Crossing the Threshold

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I am simply on the earth; Need I be afraid?

Songs of American Indians
David Yeadon

During my tenure as editor of *Prehospital and Disaster Medicine,* I have observed many changes taking place around the world. So much has happened in such a short period. The impact of these sweeping changes has deepened our knowledge of the human face of disaster, under conditions that are staggering in scope. Yet, our response to these events are cause for reflection and reassurance.

Humanity has made tremendous progress in very human terms. Our concern for the welfare of others has flourished, and our aims and concerns continue to become more unified. We no longer tolerate inhumanity and we respond unselfishly to the plight of others. The scope of the pain and suffering of a huge portion of the world's population remains acute, but our awareness of the plight of others has grown accordingly as has our desire to extend remedies. With greater tolerance and understanding, the world can become a kinder place. Time is running out for those few who control others through violent acts and words. Our best weapon against this callous disregard for life is joining together to blend our skills to reverse the effect of trauma produced by human or natural causes. This *new humanity* can overcome the disease of intolerance with active concern for our fellow humans, and it is exciting to be part of this metamorphosis.

While inhumanity wanes, it still exists, and we humans have a long way to go. We are beginning to realize the significance of the international transformations of recent years and, as a result, we have been able to tear down former barriers. While some amazing changes have been made in human-to-human relations, there are some things that we never will be able to eliminate completely. We never will be able to prevent earthquakes, typhoons, and floods, drought, disease, and pestilence. However, we can predict their occurrence, attenuate their effects, and mitigate their destruction to people and society. In the United States, events like the Loma Prieta earthquake (*Prehospital and Disaster Medicine* 1992;7:348–359), and the Hurricane Andrew (*Prehospital and Disaster Medicine* 1993;8:169–172) have shown that the technology and personnel are available to mitigate the devastation produced by such natural events. The 1991 floods in China (*Prehospital and Disaster Medicine* 1993;8:173–175) showed that planning and mobilization were key to successful reduction of human and property loss during and after the floods, despite the extraordinary efforts taken to control the environment. We also have the technological ability to communicate with other nations in real time to provide disaster medical personnel on site with expert advice for treatment of disaster-specific trauma (*Prehospital and Disaster Medicine* 1993;8:57–66).

Last summer in Rome, a meeting was held on the topic of technological disasters (*Prehospital and Disaster Medicine* 1993;8:185–186) as a step toward preventing the occurrence of events such as Bhopal and Seveso. Moreover, we are willing to mobilize the resources in various nations of the world to assist those in need. Disasters are the world's problem and their effects are not confined by national boundaries.

To enhance the probability that a plan will optimize effectiveness, the planning process must involve diverse, multidimensional, interdisciplinary groups at local, national, and international levels. Planning in isolation ignores the insight gained by others through experience. It only is through the sharing *and* analysis of our experiences that we all can modify our plans in ways to optimize outcomes. Promotion of understanding through sharing experiences and the development, testing, and promulgation of tools for analysis of events and our responses

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are fundamental to the purpose of this journal and to this mission of the World Association for Emergency and Disaster Medicine (WAEDM). Research is one of the basic tools for realizing this insight. When it has been integrated into the planning process, research helps to mitigate the snarl of problems that arrive with each disaster.

We recognize more clearly the potential of the United Nations and its agencies, and the valuable contributions and support provided by a multitude of non-governmental organizations. We are growing together, and each disastrous event that seems to bring us a little closer to each other. When one takes a look back at the recent history of Disaster Medicine, and steps back to gain perspective, one cannot escape the realization that great distance has been traversed over a remarkably short time. That pace of growth continues.

Alas, the resources of this world are finite. There is a great need for science and for the organizations that support it. Our actions and training need better coordination. Few individuals have sufficient training and broad enough experience to extend their special knowledge to staunch the effect of each disaster and its attendant human tragedies. Instead, it seems that each time a disastrous event occurs, those involved directly must reinvent the wheel and, hence, responses are less than optimal.

Together we can share our experiences and resources. With such a foundation, we can train and prepare for the inevitable and unstoppable disaster. There have been many examples published in this and in preceding issues of *Prehospital and Disaster Medicine* of how to share our experiences in a meaningful and useful way. Many of the tools needed to study such events have been developed and tested. The findings are being applied internationally and have stimulated the development of pertinent training courses (*Prehospital and Disaster Medicine* 1993;8:151–160). Data are available and are increasing both in quantity and quality. The abstracts submitted for the 8th World Congress on Emergency and Disaster Medicine in Stockholm bear witness to the continued improvement of the *Science* of Disaster Medicine. These data can be used to improve our abilities to respond to what occurs in more effective ways. These experiences and the knowledge gained from each can be used to modify our approaches to subsequent disasters. Together, we can plan in a coordinated fashion. No single entity needs to go it alone—nor can afford it in human terms.

It is reassuring that many countries are developing or already have developed national societies for disaster medicine. The commitment to the practice of disaster medicine is growing. I applaud the members who established those societies in order to communicate their experiences. It is essential that the formation of such organizations be encouraged and fostered so that gains at each national level can be shared beyond their borders. It indeed is vital that those involved also recognize the need to communicate and coordinate their knowledge, skills, and experience from the national level to the rest of the world. There exists an extraordinary need for the exchange of information and experience that extends beyond national boundaries. *Prehospital and Disaster Medicine* is committed to help to meet this need. We also need to be able to establish networks—discuss the issues face-to-face. Outstanding examples that have impacted profoundly on the practice of Disaster Medicine occurred in association with the 6th and 7th World Congresses on Emergency and Disaster Medicine (Hong Kong and Montréal) and in the Scientific and Educational Assemblies of the National Association of EMS Physicians. The first Pan-European Conference on EMS sponsored by the Center for International EMS drew together diverse groups in a way not previously witnessed by this editor. That meeting developed an international consensus to form a working Task Force for European EMS (*Prehospital and Disaster Medicine* 1992; 7:323–324).

There is an awareness of the needs for such coordination and networking by the leadership of WAEDM. Creative thinking is required to develop mechanisms to lessen the medical impact of disasters. There is an international need for a resourceful organization to provide disaster medical training of health care professionals, as well as disaster management training. It must be key in the acquisition, compilation, and sharing of useful data and in the development of the lessons learned from such events. A lead organization is needed to assist in securing the resources necessary and to distribute and invest these resources into areas in which the impact will be the greatest. Information and resources must be shared.

The time is right for WAEDM to expand its role to provide these functions. Disaster Medicine is a unique medical specialty that encompasses a broad range of medical skills and experience. It calls for people with the broadest backgrounds possible (see Continuing Education series on Disaster Management in *Prehospital and Disaster Medicine* Volumes 7 and 8). Successful management of disasters requires coordination and sharing by all parties involved. The doors must be unlocked and flung open to embrace and encourage each other. Each national disaster management organization should consider how its needs could be achieved better through the coordination of an umbrella organization. Together, we can gather the resources and provide the services needed with the greatest efficiency *and* without sacrificing organizational autonomy.

We are on the brink of an important threshold. The present time affords a remarkable opportunity to join and prepare together for the future. Such opportunities are rare and fleeting. I urge each of you to attend the Congress in Stockholm and help forge a new direction of cooperation and integration. We owe it to ourselves and each other.

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