

EDITORIAL

From the Editor-in-Chief

James J. James, MD, DrPH, MHA

With the terrorist attacks of September 11, 2001 and the subsequent anthrax attacks, the nation rightly became concerned with national security and, appropriately, national health security. Medical and public health leaders came to realize that during the preceding years these professions had drifted apart to an extent that interrelationships were weak and individual and population health programs were too often poorly linked, to the detriment of each. There also was a realization that to be effective, disaster preparedness and response efforts had to be better integrated, not only within the medical and public health sectors but also with all of the other public and private stakeholders, such as transportation, law enforcement, businesses, and the media, who are essential to providing integrated preparedness and response.

Countless efforts and programs have been developed to better resource, educate, and train health responders for public health emergencies. Officials and leaders met frequently, policies began to emerge, and there was a general feeling that progress was being made. And then Hurricane Katrina hit. Along with the extensive human suffering and socioeconomic damage left behind by this devastating storm, any illusions about the ability to launch a systematic, integrated health response were rudely shattered. This led to a national introspective on what went wrong, and more important, on what had to be done to evolve a truly operational disaster health system—one of the few benefits left in Katrina's wake.

In 2006, passage of the Pandemic and All-Hazards Preparedness Act (PAHPA) created important opportunities to build upon and standardize disaster preparedness education at the federal, state, and local levels. PAHPA called for the development of integrated, interdisciplinary, and consistent curricula, which would be available to health professionals and health professional schools. In 2007, Homeland Security Presidential Directive-21 (HSPD-21) called for federal interagency action and cooperation to ensure that curricula and training developed pursuant to PAHPA address the need to improve personal, family, and institutional health preparedness. HSPD-21 further called for the establishment of a discipline that recognizes the unique principles in disaster-related medicine and public health; provides a foundation for the development and dissemination of doctrine, education, training, and research in this field; and

better integrates private and public entities into the disaster health system. PAHPA and HSPD-21 provide the template and structure upon which to build an effective disaster health system, supported by a discipline of disaster medicine and public health preparedness—a goal fully embraced by this journal.

Fast forward now to early this year and the latest public health emergency, the novel H1N1 influenza A pandemic. As of this writing, it is still too early to realize the full impacts of this outbreak, but it is not too early to assess whether we are better prepared to respond to a public health emergency or has our response been more effective. A main purpose of this editorial is to answer with a resounding “yes,” but more important, this editorial pays public tribute to the tireless energy and devotion of government health personnel at all levels, who have contributed to strengthening national health security. It is important to note that this is not merely a personal opinion but is based on the input of numerous leaders in the academic and private sectors who share these feelings.

It is, of course, not possible to acknowledge all of the contributors to this success story, but in terms of guiding us from where we were post-Katrina to where we are today, 2 individuals are particularly deserving of special mention and of the thanks of a more prepared nation. These individuals are RADM W. Craig Vanderwaghen, MD, who, in 2007, was appointed as the first Assistant Secretary for Preparedness and Response in the US Department of Health and Human Services; and Richard E. Besser, MD, who served as Director of the Coordinating Office for Terrorism Preparedness and Emergency Response at the Centers for Disease Control and Prevention (CDC), and as the acting CDC director from January through June 2009, during which time he led the CDC response to the H1N1 influenza outbreak. Although they have since left their government posts and embarked on new professional ventures, this editorial expresses the extreme gratitude of many and offers a resounding “thank you” to these unsung heroes. Dr Vanderwaghen and Dr Besser truly epitomize the meaning of *public servant*.

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