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THE HONORABLE
WILLIAM JEFFERSON CLINTON
FORTY-SECOND PRESIDENT OF THE UNITED STATES

FOCUS[®]

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PRESIDENT WILLIAM JEFFERSON CLINTON: IN HIS OWN WORDS



William Jefferson Clinton was the forty-second President of the United States. His many accomplishments as president include a record surplus budget, a national initiative to end racial discrimination, legislation to protect the jobs of parents caring for sick children, notable reductions in unemployment rates and inflation, and unprecedented rates of home ownership and college enrollment. President Clinton founded the William J. Clinton Foundation in 2002. The Foundation's mission is to strengthen the capacity of people in the United States and throughout the world to meet the challenges of global interdependence. The Foundation's programs and partnerships focus on contemporary issues of health security; racial, ethnic, and religious reconciliation; economic empowerment; and leadership development and citizen service.

Because of President Clinton's enduring commitment to racial justice and racial reconciliation, excerpts from some of his

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THE REDEFINING READINESS LOCAL DEMONSTRATION PROJECTS FIXING A FUNDAMENTAL FLAW IN DISASTER PREPAREDNESS

by Roz D. Lasker

Suffering and death characterize all disasters. But in the aftermath of Hurricane Katrina, Americans are coming to recognize that large numbers of people suffered and died unnecessarily in spite of our nation's massive investment in emergency preparedness. The people who were hardest hit by this hurricane were disproportionately poor and black. Why did planners fail to foresee or address the difficulties that these people experienced? If people of other races or classes had been similarly at risk, would we have been better prepared to protect them?

One year before Hurricane Katrina, The New York Academy of Medicine released the findings of a rigorous research study, *Redefining Readiness: Terrorism Planning Through the Eyes of the Public*, which help to answer these questions. The study, which was national in scope and paid special attention to the perspectives of African Americans, identified a fundamental flaw in our nation's approach to disaster preparedness—a flaw that makes it impossible for planners to determine which groups of people would be most vulnerable in particular emergency situations, regardless of who those people are. Currently, planners routinely develop instructions for people to follow *without* finding out whether it is actually possible for them to do so or whether the instructions are even the most protective action for certain groups of people to take. When planners do not understand the barriers that make it difficult for people to protect themselves in certain ways, communities cannot organize in advance to address the life and death issues that their residents will face.

Many of us are at risk

With Hurricane Katrina, the people who suffered or died in New Orleans were predominantly poor, African American, infirm, and elderly. Many of these people could not evacuate from the city on their own. In 2003, a Louisiana State University survey predicted that this would be the case and we now know some

of the reasons why: lack of transportation, lack of money for gas and lodging, impaired mobility, and concerns about looting.

In the case of other disasters, different groups will bear the brunt of uninformed planning. The *Redefining Readiness* study looked at two types of terrorist attacks—a dirty bomb explosion and a smallpox outbreak—from the perspective of the people who would need to be protected in these situations. In a dirty bomb attack, people downwind from the explosion would be instructed to protect themselves from dust and radiation by staying inside the building they were in. But the study found that many people who are responsible for children or others who would not be with them at the time would not be able to do that unless they knew that they and their loved ones were in places that had prepared in advance to take good care of them during the crisis. Unfortunately, that condition is not met now. Very few work sites, schools, and shops are prepared to function as safe havens should the need arise, and even fewer places know the kinds of

have ever had skin diseases like eczema, people taking medicines like prednisone, people undergoing chemotherapy or radiation for cancer, and people with HIV/AIDS.

Better outcomes are possible

Part of the tragedy of disasters is that a lot of suffering can be avoided if communities organize in advance to identify and address the issues that make it hard for people to protect themselves. The outcome in New Orleans would have been very different if school buses (which ended up rusting under water) and military planes (which flew in after the fact) had been mobilized before the storm hit to evacuate disabled residents and those without cars, or if prescribed debit cards had been pre-issued to poor residents to use in the event of a disaster.

Better outcomes can be achieved in other disasters, as well. In a dirty bomb explosion, many more people would be able to protect themselves by “sheltering in place” if work sites, schools, and shops prepared to care for the people

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preparations that would actually make people feel safe.

