Facing Disasters as a "Community of We"



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oward the end of the documentary Sicko, Michael Moore sighs and says, "We are a nation of me instead of we." He is, of course, speaking about a fundamental challenge to health care reform in this country. But the fact of American individualism—our emphasis on rights, freedoms, and unhindered individual pursuits—affects all dimensions of our personal and social existence. In the event of a pandemic or some other large-scale disaster, the fact that we are a nation of me instead of we is likely to be a serious challenge to our collective response. There have already been indications of this in the Katrina fiasco, as well as in reactions to the Model State Emergency Health Powers Act (MSEHPA) of 2001.

MSEHPA, formulated after an extensive consultation process and in collaboration with a number of national organizations, was an attempt to update public health law to better deal with national public health emergencies. Among other things, under the act, state and local officials are authorized to use and appropriate property as necessary for the care, treatment, and housing of patients and to destroy contaminated facilities or materials. They are also empowered to provide care, testing, treatment, and vaccination to persons who are ill or who have been exposed to a contagious disease, and to separate infected individuals from the population at large to interrupt disease transmission.¹

RECALIBRATING INTERESTS

Despite the fact that the act requires state and local governments to respect the dignity and rights of persons, be guided by principles of justice, and to act with fairness and tolerance toward individuals and groups, many have objected to restraints on the exercise of individual rights and freedoms. As Lawrence Gostin observes, "[I]n a country so tied to rights rhetoric on both sides of the political spectrum, any proposal that has the appearance of strengthening governmental authority [for the common good] was bound to travel in tumultuous political waters." In his

judgment, "The balance between individual interests and common goods needs to be recalibrated in an age of terrorism."³

Catholic health care is in a rather unique position to assist in this "recalibration." As Catholic health care collaborates with others to develop emergency preparedness plans, it has a rich tradition upon which to draw. It is a tradition that views persons not as isolated individuals, but as being in and flourishing through relationships with others, that recognizes the individual's responsibilities to others and to the common good, and that emphasizes solidarity with others. Catholic health care (as well as other segments of the Catholic community) can bring to the table a vision that balances respect for human dignity with concern for and responsibility to the common good. Unless such a vision shapes disaster preparedness plans, individuals will still survive a disaster—especially advantaged individuals but the community will be harmed more than it otherwise would. This in turn means that less advantaged individuals will be adversely affected.

CONCERN FOR DISADVANTAGED

This suggests another contribution of a Catholic vision for emergency preparedness planning, concern for the disadvantaged. The burdens of any kind of disaster will not likely be distributed evenly. They will only exacerbate existing social and economic inequalities, as was acutely evidenced in the aftermath of Katrina. "The potential for a pandemic to exacerbate existing social and economic inequalities underscores the importance of considering a pandemic not only as a pressing public health issue, but also as an urgent matter of social justice." This will require explicit attention to the disadvantaged in planning and in the execution of those plans. As Uscher-Pines and her colleagues observe in discussing planning on a global level:

All countries should identify which of their disadvantaged groups are likely to suffer most, include them in the planning process, and take steps to create and implement policies on their behalf. If countries do not incorporate the needs and rights of disadvantaged groups in planning, the effects of a pandemic may not only be catastrophic, but also catastrophically unjust.⁵

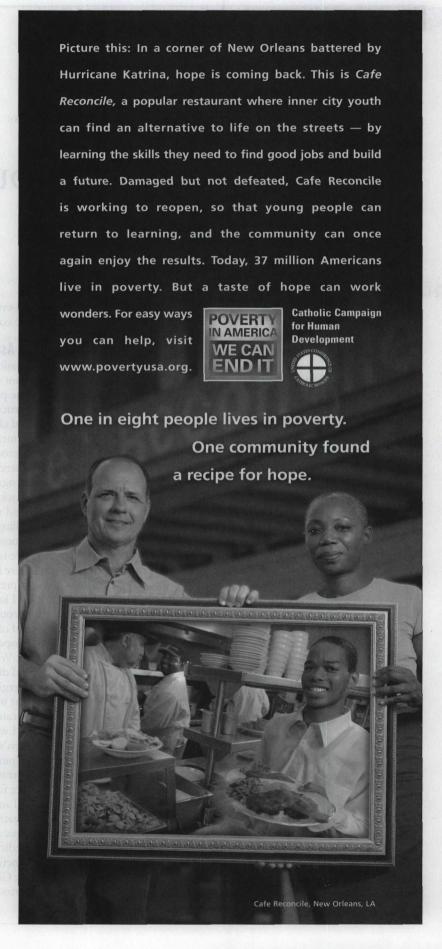
A catastrophe that is catastrophically unjust. To see what this means, albeit on a relatively small scale, we only have to look at the aftermath of Katrina.

ROLE OF CATHOLIC HEALTH CARE

Catholic health care has a critical role to play in disaster preparedness planning. It is not only a matter of being at the table and contributing to the development of particular plans. Catholic health care has a vision to contribute—the convictions, concerns, and values that will give shape to the plans. If Catholic health care fails to advocate for the common good (while at the same time respecting human dignity), focusing particular attention on the disadvantaged, then perhaps, sadly, we might count ourselves among the contributors to this nation of me rather than to a community of we.

NOTES

- Lawrence O. Gostin, "Public Health Law in an Age of Terrorism: Rethinking Individual Rights and Common Goods," *Health Affairs*, vol. 21, no. 6, November-December 2002, p. 84.
- 2. Gostin, p. 91.
- 3. Gostin, p. 81.
- Lori Uscher-Pines, et al., "Planning for an Influenza Pandemic: Social Justice and Disadvantaged Groups," Hastings Center Report, vol. 37, no. 4. July-August 2007, p. 33.
- 5. Uscher-Pines, p. 38.



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