EDITORIAL

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Two Steps Forward

In the 10 years since September 11, 2001, people around the world have experienced natural disasters of devastating magnitude, including record-breaking heat waves (Europe, 2003), forest fires (western United States, 2002-2007), earthquakes (Haiti, 2010), tsunamis (Indian Ocean, 2004), earthquakes and tsunamis (Japan, 2011), hurricanes (US Gulf Coast, 2005), tornadoes (US Midwest, 2011), and floods. There have also been unconscionable terrorist attacks on cities (Mumbai, 2008), airports (Glasgow, 2007), trains (Madrid, 2004), and government centers (Norway, 2011) with conventional weapons and unconventional chemicals and biological agents (anthrax, United States, 2001). But despite the death and destruction occurring from these and other events in the past decade, the significance of the events of 9/11 has not diminished. On that day, our state of preparedness was put to the test, and in some ways found to be woefully inadequate.

In this issue of *Emergency Medicine*, seven members of *EM*'s editorial board and 10 colleagues reflect on our ability *now* to respond to both natural and man-made disasters. Much has already been written about our state of preparedness on the tenth anniversary of 9/11, but contributors to this special article address specific areas of concern to practicing emergency physicians. Among the many excellent contributions, Thom Scalea describes the application of "damage control" to managing large numbers of trauma victims, and Todd Baker demonstrates how lessons learned in a Baghdad ED could be applied to other mass casualty situations. Rama Rao identifies the newer FDA-approved antidotes, while expressing concern about frequent nationwide medication shortages and poison center closures. Knox Todd notes our new awareness and concern for adequate pain management during a mass casualty incident. The BioWatch program for early detection and prevention of airborne threats is discussed by Douglas Rund and Nicholas Kman, but Ted Delbridge and Corey Slovis each worry about the lack of surge capacity caused by ED overcrowding and hospital closings. The effects of a disaster on medical education and clinical care in a stricken area (New Orleans) are examined by Fred Lopez, while Tony Dajer compares conditions and resources, then and now, at the hospital closest to the World Trade Center.

Given the advances and concerns described by our contributors, has our state of preparedness improved on the tenth anniversary of 9/11? For those of us who spent this summer in the Northeast, a partial answer may have come from observing official responses to a series of stressful natural occurrences, beginning with a prolonged and severe heat wave in July, followed by record rainfalls and flooding, a magnitude 5.8 earthquake centered near Washington, DC, that was felt as far north as Toronto, and Irene, the most damaging hurricane to strike the Northeast in 25 years.

With each event, I had the sense that the responses were different and better than they had been in the past, but I didn't really appreciate how and why until Hurricane Irene began to make its way up the coast. I realized then that elected officials on every level, and in all of the nearby states, were not only saying the right things at the right time, but were saying the same things at the same time! Even more gratifying to witness were the activities of the police and fire departments, EMS, and other first responders, all of whose activities were extremely well coordinated: their radios—and their *thoughts*—appeared to be on the same frequency!

Communications and coordination were two of the main problems on September 11, 2001, and by addressing these issues, we've come a long way. I can think of no more fitting memorial to those who perished on 9/11 than to have improved our ability to protect their surviving relatives and friends. **EM**