Coming Together—The Time is Now!

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We must quit ourselves like men, And strive to aid our cause, although we be but two. Great is the strength of feeble arms combined, And we can combat with the brave.
Homer, *Iliad*

The science of Disaster and Emergency Medicine is expanding at a remarkable rate. In less than 10 years, Disaster Medicine has come from an era of simple, anecdotal reports to sophisticated reporting of in-depth studies of disasters and the responses to them. We now have insights that did not exist 10 years previously.

We now have sufficient information to begin to develop international medical standards, policies, and procedures for the medical aspects of disasters. And, these actions now can be based upon scientifically established medical principles. We now have the tools to develop standard mechanisms for the evaluation of medical responses to disasters that will promote the science of Disaster Medicine and further enhance the effectiveness and efficiency of the medical care provided to the victims of such catastrophes.

But, this progress may become impaired by fragmentation. Fragmentation of Emergency Medicine already has occurred in the United States: more organizations are born at seemingly regular intervals.[1] Each new organization cleaves-off a little special interest area of Emergency Medicine and attempts to develop it separate from each of the others. Each organizes and implements its own congresses, and many publish their own documents including scientific journals that contain materials cogent to their own piece of the Emergency Medical Care pie. No one organization has attempted to pull these fragments back together. No organization can speak for all of the others.

Proliferation of such "subdivisions" leads to:

1) the generation of multiple, different standards based on rather narrow perspectives;
2) relaxed stringency in the quality of materials published;
3) increased expenses to members of the profession as they must support multiple organizations and take huge periods of time to identify and read what important new information may impact upon their practice;
4) lack of coordination of activities into a common stance that contributes to politically weak positions for influencing major policy decisions; and
5) poorly coordinated and often inappropriate responses.

These sorts of problems would be catastrophic for the fields of Disaster Medicine.

Currently, there is a growing tendency for fragmentation to occur within Disaster Medicine as special interest groups are attempting to isolate specific components from the discipline. Subgroups currently include humanitarian medicine, prehospital medicine, burn disasters, public health, etc. There already is posturing by some Disaster Medicine organizations to protect their parochial institutions: they perceive that combining efforts with other similar organizations poses a threat to their respective organizations. Furthermore, important information is printed in the specialized journals of these individual organizations. Much of this material is not widely circulated or readily accessible to most of us. Thus, those of us who practice in this far-flung discipline of Disaster and Emergency Medicine are not able to share *all* of the important information that is pertinent to our practice. But, Disaster Medicine, Humanitarian Medicine, Emergency Medicine, and Prehospital Medicine share common ground. There needs to exist a common forum in which international concerns can be highlighted and discussed, information shared, and international standards, policies, and procedures can promulgated. Small, individual organizations do not have sufficient clout to affect international policies and procedures and to establish dynamic international standards of care that are essential to the provision of medical care in these circumstances.

I am not addressing the formation of national or regional organizations for Disaster Medicine. Such specific organizations within countries or regions are essential to deal with issues pertinent to the respective national and regional structures. Each of these organisations has defined roles within borders and regions. But by their very nature, disasters and complex human emergencies constitute an international concern and provoke responses at an international level. Borders do not confine them.

I applaud the initiative of Jan deBoer and Marcel Dubolouz and the International Society of Disaster Medicine (ISDM) for convening the International Symposium of Organisations dealing with Health Emergencies (ISOHEIL-98) in Amsterdam in February this year. What was important at the ISOHEIL-98 meeting was that representatives for many of the players in the world currently active in the practice of Disaster Medicine, were seated around one table. The principal thrust of the ISOHEIL meeting was the attempt to "develop international cooperation in research and education for capacity building in health care

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management in collective emergencies" the assigned task was the development, distribution, and analysis of a survey to identify the education curricula relative to Disaster Medicine that currently are being provided by the educational institutions world-wide. The meeting highlighted the fact that needs exist beyond those of education. After all, educational initiatives can only succeed if international medical standards are promulgated upon which educational curricula, can be based. However, this first thrust was a good and non-threatening beginning. But, more is needed now, before fragmentation proceeds further.

