

EDITORIAL

Special Issue

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It is with a profound sense of accomplishment that we are able to publish this very special issue of our journal on meeting the needs of children when they are at their most vulnerable. It addresses many important initiatives that need to be completed, if we are to ensure that this special population receives medical care and attention when it is needed most—that is, during large-scale disasters and public health emergencies amidst considerable infrastructure and societal disruption.

As most of you know, *Disaster Medicine and Public Health Preparedness* is beginning a transition to a new publisher. Like most individuals and organizations in this country, the journal has been affected directly by the economic conditions that have prevailed the past few years. In spite of such challenges, it is with the complete and generous support of the American Medical Association (AMA), the unfailing commitment of our editorial staff and readership, and the dedication of our many sponsors who foster research excellence and discourse in disaster medicine and public health, that we are able to present our most robust, and possibly our most important, issue to date.

Before updating readers on the current status of our transition, I would like to make a few editorial observations on this issue. Collectively, all important aspects in preparing for and responding to the needs of children in disasters is addressed save for one, which, I believe, has significant implications in both preparedness and response—and that is the real and potential contributions of children themselves to these efforts. This is not an original or a new idea. One notable example was described in the June 1, 1919, issue of the *New York Times*:

Last year's influenza epidemic gave the boys [Boys Scouts] a fine opportunity. Everywhere they plunged into the fight, serving as hospital orderlies, messengers, or volunteer telephone operators, and aiding in a hundred ways. In Johannesburg, Pennsylvania, they practically took charge of an emergency hospital . . .

Of course, all of this occurred in the midst of the well-documented contributions of scouts and other youth groups in support of US relief efforts during World War I.

Additional documentation of such contributions over the years, and from countries around the world, are myriad but are primarily described anecdotally in what we refer to as the “gray” or non-peer-reviewed literature. One notable exception is the October 2007 UNICEF publication, *Participation of Children and Young People in Emergencies: A Guide for Relief Agencies*, which was based largely on experiences in the Asian tsunami response. This excellent, albeit non-peer reviewed work, needs much broader attention and dissemination. We strongly recommend it to our readers.

Now, before closing, I would like to provide an update, as best I can, on the current and future status of this journal:

1. The AMA is fully committed to publishing the journal, in its current form, through this calendar year, which translates into two more issues. The editorial manager platform (HighWire) is being addressed and hopefully will be resolved positively over the next 30 days.
2. Although the AMA Center for Public Health Preparedness and Disaster Response will cease operations this year, the AMA continues to recognize the importance of disaster medicine and public health to its corporate mission and will lend support, as possible, including accomplishment of journal functions. Our editorial manager, Lauren Walsh, MPH, will continue in this function as she transitions from the AMA to the National Center for Disaster Medicine and Public Health in Rockville, Maryland.
3. The editorial board, associate editors, reviewers, and editorial leadership will be relatively unchanged.
4. Journal copyright/ownership will be transferred from the AMA to the newly established Society of Disaster Medicine and Public Health and this journal will be the official journal of that society. Comprehensive information on the new society will be published in the October issue of *Disaster Medicine and Public Health Preparedness*.
5. Ongoing discussions with many interested parties are continuing regarding operational procedures in terms of publication.

In summary, I can only say that I am convinced as to the survival and continued growth of the journal and do not base this on wishful thinking but on the very real contributions and support from all of you.