EDITORIAL

# Advancements in the Field of Disaster Medicine and Public Health Preparedness

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As most of our readers are aware, *Disaster Medicine and Public Health Preparedness* is in the process of transitioning from an American Medical Association publication to becoming the official journal of the nascent Society for Disaster Medicine and Public Health. The transitional process has been more ponderous and difficult than originally expected, but continues to meet the necessary milestones to ensure success. At present, the biggest hurdle is the identification of a new publisher. We are in active discussions with several, very attractive publishing entities and hope to be able to announce an agreement in our next issue in December—the final AMA issue.

As the transition evolved, two very important changes have occurred. David Markenson, MD, MBA, FAAP, FACEP, has been selected as our new deputy editor, and Lauren Walsh, MPH, has been appointed as managing editor. Also, it should be noted that many individuals and entities have stepped forward in total support of our journal's continuation and growth. Most notable to date have been the contributions from the National Center for Disaster Medicine and Public Health, which has been unwavering in its support for the goals and mission of academic peer review in our field. Our sincere gratitude goes to those at the National Center and innumerable others who have contributed time and expertise throughout our transition.

Early next year, the journal's board of directors will convene to help ensure that we are on the right course and proceeding accordingly. As we go forward, please understand that we are "open for business" as usual and are receiving, processing, reviewing, and publishing content. Please continue to forward your materials to us for consideration, as we do not currently anticipate a delay in the release of our quarterly publications. In the final analysis, the content of your manuscripts is what makes our efforts worthwhile. In fact, we are collectively well underway toward establishing a discipline of Disaster Medicine and Public Health, and the content provided to and published by *Disaster Medicine and Public Health Preparedness* contributes significantly to its scientific and academic underpinnings.

The cover photo on this issue actually personifies how the journal's content contributes to the discipline. The photo was taken during an exercise that was conducted on April 25, 2012, at the Alamodome in San Antonio, Texas. The background for instituting the exercise dates back to August 2005 and Hurricane Katrina and many of the lessons learned from that tragic event. The Katrina experience demonstrated that in dealing with a large, suddenly displaced population, the more medically disadvantaged are overrepresented. Consequently, emergency responders can expect to encounter significant numbers of victims with chronic medical conditions who are without medications and who, for a variety of reasons, cannot provide a cogent medical history and for whom medical information is unavailable. In many cases, even a person's identity could not be determined.

Subsequently, through a translational research grant from the Centers for Disease Control and Prevention, the AMA sought to evaluate the applicability of a public health tool to ensure that health responders could identify, notify (family, caregivers) and assess (medically) displaced individuals in a timely manner, irrespective of cognitive status and language barriers (aka, IN A Moment). The first research task of this grant was the determination of a minimal data set that would allow responders with sufficient information to provide these elements. The results of that effort are presented in this issue of the journal, in the Original Research article by Irmiter et al (page 303). Other research objectives such as platform evaluation have been completed and are awaiting submission for publication.

The San Antonio exercise at the Alamodome was conducted in partnership with the Southwest Texas Regional Advisory Council (STRAC); it provided an opportunity for real emergency medical technicians (EMTs) to evaluate 20 presenting patients as acted out by nursing students. The exercise was conducted twice, first without the use of a public health tool, and then repeated after the issuance of electronic health security cards that had been programmed with the minimal data set of elements referred to in the Irmiter article. Patients were randomly assigned to EMT responders, such that no responder saw the same patient twice. The most notable measured findings were a decrease in overall patient encounter time of more than 20% and a decrease in emergency department/hospital dispositions (in favor of alternative sites of care) from six to one for the group using the card. Moreover, the



https://doi.org/10.1001/dmp.2012.51 Published online by Cambridge University Press

"patients" reported an improvement in both quality and timeliness of care.

The importance of such exercises lies in the demonstrated cooperation of the medical, public health, secure identity, and responder communities to enable improved preparedness and response. Only by working in concert can we hope to be successful in our efforts to improve preparedness, and such integrated activity will be the unique contribution of a discipline to which we all ascribe. The second important message emanating from the San Antonio exercise is the inextricable link that exists between health care practice supported by electronic processes and communication (eHealth) and preparedness and response. As this link becomes ever more critical, *Disaster Medicine and Public Health Preparedness* will make every effort to ensure the incorporation of all of the support modalities offered under eHealth. Instrumental to this effort will be to appoint additional editorial staff with expertise in this area.



https://doi.org/10.1001/dmp.2012.51 Published online by Cambridge University Press