

CATHOLIC SOCIAL TRADITION ENSURES GOOD INTENTIONS CREATE GOOD OUTCOMES

Catholic health care has a rich tradition of responding to the needs of people affected by man-made and natural disasters, and, in doing so, has built a national ministry that is an enduring sign of Christ's mission.



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With the typhoon in the Philippines and the tornadoes that ravaged the Midwest at the close of 2013, we should all be examining our international and domestic response plans/activities. That examination should include reflection on the tenets of Catholic social teaching which actually provide the underpinning for effective disaster response. As identified by the United States Conference of Catholic Bishops, there are seven themes:

- Life and Dignity of the Human Person
- Call to Family, Community and Participation
- Rights and Responsibilities
- Option for the Poor and Vulnerable
- The Dignity of Work and the Rights of Workers
- Solidarity
- Care for God's Creation

These tenets serve as the basis for Catholic

Charities USA's disaster response activities at the national and local levels, and they also provide a good framework for discernment on how Catholic health ministry can and should respond to international and domestic disasters.

During a 2013 CHA webinar in September — national Disaster Preparedness Month — Kim Burgo, senior director of Catholic Charities USA's national disaster operations office, discussed how the themes of Catholic social teaching frame her organization's response activities. She also offered some important additional considerations and specifics for health care.

Please take the following edited excerpts from Burgo's presentation into consideration the next time your organization plans contributions to a disaster response. We are a ministry committed not only to providing hope and healing, but also to accountability.

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Domestic and International Disaster Response: Considerations for Catholic Health Care Ministry

BY KIM BURGO

Any disaster agency can do the work needed after a disaster occurs, but as Catholic Charities, we have a special calling to do our work in disaster response based on Catholic social teachings. Here are some examples of how these teachings guide and form our activities and actions.

DIGNITY OF THE HUMAN PERSON

Dignity of the human person is upheld sometimes in small ways. During the recent massive flooding in Colorado, we saw a number of people who had been evacuated from their homes, carrying black trash bags containing all their belongings. It's not

very dignified. So we at Catholic Charities worked to get them bins and suitcases and backpacks for their possessions.

We also try to protect disaster victims from negative exposure. We're not in the business of taking pictures of people at their most vulnerable, at what they may feel is the lowest point in their life. While we understand pictures and media are important, we want to take pictures of people when they are comfortable with it, not just because the pictures are requested by external parties or even our national office.

We make sure that our services are provided in a safe and secure environment and that they're delivered in a respectful manner. Our case managers are trained to understand the importance of listening, as well as the importance of providing services. Our offices ensure a space of safety and security, and, quite frankly, an area of confidentiality.

Overall, we want to prevent any cause for a person who is already feeling very vulnerable to also feel less dignified as a person because of a disaster response.

We provide disaster services to people regardless of race, creed, nationality or gender — and that is very important. I think there are folks in the U.S. Catholic community who assume that Catholic Charities will provide services only to Catholics, when, in fact, we advocate for the rights of all disaster victims and disaster survivors.

An example of this occurred in the state of Texas, during a hurricane situation, when the state was going to utilize border control officers to oversee evacuating people from their homes. And, of course, that meant undocumented families in that disaster zone would not leave their residences out of fear of being caught, or arrested, or deported. So we worked very closely with the state of Texas and with the U.S. government to get the border patrol to stand down and allow those people to evacuate.

We work to build community capacities to mitigate future disasters. We work with communities ahead of time to try to help them understand the cycle of disaster response so that we can prevent and mitigate the impact a disaster will have, should one occur.

SUBSIDIARITY

Subsidiarity, a principle of Catholic social teaching, is part of the call to family, community and participation. Catholic Charities USA is organized in such a way that local offices are the ones charged with making decisions at the local level. Because the community needs to lead in its own recovery, subsidiarity [where possible, allowing decisions to be made by the lowest competent authority] is a good guide for our actions, making sure the right people from across all parts of the community are at the table when decisions are made.

When we do our disaster planning at local agencies, we encourage them to include vulnerable populations in discussions. Someone who is homeless, or someone who is elderly, or someone who is undocumented will certainly be able to express their realities much more clearly than someone who is not faced with the same reality and challenges their particular vulnerability brings. They can provide the insight needed for a better disaster response.

Subsidiarity also applies when we are dealing with clients. The disaster survivor, the client, is in charge of leading her or his own recovery. It's not good enough for a case manager to do all the work. Our goal is to improve the situation of anyone who has become vulnerable because of a disaster and to work with them until they feel even better than they did before the disaster. This, many times, is done through our case management program — not case work, but a long-term case management program — where folks are able to sit with a case manager and work piece by piece until their recovery, which can sometimes take three to five years.

