

EDITORIAL

One Year Later: Update on Transition to the Society for Disaster Medicine and Public Health and Cambridge University Press

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One year ago this week, I was involved with the necessary but multiple transactions that were needed to smoothly transition the number of preparedness and response programs for which our center at the American Medical Association (AMA) was responsible, as this area was being phased out. The decision to continue rather than terminate these programs was easy. Accomplishing the transition, however, has been far from smooth, but it is finally nearing completion.

Our National Disaster Life Support (NDLS) courses (Advanced Disaster Life Support, Core Disaster Life Support, and Basic Disaster Life Support) have been transferred to the National Disaster Life Support Foundation (NDLSF), and, I am delighted to report, are thriving and experiencing increased interest and enrollments. The grant programs that we were involved in, and that continued after the center's close on June 30, 2012, were completed on schedule by a small cadre of scientists who remained at the AMA through the end of December 2012. The most important of these efforts, the Health Security Card grant (#5R18TP000320) that was funded by the Centers for Disease Control and Prevention, was a very successful effort that enjoyed broad conceptual acceptance.

The last major program or project that began at the AMA was the *Journal of Disaster Medicine and Public Health Preparedness* (DMPHP), which many affectionately call the purple journal. This transition has been the most intricate and difficult of all, not owing to intentional actions on anyone's part but because of the myriad complexities inherent in publishing a peer-reviewed scientific journal. These actions also were compounded by an erroneous perception by many that the journal would cease once our AMA programs ended. To the contrary, the copyright of the journal was given to the Society for Disaster Medicine and Public Health (SDMPH) by the AMA; SDMPH has signed an extended contract with Cambridge University Press to be the publisher; the transition to the ScholarOne platform has been completed to ensure a high-quality submission and peer review system; and a major editorial board meeting is being

planned before year's end to better formulate all editorial appointments and obligations and to review overall policies and procedures supporting the journal.

The last major task is not a transitional one but a developmental one—to operationalize the Society for Disaster Medicine and Public Health. As noted before, SDMPH is a legal entity with a transitional board, and its application as a nonprofit organization has been received and acknowledged by the Internal Revenue Service. Again, this undertaking has not been easy because of various complexities that needed addressing. However, the essential components to “go live” are now in place, and the August issue of DMPHP will detail the vision, mission, and goals of the society as well as information on membership, enrollment, and benefits.

Before that issue on the society is published, I would like to address some concerns that many preparedness and response professionals have raised in the past year. The first has to do with the need for a society. As major events such as 9/11 and Hurricane Katrina, which mobilized interest and resources in the United States for preparedness and response, recede in time, so, too, do interest and support. Of course, interest heightens as new events occur (Haiti, H1N1, Fukushima), only to again recede, with an accompanying diminishment of resources in support of grants and programs. Why does this happen? I believe that it happens because no sustaining infrastructure exists to effectively advocate as the integrated voice of preparedness and response across public health, health care, emergency management, and other players in the humanitarian, commercial, government, and academic sectors.

Without an integrated structural platform to sustain preparedness and response initiatives and programs, our cyclical dependence on random events will continue, assisting ad hoc preparedness and ineffective response. Given today's state of the world, this lack of structure is simply unacceptable in social, economic, and humanitarian terms. Including the recent Moore, OK, tornado, we have already had

\$6 billion in natural disasters in 2013. The 2011 Fukushima disaster has been priced at \$235 billion; and the 2005 Hurricane Katrina at more than \$80 billion has topped a US record.¹ These figures cannot begin to measure the human impact of some 32 million people forced to leave their homes in 2012. In the US last year, Superstorm Sandy was responsible for displacing almost 1 million individuals. As Warren Mabee, MScF, PhD, director of Queen's Institute for Energy and Environmental Policy, Queen's University, Toronto, reflected, "The world's population is not only increasing but it is increasingly in the way of weather."² To that sentiment I would add war, pestilence, and other calamities to underscore the present urgency for those in our professions to come together to better address future disasters.

A second issue is both more parochial and practical: the potential competitiveness with existing professional associations and societies. It is hoped that, with full understanding of what SDMPH is striving for, this issue will be of no concern. The ultimate goal of SDMPH is to define the discipline of disaster medicine and public health in such a way as to cut across the existing health disciplines and professions and serve as an adjunct to and in support of each. The education and training component is meant to help develop a common vocabulary and base competencies that will enable individuals to create an effective team as part of a systematic response. Using a military model, medical professionals have one role in peace time, which is generally defined by their adapted profession, and another in time of conflict, which requires additional skills and competencies. It is hoped that

this concept of a secondary discipline will be reinforced by a dues structure that will not require individuals to choose between professional organizations. First and foremost, we actively encourage participation in their primary organizations and memberships, with SDMPH actually supporting their overall professional status.

In closing, I would like to reference a remembrance by Rebecca Fox, MD, that appeared in *Physicians Practice* recently. Describing her involvement in responding to the Avianca flight that crashed on Long Island, NY, in 1990, Dr Fox reported that what stayed with her after 23 years "was the intensity with which all the medical providers worked as an immense, cohesive team and focused on the immediate needs of the survivors." She also quoted from Fred Rogers of *Mister Rogers' Neighborhood*, which I believe sums up what we are about and what our society will personify when an incident occurs.... "Look for the helpers. You will always find people who are helping."³

REFERENCES

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