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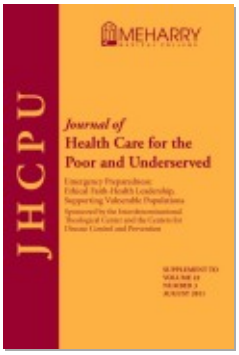

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Hindsight, Irony, and the Ethical: A Commentary on Pandemics, Social Distancing, and Community Mitigation Strategies Involving African American Clergy

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Hindsight is said to be 20/20. I am unsure if I agree with this adage because often the intentions of certain actors in a narrative are invisible to hindsight's gaze. Yet restrospection sometimes yields insights unseen as events emerge and unfold. In this way, hindsight may have even better than 20/20 vision. It should be agreed that the efficacy of hindsight varies depending upon one's exposure to the facts.

With this as a guiding thought, I considered the remarks given by federal, state, and local health officials at the conference hosted by the Interdenominational Theological Center in January 2008: *Pandemic Influenza and an Emergency Response: Reaching the Beloved Community*. As I studied the transcript of morning presentations, I was deeply troubled by what appeared to be the unfurling of an imminent and certain catastrophe of epic proportions, a call for full African American clerical investment in containment efforts, but absolutely no commitment or allocation of resources to carry out objectives that these governmental agencies were mandated and funded to execute.

The federal health official representing the Centers for Disease Control and Prevention (CDC) began by chronicling a brief history of influenza pandemics in the 20th century. He recounted how the 1918 pandemic killed between 40 and 50 million people worldwide, while the 1957 and 1968 pandemics killed between one and two million people, respectively. The speaker went on to argue that whereas it could not be known exactly when the next massive influenza outbreak would occur, because the observation that they tend to occur every 40 years is only a statistical generalization; quoting Michael Leavitt (then U.S. Secretary of Health and Human Services) the speaker asserted, "We are overdue and underprepared for the next pandemic" (transcript, pg. 4). Using the full weight of the federal government's perceived "greater knowledge differential," the canvas was prepared to lay out in broad strokes a plan for an emergency response to an anticipated, contemporary influenza pandemic.

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The first two lines of defense, antiviral medications and vaccines, were dismissed as largely ineffective first responses. The reasons given were that antiviral medications might not work and that vaccines take time to produce, thereby lessening their potential as a core around which a robust, initial emergency response to a pandemic could be built. From there, the federal health official presented a program for "community mitigation strategies" that were held as more viable frontline approaches to an ensuing outbreak. Around 15 minutes into the transcription, he listed some of the steps these strategies would entail:

> So let me just outline what the CDC's community mitigation strategies involve. One, dismissing children from schools and closing childcare. Two, asking sick people to stay at home, and asking people who have a household member who is sick to also stay at home and third, we'll call social distancing and work in the community and I'm going to talk more about this. (Transcript, pg. 5)

It is perfectly understandable that steps to minimize spread of pandemic infection would involve some sort of social distancing; that is, self or societal quarantine of sick individuals to obstruct widespread communication of germs to uninfected populations. Simultaneously, such language immediately arrests my sensibilities regarding impoverished, working-poor, and middle-class people for whom adopting this approach would severely damage the fragile balance of their lives.

Even though the federal health official's portrayal was a sketch, it seemed to presuppose that people, while incubating themselves to prevent the spread of influenza, will have enough money and food to survive prolonged isolation in a way that does not unalterably damage their futures. Naturally, if death by influenza is the alternative, this is a non-issue. But as was conveyed in the second presentation by a state public health official, "If we have an attack rate as we would expect of around 30%, the numbers for Georgia mean that we're going to have about three million people who are going to succumb to pandemic; not succumb in terms of death, but catch the disease, three million" (Transcript, pg. 16). This underscores the fact that not everyone infected will die from illness. Those who experience a bout of illness—but not a life-threatening one—will continue to have other concerns tantamount to their survival and the flourishing of their families.