The Disaster Medicine Societies of the Nordic countries (Denmark, Finland, Iceland, Norway, and Sweden) have formed the Nordic Society for Disaster Medicine. The Nordic Society completed its 3rd Congress for Disaster and Emergency Medicine in Kuopio, Finland in June of 1998. It is an ideal model for the rest of the world. Other examples of what can be accomplished by regional combinations of organizations have occurred in the past year: the first Pan-American Congress for Disaster and Emergency Medicine was conducted in San José, Costa Rica; and the 3rd Asia-Pacific Congress was conducted in Japan, both co-sponsored by the World Association for Disaster and Emergency Medicine (WADEM). It would not have been possible for small, national, or regional societies to produce important Congresses. More such regional societies are needed to address regional issues and to combine resources for improved education and action.

The *time is right* for **one** organization that is world-wide in scope and interest to pick up the baton and begin to build a structure into which all of us associated with Disaster, Emergency, Humanitarian, and Prehospital Medicine will fit without posing a threat to our own local interests and responsibilities. As noted in the accompanying editorial by Ron Stewart, we need an "umbrella" organization that is free of governmental constraints, which can:

1) pursue major issues in our new field;
2) develop international medical standards for our practice;
3) set realistic expectations for the public and for governmental and non-governmental organizations;
4) be active politically in globally influential organizations (governmental and non-governmental);
5) coordinate and evaluate preventive, mitigation, and response medical activities; and
6) provide liaison with other international organizations representing other disciplines involved in disaster prevention, mitigation, and responses.

To do this, we must develop and evolve a structure that will provide an organization with the representation necessary to affect international policies and procedures without impairing the activities of any of the affiliated medical organizations with a stake in such activities. Such a structure should have a dual mechanism (providing checks and balances) for establishing standards, for implementing and modifying policies and procedures, and developing evaluation tools and common education programmes. It should consist of: 1) open membership in the umbrella organization for persons involved in the practice of Disaster Medicine; and 2) a separate and distinct organization such as a House of Delegates with specified representation from each of the *affiliated* organizations, both national and regional. The open membership could meet in a General Assembly. Standards, policies, and procedures could be initiated in either of these two houses and then be brought before the other for discussion, modification, and approval. Following approval by both houses, the proposals would be brought to a Board of Directors elected from both houses. The Board of Directors would be charged with the responsibility for developing appropriate strategies for implementing the actions recommended from the houses. An International Publications Review Board could review all pertinent literature for identification of materials that have global implications, and prepare these materials for publication and distribution in multiple printed and Internet formats. Each such piece would be offered to individual organizations for publication in their respective journals in their respective languages. Thus, each of us would have access to all important and pertinent information in our new discipline. Perhaps, the larger, regional organizations could become chapters of the umbrella organization. This would allow us, as practitioners of Disaster Medicine, to have a powerful, unified voice in all matters that affect our practices, and those of our sibling organizations.

There is some urgency to move forward with such a plan before fragmentation uproots our science, and parochialism becomes a fixed way of operations. If the latter happens, hope for evolving a structure so important to the progress of the science and hence, the practice of Disaster Medicine and the training of future responders will disintegrate, disaster medical responses will continue to be haphazard and often not coordinated with those of our sibling disciplines, information will continue to be disconnected, and, responses will remain non-optimal. Such an organization must be unfettered by international bureaucracy. It is important that the efforts begun at ISO-HEIL-98 continue and be expanded into the political arena. We must be able to base actions on international, common medical standards, policies, and procedures upon which we all agree. This activity must occur at the 11th World Congress on Disaster and Emergency Medicine in Osaka, Japan, in May 1999.

Nos duo turba sumus
(We two form a multitude)

Ovid, *Metamorphoses*

References

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