Learning From The Pandemic For Disaster Preparation

(Such As For The 2020 Hurricane Season)

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We already have been through a lot with the COVID-19 pandemic and more unknown challenges are certain to come. Some people have had it worse than others and have suffered greatly in terms of health, economics, and otherwise. They deserve our compassion and help, and it is heartening to see the many efforts underway on their behalf.

After major incidents, first responder agencies (e.g., law enforcement, fire/rescue, and emergency medical services) typically debrief their personnel involved to

- 1. help the first responders deal with the trauma they may have suffered,
 - 2. assess what went right and wrong during the incident, and
 - 3. learn lessons to be applied during the next incident.

Our own COVID-19 pandemic experience to date presents us with the same important opportunity for us to do the same at this interim point because the effects of the pandemic are ongoing and will continue for years to come. It also is not the last disaster we will face. Recent predictions for the Atlantic hurricane season that starts on June 1st are that hurricane activity will be 140% of the average season.\(^1\) To help readers facilitate their own pandemic briefing, this article presents selected observations about the pandemic and responses to it to date, and factors for individuals to consider for themselves in their own preparedness activities.

I have prepared this article based on my primary community service activity experiences over the last fifteen years, which have been as a volunteer wilderness emergency medical technician and disaster preparedness and response worker during hurricanes, floods, tornadoes, motor vehicle and boating accidents, and other large and small disasters. For a more detailed discussion of personal preparedness and references to comprehensive preparedness resources, please see my prior article on this topic.²

In a recent video, an actor portrayed herself as of now, talking to herself back in January 2020. The January 2020 version celebrated her good job, her social relationships, upcoming international vacation travel plans, booming economy, and so on, while predicting that the then-raging Australian wildfires would be the biggest news story of 2020. The present version of the actor chuckled at the earlier version's recitation of life as it was not so long ago. As to the prediction that the Australian wildfires would be 2020's biggest news story, the present version said "not even close." The January 2020 version understandably was befuddled at what possibly could

happen in a few short months to change so many things. Now we know: a highly contagious disease that spread quickly worldwide with a still mounting death toll.³

That fictional time-travel video can serve as a useful model for our own self-assessment debriefing of our preparedness and response to the pandemic.

On the professional front, consider the state of various legal practice areas back in January 2020: real estate and corporate deals flourished in the strong economy; government, labor, employee benefits, and health care law practices were active, but generally not overwhelmed; litigation practices generally were strong and active; and estate planners were helping their clients plan with their generally increasing wealth, while warning them that the fall election results might accelerate tax law changes otherwise built into the law not to become effective until 2025. Since then, many real estate and corporate deals have collapsed; government, labor, employee benefits, and health care law practices have experienced huge demands; litigation in many cases has stalled as courts have closed but for emergency matters; and estate planners have been addressing the pandemic's effect on clients' health and estate planning circumstances, while also wrestling with Florida's "in the presence" document execution requirements in a highly contagious environment.

A few of the many other things that have changed in our practice lives are that back in January 2020 we generally commuted to and from work each day at offices in commercial buildings rather than working remotely at home. We had face-to-face meetings at our offices while now we generally communicate through online videos or teleconferences. In my estate planning practice, I have conducted document signings with clients who have pandemic risk comorbidities "in the presence of" witnesses and notaries by observing each other separated by glass patio doors while wearing personal protective equipment ("PPE") and then quarantining the documents for the recommended fourteen day period.

On the personal front, back in January 2020 we regularly had face-to-face social interactions with our families, coworkers, and friends in our homes, in our offices, at restaurants, and at other places. We went to retail stores without any special planning. We walked both ways down the aisles in grocery stores. We exercised at fitness centers. We had medical procedures some pandemic restrictions have prohibited as nonessential. Our children went to their schools and had

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their own face-to-face social and athletic interactions with their families and friends. We traveled freely domestically and internationally through a variety of transportation means without curtailment or prohibition by government imposed pandemic restrictions.

Predictably, as the pandemic unfolded, many people engaged in what behavioral economists and psychologists rightly label "panic buying," whether rushing to buy those items made sense or not. The list of panic bought goods includes N95 respiratory masks (the category of which many of us were unaware of beforehand); hand sanitizer; toilet paper (even though the disease generally has not been gastrointestinal in nature requiring more than normal usage); bleach; disinfecting wipes; paper towels; milk; eggs; bread; fresh and processed meat, poultry, and fish; canned soup; pasta; frozen pizza; flour; and yeast (overnight we became a nation of bakers). Nonetheless, fresh produce generally remained abundantly available. Home delivery supplier Amazon suddenly became overwhelmed with orders and stopped (or at least delayed) delivery of items it characterized as nonessential and restricted sale of certain medical supplies to healthcare facilities.

As we Floridians have come to expect with hurricanes, unscrupulous people attempted to buy up inventories of high demand items and resell them at highly inflated prices, notwithstanding anti-gouging law prohibitions. We also were reminded that high demand items have to be secured, lest thieves steal them.

