



# STRATEGIES FOR DISASTER READINESS

By JULIE TROCCHIO, M.S.

**“T**his is what we have learned,” said Nicole Lurie, MD, the Department of Health and Human Services Assistant Secretary for Preparedness and Response, at a meeting held in early September at CHA’s office in Washington D.C. “We have learned that preparedness pays off and that vulnerable people with special needs are particularly at risk.”



Why should this be a topic of interest to the Catholic health ministry? All quality health care providers prepare for disasters and large-scale emergencies, determining how to best care for victims and how to manage resources. But Catholic health care, because of our mission to respond to ever-changing community needs and commitment to God's vulnerable people, have added incentives to pay attention to disaster preparedness and response.

Building healthy communities and addressing community needs has been part of Catholic health care since our founders and foundresses first established our ministries. Our organizations have worked with community members to develop needed programs and services. Addressing needs related to disasters and other emergencies is an extension of that commitment.

Additionally, care for vulnerable people always has been a priority for Catholic health care. While some people may think that a disaster or other community emergency is a great leveler and that we are all equally impacted and at risk, experience has taught us that is not the case.

Persons who are economically poor will have fewer resources and reserves, less stable shelters and fewer options for evacuation. Persons with critical ongoing medical needs — medications or treatments such as chemotherapy or dialysis — may be at risk for complications or even death if services are disrupted. Isolated community members, particularly elderly persons, may be forgotten during rescues. While we all may experience some anxiety or depression when confronting a disaster, community members who have mental health problems are at even greater risk.

Because of our mission and commitments, Catholic health care organizations are moving beyond preparing themselves for unforeseen events and working to help make sure the community, especially the most vulnerable people, are prepared and get the services they need. While federal, state, and local health departments and emergency management offices have key roles in preparing for and responding to disasters, the government cannot and should not do this alone.

A community can improve its resiliency only if

the key stakeholders, both public and private, work together to identify and address community needs before an emergency or disaster. It will take coordinated efforts that include community organizations such as Catholic Charities and other faith organizations, United Way agencies and others. Health care organizations, especially Catholic health care, can play a critical role.

At this time of transformation in our health care system, we need to seize opportunities to promote partnerships as a key strategy for creating stronger, healthier communities — communities that are prepared to protect and care for people during disasters of every kind.

We hope you will find the articles in this issue of *Health Progress* to be both inspiring and useful. They demonstrate how Catholic health care has responded to disasters of many kinds, built stronger buildings, developed community coalitions and emerged better prepared for the experience. They also explore disaster-related ethical matters, such as triaging patients and resources when emergency rooms are overwhelmed, and the role that hospitals play, or might play, in mitigating global warming and climate change — contributors, according to scientists, to the frequency and intensity of weather-related events.

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Meanwhile, we at CHA look forward to continuing and broadening the discussion with our members on how to increase our disaster readiness by building healthier, more resilient communities.

That is who we are.

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