

## FORUM ARTICLE

# Organizational synthesis in transboundary crises: Three principles for managing centralization and coordination in the corona virus crisis response

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## Abstract

Boin (2019) argues that in transboundary crisis management it is almost impossible to achieve centralization and coordination. This article identifies three principles through which actors in a transboundary crisis can balance centralization with autonomy while shaping coordination along the way. We reanalysed three transboundary cases: the Dutch military mission in Afghanistan, the downing of MH17 and hurricane Irma striking Sint-Maarten. The principles we found are as follows: (a) reformulating key strategic priorities, (b) flexible adaptation of crisis management protocols and (c) the emergence of multifunctional units. With these three principles, we reflect on challenges in the Dutch crisis response to the corona outbreak and propose improvements for progressing current crisis management efforts.

## KEYWORDS

corona virus, organizational synthesis, transboundary crisis

## 1 | INTRODUCTION

In transboundary crisis management, there is a dual challenge of centralization and coordination that makes crisis response highly problematic (Boin, 2019). Boin argues that centralizing decision power in the hands of political leaders does not work because the involvement of many different political actors makes it hard to define a unified "high-command." Coordination between crisis responders is highly problematic as well, because many of them are involved in different activities, without established coordination routines. Boin (2019, p. 99) calls for a research agenda that studies conditions under which preparatory and management efforts can be effective in transboundary crises.

Our paper contributes to this agenda by providing three principles for transboundary crisis management. The principles enable crisis responders, across different organizational levels, to successfully

develop centralization and coordination during the crisis response. Based on Thompson's (1967) classic concept of the "synthetic organization," we conceptualize a process of organizational synthesis. By means of this process, we show how crisis managers balanced centralization with autonomy by quickly reformulating key strategic priorities. Also, crisis workers established coordination through flexible adaptation of existing crisis management protocols and the creation of multifunctional units. We captured these achievements in three principles for transboundary crisis management, visualized in Figure 1.

The three principles are based on a reanalysis of three transboundary cases we had evaluated earlier. The first case is about the operations of Task Force Uruzgan (TFU; Kramer, De Waard, & de Graaff, 2012; Moorkamp, 2019), a Dutch military task force in Afghanistan's Uruzgan province that consisted of many different units from the four military parent organizations in the Netherlands

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(Army, Air Force, Navy and Military Police). The second case is the Dutch national crisis response after the downing of flight MH17 in the eastern part of Ukraine on 17 July 2014 (Torenvlied et al., 2015). The third case is the crisis response on the island of Sint-Maarten after hurricane Irma destroyed most of the island's infrastructure in 2017 (Moorkamp & Wolbers, 2019). The empirical material gathered for studying the cases is presented in Table 1.

The three principles of transboundary crisis management are being observed in the Dutch corona crisis response (April 2020). However, important elements are absent, and this has consequences, we argue here. In that light, we first briefly reflect on the Dutch crisis response to the outbreak. The third and fourth sections of this paper detail the support for the three approaches, both theoretical and empirical.

## 2 | REFLECTION ON THE DUTCH CORONA CRISIS RESPONSE

### 2.1 | Reformulation of strategic priorities

In the initial Dutch crisis response, key priorities were reformulated multiple times (Wallenburg & Helderma, 2020): from containing the virus outbreak through location-specific measures in the most affected North-Brabant province—to a much contested “herd immunity” priority protecting frail elderly while keeping open schools—then to an “intelligent lock-down” priority closing universities, schools, bars, restaurants and “contact” jobs. These reformulations are informed, foremost, by expert advice from the Outbreak Management Team (OMT) initiated by the Dutch national institute for Public Health and the Environment (RIVM)—enabling coordination between hospitals across the country. The ability to include different perspectives and crisis domains into the way strategic priorities are reformulated is, however, a challenge in the present crisis response. Experts argue that the primary focus on health care seriously jeopardizes economic stability and social security (see e.g., Crisislab, 2020). Including multiple perspectives in prioritizing future responses to the corona virus outbreak is important as a recent Harvard study foresees intermitting recurrence of the virus until 2022 (Kissler, Tedijanto, Goldstein, Grad, & Lipsitch, 2020), which necessitates alternating between medical, economic and societal priorities.

### 2.2 | Adaptation of crisis protocols

In the Netherlands, national-level crisis protocols allow for some flexibility (Torenvlied et al., 2015). A newly formed centralized national coordination platform for spreading patients (LCPS<sup>1</sup>) became responsible for moving COVID-19 patients from overcrowded hospitals to other (less affected) parts of the country. The LCPS is a good example of an ad hoc adaptation to national-level crisis management protocols as this platform did not exist as such in present national-level crisis protocols. Centralized overview and control in this platform are now regarded as an effective strategy to deal with the nationwide corona virus outbreak (Van Duin & Wijkhuis, 2020). Some voices, however, questioned centralizing tendencies in other parts of the crisis response organization (Hendrickx & Meijer, 2020), as safety and security services in the Netherlands are decentralized into 25 so-called safety regions. The safety regions have seen their autonomy decline significantly. Hence, balancing centralization and autonomy is a challenge in the current Dutch crisis response at the time of writing. The danger of top-down, and locally ill-fitting, crisis response strategies is present.

