Letters to the EDITOR

To the Editor:

I would like to congratulate the leadership of *Disaster Medicine and Public Health Preparedness* on the July 2007 publication of the first issue.

Your actions to date speak of an extremely mature and well-thought out plan for the journal's success. In a single issue, you have clearly demonstrated a desire to take on tough issues, engage experts from a wide variety of disciplines, and provide them a collegial environment and accommodating journal formatting to promote effective communication. Authors' and readers' trust in your activities will undoubtedly be bolstered by the American Medical Association's sponsorship and evidence—literally dripping off the pages of your first issue—that the journal's leadership is dedicated to fair play, open discussion, and a reformulation of the methods for assessing and improving disaster medicine.

Given the far-reaching implications of natural and manmade disasters, it will be challenging to determine which issues are most appropriate for the journal's attention and which are not. I would encourage you to unrelentingly codify and share with your authors and audience the focus of the journal's interest and, if that focus needs to change with time, inform them of the change. Creative authors will feel more comfortable contributing to a journal that plays by its own rules. In the final analysis, those authors, more than any other factor, will dictate the journal's fate. It is important that authors holding mainstream and dissenting views feel equally comfortable sharing them with you.

As *Disaster Medicine and Public Health Preparedness* moves forward, I predict that authors' polyglotism will soon pose a challenge. No, I am not talking about language variations dictated by one's geography or ethnicity, but instead I speak of the language barriers that exist when sociologists, epidemiologists, physicians, logisticians, toxicologists, relief agency administrators, politicians, and others attempt to speak with each other and with your journal's audience. It will take considerable energy and patience on your part to turn this Tower of Babel chatter into functional public dialogue.

Clearly, progress in disaster medicine and public health activities has long been harmed by the sequestration of valuable information and, when idea sharing is attempted, language that is obfuscatory or inflammatory. I hope that the openness and professionalism that we have witnessed in the first issue of the journal will infect others as they contribute to future discussions. Given the large fraction of the earth's population that is vulnerable to disasters, and the benefits that can accrue from mature dissection and analysis of our response to those disasters, there is much at stake.

You have chosen a daunting task. However, given the enthusiasm, inclusivity, and professionalism shown in the first issue of *Disaster Medicine and Public Health Preparedness*, I expect a brilliant future for the journal.

William L. Lanier, MD
Editor-in-Chief, Mayo Clinic Proceedings

To the Editor:

The title of this new, groundbreaking journal, *Disaster Medicine and Public Health Preparedness*, is profound indeed. In a single phrase, the title simultaneously challenges and promises the successful collaboration of medicine and public health. The outcome measure for successful collaboration here far exceeds "working well together." It means collaboratively solving problems in disaster preparedness that can result in decreased morbidity and mortality from disasters.

Medical professionals learn in medical schools and teaching hospitals, emergency medical technicians and paramedics learn in a variety of educational settings, and public health professionals learn in schools of public health. They rarely, if ever, learn together; their schools are in different blocks of cities, often miles from each other. When we do not "grow up" and learn together, it is harder to prepare together. Six years after the tragic events of September 11, we know we work better together, but we need to be even better, even faster, and even more together.

This journal's promise can be realized through the publication of scholarly, evidence-based articles. We aspire to evidence that is generated from randomized, double-blind, control trials, but we realize how hard this kind of research is to conduct during or after disasters. I was recently reminded that clinical and public health experience, even anecdotal, is indeed evidence that should be shared. I am hopeful that experience-based lessons will not be lost. The excuse that there "just isn't enough evidence" can easily result in not doing anything at all in some areas of preparedness.

The fact that this journal is multidisciplinary in its approach speaks to the need to be better. I am hopeful, as are the journal's leaders, that submissions come from emergency medical services, medicine, and public health. Having multiple authors from multiple disciplines on single submissions would be even better, exemplifying the power of synergy among them.

