

# EDITORIAL

## Lessons Un-Learned

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The editorial deadline for this issue of our journal had already been extended to Tuesday, April 28, 2015, to accommodate some last-minute changes prior to closing out content input. However, as we are all aware, on April 25, 2015, a devastating earthquake hit the Republic of Nepal, not far from the capital of Kathmandu. As background, Nepal is a land-locked country with a population of some 27 million, 1 million of whom are located in the capital. This tragic event has resulted in over 8500 deaths and untold thousands of injuries. Nepal is literally sandwiched between China to the north and India to the south. It is a notably poor country with widespread poverty and hunger and ranks but 145th of 187 countries on the Human Development Index.<sup>1</sup> Thankfully, the global response has already reflected a tremendous effort on the part of the entire international community to render needed aid and support.<sup>2</sup> The journal for its small part has established contact and communication with on-the-ground individuals and units forming part of the response, some of whom have provided photos and comments that are featured in the On the Cover page. This coverage will extend into the future, especially in light of a second major earthquake hitting Nepal on May 12, 2015, which, mercifully, was more rural as to its epicenter.

One event that was highlighted in the global media was the rescue of a boy from the rubble by search and rescue after 5 days of entrapment. This is, of course, commendable and the search and rescue teams deserve all of the laurels garnered. However, it is fairly well documented that search and rescue efforts are resource intensive, and the number of such teams dispatched is daunting. As Peleg and Kellermann<sup>3</sup> discuss in a well-referenced article, the cost-benefit analysis shows a far greater return for medical and public health efforts as opposed to search and rescue. Inferentially, this effect would be much greater in a relatively impoverished country such as Nepal. This imbalance between resource need and supply is further illustrated at the national level as Neupane<sup>4</sup> highlighted in correspondence published in *The Lancet*. Here the imbalance between relief efforts provided in and around Kathmandu versus those provided to more rural affected areas is alarming. And, of course, again the lack of coordination between response organizations is all too demonstrable. One activity should, of course, never preclude the other; what is needed is a more balanced

approach based on population health care parameters—work that can be advanced through a more rigorous research approach to these devastating events as continuously advocated by the Society for Disaster Medicine and Public Health and its journal.

On a different note, over the past 2 years in working to strengthen the journal and start the interdisciplinary Society for Disaster Medicine and Public Health, we have spent the greater part of our energies on ensuring a successful and robust journal, and I am most gratified to report that we have made substantive and significant gains on that front. We publish more pages, more frequently; our submission rates are reaching the point that we must expand our editorial capability; our institutional subscriptions are ever higher; our “hits” on various websites have soared; and, although not quite there, we are almost breaking even commercially. Unfortunately, as we focused our energies on the journal, the society has not received the attention it deserves and requires.

This imbalance will now be addressed and more and more of our focus will be on the society. As we evolve a more robust society, we will also further strengthen the journal through individual subscriptions and an ever-broadening base of talented and committed professionals to help support our scholarly activities.

Beginning this month we will be publishing an electronic society newsletter which will initially be available to all. In the long term, however, it will be viewable only by members of the society ([sdmph.org/newsletter](http://sdmph.org/newsletter)). We are hoping that individual journal subscribers who are not society members will accept our invitation to consider joining us ([sdmph.org/sdmph-membership/](http://sdmph.org/sdmph-membership/)). All are encouraged to send items of interest for consideration in the newsletter, such as member news, upcoming conferences of interest to the community, and recent awards received by members. To be successful, we need members; to accomplish our goals, we need committed members. And please remember that we have kept membership dues at an absolute minimum as we do not wish to compete with the professional society or association that represents your discipline or specialty.

Also, joining the society provides you with a free online subscription to the journal, the cost of which would otherwise be higher. Much more on the society

will follow in ensuing issues, but for now I entreat you to seriously consider a membership—an important step toward helping to achieve Global Health Security.

## REFERENCES

1. Human Development Reports. United Nations Development Program website. [hdr.undp.org](http://hdr.undp.org). Accessed May 22, 2015.
2. Nepal: Earthquake – Member State initial relief efforts. [http://reliefweb.int/sites/reliefweb.int/files/resources/MS\\_support\\_300415.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/MS_support_300415.pdf). Published April 30, 2015. Accessed April 30, 2015.
3. Peleg K, Kellermann AL. Medical relief after earthquakes: it's time for a new paradigm. *Ann Emerg Med*. 2011;59:188-190.
4. Neupane SP. Immediate lessons from the Nepal earthquake. *Lancet*. 2015;385:2041-2042.