offering help in the days after the blast. The first to respond was the U.K. High Commission, which provided invaluable contributions of staff and resources until outside U.S. government support staff could arrive. Owing to the short flight times, an Israeli team was able to deploy to Kenya quickly, where it provided immediate, invaluable, life-saving expertise. Thanks to the diligence of U.S. and U.K. search and rescue efforts, the Israelis were not needed at the embassy, leaving them free to dedicate their efforts to the Ufundi and Co-op Bank sites. The Israeli team's central placement on the pile affected the public perception of all other relief teams to follow, including the French and the Americans.

Other diplomatic missions offered unexpected resources of manpower and equipment.

British High Commission

It is the contribution of the United Kingdom High Commission in Nairobi that stands out most sharply for most people interviewed for this report. "What can I say about the UK support?" recalls one embassy staffer who participated in search and rescue activities. "They were heroes...every one of them."

In response to an urgent radio request from U.S. Embassy personnel, the U.K. High Commission sent over British and local staff, including military and medical personnel, as well as two royal engineers on temporary assignment. These, later joined by several dozen members of the British Army Training Team, were on site within 45 minutes and would stay until FAST and SAR Team 1 arrived, providing crucial assistance where U.S. capacity had been devastated, such as security, search and rescue, and logistics (airport transport). British soldiers, armed and in uniform, were effective in commanding respect from the huge crowds around the site.

"No matter what I said, it had no effect," recalls one American soldier who had not been in uniform that day. "Then the Brits showed up, in uniform, and pushed the people back. It was the uniform that pushed them back."

Another embassy staffer recalls the British were "a major help in removing the dead from the building. Because of their help, we were able to direct the Israeli search and rescue teams to the Co-operative Bank area of the disaster to help Kenyans."

"What can I say about the UK support? They were heroes...every one of them."

The Israeli Defense Force³⁹ touched down Saturday, August 9, after discussions with U.S. Embassy officials. This 170-person team was the first international search and rescue team to arrive in Kenya. The team deployed immediately to the site and briefly helped the embassy, using search dogs to locate bodies buried under the rubble. But the Israelis quickly moved on to the larger task of searching the Ufundi pile and Co-op Bank building next to the embassy. They instantly became national heroes when they pulled at least three survivors (two of whom ultimately died) and 32 bodies from the wreckage. (OFDA Aug. 11, 1998)

A 10-person French Civil Defense Rescue Team (including one doctor and two sniffer dogs) joined the Israelis the same day. Within 24 hours, SAR Team 1 arrived. The unspoken rule of search and rescue efforts is that whoever is first to the pile stakes out the main area. For the Israelis, this meant the epicenter of the disaster—the huge pile of rubble that was all that remained of the Ufundi Sacco building. But some say their placement on the Ufundi pile, thanks to the quick work of American and British teams covering the embassy, inadvertently gave the Kenyan public an erroneous perception about the nature and extent of the American response (see chapter 2, Media Relations).

Other diplomatic missions provided a range of support, from condolences to food and clothing. The Canadian High Commission voluntarily housed agents from the FBI until the U.S. government removed them because of the bomb threats that plagued Nairobi in the days after the bombing. The Australian High Commission sent vehicles and drivers, along with its administrative officer (a veteran Kenya hand) to help with logistics.

The diplomatic response demonstrated unexpected resources available in times of disaster.

The diplomatic response demonstrated unexpected resources available to American installations in times of disaster.

“It taught me a lesson, to see what your resources are at post,” says one senior USAID/Kenya staffer. “We should do an inventory of what other embassies have. And likewise, if the Brits have a problem they should know they can call on us for transportation support, medical doctors, etc.”

Most significantly, however, all staff interviewed remain moved by the instant and generous response of their friends.

“What was unique about August 7 was that we forgot that we were Kenyans, Americans, U.K. nationals, Israeli, etc., and we became people trying desperately to deal with a terrible disaster and to help the victims,” says one embassy employee.

Recommendation

Develop a basic inventory of the resources of other diplomatic missions, allies, and neighboring countries.

Procurement of Temporary Office Quarters

In the week after the bombing, occupancy at the USAID Parklands building doubled, with the establishment of a temporary embassy for an interim period that would ultimately stretch until August of the following year. Work began the night of the bombing, when embassy staff toured the building and chose the eighth-floor REDSO director's office for an embassy communications center. The ambassador's office would also eventually be set on the eighth floor, while a fourth-floor conference room would become a military base. The ambassador, staff recall, took an "average size" office rather than the larger office of a USAID senior staffer.

"It was typical of her to set an example of moving the embassy over with the least upset to us," notes a USAID/Kenya employee.

Observations

- v Despite cramped office space, USAID and Embassy-Nairobi worked together for nearly a year in a spirit of collegiality.
- v The ambassador set the example by choosing an average-size office and working to minimize disruption to USAID operations.
- v The weight of embassy equipment had to be calculated before moving to the USAID building.
- v Other diplomatic missions provided temporary housing for some outside U.S. government support personnel. This was later discontinued for security reasons.
- v The bombing forced all U.S. government agencies to evaluate their buildings' security and, in the case of USAID/Kenya, prompted relocation to a safer building.

USAID staff piled into cramped offices or moved their desks into corridors to make room for their embassy colleagues and equipment. Equipment, in fact, became a major issue as the weight load of the building doubled. USAID and embassy administrative staff spent several days estimating the weight of equipment and its exact placement.

Despite the cramped office space, USAID and Embassy-Nairobi worked together for nearly a year after the bombing in a spirit of collegiality.

"Congestion...was a continual problem for the next year," says one USAID/Kenya manager. "But everyone was in accord. No one disputed the cramped space. All of us found we really liked having [embassy staff] around." That embassy staff should be assisted to the fullest extent possible was implicitly communicated and supported by USAID staff. That camaraderie would be the result of the close quarters was an unexpected bonus.

Despite the cramped office space, USAID and Embassy staff worked together for nearly a year in a spirit of collegiality.

There was no room in the Parklands building for some of the outside support teams that came to Nairobi. They had to work from hotels or other places. The FBI, for example, started out at the Canadian High Commission, but were eventually moved to the USAID building because of

The bombing had taught all U.S. agencies in Nairobi just how vulnerable they were.

bomb threats.) Consular services were suspended until a temporary consulate could be established in a residence converted to meet security, operating, and accessibility standards. A key challenge was importing the proper windows for visa lines.

Space was not the only issue; the bombing had taught all U.S. government agencies in Nairobi just how vulnerable they were. DOS would build a new, high-security embassy. In the interim, the embassy, and later USAID, would search for temporary buildings that offered greater protection.

The Parklands building had, as one staff put it, “all the no-nos of terrorism.” The multi-story building had an underground parking garage, had no setback from the road, and was in a densely populated neighborhood.

“You started realizing how vulnerable you were,” recalls one senior USAID staffer.

By mid-November USAID management had decided to move. But even after the worst terrorist bombing incident in recent memory, USAID/Washington took some convincing.

“The belief of AID management was that we weren’t even on the top 10 list to move,” recalls one USAID/Kenya staffer. “By the time we got through with them we were number one on the list.”

Embassy-Nairobi moved to a new temporary office in August 1999 and USAID in September 1999. Both are now in low-rise buildings with a large setback and other essential criteria of a properly secured building. The move to a new U.S. government compound (embassy, USAID, warehouse, and marine house) is expected in 2003.

Host-Government Staff and Structure

The response of any poor nation to a bomb attack of the size and ferocity of the one that struck Nairobi on August 7, 1998 is likely to be labeled inadequate. And indeed, almost every source outside of the Kenyan government consulted for this report has little positive to say about the Kenyan government’s emergency response.

Inside Nairobi’s ministries of planning and health, its military bases, its Provincial Commissioner’s (PC) office, and National Operations Center, staff relate a version of the bomb response that differs dramatically from outside accounts. That story is of dedicated staff, united by a moment of national tragedy, working with few resources to help coordinate a massive emergency relief program.

Observations

- v The government of Kenya's response (particularly MOH) was swift, and provided immediate information on the needs for the emergency medical response.
- v Government agencies did more coordination than provide goods and money or manage emergency services.
- v There is no government agency with authority to supervise disaster response.
- v The structure of the government's disaster response is unclear (to Kenyans and foreigners).
- v Lack of a clear chain of command may have caused confusion at the blast site.
- v The Kenyan National Operations Center is an information source but has no authority over other agencies.
- v Kenya has no inventory of resources available nationally.
- v Cultural and security issues may have affected communications between American and Kenyan military.
- v Kenyan military are unused to disaster response, particularly search and rescue.
- v There were few reports of Kenyan government mismanagement of donations.

Sources critical of the government's response are quick to point out they are uninformed of how the government's emergency response was structured and what resources were available. Some government sources say the American response was "isolated" and that key American staff were difficult to make contact with. Although it is clear that the Kenyan government's response was at times uncoordinated, late, or inappropriate, there is also substantial misinformation about the nature and extent of the Kenyan response.

The Kenyan version of events follows:

The National Operations Center

On the day of the bombing, staff at Kenya's National Operations Center (NOC) immediately called area hospitals warning them of an impending influx of wounded. The NOC is an interagency coordination center for all government disaster-response activities. It is not, however, a command center. The NOC has no direct authority over police, military, or other government disaster-response entities. Composed of more than 30 staff seconded from ministries and the armed forces, it is under the overall command of a senior military officer drawn from the air force, army, or navy.

The NOC was formed in 1996 but did not receive its first substantial budget until early 1998. Its FY1999-2000 budget is roughly KShs.9 million (US\$120,000). At the time of the bombing, the NOC had one computer, one fax, and one short-wave radio.

NOC is an interagency coordination center for Kenyan government disaster-response.

NOC staff say they alerted the police and the military of the bombing, and—with the help of additional radios and mobile phones donated by the national telephone company to supplement their existing 10 phone lines—provided a central point of contact for military, rescue operations, the media, and the president himself.

“They weren’t doing very much because they weren’t on the ground,” says one Kenyan military source. “But they came in handy the second day because they [were the] liaison with the Israeli Embassy and others.”

There is a now a motion in the Kenyan Parliament to improve disaster management.

NOC staff admit they were not optimally positioned to offer aid at the bomb site. Indeed, NOC staff who tried to get into the U.S. Embassy were turned away because they carried no identification and wore no uniform to distinguish themselves from the tens of thousands of civilians mobbing the scene. NOC staff say that limited funding prohibited them from compiling in advance an inventory of resources available for disaster relief, a list many NGOs and government sources say would be invaluable.

There is a now a motion in the Kenyan Parliament to improve disaster management and increase the NOC budget by enacting a disaster law. The proposed law will give NOC the capacity to plan for and manage disasters, and would establish an accountable chain of command of government agencies to the NOC. A national emergency response plan has been written but is, according to NOC staff, still in draft.

However, in July 2000 USAID/Kenya funded the International Medical Corps (IMC) to take the lead role in organizing a disaster preparedness program. Called Disaster Education and Community Preparedness, the program will work to build capacity of private and government disaster-response organizations, including NOC. It will also compile a list of resources available nationally in times of disaster, another goal of NOC (see Chapter 15, Disaster Preparedness).

NOC is a fledgling institution. As such, its impact on the Nairobi relief operation was, by all accounts, minimal. Yet NGOs and others say the staff did their best on the day of the bombing and, more importantly, may play an important role in future emergencies.

The Kenya Armed Forces

NOC staff say they alerted hospitals, military, and police, but in truth the noise and force of the bomb blast required little publicity. Within a half hour of the bomb, Major General George Ogoi, then head of the Kenyan Army’s Eastern Command, arrived by helicopter to tour the scene. Troops were requested and dispatched and, although no military source could tell precisely how many and which troops eventually came out, one source says “about 1,000” soldiers over a 10-day period provided a range of services at the bomb site and elsewhere. Kenyan military helped with crowd control and medical aid. Fire engines from Moi Air Base, Embakasi

Garrison, and Jomo Kenyatta International Airport supplemented the Nairobi City Council's unreliable fleet.

General Ogoi was put in charge of the bomb site within an hour of the blast at a small meeting of the Provincial Security Committee, a group of military, police, and provincial administration staff chaired by Joseph Kaguthi, then PC for Nairobi Province. Although the decision was made swiftly, it spotlighted a key failure of Kenyan government emergency response—chain of command.

“There is no law in Kenya designating command,” says one military source. “There should have been one. [As a result] there was conflict. Who was in charge? The military, the PC, the police? We didn't know.”

Neither did American and U.K. security personnel, who report trying several times—and failing—to get help from Kenya's armed forces.

It was impossible to identify who or if anyone was in charge of the overall incident amongst the Kenya Police, Army, and Fire Service,” says G. Carrington, Department for International Development (DFID) emergencies field manager. “Site management...was poor.”

Kenyan military sources say they had equipment and hundreds of troops at their disposal and a Joint Operations Center in walking distance of the embassy in the Railways Building, but that Americans did not approach them until 5 p.m. on Friday. “They were quite isolated...and did not ask for our help,” says one military source.

Most Kenyan sources—military or otherwise—report that American security personnel made clear that the embassy building was a “no-go zone.” One high-ranking Kenyan officer central to coordination efforts says that early in the day he approached an American official “who was not being very polite [trying to keep me back] because he told me there was fuel [in the embassy building] that might explode.” Indeed, Kenyan sources interviewed for this report say the Americans allowed only General Ogoi and the PC into their building.

The problems were perhaps as much cultural as organizational. Politeness, a quality often equated with respect in Kenya, was arguably lost on American security personnel trying to secure their embassy in the heat of crisis.

“My [staff] and marines had been blown up, were uncertain of the possibility of a follow-up attack, had one Marine missing and unaccounted for, another seriously injured, were in an environment filled with pieces of bodies, flaming wreckage, hundreds of screaming wounded, literally a scene from hell,” says Peterson. “To compound this we had in excess of 50,000 locals who had gravitated to the bomb site area and were developing a mob mentality. The behavior of all of my people in this pressure cooker was above reproach. Were we going to let those people into the perimeter—not a chance. And in some instances this required a

“Who was in charge? The military, the PC, the police? We didn't know.”

display of force. Could we have been more polite? Possibly, but when one is in fear of one's life and the lives of the people one is responsible for it becomes a secondary concern.”

Military Assistance on the Day of the Bombing

1. Langata Barracks sent a company of some 120 men.
2. Construction engineers from General Services Unity (Thika) sent about 120 men with heavy-lifting equipment.
3. The Electrical-Mechanical Engineering Unit, a civilian-military entity based at Nairobi-Kahawa, provided two power generators.
4. About 30 communications experts, provided trunk communications—radios and mobile telephones linking emergency workers at the scene with NOC and the Kenya Post. They used mobile telephone vehicles.
5. Forces Memorial Hospital admitted more than 100 bomb victims.
6. Moi Air Base, Embakasi Garrison-Jomo Kenyatta Airport, and Kahawa provided a half dozen fire engines.
7. Police from the General Services Unit worked with military police.
8. The Kenya Department of Defense provided two helicopters from Moi Air Base. (One landed in the roundabout at KIC Center, allegedly for security reasons; the other in a roundabout opposite the Embassy.

Source: National Operations Center, Defense Staff College

Kenyan soldiers were not able to form cordons around the bomb site until four hours after the blast.

Kenyan troops did provide crowd control and search and rescue assistance to the Co-op and Ufundi bomb sites, although troops initially arrived with weapons and had to be dispatched back to base for rescue tools (shovels, crowbars) instead, causing further delay. Most sources, including Kenyan military sources, say Kenyan soldiers were not able to form cordons around the bomb site until at least four hours after the blast.

The armed forces, by all accounts, were more helpful than the police, who responded sluggishly in the early hours of the operation and eventually fell under the overall command of the armed forces (see Chapter 4, The Kenyan Military). The contribution of the Nairobi City Council also went unmentioned by all interviewed, although at least two City Council fire engines were spotted shortly after the blast.

The Provincial Commissioner's Office

More active was the PC's office and the Ministry of Health (MOH). Joseph Kaguthi, then PC for Nairobi Province, was meeting with President Daniel arap Moi at State House at the time of the bombing. He immediately changed into uniform and went to the scene, where he attempted rudimentary crowd control. Within minutes, he called a Provincial Security Committee meeting, where General Ogoi was designated overall in charge of the site. Kaguthi then asked the national power company, Kenya Power, to switch off electricity in the area. When standby generators automatically switched on, Kaguthi deployed technicians to visit each building and ensure, by smashing equipment if need be, that power was cut.

President Moi donated his personal public address system, which Kaguthi and staff used for crowd control, with little success. Mostly, however, the PC's office tried to coordinate Kenya's diverse government units and others involved in disaster response. At 7 p.m. on August 7, Kaguthi called the first Provincial Disaster Committee meeting, including all contingent commanders and representatives of the army, air force, police, General Services Unit, St. John's Ambulance, Red Cross, Ministry of Public Works, and other rescue parties. The committee would thereafter meet at the Railways Station Joint Operations Center every morning and evening, allocating tasks and reviewing progress. "It proved to be a very important committee," says Col. S. N. Thuita, then a commanding officer in the Kenyan Armed Forces. (Thuita August 2000)

An appeal went out for Kenyan architects and engineers to volunteer to inspect more than 100 damaged buildings.

Kaguthi and the Ministry of Works also made an appeal over the radio for Kenyan architects and engineers to volunteer for teams to inspect more than 100 buildings damaged in the blast. Teams were organized and deployed over the next five days. Their early work would eventually form the basis of a government appeal for infrastructure rehabilitation, drafted within a week of the blast (see chapters 6 and 10).

(Government appeals, at best, provided information on the extent of damage. At worst, they were distorted, according to independent experts. Nevertheless, the list of businesses affected by the blast would eventually make up the basic roster USAID used for humanitarian assistance.)

Over the next days, with the help of the PC's office and other Kenyan ministries: 1) a media briefing center would be set up in a tent near the bomb site, 2) a funeral committee would be established in a tent neighboring Uhuru Park to identify and record the dead for burial (the Ministry of Home Affairs produced coffins, made by prisoners, for those who could not afford to bury their dead), and 3) the PC's office would donate a tent to the Kenya Red Cross to set up a family tracing center.

The Office of the President

At a higher level, staff in the Office of the President were working to establish a system to handle the huge donations of humanitarian goods

pouring into the country in response to the bombing. Gideon M. Ndambuki, minister-in-charge of disaster response in the president's office (and more specifically, the NOC) was tasked with this effort. Ndambuki worked through a committee chaired by Civil Service Chief Fares Kwindwa (now Kenya's ambassador to the United Nations) to handle donations and brief the president and others. Despite Kenya's reputation for corruption, most sources say donations were handled with integrity.

President Moi himself visited the blast site within one hour of the bombing. He continued to make daily appearances until the last body was pulled from the rubble. His office would, within 10 days, try to organize committees of Kenyan government, diplomatic, and NGO representatives to address particular subjects, such as medical relief and infrastructure repair. Although some of these committees were reportedly useful, most eventually curtailed owing to what is generally described as poor management and leadership. Others say the committees were vehicles for government representatives to make exaggerated appeals for funds and resources.

"The first meeting I attended, the [Kenyan] chair was an hour late, by which time I had to go," recalls one OFDA employee. "You see a lot of government concern. You see almost no government ability."

"With the equipment and the knowledge we had about the disaster I think we did very well."

Government sources disagree. "With the equipment and the knowledge we had about the disaster I think we did very well. Based on the advanced world, who have more knowledge and equipment, they could say we never did well. But according to our own standards, I think we really tried," says one minister.

The Ministry of Health

Of all the Kenyan government staff responding to the blast, it is the MOH staff who receive the highest praise from Kenyan and expatriate experts and eyewitnesses. Professor Julius Meme, then director of medical services, is constantly referenced as an effective, professional, and compassionate source of support by the dozens of governments and NGOs that provided medical assistance in the aftermath of the bomb. (See Chapter 5, The Government of Kenya's Response, and Chapter 11.)

On the day of the bombing, MOH staff (including Meme) toured the hospitals, an action most hospital staff surveyed noted gratefully. The next day Meme called a meeting of hospital administrators and ordered hospitals to waive their fees. (That order was later reinforced by the Medical Practitioners' and Dentists' Board.) He also asked them to identify their supply needs, from which came a preliminary list. The U.S. Embassy and USAID/Kenya confirmed actual needs on that list and presented it to OFDA in Washington on August 12.

The MOH then set up a secretariat for bomb-response, responsible for collecting information on the activities of service providers, such as

hospitals (including estimated fees), briefing the Office of the President daily on the emergency medical situation, as well as brainstorming on the longer-term needs of the injured. Meme would, for the next month, chair a committee for NGOs and donors interested in emergency and longer-term health assistance. Overall, most sources interviewed for this report found the Kenyan government's immediate medical response "commendable."

"I think this whole thing made...those who thought we couldn't do anything good ... change their stand," says Meme. "I think the U.S. now changed its mind about what Kenya could do."

The MOH initially tried to handle the medical donations that started to flow within hours of the bombing, but the volume soon became overwhelming. Donations then became the responsibility of the NOC, with KNH, a government-subsidized hospital, as the central storage area.

"I think this whole thing made...those who thought we couldn't do anything good ... change their stand."

Recommendation

Assess the ability of the host country to coordinate or conduct emergency relief efforts.

CHAPTER 2. COMMUNICATIONS

Introduction

U.S. government staff in Nairobi and Washington faced a range of communication challenges, from equipment to media relations, in the days after the bombing. Kenya's crumbling infrastructure and the extensive damage to embassy equipment compelled staff to devise ad hoc (and often overburdened) systems to aid rescuers at the site. With half the embassy personnel dead or injured, the remaining staff had to limit its relief response initially to embassy employees, a choice that was misunderstood in the Kenyan media and the wider (and severely affected) Kenyan community. Shortfalls in service delivery, cultural misunderstandings, insensitivity, and poor communication systems caused misperceptions about the intent and commitment of the U.S. government toward all victims. U.S. communications efforts were aided by the diligent and compassionate work of many individuals, most notably the ambassador herself, in the days and weeks after the disaster.

Observations

- v Media relations support after the bombing was inadequate.
- v First impressions of the United States immediately after a disaster influence long-term relations with the host country.
- v The Kenyan public interpreted American efforts to secure the embassy building and stop looters negatively. Kenyan press and public reacted furiously to the mention of looting.
- v American staff were unrealistic in expecting Kenyans to understand protocol or the idea of the embassy as "American soil." Americans' priorities (maintaining a coherent search and rescue effort, protecting embassy assets, looking out for a secondary attack) conflicted with the Kenyan concept of *harambee* (group support).
- v Most of the U.S. Marines who defended the embassy were white, promoting an "us versus them" image for many Kenyans.
- v With so many staff killed or injured, the U.S. government community was hard-pressed to help anyone but themselves in the first days after the bombing.
- v There were no immediate, visible means of demonstrating U.S. solidarity or assistance to civilian victims.
- v Some Kenyan politicians used alleged American insensitivity and lack of assistance to political advantage.
- v The U.S. government public relations team was so small, it was forced to be reactive. Outside support teams did not include p.r. support to the Mission.

First impressions of the U.S. immediately after a disaster influence long-term relations with the host country.

Information Flow Management

In the first hour after the bombing, the RSO established a command post (“One”) adjacent to the blast site to relay radio communications back to the Ops Center at the USAID building. Post One was to organize and minimize all but the most important radio communication on the one station available to the embassy. (Before the bombing, the embassy had made several requests to the government for additional channels.) The single channel caused considerable radio congestion on the day of the bombing. On-site staff describe communications on the first day of relief operations as “nonexistent.”

“We used runners, mostly motor pool drivers, to pass messages,” recalls one staffer involved in search and rescue. “The phones were dead and the radio system, with only one channel, totally jammed. The Ops Center was useful because it had direct communication with Washington and could coordinate our getting help.”

After an initial shortage of radios (many staff neglected to carry theirs at all times), staff secured extras, but that only compounded the problem of high traffic.

The phones were dead and the radio system, with only one channel, totally jammed.

Radio messages were collected and distributed at USAID Parklands by a revolving, 24-hour, volunteer team at the Ops Center. The radio team (as with other Ops Center teams) was composed of embassy and USAID volunteers.

There was also team for an OFDA-Food for Peace satellite telephone that was set up only for incoming calls. USAID/Kenya staff switched fax lines to phone service, creating several land lines in short order (staff estimate within three hours of the bombing). Thereafter the ‘satphone’ was used less and another team instead kept a landline open around the clock to the State Department’s Washington Operations Center. Three other land lines were dedicated to the emergency hotline set up to answer calls from relatives of embassy staff and others, and remaining land lines were used for Ops Center communications. Within a week, a V-SAT (very-small aperture terminal) telephone was installed, which improved communications significantly because it is like radio communications, but carries voice and data transmissions.

Without the emergency contact number or email address for the DOS’s Washington Ops Center, it took USAID some time to establish contact. Even then, there was no system for information flow in the early days. Staff relayed information to Washington verbally as it came in. Formal situation reports were few and sparsely written. Eventually, Ops Center staff set up a log to record important events and information that they would summarize in a situation report faxed or emailed to Washington. This mirrors the structure of the Washington Ops Center, which maintains a log of events and sends a report three times a day to the secretary of state.

Even with logbooks, however, Mission staff say they had to repeat information as Washington Ops Center staff changed shifts.

Recommendations

- Have multiple radio channels for staff communication in the event of a disaster.
- Carry radios at all times. Regional security personnel: conduct routine checks to ensure that all staff are carrying radios.
- Establish a team dedicated to monitoring and relaying radio messages at the disaster site and the Ops Center.
- Keep, and update yearly, emergency contact information, including the telephone, fax, and e-mail of the DOS Washington Ops Center.
- Keep a logbook at the Ops Center of key events, for immediate briefings to Washington and others, and for long-term record keeping.
- Put the DOS Operations Center e-mail address on the global e-mail system; display the telephone number prominently in the global address book.
- Keep key equipment, such as satellite phones, in secure areas. Have a mobile system available at short notice.

Equipment

There was no additional equipment for emergencies; embassy and USAID staff had to make do with what was on hand. This was particularly challenging as telephones in the area surrounding the embassy were knocked out and telephones for the Parklands building were, as everywhere in Kenya, unreliable.⁴⁰

There were, according to staff estimates, only two satellite phones available on the first day of the emergency operation. Telkom Kenya, the Kenyan telephone company, did set up additional land lines in the first hours after the bombing at the request of the embassy, but staff still had to talk across a rickety, and at that point, jammed land line system. (Kenya's telephone system was understandably choked in the days after the bombing as anxious relatives at home and abroad tried to find family members.)

Staff interviewed for this report say they could have used more satellite telephones, and embassy military personnel have since taken purchased redundant computers, satphones, a paper shredder, radios, food, and other

There was no additional equipment for emergencies; embassy and USAID staff had to make do with what was on hand.

supplies. Some note with concern that the new U.S. Embassy site in Nairobi will also include USAID, the marine house, and the warehouse. They question the value of placing redundant equipment in a warehouse, since back-up supplies might be vulnerable in case of a future attack. Others note the improved security of the new facilities and the superceding benefits of closer relations between U.S. government agencies.

The subject of redundant equipment, staff note, should be addressed at a higher level than individual departments and agencies. Some say OFDA should have a standard emergency container in its four regional stockpiles around the world with the equipment necessary to reconstitute an office that could be flown into an embassy in need. However, they note, “reconstituting an embassy” does not fall under OFDA’s mandate.

“There have to be some fundamental decisions made,” notes an OFDA staffer. “Does the DOS view these [terrorist attack] disasters as different from what OFDA responds to? Or is this something we should do? If the agency wants to make OFDA the vehicle, it needs to give us more money.”

The embassy computer system took time to fix. The embassy information services department had backed up the information (which it does daily, weekly, and yearly).⁴¹ Backed-up information was, fortunately, at the USAID computer room because of the practice of switching back-up data between the two buildings. The embassy was fortunate in that its information services department had done a back-up the day before. The back-up precautions allowed embassy staff to reconstruct almost all their files.

The embassy was fortunate in that its information services department had done a back-up the day before.

Information system personnel point out, however, that the practice of switching backed-up information between buildings was not mandatory nor rigorously enforced, and recommend it be so. Globally, embassy information services personnel note that in DOS and USAID “there is no standardization when it comes to policy implementation” on backing up information. One staffer says although he has seen cables from DOS on the importance of backing up data, “if it is a policy I don’t think many people know about it.”

The embassy was fortunate in that no one in its information services department was killed in the bombing (although some were injured). Following an inspection by security and search and rescue teams, staff were allowed into the building to see what could be salvaged. Although some scratched and battered equipment was recovered, the embassy’s server was destroyed in the blast and there was no spare server.

“We should have had a spare server,” says one embassy staffer. “I understand that it is an expensive thing. Maybe OFDA could have ones that could be flown in [for the duration of the relief effort]?”

Staff estimate that embassy data were restored within two weeks and new computers delivered from Washington within a month. Until that time, the USAID server, hardware, and information systems bore most of the burden of the embassy communication needs.

Recommendations

- Keep redundant communication equipment (satellite telephones, shredders, spare radios) off-site for use in a disaster.
- Back up information systems on a set schedule and keep data copies off-site, or exchange them between agencies to ensure integrity of data if one site goes down.
- Include temporary provision of essential equipment, such as computer servers, in relief to U.S. government agencies following a bomb attack.

Media Relations

Introduction

The bombing of the U.S. Embassy in Nairobi was a major news story for the international press. For the local Kenyan press, it was one of the largest, if not the largest, news event in decades. According to some estimates, more than 400 journalists converged on the bomb site and related sites in Kenya in the week after the bombing. Journalists climbed on the rubble to catch the first pictures of bodies being unearthed. Journalists' flash bulbs illuminated the night operations of the Israeli and American search and rescue teams as they worked to rescue survivors trapped under the rubble. Journalists roamed the crowded corridors of local hospitals, documenting the bleeding bodies lying on the floor and the distraught family members crowding the parking areas.

But the target of the bomb was the embassy, and as such the embassy building and embassy staff became media magnets. Photographs taken within minutes of the bombing of U.S. Ambassador Prudence Bushnell being led away from the site by a bleeding colleague provided visually stunning evidence of the devastating effectiveness of the bomb. Photographers, cameras, and reporters circled the embassy building and pushed their way toward the door, at times flagrantly disobeying the orders of embassy and USAID staff who were trying to maintain a cordon. Support to Embassy-Nairobi in media relations was inadequate. Within 24 hours, the Nairobi office of USIA logged in more than 200 calls, while dozens of reporters spontaneously showed up at the two main staging areas for the American emergency response—the USAID Parklands building and Jomo Kenyatta International Airport (JKIA).

The words and actions of American personnel just after the bombing were not just good copy for the press, they were the first impressions the Kenyan public had to form an opinion of the U.S. government's response to the disaster. First impressions, positive or negative, influence long-term relations. For many interviewed for this report, those first impressions were negative.

The embassy building and embassy staff became media magnets.

The marines were portrayed in the media and perceived by the Kenyan public to be aggressive and rude.

A series of actions and events contributed to the bad impression created. These include the behavior of the U.S. Marines (see Chapter 4, The U.S. Marines) and allegations of looting in the embassy (see Chapter 4, Looting). The marines were portrayed in the media and perceived by the Kenyan public to be aggressive and rude. The Kenyan public interpreted their efforts to secure the embassy building and stop looters negatively. The fact that most of the marines guarding the embassy were white added to the “us vs. them” image in the minds of many Kenyans. There was looting in the embassy, but public mention of it provoked a furious reaction from the Kenyan public and press.

What Kenyans Think of American Reaction

“A public relations disaster is what the American nation has reaped in the wake of the fateful events of the last week. And a nation has never deserved it more.

“If Kenyans are united in coming to terms with this disaster, then they are even more determined in their condemnation of what they see as America’s callous disregard for the dignity of their lives and their property.

“‘Terrorism is not a justification for ceding the security of this country to Americans,’ a journalist, after a brush with the marines at the temporary U.S. Embassy in Parklands, mutters. Genghis Khan, after the conquest of a sizeable chunk of the world’s real estate, couldn’t have swaggered in this manner.

“This was not our war, Kenyans feel. We were attacked, the feeling runs, because the Americans were here. Why then are they insensitive to our suffering and sacrifice, the cause of which they albeit inadvertently contributed?”

—Mutuma Mathiu, *Nation*, August 16, 1998

Equity

The behavior of the U.S. Marines and the issue of looting exacerbated historic tensions between the American and Kenyan community. Chief among these is the issue of equity—the perception that Americans are given a higher priority than Kenyans.

“Some of the initial problems were with the perception that Americans were saving Americans while others were dying,” notes a USAID staffer. “The looting issue added to the fire that [already] existed.”

There were claims made in the press and elsewhere that Americans rescued Americans first, that Americans were placed in better hospitals

than Kenyans, that injured Americans were evacuated to Germany and South Africa before injured Kenyans, that dead Americans were being placed in the 'better' private funeral home as opposed to the city morgue.

"The perception was, not only was there a difference in rescue, but in death," recalls an embassy staffer.

American officials consulted for this report do not deny that their first priority was the accounting for and care of embassy personnel. They emphasize their sympathy for the many dead and injured Kenyans, but note that with more than half the embassy staff themselves unfit for duty, there was little manpower or resources they could contribute to the overall relief effort in the first 24 to 48 hours.

Kenyans, however, were largely unaware of the extent of damage to staff and resources at Embassy-Nairobi. What they saw were photographs of U.S. Marines pushing crowds back with weapons cocked.

U.S. government personnel involved in disaster response allege some Kenyan officials and media used such images deliberately for "political purposes." Specifically, they allege that Kenyan government officials, displeased with U.S.-supported initiatives to encourage multiparty democracy, used negative publicity to discredit the United States. Opposition politicians raised the issue of equity (particularly racial discrimination) to seek a higher profile, according to some interpretations.

"If you've got people who want to believe the worst, who have some other agenda, this is just an opportunity to gain attention," says one embassy staffer.

Historic resentment of American wealth and power, issues of equity and high public emotion were exploited to advance political agendas, say American sources.

"If you've got the nicest house in the neighborhood and your house goes up in flames and sets fire to the rest of the neighborhood, you can imagine what the reaction would be," notes a USIA staffer. "Add to that when you have mostly white people in that house and everyone around is black, there is an emotional resentment that is directed at you, not necessarily the people responsible for the incident."

It did not help when the Department of State issued a travel advisory. While it may seem reasonable for the United States to warn its citizens against travel to a country where a major terrorist act has just occurred, many Kenyans felt the advisory would further depress their ailing tourism industry. Kenyan government sources say they saw it as an insensitive economic blow to a country victimized in a dispute not of its own making.

Such issues, along with sensational media reporting and emotional or political statements from public figures at times encouraged an atmosphere of paranoia. Media ran the gamut from restrained reporting to "Lyndon

Resentment of American wealth and power, issues of equity and high public emotion were exploited.

Larouche-like editorials saying [that the bombing was] a western imperialist plot to enslave Africa,” recalls a U.S. Information Agency staffer. “One journalist called to suggest that the bombing was done by the Americans in order to distract from the Clinton-Lewinsky affair.”

Visibility of U.S. Assistance

U.S. government staff consulted for this report note that a swift and visible American humanitarian response might have helped mitigate initial negative perceptions. They note that American relief efforts for the first 24 to 48 hours were focused almost entirely on the U.S. Embassy and were staffed and run almost entirely by Nairobi-based personnel. If the American government and people were concerned about the death and injury of thousands of Kenyans, it was not immediately visible, sources say.

A closer examination of events reveals that perceived U.S. inaction was less the result of neglect than of bad luck and a series of unforeseen circumstances.

The travel time between the United States and Kenya proved to be a major obstacle to a larger American humanitarian response in the first 48 hours. A small (12-person) medical team from Saudi Arabia was the only U.S. non-military support to arrive in-country within two days. Other teams, including SAR Team 1 and FEST deployed within hours but did not arrive until Sunday or later because of mechanical problems with their airplanes as well as the 8- to 20-hour travel time separating European and American command posts from Kenya.⁴²

The American medical team divided its time between evaluating colleagues for evacuation and providing services to Kenyan hospitals.

The responsibility for the relief effort in the first two days consequently fell to Nairobi-based U.S. government personnel not injured in the blast.

The American medical team that arrived on August 8 divided its time between evaluating injured colleagues for medical evacuation and providing services to Kenyan hospitals and medical staff. However, much of the services for Kenyan victims were not visible to the general public. A training course in trauma, for example, helped Kenyan health providers but was not of direct benefit to victims. (See Appendix 25 “U.S. Army Grief Counselors Helping Kenyans to Help Themselves.”)

It was left in large part to other diplomatic missions, private organizations, and individuals to provide for Kenyan victims the first two days. Most prominent of these was, by all accounts, the Israeli search and rescue team, which arrived the afternoon of August 8. Thanks to the work of embassy search and rescue teams, the Israelis were not needed in the embassy, so embassy staff sent them to the Ufundi building next door. The Ufundi pile, the rubble that was all that remained of the eight-story office building, was the visible and dramatic heart of the disaster. By the time the American search and rescue team arrived on August 9, the American Embassy had been cleared of survivors and the only other area of operations was the less visible Co-operative Bank building.

This description is not intended to discredit the work of the American search and rescue team because it was not 'visible' nor to advocate for humanitarian assistance based on public relations. However, first impressions enshrined the Israelis as heroes in the hearts of Kenyans (despite the presence of other, equally capable search and rescue teams) just as they condemned the Americans to a reputation for insensitivity, symbolized by the hulking, angry image of a U.S. Marine.

"What we needed were public relations personnel telling the press and the Kenyan people (crowd) what we were doing and why," notes an embassy employee who helped in relief efforts. "I had people dying and dead in my embassy. Public relations was the last concern."

"I had people dying and dead in my embassy. Public relations was the last concern."

U.S. government officials attempted damage control in the days and weeks following, ranging from full-page condolence notices in major Kenyan newspapers (see Appendix 12 American Condolence Notice) to official visits from high-ranking U.S. officials, including U.S. Secretary of State Madeleine Albright on August 18. However, myths and realities about the American response would continue to plague American assistance programs to bomb survivors, causing anxiety to embassy and USAID staff eager to prove that accusations of inequity were not true. (See Appendix 14 Will Albright's Visit Make a Difference?)

"Timely provision of substantial assistance from the American people is critical to U.S.-Kenyan relations in the wake of the death and destruction wrought in Nairobi," wrote USAID Mission Director Jonathan Conly in late August 1998. "The ambassador and country team here, therefore, feel a special responsibility to ensure that the American response is substantial and quick." (Conly August 28, 1998)

Staff Capacity

Numerous sources say the small size of the PR team available and authorized to speak to the media has much to do with the negative publicity that plagued U.S. assistance efforts. The Nairobi office of USIA, although supported by a number administrative staff, had only one press officer and one public affairs officer at the time of the bombing. These two, along with a press officer seconded from USIA in Addis Ababa, Ethiopia, provided the bulk of U.S. public relations support.

USIA staff quickly established themselves in the USAID Parklands building Ops Center on the day of the bombing, and worked from there for the duration of the emergency response. With such a small team however, American press relations could only be reactive. The volume of calls and demands from the press alone was incapacitating.

"We were pretty much pinned down," recalls one USIA staffer. "We weren't able to get out a lot."

Some U.S. government staff say that had there been more public relations staff at the Ops Center and the bombsite, potential problems (such as the behavior of U.S. Marines) might have been better explained or averted. Additional staff could have gone to local newspapers and television stations to explain the U.S. position and promote better relations with the press.

“If we had known what the reaction was going to be, we would have worked even more aggressively with the local press,” says another USIA staffer. “We would have spent more time trying to get to key players in the local press [who are often thought-leaders for the media as a whole].”

Many embassy and USAID staff suggest that USIA should consider sending in a “SWAT team” of press officers in future disasters. But USIA staff who worked after the Nairobi bomb counsel that “bringing in a lot of people who are not familiar with Nairobi could also create a lot of problems.”

USIA staff point out that new staff often need excessive amounts of guidance, from media protocols to street directions. They agree that USIA staff who worked previously in Nairobi or surrounding countries could be of assistance, as could staff with disaster response experience.

“What is often needed is people with the experience and background that is...appropriate,” says a USIA source. “That could be the local experience. It could be experience in this kind of situation where there’s been loss of life.”

“We are losing the PR game very quickly here, and we are at real risk of destroying over 30 years of goodwill if we do not move quickly.”

Public relations, however, seemed to be a low priority, judging from the U.S. government response. FEST arrived in Nairobi with military and administrative staff, but no press officers. OFDA sent a three-person Disaster Assessment Response Team, but no press officers. SAR Team One and FAST, a company of marines sent from Bahrain, did come with its own press support. However, these press representatives were dedicated solely to each team’s particular task and departed with the team when their job was done.

The result of limited public relations support in Nairobi, according to numerous sources, was an inability to contain the “many-headed Hydra” of negative publicity that arose. This, some say, had longer-term implications for U.S.-Kenyan relations.

“The U.S. response to the bombing has, rightly or wrongly, generated quite a bit of animosity towards the U.S.,” wrote USAID/Kenya Mission Director Jonathan Conly. “We are losing the PR game very quickly here, and we are at real risk of destroying over 30 years of goodwill if we do not move quickly to offer some serious level of assistance.” (Conly August 17, 1998)

Host Government Relations

Communication with Kenyan government officials after the bombing was facilitated in large part by solid pre-existing relationships between key ministry staff and embassy and USAID (particularly FSN) staff. While there was no coordinated briefing system for government personnel in the chaotic first days after the bombing, information flowed through effective informal and formal networks.

USAID staff, for example, met with the Kenyan government's director of medical services within a week of the bombing to assess what medical commodities were needed and discuss strategy for the short- and long-term care of the wounded (see Chapter 5). A U.S. government engineering contractor met with Ministry of Works staff about a list of affected buildings and businesses they compiled in the first three days after the bombing. U.S. government personnel met with Kenyan government and international donor representatives at frequent coordination meetings, starting August 14. Relations between Kenyan military and U.S. government security personnel at the bomb site were less effective (see Chapter 4).

The U.S. ambassador moved quickly to make public demonstrations of solidarity with Kenyan government officials. An important symbolic gesture of unity between Kenya and the United States came on August 26 when U.S. Ambassador Prudence Bushnell met with Kenyan Trade Minister Joseph Kamotho. The ambassador had been with Kamotho in the Co-operative Bank building when the bomb exploded; by meeting with him so soon after the blast the two seemed to send a message of strength and determination to the perpetrators. Kenyan newspapers rallied to the story. "Now Sir, as We Were Saying?" was the title of one story. (*Nation* August 27, 1998)

The U.S. ambassador moved quickly to make public demonstrations of solidarity with Kenyan government officials.

Other communication at the highest levels of government, including a phone call between U.S. President Bill Clinton and Kenyan President Daniel arap Moi, demonstrated a tangible concern for U.S.-Kenyan relations. Two official visits, first from U.S. Secretary of State Madeleine Albright and then U.S. Surgeon General David Satcher, helped reassure Kenyans that Americans were firm in their resolve to apprehend the perpetrators and help the victims. But equally important, say Mission staff, was a practical demonstration of commitment to Kenya's bomb-affected, specifically funding, goods, and services for victims. This took longer (see Chapter 3).

On September 11, for example, USAID/Kenya staff voiced concern over the ramifications of a press conference held for a visiting USAID official in which no concrete assistance would be announced. "[S/he] comes here

only to empathize (as important as that is),” wrote one staffer, noting that only tangible assistance could “preempt the next round of negative press out here.”

When Secretary Albright arrived in Nairobi on August 18, U.S. government medical commodities were so scarce staff had to scramble to find spare boxes of supplies that could be used as props for photo ops. Ironically, at these same photo ops the secretary announced at least US\$1 million of economic support funding for those injured by the bombing. However, that money (to reimburse hospitals for consumables) was not released until October 27, nearly three months later.

High-profile visitors raised expectations of the Kenyan public and government about the size and immediacy of the U.S. humanitarian response. Subsequent delays in securing resources put significant strains on host country relations.

High-profile visitors raised expectations...about the size and immediacy of the U.S. humanitarian response.

“We...thought [funding] would be coming imminently,” says one USAID/Kenya employee. “It was a moral issue. Not having the monies available to keep that commitment created an enormous amount of stress...for people on the front lines. The whole trust and confidence in our work [was at risk] with the Kenyan government. You don’t make promises you don’t keep.”

Finally, some government officials and opposition politicians rankled embassy and USAID personnel when they added their voices to the media criticism of U.S. actions immediately after the bombing. A petition was drafted deriding the U.S. government and Secretary of State Madeline Albright for alleged racist actions. Social relations were strained for a few months until Ambassador Bushnell called a meeting in her deputy chief of mission’s office for “an exchange of views.”

Recommendations

- In an emergency, second extra public affairs staff to the Mission.
- Include public affairs officers in U.S. government support teams that come to the aid of an embassy in crisis.
- Be careful about addressing hard truths such as looting at a time of high national emotion.

CHAPTER 3. FUNDING

Introduction

Most U.S. government assistance in the first two weeks after the bombing was OFDA contributions in kind, staff support, and other non-cash assistance. Available money was quickly disbursed to emergency relief NGOs identified by USAID/Kenya staff. OFDA assistance was timely and critical in dealing with the crisis. But it was only a first step.

Observations

- v OFDA can provide immediate, short-term, life-saving assistance after a terrorist attack. It cannot provide interim funding to help overseas Missions move from relief to development, or funding for longer-term rehabilitation or internal staff support.
- v There is no source of bridge money to cover needs that fall within the transition from emergency relief to rehabilitation.
- v Without money to plan and provide humanitarian assistance, the appearance of government inaction can exacerbate bad feelings.

Kenyan Government and Donor Funding

In the first week after the bombing, Kenyan officials organized a meeting of donors interested in funding the recovery program, assisted by USAID/Kenya's mission director and the United Nations Development Program resident representative in Nairobi. Kenya organized a database of donors and service providers and invited private sector groups, such as the Kenya Association of Manufacturers, NGOS, and other service providers to hear their assessment of needs.

The appeal called for US\$156 million for a wide range of humanitarian assistance programs.

Working with donors and service providers, Kenyan officials then formed five committees⁴³ to address areas identified in the assessment. These were health, social and economic recovery, business relocation and rehabilitation, repair and reconstruction, and capacity-building in disaster management. The committees worked intensively over about three weeks to draft an Appeal for Assistance, released August 31.

The 43-page appeal called for KShs.9 billion (US\$156 million) for a wide range of humanitarian assistance programs. It also proposed that money be put in a trust fund that would be overseen by a management committee coordinated by the Office of the President and concerned government ministries, donors, and NGOs.

The appeal, says one USAID/Kenya source, was “wildly unrealistic. The donors politely sent it back to be more realistic. The next draft was better, but [still] not really on target.”

As time passed, donor interest in responding to what was widely perceived to be an exaggerated appeal for funds waned. Even a UNDP web page, designed for bomb-response activities, faded slowly from organizational radars. The large amount of time USAID officials spent on organizing donor meetings became, in the words of a USAID manager, “a lot of spinning of wheels that did not amount to much.”

“It became pretty clear after a couple weeks that ... it was [largely] up to us.”

“It became pretty clear after a couple weeks that a few of them would do some things but that it was [largely] up to us,” says a USAID/Kenya source. “[Other donors] did not have the flexibility to respond quickly to a disaster. [The U.S. government] also felt a responsibility to do something.”

The lesson learned, one USAID sources says, is that “if a U.S. facility is bombed, do not expect other donors to have the same commitment that the U.S. government does.”

OFDA’s Response

OFDA provided US\$2,665,065 in cash and contributions in kind to disaster response efforts immediately after the bombing. Of this, 7 percent, (US\$164,050) was direct cash assistance. Of that amount, only US\$25,000 (1 percent of the total) was unrestricted. Most of the money went to SAR Team 1, which came and left within 10 days of the bombing. (OFDA Annual Report 1998 33-35)

The first assistance money to arrive was US\$25,000 on August 13. This is the standard unrestricted disbursement OFDA provides when a U.S. ambassador issues a disaster declaration, which Ambassador Bushnell had done in the first few days after the bombing. The money was quickly disbursed to organizations that played a clear and urgent role in bomb-response—St. John’s Ambulance (US\$11,500 for medical supplies), the Kenya Red Cross (KRC) (US\$4,000 for medical supplies) and Oasis Counseling Center (US\$7,500 for trauma consultations), a local mental-health care provider.

OFDA also disbursed grants case by case, based on quick proposals USAID/Kenya submitted. These included US\$45,000 to UNICEF to send medical support kits to Kenyan hospitals and US\$41,050 to the African Medical and Research Foundation (AMREF) for an information coordination center. OFDA also provided US\$53,000 for an emergency disaster response coordinator in USAID/Kenya to continue to coordinate the U.S. government response, as well as provide technical advice in disaster preparedness, prevention, mitigation, and planning.

The largest single OFDA contribution, however, was SAR Team 1. OFDA estimates that it cost more than US\$2.4 million to fly the search-and-rescue

staff, equipment, and dogs to Nairobi, as well as to send a Miami-Dade Fire and Rescue Department team from Florida to Washington, DC to coordinate the response. (OFDA 1998 34)

In the next few months, OFDA would give US\$400,000 to IMC and KRC for emergency and first-responder training for public and private hospitals around Nairobi, and more advanced training for doctors, nurses, and ambulance corps in dealing with casualties and other emergencies. These would be the last of OFDA's bomb-related funds.

OFDA's Mission and Programs

Mission: to reduce and, where possible, prevent loss of life, human suffering, and damage to economic assets in disaster-stricken countries around the world.

Programs: The chief of Mission may request up to US\$25,000 in cash, supplies, or services from the international disaster assistance account. Additional relief funds may be requested for the following essential areas: shelter, water and sanitation, health, logistics, technical assistance, and, in special cases, food.

Source: USAID Cable: "USAID Office of U.S. Foreign Disaster Assistance (OFDA) Guidance for FY1998 Replacing USAID Handbook 8" Cable.

Limits of OFDA Funding

OFDA paid for a range of services and commodities, but some embassy and USAID/Kenya staff were frustrated by its strict emergency mandate.

"Beyond the risk of death and pain and suffering, our mandate drops off sharply after that point," says one OFDA-Washington employee. "It's structural. We are not designed to be able to respond at a 'retail' [individual] level that quickly."

OFDA can provide more than US\$1 million in cash to an overseas Mission within 24 hours, and fly in commodities and staff, but for specific purposes. That means it would pay to pull bodies from the rubble, but could not reimburse hospitals for the consumables they dispensed on the day of the bombing. It would pay for an engineer to examine damaged buildings to gauge likelihood of collapse, but could not fund an engineer to plan rebuilding. Most money it disburses is for short-term activities.⁴⁴

OFDA staff say hospital bill reimbursement or infrastructure repair are rehabilitation and thus do not qualify for disaster assistance. OFDA and other U.S. government staff point out that such programs require

"Beyond the risk of death and pain and suffering," OFDA's mandate drops off.

identification of victims and an assessment of injury, a “sticky wicket” in a poor country like Kenya with a reputation for corruption.