### 2.3 | Multifunctional units

The newly established central LCPS has some multifunctional characteristics as it consists of medical specialists, actors from the Ministry of Defense that support command and control and logistics, and civil servants from the ministry of health, welfare and sports. The previously mentioned OMT, however, appears to lack multifunctionality to the extent it consists only of closely related specialisms such as virologists, epidemiologists, clinicians and other medical specialists. In relation to the first point on reformulation of key priorities, reliance on mono-disciplinary advice may seriously jeopardize the ability of the transboundary crisis response organization in managing the crisis in time. The moment we have entered the “warm phase” of the virus outbreak, we may be in the “hot phase” of the social-economic crisis, when holding onto domain-specific silos in a transboundary crisis management is known to be a recipe for disaster.

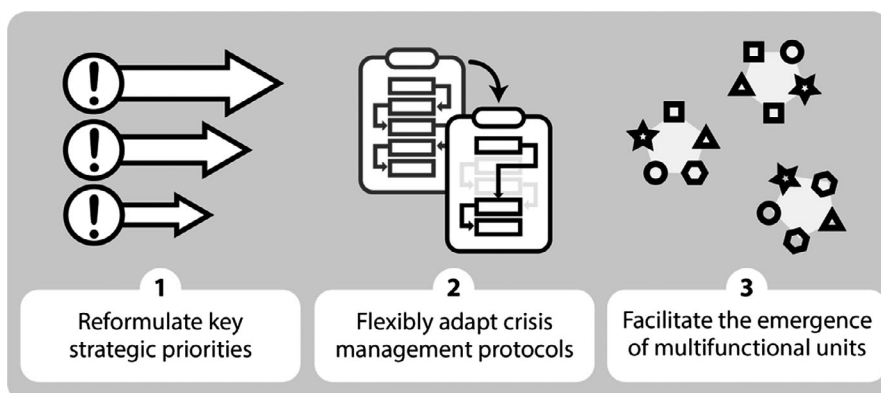


FIGURE 1 Three principles for transboundary crisis management

**TABLE 1** Overview of empirical material

Case	Timeframe	Interviews conducted
Afghanistan—Task Force Uruzgan	2006–2010	22
MH17 Dutch National Crisis Response Organization	2014–2015	47
Sint-Maarten crisis response	2017	16
Total		85

### 3 | ORGANIZATIONAL SYNTHESIS: DEALING WITH THE DUAL CHALLENGE OF CENTRALIZATION AND COORDINATION

Challenges to achieving centralization and coordination for crisis response organizations are conceptualized vividly in Thompson's characterization of the “synthetic organization.” Developing a transboundary crisis concept “avant-la-lettre,” he (1967, p. 53) reflects on the challenges that emerge in large crisis response organizations when actors from many different organizational contexts are simultaneously involved (see also: Thompson & Hawkes, 1962):

(...) the synthetic organization must simultaneously establish its structure and carry on operations. Under conditions of great uncertainty, it must learn the nature and extent of the overall problem to be solved and the nature and location of relevant resources. At the same time, it must assemble and interrelate the components, and it must do all this without the benefit of established rules or commonly known channels of communication. The synthetic organization cannot take inventory before swinging into action.

Not only does Thompson describe the challenges of centralization and coordination in (transboundary) crisis response organizations, he also hints at a process of *organizational synthesis* that emerges as the organization swings into action. Our current interpretation of the organizational synthesis process is the following. Crisis response actors in transboundary crises shape, and reshape, organizational context while simultaneously enacting multiple uncertain, emerging and evolving crisis contexts. In doing so, they develop their organizational context in such a way that centralization and coordination are, ultimately, achieved.

The more recent notions of sensemaking and organizing concepts (Kuipers & Boin, 2015; Weick, 1979, 1995) help to understand how organizational synthesis among many different crisis response actors is achieved when it comes to transboundary crises specifically. On the one side, crisis response actors have to make sense of their own specific and continuously evolving crisis context. *Sensemaking* hence refers to dealing with the “outside,” the way in which actors together attempt to create a “workable level of certainty” (cf. Weick, 1979) in inherently uncertain, equivocal, reactive and specific crisis contexts. On the other side, crisis response actors engage in organizing

processes by “assembling ongoing interdependent actions into sensible sequences that generate sensible outcomes” (Weick, 1979, p. 3). *Organizing*, thus, places emphasis on the “inside,” the creation of a sensible social structure. Sensemaking and organizing together constitute, in our view, a general process of *organizational synthesis*.

