

EDITORIAL

A Nation Prepared: Inspiration in the Face of Tragedy

David Marcozzi, MD, FACEP, Melissa Sanders, and W. Craig Vanderwagen, MD, RADM

The morning of April 16, 2007 began the same as any morning for most of us. On Virginia Polytechnic Institute and State University's (Virginia Tech) Blacksburg campus, however, more than 30 students and faculty became casualties in the span of 2 hours as a result of the deadliest campus shooting in US history. Our nation watched in horror as the events unfolded before our eyes. We undoubtedly paused during that morning to send our thoughts and prayers to the victims and families of this horrific event and to the courageous law enforcement officers and medical providers who responded to this tragedy.

The Virginia Tech incident reinforces the need for continued vigilance and increased "all-hazards" preparedness. Although difficult to initially grasp the magnitude of this event, a coordinated, rapid medical response was instantly required, posing multiple challenges for health care personnel in the field and hospitals. These challenges included real-time situational awareness, integration within incident command, interoperable communications, rapid medical triage, field stabilization of victims, and rapid transport to definitive medical care.

A headline in the June 21, 2007 *Roanoke Times* read "Region's Disaster Triage Plan Functioned Well, Officials Say," and the article described the systems in place that aided response to this tragic event, beginning with: "The plans, designed for large-scale disasters with mass casualties, seemed to work well when applied to the smaller-scale Virginia Tech shootings," said Morris Reece, regional hospital preparedness coordinator for the Near Southwest Preparedness Alliance." The response by medical providers in Virginia demonstrated successes as a result of thoughtful planning, productive partnerships, and unity of effort across the state of Virginia. These efforts were facilitated by the US Department of Health and Human Services (HHS) Hospital Preparedness funding.

Shortly after the tragic events of September 11, 2001 and the subsequent anthrax attacks on the United States, funding was made available to state public health departments to improve public health and medical emergency preparedness. This funding, known as the Hospital Preparedness Program (formerly known as the Health Resources and Services Administration National Bioterrorism Hospital Preparedness Program) encourages relationships between health departments, hospitals, health centers, emergency medical services, other healthcare entities, and first responder agencies. Since 2002 the program has provided close to \$2.8 billion to states to assist with activities that address medical surge specifically for disasters.

The state of Virginia focused immense efforts and resources to increase preparedness, promoting regional health care partnerships that facilitated statewide health care system emergency planning. The June 21, 2007 *Roanoke Times* story noted, "In that [regional hospital coordinating] center we have all the facilities we need to assist the hospitals—radio communications with all EMS [emergency medical services] in the area, internet, satellite—those kind of things,' Reece said."

The response in Virginia reinforces the mandate of the nation's Office of the Assistant Secretary of Preparedness and Response (ASPR) to strengthen local and state preparedness. The types of efforts described ensured that hospital and emergency care providers would be immediately aware of and ready to respond to mass casualty events. By linking health care facilities, public health, and first-responder agencies through communications systems and educating prehospital and hospital medical providers about disasters, substantial state and regional preparedness is accomplished.

The articles in this special issue of *Disaster Medicine and Public Health Preparedness* describe the successes and the challenges of medical response that were encountered during the Virginia Tech tragedy. As officials in Virginia will attest, there is work still to be done, and the ASPR remains dedicated to improving the capabilities and capacity of our nation's health care system to effectively and efficiently prepare for, respond to, and recover from disaster.

Our thoughts and prayers remain with the Virginia Tech community. In addition, we remember those ravaged by the hurricanes of 2005, those affected by the events of September 11th, 2001, and victims of all disasters. The casualties of those events are remembered and our continued vigilance and commitment to preparing our nation for disasters serves as their tribute. The ASPR remains committed to *A Nation Prepared*—for although it is our hope that tragedies such as this never occur again, it is our reality that they likely will.

About the Authors

Dr Marcozzi is Director, Emergency Care Coordination Center, Office of Preparedness and Emergency Operations (OPEO), ASPR, USDHHS; Cdr Sanders is Team Leader, Healthcare Systems Preparedness Programs, OPEO, ASPR, USDHHS; and Dr Vanderwagen is Assistant Secretary for Public Health Emergency Preparedness (ASPR), USDHHS.

Correspondence and reprint requests to Dr David Marcozzi (email: David.Marcozzi@hhs.gov).

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