readers must take it upon themselves to adopt the knowledge and put it into practice.

Does this concept of medicine, emergency medical services, and public health working together have any hope? It has been hard for all of us, but I have been fortunate to have watched it work through the Centers for Disease Control and Prevention's collaboration with 9 organizations representing emergency medical services, emergency medicine, trauma surgery, and public health: the Terrorism Injuries: Information, Dissemination, and Exchange (TIIDE) project.

The TIIDE–Centers for Disease Control partnership has tackled the issue of preparedness for and response to terrorist bombings with partner organizations including the American Medical Association, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, American Trauma Society, National Association of Emergency Medical Services Physicians, National Association of Emergency Medical Technicians, National Native American Emergency Medical Services Association, and the State and Territorial Injury Prevention Directors Association. Accomplishments include a didactic and interactive curriculum, clinical fact sheets on injuries from bombings, and work on translation of military injury care lessons to the civilian environment. These partners have worked together far more successfully than most would imagine.

The American Medical Association's leadership as a TIIDE partner was exemplified by its broad outreach. Presidents of 18 organizations, representing medicine, dentistry, nursing, emergency medical services, hospital systems, and public health have signed resolutions of commitment to improve health systems to better respond to terrorism and mass casualty incidents.

The success of this journal and the greater success of medicine and public health in improving our preparedness for disasters represent endeavors that are extraordinarily important to the nation, the public, and to individual citizens who may become patients in the wake of a disaster.

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To the Editor:

With the first issue of *Disaster Medicine and Public Health Preparedness*, our collective ability to apply research findings to emergency preparedness and response has been increased. Thank you!

Although each of the health professions involved with responding to emergency events and disasters has had its own journal, there has not been a single publication that specifically reaches out to all of them. The title itself signals the breadth of interest: not only what to do when an emergent event occurs, but how we apply population-focused thinking in advance to minimize the impact. The effort involved in bringing not only multiple medical specialties together but also adding in nursing, public health, administration, and more general emergency preparedness perspectives is enormous. Each of these fields speaks a different dialect of preparedness, and members of each have a strong tendency to prefer speaking to one another in their own dialect. The editing challenges of bringing the best of science from each into a form useful to all are well worth the effort.

Over and over again, the stories told of emergency response repeat the complications brought about by the failures in communication and collaboration: individuals who go where they are not needed, act without coordination with others, fail to follow best practices, and complain later that their fine contributions were underappreciated. These tales of woe are not limited to my own profession of nursing or to any other of the professions and disciplines represented on the *Disaster Medicine and Public Health Preparedness* editorial board or identified as its audience. Although the greatly expanded training programs of the last years have improved the situation, we are still not where we should be.

A journal that is serious about maintaining a high level of scholarship while speaking as an emergency preparedness and response generalist to all of the concerned disciplines and specialties is perhaps in danger of overreaching. The challenge facing this journal is the ability to maintain "practical" scholarly rigor given the limitations faced during the disaster while setting a standard that does not allow for "disaster tourism" articles (eg, "I went to a worse disaster than you did and here's how I triumphed"). It will take ongoing attention to find and encourage the busy practitioners of emergency planning and disaster response to take time to document why and how they go about their work. It will require occasionally telling the prolific writers "thanks, but not another manuscript from you just now." All of us will benefit if the journal's editorial staff is able to take time not only to see the potential in a new author's effort but also to find a way to develop the potential into a meaningful contribution.

The field needs a serious, professional journal that cuts across our professional divisions, habits, and history and regularly nudges us to learn from one another so that when emergencies occur, the full benefits of all clinical professions and public health are readily available and brought to bear. I see this happening through *Disaster Medicine and Public Health Preparedness*, and I am delighted.

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