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Invited Critique: Bridging the Gap Between Disaster Plan and Execution

Leopoldo C. Cancio, MD

"We've got a plan, but don't confuse the plan with execution. We're doing something that is very different. Nobody goes around with 50 tons of water."—Lieutenant General Russel L. Honoré, Commander, Joint Task Force Katrina.[1]

Burns and inhalation injury constituted the leading diagnosis in survivors of the September 11, 2001 attacks on the World Trade Center in New York City.[2] Many of us have speculated that a much large number of seriously burned survivors would have emerged from the twin towers had they not collapsed. Thus, although preparation for a nuclear attack or a small pox outbreak are important tasks, a more pressing homeland security mission is preparation for the more likely scenario of another disaster involving conventional explosives and large numbers of burn and trauma casualties. Numerous reports have demonstrated the value of local, regional, and national disaster plans, while documenting the price paid for ineffective planning and execution.[3]

In this issue of the *Journal*, Yurt et al describe pioneering efforts by a New York City Task Force to establish a regional burn disaster plan to take care of a situation in which the number of burn patients (up to 400) exceeds local resources, ie, the surge capacity of 105 burn beds estimated for the city.[4] This plan envisions a tiered response, involving burn centers, trauma centers, and nontrauma hospitals. Patients would be triaged to one of these three types of hospital based on predicted mortality (considering age and burn size). Command and control would be provided by a Central Burn Triage Coordination Team. Burn-specific supplies and training for the nonburn hospitals are planned.

This work is critically important, and considerable work remains to be done. As the authors point out, financial support is needed; communications and information-technology issues must be resolved; and individual education is required. But the sine qua non for the success of any disaster plan is rigorous, realistic training. Such training requires an extraordinary level of commitment on the part of all involved. In view of this, I would challenge all of us to reassess how seriously we take disaster training. Having observed an Israeli hospital respond to a no-notice chemical attack drill, I agree with Dr. Hirshberg: "Anyone who has seen an Israeli hospital in action during an MCI (multiple casualty incident) cannot fail to notice the commitment of the entire hospital staff. . . Every hospital employee, from the chief of staff to the cashier in the outpatient clinics, has a predefined role in the emergency plan and regularly participates in disaster drills."[5]

Furthermore, disaster training should be designed not only to practice the plan, but also to uncover its weaknesses by overwhelming the system. How will we communicate if existing methods fail? Who will make decisions if the Central Burn Triage Coordination Team can't be reached? What do we do if hospitals are contaminated by unanticipated chemical agents? What can we do to take providers past the first few hours taught by ABLS? How can we utilize national resources most effectively—should we bring providers here, or send patients elsewhere?

As recognized by LTG Honoré in the quote about Hurricane Katrina, there will always be a gap between the plan and its execution. Relentless training and a strong foundation of institutional and individual support, however, can help bridge this gap. We look forward to New York's continued efforts.

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Address correspondence to Leopoldo C. Cancio, MD, Library Branch, U.S. Army Institute of Surgical Research, 3400 Rawley E. Chambers Avenue, Fort Sam Houston, Texas 78234-6315.
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REFERENCES

1. Available at http://www.brainyquote.com/quotes/authors/r/russel_honore.html. Accessed August 2007.
2. Anonymous. Rapid assessment of injuries among survivors of

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the terrorist attack on the World Trade Center—New York City, September 2001. MMWR Morb Mortal Wkly Rep 2002;51:1–5.
3. Cancio LC, Pruitt BA Jr. Management of mass casualty burn disasters. Int J Disaster Med 2004;2:114–29.
4. Yurt RW, Lazar EJ, Leahy NE, et al. Burn disaster planning: an urban region's approach. J Burn Care Res 2007;27:158–165.
5. Hirshberg A. Multiple casualty incidents: lessons from the front line. Ann Surg 2004;239:322–324.

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