

EDITORIAL

The Tempest

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Hell is empty and all the devils are here.

– Shakespeare, *The Tempest*

On August 29th, 2005, New Orleans and much of the Gulf Coast were devastated by the Tempest we named Katrina, which in its wake left over 1500 dead, uncounted thousands displaced, and more than \$100 billion of damage.

Over the next few days the whole range of human expression was evident across the streets and parishes of New Orleans. Episodes of looting and shooting were counterbalanced by acts of unselfish heroism and generosity. Yes, it seems as if the demons had been let loose in that great city and the tone of the media coverage would give the impression that they were the dominant force.

However, those of us directly and indirectly involved in the response could attest to the fact that for expression of human calumny, there were a hundred acts of giving, sharing, assisting, and consoling. Katrina assaulted New Orleans on a Monday at a time I was Director of Emergency Preparedness for the American Medical Association (AMA) in Chicago. Literally for the next 5 days, our group at the AMA focused on doing what we could to field countless inquiries, identify and assist medical volunteers, work with displaced health care workers and their families, set up ICE Rx to link authorized prescription writers with patients needing medications, and coordinate communications between the medical and other sectors. In the debriefing sessions that followed, one message reverberated most strongly: the total selflessness of medical and other responders to render assistance to those in need.

A second message also emerged, which was an absolute need to have better, more uniform, and integrated training and operational procedures for individuals and responding organizations. This second set of observations led to the recognition of the need for an integrated, multidisciplinary, peer-reviewed journal to bolster the science and understanding of catastrophic events and their consequences and to better translate this science into more effective policy.

This recognition eventually led to the *Journal of Disaster Medicine and Public Health Preparedness*, which was born 2 years later.

July 2007 saw the publication of our first issue. The lead articles in that issue were a seminal article on excess mortality attributed to Katrina and a foundational paper on physician relocation as a consequence of the storm. The On the Cover¹ piece related to the Astrodome, which along with the New Orleans Superdome served as a shelter for multiple thousands of evacuees and displaced persons. This photo of the Astrodome on the cover was taken by Michael I. Klag, MD, MPH, Dean of the Johns Hopkins School of Public Health. Among his observations, Dr. Klag offered some suggestions for future disasters: “developing standardized processes and forms for recording health data, better health training for volunteers, and improving communication among public health, federal agencies, and volunteer organizations like the Red Cross.”¹

Now, 10 years later it is interesting to see how we have progressed toward achieving those recommendations. The first was developing standardized processes and forms for collecting health data. To my knowledge, we have not been able to achieve consensus on even what data to collect, what format (s) to use, and maybe most importantly, how to share and analyze data between different entities, agencies, and sectors. The second recommendation is for better training for volunteers. This is both laudable and necessary, but before we can ever hope to achieve this goal we must first define and achieve consensus as to what training is needed for what category of volunteer. These 2 areas need to be better addressed and we hope to focus a special issue of DMPHP around each.

The third area, that of communication among and between governmental and private sector entities is at once the simplest to understand but the most difficult to achieve. Rather than go into another lengthy discourse on this topic, I heartily recommend these 3 editorials from our inaugural issue.²⁻⁴ This lack of coordination and integration has been evident in every catastrophic event in recent history and has

been well documented in the post-event evaluations of the response efforts. I believe that if we are ever to achieve optimal efficiency and effectiveness in preparedness and response, we must subordinate our own individual and discipline-centric motivation to the public good. And this must somehow be accomplished at the global as well as the national level. We must somehow address what Livy so succinctly observed, “We can endure neither our vices nor the remedies for them.” I certainly hope that our Society and our Journal can help further this vision.

REFERENCES

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Devastation in the Sankhu area near Kathmandu. Image courtesy of Dr S. Egawa, Japan.



Disaster triage area sign in Patan Hospital in Kathmandu. Image courtesy of Dr S. Egawa, Japan.



Members of the artist group Be Kok Spirit hold a placard reading “Ebola, go away” as they march to raise awareness of the Ebola virus in Abidjan. AFP PHOTO | SIA KAMBOU.



New Orleans under water after Hurricane Katrina, 2005. FEMA /Jocelyn Augustino.