

# More Giant Steps

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*Know then, whatever cheerful and serene  
Supports the mind, supports the body too.  
Hence, the most vital movement mortals feel  
Is hope, the balm and lifeblood of the souls.*

John Armstrong,  
*Art of Preserving Health, Bk. iv, 1.310*

There are two Supplements included with this issue of *Prehospital and Disaster Medicine* (PDM). Both comprise major contributions to the advancement of the SCIENCE of Disaster and Emergency Medicine/Management.

The first (Supplement 2) is a compendium of the nearly 300 abstracts of the Scientific and Invited Papers for the 13th World Congress on Disaster and Emergency Medicine to be convened in Melbourne, Australia in May of 2003. Examination of these abstracts leads to the conclusion that this SCIENCE has continued to improve since the 12th World Congress in Lyon in 2001. Yet, the greater significance and impact of these abstracts is the manner in which the material has been put together by the Organizing Committee for the Congress. The Committee has constructed the Congress into distinct content areas that are consistent with the Task Force structures that have been adopted by the World Association for Disaster and Emergency Medicine (WADEM) in its efforts to address the challenges posed to it by the 5th and 6th Asia-Pacific Conferences on Disaster Medicine, the World Health Organization (WHO), and The Active Learning Network for Accountability and Performance in Humanitarian Assistance (ALNAP). Each of the Standing Committees and Task Forces of the WADEM will meet in Melbourne, and given the Programme, should provide a kick-start for their respective quests to develop state-of-the art white papers summarizing all we know about aspects of their specific charges. The resulting activities of each of these Task Forces, including: (1) Public Health in Disasters; (2) Communicable Disease Control in Disasters; (3) Disaster Planning; (4) Civilian-Military Cooperation; (5) Co-ordination and Control; (6) Medical Responses to Terrorism; (7) Nuclear-Biologic-Chemical Hazards; (8) Refugees and Displaced Persons (9) Education and Training; and (10) Research, should form the basis for the structure of WCDEM-14 to be convened in Edinburgh in May 2005.

In addition, the Congress will focus on Public Health as

related to disasters and upon the structure for the conduct and reporting of evaluation and research in Disaster Medicine/Management provided in the Health Disaster Management: Guidelines for Research and Evaluation in the Utstein Style, the 1st Volume of which is included with this issue of PDM. In addition, the Melbourne Congress will offer the first workshop on the use of the aforementioned Guidelines.

Supplement 3 consists of the first of four volumes (Chapters 1–8) of the Guidelines to be published. This latest version of the Conceptual Framework and a Glossary of Terms should provide the framework for future discussions relative to the evaluations of interventions performed in disaster management, whether for prevention/mitigation of the damage produced by potentially catastrophic events, and/or the responses to such events. This dynamic document lays the foundation for future efforts. Subsequent volumes will provide the remainder of the structure for research and evaluation. Drafts of the remaining volumes can be accessed via the web pages of both PDM (<http://pdm.medicine.wisc.edu>) and WADEM (<http://wadem.medicine.wisc.edu>). As the process proceeds, PDM will place more and more emphasis on reports using this structure. Without such a structured approach, investigations will continue to be anecdotal. Only case reports will be allowed to use the anecdotal format. All of the volumes of these Guidelines will be published prior to the Edinburgh Congress.

Perhaps the most important contribution now accessible to you is the Glossary of Terms included in this Supplement. Correct use of terms is essential for all reports and communications relative to disasters. All future reports will need to use these terms in accordance with those used in the Glossary.

The structure provided offers many new opportunities for future research efforts both prospective and retrospective. For example, there is a distinct need for researchers to take a new look into previously published research papers and reports. Much can be learned by forcing such reports into the structure provided by the Guidelines. Such efforts will foster the categorization of findings into formats that should uncover similar aspects of disasters produced by similar as well as dissimilar events and the responses to

them. Much of the pathophysiology of why disasters occur and the effectiveness, benefits, and costs of interventions used to prevent/mitigate the effects of such events and for the responses to them, stands to be learned from such efforts.

It is recognized that the process of implementation will be gradual and certainly will not be possible before the entire work is published. Further, given the lag time between identification of the problem to be studied, implementation of data gathering, analysis of the data, preparation and submission of the final work, it is not realistic to expect strict adherence to the Guidelines for several years.

However, the process should begin now not only for work submitted to this Journal, but for reporting all research and evaluations regarding Disaster Medicine regardless of the medium used for presentation.

Thus, you have in your hands two important documents that will lead the way to better knowledge about and definition of the value of interventions. Before we can go further, we must glean all that we can from what already has been done. We must understand the current status of our SCIENCE before we can proceed in an enlightened way into the future.

*Omnibus in terries paucè dinoscere possunt  
Vera bona atque illis multum diversa  
Look round the habitable world! How few  
Know their own good, or knowing it, pursue!*  
Juvenal, *Satires. Sat x, 1.1.* (Dryden, tr)