

Preparedness and Response: A Collaborative Exercise

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The Nation's domestic incident management landscape changed dramatically following the terrorist attacks of September 11, 2001. Today's threat environment includes not only the traditional spectrum of manmade and natural hazards—wildland and urban fires, floods, oil spills, hazardous materials releases, transportation accidents, earthquakes, hurricanes, tornadoes, pandemics, and disruptions to the Nation's energy and information technology infrastructure—but also the deadly and devastating terrorist arsenal of chemical, biological, radiological, nuclear, and high-yield explosive weapons.

These complex and emerging 21st century threats and hazards demand a unified and coordinated national approach to domestic incident management.

—The National Response Plan (December 2004), p 1

Never in our history has it been so clear that managing a catastrophic event is *everybody's* business. Members of the health care community have always known that a catastrophe—natural or manmade—has enormous consequences for the public's health that extend well beyond the sick and injured. The impact may be immediate or long term, physical, psychological, economic, or social. It may affect our food supply, clean water, housing, or agriculture. It may stress any or all of our nation's critical infrastructures, including the fragile health care system. Whether the catastrophe is localized or widespread, it will require the collaborative attention of all sectors of the affected locale.

In 2002 the federal government created the Department of Homeland Security (DHS) to bring together the plans, resources, and people required to maintain an awareness of threats and protect against them; prevent incidents when possible; and coordinate response to and recovery from catastrophic events when they occur. The nation's leaders are acutely aware that whatever may happen to our buildings, our computers, or our other infrastructures, the real tragedies are those with human consequences. Thus, the health and safety of the American public is Job Number 1. If an event cannot be prevented, then there is both an expectation and a duty that we will collectively answer the call to rapidly and effectively manage the public health and medical consequences of a disaster.

Our National Response Plan places a heavy burden on DHS to coordinate and bring all of the nation's resources to bear in managing catastrophic incidents. To do this, DHS depends on its sister agencies that are responsible for various sectors. Because the immediate priority in the aftermath of a disaster is providing for the health and medical needs of the affected

population, the Department of Health and Human Services has an equally heavy burden in ensuring that these needs are met.

Federal agencies also rely heavily on their state and local networks to "answer the bell" in the immediate aftermath of a natural disaster or an attack. When bad things happen and citizens dial 9-1-1, the telephone does not ring on the desk of a federal official. The bell is answered, as it is every day, by dedicated practitioners of medicine, nursing, emergency management, emergency medical services, fire services, and law enforcement. The best way we can prepare for a disaster is to be fully prepared for the things we do every day.

This new journal, *Disaster Medicine and Public Health Preparedness*, will bring together all of the integral practitioners of threat awareness, prevention, protection, surveillance and detection, response, and recovery to contribute to the scientific underpinning of our homeland security enterprise. Turning science into practice is one goal, but more important is making sure that our practices are based on sound science. Much of our preparedness and response activities are based on experience and many, many lessons observed but not necessarily learned. This journal will fill an important niche in the medical literature by providing a place for interdisciplinary research to reach an audience. Only through the expansion of well-designed research into this unique knowledge set will we ever get beyond practicing by anecdote. We are a long way from universities and academic centers' acknowledging the importance of this discipline by encouraging and rewarding their faculties for the pursuit of this nontraditional academic niche. Perhaps by having its own journal with strict criteria for research, the discipline of disaster medicine can enter the mainstream of academics.

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The American Medical Association has demonstrated the vision to create *Disaster Medicine and Public Health Preparedness*. Its journals are global in reach and will afford the disaster medicine community the broadest possible audience. It is not hyperbole to state that not only our nation but also the world will be better prepared to manage the human consequences of disasters of all types through a rigorous, science-based, unique body of knowledge. The success in expanding knowledge is critical to the well being of our fellow humans in a world replete with mass casualty events. Every reader of this journal has a role to play during a catastrophic incident, and this journal will

serve to inform, and possibly invigorate, its readers to become active participants in this important mission. *Everyone* is a stakeholder in successful catastrophic incident management.

About the Author

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