For lower-income households, public schools fill a critical need for child care as well as their central one of education. For such families, a request that children be sent home is in practical terms also a request for their parents to stop working so that these minors will have adult supervision. Some pertinent questions to consider: (1) How will these families, living paycheck to paycheck, stockpile an indefinite amount of food, sufficient for an indefinite period of time, on non-existent savings and meager disposable income? Remember, *everyone* who is sick is asked to remain at home and not come to work. This frames a first-order income dilemma that begs the following question, (2) How will lower-wage, low-to-no-savings families subsist without working during this period of governmentally-requested social distancing? Finally, (3) Is there a governmental provision for these "socially distanced" families?

The state health official, in vocalizing the Georgia state response, echoed the sentiment of the federal health official in his advocacy of social distancing as a major

part of the governmental panoply of strategies to stem the effects of an anticipated influenza pandemic. According to the state official, part of what motivated this drastic response preparation were the lessons learned from Hurricane Katrina. Choosing to err on the side of "crying wolf," he expressed his reasoning this way: "I and virtually everybody who had any response activities during the Katrina/Rita situation learned something very important; and that is, with emergency management planning, we need to do a better job of planning for worst case scenarios because they do happen" (Transcript, pg. 13).

Having been in Louisiana during both of these hurricanes, I know firsthand that worst case scenarios do happen and that governments definitely need to do a better job of planning for them. Nevertheless, there is a double irony embedded in the aftermath of this not-yet-realized pandemic that I find increasingly visible *in hindsight*. The first level of irony is that the government called upon Black clergy to be first responders of sorts and to facilitate the implementation of this social distancing mechanism. Beyond the counter-intuitive activity of congregating bodies being asked to cooperate in a project of social isolation (which the state official observes within his remarks), African American clergy were asked by the federal and state governments to feed and care for these quarantined people with no mention of governmental resources being allocated to accomplish this task. It seemed that church folk were being asked by Pharaoh to make brick without straw.

The presumption appeared to be that, since churches are in the business of helping people, then they have unlimited resources, unaffected by the inability of congregants to work, earn, and contribute. Such a presumption is fallacious. The federal health official remarked that he couldn't "stress strongly enough that the most important thing would be for local congregations to work with their local, state, city, and county health departments to prepare" (Transcript, pg. 11). He also "stressed" that people would need food and water for "a long period of time" (Transcript, pg. 7). With no mention of who would pay for and deliver these supplies, again the presumption appears to be that the audience of clergy (representing the Black church) would be *responsible* for bearing this communal burden, again, with no mention of governmental resource allocation.

It was brought to my attention that some faith organizations already receive consistent government subsidies to facilitate social programs that fulfill public health objectives. Because of this, many sectors of the Black Church bear an implicit responsibility to assist in governmental health directives. I absolutely agree that fiscal accountability must be demanded of all entities invested with public funds and trust, one of the foremost institutions for African Americans in this regard being the Church. I also have argued elsewhere that Churches, in general, should be better stewards of the monies and lives in its care. So I am certainly not giving the Church a wholesale pass on its responsibilities. While I advocate accountability and civic duty in relation to the Church, my central emphasis in this analysis is on the governmental request for sweeping, Black clerical participation in the influenza mitigation effort without allocation of the resources necessary for the project to be successful.

Dr. Gerald Durley, Pastor of Providence Baptist Church with a background in public health and religion, reacted to this glaring omission in his ensuing remarks recounting all the work Black churches already do in the community and the repeated govern-

mental tendency to beseech clerical participation at the eleventh hour, having given the clerics no role in the decision-making process. (The state health official anticipated this position and made the inclusion of clergy in medical delivery decisions a substantive portion of his comments.)

In hindsight, the governmental retort might be that resource allocation is an essential feature of the emergency preparedness plan and most certainly would have been accomplished by distributing the requisite funds and supplies to local congregations needed to partner in this mandate. But the highly publicized and governmentally predicted pandemic never happened. Thus, no resources were distributed because they were never needed. Still, this is precisely the action that creates a deepening sense of irony regarding the management of this monumental pre-crisis moment.

