

# Moving Forward

Marvin L. Birnbaum, MD, PhD

---

*We've made great medical progress in the last generation. What used to be merely an itch is now an allergy!*

Anonymous

*It's the same each time with progress. First, they ignore you, then they say you're mad, then dangerous, then there's a pause, and then you can't find anyone who disagrees with you.*

Tony Benn

*The Observer*, October 1991

The 15th World Congress on Disaster and Emergency Medicine (15WCDEM) that convened in Amsterdam (May 2007) provided strong evidence that the science of disaster and emergency health is progressing. So much excellent, new, high quality information was provided that the participants were unable to attend all of the oral sessions, examine all of the posters, or participate in the all-important discussions and workshops. The plenary sessions were stimulating and insightful. All-in-all, the 15WCDEM was a testament to the progress in our new discipline.

The breadth of the Keynote messages further supported the comprehensive and thought provoking information that characterized the Congress. Presentations explored the past by examining the ravages, responses, and recovery from the South East Asia Earthquake and Tsunami (Eddie Rahardjo, Indonesia) and the public health lessons defined from recent disasters in Asia including the Bam, Pakistan, and Indonesian earthquakes and the Tsunami (Claude de Ville de Goyet, USA and Belgium). Others examined the present by describing ongoing activities to aid those without adequate health resources (Gino Strada, Emergency). Several presentations looked to the future through building reports on the local resources and competencies in rural communities (Mads Gilbert, Norway), the origins and mechanisms involved in the evolution of epidemics and pandemics in a global world (ADME Osterhaus, The Netherlands), and the evolution of humanitarian crises and disaster responses and their anticipated resolution during the 21st Century (Jennifer Leaning, USA). Lastly, Fiona Wood (Australia) motivated us by reminding us of our humanitarian imperative and the rewards that go with this imperative. Mostly, each of these exceptional individuals challenged us to think beyond the chaos associated with emergencies and disasters. They set the tone for the entire Congress.

Of exceptional importance were the advances by the Nursing Section of the WADEM and the initiation of a process for the formation of regional and national chapters of the WADEM. The Nursing Section completed and approved bylaws, elected officers, and developed a strategic

plan for its role in disaster and emergency health including the publication of *Nursing Insight* and a textbook of *International Disaster Nursing*. Among its multiple goals and strategies to reach them, it will partner with multiple other nursing organizations and facilitate achieving consensus for the codification of nursing competencies in disaster health.

A full-day nursing program explored professional issues relevant to disaster nursing. These included issues affecting nurse volunteerism during disasters; hospital preparedness from a nursing perspective, and education and training for disaster nursing.

The intent to form a WADEM chapter was tendered for multiple geographical areas including a European Chapter, an Oceania Chapter, an Eastern USA Chapter, a Greek Chapter, an Asian Chapter, and a Pan-American Chapter (the current Pan-American Association for Disaster and Emergency Medicine) with substantial interest from many other regions. Lastly, the eight Targeted Agenda Programs piloted an innovative approach to problem-solving and the development of position papers relevant to pertinent issues. All of the above will be summarized in a forthcoming supplement to *Prehospital and Disaster Medicine* (PDM) combined with the WADEM *Insight* newsletter.

The oral and poster presentations generally were of high quality and evidenced the broad scope of disaster and emergency health. It is clear that much good research finally is being performed and that the evidence base for our science is expanding at an ever increasing rate. Much excellent work is being conducted in education and training, the development and provision of prehospital emergency medical services, preparedness, and disaster and emergency health.

The workshops and panel discussions explored important current issues facing disaster and emergency health. Topics explored included laying the foundations for the development of strategies for "safe hospitals"—improvements in the ability of medical facilities to remain functional during crises. Medical facilities must have the structural integrity to withstand the forces created by hazards and the ability to continue to provide health services during these times of increased demand. The roadmap outlined was built upon the foundations laid by the Pan-American Health Organization (WHO/PAHO) and was organized using several of the benchmarks for preparedness developed by the Emergency Humanitarian Actions Department of the WHO South East Asia Regional Office (WHO/SEARO). This workshop was partnered by the PAHO, Joint Commission International (JCI), the Yale New Haven Center for Disaster Preparedness and Response, and the WADEM. This initiative only is the

beginning of the process. Its relevance is even greater given the fact that Safe Hospitals is the primary 2008-2009 goal of the UN International Strategy for Disaster Reduction (ISDR). Additional stakeholders will be added to the partnership with the hope of establishing safety standards towards which health facilities can aim. A theme issue of PDM consolidating these efforts will be assembled and published in July 2008.

