

Chapter 2

Macro-triage in Disaster Planning

Henk Ten Have

2.1 Introduction

The title of this chapter combines two notions that are unusual, at least at first sight: ‘macro-triage’ and ‘disaster planning’. With these notions our attention will be focused on the global context in which disasters happen. Rather than prioritising needs in the midst of a disaster, we also have to prioritise which disasters require what type of response. The idea is that rather than selecting disaster victims for help we also need to select disasters for major relief, and we have to determine what the short-term and long-term goals of international assistance are. This global perspective also implies that the focus of analysis will be on the normative context rather than on the ethical problems arising in the practices of disaster relief.

In order to have a better idea of the ethical considerations that might be relevant I will begin by exploring the panorama that is presented by the notions ‘macro’, ‘triage’ and ‘disaster planning’. Clarifying these notions will prepare the stage for critical examination of the normative presuppositions that are already at work before events are identified as disasters. Similarly, the moral geography of humanitarian intervention is explored. The emergence of humanitarianism as the driving force for contemporary disaster relief has produced a normative context in which action and intervention is required to save lives, to protect populations and to relieve suffering. However, the moral logic of this context should be critically analysed since it is prioritising compassion over human rights and justice.

H. Ten Have (✉)
Duquesne University, Pittsburgh, USA
e-mail: tenhaveh@duq.edu

2.2 The Panorama

2.2.1 *Macro-perspective*

The reference to ‘macro’ directs our focus onto the social background and conditions of events and cases. ‘Macro-ethics’ is a common, although recent notion in the field of engineering ethics (Herkert 2001; Son 2008). More than healthcare ethics, engineering ethics is used to deal with a litany of disasters such as airplane crashes, gas-tank fires, and nuclear accidents. In the face of technological failures it is important to distinguish between individual responsibility and social or organisational responsibility.

However, in healthcare ethics a similar distinction is made, following Pellegrino’s suggestion that there are two modes of engagement between philosophy and medicine: philosophy *in* medicine, and philosophy *of* medicine (Pellegrino 1976). The first mode refers to the application of the traditional tools of philosophy (critical reflection, dialectical reasoning, and asking first-order questions) to some medically defined problems. In this vein we can refer to ethics *in* healthcare as the application of the tools of ethics to the problems of health care. Similarly we can focus on the ethics *in* disaster management and *in* humanitarian aid. Bioethicists can serve a useful role within these practices, help to examine the ethical dilemmas in everyday activities and contribute to resolving the problems that are defined and identified as needing attention by the professionals in the field. Ironically, this mode of engagement has itself been labelled as the engineering model of bioethics since this approach to bioethics can primarily be regarded as a sophisticated technology to make a particular set of problems manageable and controllable (Ten Have 2004).

Philosophy *of* medicine, on the other hand, examines the conceptual foundations, the ideologies and the ethos which pervade the medical realm. Medicine continuously generates philosophical issues in regard to its meaning, its nature, concepts, purposes and value to society. From a critical perspective the practical context of medicine is no longer taken for granted, but it is considered to be an object of further philosophical inquiry, transcending the narrower medical context itself and producing questions that are of wider significance to understanding ourselves. Analogously, the ethics *of* healthcare can be regarded as the critical analysis of the meaning of health care, its nature, concepts, purposes and values. Such analysis assumes that healthcare as a practical human activity has a trans-medical meaning with important implications for our self-understanding. This is exactly the ‘macro’-perspective that will be developed in this chapter. Rather than analysing the ethical questions that are arising within the contemporary framework of disaster relief and humanitarian aid efforts, the focus will be on the ethical questions that are associated with the framework itself. Even if our engagement with humanitarian aid seems a priori morally unquestionable, it cannot be taken for granted.

2.2.2 Triage

The second notion to highlight is ‘triage’. This is a common concept in emergency medicine. In ordinary circumstances triage will classify the wounded so that they will receive optimum care. It implies decisions regarding the order of treatment based on the urgency of need. However, triage has nowadays become an essential component in disaster relief. Disasters are characterised as situations in which the number of casualties outweighs the abilities to provide healthcare (this is in fact the main characteristic of the American College of Emergency Physicians’ definition of medical disasters; see ACEP 2011). In these extraordinary circumstances triage implies that not all victims can be treated. In other words, triage or the need to prioritise is already included in the definition of a disaster.

