

A Golden Opportunity

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To improve the golden moment of opportunity, and catch the good that is within our reach, is the great art of life.

Samuel Johnson,
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Planning by the International and Local Scientific Committees for the 16th World Congress on Disaster and Emergency Medicine (WCDEM) is progressing well. The Congress will be convened in a superb venue in a remarkable city, Victoria, British Columbia Canada from 12–15 May 2009. The Congress will build on the success of the 15th World Congress, and on the progress attained during the 9th Asia-Pacific Conference on Disaster Medicine convened in Seoul, Korea in November 2008. The program in Victoria will be broad in scope and will examine current issues in emergency and disaster health worldwide. Some of the issues that will be discussed include:

1. **Emerging Hazards**—Several new or continuing hazards currently threaten world health. Many of these will be addressed, such as:
 - a. *Climate change*—Climate change looms as an increasing threat to the health of humankind.¹ The issues related to this phenomenon have been discussed in many forums. These issues will be summarized and an action plan will be developed;
 - b. *Pandemic*—It is expected that a pandemic will occur. We do not know what the cause will be or when it will occur. Etiological possibilities will be discussed along with measures to limit its extent and the damage it could create;
 - c. *Release of chemical, biological, radiation, nuclear, or explosive substances*—It is anticipated that either by intention or accident, there will be a release of these dangerous substances somewhere. Some areas are at particular risk for such an event. Moreover, relatively minor events involving these substances are a frequent occurrence. For the most part, with some exceptions (Chernobyl and Three-Mile Island, Iraq-Iran war), such releases have caused only minor damage to medical care and public health systems; but it is anticipated that another major event is forthcoming; and
 - d. *Food crisis*—Huge crop losses, burgeoning populations, and the migration of people from rural to urban areas continue to lead the world to an enormous shortage of food (and water). This, in turn, will create additional conflicts regarding possession of these life-sustaining resources.

Each of these threats will create public health emergencies. Preparation for such threats must be addressed and strategies for their management and containment are essential outcomes from the Congress.

2. **Humanitarian Reform Movement**—Following the earthquake and tsunami that devastated those residing in or visiting the coasts of the Indian Ocean in December 2004, the Interagency Standing Committee of the UN Office for the Coordination of Humanitarian Affairs established a set of clusters designed to enhance the coordination, efficacy, and efficiency of future humanitarian missions. These clusters must be described and future efforts to provide support to affected populations must be integrated within this new organizational structure.
3. **Safe Medical Facilities**—Recognizing that the medical facilities become the all-important component of responses during or following a disaster-producing event, the ability of medical facilities to continue to function during such periods has been of increasing concern. The preservation of the functional status of medical facilities has been a major thrust of the Pan-American Health Organization for the past 15 years and has become the principal mission of the International Strategy for Disaster Reduction for 2008–2009 and will be the theme of World Health Day in 2009. The issues related to safe medical facilities were identified during the 15th WCDEM and recently have been summarized in PDM.² Current strategies to achieve safe medical facilities will be reviewed and new strategies suggested.
4. **Migrating Populations**—A consistent and major problem created by disasters is the movement of enormous proportions of the affected populations. Some of the victims cross international borders, some go to family and/or friends where they often create substantial strain in terms of resources. Many victims seek shelter and sustenance in camps where they face threats to their health and well-being. Furthermore, it is not known what happens to these people in the long term. Profound migrations currently are under way. Such migrations create formidable challenges to the public health, humanitarian community. These challenges must be addressed during the Congress.
5. **Development of EMS Systems**—Highly developed countries often boast of the value of their respective EMS systems. There are few studies that compare the benefits of specific systems. Countries struggling to

develop such systems are not sure how to proceed, especially where resources are severely restricted. In areas in which resources are limited, the models and tasks that must be provided will differ from those operational in more highly developed countries. The design and evaluation of such EMS systems is of immediate concern. A process for assisting countries in the development of systems to meet these challenges is essential. This will require assessments of the needs of the country for whom such systems will be designed and implemented.

6. **Triage**—Triage has many faces. Many systems have been devised, but, to date, the efficacy of any of them has not been demonstrated. Furthermore, systems that work in some prehospital settings may not work within medical facilities. The promulgators of each of these systems believe their system is the only one that should be used and that it should be applied universally. It would be of benefit to discuss the various systems proposed in a debate format, and hopefully, proposals of some strategies to validate these systems.
7. **Psychosocial Consequences**—Increasing awareness of the impacts of emergencies and disasters on affected persons has developed during the last few years. These effects are not only immediate, but are long-lasting, and affect not only those impacted directly by the event, but also the care-givers. Mechanisms, diagnoses, and strategies are required to mitigate the effects of such stressors.
8. **Terminology**—The need for a standardized terminology is essential. There are many glossaries in use and the authors of each believe that theirs is the only one that should be used. Consequently, confusion reigns. Currently, it is not possible for indexing efforts to be comprehensive and inclusive. It is clear that the domain/scope of disaster and emergency health has not been defined. Achievement of consensus must be obtained.
9. **Information, Research, and Evaluation**—Access to information and methodologies for the conduct and publication of research and evaluations is a keystone to the development of the science of emergency and disaster health. In order to accomplish this, a structure for the design, conduct, and reporting is essential.
10. **Nursing Practice**—The Nursing Section of the WADEM will examine the principal challenges surrounding nursing practices around the globe. Interactive sessions and working groups will attempt to define approaches to the challenges presented.

These are some of the issues that will be addressed during the 16WCDEM. Others include recent advances especially in EMS and resuscitation, the development of partnerships, credentialing and accreditation of persons and organizations, education and training, planning and preparedness, and more. The format will include plenary lectures, small-group discussions, workshops, specific topic discussions, panel discussions, debates, and networking. Please consult the Website (<http://www.wcdem2009.org>) for additional details.

Submitting abstracts of your important work is urgent. Accepted abstracts will be assigned into oral or poster categories. Special attention will be paid to those presentations assigned to posters. The papers assigned to posters will be so designated in order to define their impact—many of the oral presentations will be provided in concurrent sessions. Posters often deserve greater discussion and will be posted throughout the Congress. Recognized experts will lead these discussions.

The list of sponsors and exhibitors is growing. Their function is not just to stimulate sales of their respective products, but to provide us with the latest technology and equipment. They are an integral part of the industry of emergency and disaster health. Often, they have an eye to the future.

Many outputs will derive from the Congress. These outputs will be integrated into guidelines, standards, and benchmarks—they will be integrated into our science and best-practices. Important contributions will be highlighted in the reports of the moderators. All of the outputs from the presentations and discussions will be summarized in PDM. It is in this way that we actually will learn from what we have learned.

All of this science is coupled with an outstanding social program and a special program for accompanying persons. There is much to see and do in Victoria and British Columbia. All-in-all, this will be a pleasant experience that will contribute to our growth. There will be pre- and post-Congress courses and workshops that will strive to help you to improve knowledge and skills, whether a physician, dentist, veterinarian, public health worker, nurse, physician assistant, technician, administrator, engineer, researcher, responder, analyst, or student. Plan to come to Victoria and to share your expertise and experiences. The facilities and surroundings are extraordinary, so bring your families along.

*This could have happened once,
And we missed it, lost it forever.*

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References

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2. Albanese J, Birnbaum M, Cannon C, Cappiello J, Chapman E, Paturas J: Fostering disaster resilient communities across the globe through the incorporation of safe and resilient hospitals for community-integrated responses. *Prehospital Disast Med* 2008;23(5):385–390.