This accepted version of the article may differ from the final published version.

This is an Accepted Manuscript for Disaster Medicine and Public Health Preparedness as

part of the Cambridge Coronavirus Collection

DOI: 10.1017/dmp.2024.87

Empowering Communities in Geopolitical Crises: A Role for Disaster Medicine and

Public Health Preparedness

Krzysztof Goniewicz¹, Amir Khorram-Manesh^{2,3,4} and Frederick M. Burkle^{5*},

¹Department of Security Studies, Polish Air Force University, Poland

²Department of Surgery, Institute of Clinical Sciences, Sahlgrenska Academy, Gothenburg

University, Sweden

³Disaster Medicine Center, Gothenburg University, Sweden

⁴Gothenburg Emergency Medicine Research Group (GEMREG), Sahlgrenska Academy,

Gothenburg University, Sweden

⁵Global Fellow, Woodrow Wilson International Center for Scholars, Washington, DC, USA

*Correspondence: k.goniewicz@law.mil.pl

Declarations of interest: none

Financial disclosures: none

The intersection of public health and geopolitics is abundantly clear, with national

leaders' decisions often having profound consequences on population health and disaster

response. Delving deeper into this complex interplay, we narrow our focus on the ongoing

crisis in Ukraine, a stark illustration of the health implications that arise from the actions of

authoritarian leaders.

Historically, leaders with an authoritarian bent have exhibited a set of personality

traits. Notably, they often possess an unyielding pursuit of power, an inflated sense of self-

importance, a low tolerance for critique, and an obsession with maintaining control [1]. It is

essential to note that these traits are not indicative of mental illness. Instead, they represent

distinct character patterns that, under specific personal and societal conditions, can create a

pathway to oppressive rule. In this context, Vladimir Putin's leadership provides a case study

of such dynamics, with his power being wielded to assert control, dominate others, and

confront those who challenge his authority [2].

The societal impact of such leadership dynamics can be vast and wide-ranging. The

repercussions are far-reaching, from inciting international conflicts to straining healthcare

systems and exacerbating public health emergencies. The ongoing crisis in Ukraine brings these effects to the forefront, highlighting the critical role of multidisciplinary teams in managing the health consequences of such conflicts. The escalating conflict strains medical services, jeopardizes healthcare infrastructure, and critically threatens public health [3].

To navigate this intricate landscape, we propose a two-fold approach: enhancing understanding of the psychology of authoritarian leaders and actively engaging in the empowerment of civilian populations. Insights into the psychology of such leaders can guide diplomatic strategies and shape approaches that prioritize human rights and stability. Concurrently, informing populations about the mechanisms of authoritarian leadership can foster critical thinking, *endurance*, and collective action [4].

The Ukrainian crisis underscores the pivotal role of professionals and their teams in disaster medicine and public health preparedness in mitigating the impacts of geopolitical conflict. By understanding the intersection between these conflicts and public health, they can work to minimize the health impacts of such crises and advocate for peace and stability [5].

Furthermore, these professionals, alongside their teams, bear a responsibility extending beyond immediate response efforts. They are crucial to preparing communities for potential health crises, fortifying systems through education, and advocating for robust health systems. This task is not merely practical; it has profound meaning and significance in protecting the health and well-being of populations.

Through education, professionals can foster a culture of preparedness by raising awareness about the potential health risks associated with geopolitical conflicts and other disasters. By equipping individuals with the necessary skills to respond effectively in times of crisis, from basic first aid techniques to understanding how to access medical help in a disaster scenario, they can further empower these communities [6-7].

The development of robust health systems is a critical facet of crisis preparedness. Well-prepared health systems ensure continued health services during a crisis, minimizing disruptions to care. Such systems necessitate strong primary healthcare, an efficient supply chain for medical goods, a well-trained healthcare workforce, and the integration of disaster risk management into health planning [8].

Empowerment within communities is also crucial for resilience. When individuals feel equipped with the knowledge and resources to respond to a crisis, they are more likely to take proactive steps toward preparedness. This sense of agency can reduce feelings of helplessness or fear, contributing further to community strength [6,8].