“Who is a victim and who is not? Whose numbers are you going to believe? What was the previous level of misery?” asks one OFDA staffer. “There are a lot of pitfalls in that task, identifying who is in need. I don’t think OFDA should do it, and I don’t think the rest of this agency is necessarily equipped to do it. If you’re talking about victims by name then you have to really address it on that level.”

USAID/Kenya staff realized it would have to go through normal channels to get money for hospital bills, infrastructure repair, and other rehabilitation programs. But they point out that they needed planning money to design the programs properly. Therein lies a central weakness of U.S. response to disasters of this nature.

In the special case of the Kenya and Tanzania embassy bombings, it took five months to secure longer-term funding for rehabilitation. According to staff surveyed for this report, there is no source of bridge monies or other support for internal and external needs.

“The activity falls within a transition between emergency and rehabilitation. It is more development than emergency,” says an OFDA staffer. “It is a unique, specific kind of activity.”

In the case of hospital bills, for example, USAID had to contract an accounting firm, a health management firm, and a local NGO to devise a formula that was fair to the hospitals and to the U.S. Congress (who would ultimately approve funding.) But how would USAID/Kenya find money to pay for the services of the accounting firm and those who helped with planning?

“There was no money to raise money. We were scraping bits and pieces together from whatever source we could find.”

“There was no money to raise money,” says one USAID staffer. “We were scraping bits and pieces together from whatever source we could find, asking people to work for free, working through other [pre-existing] programs. We ended up using some of our own authorities to keep us going. We felt like beggars.”

OFDA is also restricted from providing internal support to U.S. government agencies. So, while it is empowered to provide money and other support to local mental health care providers for trauma counseling services (and did so in Nairobi through Oasis Counseling Center), it cannot give cash assistance to USAID or the U.S. Embassy for mental health care or other assistance programs for U.S. government staff.

“While we’re acutely aware [mental health is] a very important component, it is not within our mandate,” says one OFDA-Washington staff. “I don’t think it falls under the OFDA mandate to expend international assistance money to support Mission staff. That’s an agency problem.”

Recommendation

USAID and DOS: Explore with the OMB and the U.S. Congress mechanisms or new congressional language that would enable the government to use already appropriated money for bridge programs to begin rehabilitation while OFDA emergency aid is ongoing.

OFDA Funding for Bomb Blast Humanitarian Services

OFDA provided US\$2,665,065 (OFDA Annual Report 1998 35) in cash and contributions in kind to disaster response, including_____

Amount	Purpose
\$25,000*	St. John's Ambulance (medical supplies) Kenya Red Cross (medical supplies) Oasis Counseling Center (trauma consultations)
\$45,000	UNICEF (procurement and transport of medical support kits to Kenyan hospitals)
\$53,000	USAID/Kenya (emergency disaster response coordinator)
\$2.4 million	SAR Team 1 and Miami-Dade Fire and Rescue Department (search and rescue, coordination)

Source: OFDA Annual Report

*Unrestricted monies

CHAPTER 4. SECURITY

Introduction

Most of Embassy-Nairobi's security personnel were miraculously preserved from harm on the day of the blast,⁴⁵ a fact that would have implications for every other facet of American humanitarian response over the coming days. U.S. security staff would rapidly set up a perimeter, clear the building of civilians, and organize a search and rescue effort that would save lives and protect the embassy structure. Embassy personnel would also be challenged by the tens of thousands of people massed outside the embassy walls, by looters who took advantage of the tragedy, and by the Kenyan response to the disaster and to Americans themselves.

Formal disaster protocols, plans, and procedures figured surprisingly little in the calculations of all staff who responded to the bomb blast. Most staff say that emergency scenarios, including the Mission emergency action plan, did not cover a mass-casualty terrorist event in which a large number of embassy staff were injured or killed. Nor did it take into account Kenya's poor infrastructure.

"No amount of previous planning could have prepared us for the scale of the disaster that happened on August 7th," says one embassy security expert. "All previous DOS plans made judgments based on a department history of having all employees available to deal with disasters. This was a false assumption."

"No amount of previous planning could have prepared us for the scale of the disaster that happened on August 7th."

Observations

- v U.S. security personnel did their best to secure and clear the building, enabling search and rescue teams to reach victims swiftly.
- v For many hours, American security staff and British reinforcements were the only law-and-order force at the blast site.
- v Crowd control was a major challenge.
- v Organizational response of Kenyan military and police was weak; the chain of command was unclear, even to many Kenyans.
- v Kenyan military found U.S. security personnel "isolationist."
- v Kenyans, who saw themselves as the larger victims, saw American efforts at crowd control and security as "rude" or "insensitive."
- v Public charges of looting exacerbated Kenyans' bad feelings.
- v Security at other U.S. government installations was weak until FAST arrived 24 hours after the blast.
- v Increased security precautions and drills reinforced security but raised staff anxiety.

Securing the Site

At the time of the bombing, the country team was meeting on the fourth floor of the embassy in the ambassador's office, facing Moi Avenue. The location was fortuitous, as it was not only on the far side of the building, but on the other side of a vault wall. The wall protected senior staff from the main force of the explosion, allowing them to crawl (mostly unharmed) down dark, smoky, debris-strewn steps to the embassy entrance, where shell-shocked staff tried to assess the damages. What they saw confirmed their worst fears: a shattered building, smoke and fire spewing from the bomb side of the building, cars and other buildings shattered for blocks in every direction, hundreds of bloody employees and civilians staggering away from the blast site, and a crowd of horrified onlookers amassing in ever-greater numbers.

On the blast side of the embassy, adjacent to the Co-operative Bank building, a huge pile of rubble and concrete slabs arched up to the embassy's second floor. This was the smoking remains of what moments before had been the Ufundi Sacco building. Hundreds of onlookers were already climbing up the rubble and into the embassy in a disorganized civilian relief effort that continued for the 24 hours following the blast.

Almost immediately, Paul Peterson, RSO at the time, was placed in charge of the bomb site, a decision agreed to by Steve Nolan, administrative counselor, and Acting Deputy Chief of Mission Lucien Vandenbroucke. Staffing the disaster was the next challenge.

One out of four people in the embassy died immediately, another quarter were so badly injured that they could not help themselves, and a third quarter had minor injuries.

One out of four people in the embassy died immediately, another quarter were so badly injured that they could not help themselves, and a third quarter had minor injuries. Peterson, however, was extremely fortunate: not only was the embassy Diplomatic Security Services (DSS) team intact (including his two assistant RSOs, DSS Chief Security Engineering Officer W. Lee Reed, and Reed's entire DSS engineering staff), but coincidentally more than 10 U.S. Army personnel was in town conducting a survey of the post—all of whom survived the blast. They were immediately seconded for security. Most were given weapons and moved quickly to help the embassy's battered MSG, which had lost one soldier in the blast and was struggling with the serious injuries of several more (one marine had crashed several floors in the embassy elevator but nevertheless went on to stand guard nursing several broken ribs).⁴⁶ The remaining security and engineering personnel volunteered for search and rescue, trading off with security personnel as the day proceeded.

The United Kingdom High Commission's team of military, medical, and engineering personnel, later joined several dozen members of the British Army Training Team stayed until FAST and SAR Team One arrived, helping out with security, search and rescue, and logistics.

When FAST and JTF (see Chapter 1 External U.S. Government Support Staff) did arrive, soldiers were placed as perimeter coverage at the bomb

site and began to upgrade defenses at the USAID/temporary embassy building in Parklands. Their assistance gave a much needed rest to the embassy's security team, but brought challenges as well. There was confusion over the JTF's mandate. Was it, in fact, here to relieve embassy personnel not just of duties, but of authority? Several sources say JTF staff tried to deny embassy staff access to the blast site, or otherwise usurped their command.

"I argued with the JTF on a regular basis," recalls one embassy security staffer.

Peterson immediately (within 20 minutes of the blast) ordered two actions. The first was to establish a perimeter around the building using a rope. The other was to select embassy and USAID volunteers (who arrived at the blast site within 45 minutes of the bombing) to clear the building of non-embassy personnel and initiate a search and rescue effort for survivors. This took roughly an hour, according to estimates.

For the next 42 hours, Peterson's security staff stood in a ragged line around and on top of the building, attempting to perform counter surveillance (in the event of another attack) and to push back the huge crowds that threatened the efficacy of the relief effort. (See Appendix 51 "Bombing of U.S. Embassies in Africa—Marine Security Guards!")

Crowd Control

The crowd size, by all accounts, was alarming. Conservative estimates start at 10,000 and range up to 50,000 people amassed around the blast site.

"The crowd was the immediate problem," recalls Joseph Kaguthi, then PC of Nairobi Province. "Everybody was giving a solution the way they think best. There was no crowd control. It was a sea of people. I jumped on top of a fire engine and waved my stick shouting move, move!"⁴⁷

Nairobi's underfunded and ill-disciplined police force, by all reports, was little help. Although many arrived on the scene in short order, numerous eyewitnesses report they did little or nothing to protect the blast site. When action did come, it was inappropriate—using batons to compel crowd control, for example, which only incited the highly emotional⁴⁸ masses. Peterson at one point asked S. K. Macharia, a former police officer and head of the embassy's local investigators office, to ask the police for help. Macharia reports that he did so, approaching both the police commissioner and his director of operations, "but little seemed to happen despite repeating my appeals several times."

"To this day I find myself unable to comprehend the reason police neglected to take control of the scene."

"To this day I find myself unable to comprehend the reason police neglected to take control of the scene," writes Macharia. (S.K. Macharia, n.d.)

At least one U.S. government staffer who stood guard at the embassy entrance reports that she turned back the Nairobi police commissioner, specifying that, per orders, he must first get permission from the RSO. Macharia and others have since speculated that this may have contributed to poor or nonexistent relations with Nairobi police, but this speculation could not be substantiated. Others chalk police inaction up to inexperience.

“They didn’t know what to do, probably just like everybody else,” says a Kenyan military source. “I don’t blame them too much. They were waiting for someone to tell them what to do. But when you told them, they would do it.”

Sources point out that a new police representative had been posted to Nairobi on the day of the bombing and had been on the job less than three hours, perhaps accounting for some confusion.

Likewise, the NOC, the coordination cell for national disaster response, could offer little in the way of direct aid. With an extremely limited budget, the NOC had only one computer, a fax and short-wave radio and no direct authority over police, military, or other government disaster-response entities.⁴⁹

The guards of the U.S. Embassy’s private security contractor, UIIS, were initially too dazed to provide much assistance to Peterson and his team, according to eyewitnesses. Eventually, U.S. personnel complained to a UIIS manager, asking that he remove all non-working staff. Ultimately, UIIS guards provided helpful and culturally appropriate assistance in maintaining a perimeter, as well as screening donations to the scene with metal detection wands. (Culturally appropriate, for reasons of language and culture, as explained later.)

The British soldiers provided effective crowd control. They came in full uniform and were immediately distinguishable to the large crowd.

Those who did provide effective crowd control were the British soldiers. Whereas many American security personnel manning the perimeter were not in uniform (as many were volunteers with military background, but dressed in civilian clothes that day) the British troops came in full uniform and were immediately distinguishable to the large crowd.

The Kenyan Military

Kenya’s military was eventually put in charge of the blast area, but reports vary as to when troops arrived at the scene. Kenyan military sources insist they were at the site within an hour of the blast. Almost every other source consulted for this report says it was much later—four or more hours after the bombing.⁵⁰

One fact all can agree on is that when Kenyan soldiers first appeared they came prepared for war, not for rescue. Soldiers toting G-3 automatic weapons were subsequently sent back to their barracks to trade their guns for rescue materials, such as picks and shovels, causing further delay.⁵¹ Even when soldiers returned, embassy and other rescuers found it difficult

to discern who was in charge. The Joint Operation Center, a temporary coordination center in the Railways Headquarters across from the blast site for the various military units, police, and private rescue services, was not fully functioning until August 8. (Thuita August 2000)

Kenyan site management was poor, according to the emergencies field manager of the U.K.'s DFID. Numerous independent observers confirm this assessment.

“Senior officers from the government, police, and army appeared and all seemed to expect to take charge and most were manifestly incapable of doing so,” says a construction company representative who provided equipment and other assistance at the site. “The lessons learned were that no one was prepared for a disaster of this nature.”

When we finally convinced General [George] Ogoi [head of the Kenyan Army's Eastern Command force] we needed protection, especially at the [USAID Parklands building], they scraped up a few squads, but I had to find a way to transport them from the center of town to the USAID building,” says Peterson. “This was around [8 p.m.] on the 7th. When the squads were dropped off, they immediately left the area, claiming that they did not have their weapons and would return. A few did finally return, around [11 p.m.], and promptly found places to sleep. A few military or police would occasionally show up at the bomb site, hang around for a few minutes, then disappear.”

“We received little to no support from either the Kenyan police or military.”

The U.S. Marines

Kenyan officials interviewed two years later for this report say they understand the reasons for the embassy's strict security following the bombing. At the time, however, understanding was in short supply.

A wide variety of sources—both American and Kenyan—expressed dismay over the alleged “rude” and “aggressive” behavior of American security personnel. The “marines” (as all security personnel were erroneously labeled) were insensitive to the anguish of Kenyans (who, after all, had been affected in vastly greater numbers than the Americans), alleged newspapers and local officials. The marines did not understand the Kenyan culture of “*harambee*” (pulling together) in times of need. The marines hampered honest efforts to help the injured, treated Kenyan rescuers with hostility (sometimes cursing at them), prioritized Americans in their rescue efforts above Kenyans, and prioritized saving embassy documents above all else.

“Kenyans used to think their police were unfeeling buffoons. But that was before they met the American Marine, and had a firsthand peep at the American sense of priorities, their view of friendship and, like we say here, being mindful of each others' welfare,” wrote Mutuma Mathiu in a scorching two-page news analysis in *The Nation*, Kenya's leading daily newspaper on

August 16, 1998. “Kenyans feel that the Americans did not behave as if they gave a hoot about anybody who wasn’t American. And they did not.”

Others strongly defend the marines’ behavior, noting the extreme pressure the marine guard was under. “[They] were an inspiration to all as they staffed their positions, even though many were wounded,” says one American source (SAR Team 1 December 12, 2000).

“They were trying to protect their property. They had to be careful to see that whatever remains is intact so that their own investigators will have a free hand to find out what caused it,” notes a senior Kenyan politician.

Security personnel at the scene defend their actions based on safety reasons.

“I thank God each day of my life that I did not lose one search and rescue worker on my team. Hurt feelings...will never equate to one human life.”

“We understood the cultural differences, but the reality is that anyone entering that building could easily have died,” notes Reed. “I thank God each day of my life that I did not lose one search and rescue worker on my team. Hurt feelings or a temporarily damaged diplomatic relationship will never equate to one human life.”

Regardless of the justice of the charges against the marines, the furor their behavior evoked had long-term implications for the humanitarian relief effort, and for Kenyan-American relations (see Chapter 2). While American security personnel declined to review their actions, arguing the choices made were appropriate for the extremity of the situation, other eye witnesses, both American and Kenyan, suggest on-site communication might have been better. It is unrealistic, some say, for American marines to expect Kenyans (many poorly educated) to understand either military protocol or the concept of Embassies as “American soil.” It is likewise unrealistic to expect a country, in which group action (*harambee*) is a defining cultural concept, to refrain from attempts to provide assistance.

“They [the Americans] need to be strict but also to realize the other stakeholders have interests,” says one Kenyan army officer. “They should consider the feelings, the mood of the people.”

“It would have been prudent to have the marines keep a lower profile,” says an American U.S. government employee. Some staff suggest that better use could have been made early on of the UIIS guards—Kenyans who spoke Swahili and understood the ‘harambee’ mentality of their fellow citizens. The FAST team of marines from Bahrain that arrived August 8th and a later team of Seabees that were assigned to security detail were perhaps even less prepared to navigate Kenya’s cultural and emotional climate.

American security personnel interviewed for this report say it is unrealistic for host countries to expect U.S. soldiers to behave otherwise after a terrorist attack.

“What Would You Do?”

“Let me try to put this situation in perspective. Imagine for a moment that one of your colleagues is bleeding to death in front of you, and your house is burning. You are a very organized and resourceful person, so you have made written plans for various possible problems in life, but not for this one. What do you do now? Do you run back into your burning house to look for your written plans to review so you can decide what to do? Do you sit and debate the problem or worry seriously about what someone would think ‘on Monday morning’ about what you did? No, if you are a human being, you immediately help the person on the ground in front of you.

“Now imagine that you call for help and no one comes for a very long time. Also imagine that other people are coming from out of nowhere to enter your house and steal your property. They step over your bleeding friend on the walk to get to the house. So, in the midst of this crisis, you logically decide to keep the strangers out of your house to protect them and your property. You ask one of your friends to do this task. You send one of your other friends for help (at USAID), and you pick up your wounded friend and carry him or her on your back miles to a hospital. Then, you read the newspapers the next day, and they say that you illegally prevented ‘rescuers’ from entering your house. How would you feel?

“The embassy was our home, and the Americans and FSNs who worked there were our friends. Please understand that [when] someone later asks you what your disaster protocols were at the time. Simply, our goals were to save and protect life, then property and information. We used every bit of our ingenuity, knowledge, experience, and just plain guts to accomplish our goals.

“What would you do in a similar situation?”

—testimony of an Embassy-Nairobi employee who performed security and search and rescue duties on the day of the bombing.

Looting

What enraged Kenyans most, however, were charges of looting made by the U.S. Ambassador Bushnell in the week following the bombing.

“Nobody was interested in looting on that tragic hour,” said Charity Ngilu, a Kenyan opposition leader who visited the site on several occasions during the rescue period. “It is painful for anyone to say our people were looters.” (Mathiu August 16, 1998 8)

The Kenyan media and others who made this their battle cry issue were, in fact, incorrect. Numerous eyewitnesses, both Kenyan and American, have since testified to seeing looters in the embassy building and in the pile outside. Paul Peterson personally witnessed a looter going through the

What enraged Kenyans most were charges of looting.

Reed witnessed two men dressed as Kenyan policeman tearing the earrings out of the ears of a deceased Kenyan embassy employee.

pockets of a decapitated American employee who had been his sponsor on arrival at post. Lee Reed, the embassy's security engineering officer, caught looters carrying items around in—and out of—the embassy, and witnessed two men dressed as Kenyan policeman tearing the earrings out of the ears of a deceased Kenyan embassy employee. Col. Simon Mbogo, then coordinator of the Joint Operations Center, spotted a suspected looter on top of the Ufundi pile. When he called out to him, the suspect turned and ran. S. K. Macharia, a former Kenyan police officer of 30 years who, at the time of the bombing, was working in the embassy's local investigators office, saw looters who "took advantage of the situation." (Peterson September 28, 2000; Mbogo October 11, 2000; Reed November 6, 2000) A bodyguard of Kenyan Trade Minister Joseph Kamotho was charged with stealing the minister's briefcase, including KShs.640,000 (US\$10,666) in the "blast confusion." (*East African Standard* August 28, 1998 1)

All eyewitnesses stress that the majority of Kenyans who entered the building on the day of the bombing were interested in assisting the dead and injured. However, "a minority of approximately 20 were there to steal anything they could get their hands on," says one rescuer who worked inside the embassy building.

Sources point out that looting was more likely to take place in the "cover" of the embassy building where reinforced walls and smoke might mask nefarious activity. The Ufundi pile, on the other hand, was open to public view and surrounded by thousands of highly emotional eyewitnesses. Mob justice is still a fact of life in Kenya, and a looter might think twice before attempting theft in such a setting.

But the Kenyan media and public did not have access to the embassy building, and thus did not see the looting witnessed by American personnel. What they did see and hear were "rude" marines and accusations of thievery that seemed to add international insult to national injury.

[Ambassador Bushnell's comment on looting] "was taken very negatively," recalls Kaguthi. "Don't call us thieves when the situation was like this."

That looting did not happen strains credulity in a country of desperate poverty. Few official Kenyan sources consulted for this report dispute the possibility.⁵² What many say is a lesson learned is the advisability of mentioning hard verities such as looting at a time of high national emotion.

"Even if it was true, and it was true," says one embassy employee, "I think we all recognize it wasn't perhaps politic to bring that to people's attention just then."

For American security personnel, however, the looting was just one more example of the impossible place they found themselves in, trying to protect their people and embassy.

USAID Building

The embassy building was not the only security headache the U.S. diplomatic community faced. Back at the USAID Parklands building, where staff were forming a temporary embassy and centering emergency operations, the possibility of a secondary threat—another terrorist attack—was a pressing concern.

Recognizing the vulnerability of their building, close to other buildings, with little setback, staff closed the street using a U.S. government water tanker and other vehicles. Unarmed, nervous UIIS guards, provided security, with frequent (every two hours) check-ups by USAID/Kenya's executive officer. Staff requested Kenyan government soldiers to supplement UIIS guards, and introduced stricter entry requirements at the entrance. USAID and embassy personnel, intent on rescuing and identifying colleagues, did their best—at one point castigating UIIS guards for turning over a shift without waiting for their replacement—but security did not significantly improve until FAST arrived on Saturday.

"We were not secure the first day in any way, shape, or form," recalls one USAID staffer.

For security reasons, staff who were out of the country or otherwise on leave were asked to postpone their return (although those in transit were eventually allowed to return). The embassy, however, placed a high priority on restarting operations on Monday, August 10 to demonstrate that only America's building, not its spirit, had been broken.

Security continued to be a concern after bomb threats received at the Parklands building and across Nairobi in the days after the bomb. Hotels, offices, and other diplomatic missions received numerous threats, exacerbating the already tense atmosphere.

FAST provided security at the USAID building, closing the access road and positioning heavily armed marines at the entrances and on the roofs. Its presence proved as much a curse as a blessing. For many staff traumatized by the loss of colleagues or the shock of the blast, the heightened security elevated anxiety. Frequent drills brought back memories of the bombing.

"Surrounded by barbed wire, sandbags, sniffer dogs, and marines in combat gear, we were constantly reminded of failure," recalled Ambassador Prudence Bushnell. (Bushnell April 19, 2000)

The year that followed provided ample opportunity for anxiety. A few weeks after the bombing, U.S. Marines discovered a suspicious package at the USAID Parklands building and evacuated the entire building to the basement for more than one hour. A bomb threat at the International School of Kenya (where many embassy and USAID/Kenya personnel send their children) forced early closure for the Christmas holiday in 1998. One

Security continued to be a concern. Bomb threats were received at the Parklands building and across Nairobi in the days after the bomb.

week before the first anniversary of the bombing, another suspicious package resulted in another duck-and-cover exercise. Since the bombing, the Mission has closed sporadically owing to regional and specific security threats. When a suspicious package was found near the building nearly a year later and a duck-and-cover security alert was sounded, some staff found themselves emotionally overcome as the memories of the bomb came flooding back.

Over the next year both USAID and Embassy-Nairobi would procure new temporary offices that meet recommended security standards, known as the Inman Standards. (See “Brief Timeline of U.S. Embassy Security.”) Both will move to a new U.S. government compound in 2003 (see Chapter 1, Procurement of Temporary Office Quarters, Lodging, and Equipment).

Disaster Protocols

In a crisis, U.S. Embassy senior staff consult the emergency action plan (EAP), a comprehensive guidebook covering natural disasters, medical evacuations, mob violence, and other crises. A copy is typically kept in the embassy and at the ambassador’s residence, and is used by Embassy-Nairobi’s emergency action committee, a group of senior managers who are to advise the ambassador in the event of disaster. The EAP is a classified document, typically viewed only by the ambassador, the committee, and other senior staff.

“The EAP is appropriate for every situation,” says a FBI agent who served in Embassy-Nairobi.

Observations

Embassy security staff operated more from experience and instinct than from U.S. government plans, protocols, or documents.

- ▼ Embassy security staff operated more from experience and instinct than from U.S. government plans, protocols, or documents.
- ▼ The embassy EAP did not include response to large vehicle bombs, or loss of significant numbers of staff. Nor did it take into account Kenya’s poor infrastructure.
- ▼ The embassy’s emergency action committee was not central to relief efforts.
- ▼ There was confusion over U.S. government priorities, specifically whether documents were given higher priority than human life.
- ▼ Mission staff, particularly FSNs, do not understand security policies.

Numerous staff consulted for this report say the EAP did not contain a section on large vehicular bombs.⁵³ Nor did it provide guidance for an event where more than half the staff were dead or unfit for duty. Although the embassy carried out yearly security drills, the plan did not include duck-and-cover exercises that train staff to lie low when they hear an explosion, and stay away from the windows (which might have saved the lives of some staff in Nairobi who rushed to the windows after the initial grenade attacks).⁵⁴

“Except for employees who were literally buried and crushed by debris, anyone who laid on the floor during the bomb blast survived,” notes an embassy employee. “Most victims who ran to the windows or simply ran in the offices and hallways died because they did not lie down.”

Another problem staff found is that “the EAP assumed we would be operating in an area with an active infrastructure,” recalls one embassy security staffer. “Nairobi doesn't work at the best of times, and the infrastructure totally disintegrated on August 7. No phones, no electricity, no support whatsoever.”

The EAP has since been updated to include mass-casualty terrorist events and duck-and-cover exercises, sources say, but is classified, making it difficult to access and of little use to general staff.

“What happens if your senior management [those who can read the EAP] is wiped out?” asks one USAID staffer. “We need unclassified instructions on what to do in an emergency—how to mount an emergency response.”

Most embassy security staff do not mention the EAP when they describe the response on the day of the bombing. Neither do they recall the activities of the emergency action committee. At the time, the committee was made up of surviving embassy staff, an FBI representative, a brigadier general (the commander of the JTF) and the ambassador with FEST. With so much outside assistance, determining chain of command was a continuing challenge. It is perhaps for this reason that numerous sources remember the emergency action committee as “disorganized” and “not really there.”⁵⁵

Was the U.S. government's first priority to protect and rescue people, or papers?

Instead, security personnel relied on “previous training, experience, and instinct in this crisis,” according to one embassy staffer. This situation is not ideal, sources underscore.

“Diplomatic security officers, the RSO, and [others] do not get any formal training in disaster operations,” says an embassy security employee. “Given the Nairobi experience, I believe it would be wise to train us.”⁵⁶

Papers vs. People

The lack of formal documentation guiding general staff in emergency response may have contributed to a confusion that persists among some U.S. government FSNs and the Kenyan public. Specifically, FSNs and others question the U.S. government's first priority: was it to protect and rescue people, or papers?

“It was felt the documents were more important than the human life,” says one embassy FSN. “To a government it makes sense, but ordinary people do not get it.”

“The news reports that we kept unnecessary individuals... out of the building to protect our secrets were simply wrong.”

Embassy staff dispute these claims as “pure hogwash.” “Crime scene efforts and the gathering of classified and evidentiary material did not begin until we had located the last of the victims, under the strict orders of Ambassador Bushnell,” says one embassy staffer. Another staffer points out that Ambassador Bushnell declared soon after the bombing “that all classified information was compromised in the building, so the news reports that we kept unnecessary individuals (also known as rescuers) out of the building to protect our secrets were simply wrong.”

The official policy, according to Ronald Roughhead, head of KUSLO and a U.S. Army colonel, is “protection of personnel first. Simultaneously, the preservation of the physical evidence and the crime scene to the extent it is possible.”

“Security procedures in an emergency are not properly understood by FSNs,” says an embassy FSN. “They need to educate people on what they go for first.”

Recommendations

- Train diplomatic security and other security staff in disaster and search and rescue operations.
- Make an unclassified document available to all staff on disaster response to supplement the classified EAP.

Brief Timeline of U.S. Embassy Security

1960s-1970s. Attacks against U.S. government facilities increase, but most are confined to attacks against individuals (kidnappings or assassinations).

1979. Mobs burn U.S. embassies in Libya and Pakistan. In Tehran, the U.S. embassy is seized by a mob and staff are held hostage for 444 days.

1980. The State Department initiates the *Security Enhancement Program* in response to increasing terrorist attacks on embassies, including the hostage-taking in Tehran.

1981. Embassy-Nairobi opens. The structure is built to earthquake specifications, which will save it from collapse on August 7, 1998.

1983. A vehicle bomb explodes at the U.S. chancery in Beirut, killing 17 Americans and 60 Lebanese. Secretary of State George Schultz appoints a panel, chaired by Admiral and former National Security Agency Director Bobby Inman, to examine the future of embassy security. The panel's report contains 100 recommendations for protecting embassies, including (for new construction) a security setback of 100 feet from streets or passing vehicles, sites of 15 acres or more, locations far from downtown, reduced use of glass (maximum window-to-wall ratio of 15 percent), and basic security-awareness training for staff. Inman also recommends replacing or renovating buildings at 126 posts in seven years. The Foreign Building Office pledges to adopt these new rules, known as the *Inman Standards*.

1986. The Omnibus Diplomatic Security and Anti-Terrorism Act is passed.

1998. Truck bombs explode at embassies in Nairobi and Dar es Salaam, killing more than 200 people, injuring thousands more, and causing extensive damage to both structures. Critics cite poor oversight of Inman standards, noting that at the time of the bombings, only 49 of the [126 facilities recommended by Inman to be upgraded] had been built or enhanced to meet the new security standards.

1999. Admiral William J. Crowe, Jr. chairs two panels for DOS. His report reaffirms the Inman standards, noting that exceptions granted to existing properties and acquisitions have undermined the standards. Crowe recommends \$1.4 billion per year on security for the next decade, \$1 billion for construction and major security enhancements.

2000. The *Secure Embassy Construction and Counterterrorism Act* is signed into law in the Consolidated Appropriations Act for FY2000. "The \$900 million a year authorized for five years would deal with just construction and major security enhancements." (Grams June 2000 28)

Source: Grams, Lamb, Loeffler. *Foreign Service Journal*. June 2000.

CHAPTER 5. MEDICAL AND MENTAL HEALTH

Introduction

The bomb blast killed 213⁵⁷ people instantly and injured more than 5,000. Almost every major medical organization and hospital, as well as Kenyan government officials, and hundreds of individual health practitioners in Nairobi responded in some way, donating staff, ambulances, medical supplies, and expertise. Donations for the injured and dead poured in from across the country and around the world. Individuals mounted a spontaneous and extraordinary relief effort, bringing medical supplies, home-cooked meals and other aid directly to the afflicted. Bomb victims and ordinary Kenyans alike continuously cite the response as one of the most inspiring moments of national “*harambee*” (pulling together) in recent memory.

The Government of Kenya’s Response

The NOC (a fledgling national disaster-response cell staffed by professionals from different ministries) facilitated information flow (alerting hospitals immediately after the bomb blast, for example) but was unable to act as much more than a coordination link because of its limited budget. (See Chapter 1, Host Government Staff and Structure.) Kenya’s MOH sent staff to tour the hospitals and called a meeting of all hospital administrators on Saturday, ordering hospitals to waive their fees.⁵⁸ (*East African Standard* August 15, 1998) They were also asked to identify their supply needs, out of which came a preliminary list,⁵⁹ which the U.S. Embassy and USAID/Kenya used to request aid from OFDA-Washington on August 12.

The MOH’s Reproductive Health Logistics Unit worked with a USAID/Kenya-supported program, Family Planning Logistics Management (an offshoot of John Snow, Inc.), to aggregate, repackage, and equitably distribute limited government medical stocks (particularly critically needed antibiotics) to 13 hospitals by August 13. (The Ministry of Home Affairs also provided a free service—it produced coffins, made by prisoners, for those who could not afford to bury their dead. The Kenyan government’s National Disaster Fund paid burial expenses).

The MOH set up a secretariat for bomb response, to collect information on service providers and provide information to the Office of the President. Overall, most sources interviewed for this report found the Kenyan government’s immediate medical response “commendable.” (Howard August 24, 1998) (See Chapter 1, Ministry of Health.)

The MOH⁶⁰ handed over responsibility for the huge amount of donations flowing in⁶¹ to a minister in the Office of the President in charge of disaster

The Ministry of Home Affairs produced coffins, made by prisoners, for those who could not afford to bury their dead.

response and the NOC. Kenyatta National Hospital became the central storage area for these donations.

Kenyatta National Hospital's Coordination Role

Kenyatta National Hospital was the linchpin in the emergency medical response.

KNH is not only the largest hospital in Kenya, it is one of the largest in sub-Saharan Africa. (Aref, November 10, 2000) It has a 2,000 bed capacity and can operate up to 15 surgical theatres at once. It oversees several thousand workers, including up to 500 staff doctors, consultants, and volunteers who reported for duty after the bombing. It is also one of the few public hospitals in working order in Kenya, in terms of staff and resources. It was the linchpin in the emergency medical response, because of its size and dependability in coordinating donations. The large caseload KNH handled illustrated (to hospital staff) the limited capacity of other public health facilities to respond to disaster.⁶²

Observations

- ▼ KNH was the linchpin in emergency medical response, because of its size and dependability in coordinating donations.
- ▼ The large caseload KNH handled illustrated the limited capacity of other public health facilities to respond to disaster.
- ▼ Some service providers consulted claim KNH provided poor services for eye injuries. A KNH panel acknowledged that microsurgery, eye and hand surgery “could be better” and recommended capacity-building.

Several factors contributed to KNH's ability to respond to the crisis. It had benefited from a World Bank- and Japan International Cooperation Agency-funded renovation of its wards, notably its casualty section and doctors' plaza, completed a few months earlier. KNH casualty staff practice emergency drills, and the hospital keeps two wards stocked with medical supplies, to be used only in emergencies. KNH also has a large administrative and support staff who proved useful at the time. (For example, at least 20 clerks were on duty the day of the blast just to record names of identified patients. These were then posted on bulletin boards outside, where more than 5,000⁶³ family members milled anxiously.)

The hospital's size and preparedness measures, according to its staff, made it a focal point for emergency medical services after the bombing. KNH staff estimate they saw up to 2,500 injured on the day of the bombing alone, making it by far the single biggest medical aid provider in the overall rescue effort.⁶⁴ Of the 500 in-patients admitted to area hospitals, KNH handled the lion's share. KNH also operated a follow-up clinic for those injured and discharged on August 16, 1998. (*Nation* August 17, 1998 1)

But KNH played an equally important logistical role. Fortuitously, the hospital had just completed renovation of its large doctors' plaza, and doctors had not moved back in. This became the storage space for the massive amounts of donations that started pouring in from across the

country and around the world within hours of the blast. Many of the donations were the result of the spontaneous outpouring of emotion by individuals; others were large donations by pharmaceutical companies, foreign governments, and corporations. Hospital staff say the 100 warehouse staff logged in an estimated KShs.100 million (US\$1.6 million) minimum of donations, which were stored in the doctors' plaza for three months.⁶⁵ Donations were distributed to all hospitals and clinics participating in the medical response, at first according to urgent need and later according to a formula worked out by the MOH and the USAID/Kenya-funded Family Planning Logistics Management. Some hospitals complained that supplies were late, or not relevant to their needs, but the criticisms are few.⁶⁶ As for theft of KNH stock, a rumor that cropped up repeatedly in researching this report, this could not be substantiated. KNH staff themselves acknowledge only a 2 to 3 percent pilferage rate.

"KNH is not known for its fantastic administrative abilities, and it is huge, and at a time like that it was a major task to get everything under control," says the administrator of a smaller, private hospital that was served by KNH. "I'm amazed it even worked as well as it did."

Some service providers consulted in the course of research claim KNH provided poor services for eye injuries. A panel of KNH doctors and administrators acknowledged that eye surgery, hand surgery, and microsurgery "could be better." (KNH panel November 10, 2000) and recommended capacity-building in these areas.

Other Hospitals

Introduction

Kenya's medical community repeatedly mentioned the tone of international media coverage in the days following the bombing. "There was a CNN report on [the day of the bombing] saying Kenyans weren't coping," recalls Professor Julius Meme, now MOH permanent secretary. "In fact we coped very well, thank you very much."⁶⁷

Indeed, those surveyed for this report almost universally regard hospitals' response as instant, competent, and heroic. Even before their beepers sounded, off-duty hospital staff from across Nairobi (and across the country) were on their way, warned by the reports of the bombing coming in over the radio. The medical school next to KNH emptied, as volunteer students flooded the wards. Volunteer doctors from private practice and aid organizations showed up spontaneously. ("We were short of space, not of staff," notes a Nairobi Hospital doctor.)⁶⁸

"There was a CNN report saying Kenyans weren't coping. We coped very well, thank you very much."

Observations

- v Medical and other staff and volunteers responded spontaneously and performed heroically.
- v Superficial but bloody wounds and patient mobility misled some medical staff to overlook serious cases.
- v Some hospital practices were unnecessary and an impediment to rapid triage.
- v Poor communication forced some hospitals to husband resources because they didn't know the extent of the disaster.
- v Many drugs and other supplies donated were expired or irrelevant.
- v Space was a serious problem, and led to problems with treatment and hygiene.
- v Although most hospitals surveyed had disaster plans or protocols, several mentioned their desire for national disaster policies and systems for a more integrated response.
- v Most hospitals now feel more prepared for disaster response. KNH, for example, has upgraded its casualty and emergency section to an independent department. The Aga Khan Hospital has written a report on improved emergency response.
- v There is risk of HIV/AIDS exposure in treating a mass casualty.

The Hospital Experience

Floors and walls were splashed with blood as the less serious cases waited, and bled, patiently...

In addition to KNH, which treated 500 victims, Nairobi Hospital helped more than 700, Aga Khan served 341, St. James served 280, Forces Memorial served 170, MP Shah served 141, Guru Nanak served 118, Nairobi West served 76, and the remaining hundreds were divided among 14 smaller hospitals and clinics. Staff worked double, sometimes triple, shifts. "Until I could no longer stand. Until I became useless," says one KNH surgeon. MP Shah set up camp beds so that available staff could stay around-the-clock at the hospital. Triage areas spilled out into parking lots, into foyers, and in front of operating theaters (Nairobi Hospital's Accident and Emergency Department, for example, is designed to cope with 20 to 30 people. On the day of the bombing, the department saw more than 700.) Operating theaters worked through the night and throughout the weekend. Meanwhile, thousands of anxious family members massed in the parking lots outside. Inside, floors and walls were splashed with blood as the less serious cases waited, and bled, patiently until a doctor or nurse could attend to them.

Most hospitals surveyed for this report say that part, if not all, of their medical staff had prior emergency medicine training, which helped them cope. Nairobi Hospital, for example, has a disaster plan and had recently completed an advanced trauma life support course, organized by a renowned trauma center in Portland, Oregon. (Nairobi Hospital had also recently completed a renovation of its Accident and Emergency Unit). Other hospitals, such as M P Shah, have an emergency response protocol that directs staff in cases of mass casualty. Aga Khan Hospital has a disaster preparedness committee but acknowledges that casualty staff

“were only in the early stages of training in emergency preparedness and response.” (Aga Khan Health Service December 1998)

However, medical staff note that most standard disaster plans assume patients will be brought in on stretchers. After the bomb blast, hundreds came in on their own two feet, propelled by adrenaline. Seeing victims upright and mobile, some medical staff initially overlooked the severity of their injuries. Doctors reported seeing patients with severed tracheas and arteries standing calmly with handkerchiefs and fingers pressed to their wounds.

Standard emergency service protocols were sometimes in conflict with the overwhelming caseload. At Nairobi Hospital, for example, staff did not at first prioritize their caseload. “People went to x-ray for every little cut on their finger,” says a Nairobi Hospital doctor. “After the first half hour it became clear we could not go on like that. This caused conflict among the staff because some doctors could not adapt themselves.”

The majority of wounds were cuts from flying glass, particularly to the face and hands. Such injuries cause profuse, if not necessarily life-threatening bleeding, and resulted in a “frenzy of suturing” (Loefler November 1999) that overshadowed more serious cases.⁶⁹

Staff needed to understand that “it is not true that every wound must be immediately sutured,” says a Nairobi Hospital doctor. “We worked much harder under the circumstances than was necessary.”⁷⁰

Accurate communication was another challenge. Although Nairobi Hospital had adequate drugs for the more than 700 people they saw, medical supplies such as anesthesia were rationed, because of erroneous reports that “hundreds more people” might be trapped under the rubble.

“With triage you are matching resources to demand,” notes Dr. Imre Loefler, of Nairobi Hospital. “But we didn’t know the demand. We didn’t know how long this endless arrival of patients was going to go on. There was no good communication, and no one could tell us anything.” This, in his opinion, was “the greatest handicap.”

MP Shah Hospital keeps four to six weeks’ supply of medical stocks at all times, and thus felt able to handle its (much smaller) portion of bomb victims. Other hospitals reported adequate stocks, particularly after relief donations started to arrive (some pharmaceutical companies delivered supplies within hours.)

However, almost all hospitals noted that some of these supplies were irrelevant to an emergency operation (veterinary supplies arrived at KNH, at one point!), highly perishable (excesses of bread, milk, eggs), or expired.

“I think the word we use here is dumping,” says a KNH surgeon, of the medical donations received from some pharmaceutical outlets, both nationally and internationally.

“We didn’t know how long this endless arrival of patients was going to go on. There was no good communication...”

Other problems arose from the best intentions. Donations of drugs from the Middle East at first presented problems because the labels were in Arabic. Large hospitals like KNH found Arabic speakers to interpret, but smaller hospitals were stuck.

“The good will was there, but there were still problems,” notes Phil Dastur, administrator of M.P. Shah Hospital.

Almost all hospitals consulted reported that their biggest problem was space—space for the injured, space for doctors to work, space for hospital staff to sleep in shifts, and space to stack the donations of food, blankets, and medicine that well-wishers hand-delivered directly to their doors.

“Space was at a premium,” recalls Nairobi Hospital’s Loeffler. “People lay on the floor and were resuscitated, sutured, operated, dressed where they were lying.”

Some bomb victims interviewed for this report claim that hospitals like KNH discharged them too early to free up space for others, but KNH officials dispute this.

Limited space also presented serious hygiene problems. “There was blood everywhere; all of us, patients and workers, have been splashed in blood,” recalls Loeffler. “Considering that most of the blast victims were young and middle-aged adults, one should think that as many as one quarter, if not more, must have been seropositive [with HIV/AIDS]. Opportunities for transmission have been many.”(Loeffler November 1999)

“People lay on the floor and were resuscitated, sutured, operated, dressed where they were lying.”

HIV/AIDS transmission also became an issue for blood donations. Big hospitals like KNH and Aga Khan set up bleeding areas and collected hundreds of pints of blood from the queues of volunteers that started forming within 30 minutes of the blast. KNH’s blood bank “for the first time ever” (Wakesa November 10, 2000) was flooded. But some hospitals report that a significant percentage of these donations had to be discarded.

Light—focused, intense light for doctors as they worked in the dark corridors—was a pressing issue. There were simply not enough small, hand-held lamps for each prone body.

Hospital communications with anxious family members were ad hoc, but succeeded in large part because of the spirit of cooperation exhibited on all sides.⁷¹ Most patients arrived at the hospital conscious, and thus were able to give their names. Even those who could not talk carried identification cards. Hospitals then assigned either staff or volunteers to compile lists of names, which were posted outside.⁷² One hospital assigned a policewoman to be the contact for inquiries, reducing the crowding in the wards while maintaining calm (the police uniform, many say, encouraged order). A board member from Nairobi Hospital found a public address system that also facilitated crowd control. Only Aga Khan struggled with a “slow”

process of registration and classification. (Aga Khan Health Service December 1998 7)

Finally, it is worth noting that all hospitals performed life-saving work in a brief and intense period of time in which there were no guarantees that the U.S. government, or anyone else, might reimburse them for their efforts. The relief effort was, in practice and in spirit, voluntary. This spirit was echoed months later when the Aga Khan Hospital refused a USAID reimbursement of KShs.4,069,196 (US\$64,590), insisting that its work was a charitable donation from the Aga Khan himself.

All hospitals performed life-saving work...[that] was, in practice and in spirit, voluntary.

Hospitals and Clinics Involved in Emergency Response

(in alphabetical order)

1. Aga Khan Hospital
2. Avenue Nursing Home
3. Comprehensive Medical Services
4. Equator Nursing Home
5. Forces Memorial Hospital
6. Gertrude's Garden Children's Hospital
7. Guru Nanak
8. Hurlingham Hospital
9. Kenyatta National Hospital
10. Kikuyu Hospital
11. Lions Sight First Eye Center
12. Madina Hospital
13. Masaba Hospital
14. Mater Misericordia Hospital
15. Metropolitan Hospital
16. MP Shah
17. Nairobi Hospital
18. Nairobi West Hospital
19. Prime Care Clinic
20. Right Medical Center
21. Ronkai Uzima Medical Clinic
22. Saint James Hospital

The U.S. Government Response.

Introduction

On the day of the bombing, the small (four-person) embassy health unit worked frantically to care for their injured, while embassy and USAID staff began an immediate drive for blood and other donations. Embassy medical staff were later complemented by six MED support staff who flew in from across the region,⁷³ as well as locally based volunteer medical staff from

CDC, Peace Corps, and U.S. Army.⁷⁴ (See Chapter 1, External U.S. Government Support Staff.) Embassy health unit staff and volunteer medical staff from Nairobi and the region worked diligently to care for injured staff and evacuate the most critical cases.

“Medically we were fortunate to have excellent local medical services, contacts with those services, and lots of medical personnel to oversee care for Kenyan and American employees,” notes one MED doctor. “Lots of American medical personnel were located in Nairobi and all provided days of service to assist injured employees.”

Observations

- ▼ Embassy health unit staff and volunteer medical staff from Nairobi and the region worked diligently to care for injured staff and evacuate the most critical cases.
- ▼ Sensitivities about quality of care are high in the Nairobi medical community. U.S. government medical personnel should be respectful to Kenyan health care practitioners.
- ▼ Medical evacuations raised sensitivities in the Kenyan press and public about equity of treatment for Kenyans.
- ▼ Poor coordination between DOS and DOD, mechanical failure of airplanes, and inadequate preparation of medical staff delayed or affected medical evacuations.

Medical Support

Reinforcements from abroad were already on the way, part of an overall U.S. government relief effort, “Operation Resolute Response.”

After U.S. Ambassador Prudence Bushnell’s official disaster declaration, OFDA released US\$25,000, which went to local NGOs involved in disaster response.⁷⁵ But reinforcements from abroad were already on the way, part of an overall U.S. government relief effort, “Operation Resolute Response.”

The first to arrive was a 12-person medical assessment team⁷⁶ from the 4404th Medical Group (Prince Sultan Air Base, Saudi Arabia) on Saturday, August 8. It was quickly deployed to help evacuate critically ill Kenyan and American embassy personnel and to provide general medical support to Aga Khan, Nairobi, KNH, Mater Misericordia, and Masaba hospitals. This team worked more than 40 hours, and, among other things, helped arrange the first group of patients to be medically evacuated to Ramstein Air Base in Germany on Sunday, August 9 at 4 a.m. (See Medical Evacuations below.)

The medical evacuation plane used for this first evacuation was staffed by a CCATT⁷⁷ and included medical personnel from the 52nd U.S. Air Force Mobile Field Surgical Team from Bitburg/Spangdahlem, Germany.⁷⁸ It arrived in Nairobi August 8.

Two new medical support teams, requested by OFDA, were in-country by Monday, August 10: the surgical team from the 67th Combat Army Surgical Hospital (in Wurtzberg, Germany) and the combat stress control team from the 254th Medical Detachment (in Wiesbaden, Germany). Also that day, a second medical evacuation flight arrived in Nairobi from Landstuhl Regional Medical Center, Germany (and departed at 4:30 the next morning).

Based on needs identified by the embassy, Kenyan MOH and the NOC, U.S. government surgeons were sent to KNH, paramedics went to Mater Misericordia Hospital, and a stress team immediately began trauma counseling skills training with health workers and counselors from the affected hospitals, such as KNH's psychiatry department. (Howard August 12, 1998) U.S. military doctors estimate they provided services to more than 300 patients, including helping Kenyan doctors with 15 surgical operations and consultations for 25 intensive-care patients). At a KNH training for health and mental health care professionals from area hospitals, the combat stress team organized a training on stress and traumatic stress management for more than 150 professionals and conducted debriefings for more than 360 people.

The combat stress team ran a training on stress and traumatic stress management for more than 150 professionals.

The medical teams came with (and replenished) several hundred pounds of their own medical supplies (antibiotics, bandages, intravenous fluids). However, on August 13 the first major shipment of U.S. government medical donations arrived: a military plane carrying five pallets (1,700 pounds) of medical supplies from Bahrain, donated by the DOD.⁷⁹ Three days later, another shipment of 1,900 pounds of medical supplies from USAID's OFDA arrived.⁸⁰ OFDA also airlifted 500 body bags from its stockpile in Pisa, Italy (Meredith August 17, 1998). This was "more than adequate...to meet all but the more specialized post-crisis needs," according to Mildred Howard, then head of USAID/Kenya's Office of Population and Health. (Howard August 24, 1998)

The immediate presence of U.S. government medical personnel and goods on the ground provided valuable evidence of U.S. commitment to disaster response, following several days of negative publicity about the marine guards. (See Chapter 2, Media Relations.) Even then, however, problems arose.

Medical Evacuations

The medical evacuation of injured U.S. government staff swiftly became embroiled in the highly emotional atmosphere that characterized the hours after the bombing.

In the early hours of the relief operation, staff from Embassy-Nairobi's health unit identified 25 critically injured U.S. government personnel for medical evacuation. On the evening of August 7, Embassy-Nairobi's Regional Medical Officer (RMO) received a telephone call alerting her to

the imminent arrival of a South African Air Force plane from Pretoria. The RMO was told the injured staff should be on the tarmac to meet the flight, as it had a two-hour window to depart. However, there were no other details on the technical and staff capacity of the crew to handle the injured, and with a U.S. military medical evacuation flight on its way, the RMO declined the South African offer. Shortly thereafter, the RMO received a telephone call from the U.S. Embassy in Pretoria, warning her of the potential political and public relations consequences of declining the medical evacuation flight.

The RMO met with a physician from the South African plane early on the morning of August 8 and says she was told the plane had limited capacity (no ventilators and two or three staff). With 11 critically injured U.S. government personnel in the intensive care unit at Nairobi Hospital, the RMO stuck to her decision to wait for a fully equipped U.S. military medical evacuation aircraft. However, she did give the South African plane three “walking wounded” U.S. government staff to take back to South Africa. She selected them arbitrarily—they were staying at her house “for observation” and were thus immediately available for evacuation and medically fit enough to survive the flight. All three were Americans.

That the first victims [evacuated] were American, to some critics, smacked of “rescue bias.”

That the first victims out were American, to some critics in the highly emotional Kenyan media and public, smacked of “rescue bias.” (*East African Standard* August 12, 1998) This sentiment—that the U.S. government concentrated on the care of its own citizens first and foremost, not only before Kenyan nationals but also ahead of Kenyan employees of the U.S. Embassy—was fed in part by negative publicity the U.S. Marines got after the bombing. (See chapters 2, Media Relations, and 4.)

Embassy medical staff deny the accusation, citing the limited information they had on the capacity of the South African aircraft to take severely injured patients.

“At the time of the evacuation six [U.S. government personnel, Kenyan and American] were on ventilators, a seventh required intubation during the flight. Two were not taken on the first evacuation because they were so unstable and not expected to live through the night,” recalls the RMO. “The two-hour window given to us by the South Africans, even if we consented to evacuating patients under our control, would not allow safe transfer of these individuals without more time, confirmation of the equipment, staff and size of the aircraft, not to mention arranging ambulance transfer and staff to accompany them to the airport. ... We made a choice to send them to the location with the best care and best support we could provide them. [Medical evacuation is] more than a plane and a bed.”

