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Vulnerable Populations/Health Disparities

The aftermath of Hurricanes Katrina and Rita reminds us that unhealthy, poor and traditionally underserved populations often suffer disparately during public health emergencies. Health disparities can relate to any of the following (individually or in combination):

- Disparities in health status (related to disabilities or chronic illness);
- Disparities in access related to social/economic inequalities;
- Disparities in access related to geographic locale (e.g., differences in available resources in urban vs. rural areas).

What sort of guidance should a framework for rationing health related resources during a severe pandemic offer concerning such health disparities? The Minnesota Pandemic Ethics Project frameworks embrace the following statement as a fundamental principle: "Treat people fairly, recognizing the moral equality of all." This principle is taken to have the following implications: "To promote fairness:

- Reduce significant group differences in mortality and serious morbidity
- Make reasonable efforts to remove barriers to fair access
- Promote equitable access for those equally prioritized."

Discussion questions:

1. Should people suffering health-related disparities be prioritized for access over those who do not suffer such disparities? Why or why not?

2. How can barriers to access be removed or reduced prior to crisis like a pandemic? During the pandemic?

3. What can local public health workers accomplish toward this end? State public health workers? How can/should local and state efforts be coordinated to complement one another toward this end?