

THE ACE STUDY

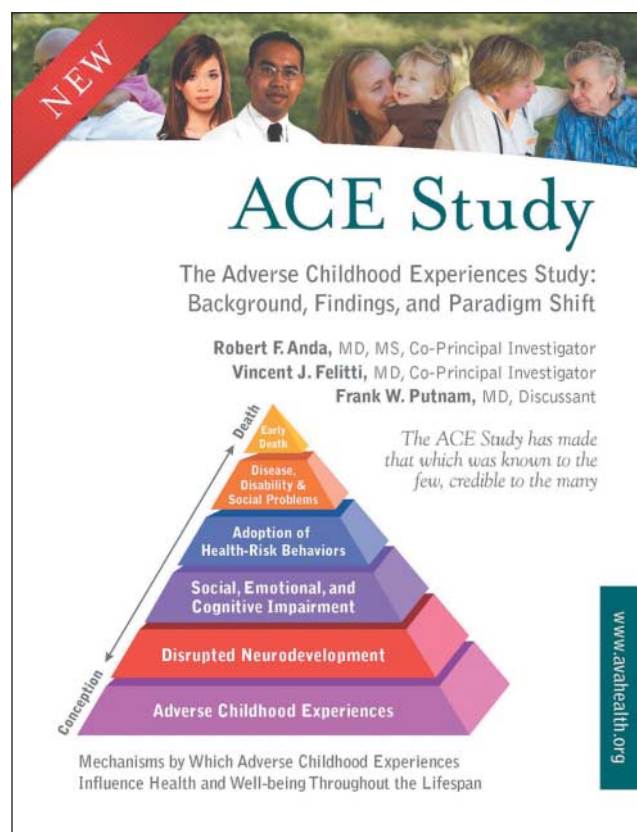
DVD

Robert F. Anda (Coprincipal Investigator), Vincent J. Felitti (Coprincipal Investigator), Frank W. Putnam (Discussant), and David L. Corwin (Executive Producer)
\$45 (individuals), \$225 (institutions), available for purchase at <http://www.avahealth.org>
Shakopee, MN, Academy on Violence and Abuse, 2012
ISBN-13: 978-0-9852446-0-6

IN 1962, C. HENRY KEMPE AND COLLEAGUES PUBLISHED A landmark paper in *JAMA* entitled “The Battered-Child Syndrome.”¹ This heavily cited paper is credited with launching a new field and the passage of legislation in every state in the United States that required the reporting of suspected cases of child abuse or neglect to designated authorities (either child welfare or law enforcement) for investigation, intervention, and treatment. The article estimated that there might have been 749 battered children in the United States in 1960. Fifty years later, it is estimated that there are 754 000 confirmed cases of child maltreatment.² Pediatricians and other health professionals caring for children are generally aware of their reporting responsibilities. But the child protection system in the United States is struggling under the weight of investigating more than 3 million reports annually, and after more than 20 years, the persistent paucity of information on the long-term outcomes of abused children has been frustrating.

The Adverse Childhood Experiences (ACE) Study is an ongoing investigation initiated in 1995 of the association between childhood maltreatment and later-life medical status. The implications of the ACE Study are profound, and the convenience of having study-related lectures and interviews available on a single DVD makes it a pragmatic tool and an efficient way to recognize the importance of asking the right questions to obtain an accurate history. The package contains 3 lectures and 3 video interviews and conversations. The data presented in the lectures linking the reported number of adverse childhood experiences to significant morbidity in adulthood are emphasized on nearly every slide. The interview with Felitti is compelling and should be watched first for an overview of how the study evolved and its importance. Felitti’s recognition that a proportion of the patients in the Kaiser Permanente clinic had early childhood sexual abuse as an associated etiology for their morbid obesity was insightful. Subsequently, his need to reorient his thinking as a trained internist to be able to help them is an important lesson.

Although the link between child maltreatment and later eating disorders, promiscuity, depression, suicidal behavior, and substance abuse was well described in the literature for years, it is not clear how many internists and health



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professionals who cared for adults asked their patients about these issues as part of regular history-taking. In this area, if physicians do not ask the right questions, they will not obtain the information they need to care for their patients—and not obtaining that information can lead to adverse mental health outcomes, as described by Putnam in his lecture on the video.