In a smallpox outbreak, the study found that a large proportion of the population would not follow instructions to go to a public vaccination site. That reaction makes a lot of sense for the 50 million people in this country who are at risk of developing life-threatening complications if they either get the smallpox vaccine or come into contact with someone who has recently been vaccinated. Current plans do nothing to protect this group of people, which includes pregnant women, babies under the age of one, people who

inside in ways that made them (and the people who are otherwise responsible for them) feel safe. In a smallpox outbreak, communities could protect uninfected people who are at risk from the smallpox vaccine by organizing to make it possible for them to stay at home—the only safe place for them to be and a place where most people want to be during an outbreak of a deadly contagious disease.

The only way to achieve these outcomes, however, is to tap into the common-sense knowledge of community residents to discern what needs to be done to protect them in emergency

situations. The *Redefining Readiness* study found that one-third of American people are extremely or very interested in personally helping government agencies and other community organizations develop such plans. Teams in the four *Redefining Readiness* local demonstration sites—in Chicago, Illinois; Savannah, Georgia; Carlsbad, New Mexico; and rural southeast Oklahoma—are now creating a process to make that possible.

Communities need to learn from the public in order to protect the public

To fix the critical flaw in traditional preparedness planning, the *Redefining Readiness* demonstration sites are instituting a bottom-up process, in which the real-life perspectives of the people who need to be protected in disasters form the basis for community planning. This new approach recognizes that it is not possible for planners to develop instructions that people can follow or response strategies that protect the greatest number of people unless they first understand what community residents would face when disasters strike.

The first phase in this process is a series of small group discussions that look at emergencies through the eyes of the people who live and work in the community. The discussions are designed to reveal the barriers that make it difficult for people to protect themselves in two kinds of disasters: (1) explosions releasing toxic chemicals or radioactive dust (such as a dirty bomb); and (2) contagious disease outbreaks (such as pandemic avian flu, SARS, or smallpox). In action teams that will be formed after the discussions are completed, community residents, private sector organizations, and government agencies will work together to develop strategies that can address these barriers.

Because many people around the country are interested in *how* communities can actively engage their residents in disaster preparedness, The New York Academy of Medicine is planning to share the manuals that the demonstration sites are using in their work. The

manual for the first phase of the process gives a detailed description of what it takes to organize and conduct small group discussions with community residents, paying special attention to practices that ensure that (1) a large and representative group of people participate in the discussions (including those from the most disenfranchised groups); (2) participants are able to express what really matters to them during the discussions; and (3) the community has a complete and accurate record of what everyone says in the discussions.

It is worthwhile to point out that these small group discussions differ in important ways from more traditional public engagement approaches, such as focus groups, public hearings, and town hall meetings. Rather than asking community residents to think about disaster preparedness in the abstract

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or to comment on technical plans, the discussions use scenarios that enable people to explore the barriers they would face if they tried to protect themselves in certain ways. The discussions draw upon the experiential knowledge of community residents rather than their ideological or political views, and the aim is to reveal all of the issues that are important to people rather than to achieve consensus. Through this process, residents have an opportunity not only to identify issues that they care about, but also to build the relationships, networks, and strategies that their communities need to address these issues.

Do we have the will to fix the problem?

Since the *Redefining Readiness* demonstration sites are so diverse—including urban and rural communities with African American, Hispanic, Native

American, and Caucasian populations—the bottom-up process that the site teams are instituting should be adaptable for use by many communities around the country. That is unlikely to happen, however, unless policymakers recognize the need to make a fundamental change in the way that communities prepare to respond to disasters.

Decades ago, James Baldwin warned us: “You cannot fix what you will not face.” What we need to face now is the fact that our nation’s current approach to disaster planning is unconscionable. As Hurricane Katrina demonstrated, we are sacrificing large numbers of people without letting them know that they are being sacrificed and without giving them an opportunity to work with others in the community to prevent that from happening. Grounding disaster response strategies in the real-life perspectives

and experiences of the people who need to be protected is a dramatic change in course, but it is the only way to ensure that the billions of dollars that our nation is investing in emergency preparedness protect as many people as policymakers hope and the American public deserves. □

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