The needs for and the issues associated with credentialing of individuals and accrediting of organizations were explored in a series of discussion sessions. Issues defined included: (1) how and by whom should credentialing and accreditation be administered; (2) the competencies required to achieve credentials/accreditation; (3) the development of standardized tools for the conduct of needs assessments; (4) the development of standards upon which to base education and training; and (5) the ways in which the WADEM can influence and accelerate these processes.

Partnerships in disaster and emergency health were discussed by panels consisting of diverse stakeholders. Participants included representatives of the private sector, universities, non-governmental organizations, governments, intergovernmental organizations, hospitals, and publishers. Major areas discussed included joint efforts in the dissemination of knowledge, assistance in education and training, such as the formation of preceptorships between academic institutions and the other sectors (i.e., for field experiences), development of a database of persons with specific expertise, and the provision of scientific support to the private sector. This was supplemented by discussions of collaborative arrangements between NGOs and mechanisms by which the WADEM could facilitate the development of collaborations between NGOs, the private sector and between the military and civilian sectors. The public health aspects of disaster and emergencies were discussed in detail and guidelines were proposed for the role of the WADEM in public health for such crises.

A series of discussions and presentations of free papers examined the potential roles of the WADEM in the development of new EMS systems were identified and prioritized. These included: (1) an international resource including linkages between stakeholders; (2) a centralized library of resources including experts for the provision of technical assistance; (3) agreements on pertinent definitions; (4) identification of core components of EMS; (5) the role of EMS in healthcare systems; (6) provision of a descriptive matrix by country; (7) standardized tools and benchmarks for information systems including the Utstein Guidelines; (7) identification of core competencies; and more.

The Congress was organized along the Standing Committee and Task Force structures of the World Association for Disaster and Emergency Medicine (WADEM). Given the massive scale and scope of the discussions, it is imperative that summaries of the entire Congress be provided to each of the participants as well as to those who were not able to participate. "Participation" was the keyword as the discussions were lively and exciting; those with special expertise gladly and willingly shared their insights.

All of these activities were developed by the committees and structures provided by our Dutch hosts led by Dr. Joost Bierens of the VU Medical School, and deftly coordinated by the PAOG Course and Congress Organization of the VU Medical Center led by Ms. Babette Schmidt. Extraordinary efforts and commitment to the cause were invested by Drs. Ferd Sturmans and Magda Roose, and by the remarkable staff of the PAOG especially by Antoinette Willingshofer, Harriet Oudakker, and Patricia de Waal. Excellent and enthusiastic services were provided by Medical Students from VU who volunteered their time and energy in exchange for attendance at the Congress (a new and innovative concept). The students received a standing ovation from the participants during the closing ceremony.

This litany of some of what transpired during the 15WCDEM is provided as evidence that this discipline is on the move. The development is rapid and hence, runs into the danger of becoming fragmented. On the other hand, it presents a unique opportunity for the development of a model of collaboration not evident in other disciplines. Facilitation of the unification of the multiple components of the provision of optimal public health, preparedness, response, and recovery from catastrophes must become a key role of the WADEM in this truly multidisciplinary discipline. The WADEM is in an ideal place to assume this difficult role. You must become a participant in this all-important process. Humanity calls us to action.

*If there is no struggle, there is no progress.*

Frederick Douglass (1818–1895)

*The world is moving so fast these days that the man who says it can't be done is generally interrupted by someone doing it.*

Attr. Elbert Hubbard (1856–1915)

*The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore, all progress depends on the unreasonable man.*

George Bernard Shaw  
*Man and Superman*, 1903