Introduction: Why Beat a Tired Horse?

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**Geographic circumstances:** At the time of Hurricane Katrina’s landfall, I was 300 miles away in Birmingham, Alabama.

**About the authors:** I teach and consult in the pediatric emergency medicine division at UAB School of Medicine. None of my professional or geographical moves have been related to Hurricane Katrina. For the American Academy of Pediatrics, I was head of a group of concerned pediatricians called the DPT (disaster preparedness team), helping disaster preparedness become more formalized. I edited the 2006 Pediatrics supplement on Katrina.

Katrina. Five years after landfall, the name still reverberates with memories of confusion and inadequate preparation for a predictable natural disaster. Within months after landfall, a few pediatricians reported their dramatic and intimate experiences with Hurricane Katrina.¹

Five years later, one wonders what is happening with the pediatricians, their offices, their patients, and their communities. There has been a lot of change, not only in preparation for another predictable disaster but also with the personal and professional lives of those on the front line after Katrina.

Many of the changes are documented by social scientists, statisticians, epidemiologists, and psychologists who will interview people and examine data to arrive at conclusions and recommendations. That process is important to provide direction and broad-based support, including funding to prepare for future disasters.

However, also important is information gleaned from those on-the-scene providers undergoing uncharted, unrehearsed, unpredicted challenges with incredible success. Insight gained from free-form unstructured reports will be valuable and interesting to historians, pediatricians, and researchers. Those professionals working full-time to prepare for and provide optimal care in the future under similar or even more trying circumstances will find important material in the reports in this Pediatrics supplement.

The supplement published in 2006 contained strong emotional personal reports that reflected the tremendous burden of this prolonged stress on them and their communities. Five years later, the emotions reflected in these monographs strongly show that the experience still affects their lives. Katrina is not forgotten.

There has been progress. Schools, communities, and many families recognize the need to be self-sustainable for 2 days until organized formal aid can arrive and establish services. Then, government and private not-for-profit response teams can respond and provide invaluable care to a predetermined number of victims. Although well
rehearsed, well equipped, and cur-
rent, they continue to find crucial ar-
eas to improve.

However, the needs do not stop at
30 days or even a year. The articles
in this supplement clearly document
unmet needs 5 years later. The goal
of the American Academy of Pediatrics
is to attain optimal physical, mental,
and social health and well-being of
all infants, children, adolescents, and
young adults. Many of Katrina’s chil-
dren are not receiving enough re-
sources to meet this mission. We hope
that this supplement will help children
in future disasters better reach adult-
hood with fewer physical, mental, and
social scars.

Our hope is that future planning for
disasters including children will in-
clude measurable outcomes for at
least 5 years.

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natural disaster in US history. Pedi-
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