However, there is no agreement on the ethical criteria to make such decisions (Petrini 2010; Chapter 4 of this volume). In ordinary triage the focus is on the interests of individual patients. In extraordinary circumstances, the focus is unclear; is it on survival of the greatest number of persons or on survival of persons who are most likely to survive? Even if principles are proposed to guide decisions to allocate scarce resources, it is difficult to see how they solve the ethical dilemmas; the proposed principles often present a checklist of moral points of view to take into account rather than decisional tools (Barnett et al. 2009). Some even doubt whether triage itself is ethically justified. There is no evidence that triage in a disaster setting will achieve its goals of saving more lives; the current disaster triage schema may actually worsen outcomes (Sztajnkrzyer et al. 2006).

It is clear that both ordinary and extraordinary triage is operating at the level of micro-ethics, i.e. decision-making for individual persons. What do we mean, then, by ‘macro-triage’? In order to unravel its meaning we must identify the perspectives that are introduced with the notion of triage.

First, triage introduces the military discourse. The concept was developed in the battlefield by Baron Larrey, surgeon-in-chief of Napoleon’s armies. Larrey has been praised for his egalitarian approach; selection for treatment was based on individual need rather than military rank, nationality or social status. This did not imply that available resources were focused on the interests of the individual person in need. In fact the requirements of the war effort prevailed. This remains clear in current military directives. For example, the NATO *Handbook of Emergency War Surgery* identifies three groups of patients in thermonuclear warfare: those with minimal wounds and those with too extensive wounds will not be evacuated (they either continue as fighting soldiers or they die); only those with relatively simple injuries that require immediate surgery will be evacuated and treated. Here the focus of triage is ‘salvage value’: salvaging the greatest number of lives and limbs. The ultimate goal of triage is to return the greatest possible number of soldiers to combat (NATO 2011, p. 182). The same military rationale underlies the concept of minimum qualifications for survival (Lin and Anderson-Shaw 2009). Saving individual lives is not important as such but only within a broader context.

Second, triage introduces a paternalistic discourse that restrains individual freedom and human rights for the sake of the public good or the well-being of the

population as a whole. In the discourse of triage, basic values are not determined in a democratic process or public deliberation but they are decided by ‘authorities’ who take control of the events. Such control can be legally regulated. Emergencies as well as disasters are declared by legal action, and addressed with unconventional legal responses. But even then, decisions need to be made about what to legislate first, so that the term ‘legal triage’ has been introduced for the construction of a legal environment in which legitimate public responses are facilitated (Hodge 2006).

The fact that the introduction of the notion ‘triage’ is associated with military and paternalistic discourses makes clear that a micro-perspective of allocating scarce resources and selecting victims for treatment is always guided by a macro-perspective. It is precisely this encompassing perspective and its ethical implications that we have to identify.

2.2.3 *Disaster Planning*

Disaster planning is an oxymoron that refers to new strategies that first have developed in the area of public health. What is meant here is disaster response planning. But instead of emphasising prevention, the focus is now on preparedness. The basic idea is that catastrophic events such as pandemics but also natural disasters cannot be prevented. However we know that one day or another we have to face them, so we need to be prepared. Over the last decade countries have invested billions in preparedness strategies, plans, departments and agencies, and special legislation (preparedness acts) has been adopted. Planning and preparedness are typically done by states (e.g. the Federal Emergency Management Agency in the US).

