

EDITORIAL

From the Editor-in-Chief

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In the months and weeks preceding the much-anticipated December 2009 United Nations Framework Convention on Climate Change in Copenhagen, the journal editorial staff had many discussions leading to a decision to broaden the journal's focus to include more content on the potential human health impact of climate change. Worldwide backlash generated by recent allegations of unprofessional conduct from scientists at the University of East Anglia (UEA) Climate Research Unit further strengthened our resolve to proceed forward. We fully endorse the admonition of Dr Ralph Cicerone, president of the National Academy of Sciences, that "it is essential that the scientific community work urgently to make standards for analyzing, reporting, providing access to, and stewardship of research data operational, while also establishing when requests for data amount to harassment or are otherwise unreasonable . . . because of proprietary, privacy, national security, and cost limitations."¹

As a publication representing all health disciplines concerned with preparedness for and response to catastrophic events, we are concerned with the roles and responsibilities of health professionals in addressing what might well prove to be the most significant and critical public health challenge of our generation. The effects of climate change may be widespread, and in some cases may be irreversible; with impacts on ecosystems, land composition, sea levels, weather patterns, and ice coverage. Health professionals are likely to face new challenges as the science linking climate change and human health risks continues to emerge. Populations already at increased risk from death and disease (such as the frail elderly, young children, the poor, and the disenfranchised) will bear a disproportionate health burden from climate change. Existing conditions that already cause poor health among those populations—such as lack of clean air and water, and unhealthy living conditions—will be exacerbated by the adverse effects of climate change. The article by Keim in this issue highlights one effect of climate change on a limited population and also underscores the very real problems of generalizing from limited data sets and the resultant difficulties translating science into policy.

It is important to recognize that, whatever the etiology of global climate change, health professionals have a role in working to reduce human contributions to such changes, identifying strategies to assist in educating the public and elected officials on environmentally sustainable practices, and serving as role models for promoting environmental sustainability. It is crucial that the health sector develops an educated, effective voice in the climate policymaking process. To participate in this debate, health professionals need

to understand the science, be able to critically analyze policy options, and express the rationale for climate change in terms that elected officials and the public will grasp and act upon.

Three recent efforts underscore the relevance and timeliness of the climate change issue for all health professionals:

- In May 2009, the final report of a year-long commission involving *The Lancet* and the University College London Institute for Global Health was published to address health issues associated with climate change.²
- In September 2009, the World Medical Association (WMA) held a seminar, "Climate Change and Health Care," in Copenhagen to bring together health leaders and scientific experts from around the world to exchange experiences on the impact of climate change on health and to develop a global strategy. In October 2009, at its annual General Assembly in New Delhi, India, the WMA approved a new declaration setting out an action plan to bring health to the forefront of the climate change debate and to mitigate the serious health risks facing the world. The document is very thorough but, unfortunately, too lengthy to fully duplicate here; it is, however, easily accessible on the WMA Web site (<http://www.wma.net/en/30publications/10policies/c5/>).
- In November 2009, the Center for Health and the Global Environment at the Harvard Medical School held a briefing on Capitol Hill, entitled "The Medical Community Speaks Out on Climate Change: Climate Change and Health Implications for U.S. States and for the Nation." The briefing, co-sponsored by Senator Olympia Snowe (R-Maine) and Senator Mark Udall (D-Colorado), brought together the AMA, the American Nurses Association, the American Academy of Pediatrics, and the American Public Health Association to discuss the health consequences of climate change for the United States.

Finally, as we prepared our first issue of 2010 for publication, the Haitian earthquake struck. We, like many of you, have been heavily involved in watching as well as contributing to the humanitarian response to this catastrophe. As of this writing, Dr Italo Subbarao, our deputy editor, is in Port au Prince as part of a team assessing clinical and public health needs, along with personnel resources that might be required. Dr Tom Kirsch, of our Editorial Board, and Dr Stephanie Rosborough, our global correspondent, also have deployed to Haiti and will provide ongoing commentary from the field. In this issue, Dr Rosborough provides a snapshot of some of her experiences.

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In addition, journal staff have been involved in (1) the development and delivery of a 1-hour, just-in-time, educational webinar for health personnel who are, or are considering, deploying to Haiti (visit <http://www.ama-assn.org/ama/pub/news/news/haiti-earthquake-response.shtml>); (2) the establishment of an electronic AMA registry of “ready, willing, and able” physicians who wish to respond; and (3) the establishment of a robust AMA-Haiti Web site to facilitate access to and sharing of timely health information about the earthquake. We will continue to be involved actively in the Haiti response in the coming months and years. We look forward to your continued support.

As we proceed forward, one closing note is in order. In most major disasters, the acute need, from a health perspective, is the delivery of emergency medical and surgical services to in-

dividual casualties and the acutely ill. However, after one to two weeks a Public Health Transition occurs, and the overwhelming need becomes the delivery of day-to-day medical and public health services to the affected population. The Haitian response is a long-term effort and involves not just physical and mental health components but socioeconomic well-being, as well. The interconnectivity of these elements in human populations and the short- and long-term effects of their disruption is well illustrated in the article by Cairo, et al, on “The Prevalence of Posttraumatic Stress Disorder Among Adult Earthquake Survivors in Peru.”

REFERENCES

1. Cicerone R. Ensuring integrity in science. *Science*. 2010;327(5966):624.
2. Costello A, Abbas M, Allen A, et al. Managing the health effects of climate change. *Lancet*. 2009;373(9676):1693-1733.