But suspicions of rescue bias lingered and were exacerbated by the angry accusations of a South African living in Kenya. Fran Piggott, a long-time Kenya resident, tried to organize an independent private flight of medical supplies from South Africa on August 7, but says she was told to “stand down” by U.S. military officials. Stories vary as to why the flight was refused. Some say flight clearance could not be arranged, others that Americans wanted to hold the plane to make way for incoming U.S. military flights.⁸¹ Whatever the reason, Piggott took her complaint to the press, noting her own woes and U.S. government decision to send “Americans only” on the South African Air Force flight.

“The American government must stand accused not just of an open act of discrimination but also of deliberately sabotaging humanitarian efforts in order to protect itself and its own,” the South African was quoted as saying. (*East African Standard* August 14, 1998 4)

The RMO and another U.S. Army doctor asked the South African doctor who arrived with the flight whether Kenyans could be evacuated.

“He hemmed and hawed and finally said we will have passport problems with Kenyan nationals,” says the RMO. Sources at the South African Embassy in Nairobi deny this, saying that visas were not required for Kenyans until March 1, 1999 and that “given the event” the plane would have taken anyone.

Embassy health and U.S. military staff would evacuate 25 people—12 Kenyans and 13 Americans. Three more Kenyans would be evacuated later.

Over the next week, embassy health unit and U.S. military staff would evacuate 25 people—12 Kenyans and 13 Americans.⁸² Three more Kenyans would be medically evacuated later, and up to 15 more Kenyans would travel to the United States over the next year for continuing care. (McCoy February 24, 2001) All were U.S. government personnel. But suspicions about American intentions lingered and were, in some cases, exacerbated by U.S. government personnel.

Kenyan and expatriate staff from hospitals that cared for American and Kenyan personnel of the U.S. Embassy remarked that [some] members of the [military] team displayed an “arrogant” attitude as they evacuated the injured. “The behavior of that American doctor upset the ICU people very much,” notes one doctor from a Nairobi hospital. “He insinuated that the Americans would have to be evacuated because care wasn’t good enough here.”⁸³

After initial complaints of “insensitivity” by U.S. medical evacuation personnel, U.S. medical staff met with hospital management. The second evacuation was “much better,” according to a MED doctor, and relieved local providers of the burden of several dozen critically injured patients.

But American policy to evacuate only U.S. government personnel continued to rankle some Kenyans, and was, in some cases, deliberately distorted. Twelve Kenyan employees of the U.S. Embassy were evacuated, but TV news footage showed only white Americans being evacuated. That, paired with resentment over different treatment for Kenyan victims who weren't working for the U.S. government, erupted into accusations of racism.

"It may not have been conscious racism, but the fact remains that predominantly white victims were rushed to good hospitals in Europe, while blacks were left to die for those whites," one Kenyan citizen wrote in a local newspaper in the week after the bomb blast. (Njenga August 14, 1998 18)

DOS sources confirm that the first priority in an overseas terrorist attack is to ensure the safety of U.S. citizens and FSNs working for U.S. government agencies. However, they point to U.S. efforts to provide medical services for severely injured Kenyan civilians, such as the surgical team from the 67th Combat Army Surgical Hospital. Embassy-Nairobi medical staff also note their limited capacity to help the larger public. "The bottom line is we were blown up. We were the victims. Within five minutes of having our guts blown up are we supposed to open our arms and evacuate 5,000 people?"

Medical staff also note sovereignty issues. "To expect us to coordinate the evacuation of Kenyan nationals [is] ludicrous. That is a violation of their sovereignty. That would be like Americans flying into France and putting French citizens on planes."

The medical evacuation flights themselves experienced challenges, according to DOS sources. The first aircraft, which arrived August 8, sat in Nairobi for 15 hours while its flight crew exercised its mandatory rest and recuperation.

Medical evacuation staff on the flights were reportedly not prepared for the severity of the disaster. CCATT brought minimal medications for patients, no food (the Mission was requested to procure MREs (meals ready to eat) The teams had no ground communications capability and their equipment (such as ventilators) were not compatible with local power.

"[Medevac staff] were not equipped to handle severely injured people."

"[Medevac staff] were not equipped to handle severely injured people," notes one MED official.⁸⁴

Washington-based MED officials experienced initial difficulty locating the appropriate office in the Department of Defense to initiate the medical evacuation.

“There was a lack of coordination,” says a MED official. “It was bad luck and not knowing who to talk to. ...We even had military people on the task force telling us who to talk to, and that wasn’t right. If it were to happen tomorrow it would be different. We would conference immediately with [the DOD] medical team who works with airlift capacity.”

Since the bombing, DOS and the DOD Joint Chiefs of Staff have created an inter-agency working group. Its goal is to develop the mechanisms to “mobilize immediately an emergency medical team on the ground to assess the needs of survivors and oversee their care.” However, sources note that the group continues to struggle with the same issues that challenged rapid response in Nairobi, namely “trying to accomplish goals during other ongoing crises, having leadership from several agencies, and attempting to define and establish an end-product or goal.” (Geiling May 12, 2000 35) Other interagency disaster planning and preparedness efforts are reportedly also under way.⁸⁵

At the time of the bombing, however, the U.S. government was not optimally prepared to offer medical assistance to either U.S. government personnel or host-country nationals. That patient identification, stabilization, and evacuation occurred as quickly as it did is attributed, by all accounts, to the diligence of health unit staff on the ground as well as the support of local Kenyan medical institutions. Perhaps the imbroglio over medical evacuation flights illustrates above all the high expectations Kenyans have generally of American abilities to respond to a disaster of this size and nature.

Visibility of U.S. Assistance

Some USAID staff bemoaned the fact that, despite official descriptions to the contrary, the first U.S. medical presence on the ground was small (12 people, compared with the total caseload of some 5,000 injured) and consequently not particularly visible to the Kenyan press and public. A local counselor says that military teams like the Combat Stress Control Team were deliberately sent to KNH “so that an American military uniform would be seen to show that the Americans are involved helping with Kenyans.” Once at the hospital, however, teams concentrated on training doctors and mental health practitioners on techniques such as critical incident stress debriefings (CISDs), rather than working directly with patients.

Despite the efforts of U.S. medical staff, the American contribution is not foremost in the memories of victims and service providers.

“We had been accused of caring only for Americans in the search and rescue effort,” noted one USAID/Kenya senior staffer. “And then the first teams to arrive deal with [embassy personnel] and training doctors. They weren’t real visible to the Kenyan public.”

This might explain why, despite the efforts of U.S. medical staff, the American contribution is not foremost in the memories of victims and

service providers. Doctors provided by other foreign donors, such as Israel and Canada, are mentioned first; the U.S. contribution is recalled only when memories are jogged. (One KNH administrator remembers the U.S. doctors' work as "mainly consultative" as opposed to hands-on.)⁸⁶

"I think what was needed was not medical personnel being 'visible' but...to get PR personnel," says one American doctor.

Medical Supplies

Another frustration involved donations of U.S. government medical supplies. When the first U.S. Air Force medical evacuation aircraft arrived in Nairobi from Germany on August 8, its load capacity prevented it from bringing needed medical supplies already on pallets in Germany. (Crowe Report January 1999 16)

Then there were the DOD supplies. Although the initial DOD donation was tangible proof of U.S. resolve to help the injured, these supplies "were not a total match with the request," USAID staff noted diplomatically,⁸⁷ and had to be "complemented by similar medical supply deliveries from USAID's OFDA, and from the Department of State." (Howard August 24, 1998) Further donations of U.S. government supplies were not immediately forthcoming, causing additional frustration for staff desperate to show their country's concern for the wounded.⁸⁸

"We were under pressure that first two weeks because the slowness of the U.S. government gave the appearance that we didn't care. Our press during that period of time was not good, particularly on the medical aspect because that was what was most visible and tangible," recalls one USAID/Kenya employee. "The Japanese and the Brits are bringing in stuff and we can't get [anything] out of OFDA."

Disaster Preparedness

What the Mission lacked most is a plan.

In the first few hours after the bombing, the Mission did not have appropriate staff, resources, communications, medicines, or any other assets for disaster response. But what the Mission lacked most, numerous sources say, is a plan.

"Any medical response...must be part of the overall disaster response put together by the Department of State," says Dr. Gretchen McCoy, then embassy RMO. "While medical services may develop a medical response plan, this must be integrated into the larger response package and critically tested before it is needed." (McCoy draft paper, n.d.)

Although DOS has a Washington Operations Center and MED has conducted medical evacuations, most sources consulted for this report say disaster planning and preparedness is not adequate for the unique

challenges presented by a mass-casualty incident such as the bombing in Nairobi.

A disaster plan would, for example, help clarify the roles of the increasingly diverse U.S. agencies at foreign posts, assigning appropriate roles for each agency, and even within each agency.⁸⁹ A disaster plan would help medical staff plan, train, and communicate immediately and efficiently with resources most likely to be useful at post and abroad in times of disaster. A plan, staff say, would help medical staff be proactive, not reactive, during emergencies.

Without such a plan, medical planning in particular “took place in isolation, ‘stovepiping’ information in medical channels,” notes one source. (Geiling May 12, 2000 29) The desire for a more comprehensive DOS emergency plan is reiterated across sectors.

Recommendations

- Include assessments of the capabilities of local hospitals in embassy disaster preparedness plans.
- Develop a comprehensive disaster plan that incorporates medical response planning and preparedness activities. Ensure timely, relevant deliveries of medical supplies, staff, and equipment for emergency response and good public relations.
- Communicate medical evacuation criteria and guidelines (particularly regarding the priority for American citizens and U.S. government employees) to host countries in the earliest stages of disaster response.

International and Donor Response

Introduction

Within 24 hours of the bomb blast, foreign governments in a position to help did so, providing immediate life-saving support in the two days between the bomb blast and the arrival of American support. With emotions and press attention at a fever pitch in the hours after the bomb blast, whoever reached the site with assistance first created an indelible impression on the Kenyan public, even though most foreign donors dropped out of relief and rehabilitation efforts over the long-term. “It was considered an American event,” says one non-U.S. diplomat.

Whoever reached the site with assistance first created an indelible impression.

Observations

- v Foreign governments near the disaster site provided valuable stopgap assistance when U.S.-based aid was en route.
- v With emotions and attention at a fever pitch, whoever reached the site with aid first created an indelible impression on the public.
- v After initial emergency donations of staff and resources, foreign donors dropped out of relief and rehabilitation efforts.

Search and Rescue and Medical Help

The first, and consequently most visible, foreign medical assistance was an Israeli Defense Force⁹⁰ search and rescue team, which arrived August 8. This team of 170 experts—military, rescue, and medical—was the first international search and rescue team to arrive in Kenya, owing to the relatively short distance (a four-hour flight) from Israel to Kenya. According to the Israeli Embassy, the team was the brainchild of the second secretary at the time, Meirav Shahar, who “mobilized the [Kenyan] Israeli community and knew how to get the search and rescue team. ...We, unfortunately, have experience in these things.” (Kessler October 13, 2000)

The Israelis conducted an initial search of the U.S. Embassy, then moved to the Ufundi pile. They found three survivors (two of whom ultimately died) and went on to recover at least 32 bodies. A 10-person French civil defense rescue team (including one doctor and two sniffer dogs) joined them, and within a day, the U.S. government-affiliated Fairfax Search and Rescue Team. (USAID-OFDA August 11, 1998) (See Chapter 1, Search and Rescue.)

Israeli, French, Japanese, Egyptian,⁹¹ and Canadian government doctors provided emergency medical support to area hospitals within the first week, while the Federal Republic of Germany sent three ophthalmologists to perform eye surgery two weeks later. In early September, the British government provided two burns and plastics medical specialists for an assessment of the injured. The governments of the United Kingdom, France, Saudi Arabia,⁹² Kuwait,⁹³ Iran,⁹⁴ and elsewhere donated tons of medical and other supplies, most of which was stored at KNH. The World Food Program delivered 1.7 metric tons of emergency medical supplies provided by the World Health Organization to the U.S. Embassy in Nairobi. (OFDA 1998 35)

Both the government of Kenya and other donors dropped out of longer-term efforts to help.

In the first few days after the bombing, foreign donors involved in the relief effort met daily with Kenyan MOH and other government officials, as well as with USAID staff to coordinate relief efforts. Both the government of Kenya and other donors dropped out of longer-term efforts to help the injured and rebuild Nairobi’s damaged city center.

“After a while we realized we [the U.S. government] were it,” recalls a USAID/Kenya employee.

The Individual Response

Introduction

International and Kenyan government assistance might have brought tons of valuable commodities and dozens of medical experts to the country, but it is the humanitarian action of individual Kenyans that is remembered most, and with the greatest warmth, by all surveyed for this report. (See Appendix 27 “World Sees the Gentle, Caring Side of Nairobi”)

From the moment of the blast, thousands of ordinary Kenyans spontaneously and generously came out in support of the victims. Most of the injured were, in fact, evacuated from the blast site to local hospitals by private vehicles. “Even *matatu* [local bus] drivers—normally not the most obviously public-spirited of Nairobi citizens, provided free transport services at some of the city hospitals for relatives and victims alike,” says G. Carrington, emergencies field manager for DFID. Local hotels and restaurants set up free food and drink stands to refresh the search and rescue teams at the site, as well as at blood donation centers (The Carnivore Restaurant and Coca-Cola donated lunch and drinks to blood donors at AMREF’s donation center, for example).

From the moment of the blast, thousands of ordinary Kenyans spontaneously and generously came out in support of the victims.

Observations

- v The bombing affected Kenyans personally and evoked a personal response.
- v The bombing gave Kenyans an opportunity to participate in a moment of national unity, and to provide resources for the injured.
- v Although there was some opportunism and inefficiency, most donations went directly to the injured.
- v Civilian rescuers, untrained in basic first aid, further injured some victims.
- v Media coverage is important to raise awareness and resources, but the dignity and rights of the injured must be taken into account.
- v Hospital staff (particularly at KNH) experienced problems with perishable donations.

Spontaneous and Generous Aid

Individuals from across the city flooded city hospitals with donations of food, clothing, and medical supplies. “Even the poorest mama hawking used shoes in the city center showed up with her shoes and said: ‘Here, take these. They are all I’ve got,’” recalls G. K. Wekesa, deputy director for administration at KNH. “Street kids came to the hospital and said: ‘We look dirty, but give us something to do, we’ll clean,’” recalls Professor Julius Meme, permanent secretary in the Kenyan MOH. Although there was some

opportunism and inefficiency in response, most donations were straightforward and went directly to the injured.

Hospital staff (particularly at KNH) experienced problems with perishable items and wondered if there might be a more organized, systematic way of soliciting donations.

Various community and religious groups, including the National Council of Churches of Kenya, the Hindu Council of Kenya, and the Aga Khan Council of Kenya organized donation drives, ultimately bringing tons of supplies and hundreds of thousands of dollars to the relief effort. Local radio stations appealed for assistance and provided information to families in search of lost relatives. Within two hours, in most cases, hospitals received overwhelming supplies of blankets and privately donated food and drink to refresh their staff. Volunteers from across Nairobi lined up by the hundreds to give blood.

“The spirit of volunteerism was overwhelming,” notes an Aga Khan report on the disaster. (Aga Khan Health Service December 1998)

“There were queues of people coming to donate blood. We had to set up 12 bleeding areas. In the evening, Kenya Power and Lighting brought a truckload of people to give blood,” says Phil Dastur, administrator for M P Shah Hospital. “Even today I marvel at the response. At that time, one was not seen as rich, poor, tall, short, fat, green...everyone just pitched in.”

“At that time, one was not seen as rich, poor, tall, short, fat, green... everyone just pitched in.”

There were isolated cases of individuals who tried to cash in on the event. The MOH’s Meme recalls being approached on August 8 by a South African who told him she had planes in Johannesburg stocked with medical supplies, ready and willing to assist. “The following day she presented her bill,” he laughs. “We of course said no. We never heard from her again.”

Other challenges resulted from honest attempts to help. Numerous medical experts note that passersby who pulled victims from the rubble and rushed them to hospital in private vehicles often did more harm than good, a result of lack of training in basic first aid. (For example, simple measures to stop loss of blood were not applied.)

At KNH, Aga Khan, and other hospitals, the dozens of family members and Good Samaritans who insisted on delivering their home-cooked meals, stuffed animals, flowers, and other gifts directly to the bedside of the injured created crowd-control and hygiene problems. Ultimately, KNH set up recording tables near the hospital entrance to log donations and have them delivered, if need be, by hospital staff.

Then there was the press. Although most hospitals cooperated with the local and international media that flooded the hospital wards to capture

firsthand images and quotations from bomb victims, numerous doctors and at least one major hospital, the Aga Khan, expressed ambivalence about media relations. “[What is] unclear is whether the hospital policy regarding media relations includes the patients and his or her rights? Must a patient’s consent be obtained before the media are allowed to interview the patient?” asks an Aga Khan source. The hospital has since made recommendations to establish a media protocol, both for its spokespeople and for access to its wards. (Aga Khan Health Service December 1998 6)

The greatest headache for hospitals was the perishable donations. Vast quantities of bread, milk, eggs, and other foodstuffs overwhelmed hospitals.

“Kenyans respond to any disaster. But our response is not guided. We just bring whatever is in front of us,” notes L. I. Walingo, a KNH supplies officer. “Culturally, [the hospital] cannot say no. But at the end of the day it is not relevant to the relief effort. The cost of maintaining the warehouse was high, but the value of the donation does not match the cost.”

Nevertheless, the individual response to the bomb-blast taught many a valuable lesson: Kenyans are capable of a strong, self-sufficient humanitarian effort. (Organization and management, however, is vital to harnessing this effort.)

“We don’t utilize our local capacities well enough,” notes Susan Mwangi, project director of AMREF’s Medical Assistance Program for bomb survivors. “Kenya should not always rely on international donations. People are available to assist but they don’t know how they can.”

The Injured Themselves

“I must pay tribute to the people, the injured themselves: it was their patience, altruism, forbearance, and good humor that saved the hospital from collapsing.” (Loefler November 1999)

These words, by a physician who assisted in relief efforts, were echoed by many medical personnel interviewed. Victims of disaster are typically viewed as passive recipients of aid, not contributors to the aid effort.

“We didn’t have enough drip stands. So patients would stand holding their own drips in the air, telling the doctor to look after someone else who was in worse shape,” says Dr. N. N. Wachira, a surgeon at KNH. “I don’t know how to describe their attitude. It was overwhelming.” (Wachira November 10, 2000)

“Patients would stand holding their own drips in the air, telling the doctor to look after someone else who was in worse shape.”

Nairobi Hospital's Dr. Imre Loeffler agrees. "I was trained in America. In the same situation, the hysteria would have burst. They just sat there and wiped their wounds; they prayed; some joked. It's a society that can cope with things much better than we." (Loeffler September 21, 2000)

Health Service Providers

Dozens of NGOs flocked to the bomb site and the hospitals to provide valuable support and services within hours of the blast. Aid organizations such as Medecins Sans Frontieres (which contributed three doctors) and IMC, ambulance services such as St. John's Ambulance, and local religious groups such as the Young Muslim Association and Crescent Medical Aid provided volunteers and vehicles to transport the injured.⁹⁵ Construction companies such as Mugoya and Crescent Construction donated tens of thousands of dollars worth of equipment to aid in the search and rescue effort.⁹⁶

Construction companies donated tens of thousands of dollars worth of equipment to aid in the search and rescue effort.

The Nairobi Provincial Commissioner's Office organized twice daily briefings at its Joint Operations Center coordination offices in the Railway Station for all service providers and rescue organizations providing aid at the bomb site. These lasted for the duration of the relief effort—about a week. After that, a government-organized medical and social committee of about 20 NGOs and government staff met (typically at the NGO Council Offices) to decide roles and responsibilities for further assistance.

Observations

- ▼ Many NGOs provided valuable support and services after the bombing, though response was disorganized and chaotic at times. Ultimately all but a few service providers dropped out.
- ▼ Those who stayed had a niche role that suited the medical needs of survivors or came in early and established a coordinating role.
- ▼ Service providers funded activities with their own money at the start. Many anticipated the need for longer-term rehabilitation and were planning rehabilitation even in the emergency phase.
- ▼ Coordination centers in emergencies are important, and require prior planning and capacity building.
- ▼ Prior national disaster planning can give structure to individual service provider efforts.

Kenya Red Cross

Highly visible on the pile in their white and red aprons, were the KRC workers and their affiliates in the International Federation of the Red Cross/Red Crescent (IFRC).⁹⁷ With a small tracing office less than two minutes walk from the site, KRC was able to dispatch volunteers within five minutes of the blast. From its headquarters 15 minutes away on Mombasa

Road leading to the airport, KRC dispatched a first aid officer and staff from its disaster relief office, along with five Land Cruisers for use in emergency response. Within a few hours, branch office staff from Thika and Machakos were en route. These staff, along with IFRC personnel, set up a tent near the disaster site and stayed throughout the six days of the rescue operation, providing a range of services from first aid to blood donations, to food, to tracing services.⁹⁸ Most of these services were in-kind, drawing on volunteer labor and pre-existing infrastructure.⁹⁹ At the same time, the IFRC worked with KRC to draft an appeal for 854,000 Swiss francs (approximately US\$502,353¹⁰⁰), of which they eventually received SF345,000 (approximately US\$202,941). All of it was earmarked for specific purposes, such as food for families of the deceased for one year, help for visually impaired women, and education for orphans.¹⁰¹

Kenya Red Cross set up a tent near the disaster site and stayed throughout the six days of the rescue operation.

ADRA

Staff from the Kenya branch of the Adventist Development and Relief Agency (ADRA) responded spontaneously, deploying three vehicles to the site to help with medical evacuations. Within three days ADRA said it organized a blood drive at Nairobi Hospital and set up a tent in Uhuru Park staffed by a nurse and three social workers providing counseling, screening, and referrals to some 50 bomb victims a day. Within a week, the NGO Council of Kenya (an umbrella organization that hosted meetings of bomb-relief NGOs for several weeks after the event) approved an ADRA proposal to act as a coordination and information center for participating NGOs, a role it would turn over to AMREF in three weeks.¹⁰² Individual and institutional donors financed ADRA's initial activities with US\$70,000.¹⁰³

AMREF

AMREF, a medical relief and evacuation agency headquartered at Wilson Airport, drew on its staff of 15 doctors, all of whom were dispatched to area hospitals in the first few days after the bombing. Like KRC and ADRA, AMREF focused on blood donations, setting up a blood donation center at its office (which has a laboratory that allowed staff to collect, screen, and prepare 600 pints of blood for transfusion). AMREF also procured more than US\$365,000 worth of drugs and supplies for 17 hospitals and clinics. Within three weeks AMREF received approximately US\$40,000 from OFDA to set up an independent coordination office for bomb response, staffed by two employees and three volunteers. This AMREF office existed to "assist the survivors to get treatment either locally or out of the country," says Susan Mwangi, coordinator of AMREF's bomb-relief efforts. "It also aimed at providing information to survivors and families on where they could go to receive services." By early October, AMREF had an information hotline that, at its highpoint, fielded an average of 100 calls a day from bomb survivors. AMREF's initial emergency activities, and its programs

over the course of the next year, were largely funded by more than US\$1 million in donations collected from its overseas fundraising offices, individuals, and corporations.

Kenya Society for the Blind

Because a large percentage of the injured had sustained face and eye injuries from flying glass, the Kenya Society for the Blind (KSB) took early action. Operating from a small office in KNH with a small grant, KSB identified 207 victims with eye injuries, 38 of whom were legally blind.¹⁰⁴ By the end of August, KSB had drafted a one-year rehabilitation program that included assessment of medical and psychological needs, social and economic assistance, skills-training needs, and follow-up services.

United Disabled Persons of Kenya

The nature of blast victims' injuries often precluded immediate action by specialty health service providers. "We realized we couldn't start programs immediately. We had to let people go through their medical treatment," explains John Kiwara, program consultant for the group. "Our policy is that services are not provided until a patient qualifies as permanently disabled."

Other NGOs

"Coordination is the core of everything, but it really lacks."

Other NGOs delayed or reduced services after the Nairobi PC's office allegedly warned all NGOs except KRC away from the site in the weeks after the bombing. "The government had a very negative attitude," says one counselor from the Kenya National Association of the Deaf (KNAD). Former PC Joseph Kaguthi, disputes this statement.¹⁰⁵ Several diplomatic and USAID sources mentioned NGOs' sometimes chaotic and haphazard response. Many appeared at NGO coordination meetings but provided little tangible assistance. Even the NGO coordination center, staffed first by ADRA and later by AMREF, saw mixed results. "Coordination is the core of everything, but it really lacks," notes an AMREF staffer. "We always need that one [entity] to tie all the knots together at that critical time and even after, so that we avoid the duplication of services and other people being left out." The problem, however, is larger than a single NGO.

"There should be an emergency plan with known policies on how to respond that is made known to all important partners," notes an AMREF employee. This, AMREF and others note, is a government responsibility.

Recommendation

Include an inventory of services provided by local and regional health care providers—public, private, and NGO—in Mission disaster plans.

The Mental Health Response

Introduction

From the moment the bomb exploded, experts from Kenya's mental health community intuitively knew their role. Even before the media and government officials made public appeals for mental health workers, counselors and psychiatrists were on their way to the hospitals to offer their services to patients and families. Dozens of counselors from centers such as Oasis, Neema, and Chiromo Lane, as well as individual psychiatrists and counselors accepted impromptu referrals and sent staff to hospitals.¹⁰⁶ They offered their services and also benefited from quick skills-training from foreign trauma experts, such as Israeli psychologists and the U.S. Combat Stress Control Team,¹⁰⁷ which conducted debriefings for more than 70 Kenyan mental health professionals.

Experts from Kenya's mental health community intuitively knew their role.

Observations

- v Kenya had limited experience with mass-casualty mental health care. Capacity to respond was low.
- v Kenyan mental health practitioners and organizations responded quickly, but the community was too small to handle the caseload.
- v Operation Recovery programs in the emergency phase were considered good quality.
- v Volunteer lay counselors had to be trained, lowering quality of care. This may be inevitable in a crisis of this size and scope.
- v Although outreach was part of all counseling programs, most victims had to travel to counseling centers or professionals. This became difficult over time.
- v Stress and burnout for counselors, as well as pressing economic needs, forced many to terminate services after several weeks.
- v Because OR was newly formed, systems and processes were somewhat disorganized and haphazard.
- v OR's efforts to document the disaster conflicted with counseling. (Results of scientific documentation are not yet available.)
- v Visitors took up time and sometimes raised false expectations.
- v OR did not adequately communicate to USAID (and perhaps did not understand) its conflict of interest in accepting U.S. government funding while meeting with lawyers suing the U.S. government.
- v The stigma attached to mental health counseling in Africa has lessened somewhat, because of the massive outreach, many professionals believe.
- v While there are no hard data, professionals say the mental health programs significantly reduced posttraumatic stress disorder and other forms of trauma.

Early Days

Individuals and organizations offered ad hoc services to bomb victims in the days after the bombing. The counseling center Amani set up a support group for traumatized children and a group support session for adults. It also submitted three articles on the effects of trauma to *The Nation* newspaper.¹⁰⁸ ADRA set up a tent in Uhuru Park to provide referrals to mental health professionals and centers. KSB walked hospital corridors, offering counseling to the newly blind. Practitioners, such as Dr. Daniel Kabithe, wrote articles in local newspapers offering advice on how to cope with the disaster. (Kabithe August 14, 1998 8) In October, KRC converted its HIV/AIDS counseling center into a community center for survivors and relatives of the dead.¹⁰⁹

NCKK initiated a community counseling program for 1,984 victims using lay counselors.

Kenya's NCKK conducted a mapping exercise to track the location and status of victims. It then initiated a community counseling program for the 1,984 people identified, using 17 volunteer lay counselors selected from the group who did the mapping. The program was funded largely by the international organization Action for Churches Together.¹¹⁰

Paul Mbole, emergencies desk officer for NCKK, notes the counseling program worked through community groups and churches in the neighborhoods where victims lived. "Other counseling programs had locational problems," recalls Mbole. "Over 60 percent of blast victims were from Eastlands (a slum area of Nairobi). They had to take at least two [buses] to get to counseling sessions in the city center, and some of these people did not have 20 shillings in their pocket." (Mbole November 15, 2000)

The disaster seemed to trigger ambitious plans long percolating in Kenya's mental health care community. The result was at least two major coalitions. The first was the Beyond the Disaster Program, conceived on the day after the bombing. It was the work of a coalition of counselors from 13 centers¹¹¹ in Nairobi, using training materials from Oasis Counseling Center (including a children's book funded with help from AusAid.)¹¹² It set up three coordination and counseling centers at All Saints Cathedral, Nairobi Baptist Church Center, and Saint Andrews Church Center. It mobilized 297 peer counselors as well as professional staff to run the centers and provide counseling to the injured, families of the dead and injured, eye witnesses, and children. The Beyond the Disaster Program also ran a one-day rapid training exercise for volunteer peer counselors.¹¹³

The program would soon be folded under an MOH-endorsed effort to provide a coordinated package of mental health services, launched on August 13. This was called Operation Recovery.¹¹⁴ OR was the brainchild of one organization, the KMA, and one man, Dr. Frank Njenga, a well-known

Kenyan psychiatrist and chair of KMA's Social Responsibility Committee.¹¹⁵ OR's close affiliation with both these "parents" would account for its early success and later controversies.

With altruism running high after the bombing, both the KMA and Njenga had little difficulty activating an extensive network of mental health professionals and organizations. But OR, from the beginning, had larger plans. Inspired by a recent conference on trauma in Belfast, Njenga had a vision that cast his fledgling organization as the main coordinator of mental health services for survivors.

"When the bomb exploded in August my mind was completely clear as to what would have to happen," says Njenga. "I said we must think, plan, and coordinate. Everybody is doing the same thing: stitch, stitch, stitch. Nobody is administering to these people." (Njenga October 16, 2000)

With a start-up budget of KShs.1.2 million (US\$20,000) raised from corporations, and a staff of volunteers (individuals and organizations),¹¹⁶ OR launched a series of emergency mental health interventions in the emergency phase¹¹⁷ of its work.

Using media placements and group and individual de-briefing and counseling sessions, OR tried to help bomb victims cope. It solicited participants for special counseling groups, such as the newly handicapped, children, and families of the deceased, through outreach and referrals from medical service agencies (such as KNH, AMREF, and ADRA). Outreach included visiting homes and schools and the business community around the blast site to identify clients. A team of volunteer counselors debriefed indirect victims, such as family members, colleagues of the dead and injured, and staff from buildings surrounding the disaster area¹¹⁸ over the six months after the bombing. By September 30, 1998 OR had counseled or debriefed more than 7,000 people.¹¹⁹

Kenya has a small group of mental health professionals who are unaccustomed to responding to mass-casualty events, especially terrorism. There were simply not enough trained personnel to serve the injured. Immediate training was needed both to bring professionals up to speed on trauma and to build the skills of lay counselors (essentially volunteers) who responded to appeals for assistance. With the help of other partners, OR selected and trained 880 people to provide debriefing and counseling.

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Finally, OR tried to document its activities. Using a 57-item questionnaire, researchers collected data from 2,883 people. There were separate questionnaires for children (509 responses), rescue workers (62 responses), and the media (no responses noted).

The rapid intervention of OR and other groups reduced PTSD and trauma to children.

“In view of the fact that there does not seem to have been a prepared plan of action on this scale, what has been achieved is remarkable,” said Dr. David Alexander of the Royal College of Psychiatrists, following a visit to Kenya in October 1998. Dr. Brian Flynn of the U.S. Department of Health and Human Services made similar comments when he assessed OR’s efforts a month earlier.¹²⁰

Alexander’s words are echoed by almost every service provider and individual surveyed, including those who were to become OR’s harshest critics as time went on and problems emerged. (See Chapter 11.) Every mental health professional consulted for this report cites anecdotal evidence that the rapid intervention of OR and other groups reduced PTSD and trauma to children. Mental health professionals also say that OR’s work raised awareness in Kenya generally about the value of mental health care.¹²¹

“As much as people opposed Njenga, I give him a very big credit,” says one counselor involved in OR’s emergency response. “Without what he did, this program would not exist. He might have had other motives, but something good came out of it.”

However, there were several immediate challenges in the emergency phase. The most obvious, even early on, was the issue of volunteers.

“At the beginning it was very enriching,” recalls a volunteer counselor who went on to work fulltime for OR. “There were people from all walks of life.” The zeal of service providers diminished, however, as time went on and “understandably, their daily business took precedence,” says Njenga.¹²² OR received word from USAID in September that a grant of US\$50,000 would be forthcoming. The money was released November 7, 1998. The result was that for the first three months of its existence, OR was forced to rely on an increasingly disgruntled cadre of volunteers.

So, for example, OR began its debriefing program, an emotional, intensive process of reliving memories from the bomb blast, with some 20 volunteer counselors. Then “people started disappearing,” recalls a counselor. “We were not warned about debriefing, it can burn you out very fast. [One counselor] walked out of a very traumatic session with Ufundi people and was knocked by a car, he was so distracted. By the end, we were left with 12 counselors.”

“You can only use what you’ve got in a situation like this,” says Njenga. “You must be very careful about who you declare is a counselor. There were a number of layabouts—unemployed people who had been to a stress course some time ago and who presented themselves as counselors. Sifting was a major problem.”¹²³

The quality of training was also a problem. Part of this stems from OR's rapid genesis. There was little time to organize training and supervision for counselors. Amani tried, but according to Njenga, was not ideally placed to manage the program. "They are a service-provision organization, not a management structure." OR hired a training coordinator by September.

"We came into being fast and put ground rules in place almost on an ad hoc basis," says Njenga. "There were no procedures. At each stage we were behind ourselves in capacity. We grew rapidly and were always a person short. And there was inadequacy of funds."

Others say that OR's growth and subsequent problems were driven by Njenga himself.

"This was an organization and a country that needed to have a modest effort," says one American mental health professional. "Njenga and others kept wanting to expand it. ...They wanted to build a mental health system across Kenya. I really questioned the scope of this."

The importance of documentation also became an issue. Some counselors charged that OR dedicated more resources to documenting the disaster than helping the victims.

"[Documentation was] part of the focus of OR, which Njenga paid more attention to than anything else," says one counselor. "We had up to 15 people going out to collect data [and] only one fulltime counselor at the office."

"He highlighted research more than treatment of patients," says another, who charges that when money for salaries eventually became available, OR paid researchers before counselors.

OR senior managers say the research and documentation unit "was a big, big department. All the departments fed into documentation." However, they dispute claims of preference and point to experts' evaluations of the "essential" nature of the work.¹²⁴ OR has, however, never processed the data; attempts to collaborate with U.S.-based researchers were aborted, for unresolved reasons.¹²⁵ Several former OR members who participated in the research claim they have since been unable to access the data.

OR staff, like many others, expressed frustration over the time-consuming visits of "disaster tourists", offering support that rarely materialized. The most contentious may be that of U.S. Surgeon General Dr. David Satcher in late September. Accounts of Satcher's visit vary. Kenyan government officials¹²⁶ and service providers such as OR (those who stood most directly to benefit) claim the surgeon general promised to back the creation of an African trauma center.¹²⁷ Other service providers and U.S. government staff recall Satcher having offered only verbal (as opposed to economic) support. One thing is certain: the visit lives on for many Kenyans as a symbol of lost opportunity.

Some counselors charged that OR dedicated more resources to documenting the disaster than helping the victims.

An OR manager acknowledges that “at no point did any of [Satcher’s team] say it would deliver.” However, s/he blames visitors like him for raising expectations. “I’m quarreling about having a serious person come and appear to be able to move issues forward and then vanish into thin air.”

OR’s biggest challenge, however, came from its association with the U.S. National Medical Association. Two of its physicians visited Kenya several times after the bombing, donating US\$200,000 (their estimate) of medical supplies to the MOH. (However, about 60 percent of these drugs were expired or irrelevant, according to OR.) One doctor was married at the time to an American lawyer who would later sue the U.S. government on behalf of several thousand Kenyan bomb victims. The physician did not disclose this to OR staff, even after she and other lawyers visited OR offices.

“She came with the lawyers—at that time they were not being introduced as lawyers,” recalls an OR staffer. “We looked at them as well-wishers who were coming for the program.”

Some OR counselors suspect, without substantiation, that OR gave the lawyers confidential information. USAID staff say OR never officially informed USAID of the potential conflict of interest. The Agency didn’t learn of it until January 2000, when it received a final report from OR. Nevertheless, numerous OR workers and others report seeing Njenga with the lawyers on multiple occasions, both in OR offices and in social settings. (Njenga says he talked with the lawyers on three occasions only.)

“Frank was the psychiatrist for the lawyers suing the [U.S.] government,” says one counselor who later left OR. “If the [U.S.] government wasn’t paying, I don’t see that as an ethical problem. But they were, and it was.”

Njenga denies that he gave the lawyers information¹²⁸ and says they never asked him for any: “Not to my knowledge, and certainly not to my recollection.” Nevertheless, he and other staff admit to ‘organizational naiveté’ in his relations with the medical association and the lawyers. “I have no doubt the whole outcome of this fiasco would have been different if we had known who this [lawyer] was, his relation to [the doctor], what his intentions were,” he says.

Make mental health counseling an important part of the emergency response to any potentially traumatizing disaster.

Recommendations

- Make mental health counseling an important part of the emergency response to any potentially traumatizing disaster.
- Conduct a survey at post of mental health providers available to assist in an emergency, and consider a program of training lay counselors, or counselors skilled in trauma.

CHAPTER 6. INFRASTRUCTURE

Introduction

The enormous force of the explosion that rocked Nairobi on August 7 damaged more than 100 buildings, large and small. Damages ranged from smashed windows and blown-off roof tiles to utter destruction. It became clear early on to Kenyan government representatives and to USAID personnel that, in addition to destroying lives, the bomb had also struck a blow to the heart of Kenya's business center.

In addition to destroying lives, the bomb had also struck a blow to the heart of Kenya's business center.

Observations

- v The Kenyan government reacted quickly with timely information on extent of damage, though its estimates of the cost of repairing and reconstructing damaged infrastructure were inflated.
- v U.S. government infrastructure assessment was hampered by lack of planning and design funds. No U.S. government budget line covers planning and design of rehabilitation after a bombing.
- v The time-consuming congressional notification process delayed rehabilitation funding, causing economic distress to owners.
- v Establishing a policy on treatment of non-compliant insurance companies delayed assistance to building owners.

The Government of Kenya Response

The bomb blast instantly caused the collapse of the eight-story Ufundi Sacco building, crushing dozens of people inside, including 41 Ufundi staff. The glass windows of the adjacent 25-story Co-operative Bank building shattered from the pressure of the blast, killing 10¹²⁹ people instantly and blinding or otherwise mutilating more than 200 others. Across the street, buildings like Development House (which faces the main entrance of the former U.S. Embassy building) lay in ruins, partitions shattered, furniture buried under piles of rubble, even internal windows crushed by the pressure of the blast.

Outside, huge window frames dangled their jagged remains precariously from peeling cement walls, threatening at any second to fall and cause further injury and death. Glass was shattered and roof tile blown off in a 10-block radius around the bomb site. Joseph Kaguthi, then PC for Nairobi Province, drove through the area affected by the blast using Kenyan President Daniel arap Moi's personal address system to urge the large crowd to step away from the damaged buildings lest they become victims of falling debris. An erroneous report by a French news service that the Co-operative Bank building might collapse caused panic and evacuation of a neighboring building. Again, Kaguthi drove through the city, using the

intercom to try to calm residents. (In fact, the building was sound; only a small section of wall was structurally damaged.)

In conjunction with the Ministry of Public Works, Kaguthi appealed over local radio on the evening of the bombing to all Kenyan professionals capable of lending a hand in relief efforts (especially architects and engineers). Several dozen private-sector volunteers and NGO staff (such as staff from the Adventist Development and Relief Agency) responded within hours.¹³⁰ Volunteers met in Uhuru Park and, with the help of the PC's office, the Ministry of Public Works, the NOC, the Criminal Investigations Division, and the regular police, split into groups to inspect each building.¹³¹

The groups circulated questionnaires to tenants in the affected buildings and interviewed some of the victims. From this assessment would come the first official document detailing the effect on the business community, including a list of 105 buildings that sustained infrastructure damage. The report also gave a total rehabilitation cost estimate of KShs.2.5 billion (US\$41,666,666). Of this, the two most heavily damaged buildings—Ufundi House and the Co-operative Bank building—were estimated to have sustained KShs.200 million (US\$3.3 million) and KShs.1.3 billion (US\$21,666,666) in damages respectively. (Kenya Ministry of Public Works and Housing, n.d.).

As often with large appeals, particularly in a poor country with a reputation for corruption such as Kenya, some saw the appeal as inflated.

Kenyan officials later formed five committees¹³² to address the five main areas identified in the initial assessment, including building repair and reconstruction.¹³³ The committees worked swiftly to draft a formal appeal for assistance, which was released August 31.

The 43-page appeal called for KShs.9 billion (US\$156 million) for a wide range of humanitarian assistance programs. Of this figure, KShs.350 million (US\$5,833,333) was requested for repair and reconstruction. (See Appendix 31 “Shs.9b Sought for Bomb Disaster.”) The appeal also proposed money be put in a trust fund, to be overseen by a management committee coordinated by the Office of the President and concerned government ministries, donors, and NGOs.

As often happens with large appeals, particularly in poor countries with reputations for corruption such as Kenya, some saw the appeal as inflated.

“It was a distorted government report prepared by a lot of opportunist architects,” says a private sector source who witnessed the government's initial assessment.

Further, the appeal document did not reference a central issue that would soon become a major obstacle to the provision of U.S. humanitarian assistance: insurance. Many buildings, particularly the larger ones such as the Co-operative Bank, had insurance policies. Would the insurance companies pay for damages sustained from a terrorist bombing, and if so, how much? USAID officials brought this to the attention of government officials at the launch of the appeal, but did not get an immediate answer.¹³⁴

For the most part, however, numerous sources consulted for this report commend the Kenyan government for providing baseline information within the first week and month of the bombing. Despite varying concerns about the accuracy of the information collected, all donors, NGOs, and private companies associated with reconstruction and business assistance use the government figures, testimony to the thoroughness of the review.

“There was a lot of good work done,” says one USAID/Kenya employee. “The problem was, they never really came up with a plan. We took that information and we made the plan.”

The U.S. Government Response

In the first week after the bombing, U.S. government resources and efforts went to the immediate medical priorities of injured staff and civilians. An engineer was clearly needed to deal with infrastructure.

Through OFDA-Washington, USAID/Kenya secured the services of John Pepper, a specialist in bomb damage, who visited Nairobi August 16 through 18. Pepper was joined by structural engineers “donated” by the British government from a consulting firm called OVERUP. The team, among other activities, made a preliminary determination that the Co-operative Bank building was structurally sound, drafted an initial report, and toured 16 of the worst-affected buildings, identifying those that required immediate attention. Their work paved the way for the next round of outside assessments.

On August 16 USAID/Kenya requested assistance from USAID’s Regional Housing and Urban Development Office (RHUDO) in Pretoria, South Africa. On August 29, RHUDO’s Joel Kolker, an engineer who formerly worked for USAID’s regional Mission in Nairobi, touched down. Kolker was to help the Mission assess physical damage and explore mechanisms to help private building owners whose structures were damaged in the bombing. In the week he spent in Nairobi,¹³⁵ Kolker met with officials from the city and the Ministry of Public Works, as well as with OFDA’s Pepper and the team of British engineers, to discuss infrastructure damage. He also met with insurance industry representatives in a preliminary effort to assess the likelihood of private insurers paying out on their policies.

Kolker’s visit was important for two reasons: 1) It led to US\$20,896 from RHUDO for a local engineer to inventory damaged buildings¹³⁶ (Kolker August 29, 2000).¹³⁷ (The engineer worked for Matrix, a private development organization that would become vital to reconstruction over the next two years.) 2) It, along with the work done by Pepper and the U.K. team, gave perspective to what many believed were inflated claims of businesses and government representatives in the hysteria of the first few weeks of bomb response.

“Joel was the first to get a [non-inflated] grasp of the scale of the problem,” says one observer.

The Mission had established an emergency committee to address various aspects of the relief effort within a day of the blast. James Kigathi, an engineer in USAID/Kenya's Agriculture Office and a member of that committee, became the point person or "control officer" for infrastructure-related activities. By the last week of August, the committee had a first draft of a relief-and-reconstruction proposal to submit to Washington. It would supplement this proposal over the coming months with detailed information on damages, repair costs, and insurance issues.

Program Design and Funding

Of the 105 buildings the government identified as having been damaged, most were small or medium-sized with superficial damage.

Of the 105 buildings the government identified as having been damaged, most were small or medium-sized with superficial (non-structural) damage to windows, walls, or capital assets. These were categorized differently from larger buildings like the Co-operative Bank building and Ufundi House (which had sustained major structural damage or been altogether destroyed.) USAID decided that rather than oversee a rebuilding program, it would offer an NGO-managed package of small grants and loans to eligible owners.

Ufundi and Co-operative Bank would be separate projects, ultimately accounting for more than US\$12.9 million (USAID May 2001) of the total US\$37 million given to Kenya through a congressional supplemental appropriation. USAID contracted with Matrix Development Consultants, a private development organization with expertise in engineering, to assess these cases.

Matrix worked with building owners to collect information, including the nature and extent of damage, repairs made since the bombing, and the building's insurance status. Owners were asked to fill out a questionnaire and receive a surveyor to assess the cost of proposed repairs. Matrix spent the first few months conducting these assessments, evaluating responses, and investigating suspected fraudulent claims. It paid particular attention to requests for new equipment or fixtures.

"We were tough," says a Matrix employee. "If someone wanted a new elevator we looked at it and said, no, we can get that repaired."

Matrix also prepared an implementation report on damages to the Co-operative Bank building on November 22, 1998 on February 6, 1999. (Responsibility for assessing the damage to the building and estimating the cost of repairs would eventually be given to the engineering firm Wilbur Smith Associates.)

Matrix operated initially on the US\$20,896 from RHUDO, but ran out of funds by early December and stopped work. USAID/Kenya desperately sought alternative funding to keep the program going, to no avail. Funds to pay Matrix would not be available until the congressional supplemental arrived in late January 1999.

The problem stemmed, in large part, from shortfalls in the structure of U.S. government funding at the time. Specifically, activities such as building assessments (to properly value and design a program of building reconstruction after a terrorist bombing) do not fit in any existing U.S. government budget or objective. (See chapters 3 and 14.)

USAID development funds are obligated in advance to specific programs. The only way to get new money for unanticipated activities (such as rehabilitation) is to go through a complex, time-consuming process of identifying new money and notifying Congress to allocate it.

USAID staff note the implicit “Catch-22”: there is no money to plan and design a rehabilitation program after a bombing, yet good planning and design are essential to draft an appropriately detailed and thoughtful proposal for a congressional supplemental.

Insurance Concerns

The congressional notification process was further held up by concerns at USAID and in the U.S. Congress about insurance. Specifically, staff worried that the prospect of U.S. government assistance might discourage Kenyan insurance companies from honoring their own policies covering damaged property.

Insurance companies had reacted defensively in the face of billion-shilling damage estimates from government and other sources.¹³⁸ Of the 60 privately owned buildings that sustained serious damages, six were uninsured or had policies that did not cover physical damage, 36 had policies with broad, exclusionary language (excluding coverage for damage caused by terrorist attacks), and 19 had policies with narrow exclusionary language, excluding liability for damages caused by terrorist attacks against the de facto or de jure government. (USAID/Kenya June 18, 1999)

Kenya had not experienced a terrorist bombing of this size and scope before. Insurance companies pointed out that such an extraordinary event was not normally covered, or even anticipated, in their policies. The upshot was that of the approximately 15 insurance companies that provided policies to the most severely affected buildings, only one, American Life Insurance Company (ALICO), agreed to honor claims on the three buildings it insured.

ALICO’s compliance came with a condition that was echoed in Congress and at USAID: non-paying insurance companies must in some way be made accountable. USAID/Kenya subsequently designed a set of rules obligating businesses to file a lawsuit against their insurance companies before qualifying for U.S. assistance.

Only those whose insurance policies arguably covered them for terrorist attacks had to file suit. However, they subsequently received the most

The prospect of U.S. government assistance might discourage Kenyan insurance companies from honoring their own policies.

Businesses had to file a lawsuit against their insurance companies before qualifying for U.S. assistance.

humanitarian assistance: 85 percent of verified costs. This was the result of a USAID-formulated sliding scale designed to reward buildings that were fully insured (as Kenyan businesses in general under-insure).

Buildings with policies that clearly excluded terrorist acts received 65 percent of verified costs and buildings with no insurance policies whatsoever received 50 percent of verified costs. In no case did USAID cover 100 percent of costs. (Dunn September 12, 2000)

The policy of suing insurers gave some pause—as late as April 2001, some building owners had not yet filed suit. Even among those who did, some debate its effectiveness in enforcing insurance company compliance.

“It was a principled requirement that didn’t really mean anything [in terms of punishing non-compliant insurance companies],” says a private-sector source who observed the process. “You only had to file suit, you didn’t actually have to win. ...The courts are very slow in Kenya and [most building owners dropped their case shortly after they filed suit because] they’d be piddling around for five years, and that was what they [insurance companies] were prepared to go for, while the small-business owner suffers.”

The insurance issue was important, and efforts to address it were appropriate, private and U.S. government sources say. But defining and enforcing the rules delayed the drafting and disbursement of aid. Delays particularly frustrated building owners and their tenants who lost tens of thousands of dollars, or more, of income and rent in the year that would, in some cases, elapse before the first funding became available.

“The problems of delayed decision making did impact severely on the program,” notes a private source involved in the rehabilitation process. “People were sitting here with no money to spend for a long, long time. We could have reacted to the problems very much more quickly.”

CHAPTER 7. BUSINESSES

Introduction

The explosion destroyed or damaged more than 250 businesses. Many were small or medium-sized businesses with little or no insurance. Many (particularly the informal business sector of roadside kiosks, or mom-and-pop shops) operate on such a slim margin that any disruption, much less a bomb blast, is potentially devastating. Although immediate assistance to Kenya's business community, particularly the struggling small business sector, seemed an obvious focus of humanitarian action, funding for a program was not forthcoming—forcing USAID to perform financial acrobatics to get quick funding. There was no U.S. government budget line from which to draw funding for immediate business assistance. USAID/Kenya had to draw money from existing programs. Even after initial money was found, local service providers had logistical, managerial, and administrative problems reducing their effectiveness, and possibly contributing to the ruin of businesses hurt by the bombing.

There was no U.S. government budget line from which to draw funding for immediate business assistance.