OPTION FOR THE POOR AND VULNERABLE

Our preferential option for the poor is a very interesting dynamic because during a disaster, a new kind of poor emerges — the “acute poor.” People who have never accessed social services before are now in the position where they need assistance. The acute poor can be a family that was living paycheck to paycheck until a disaster puts them over the edge. It could be an elderly woman, or an elderly couple, who had all they possessed

in their house, but because they couldn't afford insurance, now have nothing.

So, during a disaster recovery, our traditional definition of "the poor" changes, and this means that we work with everybody and anybody. We don't require a certain income level in order for services to be offered. Our eligibility requirements allow the most vulnerable to access resources, even though a person or family may not be what we traditionally consider to be poor.

This option for the poor and vulnerable also means that we need to continually take the pulse of the community to see what's happening. We look at people who did not have insurance and reach out to them. We look to provide a voice for those who otherwise would not have one. We go out and find those with needs. We do not wait for them to come to us.

DIGNITY OF WORK

During a disaster, the dignity of work is important because disaster survivors want to feel as if they are part of their own community's recovery. So we encourage disaster survivors to be involved in recovery work. We'll give them some volunteer tasks. We'll put them in charge of things. It helps the recovery, too, because certainly they know their community much better than we do.

We also look to utilize what already works. We meet people where they are; meet a community where it is. If there's a group of people within a community already working in a certain direction, then we try to supplement and build on what they're already doing. We aren't there to reinvent the wheel.

Cash donations also are an important part of bringing dignity of work. Folks everywhere want to provide in-kind donations or actual material donations for a site. This can be a hindrance if unneeded items are donated. Cash donations, though, help disaster responders to stimulate the local economy and put people back to work. Many businesses close for a few days because they can't find their employees, or because the business itself was ruined. Providing cash donations allows us to rebuild the dignity of work in a community.

SOLIDARITY

Solidarity is absolutely essential if we are to function as a Catholic Church in disaster response. We can have all the technological knowledge in the world. We can know all the terms and condi-

tions. We can know all the methodologies [and apply them]. But if we do all that work without compassion, than we're not doing it as Catholic Charities. Solidarity calls us to function in a compassionate manner in helping not only the agencies we're providing services to, also in helping them to provide their services with compassion when they, too, are often victims.

We meet disaster survivors where they are, not where we want them to be. We will go out to a community. Any social service agency on a nice, normal, sunny day will say: "Well, our office hours are 9 to 5, and we're located at this address," but that's not very helpful to a person whose car has been washed away or who no longer has access to public transportation. If meeting disaster victims where they are means going up to the mountain and meeting and setting up a mobile site, then that's what has to be done.

Keeping promises is another important part of solidarity. We try not to build up expectations that can't be met. That's a difficult thing to do, because in a disaster, information changes from the beginning to the end of the day.

I can't underscore enough how important it is to understand the cultures and customs of each place we go to serve. In Asia, it's important to know that you're not allowed to touch people. Yet in places like Latin America, people give hugs all the time.

Disaster response is not something you can do as a hobby. You really have to know what you're doing in order to make disaster response effective.

I call it the "disaster mother ship" that deposits its disaster aliens into a community. Every community that I have worked in during a disaster is very different from the next. The communities of Baton Rouge and New Orleans are very different from the Ozark Mountains in Arkansas, which are very different from Colorado and very different from regions ravaged by Hurricane Sandy. And so, even though we live in the same United States, every community is different, and we have

to make sure we respect the local customs and cultures.

CARE FOR GOD'S CREATION

As part of our commitment to care for God's creation, we want to make sure that we are providing donations responsibly. We want to make sure that we are not going to cause a second disaster — a disaster after the disaster — and this goes for both domestic and international work.

For instance, are we causing a second disaster if we are providing water bottles in a place where there's no recycling? We did a disaster response to American Samoa, where Catholic Charities USA was responsible for providing just about a quarter-million bottles of water. And that was just Catholic Charities; the Federal Emergency Management Agency (FEMA) and the Red Cross and others brought in much more than we did. But what we quickly learned is that the island had absolutely no recycling program. And the second disaster began when there were too many water bottles left on the island. And so we worked with other partners to get a recycling program placed on the island so that we could leave the place better than we found it.

CONSIDERATIONS FOR CATHOLIC HEALTH CARE

I think it's important to note that disaster response is a profession. And this, of course, applies to both international and domestic response. In 1998, I was working in Honduras after Hurricane Mitch, and a very well-meaning U.S. parish flew doctors and nurses associated with the parish down to Honduras. They set up a clinic during the post-Hurricane Mitch phase, and they began vaccinating children all over the place. But soon, the Department of Health in Honduras found out and came down on this group — and they were dumbfounded.

