

Briefing on “Rational Homeland Security: Lowering Obstacles and Creating Economic & Socially Sensible Policies”

Remarks by Monica Schoch-Spana, PhD (panel moderator), Senior Associate, Center for Biosecurity

Briefing Co-Sponsored by Congressman Patrick Kennedy & Senator Mary Landrieu, September 19, 2007

Disasters, epidemics, and catastrophic acts of terrorism require the judgment, effort, and courage of many people, not simply those who serve in an official capacity. I would like to thank Congressman Kennedy for being an early, constant, and outspoken proponent of this emergency planning assumption (and for his kind remarks). His introduction of the “Ready, Willing, and Able Act” and co-sponsorship of today’s briefing, along with Senator Mary Landrieu, indicates his leadership and follow-through on a comprehensive vision of homeland security.

That kind of vision attends to the shock of an extreme event and the emergency response, yet sees beyond the spectacular into more ordinary affairs. These matters—often unsung in disaster-related policy—include regular people’s capacity for creative coping, resilience through routine investments in neighborhoods and critical infrastructure, and the right ratio of government, civil society, and private industry in generating solutions to potential calamity. Our speakers will touch on each of these themes in more detail.

Before turning to our distinguished panel, however, I would also like to commend members of Congress and their staff—many of whom are in the audience today—for the foresight shown in the bipartisan-supported Pandemic and All-Hazards Preparedness Act that was signed into law last December. This Act singled out “risk communication and public preparedness” as “essential public health security capabilities” (Sec. 103). It also made emergency preparedness awards to state and local health agencies via cooperative agreements with the DHHS contingent upon an explicit mechanism, such as an advisory committee, “to obtain public comment and input” on preparedness and response plans and their application (Sec. 201).

Such provisions may seem unremarkable in our open society. The notion, however, that the U.S. public plays an essential role in disaster and epidemic management and has a rightful claim on the direction of health emergency policy is not yet the conventional wisdom. Now it has a greater chance of becoming the national standard. So thank you for this insightful piece of legislation. Thanks also to the researchers, advocates, and analysts in this room who also contributed to the substance of, and support for the bill.

If implemented well, the Pandemic and All-Hazards Preparedness Act presents a ripe opportunity to advance what some have called a “culture of preparedness.” To identify factors and ways to motivate this cultural shift—which is necessary among decision makers and the larger public—the Center for Biosecurity of UPMC convened the Working Group on Community Engagement

in Health Emergency Planning in 2006. I had the privilege of chairing the interdisciplinary panel and serving as the principal author for the peer-reviewed report released in April of 2007.

The 25-member working group included people with keen minds and distinguished backgrounds in policy, practice, and scholarship. Represented among them were decision makers from local and national government; health officials who have managed high-profile events; heads of community-based partnerships for public health and disaster mitigation; and subject matter experts in community development, risk communication, public health preparedness, disaster management, health disparities, and infectious diseases.

I would like to review, very briefly, the principal findings of the Working Group as a way to foreshadow many of today's discussion topics. For those of you interested in the finer details, report copies are available out front, along with a 2-page summary.

First, the Working Group concluded that the public's role in disasters cannot be boiled down to a checklist of canned goods, drinking water, medicine, and phone numbers in case of an emergency. Officials need to work with citizens and civic groups before disaster strikes to promote all the ways the public can contribute, including taking part in policy decisions, building volunteer networks, getting support for tax or bond measures that limit vulnerability and improve health and safety agencies, and yes, having family emergency plans, too.

Second, the Working Group argued that the civic infrastructure—people who live, vote, play, work, and worship together—should be involved in emergency planning and poised to act before, during, and after an event. Civic groups and local opinion leaders can help officials decide in advance who gets scarce medical resources, give aid when the professionals cannot be there, comfort survivors over time, and set priorities for recovery and restoration. We'll hear more from Professor Chamlee-Wright about the challenges now faced in the Gulf Coast.

Lastly, the Working Group identified “effective” crisis managers as those leaders who actively engaged the community before an event and not simply honed their mass media skills. Communication must be two-way, not just authorities sending out information and directions. A dialogue with community partners in advance will garner public trust and improve emergency plans. Dr. Roz Lasker will share some important evidence from a handful of U.S. communities to support this claim.

And, to achieve a genuine dialogue, leaders must take deliberate action to include groups who are usually not at the table, including poor and working class people, people of color, recent immigrants, and frail seniors, among others. This lesson becomes incredibly clear through Dr. Klinenberg's work on the devastating Chicago heat wave of 1995.

Thank you. We turn now to our first presenter, Dr. Eric Klinenberg. Please hold your questions until after we hear from each of the speakers.