However, these endeavors are not solely the responsibility of professionals in disaster medicine and public health preparedness. They involve the active participation of communities and individuals. Each person plays a critical role by engaging in community-based health initiatives, supporting local health systems, or advocating for policies that promote health and well-being.

Reflecting on the ongoing situation in Ukraine, the roles of disaster medicine and public health preparedness professionals have never been more critical. By preparing communities for potential health crises and strengthening societal resilience, we enhance our collective capacity to respond to crises and mitigate their impacts [9].

Considering the future implications of this work, the lessons learned from the Ukrainian crisis and the professional responses to it could greatly influence policy, potentially aiding in the prevention or mitigation of future crises. By establishing robust and resilient health systems, fostering community empowerment, and promoting a thorough understanding of the intersection between geopolitics and public health, we can shape the future of disaster medicine and public health preparedness.

The ongoing crisis in Ukraine serves as a poignant reminder of the intricate weave between geopolitics, public health, and disaster preparedness. This crisis underscores our shared responsibility - be it as professionals in the field, policymakers, or civilians - to safeguard health and wellbeing. It implores us to respond, not in isolation, but with a collective resolve.

Indeed, it is through our concerted efforts that we can build more *robust* health systems, equip communities to withstand future health crises, and nurture societies rooted in preparedness. Our actions today will echo in the face of future emergencies, shaping our collective response and fortitude.

However, preparedness and adaptability extend beyond mere reactionary measures. They demand the foresight to recognize and address the health implications of authoritarian leadership, the diplomatic tact to navigate complex geopolitical landscapes, and the unwavering commitment to upholding human rights and stability.

Therefore, let the crisis in Ukraine transcend being just another news headline. Instead, let it act as a catalyst for introspection, innovation, and transformation within the fields of disaster medicine and public health preparedness. It is through these challenging times that we are presented with a unique opportunity — indeed, an imperative — to effect meaningful change. By harnessing this moment, we commit to nurturing a healthier, more robust, and adaptable world.

References:

- 1. Burkle FM. Antisocial personality disorder and pathological narcissism in prolonged conflicts and wars of the 21st century. Disaster medicine and public health preparedness. 2016 Feb;10(1):118-28.
- 2. Khorram-Manesh A, Burkle FM. Narcissistic Sociopathy in Global Autocratic Leaders: Arrested Development, Obsessive Demand for Power, and the Emergence of Unlawful Hybrid Wars. Disaster medicine and public health preparedness. 2023;17:e263.
- 3. Choudhary OP, Saied AA, Ali RK, Maulud SQ. Russo-Ukrainian war: An unexpected event during the COVID-19 pandemic. Travel Medicine and Infectious Disease. 2022 Jul;48:102346.
- 4. Joy M. Powerarchy: Understanding the psychology of oppression for social transformation. Berrett-Koehler Publishers; 2019 Sep 3.
- 5. Michaud J, Moss K, Licina D, Waldman R, Kamradt-Scott A, Bartee M, Lim M, Williamson J, Burkle F, Polyak CS, Thomson N. Militaries and global health: peace, conflict, and disaster response. The Lancet. 2019 Jan 19;393(10168):276-86.
- 6. Khorram-Manesh A, Mortelmans LJ, Robinson Y, Burkle FM, Goniewicz K. Civilian-military collaboration before and during Covid-19 pandemic—A systematic review and a pilot survey among practitioners. Sustainability. 2022 Jan;14(2):624.
- 7. Khorram-Manesh A, Goniewicz K, Burkle Jr FM. Unleashing the global potential of public health: a framework for future pandemic response. Journal of Infection and Public Health. 2023 Nov 3.
- 8. Goniewicz K, Khorram-Manesh A, Burkle FM, Hertelendy AJ, Goniewicz M. The European Union's post-pandemic strategies for public health, economic recovery, and social resilience. Global Transitions. 2023 Jan 1;5:201-9.
- 9. Mani ZA, Goniewicz K. Adapting disaster preparedness strategies to changing climate patterns in Saudi Arabia: A rapid review. Sustainability. 2023 Sep 27;15(19):14279.