

PRESIDENT'S REPORT

The Attack of September 11: The Longitudinal Rescue



Enrico M. Camporesi, MD
Professor and Chair
Department of Anesthesiology
Professor of Physiology
SUNY Upstate Medical University
Syracuse NY 13210 USA
e-mail: campores@upstate.edu

During the week following September 11, we hardly slept. Even as far away as Syracuse, New York, University Hospital prepared beds, transportation, triage processes, airport communication, and multidisciplinary coordination to receive and treat casualties from the terrorist attack in New York City. Unhappily, while volunteers from our medical center assisted at Ground Zero in Manhattan, no casualty came to Syracuse.

After the first few hours, it was clear that casualties were high and survivors few. The response effort became a new type of disaster coordination, extending for days and weeks and longitudinally expanding our attention and organization of resources. In Washington, the attack on the Pentagon was much more focused and the organizational skills of the local rescue systems were appropriately tested.

The disaster at the Twin Towers in Manhattan was unprecedented and brought attention to emerging needs for rapid identification of victims, information about the distribution of

the wounded and critically stricken individuals, and the public's need to be able to trace pertinent facts about their loved ones. Hospitals close to the disaster site organized information technology specialists immediately to maintain centralized lists of names. In parallel, the public was asked to complete complex forms describing lost relatives. The merging of the lists proved difficult and frustrating for several days.

As the longitudinal effort continued, rescuers became patients (fortunately, mostly with minor injuries) in the waiting hospitals. To the organizations that are supposed to provide response, probably nothing is more disappointing than to not be needed or to be diluted in effort and expectation day after day. The most similar situations in the past have been earthquake disasters. These events usually occur in remote locations, adding to the difficulties in deploying assets to the territory. But this was a disaster in Manhattan, within short distances of the most advanced units with the most organized response organizations and well orchestrated multiple-agency readiness.

A week after the attacks, offers of volunteer time were being declined and voluntary donations turned away. New Yorkers now face a long period of cleanup, recovery, and reconstruction.

The national declaration of a war on terrorism requires that we remain vigilant and resourceful on many fronts—from clinical physiology to psychological preparedness to meeting heretofore untested long-term organizational needs. We thank all our international friends who e-mailed frequently during the crisis, offering condolences and support. Let us maintain this camaraderie as our needs evolve and change. ☺



Society To Use New Names

Reflecting its international scope and interests, as well as efficiency in communications, the International Trauma Anesthesia and Critical Care Society (ITACCS) will adopt new names for itself. At TraumaCare 2001 in San Diego, the general membership agreed to proceed with plans to use the names "TraumaCare International" and "International TraumaCare" to represent its presence in the various parts of the world. Legally, these names can be considered as "DBA" or "doing business as" names.

Inevitably, each version will have popularity based on geographic and cultural preferences. For example, in polling, the former version proved more attractive in areas with a Latin influence, while the latter version seemed to appeal to those in areas with an Anglo background. Thus, both names may be used as appropriate. However, it is important to realize that the Society will officially and legally retain its current names and identity, although in most cases only the acronym will be used.

Since that meeting, the names have been reserved, and artwork for the new symbols and letterhead has been drafted. Two versions of the symbol (TCI and ITC) are being designed. In addition, two versions of the letterhead will be produced: one with "International TraumaCare" and the other with "TraumaCare International." Both retain the acronym "ITACCS." We will continue to use the original logo and carry the various translations of our original name on the bottom of the letterhead. Members authorized to use the letterhead for official communications may use either version.

These changes emphasize the international community that is ITACCS and our goal of fostering the continued development of trauma care resources throughout the world.

Medicine And Health 2001

The pilot edition of *Medicine and Health 2001* is now available. Edited by Gerhard Polak, MD, this catalogue lists 2,000 training courses, seminars, and meetings on the topics of humanitarian assistance, international development, emergency medicine, public health, and evidence-based medicine, from over 435 universities, national and international organizations, and nongovernmental organizations. Also included are Web site addresses and descriptions of books of interest. The catalogue is targeted to medical and allied health professionals interested in expanding their knowledge and experience. Due to the success of the pilot, the 2002 version is already in production and will be available in print as well as online. The catalogue is a valuable investment for departments of anesthesia, emergency medicine, and public health. Write to polak@aekwien.or for further information.

GOING INTERNATIONAL

Herausgeber | Editor : Gerhard Polak

Humanitäre Hilfe | Humanitarian Assistance

Internationale Zusammenarbeit |

Development Cooperation

Notarztausbildung | Emergency Medicine

Tropen und Reisemedizin | International Health

Public Health

Evidence Based Medicine – New

Clinical Research – New

medicine & health

Kurskatalog | Catalogue of Health Courses 2001

Editorial Board for *TraumaCare*

Co-Editors-in-Chief

Adolph H. Giesecke, MD (USA)

John K. Stene, MD, PhD (USA)

Prehospital Care

Dario Gonzalez, MD, FACEP (USA)

David LaCombe, NREMT-P (USA)

Eldar Søreide, MD, PhD (Norway)

Emergency Department Care

Dale M. Carrison, DO, FACEP (USA)

Marvin Wayne, MD, FACEP (USA)

OR and Intensive Care

Paul Barach, MD (USA)

James G. Cain, MD (USA)

Richard P. Dutton, M.D.

William F. Fallon, Jr., MD, FACS (USA)

Calvin Johnson, MD (USA)

Maureen McCunn, MD (USA)

Original Research

Marcus Lipp, MD, DDS, PhD (Germany)

Colin F. Mackenzie, MD (USA)

Charles E. Smith, MD, FRCPC (USA)

CRNA Section

Charles R. Barton, MEd, CRNA (USA)

James M. Rich, MA, CRNA (USA)

International Advisory Board

Wolfgang F. Dick, MD, PhD (Germany)

C.M. Grande, MD, MPH (USA)

Louis M. Guzzi, MD (USA)

Yves Lambert, MD (France)

Walter Mauritz, MD, PhD (Austria)

Jerry Nolan, MB, ChB, FFARCS (England)

Michael J.A. Parr, MB, BS, MRCP(UK), FRCA (Australia)

Anne J. Sutcliffe, FRCA (England)

Keiichi Tanaka, MD (Japan)