

# EDITORIAL

## From the Editor-in-Chief

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Columbine, Beslan, Virginia Tech—the sites of school shootings that have become etched in our collective consciousness. All have raised innumerable questions and issues about lessons learned and their utility in future efforts aimed at preventing and ameliorating the consequences of such tragedies. To cope with this challenge, we must go through the painful process of deconstructing such mass casualty events to identify the multiple, interrelated causative factors contributing to them, and, within the framework of an integrated medical and public health model, develop effective primary, secondary, and tertiary prevention strategies, coupled with workable response options, for both individuals and population groups. To accomplish this, we must bring to bear the scientific, ethical, and legal tenets that have guided the development of such efforts as our national trauma system and begin to define a national preparedness and response system.

This is not an easy nor a short-term task, but a critically essential one if we are to achieve any real levels of national, state, community, and individual readiness. The cement for this system is an informed, educated, and trained population. All of us, regardless of occupation and/or position, have both an individual and a collective responsibility to respond to public health emergencies. The basic building blocks for this system are prepared communities that have committed resources and taken the necessary steps to produce an effective planning and response capability for the full spectrum of possible public health emergencies.

The evolving national preparedness and response system will provide an integrating framework that transcends all levels of government and incorporates all of the necessary elements from the public and private sectors to create a virtual matrix allowing for seamless interoperability among the various elements. Laying the scientific basis for this system and providing the forum for the transitional research necessary to drive cogent policy and meaningful programs is the responsibility of the evolving scientific literature dedicated to this area. To be fully successful in this endeavor, we must meaningfully embrace all of the varied disciplines contributing to preparedness and response and be more willing to be guided and informed by the full spectrum of research methodologies, including not only the rigid application of the traditional scientific method and epidemiological and social science applications but also the incorporation of observational/em-

pirical findings, as necessary, in the absence of more objective data.

Thus, the genesis of this special issue of *Disaster Medicine and Public Health Preparedness*. We have attempted to present the complexities inherent in a response to a devastating mass casualty incident from the twin perspectives of human loss and the immediate community response to address the continuing needs of those directly affected and better identify the societal needs of our nation in preventing recurrences. We also have highlighted the pre-event accomplishments of one particular community in education, training and integrated planning, which ultimately allowed as effective a response as possible under the shadow of overwhelming loss.

It also is most fitting that this special issue carries a September publication date because this is both National Preparedness Month and, for many, the beginning of the new school year. In 2007 National Preparedness Month focuses specifically on back-to-school planning, business preparedness, multicultural preparedness, and home and family preparedness. We hope, through the publication of the material in this issue, that we have contributed in some part to creating higher levels of individual and population preparedness. More important, we hope to contribute to the evolving “system” for preparedness and response.

In closing, I am reminded of an excerpt that appeared in a September 1906 issue of the *Journal of the American Medical Association*: “We have a great deal of government in regard to health matters, but it is local, unsystematized and often conflicting in different sections of the country and is distributed also under different departments of the government, thus preventing the best results” (*JAMA* 2006;296:1535). Through such efforts as chronicled herein, involving the systematic integration of all of the necessary components for effective response to a given public health emergency, I believe the validity of this statement will continue to diminish as a national preparedness and response system continues to evolve.

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