## EDITOR'S NOTE

## MINDING THE GAPS

ere at *Health Progress*, we have little doubt that Catholic health care organizations are far better prepared to cope with disasters than they were a decade ago. We also have little doubt that even the most savvy of our readers in disaster readiness are likely to find something new to think about in the pages ahead.



PAMELA SCHAEFFER

This issue on disaster readiness is a hefty one, replete with a mix of reported articles, weighin from national experts and firsthand accounts of coping with disasters from health care organizations. We wanted to tell some of the stories and report some of the hard-earned wisdom of health care leaders whose organizations have been victims or

responders, or often — amazingly — both. How did they do it? What resources were in place to help them? What kind of planning served them best, and what gaps in readiness are leading to improved response systems, more rigorous training, better hospital design?

Lilah Lohr, HP's talented managing editor, and I review everything that goes into every issue — not once, not twice, but many times. The emotional pull of certain articles can't help but affect us. So for this issue, in this space, I decided to point to some of the phrases, observations or pieces of advice from our authors that have stayed in our minds.

Lilah was struck, for instance, by frequent reminders that not only direct disaster victims, but also those who emerge unscathed, and even emergency and relief workers, are likely to be emotionally overwhelmed, especially when the immediate crisis has passed. Another standout for her was the extent to which an organization's failure to establish strong ties with emergency officials has resulted in fiascoes, or even tragedy, for some nursing home residents.

"You may not be lucky enough to have the medical director of your nursing home also be the director of your town's emergency services," as was the case when a chemical plant explosion damaged the nursing home in West, Texas, Lilah noted. "It seems clear that the better relationship your emergency planning people have with the community and state emergency people, the bet-

ter situated you will be if disaster strikes."

I was intrigued by the advice of experts to push emergency readiness drills until you "break the plan," and by Nicole Lurie's growing concern for vulnerable people who live at home — especially those who need regular dialysis or critical medications or who rely on electricity-powered medical equipment to sustain their lives. Lurie, the official appointed to lead our nation's disaster preparedness efforts, would like to see communities create registries of those people so that emergency relief workers know where they are. (Such registries would have to be voluntary for participants because of HIPAA's privacy rules.)

Margaret McLean mesmerized me with her haunting questions about prioritizing medical services and supplies when hospitals are overwhelmed. A major challenge, she notes, is developing ethical as well as logical preparedness, especially given that those farther away in time and distance from the last calamity are more likely to underestimate the risk.

Clearly, our nation and our hospitals have made many strides in disaster readiness since Hurricane Katrina's gruesome wake-up call. Yet, many gaps are evident, and the forces making disasters more frequent and intense remain in play. One of our authors, Gary Cohen, cites the role of climate change and calls on health care professionals to lead the way in mitigating its increasingly devastating effects.

In addition to the articles published here on disaster relief, I would like to call your attention to CHA's resources on disaster response, which include an excellent new booklet and a recording of a Sept. 19, 2013, webinar featuring Kim Burgo, senior director of the national Disaster Operations Office for Catholic Charities USA, based in Alexandria, Va. In the webinar and booklet, Burgo looks at disaster response through the lens of U.S. Catholic bishops' seven tenets of Catholic social teaching. These resources are available at www. chausa.org/disaster.

## HEALTH PROGRESS

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