EDITORIAL

From the Editor-in-Chief

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As another successful publishing year of *Disaster Medicine and Public Health Preparedness (DMPHP)* comes to a close, I am reminded of a sage saying: "wherever you go, there you are." Well, from my perspective, I want to take a moment in this final issue of the year to reflect on the "there you are" for *DMPHP* and to take the opportunity to look forward to better define "wherever you go."

By most editorial measures, this past year of *DMPHP* has been successful. From a purely numbers perspective the journal has matured, as can be seen through a comparison of our editorial experiences from our first year, 2007, to our 2009 experience. Among the most important contrasts were an increase in reviewers from 105 to 343, an increase in published original research articles from 35% to 50%, an increase in review articles from 5% to 12%, and a decrease in the acceptance rate of unsolicited manuscripts from 33% to 20%. For 2010, these trends have continued. The only troubling comparison is an increase in the average number of days from manuscript receipt to first decision, which shows an increase from 32 to 53 days. This trend is being vigorously addressed and we hope to reverse it in the 2011 publication year. We have also received significant national and regional media coverage on a number of articles and have demonstrated significant growth in international submissions, which reflects our goal of being a global resource.

But the numbers only tell part of the story. Taking a deeper look into the past year, we have seen some wonderful successes. I would like to reflect on the journal's ongoing commitment as a timely resource for medical and public health responders. This was showcased best with the journal's response to the devastating earthquake in Haiti in January, which included sponsoring an evidence-based webinar 96 hours after the earthquake struck. The webinar received approximately 1500 individual downloads and viewings. In addition, we made all earthquake-related articles open access to ensure broad accessibility and prioritized articles related to the Haiti and Chile earthquakes for expedited review and publication.[1,2] We also made a similar commitment with articles related to disaster events such as the flooding in Pakistan and the Deepwater Horizon Gulf oil spill. *DMPHP* also sponsored a webinar on the oil spill, which examined the ongoing mental and behavioral health challenges facing the affected communities. This webinar is a public service (it can be accessed at www.dmphp.org) and is underpinned by a superb editorial commentary by Osofsky and colleagues elsewhere in the issue.[3]

Building and promulgating the best-evidence–based research in *DMPHP* is our primary mission, and we believe that multiple articles published throughout the year accomplished this goal. I want to highlight our special issue on the fifth anniversary of Hurricane Katrina and the article by David Abramson and coauthors that documents the ongoing mental and behavioral health challenges in the Gulf.[4] This article received significant media attention and noted both the need to monitor recovery efforts, the phase of a disaster that is often overlooked and under analyzed, and the staggering consequences when this is not done. The issue of resource allocation, triage, and standards of care was also addressed this past year. Although it is an extremely challenging topic, the journal has taken the lead in publishing articles that support constructive analysis and debate on these concerns. In particular, our October issue featured the first national survey on ventilator capacity,[5] which provided a foundation and greater appreciation for our national capacity and capability regarding critical care resource allocation. The present issue further addresses this topic by presenting a prospective validation study using the Modified Sequential Organ Failure Assessment tool for the allocation of ventilators in an adult population[6] with an accompanying editorial that provides context for the study.[7]

Another important milestone for the journal was the publication of continuing medical education articles, which we believe will be a vital resource as we support and develop the discipline of disaster medicine and public health. Efforts are under way to address the continuing education needs of all of the health professional fields (eg, nursing, public health, prehospital preparedness) that play such a critical role in preparedness and response.

Going into next year, expect continued debate and discussion on these issues and many more. I am pleased to announce that we are slated to publish a special issue looking at furthering the critical care resource allocation issue in the pediatric population. One area of growing import is the role of e-health in preparedness and response, and we are experiencing an increase in manuscript submissions supporting these efforts. We have also stressed the importance of resilience and environmental issues during the past year and are likewise seeing an accompanying increase in submissions addressing these areas. As disaster medicine and public health preparedness continues to evolve into a discipline, medical and public health workforce standards catalyzed by the efforts related to the National Security Strategy is also an area we look forward to highlighting in 2011.

We intend our journal to be a trusted and relevant resource to you, our dedicated reader. One objective way to measure the value of a journal is through the ISI impact factor, a

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measure that is published by Thomson Reuters. We will receive our first impact factor in summer 2011. Finally, and most important, we look forward to a year of increased readership engagement and greatly appreciate your feedback and comments to improve the journal.

We sincerely believe that our success is a reflection of not only our dedication and commitment to *DMPHP* but also of yours. We wish you and your loved ones a joyous holiday season and a wonderful new year.

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