Thankfully, unlike with a hurricane, so far during this pandemic, public utilities still have functioned; gas stations still have gas; banks still have cash (despite heavy ATM withdrawals); bottled water, plywood, batteries, ice, peanut butter, and snack foods are still readily available; and the Internet has continued to work, albeit at times slowly.

We also know from our Florida hurricane experiences, and now from the pandemic, that people will flee disaster areas to less or unaffected areas and those refugees will not always be welcomed in their relocations. With massive outbreaks of infection, many Louisianians, New Yorkers, and other northeasterners understandably fled to Florida, leading our governor to impose fourteen day self-isolation requirements on them.

Through media, a prominent educational institution (Johns Hopkins University), and government agencies, the pandemic also led to the unprecedented, but peculiar spectacle of data of infection spread, hospitalizations, and deaths being displayed, seemingly in real time, for public consumption like a box score in a macabre sporting event. These real-time lagging yet regularly updated displays of questionable accuracy heightened public anxieties.^{4 5}

Some disasters come on slowly, such as rising global waters from temperature increases. Slowly evolving disasters present humans with opportunities to prepare over long periods of time to ameliorate the disasters' effects, whether people marshal the societal and political will to do so or not. More commonly though, disasters, like this pandemic, come on relatively quickly and overwhelm our ability to deal with them in real-time.

Professional emergency managers also broadly characterize disasters as either low impact, high frequency events or as high impact, low frequency events. Examples of the foregoing are a gas leak at a single residence, a two vehicle accident, and a single victim drowning. Examples of the latter are of course this pandemic, hurricanes, major terrorist attacks like on 9/11, and the 2018 California wildfires.

This pandemic at first appeared to develop slowly around the world. In near term hindsight, epidemiological officials' alarms were not heeded as they should have been and then, seemingly suddenly, our lives changed forever over the April $4^{th} - 5^{th}$ weekend. Many law firms and other businesses that had not already required personnel to work remotely, suddenly did so. Many elected government officials who had downplayed the risks up until then and had encouraged citizens to go about their normal lives, -interacting with others, attending sporting

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events, weddings, and continuing public transportation use, suddenly rang alarm bells. Many ordered shutdowns of schools, newly labelled nonessential businesses, and other activities involving personal contact. Healthcare facilities lamented their lack of readiness to handle anticipated dramatic increases in patients with a serious and highly-contagious disease and feared being overwhelmed. Many were seriously frightened.

As we have seen repeatedly, governments generally cannot be relied upon to provide adequate assistance to the populace immediately after the onset of a crisis that affects a large number of people over a large area. Governments oftentimes simply do not have the resources available to provide that critically needed immediate assistance. As with the pandemic, government and private resources quickly can be overwhelmed in an emergent disaster. That notoriously happened in the wake of Hurricane Katrina's strike on the upper Gulf coast. Nonetheless, good governments with sufficient financial resources available eventually catch up and make headway in disasters toward containment and recovery.

Additionally, when governments act in a disaster, at least initially, the tools they often employ are heavy-handed measures designed to control the populace through fear of arrest, fines, and public humiliation.⁶⁷⁸⁹

Can blame for this pandemic's inadequate preparedness be put solely on government, thereby exculpating ourselves? Could anyone have anticipated all of the extreme changes we have experienced? Many governments indeed have developed pandemic response strategies and protocols. For example, the United States government's pandemic influence response strategy initially was developed over a decade ago and most recently was revised in 2017. It is a document publicly available online. 10 Of course, most of us thought we had no specific need to contemplate a pandemic, any more than the myriad other disasters that could befall us, like an major earthquake, a world impacting volcanic eruption, an electromagnetic pulse ("EMP," whether naturally caused or manmade), a nuclear incident (whether accidental or purposeful), etc. The details and scopes of the various disasters that could befall us are well beyond normal citizenry interests, abilities to comprehend, and, for the most part, specific usefulness in preparedness.

Still, governments appropriately have been criticized for inadequacies in their anticipation of and preparation for the pandemic's devastating consequences and their responses. At least in Western democracies, fear of the ballot box ultimately compels (or at least should compel) governments to follow the demands of their citizens. In that light, before the pandemic, how many of us demanded better government preparations for pandemics and other disasters? How many of us hereafter will do so?

Whatever part of inadequate pandemic preparedness responsibility rests with governments, we are reminded that governments alone cannot be relied upon to solve all of the problems a disaster creates. Individual preparedness is also

At this writing, the recently popularized objective to "flatten the curve" (a term previously only used regularly by epidemiologists) of the pandemic's demands on our healthcare system seem to have been successful to a greater or lesser degree throughout the country. While hospital systems in some areas of massive infection were overwhelmed for a while, even in some of those areas, officials are releasing ventilators and other essential equipment and supplies to other areas whose curve peaks are projected to be later. Whether flattening the curve, coupled with measured reopening of society, in the future will be judged to have been successful, remains to be seen.