Making sure that the knowledge from the pages of this journal gets out to those who are responsible for preparing and responding is as critical as acquiring the knowledge. Disseminating the knowledge is the journal's responsibility;

readers must take it upon themselves to adopt the knowledge and put it into practice.

Does this concept of medicine, emergency medical services, and public health working together have any hope? It has been hard for all of us, but I have been fortunate to have watched it work through the Centers for Disease Control and Prevention's collaboration with 9 organizations representing emergency medical services, emergency medicine, trauma surgery, and public health: the Terrorism Injuries: Information, Dissemination, and Exchange (TIIDE) project.

The TIIDE–Centers for Disease Control partnership has tackled the issue of preparedness for and response to terrorist bombings with partner organizations including the American Medical Association, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, American Trauma Society, National Association of Emergency Medical Services Physicians, National Association of Emergency Medical Technicians, National Native American Emergency Medical Services Association, and the State and Territorial Injury Prevention Directors Association. Accomplishments include a didactic and interactive curriculum, clinical fact sheets on injuries from bombings, and work on translation of military injury care lessons to the civilian environment. These partners have worked together far more successfully than most would imagine.

The American Medical Association's leadership as a TIIDE partner was exemplified by its broad outreach. Presidents of 18 organizations, representing medicine, dentistry, nursing, emergency medical services, hospital systems, and public health have signed resolutions of commitment to improve health systems to better respond to terrorism and mass casualty incidents.

The success of this journal and the greater success of medicine and public health in improving our preparedness for disasters represent endeavors that are extraordinarily important to the nation, the public, and to individual citizens who may become patients in the wake of a disaster.

Richard C. Hunt, MD, FACEP
Director, Division of Injury Response, Centers for Disease Control and Prevention Injury Center, Atlanta

To the Editor:

With the first issue of *Disaster Medicine and Public Health Preparedness*, our collective ability to apply research findings to emergency preparedness and response has been increased. Thank you!

Although each of the health professions involved with responding to emergency events and disasters has had its own journal, there has not been a single publication that specifically reaches out to all of them. The title itself signals the breadth of interest: not only what to do when an emergent event occurs, but how we apply population-focused thinking in advance to minimize the impact. The effort involved in bringing not only multiple medical specialties together but also adding in nursing, public health, administration, and more general emergency preparedness perspectives is enormous. Each of these fields speaks a different dialect of preparedness, and members of each have a strong tendency to prefer speaking to one another in their own dialect. The editing challenges of bringing the best of science from each into a form useful to all are well worth the effort.

Over and over again, the stories told of emergency response repeat the complications brought about by the failures in communication and collaboration: individuals who go where they are not needed, act without coordination with others, fail to follow best practices, and complain later that their fine contributions were underappreciated. These tales of woe are not limited to my own profession of nursing or to any other of the professions and disciplines represented on the *Disaster Medicine and Public Health Preparedness* editorial board or identified as its audience. Although the greatly expanded training programs of the last years have improved the situation, we are still not where we should be.

A journal that is serious about maintaining a high level of scholarship while speaking as an emergency preparedness and response generalist to all of the concerned disciplines and specialties is perhaps in danger of overreaching. The challenge facing this journal is the ability to maintain "practical" scholarly rigor given the limitations faced during the disaster while setting a standard that does not allow for "disaster tourism" articles (eg, "I went to a worse disaster than you did and here's how I triumphed"). It will take ongoing attention to find and encourage the busy practitioners of emergency planning and disaster response to take time to document why and how they go about their work. It will require occasionally telling the prolific writers "thanks, but not another manuscript from you just now." All of us will benefit if the journal's editorial staff is able to take time not only to see the potential in a new author's effort but also to find a way to develop the potential into a meaningful contribution.

The field needs a serious, professional journal that cuts across our professional divisions, habits, and history and regularly nudges us to learn from one another so that when emergencies occur, the full benefits of all clinical professions and public health are readily available and brought to bear. I see this happening through *Disaster Medicine and Public Health Preparedness*, and I am delighted.

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