The process of organizational synthesis is at the heart of our understanding how crisis response actors in a transboundary crisis successfully deal with the challenges of centralization and coordination in their crisis management. Three examples of transboundary cases make this very clear.

### 4 | THREE TRANSBOUNDARY CASES

Our reanalysis of the transboundary cases from the perspective of organizational synthesis revealed three principles for successful transboundary crisis management, namely: reformulating key strategic priorities, flexible adaptation of crisis management protocols and the emergence of multifunctional units.

When it comes to the first, we witnessed the quick reformulation of key priorities at the central level—ranging from the ministerial level in the MH17 case to the task-force command level in Uruzgan and the company command level in the Sint-Maarten case. In the MH17 case, the Dutch crisis cabinet, headed by the Dutch prime minister, immediately attended to the initial impact of the MH17 crash in Dutch society by formulating three priorities: “repatriation of victim's remains,” “investigation of the crash” and “bringing those responsible to justice”. Commanders of the marine unit who were present on the island of Sint-Maarten during the passing of hurricane Irma quickly formulated three priorities: “saving life and limbs,” “controlling luting” and “evacuation.” During the Uruzgan mission, “reconstruction” goals were reformulated to “peace enforcing” goals, after patrols in the mission area discovered a subsequently more dangerous mission area than expected. The reformulated priorities placed more emphasis on combat activities and were more in tune with the nature of the experienced mission area at the time.

The formulation of key priorities certainly was a product of central level actors making sense of environmental cues, trying to simplify environmental turmoil. These priorities were not set in granite. Simultaneously, the formulation of priorities provided key cues for shaping coordination between dispersed crisis response actors at the operational level. The formulation of key priorities in the MH17 crisis organization opened up resources for (re-) assembling different units of the police and the Ministry of Defense into a large temporary task force (MH17-Recovery) aimed at repatriation of victim's remains. In Afghanistan, the prioritization of peace enforcement shifted operational emphasis towards activities of infantry units within the task force. During the first phase of the crisis response at Sint-Maarten, setting three priorities was accompanied by the creation of ad hoc patrols that provided first assistance to the local population.

With respect to the second principle, we observed a constant adaptation of existing crisis management protocols, aiming to facilitate coordination among dispersed crisis responses. The MH17

case exemplified the flexible use of the existing national-level Handbook on Crisis Decision-Making. Some elements described in the Handbook were not used, other elements were emphasized and contextualized. This resulted in the creation of a so-called “steering group MH17 Recovery” in which different actors from different ministries coordinated their activities to govern the task-force on site in Ukraine. The steering group refrained from a “top-down” command and control approach, but instead promoted the effective, autonomous operation of this task force and its commanders.

The marine crew that was deployed on the island of Sint-Maarten abandoned their standard “HUREX” protocols in favour of combat heuristics developed in a recent peace-keeping mission in Mali. The heuristics facilitated the creation of a centralized “pocket of force” from which effective ad hoc patrols were assembled. Within TFU, soldiers discovered along the way that procedures for coordinating airspace users had to be adapted to work with many different units from different parts of the defence organization (such as Air Force Apaches and Army Forward Air Controllers). Eventually, this ad hoc adaptation facilitated the way the different units were able to coordinate with each other while dealing with opposing forces.

As for the third principle, we found that, in time, actors gradually do start to organize themselves into units with a multifunctional nature. Both at the central level and in operations, clustering activities very different from a siloed approach, appeared to be a way to coordinate effectively. In the MH17 case, we saw that the steering group “MH17 Recovery” had a broad composition of actors from many different government functions. This dramatically improved the way government parties could coordinate and share information relevant to the mission in Ukraine. Both in Sint-Maarten and Uruzgan actors along the way organized themselves into multifunctional units too. Engineers and infantry integrated their activities within multifunctional platoons for the passing of a second hurricane (Maria). Within TFU, the so-called Smallest Unit of Action-principle was developed in which soldiers from different functional specialisms (such as: engineers, infantry, cavalry) regrouped themselves into multifunctional patrols, better able to deal with the Uruzgan mission environment.

## 5 | CONCLUSION

The three principles visualized in Figure 1 are key in crisis responders dealing with the challenges of centralization and coordination in transboundary crises. Section two shows that they are relevant to crisis responders in the current corona crisis and are likely to figure prominently in the demands on centralization and coordination to come. The transboundary crisis research agenda set out by Boin (2019) is increasingly relevant, we conclude.

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## ENDNOTE

<sup>1</sup> In Dutch: Landelijk Coördinatiecentrum Patiënten Spreiding.

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