Observations

- v Government assessments of businesses affected by the bombing were exaggerated, but provided baseline data.
- v There was no U.S. government budget line for funding immediate business assistance.
- v It was difficult to find a lending agent and program manager for a business-assistance program.
- v U.S. funding for businesses covered damaged stock and fixed assets, not loss of revenue because such claims are hard to verify.
- v Businesses reacted negatively to loans; some thought they should receive direct assistance.
- v Some businesses gave inflated or fraudulent claims, necessitating thorough investigations, which slowed disbursement.
- v The USAID-contracted provider was slow in disbursing funds.
- v Traumatized by the bombing, many business owners moved, making them difficult to locate.
- v Some business owners were nonfunctional after the bombing, making their participation in the loan program less effective.

The Government of Kenya's Response

(See Chapter 6.)

The U.S. Government Response

By the second week after the bombing, USAID staff had begun to think strategically about the long-term effects of the bombing. It formed an

emergency committee to address the relief effort within 10 days. Zachariah Ratemo, USAID/Kenya's small business advisor, volunteered to lead the Agency's initial bomb-response efforts for the small-business sector. By the last week of August, Ratemo and the emergency committee had a first draft of a comprehensive relief plan to submit to Washington.

Money was the urgent issue. The traditional U.S. government mechanism for responding to disasters was OFDA. Yet OFDA normally provides immediate, life-saving emergency aid—water and sanitation, shelter, logistics, and food. The bomb blast was an altogether different animal.

"This we didn't know about," recalls Greg Gottlieb, USAID/Kenya's disaster response coordinator at the time. "We understand about earthquakes. We don't understand about mental health. Pay hospital bills? Fund small businesses? We don't do that."

Justifying humanitarian assistance to small businesses within OFDA's strict mandate was clearly impossible. Seeking relief money through a congressional supplemental (see Chapter 9, The Supplemental Disbursement) was a complex and (ultimately) time-consuming process unsuited to responding to urgent needs.¹³⁹ USAID staff faced a dilemma—with limited, unrestricted emergency money (such as the ambassador's fund) already depleted and a congressional supplemental potentially far in the future, how would USAID find funds for immediate assistance to businesses affected by the blast?

Funding a Business Assistance Program

USAID looked to pre-existing programs. On September 10, 1998, USAID/Washington cabled US\$4 million for normal program operations. Of this, US\$2 million went to an environmental program¹⁴⁰ and US\$2 million went to USAID/Kenya's micro private enterprise development program (MicroPED), a small-business support program. Previously allocated funds cannot go to new programs, but USAID staff noted (and USAID/Washington approved) that MicroPED project goals could be stretched to include some assistance for small businesses affected by the bombing.¹⁴¹ USAID/Kenya was thus able to extract US\$300,000 of MicroPED's US\$2 million for a bomb-related, small-business rehabilitation program.

The use of MicroPED funds is just one example of USAID/Kenya's ingenuity.

The use of MicroPED funds is just one example of USAID/Kenya's ingenuity¹⁴² in extracting funding from pre-existing programs to fund bomb-related programs or program design. Although technically legal, according to USAID financial regulations, the sudden elasticity of program mandates and monies gave some Agency officials pause.

"[We were taking] bits out of projects to keep things running," says a USAID staffer. "But otherwise we would have sat without money for eight months."

The financial acrobatics in funding preliminary business assistance programs illustrates two central themes of the overall bomb-response effort: 1) the inappropriately slow U.S. funding process (particularly the congressional notification process), and 2) the desperation of USAID/Kenya staff as they struggled to find resources to revive the physical and economic health of Kenya's bomb-blast victims.

Program Challenges

With only US\$300,000 available, USAID/Kenya staff understood that any business assistance program would be initially small and experimental. The money would be programmed through an intermediary capable of providing business owners with two types of assistance—loans and 'soft' grants for capital equipment destroyed by the blast.

Almost immediately, the program faced challenges.

"It was difficult to find an intermediary organization [like a bank] that would take USAID money and lend to small businesses affected by the bombing," says a USAID source. "There was also a fear of fraud."

On December 14, 1998, USAID selected the Kenya Management Assistance Program (K-MAP), a local technical assistance organization geared to small businesses, to run the small business recovery fund program.¹⁴³ In addition to providing cash to businesses through a revolving loan fund, K-MAP's project design was distinctive in that it included a management counseling component of technical assistance to business owners unfamiliar with credit schemes. K-MAP provided business counselors on a one-to-one basis. Each business received up to five counseling sessions over a set period of time, followed by assessment visits.

Assistance monies in the K-MAP program and in later business assistance programs were restricted to replacing damaged stock and fixed assets. U.S. assistance did not address loss of revenue or business, mainly because such claims are "virtually impossible to verify." (KPMG November 3, 2000)

The program stalled, this time over the agreement instrument small businesses receiving assistance were to sign. "Businesses thought they could just get cash and go," recalls a K-MAP staffer. "They did not want to sign complicated agreements."

Some small-businesses managers complain that loans are inherently unfair to businesses that were innocent victims of the bombing.

"Why should we have to pay a loan?" says one small-business manager who received cash from K-MAP. "The big buildings (Co-operative Bank, etc.) get money free and they are rich. We are poor but we have to pay money back."

Some small-businesses managers complain that loans are inherently unfair to businesses that were innocent victims of the bombing.

Ever present was the threat of fraud, illustrated by the sometimes inflated claims affected businesses submitted. The “culture of theft,” as one USAID/Kenya staffer describes Kenya’s unsavory economic climate, was a challenge. OFDA and USAID/Kenya staff had that constantly in mind as they struggled to provide timely emergency aid in a country often rated one of the most corrupt in the world. K-MAP was instructed to conduct thorough investigations of the validity of each claim before disbursing aid, which slowed disbursements and frustrated many business owners.

“We knew we had to be careful,” says a USAID/Kenya staffer involved in the emergency response. “At the same time, many businesses and business owners desperately needed assistance to get back on their feet. “We were caught between a rock and a hard place.”

K-MAP’s inefficiencies and slow action also caused delays, according to critics in the U.S. government. Although K-MAP began in December, small businesses eligible for grants and loans did not actually receive money until May 1999—a five-month lag that one USAID staffer describes as “inexcusable, considering how strapped these businesses were for cash.”

Only 2 percent of businesses have started paying back their loans in the required six months.

USAID also questioned K-MAP’s accountability mechanisms. Only 2 percent of businesses have started paying back their loans in the required six months.

“One of the big problems is that the businesses themselves perceived the loans as a grant,” notes a USAID/Kenya staffer. “They assumed those loans were gifts.”

K-MAP staff point to logistical difficulties that hampered their ability to swiftly communicate and aid businesses, particularly small ones. They note initial difficulties in locating candidates for assistance—many business owners had packed up immediately and left, returning weeks or months later, or sometimes not at all. They also note the precarious nature of doing business, and expecting business-like results, with victims traumatized or depressed from the bombing.

“Some people who lost their employees and business partners up to this moment have not recovered fully psychologically and businesswise,” says one K-MAP official.

Wrangles over agreement instruments, inflated claims, and other issues slowed the program to a crawl. Both USAID and outside experts estimate that some businesses failed in the interim. At one point USAID staff feared the program might have to shut down altogether. When the congressional supplemental arrived in January 1999, USAID decided it would allow K-MAP to serve out the duration of its program, but would not provide any new money.

CHAPTER 8. SUPPORT TO FAMILIES

Introduction

The direct and indirect victims of the August 7 bomb blast numbered in the tens of thousands. More than 200 people were killed and as many as 5,000 injured. Many were the sole support for their immediate, and often extended, family.

Relatives, friends, communities, and local religious groups supported families first and foremost, in a spontaneous outpouring of civic charity in the first few weeks after the bombing. Assistance ranged from food, blankets, and other goods offered in the raw outpouring of private charity in the first two weeks, to formal programs of financial and educational aid. While these provided much-appreciated support, one program in particular—offering cash to bomb victims from a national fund—received a lot of criticism for encouraging attitudes of entitlement and dependency that would challenge humanitarian assistance efforts for months to come.

Observations

- v Relatives, friends, communities, and religious groups supported families, in an outpouring of civic charity in the first few weeks.
- v Religious organizations, particularly the National Council of Churches of Kenya, had good networks to trace bomb victims.
- v Poor Kenyans could not afford bus fares to make regular use of humanitarian services.
- v The National Disaster Emergency Fund disbursed money raised for victims in an accountable manner.
- v Cash assistance to poor Kenyans created attitudes of entitlement and dependency that hampered humanitarian assistance.
- v Njonjo Fund recipients, particularly widows, were vulnerable to requests for the money from their extended families.
- v Financial counseling on handling money, or a managed program (such as an income-generating activity) might have been better.

The Public Response

Kenya's often-divided peoples came together in a rare and unforgettable moment of national unity on August 7, 1998. It is not the great sums of money the U.S. government and other official entities gave for bomb relief but the reaction of the people that is remembered with the greatest clarity, and most warmth, by all interviewed for this report.

Donations of food (often hand-cooked and delivered to the door), clothing, medicine, and other supplies poured into area hospitals from private citizens and businesses. Some of this was distributed to the thousands of family members who milled outside emergency room doors in the first days

Kenya's often-divided peoples came together in a rare and unforgettable moment of national unity on August 7, 1998.

after the blast. (See Chapter 5, The Individual Response.) Community and church groups held *harambees* [fundraisers] to support victims and their families. As bomb victims recovered, there were special free activities free for them, including musical concerts and even a British Airways-sponsored trip to Euro Disney for 10 children affected by the blast. (Nation October 2, 1998 5)

The social-services wings of Kenya's religious communities provided essential support in the first few weeks after the bomb. The Hindu Council, a social service organization for Nairobi's south-Asian Hindu community, was celebrating its 25th anniversary at a nearby conference site in Nairobi when the bomb exploded.

"As soon as we heard the news, our work was only to appeal to all those people [at the conference]. We raised about KShs.1.5 million (US\$25,000) then and there," says M. L. Pindolia, then chairman of the council. "Not only that, but whatever we had cooked for the conference delegates we took directly to the site. We appealed to our members through radios to bring whatever they could. It came in such a big amount that we had difficulty distributing it."

The efforts of Asian groups helped dispel, for a time, negative impressions of an ethnic group often reviled for its economic dominance.

Over the next week more than 250 Hindu Council volunteers distributed some KShs.5 million (US\$83,333) worth of medical supplies, food, blankets, and other relief goods to the injured and their families. The Hindu Council's efforts mirror those of other Asian groups after the bomb blast, and contributed enormously to dispelling, at least for a time, negative impressions of an ethnic group often reviled for its economic dominance.

"It gave the opportunity for local people to know what Asians are," says Pindolia. "It was very helpful."

Representatives of Kenya's Ismaili Muslim community raised KShs.5 million (US\$83,333) on the day of the bombing, and went on to donate 11 tons of food, medical supplies, blankets, and mattresses to city hospitals.¹⁴⁴ Volunteers donated blood and cooked hot meals for rescuers at the bomb site. (On the Sunday after the bomb volunteers cooked dinner for 200 rescue workers on the site and breakfast the next morning for 150.) (Aga Khan Council for Kenya January 19, 2001)

Kenya's NCKK, which lost one staff person and had 23 injured, organized an ecumenical prayer service for families and friends of victims, and provided counseling through the "Beyond the Disaster Program." (See Chapter 5, The Mental Health Response.) It would also make a valuable contribution to victims who slipped through the cracks. Drawing on its network of churches, it began a mapping exercise in October. Thirty-nine volunteer enumerators from member churches worked with parish ministers to confirm the locations and status of people, ultimately identifying 1,984 victims.

“Our hope was that [the mapping exercise] database we created would form a nucleus around which we could set up a service-delivery mechanism,” says an employee who works on NCCK’s Bomb Blast project.

Using part of a US\$156,000 cash grant from the international religious organization Action for Churches Together, NCCK trained 17 lay counselors from the 39 enumerators for an outreach program to those victims and their families.¹⁴⁵

NCCK staff note that while other government and NGO assistance was located in the city center, 60 percent of bomb victims lived in the outlying slum area of Eastlands. The combination of injury, poverty, and trauma and the logistical difficulties in reaching centrally located services was inhibiting to many victims and their families.

“Counseling programs had a locational problem. [Victims] would have to take at least two matatus [buses] to get to...counseling services. And many do not have any money in their pocket,” says an NCCK staffer. “It is better they don’t have to come to us, we have to go to them. ... Outreach should be the mainstay of program response.”

Service Providers and Donors

Within three weeks of the bombing, AMREF created a coordination center to inform family members and the injured of available humanitarian services. The center was funded with a US\$41,050 grant from OFDA.

Early AMREF coordination center newsletters give an idea of the services available initially. More than 10 churches and mental health service providers in three areas of Nairobi offered free counseling. KNH offered free prescribed medication. The disabled could contact three agencies offering various levels of assistance. KRC offered food parcels and school fees. (AMREF Bomb Relief Newsletters, October 7 and 22, 1998)

AMREF newsletters gave an idea of the services available.

KRC was active in emergency relief almost immediately after the bomb blast, because its city center office is steps from the U.S. Embassy. As the emergency medical operation concluded, however, KRC became active in family support. By September 12, the KRC city center offices (used as an HIV/AIDS counseling center) had been converted into a counseling center for victims and their families. Within two weeks, a KRC family-tracing center was established in Uhuru Park.

KRC and IFRC drafted an appeal that raised Swiss Francs 345,000 (US\$202,941) in the first weeks after the bombing. Much of it was European Community Humanitarian Office money earmarked for food assistance. One of IFRC-KRC’s first jobs was to locate 200 families who had lost relatives in the blast to give them food. However, without a strong local network (such as NCCK’s network of churches), identification was slow—by November 15 only 50 families had been found. By June 1999

IFRC-KRC had located so few, it expanded the program to include 50 families of the severely injured.

In all, IFRC-KRC distributed 110 metric tons of maize, 20 metric tons of beans, and 5 metric tons of oil in the year after the bomb. Unlike NCKK, it did not offer outreach. Victims and families had to come to the KRC city center office or other central locations (Uhuru Park) to pick up their ration.

IFRC-KRC also received KShs.4 million (US\$66,666) from the Italian government to pay school fees up to KShs.40,000 (US\$666) for 49 orphans for one year. (See below.)

The National Disaster Emergency Fund

Immediately after the bombing, the government of Kenya set up a funeral committee in a tent in Uhuru Park to arrange identification and burial of the dead (a free service the government promised in the early hours). The committee ultimately disbursed KShs.15.5 million (US\$258,333) for funeral arrangements and other humanitarian assistance to bomb victims and next of kin. (Nation September 18, 1998 1)

However the most significant government support to bomb victims and their families was the National Disaster Emergency Fund (known as the Njonjo Fund for Charles Njonjo, who chaired the committee that disbursed the funds). Following a personal appeal by Kenyan President Daniel arap Moi, KShs.273,771,229 (US\$4,562,854) came from more than 1,200 public and private sources from around the world and across Kenya. (See Appendix 36 “National Disaster Emergency Fund: Donations Received”)

The most significant government support to bomb victims and their families was the National Disaster Emergency Fund.

The independent bomb disaster committee, composed entirely of volunteers from the government and private sector, distributed donations from September 8, 1998¹⁴⁶ through May 31, 1999.¹⁴⁷ Bomb survivors and families received a maximum of KShs.650,000 (US\$10,833) for death or severe disability, to a minimum KShs.30,000 (US\$500) for minor injuries. Some long-distance claimants also received up to KShs.50,000 (US\$833) additional for transportation expenses.

A government committee headed by Ministry of Housing and Public Works Engineer E. K. Mwongera collected a preliminary list of the dead and injured. The bomb disaster committee selected beneficiaries from that list as well as solicitations in the media and postings in provincial centers. Njonjo Fund claimants were asked to

- make a declaration that they were injured or had a relative killed in the bomb blast
- in the case of death, produce death certificates and proof of identity as next of kin

- In the case of injury, describe the injury and have the statement verified either by the hospital where the victim was treated, or by a doctor who had examined him
- have the form authenticated by “a person of standing in the community”
- have the doctor signing the form give his estimate of disability suffered by the victim. (National Disaster Emergency Fund June 1999)

The Njonjo Fund committee evaluated each claim (3,018 in all) and made payments according to a formula devised by MOH and committee members, based on Kenya’s Workman’s Compensation Act.¹⁴⁸ A voluntary panel of doctors reviewed 500 difficult cases—ones the committee found challenging to evaluate.

Charles Njonjo,¹⁴⁹ a Kenyan politician of good reputation, headed the fund, which was under intense scrutiny in the Kenyan press and by bomb victims themselves. It operated in an open and accountable manner, according to most sources consulted for this report. According to Njonjo, the fund committee was also the first government commission in Kenya to be audited, in this instance by the PriceWaterhouseCoopers accounting firm.¹⁵⁰

Fund Challenges

The National Disaster Emergency Fund was a noble effort to channel the evidence of Kenyan and international goodwill into relief for survivors. But it had serious flaws. Nearly every provider consulted for this report remarked on the attitude of entitlement the cash disbursement fostered. The money, paired with the intense media coverage of victims in the first months after the blast, gave victims a feeling of being “an elitist group of people,” (IFRC August 23, 2000) and “a special category.” (UDPK August 17, 2000)

An IFRC staffer notes that such “elitist attitudes” can “block you as well and twist you around the issue of compensation and prevent you from identifying the resources you have which could assist in the recovery process.”

“[The Njonjo Fund] created major dependency,” says an ADRA employee who works with disabled bomb victims. “You have never seen KShs.100,000 (US\$1,666) in your lifetime and all of a sudden someone gives you KShs.300,000 (US\$5,000).”

The Njonjo Fund created major dependency.

Disaster fund payments made many survivors feel that all bomb-related humanitarian assistance should be paid directly to them, instead of channeled through programs and service providers. Service providers largely agree that these attitudes jeopardized relations with bomb victims and the healing process itself in the year after the bomb.

More practically, service providers and bomb survivors both report widespread problems within the extended family as a result of the

payments. “This money posed some challenges, split families, destroyed traditional support structures, or caused jealousy,” notes an IFRC source. “Clients were under pressure from extended families over cash hand-outs.”

In the African extended family—a complex, informal safety-net of overlapping economic and social relationships—it is almost impossible for an individual to refuse a request for assistance from another family member. Kenyans who refuse may be shunned, cut-off, intimidated, threatened, or worse. Several widows of bomb victims¹⁵¹ relate nearly identical stories of strife with in-laws over Njonjo Fund monies. One widow’s in-laws took her to court over the issue; another was chased away from her husband’s family compound by enraged in-laws. (See Appendix 35 “Victims of Embassy Bombing Harassed”)

The result of so much publicity and money disbursed in a poor country, say service providers and others, is that most Njonjo Fund recipients have spent or otherwise distributed their payments, and now have nothing left.

“It was easy money, they were not prepared for it, and now have nothing to show for it,” says a case manager for UDPK.

“People were not prepared psychologically,” agrees an AMREF staffer, who helped provide medical assistance to bomb victims.

What might have helped is mandatory financial counseling to help recipients cope.

What might have helped, say some service providers, is mandatory financial counseling to help recipients cope with the pressures that come with large disbursements of money in Kenya’s complex cultural and economic environment. Others suggest the money should have been used for an income-generating project.

“The Njonjo Fund was done too much in a hurry,” says one AMREF employee. “I wonder how many people it benefited? [They should] wait and see what direction [bomb victim’s] injuries take them.”

Njonjo, chairman of the fund, disagrees. “They don’t want somebody to advise them. You are bringing more attention and more people will come to know about it.”

Others say that despite measures to identify legitimate recipients, fraud was a serious issue. KPMG staff, responsible for a similar program, identifying businesses affected by the bombing, (see Chapter 14) noted that while its program included site visits to verify claims, the Njonjo Fund did not. Without in-person verification, the documentation required to qualify for Njonjo Fund monies could be forged and the testimony of a “person of standing in the community” required by the Njonjo Fund could be bought, sources say.

Njonjo says his committee was aware and “very, very careful” about potential cases of fraud, and that the committee, in fact, verified one case.

In general, however, “the cases that came before us we were satisfied were genuine because we were working very closely with the doctors. They gave reports. They were all doctors that I know,” says Njonjo. “This money has been collected from the public and really we must give it to the people who’ve suffered. [We knew if] we are not careful it will go into the wrong hands.” (Njonjo November 6, 2000)

Despite criticism about the methodology and effectiveness of fund monies, no one interviewed for this report thinks the monies should not have been disbursed.

“It was money well spent. It was money that was appreciated. It was money that without it, I think that sadness would have been even more sad,” Njonjo says.

School Fees

Many assumed school fees would be covered in the disbursements from the Njonjo Fund (see above). Some schools waived or reduced their fees to some children of bomb victims, on a case-by-case basis. Until a USAID-funded educational support program in May 1999,¹⁵² there were only two formal programs of educational support after the bombing. These were small programs run primarily by volunteers at the NCKK and KRC.

Using data collected in its victim enumeration exercise (see above), NCKK identified and paid school fees for 63 children of the deceased in 1998 and 76 children in 1999. Families were selected based on a “critical list” the enumerators identified.

Using funds¹⁵³ from an IFRC international appeal, KRC paid school fees for 49 children for a year following the event. Orphans had first priority, followed by children of widows, and third, children of widowers. KRC gave a maximum of KShs.40,000 (US\$666) per child. Schools were required to give KRC attendance records of children supported by the program. The program paid travel allowances for the volunteers running the program to visit participating schools.

Payment of school fees is an emotional issue in a country that places a high value on education. The NCKK and KRC programs did not cover all the children whose lives had been affected by the bomb. As the months passed and U.S. government officials hinted at a larger assistance program (the congressional supplemental), the idea of a school fees program for all eligible victims enjoyed wide support. KRC, ADRA, and KSB would conduct a census of children affected by the bomb blast, ultimately identifying some 800 who might qualify for a larger program of assistance. However, owing to the slow-moving U.S. government funding process (see chapters 3 and 14) it took a year until a larger educational program could begin.

Payment of school fees is an emotional issue in a country that places a high value on education.

PART 2. REHABILITATION

CHAPTER 9. REHABILITATION FUNDING

Introduction

With 213 dead, up to 5,000 people injured, 38 Kenyans legally blinded, hundreds partially handicapped or disfigured, Kenyans and U.S. government employees traumatized by the event, and part of Nairobi's business district in ruins, it was evident that longer-term care was needed.

What was clear to embassy and USAID staff in Nairobi in the weeks following disaster—that the U.S. government could immediately provide this care—was less clear to their counterparts in Washington, D.C. Even after they had reached consensus on the U.S. government's response, staff had to go through a complicated process to get funds, since there was no budget line dedicated to humanitarian response for U.S. and non-U.S. citizens following an overseas terrorist attack. Most staff are versed in the complexities of accessing funds, but the time required seemed, to many, unacceptable.

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Observations

- v The U.S. government had no policy on what its obligations are and how it should respond after a terrorist attack in a host country.
- v There is no U.S. government budget line dedicated to humanitarian response for U.S. and non-U.S. citizens after an overseas terrorist attack.
- v The end of the USAID fiscal year created bureaucratic challenges in identifying and accessing funds.
- v The internal approval process required to use economic support funds is not conducive to rapid response.
- v Concerns about corruption in Kenya slowed the process.
- v DOS and USAID were concerned about making multiple requests to Congress for ESF.
- v The high profile of the Kenya and Tanzania bombings may have increased attention, and resulting bureaucracy, at USAID and DOS in Washington.
- v In designing an assistance program, staff wrestled with setting the proper precedent for humanitarian response after a terrorist attack.
- v Concerns over some issues (such as insurance) forced USAID/Washington to release funds by line item, a piecemeal approach USAID/Kenya found frustrating.
- v Poor communication between USAID/Washington and USAID/Kenya about the funding delays increased anxiety.

- v The eight months it took to secure and release funds put economic stress on victims, businesses, and NGOs.
- v The U.S. government suffered poor public relations as a result of funding delays.
- v There was no money for support to Mission staff.

Choosing ESF Funding

A flurry of email and telephone conversations between USAID/Kenya and USAID/Washington staff in the week after the bombing document preliminary thinking about longer-term strategies. Reimbursing Nairobi’s hospitals (see Chapter 11) for the consumables they used in treating the 5,000 people after the bombing was the first priority. But staff also discussed longer-term issues, from the business community’s loss of property and income to individuals injured by glass fragments embedded in the skin, which can take two or more years to work to the surface. There was talk of reconstructive surgery, training for the newly disabled (including Braille classes), and counseling for the traumatized.

As early as August 16, USAID/Washington and DOS-Washington were looking at the availability and type of funds for a longer-term response. They would have to go through traditional budget lines and processes, but which ones?

The timing of the bombing could not have been worse—USAID’s fiscal year ended September 30, little over a month away. Most available money had already been allocated. Both DOS and USAID budgets are historically tight, so the possibility of drawing on any “loose change” was slight. The only option appeared to be economic support funds (ESF), which are traditionally used with DOS approval for short-term political priorities. There was still some ESF money that had not been used, but allocation requires often time-consuming negotiation between DOS and USAID, say USAID sources. (For specifics of the ESF process, see Appendix 42 “Action Needed to Obligate ESF.”)

USAID/Kenya staff and their Washington counterparts discussed the possibility of a significant rehabilitation program funded by a supplemental allocation.

“It was what was available at the time,” recalls one USAID staffer. “[But] ESF is the most complicated set of funds at USAID. It’s about as ill-suited for rapid response as any funding code.”

The ESF Process

USAID/Kenya staff and their Washington counterparts discussed the possibility of a significant rehabilitation program funded by a supplemental allocation. Such a program would require careful design and vetting on both sides of the world. USAID/Kenya staff knew they couldn’t wait that long.

A supplemental is “a bird in the bush,” one USAID staffer wrote shortly after the bombing (Conly August 28, 1998) when the possibility of a large response seemed a distant reality. In USAID/Kenya’s view, certain needs, such as reimbursing Nairobi’s cash-strapped hospitals for their medical relief effort, deserved immediate attention. They would work on a larger supplemental proposal concurrently, with the understanding that it might take longer to arrive.

In USAID/Kenya’s view, certain needs, such as reimbursing Nairobi’s cash-strapped hospitals, deserved immediate attention.

DOS and USAID staff talked about scraping together the existing FY98 ESF and redirecting it to Nairobi and Tanzania for specific needs. There was US\$10.5 million of unobligated funding for the Democratic Republic of the Congo, for example. (Rice October 7, 1998) Such an allocation would be provident for public relations reasons as well—U.S. Secretary of State Madeleine Albright was to visit East Africa August 18 and as a good will gesture would announce US\$1 million of humanitarian assistance. Of this, US\$850,000 would go to pay Nairobi hospital bills.

Using information provided by USAID/Kenya, Washington-based DOS and USAID staff immediately started the wheels rolling to secure ESF funding, working on documents essential to the process.

Congressional Notification (CN). A one-page notification advising the U.S. Congress of changes to USAID’s FY98 programs. (This is required for amounts in excess of 10 percent of the fiscal year’s original budget for new programs and services.) Once submitted, the CN must sit for 15 days so members of Congress with concerns about the program have time to object. If a member does object, DOS and USAID staff must address their concerns. Furthermore, CNs can only be submitted when Congress is in session, which meant further delays since Congress was in recess in August.

Allocation Memo. DOS drafts an allocation memo to the U.S. secretary of state, spelling out the proposed use of funds. Up to 15 offices in DOS and USAID must vet this. (This can occur before, after, or simultaneously with the CN, and is usually drafted with a USAID apportionment memo).

USAID Apportionment Memo. USAID drafts an apportionment memo to the Office of Management and Budget (OMB), in essence notifying the office that new ESF monies will soon be coming. Although this memo contains information almost identical to that in the DOS allocation memo, it must go through a similar routing and approval process. USAID then asks DOS for an immediate apportionment of the funds.

Numerous staff consulted for this report noted the “redundant,” “unnecessarily bureaucratic,” and “arduous” ESF process.

ESF Funding

Timeline of Initial US\$850,000

August-September 1998	Special objective drafted
September 14	Congressional notification for US\$850,000 to Congress
October 7	DOS allocation memo delivered to USAID
October 9	USAID apportionment memo to OMB
October 20	USAID apportionment memo to DOS
October 27	USAID/Kenya receives US\$850,000

Funding Delays

Funding was delayed from the start because the needed assistance programs did not naturally fit into USAID strategic objectives.

In the case of the embassy bombings, funding was delayed from the start because the needed assistance programs did not naturally fit into USAID strategic objectives. These are the specific objectives that, taken together, fulfill the core goals of USAID assistance. (For example, “increase rural household income” is a USAID/Kenya strategic objective). But no terrorist attack against a U.S. government overseas facility had ever before injured the civilian population to such a degree, nor had USAID ever undertaken an emergency health and reconstruction program in Kenya. To write a CN it is necessary to list a relevant strategic objective. If no such objective exists because, for example, the event occasioning the request is unique, a special objective can be substituted. USAID/Kenya thus had to create a special objective memo outlining its specific goal: “To meet the critical needs of Kenyans affected by the Nairobi bomb blast and to build capacity to handle future disasters.” USAID/Kenya then had to submit the special objective to USAID/Washington for approval. Drafting and approval normally takes months, according to USAID/Washington staff, “but here,” a USAID/Kenya staffer said, “we pushed it through in a couple of weeks.” To USAID/Kenya staff committed to providing assistance to blast victims, the abbreviated schedule was cold comfort.

The funding process takes a long time because it requires extensive approval of two government agencies, DOS and USAID, along with the Office of Management and Budget, which has to authorize release of the money. Although everyone consulted for this report stresses that attention and effort was devoted to “pushing” bomb assistance, one USAID staffer notes, “It is quite difficult getting two agencies to work together.”

“There has to be rapid concurrence between DOS and AID on source of funds, amount of funds, and commitment to get paperwork routed quickly. We are talking about a lot of signatures,” says another USAID/Washington staffer.

But there were other issues that speak to the complicated relationship that existed then between foreign service agencies headed by Democratic appointees and a Republican-dominated U.S. Congress ideologically opposed (in some cases) to “foreign aid.”

“This was 1998. Relations between the Congress and the Clinton administration are about as hostile as you can imagine,” says one USAID staffer.

Static funding for foreign assistance programs was one expression of that tension. By the end of the 1998 fiscal year, Congress had yet to approve USAID’s FY99 budget.

It did not help that Kenya, a poor country with a reputation for corruption, was not on the top of the list of the U.S. Congress’ favored nations. In every case, but particularly in the case of countries like Kenya, USAID carefully considers strategies before presenting funding requests to Congress. Staff recall that because DOS and USAID were committed to providing as much assistance as possible to Kenya and Tanzania they had strategic concerns before submitting the first CN about splitting aid into an initial ESF of US\$1 million and a later supplemental.

“[There] was a conscious decision by some of our state colleagues to hold [the US\$1 million] up for fear that it would derail the larger supplemental,” one USAID/Washington staffer recalls.¹⁵⁴

Indeed, some felt DOS concerns were justified because representatives put the CN on hold initially voicing concern about how the US\$1 million would relate to the proposed supplemental. Although DOS and USAID staff worked quickly to justify the initial ESF disbursement to cover immediate needs, the hold added a few days of unexpected delay.

Finally, there were the problems associated with the end of the fiscal year. USAID’s fiscal year ends September 30. Congress was in summer recess until the first week of September. That left just a few weeks to barnstorm the assistance proposals, a tight deadline indeed in a federal government accustomed to taking months to approve new funding. The initial US\$1 million ESF in fact, did not make the deadline. The funds were carried over to FY99.

Nevertheless, USAID/Washington staff say the initial US\$1 million ESF disbursement moved through the system in record time. USAID drafted its special objective in August and early September and delivered the CN to Congress on September 14; DOS delivered its allocation memo on October 7; the USAID apportionment memo went to OMB on October 9; and USAID

It did not help that Kenya, a poor country with a reputation for corruption, was not on the top of the list of the U.S. Congress’ favored nations.

delivered its apportionment memo to DOS on October 20. On October 27, 1998 USAID/Kenya received US\$850,000 of ESF funding.

“Getting money in a month in the federal government is fast.”

“Getting money in a month in the federal government is fast,” notes one USAID/Washington staffer. “It was a very high priority.”

USAID/Washington staff say they understand that their colleagues in Nairobi might not have the same appreciation for the “speed” of U.S. government assistance.

“With very good reason they were incredibly traumatized and believed people back here were not acting with the same sense of urgency they thought was right,” says one USAID/Washington staffer. “What would probably seem pretty normal to them under different circumstances seemed to be just interminable delays.”

The Supplemental Appropriation

Even as the initial US\$1 million ESF request went forward, USAID/Kenya staff were frantically working with their Washington counterparts to come up with a larger proposal for a comprehensive package of rehabilitation assistance. This would ultimately result in US\$50 million for bomb-related humanitarian assistance to Kenya and Tanzania.¹⁵⁵

The process was much the same for this larger supplemental as the initial ESF request, but as the scope of the assistance package broadened, so did attendant complications.

Ironically, sincere efforts to expedite the supplemental instead thickened the layers of bureaucracy. Ambassador Bushnell was out in front pushing the funding and seeking support and attention from key players across DOS and elsewhere in the U.S. government.

But, one observer notes, “the very attention it got pushed it forward, but also slowed it down. When it gets very high profile, you get people arm-chairing the process. There was excessive attention to programs, funding, language.”

In an effort to avoid another congressional hold, DOS brought in Hill staffers at the design phase. They took issue with a concern first raised by USAID/Kenya regarding businesses and buildings damaged by the blast: insurance.

Hill staffers worried that the prospect of U.S. government assistance might discourage Kenyan insurance companies from honoring claims. USAID decided to design rules obligating building owners to file insurance claims, and then if they were not paid, to file a lawsuit against their insurance companies before qualifying for any U.S. assistance. The issue of insurance fraud was important and appropriate, sources say, and the rules eventually agreed on satisfied DOS, USAID, and Congress. (See Chapter

8.) But defining the rules took time and since the infrastructure and business programs were bundled with other programs, such as medical and mental health, the entire assistance package was held up.

“It was extremely frustrating,” recalls one USAID/Kenya staffer. “We said to [Washington], ‘If you want to leave half the money out for the buildings until you resolve it, do it, but give us the rest.’ It was a very draining experience because you just couldn’t get people to understand the needs.”

The insurance issue related to another concern of congressional, DOS, and USAID staff: the idea of precedent. The Kenya and Tanzania bombs were not the first terrorist attacks against U.S. targets abroad, but they were the first in which significant numbers of civilians were killed and injured and a proportion of the business community affected. With no precedent or policy on the U.S. government response to a mass-casualty terrorist attack, all staff were acutely aware that their decisions had implications that reached beyond East Africa to future terrorist events.

All staff were acutely aware that their decisions had implications that reached beyond East Africa to future terrorist events.

“Are we supposed to be responsible for acts of terrorism overseas? Are we responsible for collateral damage?” That, recalls one USAID staffer, figured in the discussions in Washington over precedent. “There were naked political discussions: Do we want to set a precedent that when something like this happens, we will reconstruct a part of a city? Are we at fault? Because a lot of that [affected] what kind of reconstruction you can do.”

Reaching agreement about how long assistance should continue also took time. Some saw the programs as emergency-related, and some congressional staff assumed that emergency programs should run no longer than two years. USAID staff and others pointed out that not only would reconstruction of infrastructure take longer than two years, but that many health problems (such as glass imbedded in skin) do not manifest themselves for years. A program of three years was eventually agreed on.

There were concerns over the “proportionality” of aid between Kenya and Tanzania. Of the US\$50 million ESF eventually approved for the supplemental, US\$37 million went to Kenya and US\$9.23 million went to Tanzania,¹⁵⁶ an 18 percent to 74 percent split that, some say, does not compare with the extent of damage on the ground. Almost all the injured (99.5 percent) were Kenyan, and 95 percent of those who died were Kenyan.

In the end, the CN for Kenya was not delivered until December 4. The DOS allocation memo came shortly after,¹⁵⁷ the USAID apportionment memo went to OMB on December 9, and the USAID apportionment memo to DOS December 21.

The supplemental was further delayed however, because of congressional concerns over the insurance issue. The Senate Appropriations Committee placed a hold on the CN until January 8, 1999.

The first tranche of money—\$11 million for medical, social services, and design—was cabled January 14, 1999, five months and eight days after the bombing.

No one consulted in the course of this research ascribes the delays in funding to bad faith. Indeed, almost every source notes the extreme importance of resolving issues such as insurance, precedent, and timing.

“The reality of the political process in the U.S. is that, while that was a major issue, Congress doesn’t pass laws for isolated incidents,” notes one USAID/Washington staffer. “They weren’t going to do a special foreign operations bill just for Kenya.”

“We all knew as we did it that we were just making it up as we went along,” notes one USAID/Kenya staffer.

Staff wish that the Kenya program might be looked on as a model for future responses to terrorist acts, enabling other overseas missions to expedite a response by drawing on the precedent set in East Africa.

Foreign affairs agencies recognize the inadequacy of the ESF funding process for disaster response.

Foreign affairs agencies recognize the inadequacy of the ESF funding process for disaster response. “The current system was not designed to handle the increasing number of apportionment requests now handled annually, or to be responsive to the increasing number of cases where the funds must be made available rapidly in emergency and post-conflict settings,” a joint DOS-USAID memorandum on interagency coordination recently detailed. (Albright and Anderson September 28, 2000)

What USAID/Kenya staff complain about is communications from USAID/Washington. That Mission staff were unfamiliar with or uninformed about the procedural and ethical dilemmas in Washington is clear from the trail of emails that stretch through the months after the bomb blast. “What is going on back there?” and “Doesn’t anyone trust us?” are some of the more plaintive comments that illustrate the frustration of Nairobi-based staff who had to deal with frequent requests for assurances on funding from Kenyan medical, mental health, and other humanitarian service providers.

Embassy-Nairobi and USAID/Kenya staff say they understand that complicated issues needed to be worked out. However, with poor communications with Washington and no clear assurances that the supplemental—or any aid at all—would be approved, Embassy-Nairobi and USAID/Kenya staff had, according to one email, to “be cagey about the supplemental, stating that we have asked Congress for substantial additional resources for specific purposes but avoiding mentioning specific amounts of money.” This added pressure to the extreme stress of losing colleagues and shouldering an increased workload, say USAID staff.¹⁵⁸

“What would have worked very well [is] if someone in Congress had said, ‘It might take some time but you will get at least X amount of money.’ Then we could have gone forward,” says one USAID/Kenya employee.

Such assurance is unlikely, according to DOS and USAID sources, given current law and the structure of the U.S. budgetary process.

“Somebody would have gotten [his] tongue cut out here if [he] promised something before it was a sure thing,” notes one USAID/Washington employee. “You caveat everything subject to [the availability of] funding because you get burnt too often. There is the issue of raising expectations.”

Few USAID employees in Nairobi or Washington had suggestions as to how funding might be secured more efficaciously in the future.

“The way to think about doing it differently is not using ESF,” says one USAID/Washington staffer. “Use another funding source.” (S/he notes, however, “I’m not sure that’s entirely realistic.”)

“We needed not-withstanding authority for [program planning and design] money,” says a USAID/Kenya employee. “You’re forcing us to go through normal channels when there was nothing normal about the situation. This was an emergency.”

Others note that although congressional, DOS, and USAID staff supported the concept of humanitarian assistance, “there was no individual champion to move the process along,” says a USAID staffer. “Perhaps it would have made sense for the administration to appoint a coordinator, a senior administrator...someone who has the political clout to push...at the DOS.”

“There was no individual champion to move the process along.”

The ESF Funding Process

Timeline of Congressional Supplemental

August-September 1998	USAID drafts special objective
December 4	Congressional notification for US\$37 million to Congress
December	DOS allocation memo delivered to USAID
December 9	USAID apportionment memo to OMB
December 21	USAID apportionment memo to DOS
January 8, 1999	Congressional hold lifted.
January 14	The first tranche—\$11 million for medical, social services, and design—is cabled to USAID/Kenya

Disbursement

Even after the supplemental had been approved and the initial tranche released in early January, USAID/Kenya faced fiscal challenges. Some were unavoidable. For example, to implement programs in-country, USAID/Kenya and the government of Kenya had to develop a strategic objective grant agreement. The agreement could not be designed without assurance of funding, which only came in January 1999. It was not until March 31, 1999 that USAID/Kenya and the Kenyan government signed the agreement—pushing the timeline for implementation back eight months since the bombing.

Other challenges were more specific to the event. The insurance issue, for example, continued to hold up budget allowances to the field. The first three tranches of the supplemental excluded assistance to large businesses and building owners. Although it had been agreed that bomb victims with insurance must first sue noncompliant insurance companies before receiving U.S. assistance, a system for prosecuting and following-up on claims had not yet been perfected. It also took time for business owners to file suit. By as late as June 1999, USAID/Kenya and USAID/Washington were still assessing needs and refining a policy for insurance claims. (Only June 18, 1999)

The wrangle over insurance tied up supplemental disbursements for other programs.

The wrangle over insurance tied up supplemental disbursements for other programs, specifically assistance to small-business owners. For example, a third tranche of US\$6 million of the supplemental was only released on July 13 “for the small businesses affected.” (Ali July 22, 1999) Businesses with 100 employees or fewer often had *no* insurance and thus qualified immediately for assistance. USAID/Washington began releasing parts of the supplemental for non-insurance related line items in USAID/Kenya’s budget to help the small-business owners. The result was what some staff describe as “piecemeal” or “micromanaged” funding.

“[USAID/Washington] has been doling it out piecemeal and continues to do so,” wrote one USAID/Kenya staffer at the time. “[Yet] this budget changes constantly and will continue to do so within the broad parameters of our congressional notification and our approved special objective. If there are certain programs that [USAID/Washington] wants us to hold off on (e.g. the assistance to building owners), tell us so and we will hold off. But please give us our entire budget allowance so that we can manage the rest of our program.”¹⁵⁹

USAID/Washington staff, however, say that allocating by line item may have been the only way to separate humanitarian assistance money that was not linked to issues still under debate, such as the insurance issue.

The delay in resolving questions over insurance meant that by July 1999, nearly a year after the bombing, USAID/Kenya had received less than half of the supplemental (US\$17 million of the total US\$37 million.)¹⁶⁰

Impact of Delays

Kenyan government and nongovernmental organization representatives, in interviews for this report, are understanding of the delays in U.S. government funding. (Some note with irony that delayed payment is a fact of life in Kenya.) However, service providers' frustrations vary depending on how well they were funded before the bombing. Organizations like AMREF were able to provide a range of health services to bomb victims for a year before they received funding from USAID/Kenya, because of their successful private fundraising campaign.

Other service providers did not have that kind of cushion and struggled to survive. Hurlingham, a private 57-bed hospital, says it was forced to close in large part because of the slow (and inadequate) U.S. government reimbursement for its expenses on the day of the bombing. The fledgling OR, which provided counseling to bomb survivors, relied on increasingly disgruntled "volunteer" staff for much of its early existence because there was no money to pay salaries. (See chapters 5 and 9, Mental Health.)

"The lesson here is that rewards come to those who wait, but equally, there are systems that could well cause the demise of the very bodies they intend to assist. Operation Recovery could have died in waiting for USAID to "formalize things." (Operation Recovery January 2000 77)

The insurance issue delayed U.S. government assistance up to, in some cases, July 1999 or later. For smaller businesses, the protracted wait was intolerable. Many closed shop, according to local accounting firms and NGOs hired by USAID/Kenya to help them. Larger businesses held on, but lost thousands of dollars in income. Ufundi House and Co-operative Bank management estimate their losses in rent and lost business in the millions.¹⁶¹

For smaller businesses, the protracted wait [for U.S. government assistance] was intolerable. Many closed shop.

"It was a major setback for us," says one large Kenyan business owner.

Other Funding Challenges

Most USAID staff participated in the relief effort and many had lost close friends and colleagues. USAID management decided that FSN staff would receive a six-month¹⁶² "unique conditions of work" pay hike of 15 percent to reward them for their efforts and to acknowledge the ongoing trauma of the bombing. There was no money immediately available for staff support, so management had to come up with alternative funding.

The solution came in Agency "fallout funds" (unused funds from other Mission operating expense budgets left over at the end of the fiscal year). USAID settled on US\$115,000 of FY98 fallout funds to cover the pay increase and other mission-related support¹⁶³ but immediately faced a challenge: the end of the fiscal year fell on September 30, 1998.

Technically, money must be used in the fiscal year for which it is obligated. However, in special cases it can be carried over through a forward funding policy. For certain expenses (such as salaries), money must be obligated according to immediate monthly costs (not disbursed in a lump sum for future payment). The policy required funds to be obligated proportionally over five months, from August through December 31.

With the fiscal year ending September 30, USAID/Kenya could not obligate the entire US\$115,000 proportionally before the clock ran out. In order not to lose the money, the office obligated what it could to salaries—US\$58,193—and spent the rest on supplies it had planned to purchase in FY99.

Over the five months, therefore, USAID had US\$23,000 per month to obligate. The 15 percent FSN salary increase amounted to US\$11,639. The remaining US\$11,361 was used for procurement. (After December 31, USAID would take the savings it had from procurement and apply it to salaries, thus covering the 15 percent increase over time.)

USAID staff point out that the forward funding policy's proportional disbursement rule makes it difficult to provide swift assistance, and in this case, meant staff had to perform time-consuming budgetary acrobatics to keep what monies they received.

Staff had to perform time-consuming budgetary acrobatics to keep what monies they received.

“Why did we have to wade through all of this bureaucracy?” asks a USAID/Kenya employee. “It shows a lack of vision in the Agency to make us use an arcane mechanism to do something that should be immediate.”

The forward funding policy has since become more restrictive. In 2000, the date by which funds must be obligated was cut back to October 30. Should a disaster happen late in the fiscal year now, staff would have even less time to obligate unused money.

Recommendations

- There should be a means in Washington to set up a special disaster coordination committee. It should cut across agencies but be chaired by the USAID administrator. It should focus support, including money, on the disaster. It should be empowered to pull money from existing budgets from a variety of government departments, to be repaid once Congress enacts a supplemental appropriation.
- Immediately after a bombing or similar disaster, USAID/Washington should make available to the field mission money and short-term staff to do a rapid needs-assessment of host country victims. The assessment should occur within the first few weeks after the disaster. The USAID field mission should be ready to lead the team and supplement it with its regular staff. Other government agencies at post should contribute members as needed. The findings of the

assessment should speed approval of a supplemental appropriations bill through Congress.

- Field missions undertaking rehabilitation or reconstruction of buildings and other infrastructure should make it clear to Washington and the Congress from the start that the recovery program needs to be long enough to complete all construction. Although a period of longer than two years seems inconsistent with the notion of “fast-disbursing” humanitarian assistance, some of the most important recovery programs (mental health counseling, scholarships, construction) do take longer.
- Explore mechanisms for making funding available quickly to deal with recovery from terrorist attacks. Options worth considering include: a) broadening the mandate of OFDA to fund rehabilitation programs and b) use of “notwithstanding other provisions of law” congressional language to enable USAID to shorten approval of funding and avoid funding restrictions where speed is of the essence.
- Include language in supplemental appropriations bills for humanitarian assistance to victims of disasters that allows hiring staff to manage the programs.
- Suspend normal competitive bidding for contracts in the first six months of a humanitarian disaster program, except for larger procurements (over \$5 million.)

Explore mechanisms for making funding available quickly to deal with recovery from terrorist attacks.

CHAPTER 10. MISSION ORGANIZATION AND MANAGEMENT

Introduction

Because the bomb blast came just before the end of the fiscal year, USAID/Kenya staff had to struggle with an extra-heavy workload, trying to meet the normally stressful yearend deadlines on top of facilitating emergency relief. Numerous official visitors exacerbated their burden, but provided needed evidence of U.S. government concern. The local media and public still felt Americans were indifferent in the relief effort and were resentful.

After five months of intense activity, USAID/Kenya set up and staffed a bomb response unit (BRU) to relieve USAID/Kenya staff of major bomb-related responsibilities. The five-person BRU also became a central point of contact for bomb victims, service providers, and government officials. Communications in the year after the bombing were tense. And around the first anniversary of the bombing, there was significant friction with Kenyan victims. Meanwhile USAID/Washington formed an office of casualty affairs (OCA), perceived by many to be a positive, if nascent, step towards more effective relations with American victims.

The five-person BRU also became a central point of contact for bomb victims, service providers, and government officials.

Staffing of the bomb response unit took pressure off the Mission and provided a central point of contact for bomb survivors, service providers, the government of Kenya, the media, and others. The engineer and contracting officer provided much-needed technical assistance in construction and engineering. However, contracting officers should have a grants warrant to be able to issue grants for procurements and expedite humanitarian assistance.

Formation of a Bomb Response Unit

For nearly a year after the bombing USAID/Kenya staff not only had their own jobs to do, but were also responsible for bomb-response programs. USAID/Kenya Mission Director Jonathan Conly designated Greg Gottlieb, USAID/Kenya's disaster response coordinator, bomb-response coordinator from August 17, 1998 through March 1999. During this period, all other staff support for bomb-response programs came from USAID Mission staff, from the Mission director to technical program management staff to program officers and accountants, all of whom had other full-time jobs. The workload, by all accounts, was heavy.

"It was nonstop meetings, phone calls, trying to write memos, dealing with the government, NGOs, the UN, internal stuff, visitors' trips, military, FBI, press," Gottlieb recalls. "I got carpal tunnel so bad on my computer I could not type any more."

Gottlieb was supported by USAID/Kenya teams responsible for central aspects of the humanitarian response, from paying hospital bills to helping small businesses. These teams were in turn supported by administrative, financial, and contracts officers.

“It was a spectacular team effort,” says a USAID/Kenya manager.

Many had lost friends or colleagues in the blast and had to contend with grief and shock even as they were asked to double their workload.

“It’s the same people who got blown up who were doing [the work],” says one USAID/Kenya employee. “It takes a toll on you. They didn’t send in people to replace people. Those who could walk and talk just went back to doing their jobs.”

There was no money for extra staff until the congressional supplemental arrived in January 1999.¹⁶⁴ USAID had successfully argued that the supplemental appropriation contain language allowing the hiring of staff to help manage the program. When that money arrived, USAID/Kenya acted swiftly to shift the burden from exhausted or traumatized staff.

The BRU set-up freed up USAID/Kenya’s technical staff, and moved the bomb response programs forward quickly and effectively.

On January 10, 1999 USAID hired the first employee of the BRU, an American administrative assistant (later promoted to social services coordinator). She was followed in May by a secretary and finally, by a fulltime bomb-response coordinator to take over responsibilities Gottlieb had been handling. There was also a secretary, along with an engineer and a contracting officer, who provided much-needed technical assistance. USAID technical officers worked with BRU staff on specific project activities, but only had to devote part of their time to it. This set-up freed up USAID/Kenya’s technical staff, and moved the bomb response programs forward quickly and effectively.

Because of the large and technically complex infrastructure assistance programs (Co-operative Bank, Ufundi House, blood safety centers), an engineer from the U.S. Army Corps of Engineers was brought on board under a PASA (participating agency service agreement) August 1, 1999. Two local site inspectors, hired in June 2000, helped him with his work.

On September 1, 1999, USAID hired a contracting officer from the Army Corps of Engineers specifically to handle the many grants, contracts, and other administrative aspects of the bomb-response programs. A full-time procurement secretary was hired a year later. Although these staff were invaluable in processing the hundreds of grant agreements for bomb-response activities, the contracting officer did not have a grants warrant, which slowed issuance of some grants.