The emphasis on preparedness is related to the present-day tendencies to consider catastrophic threats primarily as national security threats and no longer as public health problems whether or not it concerns pandemics, bioterrorism, earthquakes or nuclear proliferation. While the rationality of prevention is linked to public health, within a security perspective on-going vigilance is required. This societal approach to threats is driven by, what Andrew Lakoff (2008) has called ‘vital systems security’. Preparedness, in the politics of security, should not first of all protect the national territory or the population but the critical systems that are essential for social and economic life. This approach to security developed from the practice of civil defence in the 1950s and 1960s. Lakoff shows how the way societies were dealing with the threat of a nuclear catastrophe was gradually extended to approaching natural disasters, technological accidents, terrorist attacks and later disease epidemics. Different stages of global threats can be distinguished. In the 1980s emerging disease threats, particularly emerging viral outbreaks, were the object of concerns. In the 1990s anxiety about bioterrorism (linked to disease agents such as a possible smallpox attack) were dominant. In the 2000s the focus is more on natural disasters and pandemics. It seems that there is an ever widening range of possible threats so that preparedness now has to include ‘all-hazards planning’. The policy implications of such evolving threats are clear. How can we respond at all to such wide ranging catastrophic events?

The only imaginable response is a global one. By implication, the only state agencies or departments that have the planning capacity, logistics and resources to conduct relief operations are the Departments of Defence. Non-military agencies like the United Nations or the World Health Organization (WHO) cannot accomplish this task because they don't have the logistical machinery unless provided by Member States which will take time to coordinate.

The notion of preparedness therefore brings in a specific perspective and a particular logic of action (Lakoff 2007). Only certain types of problems become visible as targets of intervention. If preparedness efforts are primarily concerned with the vital infrastructure and not with population security then the global living conditions of populations (determined by poverty and lack of basic public health infrastructure) remain outside the scope of preparedness. The only imaginable response is a global one under military supervision.

The question has been raised regarding what bioethics can contribute to this new area of disaster response planning (Berg and King 2006). Bioethicists have a lot of experience for example with complex decision-making in situations of urgency. They have also actively promoted advance care planning in end-of-life decision-making. These experiences can therefore be used in the new disaster preparedness. But these contributions all focus on micro-ethics. Indeed, an increasing range of ethical problems have been identified at the level of personal interactions between care providers and care recipients. From a macro-ethical perspective on the other hand, critical questions need to be asked about the underlying assumptions in disaster response planning and about the moral implications of notions such as disaster and preparedness.

2.3 Moral Representations

2.3.1 *The Moral Geography of Disasters*

Definitions and classifications of disasters differ. Definitions generally combine several elements but a basic distinction is made between natural and man-made disasters.

The International Federation of the Red Cross and Red Crescent Societies (IFRC) is developing a standardised international classification of disasters. Its *World Disaster Report 2010* distinguishes two generic categories for disasters: natural disasters and technological disasters. The natural disasters category is divided into five sub-groups, which in turn cover 12 disaster types and more than 32 sub-types, for example biological disasters (epidemics) and geophysical disasters (earthquakes and tsunamis). The technological disasters category includes, for example, industrial accidents and transport accidents. These two categories of disasters are frequent. Over the last 10 years more than 7,000 disasters have been reported. More than 1.1 million people have died and more than 2.5 million people have been affected. The total estimated damage is enormous: 986 billion US dollars (IFRC 2010). This classification does not include war, conflict-related famines, diseases and epidemics.

Another approach is to speak about ‘humanitarian disasters’ or ‘emergencies’ and divide them into complex emergencies and natural disasters (Middleton 2010). The first category of disasters is caused by human violence (as in Somalia, Sudan, Palestine, and Congo). These are primarily political events requiring long-term assistance while popular funding will generally be limited. The relief effort will never be sufficient since progress is always endangered by renewed violence. The second category is caused by natural events such as the 2004 tsunami in the Indian Ocean, the 2010 earthquake in Haiti and the 2011 earthquake and tsunami in Japan. These natural disasters evoke widespread public sympathy and generate substantial public funding. The focus of relief efforts is usually on short-term front-line activities: food, water, shelter, and medical attention.

Both classifications identify a separate category of ‘natural disasters’. These disasters have the following defining characteristics:

- they are unexpected, they come as a surprise, a shock;
- they cause great damage, loss, suffering and destruction, creating estrangement because people’s ‘homes’ have been destroyed;
- there is no issue of human responsibility; nobody can be blamed for the fact that the disaster has taken place since there is no human causation.