If resources were allocated to governmental agencies to stem the spread of a pandemic presented as imminent and virtually certain, why (even in escaping an immediate manifestation of such a disaster) were the resources earmarked for local congregational preparation not distributed to the churches with accountability directives? If preparation and mitigating loss of life is the overt goal, why has the period of respite since the last scare not been used to ensure that local faith communities are ready to work with government effectively? This again begs the question of genuine commitment to the stated goals and raises further ethical considerations. On *utilitarian* grounds, the object is to seek the greatest good for the greatest number. (For the philosophical foundation of utilitarianism, see Jeremy Bentham's *The Principles of Morals and Legislation* [1789] and John Stuart Mill's *Utilitarianism* [1863].)

In relation to mitigating the effects of influenza, the government's proposal of social distancing is logically consistent within this ethical framework. Yet there are competing ethical concerns here, from a utilitarian perspective, regarding the process through which the larger objective of mitigation is achieved. Is it the greatest good for the greatest number that African American clergy are placed on the precipice of a pandemic to carry out a governmental mandate without being provided adequate resources to do so? Is it the greatest good for the greatest number achieved if government health agencies understand the deadly lessons learned from Hurricanes Katrina and Rita on timely preparation, yet squander the opportunities in the calm before an inevitable and imminent storm? On utilitarian grounds, is it ethical to alienate the very group that you admit will be vital to any sustained and successful effort to prevent unnecessary deaths? I argue that these actions are ethically indefensible from the perspective of their utility. From the remarks of the state health official concerning the number of sick Georgians expected if an influenza pandemic develops, the inadequate number of hospital beds and ventilators now available, and the necessity of determining how those assets are appropriated, utilitarian considerations are a forthright feature of the governmental theoretical response framework to human loss mitigation. Therefore, the contradiction between object and method in the pandemic preparation process must be resolved; otherwise it will be impossible for the government consistently to promote a loss mitigation strategy on utilitarian grounds.

Further, much of the work in Public Health is premised upon the uniquely American contribution to philosophy called *pragmatism*. (See William James' *Pragmatism* [1907] and Leonard Harris' *The Critical Pragmatism of Alain Locke* [1999].) For the pragmatist,

functional, empirically-based solutions count as ethically right (assuming the agents are always being open to revision and correction, and take an attitude of deep humility, recognizing that better information may demand a different course of action). On pragmatic grounds, once the goal of human loss mitigation has been identified and agreed upon as the collectively desired end, and social distancing has been historically and/or empirically verified as effective in saving lives (which was established during the federal health official's initial remarks and reiterated by the state health official) a pragmatist conception of ethics holds that the right thing to do is that which leads to the realization of the stated goal. It is clear that the only reason governmental health officials would deliver such an earnest plea to African American clergy as agents of pandemic mitigation is that the value of the clergy in this endeavor is indisputable. The community influence and social network accessible to African American clergy is unparalleled among many vulnerable populations. Thus, on pragmatic grounds, it would be ethically right to equip these irreplaceable actors and their faith organizations with the necessary tools to do the work. Not to do this is ethically indefensible given pragmatist considerations; to ask them to engage in social distancing work that presupposes feeding and sustaining populations that are quarantined under soft directives from governmental health agencies without any resource allocations is ethically unacceptable; to make a case for the life-saving value of advanced preparation and not actualize that knowledge borders on ethical reprehensibility—under any ethical framework.

Either way, the ethical demand undergirded by the principle of social justice is that government health agencies must fund the initiatives they both request and have received budgetary provisions to achieve. Specifically, in the same breath that African American clergy were asked to engage in community mitigation, it should have been simultaneously stated that sufficient resources would be allocated to accomplish that aim with full accountability. If a true partnership is sought between government and clergy in pandemic-stemming endeavors, rhetoric has to be followed by commensurate action. As the days go by, given the purportedly inevitable eventual influenza pandemic, any reasonable person has a right to ask whether governmental entities are operating in good faith in asking faith communities to serve as first responders unless they provide those communities with the resources they will need to do so.