The BRU took pressure off the Mission and provided a contact point for bomb survivors, service providers, the government of Kenya, the media, and others. The engineer and contracting officer provided much-needed

technical assistance in construction and engineering.¹⁶⁵ Sources suggest such a unit be staffed immediately in the event of a similar disaster.

Outside Support—Mental Health

A number of experts who came in for short visits provided valuable assistance in developing the humanitarian response programs, particularly in mental health. Structural engineers and bomb-damage experts provided needed infrastructure technical expertise and, in one case, resources for humanitarian programs immediately after the bombing (see chapters 6 and 7). Outside experts acted as honest brokers when tension rose with both service providers and U.S. government agencies over the type and quality of services. USAID/Kenya and service providers particularly appreciated experts who had experience with similar types of incidences (terrorist attacks, truck bombs). In addition, outside experts were able to gather information and did research to measure the mental health consequences of the bombing.

Outside experts acted as honest brokers when tension rose with service providers and U.S. government agencies.

However, at least two outside experts provided valuable mental health assistance not only to external humanitarian assistance programs but to the Mission itself.

Dr. Brian Flynn, director of DHHS's division of program development, special populations and projects, first visited Nairobi on September 6, 1998 on the surgeon general's advance team and to provide technical support to Operation Recovery, the fledgling mental health service provider. (See chapters 5 and 9.) Flynn would return to Nairobi numerous times to assist in the bomb response effort,¹⁶⁶ providing needed technical assistance to USAID/Kenya and mental health service providers. Flynn had experience on the ground after the Oklahoma City bomb blast, which Kenyan service providers with little experience in trauma appreciated.

Flynn would also nominate Dr. Betty Pfefferbaum, chair of the University of Oklahoma Department of Psychiatry and Behavioral Sciences, to provide mental health technical assistance as part of a team of experts accompanying U.S. Surgeon General Dr. David Satcher on September 28, 1998. Pfefferbaum would subsequently lend her expertise (gained painfully from the Oklahoma City bomb blast) in five trips¹⁶⁷ to Nairobi.

Pfefferbaum's primary task, along with Flynn, was to provide USAID/Kenya and mental health service providers with advice on mental health programs. Pfefferbaum would later receive National Institute of Mental Health funding to conduct research on bomb victims, coordinated by MED and Embassy-Nairobi's Regional Medical Office. USAID/Kenya provided US\$130,000 to continue this research, with particular attention to the effectiveness of USAID-funded Kenyan mental health programs.

Pfefferbaum would also provide technical assistance on the mental health response to Embassy-Nairobi's and USAID/Kenya's traumatized staff. (During each visit, USAID/Kenya made Pfefferbaum available to the RMO

to advise, as needed.) In addition, both Pfefferbaum and Flynn would play an ancillary role as honest brokers between USAID/Kenya and MED as tension over service provision rose in the months after the bombing. Their useful third perspective was valued by all. Pfefferbaum was also on hand in Washington, DC in May 1999 to speak at an emotional meeting of bereaved families and bomb victims. She sits on a MED committee to devise a roster of health experts who can deploy to a disaster quickly, part of a wider effort to improve U.S. government disaster response.

Senior staff from MED, including the director of medical services (with the secretary of state on August 18, 1998) and the director of mental health services (November 1998) visited the Mission. (See Chapter 16 Health Response.)

Media Relations

Official visitors to Kenya provided a major palliative to the negative press that dogged American relief efforts in the first days after the blast. High-ranking officials reinforced American commitment to the wounded, Kenyan and American, even as they pledged significant long-term aid for rehabilitation. USIA staff in Nairobi focused on the aid.

“It was a deliberate strategy,” notes a USIA information officer in Nairobi after the bombing. “The more people focused on assistance and relief projects and away from the very emotional situation that existed after those first hours at the bomb site, the more open-minded people were, the more willing they were to understand.”

“There were very few opportunities missed to have press conferences and press releases about the assistance programs.”

However, negative perceptions of the U.S. government’s emergency response toward the Kenyans continued to affect media relations.

When the first ESF were released in late October, and later when the full congressional supplemental was approved, a USIA staffer says, “there were very few opportunities missed to have press conferences and press releases about the assistance programs.” Press releases were issued and press conferences held when a new program was funded, when Ufundi Sacco Society received a new building for the one destroyed in the blast, when there were particularly compelling human interest stories, such as the visit of three Kenyan children to the United States for specialized eye care. (USIA Press Release draft February 1, 1999)

On June 29, 1999, USIA released *Africa Opinion Alert* detailing a USIA-commissioned study of 1,500 Kenyan adults. The publication supported USIA claims that U.S.-Kenyan relations had improved and that U.S. humanitarian gestures were “lauded.” Although the manner in which questions were presented to the study audience might be questioned¹⁶⁸ the *Alert* was a deliberate effort by the U.S. government to rebuild bridges with Kenyans.

Nevertheless, the ghosts of bad publicity haunted the U.S. government. On March 21, 1999 the *Nation*, Kenya's largest daily, published details of a Law Society of Kenya special report blasting the U.S. government for its response in the first days after the bombing, raising again the specter of racism (see Chapter 2, Media Relations). Although Ambassador Prudence Bushnell responded in a subsequent *Nation* commentary (see Appendix 49, "Bomb Report: U.S. Ambassador Answers LSK"), the report reignited, for a time, old suspicions and resentments in the Kenyan community.¹⁶⁹

The ghosts of bad publicity haunted the U.S. government.

The first anniversary of the bombing presented similar risks for negative publicity. USIA staff issued a "communications strategy" that stressed a low-key event and noted that the Kenyan and Tanzanian governments were not planning memorial ceremonies (true until the day before the anniversary). (Jacques and Weisskohl July 16, 1999)

The U.S. Embassy, citing security concerns, held a private ceremony for Kenyan and U.S. Embassy personnel at the ambassador's residence, at which Johnnie Carson, DOS deputy assistant secretary for African affairs, spoke.¹⁷⁰ As for public events, the U.S. Embassy declined to officially support any anniversary event except for ones held by the government of Kenya. This, according to U.S. government sources, was because victims' groups and service providers had organized several, competing anniversary events. The U.S. government did not want to discourage these events; neither did it want to endorse one over another by the presence of official representatives.

This approach to the anniversary was too low-key for some. Victims' groups and USAID-funded service providers questioned why the U.S. would not send representatives to the events they had arranged.

"We knew the anniversary would be a difficult time," says a USIA employee. That's why, the employee explained, USIA took advantage of every press conference or new program to repeat how much assistance the United States had provided.

Kenyan Community Relations

Kenyan bomb survivors were upset with what they perceived to be a "top-down" approach to service provision. USAID/Kenya and USAID-funded service providers were disappointed with perceived Kenyan "ingratitude" for humanitarian assistance. The resulting impasse hurt relations between the two communities. However, an exchange of survivors from Nairobi and Oklahoma City bomb blasts has helped provide perspective to bomb victims and service providers.

The USAID-funded newsletter *A Bridge to Hope* produced by ADRA improved the flow of information between the U.S. government and Kenyan bomb survivors. The newsletter provided information on programs and services available to victims as well as personal stories and program

reports. USAID/Kenya's BRU kept government officials informed through quarterly reports to the Finance and Foreign Affairs ministers.

ADRA (which specializes in support to the disabled) and AMREF, which also provided information on programs and services to bomb victims, clashed with survivors over the way they provided the information. For example, the survivors' group Visual Seventh August (VSA)¹⁷¹ clashed with AMREF over a survivors' information center (see Chapter 11, Rehabilitation of the Injured).

Tensions came to a head when victims started chanting that the U.S. government had "done nothing" for them.

Tensions came to a head at a September 10, 1999 rally in Uhuru Park, when victims started chanting that the U.S. government had "done nothing" for them and demanding "compensation" for their injuries. USAID/Kenya staff say they conducted a series of meetings outlining U.S. assistance with VSA leaders before the rally.

"They used none of this information at the rally and in essence lied about not knowing what the programs were," notes a USAID/Kenya employee. "The information [we gave them] was not relayed back to the victims."

Other observers note that although the situation "got out of hand" the emotions were the result of "genuine concerns" over service delivery.

"True, compensation was a concern. But that came up as a result of the frustration," notes a NCKK staffer who was at the rally. "The truth of the matter is, people were disgruntled about lack of services. ...They felt their concerns were not being listened to. Programs were planned, but they were not part of that planning. I doubt people were questioning what was being given, it was about the manner in which it was given. ...It got to the point where a significant number of them were experiencing significant frustration in the manner in which services were being provided."

USAID officials and USAID-funded service providers felt that their hard work and resources were not being appreciated by an "ungrateful mob."

"I told the story of the nine lepers who did not want to give thanks," says an AMREF employee who addressed the crowd. "I talked about people in the street who have not gotten anything. And here is USAID helping them and you can't even say genuine thanks for that matter. I asked them, 'How many people have been treated by AMREF? Stand up.' They stood up. I asked them, 'How many people have come to AMREF and been turned away, raise your hand?' No one did. They were so shocked. I think it cooled things down."

NCKK officials say they understand USAID's concern over the compensation issue.

"That did not exonerate us from seeing how we can best serve the survivors," says a NCKK staffer.

American Community Relations

Although relations between Kenyan bomb blast victims and the U.S. government were tense after the bombing, relations between American blast victim families and the U.S. government were arguably worse. Information flow between American survivors and families and the U.S. government was, by all accounts, imperfect in the year after the bombing. Survivors reported continued frustration trying to identify the proper agency or person to answer questions ranging from health benefits to information on the criminal trial. The narrow mandate of the U.S. Attorney's Office and the DOS Family Liaison Office (see Chapter 16, Community Relations) highlighted a significant gap in victims' assistance—there was no central point of information for victims.

Although relations between Kenyan bomb blast victims and the U.S. government were tense... relations between American blast victim families and the U.S. government were arguably worse.

Observations

- v The Office of Casualty Assistance provided a needed contact point.
- v OCA communications with family members has been reactive.
- v Staff in Nairobi are confused about OCA's mandate, services, and eligibility.
- v Victim dissatisfaction with services is a natural part of grieving.

In January 1999, after the Accountability Review Boards talked with victims and families, Admiral William Crowe recommended to Secretary of State Madeleine Albright that a special office be created to fill this gap. (Crowe January 12, 1999)

"One of the things people need is a central place they can go for information and referrals. They don't need to deal with 50 different bureaucrats and 10 different agencies," explains a DOS staffer. At the time of the bombing "that was something we had not really resolved."

DOS and Department of Justice (DOJ) officials heard victims' frustration firsthand at a May meeting in Washington, DC. As a result of that meeting and the Crowe Report,¹⁷² a new office was funded in October 1999, OCA.

The Office of Casualty Assistance

The OCA was established to provide support and advocacy for foreign service employees and family members who are victims, or families of victims, of terrorist or mass casualty incidents. For incidents overseas, OCA provides assistance to all employees and family members under Chief of Mission authority, working with all agencies involved. For incidents in the U.S., the office offers services to Department of State employees and family members only. Staff support the families, follow up on issues of concern, and advocate efficient and equitable resolution of problems related to the event, providing these services as long as needed.
(The Office of Casualty Assistance, Washington, DC)

Staffed by two fulltime DOS employees, OCA exists to help victims and families reduce “frustration at the bureaucratic red tape survivors and victims alike encountered” by “providing support to victims or their family members by hearing their stories, finding answers to their questions, seeking solutions to their concerns, and advocating on their behalf within the bureaucracy.” (Kendall September 2000 16-17)

OCA officials say they will tackle any problem, from helping a victim get a transfer from post to reconstructing paperwork destroyed in a bombing.

OCA officials say they will tackle any problem, from helping a victim get a transfer from post to reconstructing paperwork destroyed in a bombing. OCA controls US\$500,000 from the DOJ for “uncompensated victim-related expenses and briefing costs.” (See Chapter 16, Community Relations.) OCA staff say they are also reviewing federal compensation and benefits programs for victims and families, as well as identifying public and private-sector programs for victims. However, with the office less than two years old, and only two fulltime staff, progress in becoming a central information point for the medical, legal, social, and economic issues bomb victims face has been limited.

Furthermore, OCA has basically only communicated reactively with family members, responding in writing to issues family members raise. U.S. government personnel in Nairobi report little to no active contact from OCA.

“They have never sent out a sufficiently accurate and detailed information brief on what they do,” says a USAID/Kenya employee. “For example, they have never explained what the US\$500,000 they received can be used for.”

“If you do contact OCA, [the staff] are incredibly diligent,” notes another USAID employee. “But that is different from proactively saying, ‘This is what we can do.’”

OCA and DOS family liaison office staff note, however, that the unprecedented questions raised by the bombing often require significant staff time and resources.

“We were asked if the families of those who were injured and medevac’d to Germany could go visit them in Germany,” recalls one FLO staffer. “That was a question that had never been asked before.”

Some U.S. government personnel are confused about who qualifies for OCA assistance. While OCA literature stresses that services are available to anyone who was assigned to Nairobi and Dar es Salaam as well as to those who have survived other critical incidents, some U.S. government staff say that OCA overlooks “indirect” victims (uninjured but otherwise traumatized staff).

FLO officials in Washington note the importance of outreach to victims of terrorism and other traumatic events.

“One of the things we feel is very important is a proactive policy with families. You call them on a regular basis,” says one FLO employee. But U.S. government personnel in Kenya report little consistent interaction with OCA, and are confused about whether OCA is the correct office through which to seek assistance.

“When you’ve been victimized, no amount of assistance is ever enough.”

OCA and FLO officials say they have tried their best to communicate with the overseas Mission staff, offering information sessions and documents, as well as training CLO staff on “the human side of crisis management” (such as the importance of working with both direct and indirect victims.) They note that survivors’ “overwhelming grief, pain, and anger” might be contributing to problems of information flow.

“When you’ve been victimized, no amount of assistance is ever enough,” says one FLO staffer. “We tried to be as forthcoming as we could with family members. They might not have always known it, but we tried.”

U.S. Government Project Support Services		
Present budget earmark		\$3,200,000
Grants and contracts awarded or estimated		
Total staff (including PASA agreement)		\$2,864,583
Findings document		35,000
Monitoring, evaluation, research		<u>120,000</u>
	subtotal	\$3,019,583

Source: Final Report: Bomb Response Unit Coordinator August 2000.

Recommendations

- Fund and position staff dedicated specifically for the recovery program early in the relief effort.
- Place a high priority on hiring a contracting officer, who should also have a grants warrant.
- For large disaster rehabilitation programs, consider including a public relations-press officer (at least part-time).

CHAPTER 11. MEDICAL AND MENTAL HEALTH REHABILITATION

Introduction

The slow-moving U.S. government funding process frustrated efforts to help bomb victims recover. Delays in payment ranged from four months (for hospital bills) to one year (for some service providers.) Service providers persevered in the interim, providing valued services to thousands of victims, including reconstructive surgery for more than 400 who sustained scarring and other injuries—the bomb’s most visible reminders. The limited capacity of local partners hampered some service providers. Others imploded from poor management or lack of funds. And in the first year, service providers and USAID/Kenya staff found victims’ grief and anger a particular challenge.

Observations

- v Although hospitals provided services voluntarily, many U.S. government staff felt a strong commitment to reimburse them.
- v Doctors’ fees were not reimbursed, because most doctors and hospital staff insisted their contribution was voluntary, and because estimating hours and services provided was impossible.
- v Because hospital rates varied widely, USAID devised a formula for equitable reimbursement per patient.
- v Lack of adequate resources delayed reimbursement, causing stress to some hospital staff and to USAID staff, and contributing to closure of one hospital.
- v Hospitals were grateful for the assistance; some noted it was not USAID’s “moral obligation” to reimburse them.

U.S. Government-funded Health Service Providers

As most donors and service organizations dropped out of the relief effort, it became clear that USAID would provide the bulk of whatever longer-term relief effort was to come. Kenya government agencies had few resources for long-term aid,¹⁷³ and USAID staff found some government requests for assistance were unrealistic or exaggerated.¹⁷⁴

One week after the bombing, USAID/Kenya staff were already making longer term plans. An emergency committee, with USAID and U.S.

One week after the bombing, USAID/Kenya staff were already making longer term plans.

Embassy staff dedicated to vital areas such as health, infrastructure, and finance, began meeting daily. Mildred Howard, then head of USAID's office of population and health, was the committee's point person for health, working with USAID/Kenya's Disaster Response Coordinator Greg Gottlieb.

The priorities seemed clear. Most staff felt a strong commitment to reimburse area hospitals for the resources they had expended during the initial emergency phase. Then there was the issue of the hundreds of people disabled and disfigured by the blast—what could be done for them? Finally, there was the mental health implications of so large a trauma. (See Chapter 5, Mental Health Response.) USAID/Kenya began almost immediately to identify service providers for both short- and long-term health care.

“We knew that we had people injured. We knew there were people disabled. We knew we needed mental health care. Over time what I realized was there were certain groups that had certain capabilities,” recalls Gottlieb.

Dozens of NGOs flocked to coordination meetings in the first few weeks after the bombing. By the end of the first month, however, the numbers had dropped. Only a handful of agencies hung on over the long-term.

Those who stayed either had a niche role that suited the medical needs of blast survivors (for example, the Kenya Society of the Blind) or had come in early and immediately established a strong, coordinating role (ADRA, AMREF, Operation Recovery) that made them attractive to USAID when it considered longer term programs.

Hospital Bill Payment

They decided that hospitals should be refunded for the consumables used during the relief effort, even though they had provided services voluntarily.

In October, as the immediate medical response started to wind down, Howard and staff from USAID's office of population and health, working through the Kenya MOH, started discussions with hospital administrators about reimbursement. They decided almost immediately that hospitals should be refunded for the consumables used during the relief effort, even though hospitals had provided services voluntarily. Doctors' fees, however, would not be reimbursed, both because most doctors and hospital staff insisted that their contribution was voluntary, and because estimating medical staff hours and services presented an impossibly difficult (and potentially fraudulent) task. Hospitals were grateful for the assistance, and some noted it was not USAID's "moral obligation" to reimburse them.

However, delayed reimbursement caused stress to some hospital and USAID staff, and may have contributed to the closure of one hospital.

USAID asked hospitals to document, to the best of their ability, the patients they had cared for and the services rendered. Howard then asked the USAID-supported Management Science for Health/APHIA Financing and Sustainability project to do a preliminary analysis of the bills submitted in order to find an equitable reimbursement structure (because hospital rates for services varied widely). Categories of patients were delineated, including

- Outpatients
- Patients admitted and then released
- Surgery cases and daybed costs
- Long-term care

USAID then contracted with the accounting firm Deloitte & Touche to verify hospital information and determine average cost per patient by category (including anticipated screening, medical follow-up, and repeat surgery costs). Hospitals that believed they were underpaid could appeal to USAID (and at least one did, successfully—Hurlingham Hospital). In general, however, hospitals respected the formula, which helped USAID cope with a central aspect of bomb response—“there was no precedent for these types of injuries.” (Howard. August 30, 2000.)

Although the hospitals, MOH, and USAID arrived at an agreed-on formula within two months of the bombing, actual payment did not come until much later. As with all other aspects of disaster response, USAID/Kenya had problems of delayed resources to pay for services. (See chapters 3 and 14.)

USAID health staff, for example, had no money to pay AFS for its services. However, USAID asked AFS for assistance with this project, because it was already funded for a pre-existing hospital program. “It was within the scope of the kind of things that project does,” says a USAID/Kenya employee.

Deloitte & Touche¹⁷⁵ and the hospitals themselves were to be paid out of USAID economic support fund (ESF) monies, “which we thought would be coming imminently,” recalls a staffer in USAID/Kenya’s Office of Population and Health. ESF monies were not, in fact, released in full until October 27 and payments made in late January 1999. The delay in payment became a moral issue for USAID staffers on the ground.

Some hospitals, such as Hurlingham, called every day. “They were absolutely desperate,” says one USAID/Kenya staffer. It was horrible sitting there and telling them we don’t know when the money is coming.”

USAID asked hospitals to document, to the best of their ability, the patients they had cared for and the services rendered.

Kenyan health professionals are more forgiving of USAID than USAID employees are of themselves.

Possibly because the U.S. government continues to be a large donor to Kenya's health sector, and possibly for altruistic reasons, Kenyan health professionals are more forgiving of USAID than USAID employees are of themselves.¹⁷⁶

"People were getting very restless," says Julius Meme, MOH permanent secretary. "But we working in government understand how government works. It's a slow-turning wheel."

"They've delayed—so what?" says Phil Dastur, administrator of M.P. Shah Hospital. "First of all, why should they pay? They've paid from the goodness of their heart. But were they morally obliged to pay? No."

However, at least one hospital was fatally crippled by the expense of the bomb response. Hurlingham Hospital, a private, 57-bed facility, exhausted its entire stock of medical supplies. It had to buy new supplies, and, for a private hospital operating on a very slim margin, this proved devastatingly expensive. The hospital has since closed.

"Especially the private hospitals work from very limited funds," says a former administrator of Hurlingham Hospital. "We have to have the turnover of money.

We don't have a big charity backing us up."

Hurlingham staff say they appreciated the reimbursement¹⁷⁷ the U.S. government offered, but that the delay and the total (Hurlingham estimates it spent twice in resources what it was reimbursed) proved fatal to an already struggling hospital.

"If it was given on time, maybe we could have made it," says the former administrator.

The AMREF-KNH Reconstructive Surgery Exercise

The evil of the Nairobi bomb blast was not just in its effects, but in its execution. The bombers orchestrated two explosions—a grenade, which drew the curious to the windows, and the second, larger blast that killed and maimed them as thousands of dagger-like shards of glass exploded back into their faces.

"Most...had facial and eye injuries from racing to the window," says Dr. N. N. Wachira, a KNH surgeon. "It's a human reaction when you hear a noise like that."

Thousands received lacerations to the face, throat, and up-flung hands. Nuggets of glass lodged deep in the tissue. Two years later, glass is still working its way to the surface of some victims' skin. The tragedy was

compounded by the tendency of some dark-skinned people to form keloid scars—upraised, discolored welts that distressed and shamed the injured.

The care and treatment of the hundreds who had been disfigured by the blast became a major task for AMREF.

The initial November screening identified 750 patients for possible reconstructive surgery. In February 1999, the 750 plus additional patients identified in the interim were asked to attend another screening. Of these, 680 attended and 438 were selected participate in a comprehensive, two-week reconstructive surgery exercise, organized by AMREF and held at KNH in March 1999. (Kenyatta National Hospital July 26, 1999)

“Twelve surgical theaters were operating at the same time,” recalls a USAID/Kenya employee involved in the exercise. “Some of the staff were there 24 hours, working in shifts. It was a very comprehensive, intense exercise.”

It was also largely a success. Fifteen KNH surgeons, 14 anesthesiologists, 20 residents, 150 nurses, and a team of volunteer foreign surgeons (organized and housed by AMREF and flown in gratis by British Airways) conducted 377 reconstructive surgeries, 50 ophthalmic surgeries, 10 orthopedic surgeries, and three ear, nose and throat surgeries. (Kenyatta National Hospital. July 26, 1999.)¹⁷⁸

The operations were not without hitches, the most tragic being the loss of one patient who reacted fatally to anesthesia. Other trouble lay further down the road.

Doctors had worked for free from the start of the bomb-relief effort, and the reconstructive surgery exercise was to be no different. But from the time discussions with KNH began, USAID and AMREF staff report significant strife over the issue of payment to medical personnel participating in the exercise.

“KNH staff asked frequently: ‘Are we going to be paid?’ This request was in addition to their normal salary,” recalls Emma Njuguna, a USAID/Kenya employee. “Our policy was that KNH volunteered themselves to do this. USAID said it would not get involved with salaries. That was up to the hospital to decide.”

USAID, AMREF, and KNH had already determined an average cost per patient, based on their medical record and injuries, and how much a similar procedure would cost in other hospitals. “We even captured the issue of how many patients would need general anesthesia, length of surgery, average number of days in the hospital, etc.” says a USAID/Kenya staffer. KNH had to cover its costs based on that pre-determined amount (a flat rate \$1,750 per patient which was, according to Njuguna, “a cushion, since most were not major surgeries.”)

USAID and AMREF staff report significant strife over the issue of payment to medical personnel participating in the exercise.

Indeed, there was a balance of about KShs.9 million (US\$140,625) left over. This money swiftly became a point of controversy in the hospital. Medical staff presented KNH administrators with a suggested payment schedule that some found exaggerated.

“Surgeons were to be paid US\$7,500 each, registrars, anesthesiologists, and residents got US\$500 each, and so on,” recalls KNH director, Dr. H. W. Waweru. “When we told them this was not possible, these are public funds that are accountable, they came up with a revised plan.”

The hospital rejected the payment plans and instead gave a flat US\$47 to all hospital staff.

The hospital rejected the payment plans and instead gave a flat KShs.3,000 (US\$47) to *all* hospital staff (not just those who participated in the exercise). Medical personnel central to the reconstructive surgery exercise received an additional payment, the highest being KShs.100,000 (US\$1,562). The balance was used for consumables, such as water, utilities, and linen.

The furor over payment prompted the Kenya Anti-Corruption Authority to audit KNH records and investigate for wrongdoing. Nothing has come of either, but the controversy (which continues to this day) cast a shadow over a moment of medical solidarity, and might lie behind a KNH staff criticism of AMREF.

“After KNH resolved the reconstructive surgery exercise, AMREF went its own way,” says one KNH surgeon. “Some of the patients were referred to specific doctors directly, not back to the hospital. USAID chose AMREF for long-term coordination to follow the patients without discussing it with KNH.”

The KNH controversy also spotlights a trend in service provision: compensation neurosis, which is discussed later.

Rehabilitation of the Injured—AMREF

The Kenya MOH, with support from donors, instructed hospitals to give free medical treatment for bomb-related injuries for one year after the bombing. However, many victims’ injuries were so serious that it was clear the medical crisis would outlast government help.

AMREF’s central, coordinating role in the weeks after the bombing led naturally into a longer term role as the information center for bomb victims seeking services. AMREF raised more than US\$1 million from private sources.¹⁷⁹ It was this money that fueled its bomb-relief activities for nearly a year (including grants to smaller organizations such as the KSB and KNAD). AMREF also has a standing emergency response fund for what it calls mercy operations. Although USAID early on expressed interest in working with AMREF, resources at that point were scarce. Private

fundraising allowed AMREF to provide valuable services to victims in the long interim between the bomb blast and the arrival of the U.S. congressional allocation in early 1999.

The AMREF screening provided the first comprehensive look at the scope of the crisis.

AMREF used some of its money to screen 1,482 victims in November 1998, to assess the nature and extent of injuries. The screening provided the first comprehensive look at the scope of the crisis, as well as long-term health needs, and was vital to program integrity. As time passed, it became more difficult to discern legitimate bomb victims from frauds. However, the initial screening did not take into account so-called secondary effects—illnesses that manifest months or years after the event.

Observations

- v AMREF's fund-raising allowed it to provide services to victims for a year, until it received a grant from USAID/Kenya.
- v Attempts to streamline services, such as medical cards, were vulnerable to fraud.
- v As time passed, it became more difficult to discern legitimate victims from frauds.
- v Initial medical screening failed to take into account secondary effects—illnesses that manifest months or years after an event.
- v Family support was crucial to victims' recovery. Families were able to support victims because AMREF supported families by providing medical coverage.
- v During and after the reconstructive surgery exercise, compensation issues cast a shadow over a moment of medical solidarity.

On May 5, 1999 AMREF submitted an unsolicited proposal to implement a medical assistance program that would coordinate medical rehabilitation activities on behalf of USAID. A technical review team approved the proposal in June and awarded a grant for US\$1,619,331 in July for a two-year program (which would be extended to three years in June 2001). News spread quickly. Almost before the ink was dry on the grant contract, bomb survivors flooded AMREF offices to be registered for the program.

AMREF concentrated on helping survivors get treatment locally or internationally,¹⁸⁰ as well as providing information and referrals to survivors and families on available services. Information flow was facilitated initially by a hotline, established in late September, and a monthly bomb relief newsletter in English and Swahili. (See Appendix 37 *AMREF Newsletter*)

AMREF registered survivors registered, recorded their medical histories, and directed them to area doctors, counselors, and other service providers. AMREF drew from a pool of some 20 medical consultants working in various fields at KNH. A Memorandum of Understanding guided price scales of services offered and set out how patients were admitted and

discharged. Similar contracts existed with X-ray, laboratory, and physiotherapy departments at other hospitals, as well as with pharmacies.

An AMREF nurse registered patients using strict criteria, conducting a medical history, coming up with a mini-diagnosis of their needs, and referring them to the appropriate medical consultant. The consultant would then examine the patients and recommend or perform treatment. AMREF organized treatments, including surgery. The consultant would fill out medical consultation forms for AMREF to track accounts and treatment. Bills ranged from KShs.10,000 (US\$149) to KShs.2 million (US\$29,851).

AMREF worked with 300 of the most severely injured immediately after the bomb blast, and 1,450 more in the rehabilitation phase, in addition to all patients registered for reconstructive surgery. As the office filled up with bomb survivors and their families, staff tried various logistical tricks to reduce the traffic. From October 1999 through January 2000, AMREF experimented with laminated medical cards that patients could take to pharmacies and doctors' offices. AMREF terminated that program, however, when it discovered that forgers were designing their own cards, copying doctors' rubber stamps and going directly to pharmacists to get expensive drugs, such as antibiotics.

Identifying legitimate bomb victims presented other challenges. Some of the victims from outside Nairobi swiftly returned home after the bombing, only to reappear a year or more later at AMREF's office, when it announced the medical assistance program. As time went on, it became difficult for medical staff to determine which illnesses were related to the bombing. (For example, some dental injuries turned out to be the result of traditional tribal excision ceremonies.) (AMREF 2000-2001 4)

The screening failed to take into account secondary effects—bomb-related illnesses that did not manifest immediately, such as hypertension, ulcers, and diabetes.

Finally, the initial screening in November failed to take into account so-called secondary effects of the trauma—bomb-related illnesses that did not manifest immediately, such as hypertension, ulcers, and diabetes.

AMREF staff report that bomb victims made use of the available services. The numbers bear this out: more than 105 surgeries, 77 admission referrals, 1,500 referrals, and 5,000 medical prescriptions as of August 2000. Beneficiaries surpassed initial projections by a third. (AMREF 2000-2001 1)

AMREF staff note that they carry out their work with "community participation," a possible factor in their successful outreach. "We work closely with families to ensure they take patients to hospitals and make patients take their medication," says Susan Mwangi, project manager of the medical assistance program. "We made them take responsibility, which enabled survivors to feel less dependent on AMREF."

Families are willing to help because "one of the good things is that the families have been able to accept the survivors because they are not a liability [in terms of bills]," says Mwangi. "The ones who have family support

recover better. I've heard this statement a lot: 'If it were not for my spouse, or family, I don't know where I would be...'"

Achievements

At the time of this report, more than 1,500 bomb blast survivors are registered with the AMREF program. Only 350 to 500 need more follow-up care for their injuries or illnesses associated with the bombing as of June 2001. AMREF is working with the remaining clients to teach them how to manage their illnesses, some which are chronic (such as high blood pressure, ulcers, hypertension), during the last year of the program.

Help for the Disabled—ADRA

At least 400 people were severely disabled by the bomb. Initial surveys found 23¹⁸¹ were totally blind (Nderitu August 17, 2000), 75 had severely impaired vision, 15 were totally deaf, 49 had severe hearing disabilities, 3 were physically disabled from the waist down, and 164 had severe bone and muscle injuries (ADRA December 17, 1998). The psychological implications for these victims—mostly poor people in an economic and social climate most unforgiving to the disabled—go without saying.

At least 400 people were severely disabled by the bomb: 38 were totally blind, 75 had impaired vision, 15 were totally deaf, 49 had severe hearing disabilities...

Observations

- v Low institutional capacity and resource bases presented significant staffing and service-delivery problems for ADRA's local partners.
- v Local groups had little emergency experience or training.
- v Poverty and poor access made outreach and service delivery difficult.
- v Large caseloads and significant donor support meant bomb victims sometimes got higher priority than other clients.

In the emergency phase, AMREF and ADRA sometimes played similar roles. Both organized blood drives. Both ran the NGO coordination center at one time. Both were concerned with the medical needs of victims. As time went on, however, ADRA became the one that focused on the needs of severely physically disabled survivors, using private funds (US\$170,000 of which \$100,000 came from AMREF) in the early stages. ADRA submitted a proposal to USAID/Kenya by December 1998 for a 24-month follow-up program. By May 1999, ADRA had received US\$1.36 million to rehabilitate survivors to "a state of independence." (ADRA August 5, 1999)

Central to ADRA's approach was the participation of four local providers with expertise in disabled issues. These are Association of the Physically Disabled of Kenya (APDK), KNAD, KSB, and UDPK. All signed Memoranda of Understanding to provide services from Braille and sign language training to typing, occupational therapy, and physiotherapy.

Some, such as UDPK, focused on vocational training (computer, printing, record keeping, accounting, secretarial) and job placement. It has helped more than 167 handicapped people to date. KSB worked on basic-skills trainings as well as vocation assistance for income-generating activities.¹⁸² Others, such as KNAD, focused more on outreach, such as counseling, sign-language instruction, and referrals to AMREF for medical services. APDK offered rehabilitation services and mobility aids, such as wheelchairs, crutches, calipers, and orthopedic shoes. ADRA itself took a coordinating role in outreach to bomb victims, referrals to counselors and to AMREF for medical treatment, and capacity-building for service providers.

This last task presented special challenges. ADRA's partners are small Kenyan NGOs with limited budgets and severe logistical constraints. KSB initially had trouble tracing clients and transporting them for treatment and rehabilitation because it didn't have any vehicles. There weren't enough staff at the head office to handle the caseload, so KSB recalled officers from other towns, suspending up-country programs indefinitely. Even with seconded staff it took about three months to contact all the victims, and longer still to convince a highly traumatized population to participate in programs.¹⁸³ KNAD was a volunteer organization that, at the time of the bombing, had approximately KShs.20,000 (US\$333) in its coffers. Volunteers recruited in the early stages of the programs soon grew restless, as there were no funds to pay them over the long term.

Stretched resources hastened staff burnout, and fostered problems both with pre-existing programs and victims.

Stretched resources hastened staff burnout, and fostered problems both with pre-existing programs and victims. KSB, for example, found that its activities for victims threatened to overwhelm its other programs. "There is a need to constitute an independent emergency desk in a disaster response situation," KSB staff note. "This will enable such a program to run without interference from other programs. [This will] require the full support from the mainstream administration of the organization." (KSB October 2000) Nearly all service providers (ADRA and others) echoed a key refrain that characterizes the entire health sector: the need for national and institutional disaster training, planning, and management.

ADRA staff note that, although working through a network of local NGOs presented challenges, it also brought rewards. They note that bomb victims responded better to service providers who shared their disability (as do many KSB, UDPK, and KNAD staff).

Then there was Kenya itself. Most victims were struggling economically before the blast. Afterward, especially for injured breadwinners, life was even tougher. UDPK outreach staff, for example, found some victims shifted from house to house, thwarting efforts to track them. Vehicles could

not reach some of the rural areas. Houses, particularly in slums, were small and didn't have electricity, needed to power some machines.

Others found their bomb-response programs created resentment among regular clients. Handicapped bomb victims, for example, "are trained alone because of the funding and reporting requirements," says John Kiwara, program consultant for UDPK's small enterprise development program. "Other clients see the bomb victims get 'special treatment' because the services are better, the disbursements of money are prompter."¹⁸⁴

The logistical difficulties of traveling to counseling centers made the disabled among the least likely to seek mental health care. This contributed to depression and subsequent challenges for ADRA caseworkers.

"Counseling is...the most important of all other rehabilitation activities and should start as soon as possible," notes one ADRA staffer. "Failure to do this will result [in] many victims suffering from PTSD, which could have been avoided."

Achievements

By the time ADRA closed three of its programs (APDK, KNAD, and KSB) in April 2001, it had rehabilitated more than 400 survivors. Rehabilitation included sign language training for the deaf, mobility and orientation training (including computer skills training) for the blind, and physiotherapy and occupational therapy for those with motor skill difficulties. Many survivors have returned to work and regained some of the agility and confidence destroyed by the bombing. At the time of this report, more than 400 disabled people had been trained in running a small business and most had received small loans to start up new businesses. This part of the rehabilitation program continues until April 2002.

Many survivors have returned to work and regained some of the agility and confidence destroyed by the bombing.

Recommendations

- Make mental health care services, a vital component of help to the disabled, easily accessible.
- Use local institutions with a mandate for specific disabilities. They know how to assist the population because they are well acquainted with their needs.
- Consult and plan with survivors early in program design and consider programs rooted in communities to improve access, particularly for the disabled.
- Screen claims early in the assistance program for fraud; the longer the delay, the harder it is to detect medical fraud.

U.S. Government Medical Follow-Up and Socioeconomic Assistance to Victims

Present budget earmark		\$8,700,000
Grants or contracts funded or estimated		
1. Kenya Medical Association, Operation Recovery	\$	99,700
2. Special case, Bichage (reconstructive surgery)		69,000*
3. IFRC mental health program		350,000
4. Reimbursement of Nairobi hospitals		604,700
5. AMREF medical follow-up for victims		2,530,000
6. Amani Counseling Center mental health program		1,200,000
7. Special case, Karanja (part payment for treatment in S. Africa)		1,600
8. ADRA rehabilitation of the disabled		1,465,000
9. IFRC school fees program		546,000
10. Ernst & Young school fees program		1,550,000
11. NCKK exchange program (OKC-NRB)		2,300
	subtotal	\$8,418,300

*Does not include in-kind services from hospitals and doctors in Germany, Kenya, and the U.S.

The Mental Health Response—Operation Recovery

Observations

- ▼ Operation Recovery’s emergency programs were considered of good quality but longer-term strategies overextended its capacity.
- ▼ Delays in USAID funding caused severe stress to the continuity and quality of the program. Some providers left as a result.
- ▼ Turmoil within the management, including loss of key staff, hurt morale and effectiveness.
- ▼ Poor communication and decisions on publicity and media placements increased tension between OR and its donor, USAID.

On September 15, 1998, Dr. Brian Flynn of the U.S. Department of Health and Human Services on September 15, 1998, made a comment about OR that turned out to be prophetic. “Without early clarity of the scope and duration of this effort,” he said, “it will be easy for mental health efforts to become involved in activities beyond the intent and expertise of the program.” OR, born in a moment of crisis and propelled by a shaky volunteer staff and frantic attempts at fundraising, did not define itself or its

long-term plans. Without a clear mission and adequate resources, OR increasingly came under the influence of its founders: KMA and Dr. Frank Njenga.¹⁸⁵

OR pursued an ambitious agenda despite early warnings from outside experts, including an American psychiatrist who advised Operation Recovery.

“I was certainly very sensitive right from the start that this was an organization and a country that needed to have a modest effort,” recalls the psychiatrist. “Part of my effort was to try to contain what they wanted to do. They wanted to build a mental health system across Kenya—I really questioned the scope of this. It was never clear who was going to be the applicant. It was not at all clear as I recall that there was going to be significant money.”

That small group wanted OR to become Kenya’s leading mental health service provider. OR staff and others interviewed for this report say the seed of future problems lay at the heart of this ambitious plan. The US\$50,000 USAID provided was for counseling, documentation, and training for bomb victims. OR activities beyond that would need private funding, which meant it would have to dedicate time to publicity and fundraising.

A small group wanted OR to become Kenya’s leading mental health service provider.

This it did. OR documents are replete with descriptions of fundraising and publicity events. “There was more hype than actual programs,” notes one outside observer.

With the initial USAID grant in November 1998, OR contracted counseling service providers¹⁸⁶ and paid staff salaries. OR set up a system (albeit imperfect) of referrals, intensified outreach, and paid more attention to the recovery of specific populations, such as children. (OR screened 2,730 children through its partners and visited schools to provide sensitization training to teachers and students.) After an initial period, USAID told OR it would provide an additional US\$100,000 for on-going counseling.

OR used the last of its initial U.S. government funding by March 1999. Staff were then reduced to volunteer status. By the time the new disbursement arrived in May, many had left.¹⁸⁷ Many service providers complained that poor administration meant reimbursements for hours billed to OR were repaid partially or not at all. (One counseling center says it received two checks from OR over a 14-month period. Both bounced.)

Then a central OR employee, Dr. Lorin Mimless, was released from the program. Accounts vary as to why,¹⁸⁸ but the upshot was that OR activities, already disorganized, ground to a virtual halt.¹⁸⁹

185 *U.S. Embassy-Nairobi Bombing August 7, 1998*

“OR felt it was treated badly by the Americans.”

In March, a demoralized and diminished OR responded to USAID’s request for proposals (RFP) to provide continued mental health services. In August, USAID awarded the RFP to another organization—IFRC and its national partner, KRC. Former OR staffer Mimless wrote IFRC’s proposal. Among OR staff, feelings of betrayal—justified or not—exploded. “OR felt it was treated badly by the Americans,” says one former staff member. “[The staff] felt there was a cultural issue at work.”

Angry accusations flared in the press.¹⁹⁰ OR hinted USAID had given the program to IFRC because an American, and former OR employee had moved to IFRC. One OR staffer felt that USAID staff, many of them bomb victims themselves, were still angry over criticism of their country in the days just after the bombing, (see Chapter 2, Media Relations) and “did not take kindly to any criticism of their actions or reasoning.” USAID staffers refuted accusations of cultural bias, pointing out that the organization chosen was Kenyan: the Kenyan Red Cross.¹⁹¹ OR, originally conceived as a unified expression of the Kenyan desire to heal, (and one that had offered what were generally viewed as good clinical services) had devolved to a bickering shambles.

The IFRC-KRC Mental Health Program

However, if Kenya’s mental health community hoped for calmer seas under IFRC and KRC, it was mistaken.

Observations

- v The IFRC-national society reporting structure is inadequate. Chain of command and lines of responsibility are not clearly defined.
- v IFRC did not properly prepare KRC to be implementing partner. KRC did not take responsibility for understanding its role.
- v Counseling staff felt pressured by KRC to channel resources to administration, instead of counseling.
- v Lack of experience with cooperative agreements and implementing partners created challenges for KRC.
- v KRC felt patronized by USAID and IFRC and constrained from making independent choices.
- v KRC lost credibility over extensive delays and problems in hiring staff, procuring assets, and meeting project goals.
- v 25 to 30 percent of bomb victims have had some counseling.

The program’s aim was to set up a network of mental health providers along the lines of the OR system, using the same providers, in fact, so patients wouldn’t have discontinuity of service. The central KRC office would organize the program and provide counseling in its city center office. In addition, it would organize outreach and an information campaign (including a newsletter *Bridge to Hope* with ADRA), train teachers and guidance counselors, and try to sensitize mental health service providers

countrywide through its branch offices. Finally, KRC said it would provide documentation and analysis.

While IFRC was the signatory to the agreement, the implementer, per Red Cross guidelines, was the KRC. This meant IFRC was responsible for a program it did not actually implement, and a partner over whom it had no direct authority. Subsequent program challenges, both internal and external, stemmed in large part from this awkward structure, which had disappointing implications for the achievement of program goals. To understand why one must first understand Red Cross structure.

IFRC is international; KRC is national. The purpose of IFRC is to help national societies in non-conflict areas respond to disasters, build disaster-response capacities, implement development programs, and develop internal capacity. If IFRC wants to address a need, *it must work through a national organization*. And because national organizations often do not have the capacity of international organizations, IFRC sometimes drafts joint proposals with national organizations to give credibility and increase donor confidence.

However, once the ink is dry on the grant agreement, the only action IFRC can take is to stop the program and return the donor's money, a drastic and consequently rare event.

So, for example, the consultant who helped design the program and served as technical coordinator until KRC identified its own in late 1999 had *no* authority over KRC counseling staff. And although IFRC attached a social service coordinator to the project as its liaison, it was only able to request action in program decisions

Problems arose almost immediately. Hiring for the counseling center stalled. KRC didn't begin procuring equipment until December 1999, nearly six months after the program started. Computers were not available until February 2000. Neither the outreach program nor the research and documentation program started until then. Without a full staff or an equipped office, counseling sessions were delayed. By the end of January 2000 only 650 counseling cases, out of a projected 4,000, had been seen. The project office, also home to a school-fees program, had only one phone and one fax line.

Problems arose almost immediately.

IFRC staff blame KRC's "poor, slow procurement of goods and services" and "excessive politicization" for the program's woes.

"KRC's voluntary 12-member executive committee approved candidates slowly, and seemed to have difficulties making many strategic decisions related to the program," says an IFRC employee. "Program managers, however, reported directly to the secretary general [of the KRC], who is responsible for executing policy. This reflects a classic problem of

governance getting involved in management of the national society, which, while permitted by the KRC constitution, is not a modern or acceptable management practice.”

Program staff were asked to base themselves alternately at the city center counseling office and at KRC’s main office on Mombasa Road. Dr. Lorin Mimless (who had drafted the RFP and left the program when KRC selected a Kenyan psychologist as technical coordinator) felt that made little sense. KRC officials say the intent was to exert greater control. Some staff charge that KRC wanted to collect rent for both offices.

“We should accept that dealing with humans is different from dealing with plans and projections.”

“The proposal was not written by KRC, it was written by IFRC. KRC never really read and understood the proposal. They didn’t know what they were dealing with. My feeling was KRC was not in touch with the program, it was not a part of KRC, it was a part of IFRC,” says one KRC counselor.

IFRC not only wrote the proposal, it persuaded what many perceive to be a “somewhat naïve, very underdeveloped” national chapter to sign it. “The Americans come with big grant documents, which you cannot read through,” complains a KRC employee. “I don’t think we were fully in the picture of the demands.” The proposal projected figures for counseling sessions that KRC was unable to meet.¹⁹²

“What I learned is that there’s still a lot that has to be revisited, especially in setting targets,” says a KRC manager. “USAID needs to be a bit more flexible. Listen to the extenuating circumstances that resulted in people not meeting targets. We should accept that dealing with humans is different from dealing with plans and projections.”

“We were very flexible regarding targets,” responds a USAID/Kenya employee. “We were not flexible regarding infrastructure, hiring staff, procuring computers. They [KRC] could not do their job without those things.”

Although KRC was given start-up funding, a USAID/Kenya staffer says USAID did not give KRC more money when it “could not account for the first payment.” KRC had limited experience with implementing partners. As a volunteer organization, it had largely used its own staff and “did not understand the referral process.” Service providers operating under the KRC umbrella received payments from KRC late, in part, or not at all.

“We did services for a year and a half and we weren’t paid for what we did,” says the director of one local counseling center. “It nearly bankrupted us.”

Like other organizations fraught with structural and funding problems and under pressure from USAID to deliver, KRC turned to assertions of cultural bias.

“They [USAID] didn’t want a local. It took a long time to even take the decision that the technical coordinator position should be a local...because somebody wanted [American] Lorin Mimless to stay,” asserts Felix Mutua, undersecretary of KRC.

KRC replaced Mimless with a Kenyan technical coordinator in the name of capacity building. “An expatriate goes out after two years—what capacity have you built? It’s all about ownership and sustainability,” says one KRC staffer.

Mimless disagrees, noting that the KRC staff who worked under him were all Kenyans. “It’s very clear that the KRC wanted to have [its] own person there, not to capacity-build, but to control the program and get resources back into their own program.”

USAID/Kenya personnel also note that they supported “capacity building” and had representatives on the committee that chose the Kenyan technical coordinator who replaced Mimless. The problem, they say, lay in the capabilities of the candidate chosen. As the program was implemented, it became clear the candidate was inadequate.

In March 2000, unable to reach the goals of the project, IFRC made the unprecedented decision to return the USAID money and close the program. In May, the KRC board of directors removed both its secretary general and executive committee.

In March 2000, IFRC made the unprecedented decision to close the program.

The Amani Mental Health Counseling Program

USAID issued a new RFP and on June 26, 2000 gave the program to the local Amani Counseling Center.¹⁹³ Staff at Amani estimate that, three years after the bombing, at least 50 to 65 percent of bomb victims and families have received some form of counseling.

Although it was the third organization to manage a mental health program for bomb survivors, Amani had been involved from the beginning as one of the many service providers. As a long-standing and well-respected counseling center in Nairobi, it took over management of the program and capitalized on the experience and difficulties of the previous organizations. Amani immediately hired an experienced program manager and a consultant psychiatrist. It took over the offices of the former Red Cross program and retained the most competent counselors, some of whom had been with Operation Recovery initially.

Amani Counseling Center was able to meet its contractual obligations on time and, as of June 2001, was well on its way to exceeding expectations in outreach, training, documentation, psychiatric care, and child counseling. It is using its experience with bomb blast survivors to build capacity in the region for responding to future disasters. Amani also works well with other

local providers, taking advantage of their expertise in psychiatric care, training, and child counseling while it focuses on management, counseling, documentation, and outreach.

Achievements

Amani has provided 1,595 counseling sessions for adults, 1,078 counseling sessions for children, 756 psychiatric sessions for adults, and 98 psychiatric sessions for children. Amani works with seven other mental health service providers in various regions of Kenya. Its outreach team has monthly group meetings with bereaved family members, youth groups, and the community. Amani submits weekly articles to the newspaper on trauma and provides information on counseling and trauma in radio and television talk shows. It has trained 480 mental health providers around Kenya in mental health and trauma (Amani Quarterly Report May 2001).

Umbrella Organizations

Relations with mental health service providers have improved under Amani; the previous service providers and their administrative woes were a source of constant frustration for implementing partners who operated under their umbrella and for victims themselves.

“Why does USAID have to operate through these...hierarchical umbrella organizations?” asks one service provider. “Why can’t [it] contract directly with the groups actually doing the work?”

USAID staff point out the inefficiencies of contracting with dozens of small groups, and the track record and reputation of organizations such as ADRA, AMREF, and IFRC.

Some providers say umbrella organizations are clumsy responses to delicate processes.

“USAID does not have the capacity to deal with 5,000 victims as individuals,” says one USAID/Kenya staffer. “We had no choice but to go through umbrella organizations, all of which had track records on handling large grants and all of whom were Kenyan-managed.”

Some providers say umbrella organizations are clumsy responses to delicate processes. For example, some say the choice of large, non-specialist “name” organizations like IFRC or high-profile, low-capacity coalitions like OR indicates a lack of knowledge about mental health organizations in Kenya. By choosing an umbrella approach, USAID ended up with a range of providers and services of varying quality, with dubious results.

“[USAID staff] need to get out of their offices more and check out who’s really doing the work in Kenya,” says one service provider. “[Instead] they wanted to embrace everyone and it made a mess. In this kind of situation, you stick to people who’ve been working here for years and know what they’re doing.”

With the selection of Amani (which won a competitive bid to manage the program), USAID says it has finally struck a proper balance of experienced local capabilities and financial responsibility. "It was a long and frustrating road," says one USAID staffer.

Finally, several observers and participants in mental health programs note the emotional atmosphere of American government agencies after the bombing. Several service providers (even those who did not descend to ethnocentric defenses) comment that the American community was understandably sensitive to criticism in the year after the bombing, and that this may have contributed to tension with service providers, particularly Kenyan employees of [some] service providers.

