

EDITORIAL

From the Editor-in-Chief

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Because this is the first issue of *Disaster Medicine and Public Health Preparedness (DMPHP)* this year, I want to reflect briefly on last year's successes and to highlight a couple of major initiatives that may have a significant impact on the discipline of disaster medicine in 2008.

I would like to begin by saying that the state of our journal is healthy and vibrant. Editorial analysis of the submission process has brought this to bear in recent statistics, which reveal an acceptance rate of 33% for unsolicited manuscripts, an average editorial decision time of 30 days for a new manuscript, and a continuous stream of submissions that has increased not only in quantity but also in scientific quality. Another major success of the past year was the national media coverage that a number of our articles received, as well as the positive accolades and continued demand for our special issue dedicated to the April 2007 mass shooting tragedy at Virginia Polytechnic Institute and State University (Virginia Tech). The true measure of success was our ability to actualize a true multidisciplinary journal. A balance is readily apparent when reviewing our publications, as submissions have been received from medicine, nursing, and public health, as well as other critical and essential disciplines such as emergency medical services, law, ethics, education, and public safety.

Such accomplishments are especially significant in the first year of a journal's publication and are a direct result of the dedication, commitment, and involvement of our editorial board, associate editors, associate board, correspondents, peer reviewers, authors, and internal staff at both the American Medical Association and Lippincott Williams & Wilkins. I have nothing but the deepest respect and lasting gratitude for all of these individuals and I sincerely thank them not only for all they have done to date but also for all of the contributions I know they will continue to make going forward. This will be especially evident in 2008 because it is readily apparent that as a result of a number of federal and private sector initiatives we will begin to see the evolution and

definition of both a system and a discipline of disaster medicine. *DMPHP* stands ready to help catalyze and inform this evolution. In particular, Homeland Security Presidential Directive-21, released in October 2007, has the potential to affect our discipline because it calls for a significant number of deliverables in 2008 such as a codified discipline of disaster health and a national disaster health system, and it cites a newly created Center for Disaster Medicine and Humanitarian Assistance at the Uniformed Services University of the Health Sciences. The recognition of this discipline has significant scientific as well as professional implications. Other initiatives of note include the disaster medicine research agenda of the Institute of Medicine (IoM) and Homeland Security Secretary Michael Leavitt's newly appointed National Science Defense Board, both addressing such important areas as countermeasures, pandemic preparations, and the evolution of a discipline of disaster medicine.

In conclusion, *DMPHP's* growth and success is a reflection of the collective efforts, energy, and enthusiasm of all of us dedicated to this discipline. Furthermore, as the evolution of this discipline has become apparent, it is necessary for our journal and the discipline of disaster medicine to take the next formative steps. With regards to *DMPHP*, the next step and highest priority is applying to the National Library of Medicine for indexing. The journal will continue to ascribe to the highest levels of integrity and seek to be a platform to stimulate and promote the best evidence-based practices for disaster medicine. Thank you for your time and consideration and belated best wishes for a healthy and prosperous 2008.

About the Author

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