

EDITOR

Letters to the

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;