

EDITORIAL

An Evolving Opportunity

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When written in Chinese, the word crisis is composed of two characters. One represents danger, and the other represents opportunity.¹

President John F. Kennedy first used this favored expression in a speech in Indianapolis, Indiana, in April 1959 to discuss the looming threats facing this nation from the former Union of Soviet Socialist Republics. However, he also reminded us of America's exceptionalism, our nation's collective resolve to rise and overcome all challenges, and his unwavering confidence that we as a nation would continue to accomplish our goals while preserving our ideals. Years later, this adage still holds true, and, at this time, applies to the current status of our journal, as we will further elaborate here.

First is the danger. Every day our world is faced with disasters. Our job is to ensure that we all take the necessary steps to be prepared to protect and defend ourselves, our families, and our countries. *Disaster Medicine and Public Health Preparedness (DMPHP)* has been dedicated to this mission since its inception in 1997. The journal has come a long way since that time.

As most of you are aware, we transitioned the journal's publishing operations from Wolters Kluwer to the American Medical Association (AMA). The many challenges of transitioning operations from one organization to another were exacerbated by the journal's young age. Nevertheless, with the support and commitment of the AMA and our editorial board and staff, we were successful in maintaining and growing the journal's fiscal and editorial health.

Now, here is the opportunity. A while back, I and several co-authors presented the case for the formal definition of a discipline of disaster medicine and public health.² With that publication came a great deal of discussion as to how best to achieve the stated goal. A general consensus among many of the thought leaders in this area was the need to establish a membership society that would bring together all of the health disciplines so vital to supporting a disaster health system, as defined under the Homeland Security Presidential Directive-21.³ We are thrilled to report that the Society of Disaster Medicine and Public Health has been formed, and a transitional board has been appointed to work out the details to launch this effort successfully.

First and foremost, this society is not intended to compete with existing bodies that represent the professional interests of a particular discipline or specialty. Rather, it is intended to represent what we have advocated for years—that every health care provider has a secondary specialty, and that is public health pre-

paredness. Working together, society members will inform the academic and research base that will support a disaster health system and will help define the educational/experiential attainments that define the members of that system. In addition, a database of “ready, willing and able” members will be developed to better match health care volunteers to response opportunities.

A marker of the standing of this new society will be that *DMPHP* will become its publication, a transition that the AMA, its present publisher, is committed to nurturing. To systematically address the many complex issues associated with this transition, *DMPHP* will continue to be published by the AMA through this calendar year. So for you, our valued readers, the transition should be relatively seamless.

Taken in context, the challenges facing us are certainly daunting for a journal still in its formative stages. On a closer examination, there is much to be hopeful about. Last year was a banner year for the journal. The nuclear preparedness issue, the September 11th anniversary issue, and the October 2011 issue all garnered much national (and some international) media attention (both print and television). The quality of articles from a methodological perspective was much stronger than before, and the pipeline for future articles is deeper and more promising than ever. Even though these times have been difficult economically, subscriptions (both individuals and site licenses) were higher than in previous years and the highest for any disaster medicine-related publication.

Another quote, one from the great Mark Twain (“The report of my death was an exaggeration.”),⁴ can be used to help us focus on what lies ahead. Rather than recoil from the challenges at hand, we at the journal are committed to looking at this publication decision as an opportunity to evolve and mature *DMPHP*. This is not to say that difficult times ahead will be lacking. We have, however, the remainder of this year to make the transition and to realize the promise of that other Chinese character that defines crisis—opportunity, the opportunity for our journal, our discipline, and our profession.

Finally, we see *DMPHP* as an integral and necessary component of the society, and will make every effort to affect a smooth transition of the journal to the society. Questions and issues surrounding such areas as self-publication vs publication house, ejournal vs paper journal, and others will need to be dealt with over the next several months. Accordingly,

any thoughts from you, the readers, in support of this transition will be much appreciated. We sincerely hope that details on society membership and journal status will be forthcoming over the next several months. For this venture to work, we need all of your enthusiasm and support. After all, we have the leading peer reviewed journal in our field; we can boast of having achieved an initial impact factor of 1.76; and we have an overall submission acceptance rate of 25%. We must, therefore, persevere in our efforts if we are truly going to evolve a national disaster health system. Indeed, we firmly believe that the collective resolve of our supporters will ensure the long-term growth and maturity of

the journal and the discipline of disaster medicine and public health preparedness to which it is dedicated.

REFERENCES

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