EDITORIAL

From the Editor-in-Chief

James J. James, MD, DrPH, MHA

Dear Readership,

As we begin our fifth year of publication, it is most gratifying to share some of the many successes of the previous year, as well as some exciting initiatives we have planned for 2011.

Since its inception, *DMPHP* has strived to be an integrated platform both in form and function to support the discipline of disaster medicine and public health. Specifically, we have sought to be recognized as an authoritative, evidence-based resource and conduit for scientific discourse on existing and emerging topics in this field. As we review *DMPHP* issues published over the past four years, we can state resoundingly that these aspirations have been achieved. We are laying a scientific framework to better define a disaster health system across all relevant disciplines and professions.

In 2010, *DMPHP* sponsored an initial series of webinars to support responses to actual events. The first webinar, which occurred within 96 hours of the January 12 Haiti earthquake, focused on acute medical and public health consequences of this disaster to better prepare volunteer health responders. To date, more than 1500 health professionals have accessed the webinar. We also prioritized and published articles in the journal and on our Web site to support response efforts for the Haiti earthquake and the subsequent earthquake in Chile. *DMPHP* also hosted a webinar on the mental and behavioral health effects of the Deep Horizon Gulf Oil Spill, and published a follow-up editorial from its presenters in the December 2010 *DMPHP* issue. To support ongoing educational efforts is our broad library of peer-reviewed articles, published in *DMPHP*, which are made available for open access on an event-specific basis. These successful efforts did not go unnoticed; *DMPHP* received excellent media coverage, with recognition of many individual articles, and most especially, our Hurricane Katrina 5th Anniversary issue.

DMPHP also has continued its positive trends in key editorial metrics. In our initial year, we received a total of 50 original research articles; today, this number has doubled to more than 100 submissions, keeping pace with significant scientific advancements in our field. The number of articles submitted to the journal increased by almost 10%, from 178 articles in 2009 to 195 articles in 2010. *DMPHP* has maintained an impressive 27% acceptance rate that reflects the rigorous peer review process to which all articles are subjected. This fundamental work is performed by a pool of reviewers that is now comprised of 330 subject matter experts—a group to whom we are truly indebted for our ongoing growth. Although we have not yet received our first impact factor (which is due this summer), a surrogate for this measure, the number of journal citations, merits attention. To date, we have recorded more than 234 *DMPHP* article citations in the published literature; more than half of these occurred in the past 12 months. A second proxy measure, but one not yet used in the calculation of the impact factor, is the number of online text views (or "hits") on the journal Web site. This past year we registered more than 44 000 such hits, a 33% increase over the previous year.

Also in 2010, *DMPHP* transitioned from Wolters Kluwer to American Medical Association (AMA) Publications. We ask our readers and authors to bear with us as we work through the transition process to ensure appropriate integration of and successful adaptation to new systems. We also are experiencing our first "rotation" in personnel, for both our Editorial Board and Associate Editors. This is a planned transition, undertaken to ensure a viable and evolving publication, as we continually adapt to the world around us and the calamities that befall it.

In 2011, we are continuing to build on past successes. In January, *DMPHP*, along with the National Library of Medicine and Pan American Health Organization, sponsored a webinar to update health professionals on conditions in Haiti one year after the earthquake, with a focus on the cholera outbreak. As with our initial Haiti webinar, we enjoyed a high degree of participation and satisfaction. Another exciting initiative for 2011 is to expand the selection of articles in each issue available for continuing medical education credit. This effort began in 2010 and, to date, 4 articles are available to help readers meet professional education needs and requirements. It is also noteworthy that *DMPHP* was cited in an article on the global impact of crowd surges and human stampedes, entitled "Crush Point," which appeared in the February 2011 issue of *The New Yorker*. We believe the journal will continue to receive major media attention with the upcoming special issue on "Nuclear Preparedness," which will be published in March. We also are excited to be working with the Veterans Administration in sponsoring a special issue commemorating the 10-year anniversary of the September 11 terrorist

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attacks. We expect that issue to showcase the expanding evidence base in preparedness and response. Finally, we are exploring the addition of new features to the journal, such as an operationally focused "Responders Page" and a human-interest focused "Responders Diary."

We are confident that all of these efforts will lead to increased individual and institutional subscription bases, which remain the most critical lifelines for ensuring the continued viability and success of this journal in accomplishing its primary mission of enhancing the health security of our nation.

DMPHP Special Issue: 10th Anniversary of 9/11–Call for Papers

Disaster Medicine and Public Health Preparedness will publish a supplemental issue in September 2011 in conjunction with the 10th Anniversary of 9/11.

We encourage authors to submit manuscripts reporting the results of original research, observational studies, systematic reviews, and scholarly commentaries on disaster medicine and public preparedness.

Topics of keen interest include the medical and public health concerns of the veteran, active duty, or reserve military populations as they relate to disasters, CBRNE Medical Countermeasures and Response, Occupational Health and Worker Safety of First Responders, Polytrauma and Traumatic Brain Injury (TBI) Following Improvised Explosive Devices and Terrorist Bombings, and Post Traumatic Stress Disorder (PTSD) and Resilience in Responders and Communities Following Terrorist Attacks.

Manuscripts should be submitted by June 1, 2011, to be considered for inclusion in this supplemental issue.

All manuscripts will undergo *DMPHP*'s rigorous editorial evaluation and peer review.

Please follow the instructions for authors for manuscript preparation and submission at http://www.dmphp.org.

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