The Survivors

Numerous service providers said including survivors earlier in the process of designing program would have been ideal.

"I think it would have helped if USAID had held a participatory workshop right up front and ask bomb blast victims what...do you people need?" says the director of a local counseling center.

"[Survivor] support groups are more important," says NCKK staff. "The victims support each other as well as any other kind of assistance. We should spend time setting up a social infrastructure."

However, attempts to do so were often derailed by understandable emotion, trauma, and anger of the survivors themselves.

An American mental health professional says, "I do think victims can help other victims in certain circumstances if they are given the right kind of support and guidance. To rely exclusively on them is a serious mistake. To rely only on outside experts is a serious mistake. ...It requires a blend."

One kind of obstacle survivors imposed was compensation neurosis, a phenomenon born perhaps from the intersection of Kenyan poverty with the massive publicity and resources that followed the bomb blast. Almost every health or social service provider interviewed for this report referenced some bomb victims' attitude of entitlement, which they termed compensation neurosis. This was fostered in large part by the resources and media notoriety that accompanied victims' rehabilitation. Most service providers point their finger at the Njonjo Fund (see Chapter 8 The National Disaster Emergency Fund) as the progenitor of the syndrome "I am a bomb survivor and I deserve better than this." (Association of the Physically

"Victims can help other victims...given the right kind of support and guidance."

Disabled in Kenya. n.d.) Others hold the press, private lawyers, and lawsuits, and even service providers themselves culpable.

“Survivors have issues of finances being their main aim. ...There is a lot of dependency,” reports an APDK staffer, who said most wanted cash, not counseling. “The other school of thought is ‘I don’t [want] any service because...you are squandering [the money] from USAID.” (Association of the Physically Disabled in Kenya. n.d.)

Indeed, both ADRA and AMREF report significant challenges from survivors (particularly survivor groups) critical of their services and eager to exercise greater control over program resources. The survivors’ group Visual Seventh August (VSA) and service providers clashed, for example, over a survivors’ information center.

“They want to have their own center and they want to manage the money themselves. They have this mentality that this money is theirs and they should control it,” says an AMREF source. “They started behaving like headmasters. They wanted to micromanage us. It is important [that beneficiaries have a voice] but it’s how you do it. We need to work together. They should come and find out the facts before they fight us.”

“Their attitude towards service providers is: You are here because of us. Without us you’d have no jobs. They come to attack.”

Some bomb victims disagree. “We are not being recognized, we are being spoon-fed,” says a member of VSA. “Our NGOs are just fighting for money. This counseling, if the money had come to VSA, we would have done a lot more with it than Amani, or Red Cross. ...Even this outreach, it could have been better with VSA. If you want these things to succeed, consult the survivors. But the NGOs, some of them are very greedy.”

A USAID staffer says USAID met with survivor groups numerous times to listen to their concerns, answer questions, and explain why certain decisions were made. “We even offered to help them write a proposal for their organization to have a meeting place to counsel each other and provide information to other survivors. They never responded. It is easy to say that the U.S. government and service providers are not helping survivors, but if they are not willing to help themselves, there is nothing we can do.”

“[Some survivors] felt their concerns were not being listened to.

“Compensation did come up with one or two people and that was what was amplified. But the truth of the matter is, people were disgruntled about lack of services,” notes an NCKK employee. “[Some bomb survivors] felt their concerns were not being listened to. Programs were planned, but they were not part of that planning. I doubt people were questioning what was being given, it was about the manner in which it was given.”

The issue of compensation neurosis took its toll, however, on the initial store of goodwill that existed on all sides. “Americans felt they were

providing humanitarian assistance to a population that was not only ungrateful, but critical of them," says one American observer. "They were hurt."

Recommendation

Consult and plan with survivors early on in program design and consider programs rooted in communities for ease of access.

CHAPTER 12. REHABILITATION FOR FAMILIES

Introduction

In addition to the mental health programs (see Chapter 11), USAID's school fees program for children of deceased or severely injured bomb victims has been its most visible support to families. The program was launched May 27, 1999 when IFRC received a \$2.5 million USAID/Kenya grant for a three-year educational support program. Using congressional supplemental (see Chapter 9) money, the grant covered school fees and associated costs (transport, uniforms, books) for more than 800 children. IFRC was the signatory to the grant agreement, but its local counterpart, KRC was program implementer, per Red Cross guidelines. This meant IFRC was responsible for a program it was not implementing, and a partner over whom it had no direct authority. As with IFRC-KRC's mental health program (see Chapter 11) this awkward structure caused problems, both internal and external, and contributed to disappointing results. IFRC did not properly prepare KRC for its role as implementing partner. KRC did not take responsibility for understanding its role.

Observations

- v The high value Kenyans place on education made fraud a problem; ineligible families resorted to illegal methods to enter the program.
- v Exaggerated or fraudulent claims delayed approval of payments, while suspect claims were investigated.
- v Medical personnel were not helpful in certifying claims, because "No doctor wanted to be the cause of someone not getting help."
- v Kenyan tribal and cultural taboos prevented some staff from confronting fraudulent clients. Expatriates proved helpful.
- v Some clients could not afford the medical records needed to apply.
- v KRC had neither adequate space nor staff to handle the caseload. Clients experienced considerable frustration.
- v IFRC did not properly prepare KRC for its role as implementing partner. KRC did not take responsibility for understanding its role.
- v KRC lost credibility over extensive delays and problems in hiring staff, procuring assets, and meeting project goals.

Program Design and Challenges

The program was to pay school fees for eligible children of up to KShs.40,000 (US\$580). This entailed identifying the students, and monitoring and reporting on them, their families, and participating schools.

KRC, ADRA, and KSB conducted a census that identified more than 800 children. KRC staff asked parents and foster parents to provide school fee documents, and schools to provide fee structures and documentation. IFRC-KRC gave funds directly to schools each term. Schools had to report

attendance records for each child supported by the program, as fee payment was contingent on attendance 75 percent of the time.

The program aimed to pay school fees for the 800 children in time for the third term (starting September 1999). However, less than half were funded by December 1999.¹⁹⁴

Who Was Eligible

IFRC-KRC identified more than 800 children who needed secondary school (K-12) fee assistance, based on the following criteria

- Any child who lost mother, father, or breadwinner
- Any child whose parents were severely injured in the blast and could now provide only reduced or no income

IFRC-KRC established a KShs.40,000 (US\$580) ceiling per child per year for fees, transportation, textbooks, and uniforms. Once accepted, a child could not transfer to a more expensive school except for logistical or "severe pedagogical" reasons. Families would have to discuss changes in advance with KRC.

Source: IFRC project proposal: Educational Support Program February 1999

The delay resulted from almost immediate problems identifying eligible children. While it was relatively easy to identify children of the deceased or newly blind (thanks to KSB records and work just after the blast), verifying children of the severely injured became difficult a year after the event. Applicants had to present documentation proving they had received money from the Njonjo Fund, (see Chapter 8, The National Disaster Emergency Fund) as well as medical reports from doctors. In addition, IFRC-KRC asked doctors to fill out a questionnaire on the nature and extent of the injury. An IFRC-KRC screening committee examined and approved each claim.

Some doctors exaggerated their evaluations to ensure their patients qualified for medical aid.

IFRC staff say that some doctors exaggerated their evaluations to ensure their patients qualified for medical aid. ("No doctor wanted to be the cause of someone not getting help," notes a KRC employee.) Other families produced forged documents, such as birth certificates or baptism cards, to try to get children not directly related to the deceased or injured into the program. Some families claimed their children had previously attended expensive schools. Three different people presented the same child as their own. One elderly man claimed to be the father of 12 children, all of whom were in school.

"He claimed an income of [US\$580] a year, although school fees for 12 children would have cost a minimum of [US\$869]," notes an IFRC staffer. "When I confronted him on this he said calmly, 'Okay madam, what can you offer me?'"

Education is so extremely important to Kenyans, it is perhaps unsurprising that IFRC-KRC report constant exaggeration and fraud.

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“I’ll sell my land, I’ll sell my car, I’ll sell my house to send my kid to school,” notes a KRC program officer. “They [parents] will do anything [to send their children to school].”

But the upshot for the educational support program was delay, as staff went to homes and schools to personally investigate each suspicious claim.

“Nobody would tell you [his/her] income. Nobody would tell you what [s/he] really earns. It was a swamp,” says an IFRC employee. “Kenyans need to look very carefully on how they might have contributed to the problem.”

“Volunteers would not put anyone on the spot,” says one Kenyan KRC program officer. An expatriate IFRC staffer notes, “I could say, ‘You are lying.’ But Kenyan providers could not say such stark things.” This was particularly true of KRC staff, many of whom were young volunteers. “Young volunteers do not have the maturity or confidence to insist on correct answers when an interviewee is twice as old as the interviewer,” notes the IFRC staffer.

Some suggest the lesson here is to have Kenyans conduct initial client investigations, but have an expatriate follow-up in cases of suspected fraud.

The program also suffered other challenges. IFRC-KRC had to advertise in the local media and with survivors’ groups to inform people about the new program. “It took some time for people to appear,” KRC staff note. When they did, many applicants could not afford to pay for the medical reports required to claim assistance.

IFRC-KRC Structural Problems

Equally frustrating were the internal problems caused by the awkward reporting relationship between IFRC and KRC (see Chapter 11).

The grant agreement defined the roles and responsibilities for IFRC and KRC, but does not outline the steps IFRC can take to hold the national society, on whose behalf it signs, accountable for reaching the stated goals. This, says one IFRC staffer, is a major lesson learned, because it meant IFRC was unable to rectify KRC’s mistakes or problems throughout program.

For example, program officers from both organizations report significant problems in procuring needed equipment (computers, vehicles). The grant agreement was signed in May 1999, and the first school fees were paid out in September 1999, but computers were not available until February 2000. For both the school fees program and the IFRC-KRC mental health program, which occupied the same city center office, there was only one telephone and one fax line, despite frequent requests for additional lines.

KRC hired a school fees project coordinator in August 1999, but didn't hire a second program officer until October, and waited until November to hire a third. In January 2000, program staff asked KRC to hire two more program officers to handle the high volume of claims and compensate for the delays in hiring key staff, but KRC refused. Instead, it continued to rely on young, untrained volunteers to handle the bulk of verification.

The upshot was high client frustration at every stage.

The upshot was high client frustration at every stage of the application and funding process. Program staff estimate its three-person team was besieged by an average of 50 applicants a day, many of whom were emotionally distressed.

"Although this is not a counseling program...when the clients come here you cannot ignore their psychological and emotional needs," notes a KRC school fees program officer. "But you are only three and there is a line of 50 people. A lot of clients felt we didn't understand."

"We didn't have time for all the clients we had. You need enough staff to handle the clients," another said.

KRC staff say crowded conditions created a "tendency for incitement." Because the interview area and the waiting room were one and the same, "if one person got excited, everyone would," recalls a KRC program officer. Attempts to mitigate crowded conditions, by, for example, setting up an appointment-only schedule, failed because applicants came to the office spontaneously.

School fees program staff also report delays of up to one month in getting their requests for program money filled. According to KRC rules, cash requests had to be processed through the main headquarters. The reasons for the delay cannot be fully explained, even after interviews with KRC management.

"I think what they felt is that [KRC headquarters] will do it at their own time. They don't want to be pushed," says a school fees program officer. "[But] there was no money to hire staff, to do this, to do that. It was more than frustrating. It was very traumatizing. There were so many things to be done and done immediately."

Ernst & Young, which now runs the school fees program (see below), postulates that the decentralized structure of IFRC-KRC may have figured in the delays. In all, three different locations were involved in the funding process: IFRC's office, the school fees program offices in the city center, and KRC headquarters on Mombasa Road.

The lesson learned, according to a KRC school fees program officer, is that "if you are in charge of the program, you should be in charge of the money."

According to the grant agreement, IFRC was to provide KRC with money (following a monthly cash request) and KRC was to implement the program, including buying equipment and hiring staff. (KRC and IFRC February 1999) The delays in both are blamed on the "poor, slow procurement of goods and services" and "excessive politicization" of KRC management, according to IFRC and KRC school fee program sources.

"KRC's voluntary 12-member executive committee approved candidates slowly, and seemed to have difficulties making many strategic decisions related to the program," says an IFRC staffer.

KRC staff point to extenuating circumstances, such as exaggerated and fraudulent claims, that led to delays in meeting targets. In March 2000, KRC had not met the project's implementation goals and IFRC decided to close this and the mental health program and return the money to USAID.

Ernst & Young

The IFRC-KRC program, at the time of termination, had spent only US\$546,000 of the US\$2.5 million funding from USAID. Subsequently, a limited request for proposals (RFP) was issued by USAID/Kenya to accounting firms in Nairobi. The accounting firm of Ernst & Young was selected to be USAID/Kenya's new partner in the school fees effort shortly after IFRC returned its grant. Ernst & Young conducted a "redefining" of the terms of the program, specifically criteria for admittance into the program (600 children were enrolled in the program under IFRC-KRC, 1,450 are enrolled by Ernst & Young as of June 2001), noting the IFRC-KRC system had "some inefficiencies." Specifically, Ernst & Young staff say the IFRC-KRC method of identifying the "severely injured" was too strict. Consequently many eligible children fell through the cracks. Currently, Ernst & Young refer to the criteria used by Kenya's National Disaster Emergency Fund (see Chapter 8 National Disaster Emergency Fund) in which types of disability are identified by amounts of cash compensation paid. Thus, any victim that received KShs.60,000 (US\$1,000) or more following the blast (which, according to the Fund indicated a 20 percent or more disability) is now eligible for the Ernst & Young program.

Ernst & Young has expanded the criteria for children to be admitted to the school fees program.

"It is important to come up with clearly laid-out rules that govern the operation of the program," says an Ernst & Young program officer. "You should have a proper eligibility list from the word go."

Like the KRC, Ernst & Young staff note that bomb victims have been slow in providing their office with information. However, USAID/Kenya officials assert the program is currently "working very well" with few internal delays.

Recommendation

With emotionally important services, such as school fees, where potential for fraud is high, use service providers skilled in claims verification.

CHAPTER 13. INFRASTRUCTURE REHABILITATION

Introduction

Delays in getting U.S. assistance significantly hurt efforts to rehabilitate damaged buildings in a timely manner. For one thing, evaluation of bomb damage became increasingly difficult as building owners initiated their own repairs. While building owners are very appreciative of the help, slow disbursement and concerns over insurance policies delayed reconstruction.

Delays in U.S. assistance hurt efforts to rehabilitate damaged buildings in a timely manner.

U.S. government regulations requiring American-owned construction firms were inappropriate in Kenya, where there are no such firms. Pursuit of a waiver caused delay and economic loss for building owners. But fraudulent claims and changes in the management of some businesses were also problems, holding up the process for months at a time, in some cases.

Some businesses suffered economic hardship because of the decision to provide assistance for buildings only, and not to replacing lost revenue. Kenyan building owners did not fully understand that U.S. assistance was humanitarian aid, not compensation and believed their capital assets and revenue lost should have been covered. Despite the problems, building owners and management are largely appreciative of the assistance they received in repairing or replacing their damaged buildings.

Observations

- v Slow disbursement of humanitarian assistance and concerns over insurance policies delayed reconstruction.
- v Delays in funding made evaluation of bomb damage increasingly difficult, as building owners initiated their own repairs.
- v U.S. government regulations requiring American-owned construction firms were inappropriate.
- v Long-standing accountability and transparency issues in Ufundi Sacco's management derailed efforts to secure a building.
- v The choice of another building frustrated USAID/Kenya, while Ufundi complained about USAID/Kenya's procurement staff.
- v Local firms competing to build blood transfusion centers were dissatisfied with the change of management from an NGO to USAID, and from local to American contracting regulations. USAID cites legal liability as the reason.
- v Local engineering, construction, and architectural firms were unhappy with the open bid for the transfusion centers.
- v Kenyan building owners did not fully understand that U.S. assistance was humanitarian aid, not compensation.
- v Kenyan building owners believed their capital assets and revenue lost while waiting for U.S. assistance should have been covered.
- v Building owners appreciate U.S. government assistance.

Funding Delays

The debate over insurance policies, and the subsequent decision to sue noncompliant insurance companies, delayed the start-up of reconstruction and replacement of damaged buildings. Although the U.S. Congress concurred on January 7, 1999 that the entire US\$37 million of the congressional supplemental could be used to assist Kenyans, USAID/Washington was concerned enough about the insurance issue to provide only limited money to USAID/Kenya for infrastructure programs until July 1999.

“They decided they did not want to give us the entire amount of the budget allowance until we had resolved the issue to the satisfaction of the Hill,” recalls a USAID/Kenya employee. “They wanted Congress to feel that we were taking this issue very seriously.”

“Please stop micromanaging us with the budget allowance.”

USAID/Kenya staff say they understand the importance of the insurance issue (having been the first to raise it) but were frustrated that, after months of waiting for the congressional supplemental, they were forced to wait longer before gaining full control over humanitarian resources.

“Please stop micromanaging us with the budget allowance,” wrote the USAID/Kenya Mission director in July 1999. “If there are certain programs that [USAID/Washington] wants us to hold off on (e.g., the assistance to building owners), tell us so and we will hold off. But please give us our entire budget allowance so that we can manage the rest of our program.”

Internal debates slowed the process. As late as June 1999, USAID/Kenya and USAID/Washington were still assessing needs and drafting a policy for insurance claims. (Only June 18, 1999)

Initial delays made later efforts to estimate damages more difficult. For example, the Co-operative Bank building used Danish government funds to hire its own contractor to remove debris from the building. According to one eyewitness, “they removed everything, including perfectly serviceable electrical fittings. AID could have taken a stronger line and said: ‘hang on, half this building is still intact.’”¹⁹⁵

When money became available in May 1999 to pay¹⁹⁶ the engineering firm Wilbur Smith Associates to examine the soundness of the Co-operative Bank building (and to do a feasibility study on rehabilitating both the bank building and the Ufundi Sacco building), cost estimates may have been affected by repairs made in the 10-month interim.

Related challenges came from outright attempts to defraud the U.S. assistance program, including owners who attributed prior infrastructure damage to the bomb blast. (One building was actually several kilometers away from the city center but “it was owned by a lawyer who knew the system, and it took a fair bit of time to disprove the claims,” according to an engineer who assessed the building.) Since building owners had no cut-off

date to request assistance from the U.S. government, and since buildings were often repaired in the months before U.S. money arrived, it became an increasing challenge for assessors to evaluate credible claims over time.

The Co-operative Bank Building

The Co-operative Bank, a primary banking institution to Kenya's rural- and urban-based cooperative societies, was experiencing a banner year in 1998. Profit before tax had increased 84 percent, loans and overdrafts to customers had increased 48 percent, customer deposits had grown 34 percent and share capital and reserves had increased 13 percent. The Co-operative Bank share capital and reserves at the time of the bombing were estimated at KShs.2.6 billion (US\$43,333,333). (USAID n.d.)

The Co-operative Bank was experiencing a banner year in 1998. The bomb ended the bank's good run.

The bomb abruptly ended the bank's good run. Eleven staff were killed, 200 were injured, and millions of dollars in equipment and income lost.¹⁹⁷ Bank management swiftly formed a crisis committee that included teams of staff to assess damages, find temporary premises, support injured staff and families of the deceased, salvage bank records and files, and launch a high-profile public relations effort "to prevent a run on deposits that could have led to the collapse of the bank." (See Appendix 41) As it was for the Ufundi Sacco Society (below), the bomb was a devastating financial blow.

Quick assistance was needed, but that was thwarted by the slow-moving U.S. government funding process (see chapters 3 and 14). Although a memorandum of understanding to rehabilitate the building was signed with USAID/Kenya on January 14, 1999, it was not until May 1999 that Wilbur Smith Associates conducted an assessment and valuation of damages.

The assessment found the Co-operative Bank building structurally sound and estimated repair costs at US\$12 million.¹⁹⁸ The next step was to request bids from construction companies to do the repair work. Immediately, however, USAID was confronted with another potential delaying factor—the U.S. Foreign Assistance Act of 1961.

Section 604(a) of the act stipulates that goods and services, including construction work, must be procured in the United States. "There were very few if any U.S. firms operating in Kenya at the time of the bombing," notes one USAID/Kenya staffer. "Trying to bring in U.S. firms would have stymied bomb recovery efforts. In addition, the cost would have been astronomical."

USAID thus had to spend time seeking clarification to relieve this onerous and expensive restriction, as well as to justify its decision to USAID/Washington. The clarification found was a waiver¹⁹⁹ in the Foreign Assistance Act specifying that non-U.S. suppliers may be authorized when "it is necessary to promote efficiency in the use of United States foreign assistance resources, including to avoid impairment of foreign assistance objectives."

Critics in Kenya's engineering and construction sector appreciate the effort made to secure the waiver, but say it took the U.S. government far too long to do so. As one engineer says, "There was a long discussion that the bidding firm had to be a U.S.-based company. That was the rule. They changed it. That created huge delay."

Wilbur Smith completed its assessment in late June 1999. The request for proposals to rehabilitate the Co-operative Bank building was issued July 19. Proposals were received September 29. A technical review committee scrutinized them and awarded the Kenyan firm Mugoya Engineering and Construction a contract for US\$7.5 million (with US\$1.5 million reserved for contingencies) on November 1. USAID gave Mugoya the official notice to proceed November 10. The company began actual on-site work in mid-November and expects to finish the building in November 2001.

Although some sources express frustration over the time this took, U.S. government engineers say that once the money arrived, the overall process was "very fast." And a Co-operative Bank sources notes, "although the contract negotiations have tended to be long, the response required from the U.S. government was reasonably quick, and the matter was handled with the urgency it merited."

The Ufundi Sacco Society, Ltd. Building

Ufundi's records were destroyed, making it vulnerable to lawsuits from members who wished to withdraw their savings.

Ufundi Sacco (Savings & Credit) Society, Ltd., a cooperative savings and credit organization for Kenyan civil servants,²⁰⁰ was not only demoralized by the loss of 41 staff in the bombing, but hemorrhaged money for months afterward. Membership declined 40 percent from 15,000 before the blast to 6,000 in FY2000, resulting in losses of millions of shillings, according to Ufundi management. Furthermore, Ufundi's [uncomputerized] records were destroyed when the building collapsed, making the society vulnerable to lawsuits from members who wished to use or withdraw their savings. (With no paperwork to the contrary, savings were often exaggerated or false). There were, according to Ufundi staff, significant levels of defaults on loans. Ufundi management estimates it lost KShs.20 million to 30 million (US\$294,117 to US\$441,176) on such claims, defaults, and general loss of business. It took Ufundi six months to reconstruct its records, during which time "all the services were brought to a standstill...no business took place," (Ufundi Sacco *Star* newsletter.) resulting in more losses. Early Ufundi management loss estimates topped KShs.710 million (US\$11.8 million). (Ufundi August 17, 1998)²⁰¹

"The bomb blast caused panic," says one Ufundi manager. "Everybody wanted to come out of [cancel their membership in] Ufundi. The ones who remained wanted to get the financial part of it. After the bomb blast we had no records. Anyone can walk in and say, 'We have no money, give it to me.' It was a major setback."

Ministry of Housing and Public Works, a participating member of the society, gave Ufundi temporary quarters at no cost. But the lack of

permanent quarters hurt member confidence, according to Ufundi management. In addition, traumatized Ufundi staff expressed no interest in rebuilding their office on the original site where so many friends and colleagues lost their lives.

Time was of the essence in rebuilding Ufundi physically, economically, and emotionally. USAID, therefore, decided to purchase an existing building for Ufundi rather than rebuild.

However, as with the Co-operative Bank building, timely assistance was hampered by the limited availability of funds. It was not until late May 1999 that money was available to employ Wilbur Smith Associates (working with Ufundi's board of directors) to review prospective buildings in Nairobi's city center. Wilbur Smith estimated a ceiling of US\$3 million to rebuild the destroyed building or to purchase a replacement.²⁰² From this initial review, the Lyric House building was selected in August 1999. But even as the building was approved, trouble was brewing.

According to Ufundi, USAID/Kenya, and private sources, there were longstanding issues of accountability and transparency with the Ufundi board of directors. For example, sources say members were highly dissatisfied with the board's lack of communications about its negotiations with USAID. Lack of transparency made some fear "foul play," in the words of one Ufundi manager. In addition, members felt the board had not been transparent or accountable regarding charitable donations Ufundi received after the bombing.²⁰³ The large amount the board paid for a site valuation, and the offers of land Ministry of Works officials raised suspicion. This came to a head on August 27, 1999 when members voted the board out and replaced it with a new management team.

There were longstanding issues of accountability and transparency with the Ufundi board of directors.

USAID gave the new board a summary of activity to date, and it inspected the chosen replacement building, Lyric House. Almost immediately, the new team declared the building unsatisfactory. Ufundi management said the design and workmanship were "low quality" (missing sprinkler systems, insufficient telephone network) and claimed the square footage was exaggerated. (USAID staff point out that Lyric House was in much better shape than Ufundi's original building.) Management also questioned why the ground floor was not rented out, despite the building's location in a high-demand area for street-level space, and worried generally about attracting tenants.²⁰⁴

"But the most critical thing was that Lyric was much smaller," says an Ufundi board member. "The more space it has, the more value it has because the space is going to be let out and generate income."

The new board's first choice was StanBank House,²⁰⁵ a more expensive building. In line with a general policy that no bomb victim be made "more than whole," USAID/Kenya staff insisted that Ufundi accept a building of similar size, generating approximately the same amount of rental income as the former Ufundi building. If Ufundi wanted a more expensive building,

The wrangle between USAID/Kenya and Ufundi stretched on until January 2000.

it would have to contribute any additional money above the purchase price agreed by USAID/Kenya.

“The new board of directors wanted no strings attached and argued that the loss of rental income coupled with [Ufundi’s] precarious financial situation made any kind of contribution difficult,” notes one USAID/Kenya employee.

The resulting wrangle between USAID/Kenya and Ufundi stretched on until January 2000 when Ufundi identified a second, less-expensive choice, the Garden Plaza. In April 2000, USAID agreed to begin negotiations with Garden Plaza management.

Garden Plaza’s original asking price was KShs.300 million (US\$4 million), significantly more than the KShs.180,000,000 (US\$2,571,429) Lyric House went for. USAID/Kenya asked Ufundi management to negotiate directly with Garden Plaza on the difference between the asking price and USAID’s contribution. Negotiations broke off at KShs.250 million (US\$3.3 million), after which USAID reentered negotiations, eventually securing a sale price of KShs.230 million (US\$3.06 million). Ufundi would thus be responsible for KShs.50,000,000 (US\$666,666) of the total.

However, plummeting property values in Nairobi’s downtown business district prompted discussion about the property’s worth. USAID/Kenya had the original Ufundi plot appraised, which set current fair market value at KShs.25 million. USAID/Kenya decided that should be Ufundi’s contribution to the purchase of the replacement building (fortuitous, as Ufundi made clear it could not raise KShs.50 million).

Both for reasons of principle and because of the higher price, USAID asked that Ufundi contribute to the cost by transferring its original plot, valued at KShs.20 million (US\$266,666) to USAID. USAID then donated it for construction of a memorial park (see below). In addition, it asked Ufundi to provide KShs.5 million (US\$66,666) in cash. USAID contributed the remaining KShs.205 million (US\$2,733,333). (It had agreed to a higher contribution in June 2000, in part because of the weakening Kenyan shilling, which plunged from 60 to the dollar in 1998 to 75 in 1999.)

On August 7, 2000, the second anniversary of the bombing, Ufundi and USAID/Kenya signed an agreement cementing the deal.

Ufundi management speculate that part of the reason USAID delayed approving the choice of building was concerns about the integrity of Ufundi’s new board of directors.

“The people who were fronting for us [the former board of directors] must have not given a good picture,” says one Ufundi manager. “By the time [the new board] came in, the U.S. government just wanted to close the chapter. They were fed up with us.”

However USAID staff confirm only the last part of this statement.

“It was just rather frustrating to start all over again in locating and negotiating the purchase of a replacement building,” says one USAID/Kenya employee.

Ufundi management also wonder if USAID harbored suspicions about Ufundi’s good faith, since its two valuations of Lyric House significantly exceeded surrounding buildings.

“[The Americans] thought Ufundi was trying to cheat them,” recalls one member of Ufundi’s current board of directors.

USAID staff point out, however, that USAID got a third independent valuation and, using a weighted average price of the three valuations, came up with what it felt was an appropriate number.

Ufundi say people in USAID’s regional procurement office delayed the process unnecessarily.

“The Americans stuck to their guns,” says one Ufundi manager. “[Certain staff] were very stubborn, they made the process delay. If they had stayed, we would still be negotiating, or it would have broken down. They were not ready to take any consideration of what we were trying to tell them. They had a fixed mind.”

Another Ufundi board member notes the assistance program was unprecedented: “I don’t think we can blame the U.S. government for any delay, because...it was something that had not happened before; there was no previous experience to go by.”

Like all building and business owners, Ufundi management voices concerns that U.S. humanitarian assistance does not cover lost rent and revenue. In general, however, Ufundi staff say they are highly satisfied with U.S. government assistance.

“It took long before Ufundi enjoyed the assistance. But having given us a chance to go back to the market and choose what we want, we highly appreciate,” says an Ufundi manager. “Today, when our members look at this building, they say, ‘the Americans have tried. It is a presentable building.’ The members are happy.”

Building and business owners were unhappy that assistance did not cover lost rent and revenue.

Assistance to Building Owners

USAID also provided rehabilitation assistance to a number of buildings damaged in the bombing, including Church House, headquarters for Kenya’s influential NCKK, Afia House (a cooperative for health workers) and St. Peter’s Clavier Church, for which USAID and Matrix took particular care in repairing a large stained glass window. These building owners also largely misunderstood the nature of U.S. assistance.

“When we were talking with the government of Kenya and even Co-operative Bank they felt the U.S. government had an obligation to help,” notes a USAID contractor involved in infrastructure projects. “That is an area that could have been handled better—to pass the message to the public and the institutions to appreciate that we are giving humanitarian assistance; it is not like we are compensating you.”

Building owners consulted in the course of this report were quick to note their appreciation for U.S. government assistance. However, they note that they are innocent victims of a bomb that destroyed not just their building but their income (rent) potential as well as capital assets—assets that are not covered by the humanitarian assistance program.²⁰⁶

“We suffered other losses, which have financial implications,” says one large-building manager. “All our stores, everything we had for the day-to-day running of the society, records, went. That is why we felt the U.S. government could give us extra assistance.”

“We just didn’t have the money to be all things to all people.”

With so many members of Kenyan society affected by the bombing, USAID staff say limited resources were used to “the best of our abilities.” “We just didn’t have the money to be all things to all people,” says one USAID/Kenya manager.

Achievements

USAID provided limited assistance (dependent on insurance policies) for rehabilitation of 64 private and government buildings. This enabled thousands of people to return to work and ensured that many more thousands would not lose their investments in local cooperative societies.

The Memorial Trust

On the recommendation of the U.S. ambassador, USAID/Kenya agreed to award a US\$175,000 grant to the August 7th Memorial Trust, a private charitable group, to help build a park in remembrance of victims of the bombing. The U.S. government later donated the plots on which the American Embassy and the Ufundi building had stood to the trust. The trustees budgeted KShs.25 million (US\$357,143) for construction and maintenance of the park. The trustees are committed to raise the balance from the private sector. The park is under construction and was to be completed in early 2001.

Blood Safety Centers

As part of USAID’s overall bomb-related humanitarian assistance, it built regional blood transfusion centers in Nairobi and Kisumu, in western Kenya. Three more are being built in Embu, Mombasa, and Nakuru (see Chapter 15, Disaster Preparedness). The NGO Family Health International

(FHI) contracted with Matrix Development Consultants to work with officials of Kenya's MOH and other stakeholders to draft a building brief for construction.²⁰⁷ It completed the document by November 1999.

USAID sources say legal liability necessitated a switch from FHI to USAID. Army Corps of Engineers representatives were seconded to the Bomb Response Unit, taking over direct oversight of architectural and construction contractors and the contracting process itself.

Bidding procedures changed to American "design-build" (as opposed to local "bill of quantities") regulations. Contractors involved say American regulations for construction work "lacked flexibility" and "did not respect local proceedings." Regardless, the change in regulations caused delay, pushing the formal bid invitation to March 7, 2000.

USAID sources say it worked closely with selected contractors to "get them used to" the new system. By taking control of the process, USAID asserts it protected FHI from liability for program activities (construction) that, in any case, did not fall under FHI's expertise.

"The American system is unknown here," says one private sector source. "You're going to be paying for that lack of experience. At the end of the day, it would be worth reviewing to see if value for money was really achieved."

Some observers complain that the open bid grant and USAID's failure to pre-qualify the field of contenders resulted in an "irresponsible" glut of bids: 27 contractors (107 firms in all, including subcontractors) applied to build the blood transfusion centers.

27 contractors applied to build the blood transfusion centers.

"Preparing a bid is an expensive process," says one construction expert from a private company. "In this case, bidders were required to go to Kisumu at their own cost. But [with 27 contractors and dozens more subcontractors] the chances of success are virtually zilch. It irritated contractors who [felt that they] went on a fool's errand."

Recommendation

Identify and secure money immediately to conduct initial surveys of infrastructure damage, to process assistance promptly and to avoid fraudulent claims.

CHAPTER 14. REHABILITATION FOR BUSINESSES

Introduction

With the arrival of congressional supplemental funds, USAID/Kenya chose KPMG Peat Marwick to lead business assistance. Because of the poor rate of loan repayment from earlier programs, KPMG offered grants exclusively to small and medium-sized businesses damaged by the bomb. Many, particularly small, businesses are very informal and don't keep records, making it difficult for staff to verify claims. The potential for fraud magnified as time elapsed, and misperceptions about the nature of U.S. assistance tempted some business owners to try to take advantage. Most small businesses expressed appreciation for the assistance, although they note they incurred significant losses while they waited for their grants to arrive.

Observations

- v Exaggeration or fraud was a challenge, particularly for later claims.
- v Kenya's insurance industry is notorious for noncompliance, so businesses over-claimed with USAID to "get anything."
- v Small businesses are informal, often without documents to back up claims.
- v Solidarity between owners often confounded verification attempts.
- v Tribal loyalties contributed to fraud.

The KPMG Business Assistance Program

USAID/Kenya issued a limited request for proposal to five accounting firms (rather than NGOs) to take over managing a business assistance program (see Chapter 7, Program Challenges). USAID selected KPMG Peat Marwick (KPMG), which it had originally hired in November 1998 to assess 208 business affected by the bomb blast. Several businesses had been unable to meet the deadline for that program, so USAID retained KPMG in April 1999 to handle the remaining caseload. KPMG signed an indefinite quantities contract²⁰⁸ for services of US\$128,000. Its total budget for grants to small businesses was US\$2 million.

Unlike the K-MAP program, KPMG's assistance would be direct grants based on assessments of damage claims. Initially, the program targeted small businesses (100 employees or fewer) but in early 2000, it expanded to include medium-sized businesses as well.

KPMG's objectives were to obtain a detailed estimate of the the loss to individual private-sector businesses, and to make recommendations to USAID/Kenya about the level of contribution to provide.

K-MAP turned over its lists of businesses that had already received loans or other forms of assistance, but KPMG also relied on initial government of Kenya lists to identify affected businesses.

KPMG wrote to every business listed, alerting owners to the program and asking for information on damages. Response was poor,²⁰⁹ so staff followed up with calls and visits. KPMG split the 300 businesses identified into portfolios of 30 and gave them to its 10 consultants to handle verification.

They interviewed business owners, checked receipts and any other official documentation (tax documents, bank statements) that might provide evidence of the size of the business and its capital assets. Consultants also conducted a physical verification of damaged assets, visiting locations and viewing damaged equipment. KPMG valued the claims, then sent them to USAID/Kenya's regional procurement office. If USAID rejected the claim, the business owner could appeal directly to USAID.²¹⁰ KPMG staff estimate the average claim was processed in three weeks, although much depended on the owner's ability to provide supporting documentation.

KPMG staff has viewed 346 businesses and recommended 260 for U.S. assistance.

Since the start of programs, KPMG staff have viewed 346 businesses and recommended 260 for U.S. assistance.

Program Challenges

KPMG staff found, as K-MAP did before, that exaggeration posed a substantial problem.

"I would say there was exaggeration in 95 to 100 percent of all claims," says a KPMG financial services consultant who works on the program. "There has to be acceptance that this is going to happen. If we had said, 'If you overstate by one shilling no one is going to get anything,' probably 10 businesses would have [qualified for the program]."

Lack of understanding (deliberate or otherwise) of the nature of humanitarian assistance may be the root of inflated or exaggerated claims, KPMG staff speculate.

"Business owners feel that USAID is an insurance company. ...They do not consider the assistance they are to receive as humanitarian assistance. Rather, they think of it as their right to the money. Based on this we feel that they have no qualms about submitting information that is falsified and exaggerated."

Kenya's culture of under-insurance is also a culprit, says KPMG. Most small businesses that can afford insurance consistently undervalue assets to save money and because Kenyan insurance companies have been known to take advantage of the crumbling legal system and their clients' naivete to circumvent payment on policies.²¹¹ Business owners react defensively by over-claiming in hopes of getting something, anything at all.

Neither was it easy to verify assets. Small businesses in Kenya, true mom-and-pop operations, rarely file taxes or keep inventories or records. Frequently there was no documentation to back up claims of capital assets damaged or destroyed. Economically strapped, the smallest businesses rarely buy supplies from reputable dealers.

“Everything is bought second-hand,” says a KPMG employee. “Often all we got from a business was a list of damaged assets.”

Absent convincing documentation, KPMG staff tried to verify claims by talking to neighboring businesses that might have seen the claimant’s office space. Even this presented problems.

“There’s quite a strong community feeling,” says a KPMG staffer, describing the mindset of the bomb-blast affected. “Even if my neighbor didn’t lose a computer I’m going to say he did. Because he’s lost, nonetheless. It doesn’t matter if he has lost a laptop or not; the fact is he’s suffered in some way.”

Challenges to accountability were constant. As time went on, some businesses repaired their offices, but then added new features, such as carpeting or partitions, and claimed for them. Others would “show you a desk with a scratch in it and claim compensation,” says one KPMG financial services staffer. Tribal loyalties often resulted in collusion, especially between an alleged supplier of equipment and the owner.

Challenges to accountability were constant.

“No matter who does it, you are going to encounter fraud and you’re going to have to make judgment calls all over the place,” says one KPMG employee.

The major lesson learned from the program, say KPMG staff, is the value of quick response to the event.

“Over time, the margin for fraud grows bigger and bigger,” says a KPMG source. “[It is easier to] verify the damage immediately after the event. You have got to be very, very quick.”

KPMG staff also recommend deadlines for assistance. (USAID/Kenya recently made December 28, 2000 the cut-off for applications to the program). Although most claims were made in 1999 (some 200 claims from January 1999 to January 2000), businesses submitted up to 60 claims after January 2000. Only two cases remain with KPMG at the time of writing. These, according to KPMG staff, are extraordinarily difficult to verify.

Recommendation

Move quickly to verify legitimacy of damage claims. A fixed termination date for programs can also cut down on fraudulent or exaggerated claims.

U.S. Government Assistance to Building Owners and Businesses

Present budget earmark	\$6,300,000
Grants or contracts funded or estimated	
Matrix Consultants: verify building repair costs	\$ 100,000
KPMG Peat Marwick: verify business equipment loss	128,000
FOGs* to private buildings	1,200,000
Grants to government buildings	2,700,000
FOGs to businesses	2,000,000
	<hr/>
subtotal	\$6,128,000

*fixed-obligation grant

Source: Final Report: Bomb Response Unit Coordinator, August 2000

Kenya, like many countries in Africa, has a high HIV-seroprevalence rate, making blood donors' act of compassion a risk for the injured. Although hospitals say they made every effort to test the blood received, the scale and scope of the disaster—and the potential for disaster (such as a 1999 bus crash that killed 100 people)—made many reflect on the nation's blood safety.²¹²

USAID funded a Preparedness for Future Disaster initiative from the congressional supplemental to improve blood treatment and storage facilities. The objective is to improve Kenya's capacity to provide a safe, adequate blood supply to meet the needs created by medical conditions, surgical procedures, accident casualties, and disasters.

FHI received a US\$1 million USAID grant to work with Kenya's MOH and a team from CDC to assess Kenya's blood donation and transfusion system, make recommendations for improvement and help the MOH make the improvements.

FHI built two national blood transfusion centers in Nairobi and Kisumu.

Based on initial estimates, FHI built two national blood transfusion centers, one in Nairobi at KNH and the other in western Kenya (home to Kenya's worst HIV/AIDS infection rates and a high proportion of bomb victims) at Kisumu Provincial Hospital. Three more centers have since been added, and are under construction in Embu, Mombasa, and Nakuru.

FHI was initially responsible for contracting out the construction work to build the centers, but USAID/Kenya took over that job when two Army Corps of Engineers staff, (one engineer and one contracts officer) were added to USAID/Kenya's BRU. FHI now provides technical assistance and all equipment for the centers.

FHI is responsible for improving the availability and quality of blood in Kenya. The spontaneous donations occasioned by the bombing notwithstanding, blood supply is generally low and low-risk blood donors scarce. Working with the MOH's National Public Health Laboratories (responsible for blood transfusion in Kenya) as well as the Kenya Red Cross, FHI is seeking to recruit and retain a core group of low-risk blood donors. FHI is also working with its partners to reduce inappropriate use of available blood by developing and disseminating national blood-use guidelines. It has drafted a blood policy document and submitted it to Kenya government officials for approval.

Key to all this is the ability of health workers to deliver and monitor high-quality blood transfusion. In partnership with the MOH, the National Public Health Laboratories, and Nairobi-based laboratories, FHI is training blood transfusion center staff in all aspects of blood screening, processing, storage and distribution, as well as supporting the development and implementation of a quality assurance program, "entailing supervision and quality control testing," according to FHI.

Appreciation for efforts to improve blood supply in Kenya is tainted only by concerns over construction of the centers (see Chapter 13, Blood Transfusion Centers).

Support to City Morgue

The hideous and traumatic experience of identifying loved ones in Nairobi's City Council Morgue (see Chapter 1, Hospital and Morgue) convinced USAID/Kenya it should upgrade and support the facility. It gave the morgue two grants: US\$60,000 for more cooling units, and US\$30,000 for a stand-by generator and fuel tank to ensure continuous power supply.

Disaster Preparedness

A central theme echoed by many is Kenya's lack of disaster preparedness. Kenya has no 911 emergency telephone equivalent (the telephone system is unreliable in any case) and few working fire engines. There is no organized, on-scene incident command to initiate control of the scene, as fire departments in the United States have. (CDC September 24, 1998). On the day of the bombing, Kenyan soldiers arrived with weapons instead of tools for search and rescue.

"They didn't know," says a Kenyan soldier who participated in the bomb response effort. "A lot of basic equipment wasn't available, no one ever knew they would need them."

August 7, 1998 spotlighted the Kenyan government's lack of search and rescue experience, emergency medical transportation, and incident command. Numerous sources lamented the too-hasty evacuation of the wounded from the blast site, often by untrained Good Samaritans who exacerbated injuries in the process.

"The absence of any Kenyan survivors with amputations, head injuries, and spinal cord injuries strongly suggests there were unnecessary deaths because of the absence of organized scene control and rescue," notes a CDC doctor who visited Nairobi in September 1998.

IMC worked with local emergency rescue services in Nairobi to improve their capabilities.

IMC received a US\$284,000 grant from OFDA to provide emergency and first-responder training for public and private hospitals in and outside of Nairobi, and more advanced training for doctors, nurses, and ambulance corps in casualties and other emergencies.

IMC staff worked with local emergency rescue services in Nairobi and hospital staff countrywide to improve and update their emergency response capabilities through its emergency medical services upgrade program.

IMC Emergency Medical Services Upgrade Program

October 19, 1998-April 30, 1999

- Trained 42 emergency medical technicians from St. John's Ambulance, KNH, local fire and police, Kenya military and Nairobi City Council ambulance.
- Trained 497 hospital staff in emergency medical techniques (basic and advanced life support, basic and advanced trauma life support, or pediatric advanced life support) at KNH, Coast Provincial, Gertrude's Garden Children's, and Nakuru Provincial hospitals.
- Distributed six sets of core ambulance equipment to St. John's Ambulance, KNH, Nairobi City Council Ambulance, and Armed Forces Memorial Hospital.
- Procured radio equipment and provided communication training for St. John's Ambulance, KNH, and City Council ambulances.

Source: IMC-Nairobi

As time went on, however, and further disasters (such as a 1999 bus crash that killed 100) starkly illustrated Kenya's ability to respond to disasters was still deficient, USAID decided a larger program would be a fitting legacy of its humanitarian response.

USAID decided a larger emergency program would be a fitting legacy.

On July 28, 2000 IMC-East Africa and USAID/Kenya signed a cooperative agreement to implement an 18-month disaster education and community preparedness program in Kenya. The program will benefit more than 3,500 people from the medical profession and the general public (including survivors of the August 7 bombing.)

The program includes training for emergency medical staff and capacity-building of local NGOs and government entities dedicated to disaster response, such as NOC (see Chapter 1, Host Government Staff and Structure). It also includes public education and a national resources inventory (see below). The IMC budget of US\$2.45 million is roughly 20 times the FY1999-2000 budget of the NOC. Although it may be too soon to judge the program's merits, it represents a major step toward disaster preparedness.

"Both our previous and current programming scenarios are designed not only to strengthen the response mechanisms in place but to also bring all the major players, partners, and stakeholders under a systems approach to emergency management," says an IMC employee.

The IMC Disaster Education and Community Preparedness Program

Goals

1. Strengthen response capacity through

Training

Emergency medical technician refresher course, training course, instructors' course
Community Emergency Response Team training for professionals, community groups
Hospital Response training for hospital personnel
First aid training for survivors, general public, school pupils, students

Equipment

Ambulances for AMREF, Nairobi Hospital, St. John's Ambulance
Rescue equipment for Knight Support
Communications equipment for St. John's, other responders
Hospital equipment (mass casualty response kits)
First aid kits to schools and institutions

National inventory

of resources, needed supplies and skills in the event of disaster.

2. Increase public awareness through

Public education, media campaign
National and regional disaster preparedness conference

3. Build capacity of local NGOs and public institutions through

Training of trainers for emergency medical technicians, certified emergency response technicians and first aid courses
Provision of training supplies
Institutional support of management and administration courses for NGO personnel

Source: IMC-East Africa

PART 3. INTERNAL SUPPORT

CHAPTER 16. MISSION BENEFITS AND HEALTH

Introduction

With thousands of Kenyans dead or injured in the bombing, an embassy in need of swift reconstitution, a fiscal yearend pending and a regular program load, it was perhaps difficult to remember the other victims of the disaster: surviving U.S. Mission staff. Some benefits, including leave policies, were swiftly implemented but moderately used, owing in large part to the workload. Other services, such as mental health care, were limited or piecemeal, causing significant frustration for staff. The complicated process of paying for benefits and services caused further frustration. The bombing, in the opinion of many surveyed for this report, demonstrated that the U.S. government “has not yet figured out how to take care of a disaster in which our own people are injured or dead. We know how to help others...but we don't know how to help ourselves.”

Observations

- v Staff greatly appreciated but only moderately used leave and R&R benefits, owing to heavy workload.
- v FSNs felt confused, or received inadequate communication about benefits policies.
- v Salary increases rewarded staff for difficult working conditions, but FSNs thought increases were inadequate since they were the primary victims of the bombing.

Benefits

Americans and FSNs were offered unique benefits after the bombing to relieve stress, reunite American staff with their families, and reward staff for putting up with the crowded conditions in the USAID-temporary embassy Parklands building (see Chapter 9, Other Funding Challenges).

Americans and FSNs were offered unique benefits after the bombing to relieve stress and reward staff.

Administrative Leave and R&R

On August 12, 1998 President Clinton signed a memorandum authorizing administrative leave for American Mission employees. Under this policy, employees could take time off as needed without using up their allocated annual or sick leave days. Furthermore, in the weeks after the bombing, employees did not need to use annual or sick leave to attend funerals, visit

hospitalized families and friends, or attend to other bomb-related business. All that was required was a supervisor's approval.²¹³

Direct-hire American employees were also given an additional rest and relaxation (R&R) allowance to be used within six months of the bombing. The R&R covered an airline ticket for the employee and his or her dependents to London or New York, or its cost-equivalent. Employees had to use annual leave for the R&R; they were not given additional leave days.

Staff appreciated the leave and R&R, but couldn't use them. There was just too much work in the weeks after the bombing.

While staff greatly appreciated the administrative leave and additional R&R, they couldn't take full advantage of them. Ambassador Prudence Bushnell set an example by being among the first to take leave, but there was just too much work in the weeks after the bombing for many to take off.

"A, it was just a ticket. And B, the work still had to be done. The effect of that is that you have less people to do the same amount of work," says a USAID/Kenya employee.

Senior managers in particular note the impossibility of leaving post after a disaster. "The fact is, it's not that simple," says a USAID manager. "Some people need to stay here."

The policies, particularly the R&R air ticket, aroused resentment among some FSNs who received no similar benefit. However, USAID/Kenya managers point out that the purpose of the R&R was to allow American staff a privilege Kenyan FSNs enjoy regularly—seeing and seeking comfort from their families.

"That R&R is to help get you out of a place that is foreign to you, that had undue pressures, to help get you back to the families," notes a USAID/Kenya manager.

"An FSN living in Nairobi has to pay to go home to, say, Kisumu," notes another. "U.S. direct hires got a ticket to New York. After that they had to pay for their travel to [their hometowns]. The R&R [policy] got us all to the same place."

Salary

American and Kenyan staff received salary increases, to help them cope in a post that had become dramatically more insecure.

American direct-hire staff (a minority of American employees) received a 15 percent increase after the bombing,²¹⁴ initially approved for one year. This was essentially in acknowledgment of the extreme hardship of the post, created by the bombing and subsequent terrorist threats as well as to Kenya's general crime rate and deteriorating infrastructure. American direct-hire staff working in Kenya already received a 10 percent "hardship" differential. The total salary differential was now 25 percent.²¹⁵

Kenyan FSNs (as well as the majority of American staff, who work on contract) received a 15 percent “unique conditions of work” increase for recruitment and retention because of the crowded, tense conditions in the USAID-temporary embassy building, and the relative unpopularity of the U.S. government with the Kenyan public. The increase was originally for six months, but was extended to a year, like the American salary increase, and lasted about as long as the crowded office conditions.

Some FSNs do not understand why the direct-hire Americans still receive a 25 percent salary differential. USAID managers point out that the additional 25 percent (given to Americans in many posts) is “to provide incentive to live in a difficult place” and would have been given, eventually, regardless of the bombing.

“We have been turned down many times by people because of the security and crime reputation of Nairobi,” notes a USAID manager. “This is to give incentive to Americans to work here.”

Some FSNs are disappointed that a one-year salary increase was the limit of U.S. financial assistance, particularly in light of the many more FSNs killed or injured.

“FSNs even up to now do not understand why they did not receive any financial compensation. In the American tradition it is not there. Once someone has taken care of your medical care it is over. That did not go down well with the FSNs,” notes an FSN. “After what happened, most FSNs expected the U.S. government foreign service officers to share their pain and to understand what they went through.”

