

## EDITORIAL

# COMMUNITY RESILIENCE FOR CATASTROPHIC HEALTH EVENTS

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Monica Schoch-Spana

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Where local civic leaders, citizens, and families are educated regarding threats and are empowered to mitigate their own risk, where they are practiced in responding to events, where they have social networks to fall back upon, and where they have familiarity with local public health and medical systems, there will be community resilience that will significantly attenuate the requirement for additional assistance.

—*Homeland Security Presidential Directive 21 (HSPD-21):  
National Strategy for Public Health and Medical Preparedness*

COMMUNITY RESILIENCE—a phrase now common to many policy documents and political speeches<sup>1-3</sup>—signals an important advance in thinking about the role of the public in disaster management. But like some of the erroneous ideas that it helps dismiss, does this new concept come with its own set of mental blinders? The possible meanings and implications of resilience deserve much more discussion and debate as resilience enters the public health preparedness lexicon.

When health emergency policies were first emerging, authorities frequently conceived public reactions to a biological attack as a secondary disaster.<sup>4</sup> In hypothetical scenarios and tabletop exercises, members of the public appeared as mass casualties or hysteria-driven mobs that self-evacuated affected areas or resorted to violence to gain access to scarce, life-saving drugs and vaccines. According to extensive social research into disasters, however, people rarely fall apart and put themselves first.<sup>5,6</sup> This finding contradicts what people tend to say on surveys that ask them how they *think* they will behave when disaster hits.<sup>7</sup>

Instead, ordinary people emerge as innovative problem solvers who are responsive to the needs of others around them. In disasters, family, friends, coworkers, neighbors, and strangers who happen to be in the area often conduct search and rescue activities and provide medical aid before

police, fire, and other officials arrive. During epidemics, volunteers have helped run mass vaccination clinics, nursed home-bound patients, supported the sick and their families with basics like grocery shopping, and participated in policy decisions about drug development and disease prevention.

National biodefense policy now rightly rejects the idea of citizens as helpless victims. For instance, Homeland Security Presidential Directive 21, released in October of 2007, identifies community resilience as one of the “four most critical components of public health and medical preparedness,” alongside biosurveillance, countermeasure distribution, and mass casualty care. The directive also recognizes “the important roles of individuals, families, and communities,” and it advocates health curricula and training that will “enhance private citizen opportunities for contributions to local, regional, and national preparedness and response.”

Seeing the public as a band of hardy survivors and not a panic-stricken mob is a positive policy development and more realistic in terms of the empirical record. But what are the practical implications of this change in perspective? That depends on how exactly one defines a resilient community.

Scholars of disaster have studied social relationships, the built environment, government institutions, the economy, and human psychology to find those factors that permit

communities to rebound from mass tragedy and build a better, safer future. One overriding finding is that a resilient community is not simply an aggregate of hale individuals with some inner moral fiber or hardboiled psyche that gets them through tough times. Instead, community resilience in the disaster context is a complex process of adaptation—a collective roll with the punches—that taps into a locality’s (or nation’s) social and material strengths, as well as its communal stories.<sup>8-12</sup>

Norris and colleagues<sup>11</sup> give this description of a disaster-resilient community: Formal institutions have come to an understanding about roles and responsibilities in advance of a crisis. Community members believe that coming together mobilizes positive change, and they take advantage of organized opportunities to help solve problems relevant to each stage of a disaster. Area residents routinely feel the tug of social ties, and they mobilize these same networks for emotional, material, and informational support in an extreme event. Trusted outlets convey accurate information quickly about possible dangers and paths to safety, and residents together make sense of their experiences of tragedy and recovery. And at its base, this community has diverse employment opportunities, robust health and human services, a strong physical plant, and an equitable distribution of income and assets.

This multifaceted picture of community resilience stands in stark contrast to the idea of the indomitable human spirit in disaster. The latter image is mentally satisfying, even inspiring, but it comes with potential dangers. It can obscure the hard, collective work necessary to mitigate potential communitywide harms. It can relieve the federal and local government of major responsibilities to help, fostering an ethos of every man and woman for themselves. And, at its worst, it can hold disaster victims responsible for their own tragedy, for not having demonstrated some ideal “innate” ability to bounce back.

These false mental steps, however, are not a foregone conclusion, and the idea of the disaster-resilient community remains a powerful rallying call. A comprehensive definition, like that of Norris et al., reveals that one can achieve resilience to catastrophic health events through a variety of strategic interventions, such as promoting collaborative planning among area hospitals and with health authorities and emergency managers; building communication networks that link medical providers, health officials, diverse publics, and trusted intermediaries; and integrating

citizens’ judgment and wisdom into health emergency planning. The societal costs of such a vision are significant, but their returns are no less immense.

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Monica Schoch-Spana, PhD  
Senior Associate  
Center for Biosecurity of UPMC