Despite all of the negative consequences and implications of this pandemic, we as the American people can be very proud of how we have handled the overwhelming circumstances involuntarily thrust upon us. We have adhered to the U.S. Marine Corps' slogan to "improvise, adapt, and overcome" likely in many cases without even realizing it. Many of us have improvised to maintain our legal practices to continue to serve our clients while working remotely with perhaps minimal or even no visits to our offices for in-person staff assistance, files, copying, scanning, mailing, and other office resources we previously considered to be essential. Faced with continuing shortages of N95 masks, in a timeless American "do it ourselves" fashion, countless people have *improvised* by home manufacturing cloth masks for donation to persons who need them. We have learned that "just in time" grocery and other store inventory practices have resulted in inadequate availability of essential goods so we have adapted by maintaining more extensive inventories in our homes. Through those and many other activities, we have overcome many of the short-term effects of the pandemic on our lives, but more challenges remain in helping our society to recover.

The foregoing indicate that it is short-sighted and inadequate to prepare just for the ongoing pandemic, or even the next one. Instead, we need to prepare broadly and comprehensively for a range of potential disasters, whether a respiratory pandemic like COVID-19 currently thought to spread by person-to-person contact, a hurricane, or something else. For example, consider clean water, which is essential to human existence. What will we do if it is determined, as there have been some limited and, as of this writing, unproven allegations, that COVID-19 spreads through municipal sanitary water service? Since clean, sanitary water is fundamental to human existence, if we fear that it is compromised, we likely will scramble (and rightly so) to buy up supplies of bottled water, water filters, and disinfectants such as iodine and bleach. Certainly it would be better to maintain some of these items as part of our preparedness. It could come in helpful for a hurricane too. continued, page 59

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With modern meteorology, hurricane strikes in Florida usually are predicted days and even weeks out from landfall. Nonetheless, even with that much advance notice, many people do not adequately prepare (or their even good preparations can be destroyed or become inaccessible by the storm). Why is it that so many people do not prepare adequately for hurricanes? The information about what to do and how to prepare is readily available from credible sources. So, why do people routinely overwhelm stores for bottled water, nonperishable foods, and plywood as a hurricane approaches? It is not just new Florida residents who are occupying the long lines at those times.

What motivates or fails to motivate individual preparedness is beyond the scope of this article, but two professors at The Wharton School of the University of Pennsylvania who are codirectors of the Wharton Risk Management and Decision Processes Center have published an excellent, nontechnical, and surprisingly short book that helps us answer that question. It is highly recommended reading in connection with personal preparedness planning.¹¹

Should we prepare for the next potential pandemic like we have prepared for the present one? General preparation seems prudent, but overly narrowly preparation may be ineffective if the next pandemic has markedly different features. For example, while COVID-19 generally manifests as a respiratory illness leading to breathing problems like pneumonia, the next pandemic could be gastrointestinal leading to abdominal cramps and diarrhea with a rapid loss of life-sustaining bodily fluids and electrolytes. Broad comprehensive preparation is the best course of action.

Reliance on the Internet is riskier than many people appreciate. During the pandemic, the Internet rapidly disseminated information about the virus and government, business, educational, societal and other reactions. Not all of that information has been valid, and yet people's understandable fears have driven readership (see e.g., fake virus assessment methods, treatments, and cures commonly circulated by well-meaning people).

Many workers have been able to successfully transition to working remotely from home because of Internet access. What if the next disaster broadly disables the Internet with no near term prospect for a restart? What will people do then? Will it be enough then to say "I can't work?" Even with a functioning Internet, will it continue to have the capacity to handle the increased traffic resulting from so many working remotely and others accessing online entertainment from home during the daytime?¹²

At the onset of the pandemic, many Americans were outside the United States in foreign countries or on cruise ships when international travel was substantially curtailed, international borders were closed, and the pandemic hit their locations. Many were left stranded. Some of them



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even were required to be isolated or even quarantined by government order, whether infected or not. Weeks into the pandemic thousands of Americans anxious to return home were unable to do so. What if they only took enough life-maintaining prescription medicines, money, and other essential items with them for the planned duration of their trip, suddenly lengthened indefinitely?

The lessons to be learned from the COVID-19 pandemic will take years to identify, analyze, critique, and implement. What is clear is the fundamental truth about personal preparedness: it is a personal responsibility of all of us to engage in it to the best of our abilities and resources and to do it well. No less than our lives, the lives of those we care most about, and the lives of everyone else are at stake.

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Endnotes

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- 2 https://www.floridabar.org/the-florida-bar-journal/what-would-you-do-today-if-you-knew-a-hurricane-was-going-to-hit-your-home-or-practice-to-morrow/
- 3 I relate to this pandemic from a peculiar family perspective. I never met my paternal grandmother, because she died in 1920 of the 1918 Spanish Flu pandemic in the then-remote Alaska fishing town of Ketchikan (now a major stop on Alaskan Inside Passage cruises - until recently). She was otherwise healthy and in her early twenties, two of the prime attributes of fatal victims of that disease. Back then, diseases took a while to circle the globe, unlike with today's constant and rapid international travel (at least until recently). The 1918 Spanish Flu is estimated to have killed upwards of 675,000 Americans and killed 50 to 100 million people worldwide. As tragic as the COVID-19 pandemic has been to date, so far, thankfully, and hopefully as it continues to unfold, its mortality has not come close to those numbers even in a world that has close to four times the 1918 population.
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