

Building Together

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*I know the past, and thence, I will essay to glean
A warning for the future, so that man
May profit by his errors, and derive
Experience from his folly.*

Shelly
Queen Mab
Pt iii, 1, 6

*Experience is forever sowing the seed of one thing after another.
(Semper enim ex aliis alia proeminat usus.)*

Manilus
Astronomica
Bk.1, ch. 90

The 17th World Congress on Disaster and Emergency Medicine (WCDEM2011) marks the 35th birthday of the World Association for Disaster and Emergency Medicine (WADEM). The Congress will convene in Beijing, China from 31 May through 04 June 2011. This editorial coincides with the first call for abstracts of papers to be presented during the Congress.

This Congress will build upon the important strides made during the 15th World Congress on Disaster and Emergency Medicine (WCDEM) in Amsterdam in 2007 and the 16th WCDEM in Victoria, British Columbia in May 2009. The Congress is shaping up to be broader in scope than the previous Congresses and will reflect the rapidly growing science of disaster and emergency health and its relationships to other disciplines involved in preparing for and responding to emergencies, crises, and disasters. It will be fueled by the extraordinary occurrences of major events since the 16th WCDEM, including the earthquakes in China, Pakistan, Haiti, and Chile, the tsunami in Samoa, the wildfires in Australia, the H1N1 pandemic, the cyclones in South East Asia, the floods in Asia and Latin America, the release of crude oil and other substances into the Gulf of Mexico, and the humanitarian struggles to assist the downtrodden victims of complex emergencies in Darfur and the southern Sudan. The extent of human tragedy since the 16th WCDEM has been extreme and likely will continue to worsen.

The Congress also will build upon the exciting programs that were provided during the 3rd Humanitarian Summit (Boston, March 2009), the WADEM Regional Conference on Disaster and Emergency Health conducted in Israel (IPRED) in January, the 10th Asia-Pacific Conference on Disaster Medicine to be convened in Sapporo, Japan in August, the progress achieved by the Global Health Cluster in its role in humanitarian reform, the performance of the

country clusters during recent events, and the 4th Humanitarian Summit to be convened in Boston in the Spring 2011. It also will include descriptions of the progress achieved by the European Regional Office of the WHO (WHO/EURO) during and following the 2nd Expert Consultation on Health Systems Crisis Preparedness, in Antalya, Turkey in May 2010, and the conference sponsored by the US Centers for Disease Control and Prevention (CDC), American Medical Association (AMA), and the WADEM on Disaster Core Competencies in Washington, DC in August, among others.

Keynote discussions will be provided by internationally recognized experts and will include:

1. Discussions of the Sichuan Earthquake Injury Study;
2. The earthquake in Haiti including organizational issues in the relief and recovery responses, identification of needs, and the impact of field hospitals;
3. Contributions by the Humanitarian Community;
4. The Common Threats of Public Health Emergencies;
5. Psychosocial Needs and Care;
6. Mass-Gathering Medicine; and
7. The Roles and Responsibilities of the WHO and of the Health Clusters, including safe medical facilities and disaster risk reduction.

Topic areas for discussion and for submission of abstracts for presentations during the Congress will include, but are not limited to:

1. Public health emergencies, including epidemics, pandemics, climate change, food and water crises, and disasters;
2. Development and evaluations of prehospital and hospital EMS systems;
3. Disaster risk reduction;
4. Applications for Traditional Chinese Medicine in emergency and disaster health;
5. Safe healthcare facilities including hospital evacuation;
6. Triage—who, where, what, and when?
7. Competencies, education, and training;
8. Migrating populations;
9. Humanitarian health responses: effects, outputs, outcomes, impacts, coordination, and control;
10. Mass-gathering medicine;
11. Civil-military collaboration;
12. Releases of chemical, biological, nuclear, radiation, or explosive substances including landmines and improvised explosive devices (IEDs);
13. Veterinary roles in emergency and disaster health;
14. Nursing during emergencies and crises;
15. Search and Rescue;

16. Information systems;
17. Psychosocial pathophysiology and care; and
18. Politics and funding.

This all is testament to the broad scope of Disaster and Emergency Health. Necessarily, the Congress is complex and requires multiple concurrent sessions. Obviously, no one person will be able to participate in all of the sessions. But, each participant is entitled to benefit from all of the material presented and the discussions that result. Each of the moderators/chairs has agreed to summarize their respective sessions in terms of important information provided and to use their expertise to lead discussions on the relevance and application of the material. Each of these summaries will be provided to all of the participants following the Congress.

Given this list, there is much for you to bring to the Congress and share with the participants. Submission of abstracts of your important work is urgent. Accepted abstracts will be assigned into oral or poster categories. Posters often deserve greater discussion and will be posted throughout the Congress. Many of the papers that will be assigned as posters will be so designated in order to facilitate detailed discussions. Recognized international experts will lead these discussions.

There also will be pre- and post-Congress courses and workshops that will strive to help improve your knowledge and skills.

Whether a physician, nurse, midwife, dentist, veterinarian, public health worker, community health worker, physician assistant, technician, teacher, administrator, donor, member of an NGO or IGO, engineer, researcher, responder, planner,

analyst, or student, you will benefit from participation in this Congress. Reality dictates that disaster and emergency health is both multidisciplinary and interdisciplinary.

The Chinese Medical Association (CMA) is hosting this Congress in the remarkable city of Beijing. The CMA is enthusiastic and its efforts will produce an outstanding experience that will contribute to our individual knowledge and to the science of Disaster and Emergency Medicine. The venue is superb and the city is a thriving metropolis. The facilities and surroundings are extraordinary, so bring your families along. There is much to see and do in Beijing including the Great Wall and the Forbidden City. The Congress venue adjoins the Olympic venue and the Bird's Nest and Ice Cube are within walking distance. All-in-all, this will be a pleasant experience that will contribute to our growth in our respective profession.

As evidenced during my recent visit, the Chinese are excellent hosts and will make your stay enjoyable and productive. We are looking forward to receiving your abstract(s) and together, we will build our science, competencies, and friendships. Plan to come to Beijing and to share your expertise and experiences.

The Congress Website: <http://www.wcdem2011.org>

The spectacles of experience; through them you will see clearly a second time.

Henrik Ibsen
The League of Youth
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