

COMMENTARY

Preparedness 3.0: Addressing the Future

Georges C. Benjamin, MD

ABSTRACT

The last 14 years has taught us that that we are facing a new reality; a reality in which public health emergencies are a common occurrence. Today, we live in a world with dangerous people without state sponsorship who are an enormous threat to our safety; one where emerging and reemerging infectious diseases are waiting to break out; a world where the benefits of globalization in trade, transportation, and social media brings threats to our communities faster and with a greater risk than ever before. Even climate change has entered into the preparedness equation, bringing with it the forces of nature in the form of extreme weather and its complications. (*Disaster Med Public Health Preparedness*. 2015;9:728-729)

Key Words: risk management, climate change, bioterrorism, public health, health care economics and organizations

The terrorist attacks of September 11, 2001, and the subsequent anthrax letter attacks reminded us of the importance of building comprehensive preparedness systems, whereas the 2013 Ebola outbreak showed us the essential need to sustain them. Unfortunately, we have not continued the investment in preparedness and are encountering new threats as we enter the future that affirm we still have much work to do.

One example is risk communication. Despite the many lessons on risk communication we have had over the years, our performance as a nation to communicate effectively failed us in the recent Ebola outbreak. People were unduly afraid and much of the early communication did little to calm their fears. In fact, we really had an outbreak of fear that overshadowed the actual disease risk to the community. Many elected leaders often acted politically and did not follow the advice of their public health science advisors around decisions on quarantine and isolation. These had the effect of enhancing the fear factor and creating even greater unrest; an outcome long recognized to occur in these situations. We again experienced the need for clear, coordinated, and consistent national public health policy that respects state independence but provides mechanisms for coordinating across state borders.

We now have the oversized impact of beliefs and activities that promote junk science that undermines core public health principles. Today, far too many leaders use junk science politically to advance beliefs that are not grounded in the facts. The recent measles outbreak is emblematic of what happens when a society does not respond rapidly and effectively to false perspectives that have huge public policy impact.

Vaccine-preventable disease are on the rise and from a preparedness perspective put us all at risk not only from the diseases we might catch but also because of the diversion of resources that occur to respond to a preventable event.

The series of recent assaults here in the United States reminds us of the diversity of homegrown threats that require our attention and the need for continued preparedness. They include the Boston Marathon bombings, the series of mass shootings, and civil unrest in 2 of our urban cities. Each of these speaks to our need to address the need for quality public health response systems that can quickly address a range of potential threats from motivated people who would do us harm. They also speak to the need to pay attention to building resilient communities that can respond to and recover quickly from the full range of public health threats.

Globalization certainly has its benefits, but it also enhances the threats we face whether from an infectious organism in our food, a contagious disease in a traveler, or an unsafe imported product and must be addressed and responded to quickly. The fact that many of the solutions require multinational cooperation makes preparedness more complex and challenging. The delayed response to Ebola by the World Health Organization and the resistance to fixing the problems that have been identified are emblematic of the inability of our multinational institutions to respond optimally to address these threats. We will need to address these issues soon as a global community.

Finally, climate change is here and we are experiencing its impacts. It is a threat of our own making that we

have the scientific understanding to address but in many ways are failing to do so rapidly enough. It is bringing us more intense weather that exacerbates many of the public health threats we have to respond to seasonally and is accelerating the emergence and reemergence of many infectious diseases.

Ensuring we have the capacity to respond to these threats in this new world is the most important goal for the nation's public health preparedness coalitions. The ability of these coalitions to leverage their various capacities to ensure we are

a nation prepared will not be easy in these times of fiscal restraint, but it is essential if we are going to have public health preparedness systems of the highest caliber to respond effectively to the threats of the future.

About the Author

American Public Health Association, Washington, DC.

Correspondence and reprint requests to Georges Benjamin, MD, American Public Health Association, Washington, DC (e-mail: georges.benjamin@apha.org).