FSN staff note that proposals were submitted to embassy and USAID management to institute a permanent salary incremental for families of the deceased, the injured, and other survivors of the blast. But USAID managers say prospects of further assistance are slim. “We went out of our way to get that 15 percent [for the FSNs] and to extend it,” notes a USAID/Kenya manager. Others note that “greed set in” among some FSNs, obscuring the debate on benefits and other issues.

Communication with FSNs over benefits policies was a problem area, USAID managers acknowledge. “The way they were handled in terms of being part of the community and making sure that in developing plans they were kept in the picture [could have been done better],” says one manager.

Post Curtailment

State Department direct-hire staff were offered the option to curtail immediately and move to a new post, an option many health workers consulted for this report believe should have been mandatory. (Although USAID had no such official policy, the few requests for curtailment were honored.)

“They should have taken every person out of here and replaced them or at least taken them to the U.S.A. for several weeks’ debriefing and then made the decision as to who could go back,” an embassy health unit employee says. “People worked under way too much stress.”

A MED official agrees. “It is better to not give anyone a choice. A lot of people did not realize they were affected and were working under a tremendous amount of stress, leading to a decrease in their effectiveness and possibly a delay in obtaining care.”

Response to stress is “highly individual” ... there should be no “hard and fast rules” requiring curtailment.

Some Mission employees concur. “We should have been relieved as soon as possible, medevac’d, given complete physical and psychological reviews, treated both in our bodies and minds by American professionals. This includes all American and FSN staff,” notes an embassy employee who participated in search and rescue activities. “The department made a serious mistake in classifying individuals who had to be physically evacuated as “victims” and treating the rest of us as ‘employees who should just shake this problem off and continue to work.’ It was wrong.”

Mental health professionals note, however, that response to stress is “highly individual” and consequently there should be no “hard and fast rules.”

“This is a topic that has major policy and human consequences,” notes Dr. Brian Flynn, a psychologist and assistant surgeon general in the Department of Health and Human Services. “I would hope that before making any policy determination on this topic that the broadest range of consultation would be sought, since the impact is so large.”

“What each person needs is different,” notes a MED doctor. “Disaster victims are [characterized by] a sense of loss of control. [Forced curtailment] just adds to the helplessness of the situation.” What is needed, says this doctor, “is a clear, consistent policy throughout the organization, with clear administrative support of the policy once it is stated.”

Staff report their reasons for staying in principled terms, ranging from a desire to demonstrate the U.S. government’s resilience in the face of terrorism to fears of abandoning ship and leaving colleagues with even larger workloads in their absence.

“There was peer pressure to stay. It is really a corps,” notes one DOS source.

But others saw healing value in the optional curtailment policy.

“[Staying at post was] a chance to work through issues and the opportunity to have colleagues who understand what you’ve gone through. At a new post, you are on your own,” notes one Mission employee.

Still another USAID/Kenya manager wonders about the message forced curtailment might send to the FSNs who stayed behind. “Americans can’t hack it but you FSNs [can]? Or we care more about Americans than FSNs? I think that either of these positions would have been untenable.”

Before the optional curtailment policy was announced, MED officials say there were intense discussions on the advisability of forced curtailment. “They wanted to pull everyone out of here but people did not want to leave,” says an embassy health worker, noting that an “enormous amount of effort was devoted by [MED] on these issues.”

Recommendations

- Foreign service agencies: develop a clear policy on curtailment after a traumatic incident that is consistent across agencies.
- Explain to all Mission staff (FSNs and Americans) why the U.S. government makes certain decisions, especially in regard to remuneration.
- Provide adequate TDY support to relieve staff for R&R after a traumatic event. Senior managers should set an example of taking R&R to encourage others.

Health Care—Emergency Phase

MED staff were the first external U.S. support staff on the ground in Nairobi after the bombing. Six regionally based staff (four doctors, a psychiatrist, and a health care practitioner) and locally based medical personnel from the U.S. Centers for Disease Control, Peace Corps, and U.S. military volunteered their services. They helped in a range of duties, from identifying and moving all the injured to the same hospital²¹⁶ to organizing local mental health counselors to perform critical incident stress debriefings (CISD) for Mission staff. Within three days, MED staff prepared the most critically injured U.S. government personnel for evacuation to Germany and the United States. (McCoy February 8, 2001) (see Chapter 5, Medical Evacuations). Within a week, MED staff set up a screening clinic to review all staff with any injuries, including minor ones. Within two weeks, most Mission staff received CISDs and external MED staff departed to return to their duties elsewhere in the region.

Within two weeks, most Mission staff received Critical Incident Stress Debriefings.

The CISDs with mixed groups of Kenyans and Americans were debatably effective. Cultural and professional factors may have inhibited participation.

All staff surveyed for this report commend the work of the medical staff in the first two weeks after the bombing, particularly the efforts of Nairobi’s regional medical office.

“We were damn lucky, because our people [Nairobi’s Regional Medical Office] survived. We need to think about if this bombing occurred where [we] have no assets. We could possibly lose a lot more people if we did not have such assets in an emergency,” notes a MED official.

“I would send the same resources, but I would plan on keeping those resources for a much longer period of time.”

However, Nairobi’s overworked embassy health unit, themselves the victims of the disaster, needed long-term help. Local mental health care counselors had initially helped the Ops Center with death notifications and support to families. In addition, three MED regional medical officer/psychiatrists (RMO/Ps) would rotate through Nairobi over the next month, replacing the first MED psychiatrist. However, MED sources say that in retrospect they would keep at least one psychiatrist permanently on the ground for several months after a disaster.

“I would send the same resources, but I would plan on keeping those resources for a much longer period of time,” says a MED official. “We probably should have assigned someone there for six months immediately. ...Someone [who could] build up a rapport. Someone people felt they could trust, who was part of the community.”

Critical Incident Stress Debriefings

With the critically injured evacuated, embassy health unit staff concentrated on the minimally injured left behind and the mental health needs of staff. The health unit relied heavily on local counselors to organize and run individual and group sessions for three months. Although some Mission staff expressed a strong desire for a MED psychiatrist, MED officials say local providers would have been used regardless.

“The immediate need is too great for just one provider,” notes a MED official.

That counseling would be needed was apparent almost immediately after the blast. Both embassy and USAID staff had dug through rubble to retrieve the corpses of their colleagues, toured the blood-slicked halls of hospitals in search of injured staff, viewed the charred and mutilated remains of the dead in Nairobi’s horror-house of a mortuary (see Chapter 1, Hospital and Morgue Teams).

“There is the initial trauma of the bombing itself where you lose your friends and everything has changed. And then there is the whole, horrible process of reconstructing what was lost,” observes one MED psychiatrist.

Several local mental health service providers offered counseling for staff at the USAID/Embassy Parklands building the day of the bombing. Ambassador Prudence Bushnell invited them to her residence Sunday August 9 to strategize on a broader mental health response for staff. An ad hoc crisis trauma team (as one service provider described it) was formed then to advise the ambassador on mental health issues, debrief Americans and FSNs, notify and counsel families of the dead or injured, and provide

counseling. A counseling team was placed at a hotel²¹⁷ near Nairobi's two largest hospitals and the city morgue to support FSN families as they identified their dead and injured. Embassy vehicles and drivers were made available to the counselors in the first few weeks, and Mission staff including USAID/Kenya's deputy director, as well as the ambassador's husband, would take an active role in the mental health effort.

Ultimately nearly 20 local counselors formed the nucleus of the crisis trauma team, supplemented by short-term support from MED psychiatrists and U.S. military doctors. Team members split into groups to visit families of the dead, injured, and missing. Some accompanied spouses to identify the remains of their loved ones and to help them inform children of the death of parents. The ambassador herself took members of the team to the bombed embassy building on August 9 to give them a visual idea of the event.²¹⁸

Nearly 20 local counselors formed the nucleus of the crisis trauma team.

"We still did not know who was alive, dead, or injured. It was quite a scene of managed confusion and shock, but with a direction," recalls an American counselor of rescue and recovery efforts in the first few days after the blast. "All of us on the [team] realized that we were not on the pulse of historic events; we were in the heartbeat itself."

The team's first major task was the mandatory²¹⁹ CISDs the ambassador ordered for all staff.²²⁰ Most were held at the ambassador's residence in the first week and the American Club in the second week.²²¹ Embassy and USAID vehicles transported staff. Self-selected group sessions of 6 to 25 employees ran for three hours.²²² The ambassador herself attended one—"good role modeling" in the words of one counselor.

MED officials note that the effectiveness of CISD is debatable.²²³ Although many staff say they appreciated the debriefing, some observers noted that cultural differences and professional concerns between Americans and Kenyans (many of whom are support staff to Americans) inhibited dialogue.

"If you have one American and four Kenyans in a group, the CISD will be much less effective," notes a MED professional.

Other counselors disagree, noting their sessions had "minimal" problems with mixed groups.²²⁴ However, one notes that Kenyans process traumatic events differently, taking time "to give details of the weeks and days leading up to the event," which can delay the process. To expedite sessions, one counselor advises, "counselors know as much as possible and be sensitive to cultural factors with FSNs. ...There is a way of gently moving people along."

Team members also conducted what one described as "on-the-spot" informal counseling for staff who feared their attendance at formal sessions might show up on their records.

Despite these efforts, a social worker who visited the Mission in September said she "found a population that had not really spilled their guts to

anybody. Or at least if they had, they needed to do it again. [When CISDs] were done people were so in shock it did not register.²²⁵

Community Relations—American

Family members of U.S. and Kenyan nationals employed by the embassy as well as the public at large (including American citizens) could reach the USAID Parklands Operations Center (Ops Center) through the hotline (see Chapter 1. Hotline) set up within hours of the bombing. This hotline, along with personal visits staff made to the families of the dead and injured, was the primary line of communication to those most immediately affected by the blast in the first few days after the bombing.

Observations

- ▼ The U.S. ambassador's leadership helped the American community cope.
- ▼ Community Liaison Officers worked diligently to help U.S. staff and families but were victims themselves.
- ▼ CLO and FLO were overwhelmed by the disaster, and had to perform duties not in their mandate (such as death notification).
- ▼ State and local support services and groups available to U.S.-based families were not available to overseas staff.
- ▼ After a crime, the investigative agency is responsible for victims' assistance, but is not necessarily best suited to provide it.
- ▼ The U.S. Attorney's Office's focuses on victim support relating to the trial.
- ▼ The first year, there was no single source for medical, legal, and professional information for victims and families.
- ▼ Victims and families didn't understand the criteria for use of DOJ relief funds. Many indirect U.S. government victims of the bombing do not understand what resources are available.

Although the large-scale decimation of staff and resources and the huge workload occasioned by the relief effort precluded any immediate, systematic effort to communicate with the broader U.S. government community, several events stand out in the minds of survivors.

The first is the August 9 memorial service U.S. Ambassador Prudence Bushnell held at her residence to honor and say good-bye to her 12 American colleagues who were leaving in coffins accompanied by their families the next day. This would be the first of many ceremonies and social events that Ambassador Bushnell would host to commemorate the dead, American and Kenyan, government staff and civilians alike.²²⁶

Ambassador Bushnell would also tour hospitals, meet with families, and attend funerals. She assigned at least two U.S. government representatives to attend all FSN funerals in Kenya, a symbolic expression

Amb. Bushnell assigned at least two U.S. government representatives to attend all FSN funerals in Kenya.

of the U.S. government's concern, after negative publicity had raised doubts for some FSNs about the American government's concern for their welfare.²²⁷ In her efforts to reach the American and Kenyan communities, as with all else, Ambassador Bushnell receives high marks.

"The group was lucky to have a very gifted leader in Ambassador Bushnell."

"The group was lucky to have a very gifted leader in Ambassador Bushnell," says a Washington-based State Department staffer who visited Nairobi months after the bomb. "It made the difference between folks coming out as whole individuals or coming out stressed for life."

Nairobi-based staff also mention with appreciation the Herculean work of the CLOs who served during and after the bombing. However, they note that both the CLOs and their Washington counterpart, the FLO are not responsible for serving as an information center after a terrorist attack. Staff also observe that the CLOs who served during the bombing were indirect victims and thus deserving of support themselves.

The Family Liaison Office

FLO offers services to all foreign affairs agencies. It does not have specific duties when foreign service officers or family members die, but it is concerned with the welfare of the family of the deceased, and the welfare and morale of the community at post. FLO provides guidance to the community liaison officers on responding to the family of the deceased, and supporting the community. FLO has material on grief and loss.

For posts wishing to hold memorial services, FLO provides suggestions for memorial services, and, if requested, will help a State Department bureau plan a memorial service.

FLO can also support and assist families returning to the United States, as well as the family of an employee or FSN who dies there.

Source: The Family Liaison Office, Washington, DC

Back in Washington, FLO, (a support service for all foreign affairs agencies) struggled to cope with telephone calls from worried Stateside family members. At the same time, FLO arranged logistics for autopsies, transportation of bodies and of family members, and funerals. They were also asked to gather basic information for the secretary of state (who wanted to know the home towns of every American victim, for example).

"It was chaotic. We needed two people just to answer the phones," recalls one FLO employee.

There was particular dissatisfaction over how U.S.-based families of the deceased were told of the tragedy, centering on whether they should be told in person. Many, both in Washington and Nairobi, noted that there is

no satisfactory²²⁸ system for notifying extended family members of disaster overseas, although the issue is under discussion. Without a uniform policy, FLO staff found they had to give the bad news on the phone to some distraught family members who could no longer be put off.

“The military has systems in place because death is part of the business,” notes one FLO staffer. “[But] very few agencies have death notification [systems] in place and how you handle families. ...If another Nairobi were to happen tomorrow I’m not sure we would do a good job.”

FLO staff were also challenged to communicate quickly with the families of the deceased about another highly sensitive issue—autopsies.

According to DOJ sources, every U.S. state requires autopsies for “suspicious deaths.” There is no corresponding federal law, but the families of Americans killed in the bomb were told the bodies of their loved ones would undergo autopsies to build a forensic case for the criminal trial. The families felt this was an unnecessary intrusion on top of a traumatic loss. Furthermore, it wasn’t professional trauma counselors or friends who relayed the information and got the mandatory permission forms signed, but FBI agents, “not the most tactful,” in the words of one DOJ official.

OVC, which provides support for American victims of violent crime at home and abroad, has since produced a brochure for families to explain autopsies. However, USAID and embassy staff do not appear to understand how to obtain the brochure and other support services OVC provides.

OVC, for example, assembled an information packet for each American family of the deceased who traveled out of Kenya with the bodies of their loved ones to a memorial ceremony at Andrews Air Force Base on August 13. The packet included a list of support groups available to U.S.-based families in the United States. But no such services, much less information packets, were available to the families of the injured and the traumatized colleagues of the dead and injured back in Nairobi.

“The services don’t exist here,” says a USAID/Kenya staffer. “We can’t access them.”

Part of the problem stems from the unique nature of the event. FLO and CLO staff say the emergency scenarios they are most familiar with are medical or security evacuations. Only one FLO staffer in the Washington office is assigned to crisis management. No one had dealt with an embassy bombing of this magnitude and scope, nor a victimized population that remained at post.

“This whole field of how you take care of casualty is a new field,” notes one FLO staffer. “We were the voice that said, ‘Wait, how are we going to deal with these families?’ The need was such a huge one. It would take many people to attend to ongoing needs of these families. ...To follow-up on issues—financial, emotional, logistical.”

“We were the voice that said, ‘Wait, how are we going to deal with these families?’ The need was such a huge one.”

Structure of Victims' Assistance

One obstacle may have been the structure of the victims' assistance program set up after the bombing. OVC has been the chief information link for families in other overseas disasters (such as the Lockerbie bombing). In the case of the Kenya and Tanzania bombings, however, responsibility for family support and assistance was assigned to the U.S. Attorney's Office in the Southern District of New York.

This was the result of long-standing issues of criminal investigation, according to DOJ staff. Jurisdiction for the criminal trial and related services fell to the U.S. Attorney's Office because it had previously issued an indictment of the alleged perpetrator of the bombings, Osama bin Laden.²²⁹

"They got jurisdiction," says one DOJ employee. "Federal law requires that the investigative agency should be responsible for victim-related assistance services."

As a result, the U.S. Attorney's Office is the primary conduit for information on the criminal trial to American and Kenyan victims. It is also responsible for facilitating travel of witnesses and families to the trial. However, it says its role does not extend to providing information on non-trial aspects of bomb response, namely humanitarian programs, services, and benefits. This narrow mandate differs from that of OVC, which says it can, if asked, act as a "one-stop shopping" source of information on all aspects of response to a terrorist event. (During the Lockerbie trial, for example, OVC issued a regular newsletter. It has, in the past, established international 800 information hotlines for updates and information on support services as well as trial updates.)

"The U.S. Attorney's Office is doing a good job keeping us informed on the trial," says one USAID/Kenya employee. "But that's it." The U.S. Attorney's Office in New York did not respond to multiple requests for comment.

Some U.S. government staff, as well as families of the deceased, point out that lawyers and investigators are not necessarily best suited to the delicate job of networking with traumatized family members. A U.S. Attorney's Office, for example, may not be skilled in overseas outreach to a complex culture and poor population.

"In Kenya and Tanzania you have thousands of civilian victims who may or may not speak English, who may or may not have postal addresses," notes one DOJ employee.

"They've been a little slow," adds one U.S. government source of the U.S. Attorney's Office victims' assistance programs. "It could be a lot better. To their defense, there are so many different categories of victims, and cultural, and language, and distance cases."

Lawyers and investigators are not necessarily best suited to networking with traumatized family members.

The U.S. Attorney's Office has benefited from having one victims' specialist from OVC facilitate relations with families and survivors during the criminal trial. However, OVC sources recommend that, in the future, victims' assistance programs be contracted out to their office. They say this may be the best way to provide consistent support to victims and families over the long-term, noting that the U.S. Attorney's Office victims' assistance program ends when the criminal trial ends.

What we've proposed is that...our office organize the [victims' assistance] services with a liaison from the investigative office providing information," says an OVC staffer. "It would be a joint venture. That would solve a lot of problems, including what happens when the criminal trial ends and the case transitions from the U.S. Attorney's Office. [Otherwise] do you have to start all over again with a new website, new hotline, etc.?"

Although OVC had no official mandate to provide victims' assistance and support for the Nairobi bombing, it did release US\$500,000 to DOS for "uncompensated victim-related expenses and briefing costs." These costs included anything from emergency travel for family members to replacement clothing (if a victim was medically evacuated out of Kenya without personal effects), special medical procedures, and other expenses not covered by pre-existing government programs.

(Some sources expressed concern, however, over the "unnecessarily restrictive" disbursement of the money once DOS received it. Sources from other government departments and agencies believe the money was not used as rapidly and broadly as intended, owing in large part to DOS inexperience with disbursements of an unorthodox or unusual nature, as well as survivors' confusion over what kinds of services the money could be used for.)²³⁰

OVC money, in any case, is restricted to American foreign service officers, FSNs, and U.S. government contractors. Furthermore, it was dedicated to the agency directly affected by the bombing—the State Department, and specifically for those directly affected by the bombing. Harder to justify was money for those indirectly affected by the bombing, such as USAID and other U.S. government personnel who helped in the relief effort. These so-called indirect victims had to apply through DOS for any of the money.

At the time, U.S. government resources to assist and inform survivors and families were scarce.

Since the bombing, OVC established a US\$50 million allocation for national and international victims' assistance programs. Conceivably today, any agency affected by terrorism overseas could apply directly to OVC for assistance from this fund.²³¹

But at the time, U.S. government resources to assist and inform survivors and families were scarce. With FLO overwhelmed and OVC restricted in the services it could provide, many American survivors and family members report frustration in trying to get basic information on programs, services, or even updates on the criminal trial.

“Nobody has asked me my opinion of anything,” says one American family member.

“I get passed around from office to office and nobody seems to be able to give me a straight answer,” says an American victim of the bombing, who adds that, even today, s/he continues to seek resolution of outstanding medical issues from U.S. government agencies.

“One of the lessons the whole field has learned is how you treat people in the first 24 hours sets a tone for everything,” notes a FLO staffer.

Recommendations

- Review DOS procedures for notification of families of victims.
- Include an experienced family liaison officer in TDY support to an embassy emergency.
- DOJ: Clarify responsibilities for assistance to U.S. government victims between offices.
- OVC: Communicate clear guidance on the roles and responsibilities and on the services offered to all U.S. Missions overseas and incorporate that into guidance for overseas emergencies.

Rehabilitation Phase Health Response

Introduction

The mood in the USAID/Embassy Parklands building following the bombing has been variously described as “grim,” “depressing,” and “sad.”

“There was a lot of depression in the year after the bombing,” recalls an embassy health worker. “There were outbursts of unusual behavior. There were occasional screaming matches.”

Many experienced stress, anger, and dysfunction in the year after the bombing and beyond. Mission-sponsored group counseling sessions drew few participants, in part because of heavy workloads and confusion about services. Low attendance was interpreted as lack of interest and the sessions were canceled. Some staff say they might have had more time later in the year when job pressures eased. At the same time, health care became less accessible because the health unit had to move off-site to relieve overcrowding in the USAID Parklands building.

Staff were unhappy with what they describe as piecemeal or nonexistent medical services. In that regard, a Mission’s understanding of who is important to its work and well-being after an incident and its active

Many experienced stress, anger, and dysfunction in the year after the bombing and beyond.

solicitation of critical help can help Washington staff better support their colleagues overseas.

Because MED fiscal and staff resources are stretched, regional medical officers must cover a large territory.

Because MED fiscal and staff resources are stretched, regional medical officers must cover a large territory, limiting the amount of support they can provide any one Mission. Embassy health unit staff are funded by and report to the Mission, not MED. This, combined with a lengthy hiring process, delayed deployment of medical staff. Now MED is forming a revolving roster of staff who can be deployed at short notice and stay an appropriate length of time.

Reimbursement both to staff and mental health service providers was delayed as Washington wrestled with how to cover bomb-related injuries and mental health care. (Workers' compensation funds were eventually chosen.) But USAID staff had a difficult time filing for workers' compensation, in part because of confusion over how to substantiate potential future injury, and over workers' compensation policies, which are oriented toward physical injury. Paperwork for workers' compensation was arduous and compelled staff to relive unpleasant memories in detail. Staff would have appreciated immediate support from the Office of Workers' Compensation to fill out the forms. There was also confusion about the deadline for filing the claims.

Staff were concerned about the confidentiality of workers' compensation claims, specifically the requirement for a supervisor's signature, because of the stigma against mental health care in foreign service agencies. Embassy and USAID then substituted blanket statements and awards lists for the supervisor's signature requirement to encourage employees to file.

Local counselors who helped organize CISDs immediately after the bombing offered group counseling to employees off-site.²³² Some American staff reportedly thought these sessions were for Kenyan employees only. This was not true, but in any case, attendance (Kenyan and American) was low. Within three months, group counseling was discontinued because of low demand, although individual counseling was still available.

Efforts were made to educate Mission staff and families on the typical or expected responses after a traumatic event like the bombing. Written materials on posttraumatic stress reactions were distributed and posted throughout the building. Several voluntary information sessions were held in the year after the bombing on topics such as grief, trauma, and children and trauma.

Attendance at these sessions was also sparse—an average of 15 people, according to some. Some staff cite fears that showing up for the sessions might hurt their careers (see below) while a counselor attributes low attendance to poor marketing.

"The topic of *grief* isn't a smash hit that everyone is dying to hear, but my seminars on *children and trauma* were better attended," notes the counselor.

But embassy and USAID staff say that in the first months after the bombing there simply wasn't time to pause for mental health services. The priority of reconstituting the embassy, the regular workload, the end of the fiscal year, the visit of high-ranking delegations, and other aspects of post-bomb life came first.

"There wasn't time," notes a regional medical office employee. "When they did have time, the demand for [the counselors] was so low their contracts had been canceled."

Medical Services Office Efforts

Access to in-house help was limited the first year after the bombing. The regional medical office moved to a house on Gitanga Road, across town from the Parklands building. FSNs without cars could only reach it by taking several bus trips.²³³ Furthermore, the office experienced ongoing logistical difficulties (no telephones at first and a four-month wait to get a satellite hookup for an email system), further obstructing outreach.²³⁴ To combat isolation from staff, health unit personnel made "walk around and be seen" trips to the Parklands building and the RMO spent significant time there. Delays in receiving logistical aid from an embassy in the process of reconstituting itself are perhaps inevitable, but the upshot was that health services became more, not less remote to U.S. government staff at a time of great need.

Access to in-house help was limited the first year after the bombing.

"Communications were very difficult," recalls an embassy health worker. "[The embassy] could never figure out how to connect out of their systems. They never gave [us] an email list. They were swamped with what they had to do."

Medical services offered in the Parklands building were better patronized. The health unit offered an ear, nose, and throat screening to all U.S. government personnel January 8-17, 1999, which was, according to staff, well attended.

Mission staff express reservations about MED's decision to send its director of mental health services to Nairobi four months after the bombing. MED says the Mission was concerned about "disaster tourists" deluging overworked staff, and the director's visit would necessarily be symbolic rather than practical. Mission officials, however, had a "difference in expectations" about the role of the director.

"[We] expected him...to be the one who would develop a long-term plan for employee care. If the director of mental health services was not going to develop the plan, who was?" asks a USAID/Kenya employee.

MED sources explain that the Mission had expressed concerns about the high numbers of disaster tourists deluging overworked staff in the weeks following the bombing. Since the Director of Mental Health Services visit

would necessarily be symbolic as opposed to practical in nature, MED officials say they felt they were sparing the Mission additional work by delaying the trip.

Mission staff note however that even symbolic trips serve a purpose by demonstrating high-level concern by technical specialists about the state of employee mental health.

It may not have been medically useful but it would have made me feel better, notes one USAID/Kenya employee.

It must be noted that there was confusion in Washington over the desires of the Mission vis-à-vis official visitors.

The Mission said they wanted some people but didn't want others and expect Washington to know by osmosis who they mean, notes one DOS source.

What, for example, should Washington agencies make of the Missions desire for a symbolic visit by the Director of Mental Health Services immediately after the bombing but their ambivalence about the Surgeon Generals equally symbolic visit in September? (Or, for that matter, the Director of MEDs visit with the Secretary of State in August?) The fine line of difference is confusing, say Washington-based staff, some of whom consequently felt hurt or irritated when their offices were either rejected or accused of being late to the scene.

It is a no-win situation, a MED official says. Either I'm Big Brother watching over them or: you did not do enough.

Mission staff note that there was limited MED psychiatric support in country during the critical months of September, October and November when staff workload and grief was at a high point.

MED officials acknowledge that in a future like-incident they would send in a RMO/P for a longer period of time. However, they note the Mission received several visits from a Pretoria-based RMO/P as well as mental health support not only from local practitioners but from visits of technical experts from the Department of Health and Human Services (DHHS) and The University of Oklahoma .

Mission officials disagree, noting that DHHS and University of Oklahoma technical experts came on a fact-finding trip on their first visit and returned only to provide assistance designing mental health programs for the Kenyan public.

MED officials also note their department's stretched resources. The position second-in-command to the director was vacant at the time. One MED official wonders, "Why should [we] send our most senior person and have nobody to take care of the rest of the world? It is a question of resources."

The lesson learned for Missions is to “be prepared and set up contingency plans before the next critical incident,” notes a local counselor who worked with embassy and USAID staff.

“The problem was this Mission had to do so much defining for itself it was overwhelming to the process of recovery,” notes a USAID/Kenya staffer. “Both the Mission and the Department of State should have a plan.”

Numerous private and U.S. government sources note that no matter what was done for the Mission, it was perceived as not enough.

“[Criticism of MED] is partially a result of a natural process of grieving,” notes an embassy health staffer. “You look at the elements of grief in any kind of loss: denial is step one, step two is bargaining, step three is anger, and the fourth stage is depression. Much of the anger that I see at USAID is part of the process of learning to deal with a loss.”

Some sources are more direct, saying, “tough managerial decisions” were not made about senior staff wrestling with the mental health consequences of the bombing even as they administered programs. Mission staff say that questioning staff competency after a traumatic event discounts genuine concerns about inadequate services.

That long-term mental health care services were inadequate is an assessment shared by numerous independent and U.S. government sources at post and in the United States. Staff say they appreciate MED efforts in the first two weeks, but that service delivery dropped off afterward.

“MED’s response did not have the kind of depth you would expect to see for a disaster of this nature,” notes one mental health care professional. “You would expect that they would have contingency plans for the months [following the bombing.]”

The answer may lie in MED’s perceived role, its structure, and limited resources.

“MED’s mandate is to 1) help people to take care of themselves, and 2) facilitate their access to quality medical care,” says a MED employee. MED doctors are rarely called on to provide medical support in a mass casualty setting. Equally rarely are they asked to run large emergency-response programs.

“This was not part of our environment. We rarely have events where large numbers of our own people are critically injured,” notes a MED doctor.

“We are not a hospital,” notes another.

Within DOS, sources say, there is what some call a “doc-in-a-box syndrome,” meaning that State sees MED’s job as that of providing largely

The lesson learned for Missions is to “be prepared and set up contingency plans before the next critical incident.”

preventive individual care only, not formulating and implementing comprehensive emergency assistance. MED's professionals are asked (in general) to provide assistance only when a medical problem needs to be addressed.

"The DOS has never understood why [it has] psychiatrists. There is a lack of understanding as to why you have a medical program," says one MED doctor. "MED has a large administrative role, but no one seems to realize it."

MED positions a number of RMOs and RMO/Ps around the world responsible for regions (including one RMO/P in Pretoria, who at the time of the bombing was responsible for all of sub-Saharan Africa, including Nairobi).

The budgets that pay for these RMO positions do not come from MED, but from international cooperation administrative support services of the Missions where health unit staff sit.

"We have come to recognize we do not have enough mental health assets to support our Missions overseas."

"While we have all these medical professionals, [MED] does not own them," notes a MED official. "They report to the administrative counselor or deputy chief of mission at post.²³⁵ [If we want a new position we] have to go begging to three different bureaus and a post overseas because if it happens, it comes from their budget."

MED's "lack of resources" was the reason, its says, that it could only rotate mental health professionals through.²³⁶ Before Nairobi could get an RMO/P, the Mission had to grant permission and find money to fund it. Then, MED would have to find a candidate.

"Even if they told me on day one, 'You can have a psychiatrist in Nairobi,' it would take me six months to hire," says a MED official. "We work very hard at trying to find the right person. Trying to match the right people and right skills is always a challenge."

"We have come to recognize we do not have enough mental health assets to support our Missions overseas, especially when there is an event where many U.S. government employees and their families are injured," says one MED official.

Although an RMO/P from Vienna visited Nairobi in November 1998, it would take another eight months before she would return for a six-month stay. For traumatized Nairobi Mission staff, much of the time in between was, in the words of one psychiatrist, "a real bleak period."²³⁷

"There were bits and pieces, in and out, nothing really comprehensive, nothing there all the time," says an American psychiatrist who observed mental health efforts at the Mission.

A year and a half later MED permanently posted an RMO/P in Nairobi. This, according to independent sources, was a significant step.

“[MED] has minimal resources spread around the world and they are all regional. It was a major thing for them to get somebody,” says a DHHS employee.

MED sources note that the RMO/P’s job was not only because Kenya (and neighboring Tanzania, also a bomb victim) was “a post in need,” but also because MED made the case that the volatility of East Africa justified a mental health care practitioner. Most sources consulted for this report say the new RMO/P has and continues to provide valuable support to Mission staff.²³⁸

Workers’ Compensation

With the Mission relying on local health and mental health service providers, questions of payment soon became a pressing concern. Staff were referred to physical therapists, doctors, and counselors who did not charge for services, with the understanding that the U.S. government would eventually reimburse them. For many health care providers (and U.S. government personnel who paid for treatment in anticipation of reimbursement), eventually would mean a year or more after the bombing.

Questions of payment soon became a pressing concern.

The delay, say health workers in Nairobi, originated in Washington, where staff were wrestling with “setting a precedent” for payment of medical and mental health bills, and insurance policy and confidentiality issues, particularly regarding counseling. Where should the money to treat bomb-related ailments come from? Federal health insurance policies? Special funds reserved for events of this nature? DOS eventually issued a cable on October 12, 1999²³⁹ that instructed a third option: workers’ compensation.

The Federal Employees’ Compensation Act provides assistance to “Government Service Employees, Foreign Service Officers, Foreign Service Nationals, and U.S. Personal Service Contractors who sustain injuries or illnesses while in the performance of duty.” Assistance may be monetary compensation, medical care and assistance, travel to medical care, vocational rehabilitation, funeral expenses, benefits to qualified survivors, and Office of Personnel Management retention rights.²⁴⁰ The programs are administered by the Office of Workers’ Compensation (OWCP) in the Department of Labor.

Workers’ Compensation was chosen in part because regular health insurance policies (particularly FSN policies) did not cover some or all mental health care services, and in part because of insurance protocols that require workers’ compensation policies to be used before insurance claims can be filed.

Embassy employees duly began filing claims, aided by health unit staff who contacted every employee to explain the options. Within a month, all embassy staff with outstanding medical bills filed claims. However, there

Documenting mental illness, particularly when symptoms manifest themselves long after an event, is a challenging process.

was confusion at both the embassy and USAID/Kenya about the types of injuries workers' compensation covers.

Workers' comp forms, sources say, were designed to document physical injury.²⁴¹ In the case of physical injury, the rigorous substantiation required in the forms is relatively easy to provide, particularly after an event of the magnitude of the Nairobi bombing.

Most USAID staff did not sustain physical injuries but did witness traumatic events in the rescue effort. Should mental illness manifest itself as a result of these unpleasant experiences, USAID staff would be eligible for Workers' Compensation. But documenting mental illness, particularly when symptoms manifest themselves months, even years, after an event, is a challenging process. Confusion over how to substantiate "potential future injury" significantly slowed USAID and embassy filing for mental health claims, as did general confusion over workers' compensation policies. It would be June 2000 before USAID/Washington personnel department staff traveled to Nairobi to help 240 USAID staff file the forms.

Filing a Workers' Compensation Claim

Mission staff describe the paperwork required as "arduous" and "confusing." In addition, there was initial confusion over the correct form—the CA-1 (for traumatic injury on the job) or the CA-2 (for occupational illness).²⁴² USAID/Kenya employees erroneously filled out CA-1 forms. It turned out that the CA-2 was the appropriate one for current or future mental health claims. That form instructs staff to attach, by separate cover, a "detailed history of the disease or illness from the date it started," a "description of specific exposures to substances or stressful conditions causing the disease or illness" as well as medical reports and a detailed supervisor's statement.²⁴³

Some staff (particularly the severely injured and those suffering mental health complications as the result of participating in particularly gruesome aspects of the relief response, such as morgue and hospital identifications) were reluctant to revisit their experiences in a "specific, narrative statement."²⁴⁴ Others say that although they appreciate the need for an accurate picture of the event, they should have had active and immediate guidance from OWCP to fill out such labor-intensive forms, particularly with the high workload USAID staff had to handle in the year after the bombing.

"They should have come out immediately after the bombing and sat down with us and helped us fill out the paperwork," says a USAID/Kenya employee. "Instead we had to find out how the system worked and request assistance. The victims had to be the proactive ones in seeking support."

Timing was another issue. USAID/Kenya's personnel office and managers say they were uninformed about the program's filing deadlines. For at least a year after the bombing, staff labored under the misapprehension that the forms had to be filed "within three years of the event." This is not true:

forms have to be filed within three years of when symptoms manifest, which could be 3 years or 30 years later.

USAID and OWCP documents do not make this particularly clear. In no place is the “three years from time of manifestation” deadline mentioned in the brochure created by USAID’s workers’ compensation unit²⁴⁵ or in OWCP’s CA-1 and CA-2 forms.

Regardless, the forms require so much detail that it is in the best interest of the claimant to file early, while memory of the event is strong and eyewitnesses, doctors, and managers are still around to provide corroboration. For this reason, as much as from confusion over deadlines, USAID/Kenya officials encouraged all staff to file OWCP forms, regardless of their physical or mental state. They then asked OWCP to store these largely “inactive”²⁴⁶ forms and assign an access number to each, so that claimants could easily pull up files later. OWCP initially complied, but has since declined to take them, asking USAID staff to keep their own records and file when and if an illness manifests itself.

The forms require so much detail that it is in the best interest of the claimant to file early, while memory of the event is strong.

Confidentiality

Both Embassy-Nairobi and USAID/Kenya staff expressed significant concerns about confidentiality in workers’ compensation claims, and mental health care generally.

“There were still people who did not believe there was privacy inherent in the system,” says an embassy health worker.

MED officials say that confidentiality is protected in workers’ compensation claims. The Federal Workers’ Compensation program is administered by the OWCP, in the Department of Labor, which has no reporting authority to the State Department.

Further, DOS and USAID have staff who act as “firewalls” between records and personnel departments. (At USAID there is a new workers’ compensation unit.) The role of these employees is to steer claims to OWCP while maintaining privacy for claimants. The strengths of such “firewalls” were not immediately clear to USAID/Kenya staff.

“USAID was more suspicious about confidentiality [than the embassy],” recalls one MED employee. “They had to go through a very long complicated process to get paid, which only finished August 2000.”

USAID and embassy staff point to a particularly anxiety-provoking requirement of CA-1 and CA-2 forms: a detailed statement and a signature from a claimant’s supervisor. Staff say they feared the ramifications of their supervisor’s knowledge of any health complaint, but particularly mental health problems, on long-term career prospects.

“You had to be careful. There was a definite sense that if you were complaining too much it would go on your permanent record,” says a USAID employee.

To bypass the signature requirement, the RSO and the embassy administrative officer (for embassy staff) and USAID/Kenya’s executive officer and two MED psychiatrists²⁴⁷ (for USAID staff) wrote a blanket statement testifying to the employee’s having been involved in the bombing, a traumatic event with possible current and future health consequences. The statement was attached to workers’ compensation forms along with a list of meritorious awards given to all staff who participated in the bomb-response effort. Copies of these documents, along with the forms, are now kept in a confidential file at USAID/Washington’s workers’ compensation unit.

Fears about confidentiality led to wrangles over health service provider payments.

Fears about confidentiality led to wrangles over health service provider payments. At first, receipts were submitted through normal channels—embassy and USAID/Kenya personnel departments. Staff balked, however, fearing confidentiality would be lost when claims went to the finance department (which processes reimbursements).

The embassy health unit came up with a creative solution. Embassy and USAID staff were to submit receipts for counseling from the mental health service provider directly to the health unit. It would then reimburse providers in a lump sum for all counseling, and service providers would reimburse patients directly with a personal check.

Some staff were not satisfied with this because their names were on the service provider receipts. Health unit staff subsequently erased or obscured the names on the receipts and used a number system of identification. The numbers correspond to a list of names that, according to health unit staffer, will sit in the safe of the RMO/P for 30 years.

“There is some trail, but it is not in the comptroller’s office in Washington,” says an embassy health worker.

The RMO/P operates under strict doctor-patient confidentiality rules. [Medical and psychiatric files] are “under double-lock,” notes an embassy health unit employee. “The marines can’t look at them. Patients can ask to see their medical records, but even then they have to sit with a medical person to look at [them].”

Concerns about confidentiality are part of an institutionwide fear of professional stigmatization.

“I don’t see that because you sought counseling after a major traumatic event that will be held against you,” says an embassy health worker. “Being *untreated* for a psychiatric problem seems like it should be held against your security clearance.”

However, most MED officials acknowledge a “march or die” attitude in the foreign service agencies (particularly DOS) that keeps alive fears of retribution for perceived signs of weakness (such as seeking counseling). Embassy staff note that applications for security clearances still ask if the applicant has received any psychological counseling or psychotherapy, other than grief or marital counseling, in the past seven years.

“There is a macho thing: ‘I can handle anything.’”

“There is a macho thing: ‘I can handle anything,’” notes a U.S. government psychiatrist who reviewed staff mental health responses in Nairobi. “There needs to be an organizational culture change. It is unrealistic to expect people to go through a trauma like this and not need some help.”

Some also express fears about MED’s dual role as provider of mental health services and the agent through which staff receive medical clearance to go overseas.

“[MED] by its very nature is evaluative,” notes a USAID employee.

One counselor who observed Embassy-Nairobi and USAID/Kenya in the weeks after the bombing noted, “the higher in the hierarchy, the less likely some people will be to [seek counseling]. Both at the embassy and in the Kenyan civilian community, the higher ups (not the ambassador or a few others) wanted those below them to get help, but they themselves often self-medicated with increased alcohol consumption and workaholism.”

A social worker who observed embassy staff in the months after the bombing noted that [his/her] presence was “less threatening” and making him/her more accessible to foreign service staff.

“[Social workers] come in at a much lower level than a psychiatrist...[Staff] see the social worker as not having any power,” the social worker says, adding, “I can’t curtail anyone.”²⁴⁸

Some DOS officials point out that foreign service staff need to be prepared for the hard realities of the job.

“When you go overseas you assume a risk,” says a DOS employee.

Owing in part to career concerns, staff who have left Nairobi for new postings “requested that [MED] should not put them together and track them as a group. They did not want a big ‘N’ on their forehead for people to know they were in Nairobi,” says an embassy employee.

But some staff note a double standard in foreign service agencies’ attitudes towards mental health care.

“People were allowed to curtail,” notes an embassy employee. “What does curtailment say to you? It says: I want to quit. So why did DOS say curtailment was okay and yet in people’s minds mental health counseling was not?”

Recommendations

- Review the experiences with Critical Incident Stress debriefings following other disasters and compare them with the results in Nairobi to determine if they are more effective with Americans and host country nationals together or if they should be conducted separately.
- Assign a full-time RMO/P to post for at least six months after a disaster.
- MED and USAID should develop a policy on what medical services will be offered after a terrorist act, who will provide them, and how they will be funded.
- All Mission staff should file Workers' Compensation forms immediately in case psychological or physical disorders arise later stemming from the disaster. Washington should provide support if needed.
- Confidentiality should be guaranteed through blanket statements (in lieu of supervisor signatures) and award lists.

Sources Cited

Aboud, Saidi. October 25, 2000. Interview.

ADRA. August 5, 1999. First progress report.

ADRA. December 17, 1998. "Nairobi Bomb Survivors Follow-up Services." Proposal One.

Aga Khan Council for Kenya. January 19, 2001. Fax.

Aga Khan Health Service. December 1998. "The Nairobi Bomb Blast Explosion and the Role of the Aga Khan Hospital."

Air Force News, August 11, 1998. "SWA Units Deploy to Africa Following Terrorist Bombings."

Albright, Madeleine K. and J. Brady Anderson. September 28, 2000. "Guidance and Recommendations to Improve Cooperation and Coordination between the Department of State and the US Agency for International Development." Memo.

Alexander, Dr. David. October 1998. "Nairobi Bombing: Operation Recovery."

Ali, Nimo. July 22, 1999. Email to USAID/Washington's Gretchen Sierra-Zorita.

AMREF. 2000. Budget Revision Report 2000-2001.

Aref, Dr. A. I., November 10, 2000. Interview.

Associated Press/*Hannibal Courier-Post*. November 3, 1998. "Victims of Embassy Bombing Harassed."

Association of the Physically Disabled of Kenya (APDK). n.d. "Lessons Learnt During August '98 Bombing."

Bushnell, Prudence. April 19, 2000. "A Journey Back from Terror," remarks delivered at Oklahoma City.

_____. February 7, 2001. Email.

Centers for Disease Control and Prevention (CDC). September 24, 1998. Advance Team Briefing Document: Kenya Bombing Assessment. Office of Global Health.

Conly, Jonathan. June 18, 1999, 3:03 p.m. Email to USAID/Washington.

_____. August 17, 1998. "U.S. Government Response to Nairobi Crisis." Email.

_____. August 28, 1998. "Funding Response to Nairobi Bomb Blast." Email.

Co-operative Bank. January 17, 2001. "Re: 1998 U.S. Embassy Bombing." Letter.

Crowe, Admiral William J. January 12, 1999. Letter to Secretary of State Madeleine Albright.

_____. January 1999. "Accountability Review Boards on the Embassy Bombings in Nairobi and Dar es Salaam." (The Crowe Report.)

Dunn, Stanley. September 12, 2000. Interview.

East African Standard. August 12, 1998. "Kenyan Press Hits at U.S. Rescue Bias."

_____. August 15, 1998. "Doctors Told Not to Charge Patients."

_____. August 18, 1998. "Bomb Blast Cost Too Dear."

_____. August 28, 1998. "Kamotho Bodyguard 'Stole in Blast Confusion.'"

_____. August 14, 1999. "Only Death Claims Will Be Paid, Insurance Firms Say."

_____. September 17, 1999. "Who 'Ate' Bomb Victims' Cash?"

Fairfax County Search and Rescue (SAR Team 1). December 12, 2000. Memorandum.

Flynn, Dr. Brian. February 7, 2001. Email.

_____. December 18, 2000. Interview.

_____. September 15, 1998. "Report on Mental Health Consequences Consultation Following the August 7, 1998 Bombing."

Geiling, James A. M.D. May 12, 2000. "Medical Support to the Kenya Embassy Bombing: A Model for Success or a Platform for Reform?" U.S. Army War College Strategy Research Project.

Grams, Rod. June 2000. "Vulnerable Embassies? Don't Blame Congress." *Foreign Service Journal*.

Howard, Mildred. USAID. August 12, 1998. Memo to Robert Godec, Embassy-Nairobi.

_____. USAID. August 24, 1998. Memo to Robert Godec, Embassy-Nairobi.

_____. USAID. August 30, 2000. Interview

International Federation of Red Cross/Crescent (IFRC). August 23, 2000. Staff interview.

Jacques, Steven and Marjorie Weisskohl. July 16, 1999. "Draft Communications Strategy for August 7 Commemoration of Embassy Bombings." Memo.

Kabitha, Daniel, Dr. August 14, 1998. "Coping with the Tragic Experience." *Nation*.

Kaguthi, Joseph. November 2, 2000. Interview.

Kasina, Rose. Amani counseling coordinator. November 1, 2000. Interview.

Kendall, Montgomery. September 2000. "The Office of Casualty Assistance: A Recommendation Becomes a Reality." *State Magazine*.

Kenya Ministry of Public Works and Housing. n.d. "The 7th August 1998 Nairobi Bomb Disaster: Inspection Report on Buildings."

Kenya Red Cross (KRC) Society. 1999. Annual Report and Accounts.

_____. and the International Federation of Red Cross and Red Crescent Societies. February 1999. "Educational Support Programme." Project proposal.

Kenya Relocation and Reestablishment Committee. November 1998. "Nairobi Bomb Blast Relocation and Reestablishment of Businesses: Appeal for Assistance."

Kenya Society for the Blind (KSB). October 2000. "A Report on Status of KSB Before and During the Bomb Blast Survivors Rehabilitation Program—Capacity-building and Lessons Learned."

_____. August 17, 2000. Interview.

Kenyatta National Hospital (KNH). July 26, 1999. "Report on the Bomb Blast Reconstructive Surgery Program, February– March 1999." Letter to the Permanent Secretary, MOH.

_____. November 10, 2000. Panel interview.

Kessler, Enat. October 31, 2000. Interview.

Kolker, Joel. September 15, 1998. Cable.

_____. August 29, 2000. Email.

KPMG Peat Marwick staff, November 3, 2000. Interview.

Lamb, Robert E. June 2000. "Have we *Inmanized* Yet?" *Foreign Service Journal*.

Loeffler, Jane C. June 2000. "The Identity Crisis of the American Embassy." *Foreign Service Journal*.

Loefler, Dr. Imre November 1999. "The Nairobi Bomb Blast," paper presented to Pan-African Association of Surgeons, Nairobi.

_____. September 21, 2000. Interview.

Macharia, S. K. n.d. "Recollections of August 7th Bomb Blast." Essays compiled by Embassy staff.

Mathiu, Mutuma. August 16, 1998. "What Kenyans Think of American Reaction." *Sunday Nation*.

Mbogo, Col. Simon. October 11, 2000. Interview.

McCoy, Gretchen, M.D. February 24, 2001. Email.

_____. February 8, 2001. Email.

_____. n.d. "Emergency Preparedness for Department of State Department of Medical Services, Background, Issues, Proposals." Draft paper.

Meme, Julius. November 7, 2000. Interview.

Meredith, Mikaela. (OFDA-Washington). August 17, 1998. "OFDA Aid to Kenya and Tanzania" Email.

Mimless, Dr. Lorin. October 6, 2000. Interview.

Mureithi, Erastus. Co-operative Bank. August 2-8, 1999. *The East African*..

Mutombo, Major Kasili. NOC acting director. August 16, 2000. Interview.

Nation. August 17, 1998. "Follow-up Clinic for Blast Victims."

_____. August 27, 1998. "Now Sir, as We Were Saying." Operation Recovery. January 2000. "The Mental Health Response to the August 7, 1998 Nairobi Bombing."

_____. September 1, 1998. "Sh9b Sought for Bomb Disaster."

_____. September 18, 1998. "Blast Team Completes its Work."

_____. October 2, 1998. "Children on Fantasy Trip."

_____. March 28, 1999. "Bomb Report: U.S. Ambassador Answers LSK."

National Disaster Emergency Fund. June 1999. "Report on Activities Following the Bomb Disaster."

Nderitu, Peter. August 17, 2000. Interview.

Njenga, E. August 14, 1998. "You Could Show a Little More Sympathy, America.." *East African Standard*.

Njenga, Dr. Frank .October 16, 2000. Interview.

Njonjo, Charles. November 6, 2000. Interview.

Noyes, Harry. August 19, 1998. "Army Medicine Aids Kenyan Bombing Victims," *Army News Service*.

Oasis. n.d. "Beyond the Disaster Counseling Program."

Office of Foreign Disaster Assistance (OFDA). 1998. Annual report.

_____. August 11, 1998. OFDA Information Bulletin #6, FY98.

Operation Recovery (OR). January 2000. "The Mental Health Response to the August 7, 1998 Nairobi Bombing."

Parks, Dewey. SAR Team 1. January 2, 2001. Interview.

Peterson, Paul. September 28 and 29, 2000. Emails.

Pfefferbaum, Dr. Betty. November 2, 1998. "A Framework for Response to Bomb-Related Mental Health Needs in Nairobi, Kenya."

Reed, Lee. November 6, 2000; January 31, 2001. Emails.

Rice, Susan E. October 7, 1998. "Allocation of FY 1998 Economic Support Funds (ESF)" Action Memorandum.

Roughhead, Col. Ron . November 2, 2000. Email.

Sladch, Hamid. Young Muslim Association. October 24, 2000. Interview.

The East African. August 17-23 . "U.S. Strives to Make Amends as Kenyans Take Offence."

Thuita, Col. S. N. August 2000. "The Day Terror Struck Nairobi," *Majeshi Yetu*. Kenya Armed Forces magazine.

Ufundi Co-operative Savings and Credit Society, Ltd. November 16, 2000. Management panel interview.

_____. *Sacco Star* newsletter.

_____. August 17, 1998. "Losses Incurred by Ufundi in the 7th August 1998 Bomb Blast."

United Disabled Persons of Kenya (UDPK). August 17, 2000. Staff interview.