This DVD should be viewed by students, residents, all primary care health professionals, and all specialists working with adult patients who are the downstream casualties of adverse childhood experiences. Watching the entire DVD takes around 4 hours and is well worth the effort and time, but to obtain the maximum benefit, it may need to be watched in multiple short sessions.

On the 50th anniversary of the publication of “The Battered-Child Syndrome,” the ACE Study is timely and appropriate, because it clearly shows that maltreatment has continued and has significant individual and population health consequences. The work described in this DVD makes

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a compelling case for the health system to get engaged now so that significant strides can be made in adequately identifying, addressing, and eliminating all forms of child maltreatment.

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Conflict of Interest Disclosures: The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

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TERRORISM AND PUBLIC HEALTH: A BALANCED APPROACH TO STRENGTHENING SYSTEMS AND PROTECTING PEOPLE

Edited by Barry S. Levy and Victor W. Sidel

2nd ed, 416 pp, \$59.95

Oxford, United Kingdom, Oxford University Press, 2011

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BECAUSE OF THE CRUCIAL ROLE PUBLIC HEALTH AGENCIES WILL play in the event of a bioattack, they have become important national security assets. To some observers, this represents a shift in public health away from traditional functions, prompting the advocacy of a balanced approach to public health in which national security concerns do not jeopardize the broader goals of public health.

Terrorism and Public Health is written in that vein. Edited by 2 former presidents of the American Public Health Association, the second edition of *Terrorism and Public Health* comprises 20 chapters written by subject matter experts. The book is divided into 6 sections that include chapters addressing public health responses to terrorist acts, specific weapons used by terrorists, and emergency planning. Overall, the book provides a wide overview of the issues confronting public health agencies with respect to their national security role. However, the book has a specific ideological slant that permeates nearly every page. For example, the opening chapter includes a familiar table that compares the number of deaths attributable to bioterrorism in the modern era with those attributable to other causes—a shorthand way of dismissing the importance of bioterrorism.

With chapter titles such as “Physicians and Psychologists as Enablers of Torture” and an entire section entitled “Adverse Effects of the ‘War on Terror,’” the viewpoint of the book is not subtle. A particularly egregious example in one chapter involves criticism of the members of the US Public Health Service—a uniformed service—for wearing uniforms, which is described as a means of asserting the “warlike” stance of the Centers for Disease Control and Prevention.

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A few key chapters, however, are free of this slant. A chapter detailing public health preparedness in Los Angeles County is invaluable for understanding the mechanics of a large public health department; another chapter on predicting and planning for emergencies is similarly valuable. Both offer examples of how the national security attention directed toward public health has created resources that can be used for other public health functions. Also invaluable are the sections addressing mental disorders associated with exposure to terrorism (eg, post-traumatic stress disorder).

Whether fully realized by the editors and chapter authors, public health is a vital national security concern. Undeniable threats to the United States do exist, and lamenting a national security role for public health is fatuous, because public health practitioners are “recognized as critical because of their expertise in investigating and responding to disease outbreaks, knowledge of postdisaster health risks, and ability to communicate and respond to safeguard the public's health in crisis.”¹ In short, if not public health practitioners, then who? Public health should not shirk from this function but rather embrace it.

I would not recommend *Terrorism and Public Health* to readers trying to grasp the challenging issues facing public health as it tries to integrate with national security, but for those with some grounding in the subject this book is, as the *JAMA* review of the first edition noted, “a provocative book written for times that challenge our values in how to respond.”²

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Conflict of Interest Disclosures: The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

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WAR'S WASTE: REHABILITATION IN WORLD WAR I AMERICA

By Beth Linker

304 pp, \$35

Chicago, IL, University of Chicago Press, 2011

ISBN-13: 978-0-2264-8253-8

IT IS COMMONLY BELIEVED THAT THE PRACTICES THAT COMprise medical rehabilitation developed out of the need to provide care for injured World War II military personnel and for people with poliomyelitis. In *War's Waste: Rehabilitation in World War I America*, Beth Linker dispels that myth. Many of the original motivations and strategies of rehabilitation had their roots in events that surrounded America's response to caring for injured soldiers returning from World War I. The interesting and somewhat surprising genesis of

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