This last characteristic demarcates natural disasters from man-made ones (Clark 2005; Korf 2006). Humanitarian disasters caused by civil war for example are the result of human evil. There is a different moral responsibility. Identifying a disaster as ‘natural’ therefore introduces a specific moral discourse. Natural disasters create innocent, ‘pure’ victims. They generate a particular responsiveness; we are moved because fellow human beings are hurt and in need. Disasters nowadays have a global impact and call for our sympathy, solidarity and generosity. We are touched by personal stories of how human beings are assisting each other. The usual pattern of human interaction based on exchange and self-interest is suddenly transformed. Our world is disturbed by images of distant suffering making us aware that we are all in the same human predicament of fragility, exposing the vulnerability of human beings and inciting reciprocity and unconditional help. Natural disasters are therefore a paradigm case for humanitarian aid. They furthermore highlight the essence of ethics. What is the value of ethics if we don’t care about the victims of such unfortunate events?

However, the usual distinction between natural and man-made disasters, and thus the moral geography it is introducing, is questionable. The origins of disasters can be different and some are indeed not influenced by human beings. But what makes an event into a disaster is its impact on human beings. If there would be an earthquake in a completely uninhabited area without any negative effect on humans, it will be a geophysical event but not a disaster. And in the present-day interconnected world it is difficult to see that a large-scale ‘natural’ disaster does not impact on human beings. But if the human impact is what makes an event disastrous, it is at the same time clear that this negative impact is often the result of prior human interventions that have created conditions of vulnerability.

A comparison of three recent earthquakes quickly shows that poorer and less developed countries are disproportionately impacted. In January 2010 Haiti was struck

by an earthquake with a magnitude of 7.0. Ultimately 316,000 people were killed and 1.5 million people made homeless. The economic damage to the island was estimated at \$14 billion (120 per cent of Haiti's gross domestic product). The following month, February 2010, a more severe earthquake occurred off the coast of Chile (with a magnitude of 8.8). Approximately 500 persons were killed and 370,000 homes damaged. The economic damage was estimated between \$15–30 billion (10–15 per cent of Chile's GDP). Very recently, in March 2011, Japan was hit by one of the largest earthquakes ever recorded (with a magnitude of 9.0). The exact number of victims is still unknown but will be approximately 25,000 with 100,000 buildings damaged or destroyed. Regardless of the magnitude of the earthquake the disaster in Haiti was vastly more destructive and deadly. This is generally attributed to the state of development of the country. Haiti is the poorest country in the western hemisphere; 80 % of the population is living under the poverty line. The enormous number of casualties is not only due to the earthquake but to the extremely poor living conditions and the inability of the state or the population to take protective measures or even to organise relief. The example of Haiti is also ironic (Middleton 2010). The same countries that have been the first to provide humanitarian assistance were also the ones that have created the long-term conditions for the severe impact of the earthquake. Haiti used to be the richest French colony in the New World. When it declared independence as the first black republic in 1804 it had to provide exorbitant indemnities to France for the next 143 years. All the country's revenues were used to pay the former colonisers. In 1900 around 80 per cent of the national budget was used in payments to the French. In 1947 when the debt was paid off the Haitian economy was ruined, the land deforested, the population living in poverty and no infrastructure developed (Macintyre 2010). From this perspective, it is not the geophysical phenomenon that caused the disaster in Haiti but the colonial history.

Another example that demonstrates that disasters are always complex, and involve an interplay between natural processes and human activity, is Hurricane Katrina, one of the worst disasters in US history. This 2005 disaster is analysed by Byron Newberry (2010) using a macro-ethical approach. His analysis is contested since it is not evident that there is an ethical problem at all. For many, the hurricane was a natural hazard. If there have been failures in the hurricane protection system, nobody can be blamed for the devastation of New Orleans. That means that there is no problem to be discussed in terms of ethics; it is simply a technical issue. The power of nature has been so overwhelming that there is no question of negligence or irresponsible behaviour of individual engineers. The vocabulary of ethics, pointing to unethical conduct, responsibility, duties, does not apply. That may be true, Newberry agrees, but for the micro-level of interpersonal interactions. He advocates a macro-ethical point of view focusing on the complex socio-technical systems in which responsibilities are located at various levels of public policy, risk assessment and organisational behaviour. Catastrophic events do not occur as the result of unethical decisions of individuals but as the consequence of the confluence of many, seemingly insignificant decisions at various levels. Newberry shows for example how levees and floodwalls were inadequately constructed, based on wrong assumptions about possible risks. Available information that the hurricane protection system was vulnerable was simply

left unused (because it endangered the uniformity of the system or was considered to be too costly). The protection system was furthermore built over a long span of time using the original specifications. However, the environment continued to change, so that the system was inadequate when it was completed. Furthermore, this was known to be the case. In spite of this, a false sense of security was created by suggesting that nature was now under human control.