They certainly meant no harm. But they hadn't familiarized themselves with some of the local information that was available. For instance, Honduras holds one of the highest vaccination rates in the world. The children didn't need or want vaccinations.

The parish group also did not affiliate themselves with an organization that was already on

the ground. They didn't register or let the Honduran Department of Health even know that they were coming. All these omissions led to what I would consider to be a secondary disaster, all because the people in this group felt they could do good.

Media coverage of disasters can be so pervasive and intense that sometimes it can look like responders are taking too long to arrive.

I know that they were good-hearted people. But disaster response is not something you can do as a hobby. You really have to know what you're doing in order to make disaster response effective.

Within the United States, the same issue comes up. We have folks who come out to a disaster site, and they want to get in there and roll up their sleeves. And they soon find themselves in a pickle because they don't quite know what they're doing. And when the disaster area's Emergency Management Office asks who they are, they can't name a group they are associated with — and they are asked to leave.

Another important question is whether to send cash or goods. Internationally, folks will ship things overseas. They'll empty their closets. They'll buy things. They'll ship them off with no understanding that, on the other end, someone has to pay for customs. Someone has to transport those items to a local destination. Who pays for that trucking? Who pays for that local transport?

After Hurricane Mitch, which was a horrific storm that hit Central America in 1998, well-meaning people from the United States sent hordes of material goods. But the sad thing was that there was no one there to pick up the donations. The goods weren't linked to a group or an organization. And these items, particularly the items that were better than others, were taken by customs officials or by other individuals and sold on the black market.

A similar problem can occur when people move in too fast, or without a clear plan. Media coverage of disasters can be so pervasive and intense that sometimes it can look like responders are taking too long to arrive, that nothing is hap-

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pening, when in truth help is there or on the way.

People need to understand that the national response framework for the United States specifically says that for the first 72 hours, a community is responsible for its own disaster response — search and rescue, providing food, providing water. FEMA and other outside responders aren't necessarily even going to get there for three days.

Assessment and coordination takes time. When disaster-stricken places are just trying to figure out what happened in their own community, it isn't very helpful to have truckloads of well-intentioned outsiders rush in. But people will take it upon themselves to hurry to a disaster site, or hop in a plane and head overseas to some disaster-affected area, especially if they question the adequacy of response.

Haiti, for instance, was inundated with people after the devastating 2010 earthquake — people who gave no thought to where they would stay or sleep, how or if they could access food or services. Likewise, in the U.S. after hurricanes Katrina, Rita, Gustaf, Ike, Sandy and so on, people hurried to the affected areas unaware and unprepared to find no available gasoline or working cash machines.

BE PREPARED BEFORE IT HAPPENS

The time to be involved in a disaster is when there is no disaster. Those who want to volunteer can get certified in preparation for any future needs. Organizations and groups can come up with a plan of action: Who will be in touch with an agency like Catholic Charities? Who compile the roster of people interested in assisting?

Budgeting for response is also smart. Whether

you're responding to a disaster in another community or your own, it helps to have funds available to pull from.

For members of Catholic health care, coordinating response plans with Catholic Charities, Catholic Relief Services or Caritas is always best. During the 2011 tornado season when Tuscaloosa, Ala., was hit, we were faced with an after-disaster scenario in which the volunteer fire departments had no more medical supplies. The fire departments reached out to Catholic Charities. In turn, we reached out to CHA, which connected us with a health care network, and before we knew it, we had two semis filled with the supplies that volunteer fire departments in Alabama needed to continue doing their work. It was just unbelievable. We are very grateful for that relationship between Catholic Charities and CHA.

As disasters happen, coordinating through agencies is the best way to help. It allows for needs to be assessed. It helps prevent the disaster after the disaster, when so many loads of used clothing, shoes and other materials are shipped to a disaster site without thought to how they will be stored, sorted or shared. Medical supplies are usually needed, but they must be coordinated through an agency, such as Catholic Relief Services or Catholic Charities USA or Caritas, that has roots in the community and can coordinate with community leaders. Unsolicited items, even medical supplies, can cause strain on the responders who have to then sort and store or waste these necessities.

Fundraising is optimal. Funds can be used in the local community to reinvigorate the economy and also decrease the environmental impact from the shipment of unneeded or unsolicited items.

To access the recording of the Sept. 19, 2013, webinar with Kim Burgo, first log in to chausa.org, then go to this page on the website: www.chausa.org/disaster. (The recording is available only to CHA members.)

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