Book: *Terrorism and Disaster Management: Preparing Healthcare Leaders for the New Reality*

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Publisher: Health Administration Press, Chicago, IL, © 2003

ISBN: 1567932185

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Book Review:

In recent years we find ourselves living in the “new reality” of disasters and terrorism. We continue to feel the aftermath of events and threats evolving over the past several years, not only economically and politically, but spiritually as well. We have been called to a higher standard of threat recognition, response, and mitigation. Emergency management has “left the office” and American’s are finding that preparedness starts at home. Healthcare managers at all levels must now realize the ramifications of disaster and terrorism, and began to plan for “when” instead of “if.”

To up the ante, one is reminded that “no healthcare facility, nor any aspect of the healthcare community, is immune to disasters.” Accordingly, chapter five addresses the issue of protecting a healthcare facility’s (HCFs) population and infrastructure, recognizing that “in terrorist events, both patients and workers are vulnerable groups.” At the same time, HCFs must be ready to not only care for our own, but also to respond to the needs of the greater community. The author’s make it clear that “planning and preparedness for any disaster cannot be done in isolation, nor can hospitals develop plans based on untested assumptions of what other agencies will or will not do in a disaster response.” Obviously, individual facilities and even communities cannot adequately develop and test preparedness plans in isolation. The new reality requires a new partnership. This partnership should be an active, integrated cooperation between all levels of government and society. This book helps to put these concepts into perspective with a review of the interoperability of government agencies with each other, nongovernment agencies, and other organizations. In chapter seven, the reader is provided with an update on terminology and concepts relating to planning, operations, logistics and finance associated with the government’s role in emergency management, including the national disaster medical system and the federal response plan. Further discussion involves the role of the military and their medical resources in response to disasters,

providing insight into their capability, communications, facilities, equipment and logistics support, and policies and procedures.

No good overview of modern disaster management would be complete without some discussion of the “legal and ethical considerations” involved. The book does this in chapter eleven. Topics covered include compulsory treatment, Good Samaritan laws, medical liability, refusal to treat, confidentiality, JCAHO standards and a number of other issues.

According to this book, emergency management has been evolving over the last three decades into a “discipline and profession of applying science, technology, planning and management to deal with extreme events that can injure or kill large numbers of people, do extensive damage to property, and disrupt community life.” A theme in the book is that it is now time to take this effort to a higher level. Some of us who have been involved with this process since it’s beginning in the Late 1970s would concur that much has been accomplished. At the same time, however, our society reacts to the “squeaky wheel.” Prior to 9/11 many of the early efforts were beginning to fall pray to funding issues and “turf” battles. Contingency planning and program exercises were showing signs of bureaucratic complacency. In several places, the book acknowledges how HCF’s and other organizations remain “ill prepared” to meet many of their disaster-related responsibilities. One might add that this is in spite of the infusion of hundreds of millions of dollars and tens of thousands of hours of effort over the years. To help meet this planning deficiency, the book’s authors further note that “with an emphasis on quality of service and cost containment, military medical-systems are evolving to build collaborative systems with other healthcare partners.” One recalls, however, that is what the Department of Defense, including the military departments, the Department of Veterans Affairs, Department of Health and Human Services, other agencies, and a number of nongovernment organizations (AMA, AHA, JCAHO, et. al) have been doing for more than twenty-five years. First, through the Civilian-Military Contingency Hospital System (CMCHS), this evolved into the National Disaster Medical System (NDMS), and then incorporated into the post 9/11 reorganization efforts, including Homeland Security. We are, however, continuing to evolve in national emergency preparedness management. We are getting smarter – or at least becoming more informed about the whole process. We are, for example, beginning to pay more attention to local health authority needs. This was a planning oversight in the early years as we did not adequately incorporating non-federal, local public health authorities (LHAs) into the mix (i.e., local health departments). Any “partnership” arrangements in the new reality of contingency planning for emergency preparedness should to do this. The present work pays some attention to this area, but the reviewers would have liked more discussion.

In summary, there is a “new reality” in emergency medical disaster management. It is seen in the day-to-day efforts to plan, organize, coordinate and develop resources. It is reflected in the ongoing military operations and diplomatic activities around the world, and it is reflected in multiple media activities, including a plethora of disaster-related dramas. This book

is an excellent resource to aid in understanding the necessity for and urgency of this new reality, and to help focus our attention on some of the more important aspects thereof. Overall, the book is thorough, yet easy to grasp, as the reader is presented with the latest issues, concepts, and ideas useful in formulating programs for the “if” in our lives, whether in the public or the private healthcare sectors. A useful feature of this book is the number of checklists, forms and schematics provided. As a matter of course, this book deserves the attention of HCF managers, public health officials and others who can benefit from a new reality check on the subject.

Abstract:

Healthcare managers at all levels must now face a “new reality” of disasters and terrorism, and began to plan for “when” instead of “if.” This book reminds us that “no healthcare facility [HCF], nor any aspect of the healthcare community, is immune to disasters.” We must be ready to not only care for our own, but also to respond to the needs of the greater community. The author’s make it clear that “planning and preparedness for any disaster cannot be done in isolation, nor can hospitals develop plans based on untested assumptions of what other agencies will or will not do in a disaster response.” There is a review of the interoperability of government agencies with each other, nongovernment agencies, and other organizations, and key “legal and ethical considerations” are discussed. A number of checklists, forms and schematics are useful. This book deserves the attention of HCF managers, public health officials, and others who can benefit from a new reality check on the subject.