The disastrous impact of the natural hazard (the hurricane) due to the vulnerabilities of human-constructed systems has, like in Haiti, a social and historical background that make quick and easy remedies unlikely. The city of New Orleans' susceptibility for disaster is the consequence of centuries of development, human engineering and political decision-making. The establishment of the city took place 300 years ago in precarious conditions, starting a long history of defending it from storms and floods. The city cannot be erased and relocated elsewhere. That means that the problem of flood protection can never be solved; it will require a never-ending, even ever-escalating effort. Problems solved somewhere will return more severely elsewhere. Channelling the river for example has allowed the economic development of land behind the levees but has made the system much more vulnerable. What is at stake is the human effort to preserve New Orleans as a major river/seaport. It is known that the Mississippi river delta is changing every 1,000 years. Human intervention is preventing the delta-switching that normally should have happened already.

This contest between human intervention and nature is in fact creating the vulnerability to disasters. The case of New Orleans resembles the case of my native country, the Netherlands. Obviously policy-makers did not want New Orleans to have the same fate as Bruges, the capital of West Flanders. The name Bruges means 'landing stage' or 'port', indicating that the city initially was a seaport. Around 1050 this access was lost due to gradual silting. But a major storm in 1134 shifting the coast line created a natural channel so that that access was restored in a different way but Bruges was now 10 miles inland. In the Netherlands, there is already a long list of 'drowned lands', settlements lost to the floods (see Wikipedia [2011](#)). But the Dutch don't want the western, most populated half of the country to disappear into the sea. It is an uphill battle. Risks can never be excluded, even with the most perfect engineering technology. So we know, one day, another disaster will occur. But we cannot only blame nature if we continuously try to domesticate it. The interplay of natural processes and human activity implies that there always is the ethical issue of human responsibility.

2.3.2 The Moral Geography of Humanitarian Relief

A particular publicity campaign for the US navy on American TV has impressed me. You see warships and soldiers amidst devastation due to disasters such as the 2004 tsunami and the 2010 earthquake in Haiti. Once the heroic music reaches a crescendo you can read: 'America's Navy. A global force for good'. The military is nowadays one of the major providers of humanitarian assistance. Four weeks after the 2004

tsunami the White House claimed that 16,000 US troops were engaged in relief work, especially in Indonesia. After the Haiti earthquake, the US Southern Command was coordinating relief efforts. The very next day special operations military arrived in the country. One week later the hospital ship USNS Comfort dropped anchor (Etienne et al. 2010). Soon more than 22,000 military personnel were involved in the relief effort, engaging 23 US navy ships, 57 helicopters and 264 aircraft.

The present-day connection of humanitarian aid and military intervention is surprising since the so-called first phase of modern humanitarianism was initiated by the horrors of war. Henri Dunant founded in 1863 the International Committee of the Red Cross because he had witnessed the suffering of thousands of wounded soldiers who were simply abandoned at the battle of Solferino. The innovation of Dunant was not so much the creation of a system of care for victims but rather that such system was based on the moral principles of impartiality (relief is solely based on need and provided without any distinction as to nationality, race, religious beliefs, social class or political opinions) and neutrality of the care providers, so that they will be protected and respected by all parties. Dunant's ideas were soon expanded in two directions. One was that the purpose of providing humane treatment to those injured in war was generalised to providing care for all those who were suffering from floods, famines, earthquakes and epidemics and also to refugees. All those in need due to conflict or disaster will receive basic assistance with food, water, shelter and medical care. The initial ideas were expanded into a set of seven fundamental principles of the Red Cross: humanity, impartiality, neutrality, independence, voluntary service, unity and universality (Barnett and Weiss 2008). Such principles articulate the moral geography of humanitarian aid: it is by definition disinterested and purely philanthropic.

