Building the Public Trust in Disaster Planning

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ABSTRACT

The public's trust in the nation's ability to respond to a medical disaster has been significantly shaped by two events: the flooding following Hurricane Katrina and the ongoing threat of an influenza pandemic. These events have made both public health officials and average Americans aware that the everyday capacity of our health care system is not sufficient to respond to wide-scale disasters. For public health officials the planning is ongoing. However, there has not yet been a systematic engagement of the public in that planning, to ensure the public’s trust and cooperation during disaster response.

Planning for the allocation of scarce resources to ensure public health is a necessary step. The success of such planning rests not only on survival counts, but on the perception of the public that access to health care was fairly administered.

I advocate that states establish taskforces that meet with the public to educate and discuss with them that state’s disaster planning, particularly its plans for altered standards of care and rationing and alternatives to hospital-based care during disasters. Through such taskforces, the public can better understand decisions made during disaster planning and be better able to respond themselves to the alternatives for care that will be available in a medical disaster.