Human populations have migrated throughout the known history of humankind. Many migrations in modern times have resulted in multitudes of persons either displaced within their own national borders or in large refugee populations that have crossed national boundaries. However, it was not until the end of the “Cold War” that the health problems associated with such migrations began to be appreciated by the developed world. In the early 1990s, the world began to witness a rise in internal wars among nation-states newly emerging from the Cold War. At first, these events were considered short-lived, self-contained conflicts that reflected internal political jockeying for power. In time, the developing characteristics of these events would show a pattern that was quite different—and increasingly complex. Often referred to as complex emergencies or complex political disasters, the designation of complexity reflects the multiple political, economic, social, ethnic, and religious factors that lead first to the conflict, and then, prevent its resolution. The most telling characteristics of complex emergencies are high levels of violence perpetrated by warring factions against civilian populations and vulnerable populations, the threatened extinction of minority, ethnic, and religious populations resulting in the largest migration of people in the history of humankind, and the catastrophic destruction of basic public health protections and infrastructure.

The history of complex emergencies also reflects another characteristic—a tremendous outpouring of humanitarian assistance from a world caught up in the confusion and alarm that these events provoke. This assistance has come from donors, both public, private, and governmental, thousands of non-governmental and private voluntary organizations, and the United Nations agencies and peacekeepers that represent every social and political persuasion—unified in attempts to control the increasing mortality and morbidity seen among innocent civilian populations. The world community has struggled to understand these complex events, especially as they became longer lasting and threatened to spread into neighboring countries.

This theme issue is divided into two parts. Part I will assist the reader in understanding complex emergencies and the impact they have on the world community. We begin with the Department of Emergency and Humanitarian Assistance (EHA) Division of the World Health Organization (WHO), defining factors across an instability spectrum that contribute to nations at risk for conflict; and the role the WHO-EHA, an international organization, has in meeting the evolving responsibilities for prevention of future events and for increased preparedness if they do occur. Authors from Médecins Sans Frontières (MSF) discuss the critical and controversial defining issues of what euphemistically are referred to as complex emergencies. Many readers will relate to the debates over the appropriate use, if at all, of military assistance. As we began this new millennium, peacekeeping gave way to peace enforcement as the resolution of choice for the United Nations Security Council. Despite these political actions, civilian-military operational ‘cooperation’ in the field and defining the appropriate end-state and transition to a peacekeeping role remain problematic.
Protecting the health of vulnerable populations is a prime goal for health-care providers. Too often, this aspect of care fails to receive the attention it deserves. Here, the theme issue documents the advances that have occurred in reproductive health services, and assessment and practices of emergency infant feeding for displaced populations. These discussions are followed by two complementary views on the quality of humanitarian assistance; in particular, the efforts behind developing standards of care and performance, and the future directions that assistance might take when faced with a rapidly changing political and resource-deficient environment. Lastly, health care in complex emergencies is practiced within an equally complex environment of legal requirements under international humanitarian law. In this study, the author suggests that by incorporating epidemiological standards into the law, application of the protections of the law to humanitarian assistance can be improved.

Part II of this theme issue delves into a variety of research endeavors from one institution, the Center for International Emergency, Disaster and Refugee Studies at the Johns Hopkins University. Research initiatives are changing. Donors are asking for ways in which the health and public health in countries can be rehabilitated and reconstructed, and, by the way, how they can be improved to better reflect developed country standards. Among the areas reviewed are those practices humanitarian organizations have used in fielding healthcare personnel, and the standards by which organizations direct resources for their education and training. Whereas, emergency medicine and emergency medical services are frequently requested components for the reconstruction of the health services of a nation, they play only a component role in larger efforts to provide a broader, more comprehensive and needed national public health system. While chronicling the difficulties in translating emergency medical services to emerging national health systems, these studies have striven to be sensitive to critical cross-cultural nuances and qualitative and quantitative analyses of program goals and performance.

Finally, the critical initiatives made in determining indicators for response and performance, called for by the Centers for Disease Control and Prevention and the World Health Organization among others, are demonstrated in three articles. The first is a review of the efforts to provide an evidenced-based grading system incorporating indicators to measure the effectiveness and accountability of humanitarian responses. The second is a look into the innovative, demographic methodologies used to assess indicators in countries in which there is no access to data; and the third is the incorporation and application in Indonesia, of these and other investigative methodologies and principles by experienced professionals of an assessment of an ongoing complex emergency.

It is appropriate to finalize this theme issue with the reality that complex emergencies are, for the time being, here to stay. Those readers who recall the dilemmas tied to the complex emergencies of the early 1990s, will appreciate both the progress made in healthcare response and prevention, as well as the multitude of problems that still require the best scientific and advocacy efforts that can be assembled.

Healthcare providers, both those who lay-on hands in direct care as well as those who study and research with the intent to better inform, plan, and anticipate, have played a crucial role in every phase of complex emergencies. The influence of healthcare providers are found in the prevention, preparedness, response, and the recovery and rehabilitation of public health and medical care. These dedicated professionals frequently take on increasing leadership positions as political and social advocates and peace builders. Many of these healthcare leaders have agreed to be contributors for this theme issue, and the names of many others can be found in the literature references.

I am confident that the readers will recognize that this issue also humbly reflects the contributions, work, and deeds of many more nameless thousands who followed their conscience to help others in need.

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