The concept of neutrality has become more and more difficult to uphold. In practice it is often violated as well as exploited for political purposes. But there are also more fundamental reasons why the primordial ethics of humanitarian assistance have been criticised (Middleton 2010).

The first reason is that international aid is explicitly regarded as an instrument of foreign policy. In 1918 US President Woodrow Wilson announced his Fourteen Points leading to a new world order with humanitarian assistance as a necessary part of foreign policy. Wilson's military occupation of Haiti, Santo Domingo, Cuba and Nicaragua were all presented as humanitarian assistance. In 1949, during the emergence of many new states, President Harry Truman launched the phenomenon of foreign aid or development assistance. The justification was moral (Hattori 2003). More developed states have an obligation to help less developed states. This will contribute to world peace and prosperity. But it also embodies the ideal of humanitarianism. If countries have basic needs and more developed countries are able to satisfy these needs, they should provide relief.

But such assistance is not disinterested. Humanitarian assistance is mostly managed by the ministries of defence and foreign affairs. Ultimately it is not idealism but self-interest of the state that prevails. In 1919 Haiti had been occupied by the US because it was heavily in debt. A system of mass forced labour was set up to make sure that the debt could be paid. The 2004 tsunami relief in Indonesia was followed

by enormous arms sales a few weeks later. Foreign aid therefore has been criticised as institutionalising virtuous practices in the interests of the powerful (Hattori 2003). Its purpose is to legitimise an existing material order through transforming a material hierarchy (global injustice and social inequality) into a moral hierarchy between donor and recipient. The developed and often former colonial states have the virtue of giving, philanthropy and beneficence. Rather than emphasising the rights of recipients, humanitarian aid in this perspective only legitimises the power differences and inequalities that exist.

Secondly, the moral geography of humanitarian aid changed significantly in the 1990s after the end of the Cold War (Smith 2009). Before that time military interventions were not justified with humanitarian arguments but by the 1990s this had become a legitimate justification. Since then the number of humanitarian operations grew greatly, particularly in response to man-made catastrophes. This is due to a significant increase in the number of interstate conflicts but also to the growing influence of the idea of human rights. In fact humanitarian aid is changing into humanitarian intervention (Chatterjee and Scheid 2003). For a long time, the military has assisted in the delivery of humanitarian aid. But since the 1990s military interventions themselves are increasingly justified as 'humanitarian'. The major motivation for intervention is a moral one. The intervention is 'humanitarian' since it is not carried out for the usual military reasons but out of concern to help. Governments themselves fail to protect their citizens or are violating the human rights of their citizens. Military assistance by others is therefore necessary to protect this population even if it means that national sovereignty must be overruled. The crucial notion used in justifications is 'rescue': the intervention is necessary in order to rescue and protect the people in a foreign territory from gross violations of their basic human rights (Walzer 1995). The purpose is saving people from harm done by the same authorities who should protect them. British Prime Minister Blair justified (in 1999) the bombing campaign in Serbia and Kosovo: we are fighting not for territory but for values.

The implication is that the distinction between humanitarian aid and humanitarian intervention is disappearing. Of course military and humanitarian action is not the same. Bombing Kosovo is not equivalent to providing food and shelter to Kosovar refugees. But both are becoming more and more interdependent. Military interventions are legitimised by calling on humanitarian organisations; these organisations need the military to guarantee their safety. More importantly, both have the same aim: rescuing the innocent and helpless. Both are guided by the same sentiments of compassion and humanity. Both appeal to a higher moral order (Wheeler 1997). Conflicts and disasters are now included in the same logic of humanitarian relief (Fassin and Pandolfi 2010). This contemporary logic reflects an important change in international thinking due to processes of globalisation. The principle of non-intervention that used to regulate the relations between nations was based on the value of national sovereignty and on the position that states only act when it is in their own interest and not for moral reasons. This respect for state sovereignty is now superseded by the global norms of human rights and human dignity. National sovereignty has a subsidiary value. It is therefore conditional: states only have immunity from foreign intervention as long as they treat their citizens decently. In other words, the political

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