U.S. Embassy-Nairobi. August 11, 1998. "U.S. Assistance to Kenya Following the Bombing."

USAID/Africa Bureau. September 8, 1998. Development Planning, Program Analysis and Budget Division. Email.

_____. n.d. "The Co-operative Bank of Kenya: Proposal Summary"

USAID. August 2000. "Final Report: Bomb Response Unit Coordinator"

USAID/Kenya. June 18, 1999. "Bomb Response Insurance Policy". Action Memorandum.

USIS. August 20, 1998. "Bombings in Nairobi and Dar es Salaam: U.S. Assistance." Press release.

_____. February 1, 1999. Press Release draft.

Vandenbroucke, Lucien. June 2000. "Eyewitness to Terror: Nairobi's Day of Infamy" *Foreign Service Journal*.

Wachira, Dr. N. N. November 10, 2000. Interview.

Wakesa, G. F. November 10, 2000. Interview.

Walingo, L. I. November 10, 2000. Interview.

Weigel, Marion. August 23, 2000. Interview.

Wright, Robert. February 5, 2001. Email.

Endnotes

Chapter 1

¹The Office of Foreign Disaster Assistance provided US\$2.7 million in cash and contributions in kind to disaster response after the embassy bombing in Nairobi. State and Defense department and other agency contributions increased this figure, although a precise total is unavailable. US\$3 million is probably a conservative estimate.

²Few staff cited the Embassy's emergency action plan as the basis for their decision to form an Ops Center. USAID senior managers, several new at post, appeared unaware of the contents of the Embassy plan, or asserted that it was irrelevant to a terrorist incident of this type. Although the plan has reportedly been updated since to include terrorist acts, it is also [largely] classified, and thus unlikely to be useful for general Embassy, USAID, and other post staff. One staffer disagreed, saying, "this is the tool that every Mission uses." However s/he also said, "clearly it should be made more accessible."

³This sentiment was not shared by Embassy-Nairobi security colleagues at the bomb site, who expressed the need for more qualified search and rescue as well as security staff: "The personnel shortage was only resolved when the British arrived at the scene."

⁴This decision was based on Reed's knowledge of the building and his engineering experience. Peterson had arrived at post just weeks earlier. Peterson was, however, the senior DSS officer in charge of overall operations at the site.

⁵ "We picked people based on CPR training [or] first aid training and strong backs. It was a strong back exercise," USAID/Kenya staffer involved in search and rescue.

⁶Common sense, of course, being a relative concept from staff with dozens of years of military or government service, as one FSI source pointed out.

⁷There is some confusion as to whether the generator or the 24,000 liter diesel fuel tank was on fire.

⁸Efforts were bolstered within an hour of the blast when the British High Commission sent a team of soldiers to provide the "strong backs" the rescuers needed, as well as two engineers who tried to assess the structural soundness of the building. (See Chapter 1, Support Staff from Other Diplomatic Missions.)

⁹One MED expert notes, "First responders are always those who are on site. We need to do a better job on preparing and training people to take care of each other, of themselves."

¹⁰ In fact, a health care practitioner in an Oct. 17, 2000 interview said the choice of the basement was deliberate. "We chose a location that is especially secure [and accessible]."

¹¹Extra equipment comes from one department's budget and does not represent an Embassywide effort to prepare for disaster.

¹²Staff also used unauthorized line-of-sight radio channels, usable only at the bomb site.

¹³Such a document exists, both for hotline workers and 911 operators in the United States, as well as for federal agencies. But, for example, an FBI advice article for hotline staff was inexplicably classified, rendering it useless for mass dissemination across agencies, according to William Corbett, FBI, August 8, 2000.

¹⁴It is impossible to overstate the horror of visiting Nairobi's hospital and morgues. This description from the August 17, 1998 *Newsweek Magazine* gives an idea of what the teams confronted: "Bodies were piled six high. Many were hard to identify—two of them little more than bundles of charred flesh and bone—and all were decomposing fast. Chief pathologist Alex Olumbe said the 22 members of his staff were overwhelmed."

¹⁵Nairobi Hospital is one of Kenya's premier hospitals, and the hospital of choice for the American community.

¹⁶Two years after the fact, it is, of course, difficult to ascertain the veracity of these claims. However, FSNs from both Embassy and USAID, some high-ranking, voiced these allegations or reports of obvious preference for Americans by Americans numerous times. Although every American consulted for this report vehemently denies showing bias, it may be that bias was

subconsciously or inadvertently shown in the heat of the crisis. The lesson learned seems to be that extra sensitivity and attention must be shown by all staff, but particularly by managers, to avoid partiality.

¹⁷USAID staff. (Also: "No Discrimination in Rescue" *Nation* August 31, 1998 7)

¹⁸Jones, a former USAID/Kenya Mission director, was a strategic choice, as he is well known to Kenyan Government personnel and thus able to elicit assistance rapidly.

¹⁹The precise number of support staff who came to Nairobi is unknown. The low end of the estimate was supplied by USAID/Kenya Executive Officer Mike Trott, who oversaw housing and transportation for most outside visitors. The high end comes from an Army War College paper.

²⁰They were assisted by locally based medical staff from the U.S. Centers for Disease Control, U.S. Army, and Peace Corps. (see Chapter 16, Emergency Health Response.)

²¹FAST also included a morgue team that arrived with casements, body bags, rations, water, gloves, and medical supplies. A contingent of FAST marines was on the ground continuously until November 1, 1999, providing security for the USAID Parklands-temporary Embassy building. A group of Seabees also arrived within a couple of days to support operations. (Paul Peterson, former RSO, Embassy-Nairobi.)

²²A CCATT is typically a three-person team: a critical care physician, an intensive care nurse, and a respiratory care technician. It augments a standard medevac crew.

²³The entire first medevac plane included seven air crew, the CCATT, a two-person air evaluation liaison team, a flight surgeon, a public health official, a biotechnician, five medical technicians, 50 units of Type O blood and medical supplies.

²⁴Fairfax County Urban Search and Rescue has a memorandum of understanding with OFDA to perform relief operations overseas.

²⁵The initial request from OFDA was to have two canine search teams deploy with FEST to help find victims. "The SAR Team did not favor this request, in that there was no certainty that a rescue component would be available to extricate any victims found. It was agreed that one canine team and a team manager would deploy with the FEST immediately, with the SAR Team activated and moved by the first available DOD airframe. It was determined in a Mission After Action meeting that future requests for response to this type incident would be for a full-team resource, rather than a limited number to ensure appropriate application of life-saving resources." (SAR Team 1 memo. December 12, 2000)

²⁶By arriving first and establishing themselves at the heart of the disaster site, the Israelis won the public relations contest. Although SAR Team 1 efforts and presence were considerable, the media largely overlooked them. (see Chapter 2, Visibility of U.S. Assistance.)

²⁷Mugoya Construction & Engineering Ltd., for example, provided in the course of five days: one Cat 966 Shovel, one Cat 225 Excavator, two 20-ton Mack tipper trucks, one 90-ton Grove hydraulic crane, one air compressor with four hammers, one pick-up truck. The donation of equipment and associated staff was valued at US\$20,000, according to a Nov. 3, 2000 letter from R. K. Oliver, Mugoya operations manager.

²⁸Sometimes referred to as the 67th Forward Surgical Team, it included three general surgeons, one orthopedic surgeon, two nurse anesthetists, an operating room nurse, two critical care nurses, four paramedics, and seven support personnel.

²⁹Composed of one psychologist, one psychiatrist, one social worker, and four mental health workers.

³⁰A second temporary staffer went to Dar es Salaam.

³¹Estimates of the size of the FBI team vary. USAID Information Bulletin #6 FY 1998 reports an 80-member team in Nairobi and a 62-member team in Dar es Salaam. Embassy-Nairobi's FBI representative, William Corbett, confirmed in an Aug. 8, 2000 interview that more than 100 agents were on the ground in Nairobi two days after the bombing.

³²Fairfax County Urban Search and Rescue teams are capable of being fully self-supporting, including tents. In this case, Chief Dewey Parks noted in a Jan. 2, 2000 interview that the team was advised to stay at the Hilton Hotel for security reasons.

³³In fact, Daley's visit to Nairobi had been the topic of discussion between U.S. Ambassador Prudence Bushnell and Kenyan Trade Minister Kamotho on the day of the bombing. (USIS "U.S.

Secretary of Commerce William M. Daley Statement Following Wreath-laying at U.S. Embassy Bomb Site Nairobi, Kenya.”)

³⁴Albright did not overnight in Nairobi, but continued on to Tanzania.

³⁵A number of Embassy-Nairobi and USAID/Kenya staff, as well as the author of this report, have expressed particular disappointment in the use of information FSI gathered. FSI sent a team over shortly after the bombings to tape “testimonies” of staff experiences in the bombing. These tape recordings have been incorporated into FSI training manuals, but because of concerns over confidentiality the tapes are not accessible to the public. This presented challenges in writing this report, as U.S. Government bomb survivors expressed weariness over talking about an event “they already talked to FSI about.”

³⁶The Surgeon General’s office paid for the first visit of Dr. Betty Pfefferbaum of the University of Oklahoma Department of Psychiatry and Behavioral Sciences. USAID/Kenya and the National Institute of Mental Health paid for her repeat visits.

³⁷The Surgeon General’s office provided documents detailing US\$77,125.74 in travel-related expenses for the September 28 visit to Nairobi. Surgeon General sources say the office contributed US\$1.2 million to bomb-relief efforts overall, but declined to detail these despite repeated requests. The Surgeon General participated in bomb-response efforts in Tanzania; it is possible the US\$1.2 million was used for relief efforts there (author’s note).

³⁸The human resource toll was not immediately apparent. USAID/Kenya’s Mission Director Jonathan Conly wrote in an Aug. 17, 1998 email: “At this point, we think we have enough staff to handle the additional workload imposed on us by this disaster.”

³⁹The Israeli Defense Force, part of the Israeli military, included the Homefront Command Search and Rescue Unit and Medical Corp teams. *Source*: SAR Team 1. (Also, “Israeli Team Recalls Latest Rescue Mission,” *Nation* September 10, 1998)

Chapter 2

⁴⁰Kenya’s telephone company is not privatized, with consequent implications for quality and service. Private mobile telephone communications did not arrive in-country en masse until 2000.

⁴¹At the time of the bombing, Embassy-Nairobi had three different information back-up protocols: 1) A mandatory “grandfather” back-up in which information was backed up for one year on a January through January schedule. 2) A mandatory “father” back-up every Friday that was kept for one month. 3) A non-mandatory “son” back-up every day that was kept for one week. *Source*: Embassy-Nairobi Information Systems Department.

⁴²U.S. government relief flights were unaccountably afflicted with mechanical or procedural errors. The Fairfax County Urban Search and Rescue team was delayed in Spain for nine hours when a fire broke out on board and a new aircraft had to be found. FEST and FAST reported mechanical errors that delayed their arrival. A military medical evacuation flight was delayed for 15 hours in Nairobi while its crew took its mandatory rest break. One observer described the transportation woes as “Keystone cops”; a DOS source said, “this is the cost of a balanced budget.” Defenders of the flight crews note that mechanical problems were “force majeure,” beyond the control of the rescue teams.

Chapter 3

⁴³Made up of members of the Office of the President, Development Coordination, ministries of Local Authorities and Public Works and Housing, as well as other NGOs including UNDP, USAID, Japanese International Cooperation Agency, Kenya National Chamber of Commerce and Industry, Architectural Association of Kenya, and the Adventist Development and Relief Agency. (Kenya Relocation and Reestablishment Committee November 1998)

⁴⁴According to a September 1, 1998 email from OFDA/Washington to USAID/Kenya’s Greg Gottlieb: “Requests that fall within OFDA’s mandate include: 1) working with Kenyan officials and NGOs to develop and provide disaster management training, including first responder training, 2)

providing technical expertise, 3) replenishing basic medical supplies (for example, disposables) and 4) providing specific medical assistance, such as prosthetics.

Chapter 4

⁴⁵With the exception of one marine who was killed, Marine Sergeant Jesse Aliganga, and another who was severely injured.

⁴⁶Peterson says no civilians were used for security: "The situation was an incredible trial for trained professionals. It was not the place for civilians." However, this contradicts testimonies given by a USAID staffer who claims she volunteered and was directed to stand guard at the embassy entrance. In any event, there were clearly not enough trained security personnel on site until FAST arrived August 8, although existing staff did their best.

⁴⁷Kaguthi later used President Daniel arap Moi's personal public address system, driving through the streets to ask crowds to move away from the blast site, to little effect, according to a Nov. 2, 2000 interview with Kaguthi.

⁴⁸"I was more afraid of the crowd than the building. At one point, I told myself that the crowd would probably rush us and kill us all. I firmly believe that they held us responsible for the blast. At the time, they had no idea that it was a truck bomb. I believe many in the crowd believed that the Embassy itself had blown up, and it was our fault. If it were not for the bravery of Paul Peterson and his security force, I believe my wife and I would not be here today. He stood between the crowd and us with only a shotgun." (Reed January 31, 2001)

⁴⁹The NOC functions more as an information coordination point. (Mutombo August 16, 2000)

⁵⁰It is possible both are correct. Certainly some soldiers raced to the bomb site immediately, and (in some cases) spontaneously. There is little agreement on when a more organized effort began. Kenyan military and NOC sources say troops arrived within an hour of the blast, but that rope to delineate a perimeter did not arrive until four hours after the blast.

⁵¹ Particularly when it was found that the Kenyan military did not keep a stockpile of emergency equipment. "A lot of basic equipment was not available; no one ever knew they would need them. Mallets, crowbars...a miserable number of shovels. At one point we did not have picks," says a military source.

⁵²See note 31.

⁵³An admission all the more surprising as both the Nairobi and Tanzania embassies "were located immediately adjacent or close to public streets and were especially vulnerable to large vehicular bombs." (Crowe January 1999)

⁵⁴"The security systems and procedures at both posts at the time of the bombings were in general accord with department policy. However, those systems and procedures followed by all the embassies under the department's direction did not speak to large vehicular bomb attacks or transnational terrorism, nor the dire consequences that would result from them." (Crowe Report January 1999)

⁵⁵Staff place the Ops Center, not the emergency action committee, at the center of disaster response. The author could not confirm what the committee did after the bombing.

⁵⁶The State Department is apparently designing a crisis management training program because of Accountability Review Boards recommendations. It will encompass "the full range of problems and potential solutions that are raised by mass casualty incidents." (Geiling May 12, 2000 35)

Chapter 5

⁵⁷This does not include those who survived but subsequently died from their injuries.

⁵⁸Professor Julius Meme, then director of medical services in the Ministry of Health, did this after finding a doctor turning bomb victims away at the local private MP Shah Hospital. The MP Shah hospital administrator assured Meme this was an isolated incident. (Meme November 7, 2000)

⁵⁹With help from USAID-supported Management Sciences for Health, APHIA Financing and Sustainability Project. (Howard August 24, 1998) In an interview, Howard said staff from the U.S. Centers for Disease Control in Kisumu helped organize and cross-check a grocery list of medical supplies.

⁶⁰Medical Services Director Julius Meme recalls the British were the first to respond, with a consignment of medical supplies via British Air arriving the morning of Saturday, Aug. 8. (Meme November 7, 2000)

⁶¹See Appendix 1.6 for donations given to Kenyatta National Hospital in the first two days alone.

⁶²“Other hospitals around rely on Kenyatta because they don’t have adequate stocks. They do not function. The burden is on Kenyatta too much. It’s a national problem. It’s like if you’re the only family with food and there are 10 other families around, you cannot say ‘No,’ you have to feed everyone.” (Wachira November 10, 2000)

⁶³There is no precise figure. This is half the most conservative estimate quoted in various interviews with hospital staff.

⁶⁴Nairobi Hospital comes second, having seen 700 patients.

⁶⁵The U.S. government was perhaps the only donor that did not leave donations at KNH, choosing instead to keep them in its warehouse. “We did not feel [at the time] they had an adequate administrative set up,” according to a USAID/Kenya employee. “As it turns out, KNH has been marvelous. They did everything right.”

⁶⁶KNH says hospitals were responsible for transporting goods disbursed from its warehouse. Immediately after the bombing, smaller hospitals could just show up at the warehouse, ask for supplies, load them on their trucks and go. Several weeks later the hospitals could submit a written request and show up with transportation when the order was ready. (Walingo November 10, 2000)

⁶⁷“Some of the television reports about medical services being ‘overwhelmed,’ etc. were misleading and badly received.” (Aga Khan Health Service December 1998 1)

⁶⁸The only exception was the small St. James Hospital, (11 nursing staff) several kilometers from the bomb site, which received a disproportionately large number of victims—280, overwhelming hospital staff. (Dr. Joseph H. Oluoch, chairman, St. James Hospital.)

⁶⁹Aga Khan concurred, noting “triage and classification of casualties” was a lesson learned.

⁷⁰Eventually Nairobi Hospital ordered the following protocol: Only injuries to chest, neck, and pelvis were to be x-rayed. Broken bones, and non-life-threatening lacerations could wait.

⁷¹By August 10, the commissioner of police announced establishment of an information center at the Nairobi area police headquarters for family members seeking information about their loved ones. The center is mentioned once (*Kenya Time* August 10, 1998 3) but otherwise not mentioned at all by sources consulted for this report.

⁷²One USAID/Kenya employee noted with approval Avenue Nursing Home’s innovative use of a uniformed policewoman as a contact for those trying to identify family members. The policewoman imposed order on the crowds and helped prevent excessive crowding of hospital corridors.

⁷³Their work centered on the U.S. government community. (See Section 3.1)

⁷⁴“Within an hour, U.S. Army physicians and Medical Service Corps officers had rushed to the scene from the U.S. Army Medical Research Unit-Kenya, a Walter Reed Army Institute of Research laboratory located three miles from the embassy. (Noyes August 19, 1998)

⁷⁵These were: St. John’s Ambulance (US\$11,500 for medical supplies), the Kenya Red Cross (US\$4,000 for medical supplies) and Oasis Counseling Center (US\$7,5000 for trauma consultations). (USAID-OFDA 33)

⁷⁶This team included four doctors, one physician’s assistant, one nurse anesthetist, two clinical nurses (burn and air evacuation specialists), one clinical nurse (general), two medical technicians, one social worker.

⁷⁷See note 46.

⁷⁸See note 47.

⁷⁹Including sterile bandages and dressings, surgical equipment and instruments, and sterile supplies.

⁸⁰Containing four major surgical kits (capable of providing medical assistance to 40,000 people for three months), four minor surgical kits, and four emergency medical kits. (USIS August 20, 1998)

⁸¹The U.S. military declined to verify this story, despite numerous requests.

⁸²At least eight more Kenyans would be medically evacuated to the United States over the next year, most for treatment of ear injuries, according to Embassy-Nairobi Health Unit staff, past and present.

⁸³This complaint was first mentioned in the Accountability Review Board (Crowe) Report, page 16.

⁸⁴Capacity has reportedly since improved. U.S.-European Command now has “surgically heavy” medical crisis response teams capable of deploying in 8 to 12 hours. Prior to the Embassy bombings it took 24 hours. (Geiling May 12, 2000 36)

⁸⁵DHHS’s Office of Emergency Preparedness formed a single medical surgical response team based at Massachusetts General Hospital in Boston, MA. Its mission is foremost to respond to DOS requests for assistance in managing American casualties of a terrorist attack. It has a secondary humanitarian mission in treating host nation casualties. (Geiling May 12, 2000 37)

⁸⁶M.P. Shah Hospital was accused in *The Nation* on August 9 of giving preferential treatment to Asian-Kenyans. The hospital took out an ad in the paper, refuting this charge. It may be that during this national disaster, Kenyans were highly sensitive to *any* hint of partiality.

⁸⁷Some OFDA staff say two thirds of the drugs in this shipment were expired.

⁸⁸USAID/Kenya health staff, using the rationalized list of supply needs compiled by the Kenya MOH in the first days after the bombing, submitted a request for donations to OFDA on August 12. But according to some USAID/Kenya staff, actual donations did not arrive until late September or early October.

⁸⁹For example: “Nairobi, Kenya sits in USCENTCOM’s (U.S. Central Command) area of responsibility, but virtually all medical support relies on USEUCOM (U.S. European Command) assets. No formal cross-planning between these Unified Commands and DOS in Nairobi had occurred, nor had any planning for medical oversight on the ground taken place.” (Geiling May 12, 2000 29)

⁹⁰See note 29.

⁹¹The Egyptian team included 14 medical specialists who arrived August 14, led by the Egyptian Minister of Health, Dr. Ismael Salaam. The team airlifted some critical cases to Egypt for further treatment. (*Nation* August 16, 1998 3)

⁹²Saudi Arabia donated 76 tons of relief supplies of undisclosed value. *East African Standard*, August 16, 1998.)

⁹³On August 15, His Highness Jaber Al-Ahmed Al-Sabbah donated 12 tons of medicine, medical supplies, and other assorted goods. (*East African Standard* August 16, 1998)

⁹⁴Iran donated five tons of drugs. (*East African* August 7-13, 2000) [Could not be confirmed with Iranian Embassy-Nairobi.]

⁹⁵The Young Muslim Association provided three hearses. Crescent Medical Aid provided two ambulances, as well as drugs and medical services at their nearby clinic. (Sladch October 24, 2000 and Aboud October 25, 2000)

⁹⁶See note 20. Crescent provided similar materials.

⁹⁷The International Committee of the Red Cross/Red Crescent did not respond, citing its mandate of working in war zones.

⁹⁸Then-Provincial Commissioner Joseph Kaguthi says his office specifically gave KRC the job of family identification and supplied it with a government tent in Uhuru Park. He also acknowledges some frustration over the haphazard and chaotic nature of initial NGO assistance. “We have now had two weeks of people running around,” he says. But he denies other NGOs were discouraged from offering their services. “In fact, we made a statement saying ‘Look for What You Can Do—Don’t Wait to be Chosen.’” (Kaguthi November 2, 2000)

⁹⁹KRC, therefore, is unable to estimate the value of its initial, emergency phase, contribution.

¹⁰⁰1.7 Swiss francs = 1 dollar.

¹⁰¹These programs were funded by ECHO, CIDA, and the government of Italy respectively.

¹⁰²Accounts vary. ADRA says after three weeks, AMREF after two.

¹⁰³ADRA’s other major emergency phase activity was to work with the Kenyan Ministry of Works to gather information on damaged property (see Chapter 10). ADRA also sat on the Relocation Committee, formed by the Kenyan government and the NGO Council.

¹⁰⁴Of the total figure, 109 were men, 89 were women, 10 were youth (3 girls and 7 boys). The 38 legally blind were 16 men and 22 women. (Nderitu August 17, 2000)

¹⁰⁵See note 53.

¹⁰⁶“Trauma counseling organizations grew like mushrooms when the bomb blast occurred,” says an IFRC staffer. Some of these were legitimate organizations. Some were not. (IFRC August 23, 2000)

¹⁰⁷See note 95.

¹⁰⁸Amani has run a weekly column in *The Nation* for 15 years. The August 26 article was “Coping with Loss after the City Bomb Blast.” “How to Cope with Grief” ran September 2; “Talking about Death and Trauma with Children” ran September 9.

¹⁰⁹The center was staffed with one coordinator (a psychologist) and two social workers. (Weigel August 23, 2000)

¹¹⁰ACT provided US\$156,000 according to NCKC's Paul Mbole, some of which was used to support an exchange of survivors from Oklahoma City and Nairobi in summer 2000. (Mbole November 15, 2000)

¹¹¹These were Oasis Counseling Center and Training Institute; GEM Counseling Services; Tumaini Counseling Center; All Saints Cathedral; Rehabilitation Center for Victims of Violence; Department of Psychiatry, University of Nairobi; Department of Psychology, U.S. International University/Africa; Department of Counseling, Nairobi International School of Theology; Nairobi Baptist Church; Neema Counseling Services; Deliverance Church; Christian Counselors Association of Kenya; St. Andrews Church, Nairobi.

¹¹²AusAid provided approximately KShs.1.8 million (US\$30,000). (Wendy Bovard, Oasis Counseling Center; Australian High Commission, Nairobi.)

¹¹³Peer counselors were required to have at least 150 hours of counseling training; professional counselors needed at least a second degree in counseling psychology. (Oasis. n.d. 3.) "Beyond the Disaster Counseling Program".

¹¹⁴Operation Recovery was launched August 13, 1998 by ministers of the Office of the President and Information and Broadcasting. The project ran through November 5, 1999.

¹¹⁵According to Njenga, the KMA's Social Responsibility Committee organizes *pro bono* donations of medical services and acts as an information source on medical assistance. It is staffed by five doctors who meet once a month. (Njenga October 16, 2000)

¹¹⁶ Counseling and medical organizations that offered support to OR in the emergency phase include: AAR Health Services Ltd, Aga Khan Hospital, Amani Counseling Center, the BTDP coalition, Chiromo Lane Medical Center, The Christian Council Association of Kenya, Hope Africa, The Kenya Association of Professional Counselors, The Kenya Medical Association, The Kenya Medical Women's Association, The Kenya Psychiatrists' Association, The Kenya Psychologists' Association, Kenyatta National Hospital, Lifespring Counseling, NCKC-affiliated churches, Neema Counseling Center, St. Michael Counseling Center. Two individuals, psychiatrists Drs. Doris Hollander and Lorin Mimless, also provided key management support to OR in the emergency phase.

¹¹⁷August–November 1998.

¹¹⁸"I went around to every building in the vicinity of bomb blast and talked to managers about counseling services," recalls Rose Kasina, a counselor who volunteered for OR in the early days and went on to work fulltime for the program. "Co-op Bank gave us two offices in their new building in Tower House for counseling. National Housing Corporation, opposite Co-op Bank, gave us counseling space. Railway Station gave us two rooms. Cooperative House on Tom Mboya Street gave us rooms. Afya House gave us rooms. The Coffee Board gave us rooms." (Kasina November 1, 2000) The BTDP also organized a "pay now or pay later" counseling program for businesses, encouraging them to fund mental health care for staff lest they "pay later" in staff depression or suicide.

¹¹⁹These are OR numbers and presumably include estimates of those reached through "mass counseling" via the media. Alexander, October 1998, estimates 4,000 people reached. The same is true for numbers of counselors trained—OR says 880, Alexander 740.

¹²⁰Dr. Flynn, director of program development, Special Populations and Projects, Center for Mental Health Services, visited Nairobi September 2-15, 1998 and on several subsequent occasions. His first visit was as part of a CDC-led advance team for the U.S. surgeon general.

¹²¹Quantitative evidence of mental health program successes is difficult to come by. Most mental health care workers could only recite anecdotes.

¹²²Volunteer counselors involved in OR activities remember Njenga as being less 'understanding' at the time. "He used to say, 'Those people who came here to work, stay. Those who didn't, leave.' It was a cover-up when he noticed people were leaving. He was trying to make them feel guilty. But they were professionals, they had to go back to their jobs," says one counselor.

¹²³This observation was acknowledged by many others, including Dr. David Alexander, who wrote, "One must have concerns about the adequacy of such a limited training program....."

However, crises require pragmatic and flexible solutions, and, quite understandably, Operation Recovery has sought to do its best with what is available.” (Alexander October 1998)

¹²⁴Both Drs. David Alexander and Brian Flynn of the U.S. Department of Health and Human Services compliment the research and documentation efforts of OR (but do not, however, comment on possible conflicts with operations.) (Alexander *ibid.* Flynn September 15, 1998).

¹²⁵OR contends there were problems with its email system.

¹²⁶Prof. Julius Meme, permanent secretary, Kenya Ministry of Health, expressed disappointment about the lack of support for the trauma center (Meme November 7, 2000).

¹²⁷Satcher was not the first to reference the idea of a trauma center. As early as August 24, USAID was discussing the possibility of a trauma center to be established at KNH “to handle future disasters and provide routine trauma care. This center would serve as a long-lasting memorial to the bomb blast victims.” (Howard August 24, 1998)

¹²⁸OR had no official privacy policy, however, and no consent forms.

Chapter 6

¹²⁹One more employee would die several months later from injuries sustained in the bombing.

¹³⁰The assessment started as early as Friday evening, August 7. (Kenya Ministry of Public Works n.d.)

¹³¹CID and police representatives were assigned to each group for security purposes.

¹³²Made up of members of the Office of the President, Development Coordination, ministries of Local Authorities and Public Works and Housing, as well as other organizations including UNDP, USAID, JICA, Kenya National Chamber of Commerce and Industry, Architectural Association of Kenya and the ADRA. (Kenya Relocation and Reestablishment Committee November 1998)

¹³³The government identified “health, social recovery, economic recovery, relocation and rehabilitation of businesses, repair and reconstruction as well as capacity-building in disaster management.” (Kenya Relocation and Reestablishment Committee November 1998)

¹³⁴“The director of [USAID]...Mr. Jock Conly called on the publishers of the document to indicate the amount of damage cost to be covered by insurance companies, to give donors a more refined figure of the cost needed for reconstruction.” (*Nation* September 1, 1998 2)

¹³⁵Kolker visited Nairobi August 29 through September 9.

¹³⁶The funds came from a RHUDO Housing and Urban Development program and were dedicated to support a proposed infrastructure rehabilitation program but could also be used for bomb-related programs, such as structural reviews of bombed buildings. (Kolker, August 29, 2000)

¹³⁷The Embassy building was not included in this review, being both a crime scene and the provenance of the Federal Building Office.

¹³⁸As early as August 13, 1998 the Association of Kenya Insurers released a statement “with regard to non-life insurance, losses arising from such incidents were not normally covered.” (*East African Standard* August 14, 1999 4)

Chapter 7

¹³⁹U.S. officials, including U.S. Secretary of Commerce William Daley who visited Nairobi August 17, pledged assistance to Nairobi’s businesses through a congressional supplemental, which arrived January 14, 1999.

¹⁴⁰Conservation of Biodiverse Resources (COBRA)

¹⁴¹It was *not* to be used for emergency human health programs.

¹⁴²Staff at a pre-existing USAID-supported APHIA Financing and Sustainability project were asked to do a preliminary analysis of bomb-related hospital bills to find an equitable structure for reimbursement. This was possible because the technical objective of AFS could be stretched to accommodate the task. Likewise, USAID/Kenya received money from a RHUDO Housing and Urban Development program to hire a structural engineer to examine damaged infrastructure. The money was dedicated to a proposed infrastructure rehabilitation program but could be used

for bomb-related programs such as commissioning engineering structural reviews of bombed buildings. (See chapters 6 and 10.)

¹⁴³KMAP programmed \$324,190 (\$300,000 from USAID/Kenya and \$24,190 from CBA Bank, Credit Agricole Indosuez Bank, and PTA Bank. (K-MAP.)

Chapter 8

¹⁴⁴In fact, they collected more than could be used, and keep one ton of supplies to this day for use “as soon as the hospitals and Red Cross request it.” (Aga Khan Council for Kenya January 19, 2001)

¹⁴⁵The training took place in late November 1998. (NCKK Bomb Blast Project)

¹⁴⁶Charles Njonjo was appointed chair August 19, 1998. (*East African Standard* August 20, 1998 1)

¹⁴⁷The committee’s secretariat office officially closed February 19, 1999 but distribution of checks continued until May 31, mainly owing to late collections by beneficiaries. Surplus funds of KShs.91,516 (US\$1,525) were donated to the Kenya Red Cross, the Kenya Society for the Blind, and others. (Njonjo November 6, 2000)

¹⁴⁸This was the only legal source of advice on classification of injuries, according to Julius Meme, then director of medical services at the Ministry of Health. However: “It was stressed by the committee...that any payments made by it were not ‘compensation,’ in that no entitlement in law was being offered. The committee was merely distributing donated funds in the manner that it considered fair.” (National Disaster Emergency Fund June 1999 5)

¹⁴⁹Charles Njonjo, a former attorney general and current chairman of the board of Kenya Wildlife Service, was chosen for his reputation for honesty.

¹⁵⁰The audit notes, “there are no practicable audit procedures that could be applied to test the completeness of the donations before they came to [the Committee’s Secretary].” However, the audit generally gives the committee a clean bill of health. (National Disaster Emergency Fund June 1999 4)

¹⁵¹All widows interviewed preferred not to be named, fearing family retribution.

¹⁵²The program started in May 1999 but funds for school fees were not disbursed until September 1999.

¹⁵³KShs.4 million (US\$66,666) from the government of Italy as part of the overall IFRC-KRC appeal.

¹⁵⁴Although this source notes DOS concern over the dueling ESF requests, another USAID/Washington staffer noted in an email “If word of a supplemental gets out, I could also see someone on the Hill putting it on hold and wanting to know how all of these things relate. So it’s possible all of this could get a bit messy.” It is impossible, therefore, to isolate the source of the concern over the ESF requests; that there was concern, however, seems clear.

¹⁵⁵FY1999 Emergency Supplemental ESF Apportionment Request No. 1.

¹⁵⁶An additional US\$2.5 million went to administrative costs; the Peace Corps received US\$1.269 million of the total Supplemental. (FY1999 Emergency Supplemental ESF Apportionment Request No. 1.)

¹⁵⁷A record of the DOS allocation memo was impossible to obtain despite significant effort, from either USAID/Washington or DOS/Washington.

¹⁵⁸A social worker who observed the USAID/Kenya Mission one month after the blast noted staff anxiety over lack of funds. “AID folks were getting victimized all over again. It was a double-whammy for an awful lot of folks,” s/he notes.

¹⁵⁹ESF monies require “by the book” accountability, further slowing the grant-giving process—USAID/Kenya’s contracting officer had to write individual limited grant agreements for hundreds of small businesses and other recipients. This was, however, preferable to the alternative—regular grants, which are even more time consuming, according to USAID/Kenya staff.

¹⁶⁰USAID/Kenya received US\$17,850,000 by July 22, 1999. (Ali USAID/Kenya)

¹⁶¹For example, the cooperative association Ufundi-Sacco lost most of its paperwork in the bombing. Management estimates it faced KShs.20 to30 million (US\$294,117 to US\$441,176) of

false claims and lawyers' fees, a dilemma worsened by the absence of paperwork with which to defend themselves. (Ufundi Sacco)

¹⁶²Later extended to one year.

¹⁶³USAID/Kenya also received US\$16,852 of fallout funds for bomb-related administrative activities, such as expanding the parking lot at the USAID Parklands building to accommodate Embassy staff and giving awards to employees who assisted after the bombing.

Chapter 10

¹⁶⁴According to USAID sources, they had to argue for any money for administration or staff support. USAID/Kenya had to advocate strenuously to justify a Bomb Response Unit.

¹⁶⁵The U.S. Army Corps of Engineers contract ends September 2001 but may be extended to ensure work is completed.

¹⁶⁶Besides the September 2-15, 1998 trip, Flynn visited Nairobi January 6-17, 1999 (to chair USAID's request for proposal committee evaluating mental health service providers), and again from March 22 through April 2, 1999. Flynn also sent a staff member, social psychologist Harriet McCombs, to Nairobi in late June 1999 to assist in the start-up of the IFRC-KRC mental health program. (Flynn December 18, 2000)

¹⁶⁷On at least one trip, Pfefferbaum was accompanied on by Dr. Carol North of Washington University.

¹⁶⁸Kenyans were asked, for example, whether they would describe the bombing as an "act of terror that cannot be justified under any circumstances" rather than one that the U.S. brought on itself because of "its anti-Islamic policies around the world." Some might interpret this question as leading. (*Africa Opinion Alert* June 29, 1999 "Most Kenyans Call Bombing of U.S. Embassy Unjustifiable Act of Terror.")

¹⁶⁹Other Mission staff reported facing down hostile media. For example, USAID/Kenya's Deputy Director Lee Ann Ross was featured on Kenya Television News' "Breakfast Show," in which she responded to a Kenyatta National Hospital medic who criticized the U.S. humanitarian response.

¹⁷⁰Carson is now U.S. Ambassador to Kenya.

¹⁷¹VSA is perhaps the most active and visible of several survivor groups. It was founded July 1999 and claims 2,000 registered members. It is voluntary, run by a committee of survivors. Its purpose, according to one VSA committee member, is "to identify with one another and seek constructive ways on how to help each other. Emotionally, socially, psychology and possibly financially, however, in a small way." (VSA committee. November 17, 2000.)

¹⁷²An independent review panel chaired by Admiral William J. Crowe tasked with examining "the facts and circumstances surrounding the August 7, 1998 bombings of the U.S. Embassies in Nairobi, Kenya and Dar es Salaam, Tanzania." The panel focused on the Department of State and security issues.

Chapter 11

¹⁷³"We got to a point where the government were not major players. Other than committees that gathered, we began to deal with private groups. They were not at all obstreperous [but...] the government's role diminished." Greg Gottlieb, current USAID-OFDA East Africa regional coordinator.

¹⁷⁴"I was surprised that there was an undercurrent of opportunism," notes a USAID/Kenya employee. "The government...committees seemed to be about "getting as much [resources] out of this as possible. I saw proposals that had everything but the kitchen sink in it."

¹⁷⁵Deloitte & Touche's fee was US\$24,000 according to USAID/Kenya sources.

¹⁷⁶"Those who are responsible for managing emergency and disaster response, in all parts of the world, frequently feel that they did not do a good job in planning and responding." (Flynn. September 15, 1998. 10.)

¹⁷⁷In two separate payments, USAID reimbursed Hurlingham Hospital KShs.1,117,104 (US\$17,732) on February 10, 1999 and reviewed compensation per Hurlingham Hospital's

request, adding KShs.367,211 (US\$5,829) on February 24, 1999. (USAID Office of Population and Health.)

¹⁷⁸Accounts vary. An earlier AMREF project proposal, "Phase-two bomb blast survivor assistance," reports that only 320 patients had reconstructive surgery and owing to lack of equipment only 12 of the 130 ophthalmology patients were operated on.

¹⁷⁹Funds were raised from AMREF International chapters, the Ford Foundation, Swiss Humanitarian Aid, and the initial USAID disbursement of US\$53,492, which paid for the Emergency Coordination Center in the weeks after the bombing.

¹⁸⁰For example, AMREF helped facilitate the medical evacuation of Teresia Karanja, a severely injured bomb victim, to South Africa for treatment on December 7, 1998. The American Women's Association also provided funds through their Kenya Relief Fund, established in the aftermath of the bombing.

¹⁸¹This figure was later revised to 38.

¹⁸²To date KSB has trained 157 visually impaired or blind bomb survivors (15 at the Machakos Technical Institute for the Blind, 11 at Center for Adaptive Technology, 131 home trainings) and provided self-employment training to 38 people (of whom 20 are women involved in income-generating activities, 15 are men, and 3 have been placed in jobs). (Nderitu, August 17, 2000.)

¹⁸³This was particularly true of the newly blind. "There was a general rejection, denial, and lack of acceptance. They had a negative attitude [and] it took long for most of them to accept to enroll in the rehabilitation process." (KSB. October 2000.)

¹⁸⁴Association of the Physically Disabled of Kenya counselors agree: [A culture has developed] "that has made survivors believe they are a special category of clients and should get preference in whatever service they are renewing."

¹⁸⁵Njenga denies it was his intention to dominate OR. Nevertheless he acknowledges his skills as a public speaker and figurehead may have given a false impression. "I must try harder to be less visible. I was the first medical person to be on radio or television on the bomb blast in the world. I'm a media person." (Njenga October 16, 2000)

¹⁸⁶These included Amani Counseling Center, Child World-Wide, Kenya Association of Social Workers, Neema Counseling Center. (Operation Recovery January 2000 15)

¹⁸⁷"The lesson here is that rewards come to those who wait, but equally, there are systems that could well cause the demise of the very bodies they intend to assist. Operation Recovery could have died in waiting for USAID to 'formalise things.'" (Operation Recovery January 2000 77)

¹⁸⁸OR claims this was because Mimless did not have a work permit. Mimless and USAID staff claim that OR senior management felt increasingly uncomfortable with his critiques of their administration, management and ethics.

¹⁸⁹Mimless, for example had been the key organizer of coordination meetings with implementing partners. "From the time [Mimless left], the implementing partner meetings ran down and finally stopped," says one former OR counselor.

¹⁹⁰This was because Mimless is an American. "The Americans had to get one of their own because they do not trust others," Dr. Frank Njenga was quoted as saying in the *Nation* August 8, 1999.

¹⁹¹This may be a bit of dissimulation on USAID/Kenya's part. The organization that signed the mental health grant was an international organization: the IFRC. The KRC was merely IFRC's implementing partner. However, U.S. government sources point out that OR was given unusual opportunities to refine its proposal, including (in an exception to procedure) a meeting with a key mental health evaluator, Dr. Brian Flynn, U.S. Department of Health and Human Services, who sat down with both organizations to discuss the weaknesses of both proposals prior to final submission. (Flynn December 18, 2000)

¹⁹²However, Mimless believes "the planning figures...were not unrealistic. The KRC was not swift enough." (Mimless October 6, 2000)

¹⁹³Amani Counseling Center is the largest pre-existing counseling organization in Kenya. (It declined to bid for the mental health program grant in April 1999 but accepted the project when IFRC bowed out.)

Chapter 12

¹⁹⁴During the third term of 1999, project officers received more than 800 school structures (official documentation showing the range of each school's fees), which were screened by a Review Panel Committee. The committee approved 420 fee structures and made check requests.

Various schools received 398 checks. (Kenya Red Cross Society 1999)

¹⁹⁵USAID officials say the workload in the months after the bombing precluded close scrutiny of such activities. An engineer from the Army Corps of Engineers joined USAID's Bomb Response Unit August 1, 1999. Before that "we did not have an engineer to send down there to sit and watch them," says a USAID/Kenya employee. "I am not sure that Co-op would have allowed us to assign someone there even if we had someone to send."

¹⁹⁶Wilbur Smith Associates received US\$150,637 and visited Nairobi May 20 through June 25, 1999. (USAID August 2000)

¹⁹⁷Co-operative Bank estimates it lost more than US\$32 million in human resources, infrastructure, equipment, and "consequential losses" including income. See Appendix 2.2 for a breakdown. (Co-operative Bank January 17, 2001)

¹⁹⁸Some of the work was cosmetic, a deliberate strategy to "change the character of that building" to mitigate employee trauma about returning the work, according to an engineer who assessed the site.

¹⁹⁹"22 CFR 228.53, a waiver to use Geographic Code 935 for privately owned suppliers of services, whether from commercial or nonprofit organizations, may be authorized on a case-by-case basis when: It is necessary to promote efficiency in the use of United States foreign assistance resources, including to avoid impairment of foreign assistance objectives." (Ron Breen, USAID/Kenya contracts officer. Email)

²⁰⁰Individual contributions being, of necessity, small, Ufundi's membership fee is KShs.200 (about US\$3). One source at a private engineering firm described Ufundi as "poor as churchmouses."

²⁰¹Total losses were estimated at KShs.710.78 million.

²⁰²In the interests of time, a replacement building was chosen over rebuilding. (BRU)

²⁰³Ufundi received roughly KShs.7.5 million (US\$125,000) from other Kenyan savings and credit cooperatives, the World Council of Cooperative Unions, and the International Cooperative Alliance. In addition, private sources including IBM and DBS, a South African computer firm, donated office equipment. (Ufundi Sacco November 16, 2000)

²⁰⁴For example, the National Social Security Fund was the main tenant in Lyric House. However, Ufundi staff say the fund owns four vacant buildings and would, in all likelihood, terminate its lease at Lyric to go to one of those. (Ufundi November 16, 2000)

²⁰⁵This had also been the first board's choice, rejected for the same reasons of cost. (BRU)

²⁰⁶According to USAID, this is because building owners did not have many capital assets, the businesses renting space in the buildings did. Those small and medium-size businesses did qualify for U.S. aid to replace damaged assets, but under a different program. (See Chapter 11.)

²⁰⁷These were the "Terms of Reference for Technical Consultancy" and "Bid Instructions."

(Matrix)

Chapter 14

²⁰⁸Businesses were eligible to claim damage from the bombing throughout the life of the program, making it difficult to estimate the number of claims KPMG would ultimately process, hence the indefinite quantity contract.

²⁰⁹The transience of Kenya's small business community is a major challenge to service providers, particularly with programs that require frequent contact over months. One shoeshine businessman disappeared before his claim was processed. He has since been awarded KShs.10,000 (approximately US\$133) but is unlocatable. "This is unfortunate because this is a person who probably needs the money more than most," notes one KPMG staffer.

²¹⁰Less than 1 percent of cases were appealed. (KPMG Peat Marwick)

²¹¹ “Insurance companies put an umbrella over us when it is sunny and remove it when it rains.” (Mureithi August 2-8, 1999 6)

Chapter 15

²¹²Kenya’s blood safety is said to be poor. According to researchers at the University of North Carolina-Chapel Hill: “There is no quality-control system in place, but an in-depth study in 1997 showed that a significant number of blood units were infected, even after going through testing procedures.” (UNC: http://www.cpc.unc.edu/measure/initiatives/hiv_aids/hiv_abstracts/kenya.html)

Chapter 16

²¹³Preliminary discussions to establish a donated-leave bank for U.S. direct hires never led anywhere. Staff say this would have been helpful, because many had already used their annual leave for summer holidays before the bombing.

²¹⁴The increase began August 16, 1998 and was reduced June 18, 2000.

²¹⁵This was later reduced to 20 percent, but has since gone back up to 25 percent, based on an unrelated annual survey of living conditions conducted at most posts.

²¹⁶Most injured U.S. government personnel were moved from more than eight hospitals to Nairobi Hospital.

²¹⁷Silver Springs Hotel, adjacent to Kenyatta National Hospital, Nairobi Hospital, and the City Morgue. Later these services were moved to the Impala Hotel, a block from the USAID-temporary Embassy building in Parklands.

²¹⁸Tours of the building would continue for the rest of the year, and for lack of external support, tours were invariably headed by Mission staff. This was “a bad idea” in the words of one psychiatrist. “They just grabbed anybody [to lead these tours]. The people who asked them to do this did not understand the psychological consequences. There were human remains still in [the building]. Some of those remains were friends of the people giving the tour.” See Section 2.7, Official Visitors.

²¹⁹It is debatable whether Critical Incident Stress Debriefings should be mandatory, according to some psychiatric sources.

²²⁰Mandatory, although one counselor estimates that perhaps one half to two thirds of staff were debriefed.

²²¹Several sessions were held at the USAID/Embassy Parklands building and at the deputy chief of mission’s house.

²²²Counselors were paid US\$75 per hour for CISDs.

²²³“CISD is a very controversial technique. The research on its efficacy with different types of traumas and different populations is both minimal and contradictory. I would urge caution in appearing to promote the use of CISD more strongly than the science supports and I certainly am one to urge that participating in CISD never be made mandatory.” (Flynn February 7, 2001)

²²⁴Not all groups were mixed. Some were all Kenyan or all American.

²²⁵The effectiveness of CISDs is debatable. However, preliminary research by Embassy-Nairobi’s current Regional Medical Officer/Psychiatrist found that 80 percent of FSNs surveyed two years after the bombing report CISDs as “somewhat helpful or helpful.” (Dr. Sam Thielman, Embassy-Nairobi.)

²²⁶For example, Bushnell held a remembrance and recognition ceremony at her residence January 21, 1999, dedicating a remembrance garden with a fountain built of bricks, each of which was inscribed with the name of a victim.

²²⁷Many funerals were in remote areas of the country. Some Embassy-Nairobi and USAID/Kenya staff said the experience was particularly traumatizing after losing friends and colleagues. They suggested outside support staff might be useful, providing the symbol of U.S. concern without compelling victims to attend the funerals.

²²⁸There is a DOS procedure for death notification, but it is not uniform for all U.S. government agencies overseas, and it involves telephone notification, a point of concern for many interviewed for this report.

²²⁹The U.S. Attorney's Office procured a secret indictment against bin Laden several years before the bombing in reaction to the "fatwas" (edicts) bin Laden issued instructing his followers to organize campaigns of terrorism against Americans and American installations. By doing so, the U.S. Attorney's Office received jurisdiction over the case, according to the Department of Justice.

²³⁰OVC sources say the Office of Casualty Assistance has disbursed US\$350,000 of the total US\$500,000 to date.

²³¹All OVC money must be used for expenses not met by pre-existing U.S. government policies and plans. These may include uncompensated medical expenses, emergency travel, transportation of bodies, mental health counseling for victims (in some cases), information materials (such as a web site set up for Lockerbie family members), a victims' assistance specialist. "There is no list [of what kind of program can be funded] because each case is different," says an OVC staffer.

²³²Practitioners' offices, local restaurants, the Ambassador's residence, the American Club, people's homes, etc.

²³³Embassy vehicles were provided for all staff. In 2000 a health unit vehicle was dedicated to transporting staff. However, some staff cite confidentiality fears about requesting vehicles, particularly those seeking mental health services.

²³⁴This was particularly true of Embassy staff who (unlike USAID) had no link to remote mail service.

²³⁵MED officials stress that regardless of reporting structure, medical issues are confidential. "Only in very strict circumstances, legally set out, or [in regards to] risk of life, do medical officers report medical matters to other Mission personnel," says one MED doctor.

²³⁶USAID/Kenya's executive officer disputes this interpretation, saying that the Mission would have worked quickly with MED to secure ICASS funding if so directed by MED.

²³⁷Perhaps, a "bleak period" even when the RMO/P was at post. Numerous staff have expressed disappointment in this particular doctor's abilities. It is not possible to verify the accuracy of these statements, and they must be taken with a grain of salt considering the relative antipathy all MED overtures were greeted with at this time.

²³⁸Some staff have expressed concerns about the "trauma qualifications" of the current RMO/P. However, a wide range of psychiatric sources note that "the whole field of trauma is new" and there are, consequently, few true "experts." "[The current RMO/P] has got as much training as any of our shrinks about PTSD," notes a MED official. "I think you need to be a good psychiatrist. It's the individual who really makes the difference."

²³⁹Another cable laid out the details of the payment scheme on December 3, 1999.

²⁴⁰"USAID Workers' Compensation Claims Service Program." Brochure.

²⁴¹Some staff note that mental health problems stemming from traumatic events are not well defined in the scope of workers' comp policies. Staff found it confusing that future mental health complaints related to a terrorist bombing were classified under "occupational disease" as opposed to "traumatic injury."

²⁴²1) CA-1: The Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation and 2) CA-2: Notice of Occupational Disease and Claim for Compensation.

²⁴³"Instructions for Completing Form CA-2." Department of Labor.

²⁴⁴The requirements for the CA-1 form are equally taxing. CA-1 forms request, among other things, that claimants "describe in detail how and why the injury occurred. Give appropriate details (e.g. if you fell, how far did you fall and in what position did you land?)" (CA-1 form)

²⁴⁵"USAID Workers' Compensation Claims Service Program." (brochure)

²⁴⁶"Active" forms are those in which a complaint or injury has manifested itself. "Inactive" forms are those filed in anticipation of a potential future illness.

²⁴⁷One was the RMO/P who flew to Nairobi immediately after the bombing; the other was the RMO/P placed permanently in Nairobi January 4, 2000.

²⁴⁸MED staff note that MED doctors cannot curtail either—only the ambassador can request staff to depart post. The sense here seems to be that an ambassador might take the advice of a MED doctor more seriously than that of a social worker.