# A Message from the Editor

This month I have been blessed with the arrival of my annual ASPH intern. Each year the arrival of the intern marks a time when I can unload much of the daily work to the intern and, as her mentor, appear to have done something noble. Because of the extra hands, I have a chance to catch up; because of the extra eyes (still unjaded by overexposure), I have a chance to reexamine the goals of the Journal. This year's intern, Anne Marie Vollero, comes to *PHR* from the University of Texas, School of Public Health.

Anne Marie made the common mistake of a young, ambitious student. While I was deep in thought about this month's editor's column I heard, "Dr. Rinsky, is there anything I can do?"

I replied, "You can write this column."

"Okay!"

The following is the result.

Robert A. Rinsky, PhD

## A MESSAGE FROM THE EDITOR'S ASPH INTERN

I was 5 years old when Hurricane Alicia's eye swept through Houston, a young girl amazed at the physical manifestations of the storm. I remember the suspense of not knowing exactly when or where we would be hit. I remember the aftermath—the trees and debris scattered over the streets of my neighborhood, losing electricity, and having to sleep over at Aunt Linda's for 10 days. These memories were reawakened when the Great Flood of 2001 washed away so much my city. The widespread flooding destroyed the important lower floors of the Houston Medical Center and cost Houston millions of dollars. Research projects were destroyed as thirty thousand lab animals drowned.

Now, twenty years after Alicia, I am a public health graduate student, cognizant of the health consequences of such a disaster. My studies in public health afford me the special opportunity to appreciate the impact of Mother Nature's constant threat to the wellbeing of a population. Christian Setzer and Marisa Domino's article in this issue, "Medicaid Outpatient Utilization for Diagnosis of Waterborne Pathogenic Illness Following Hurricane Floyd," made me reconsider Hurricane Alicia. No longer just pictures in my mind of the shards of glass described as missiles that had broken from downtown skyscrapers, or the trees that were uprooted from the rain-soaked soil. I have gone from focusing on the inconvenience of storms to recognizing the public health ramifications. Now I think about the precarious nature of population health—how disease can suddenly be liberated and run rampant as fragile systems are knocked out of whack.

Another article caught my attention in this issue: "Contacting Passengers After Exposure to Measles on an International Flight: Implications for Responding to New Disease Threats and Bioterrorism" by Lara E. Lasher and colleagues. I never thought measles would be a problem for my generation. That was an infection of the distant past, was it not? Has vaccination not eliminated this? My parents always tell me how significantly the times have changed since they were in their 20s. There are so many more opportunities now for careers and exploration. I live in a smaller world than my parents did—a world more connected, more international. As the borders shrink and travel lines cross, pathogens can spread more easily, as evidenced by Lasher et al.'s study. A new superhighway for pathogen transport has been established. I wonder if we have thought enough about the associated health risks. Have we thought about the true cost of accessible and affordable travel?

Back in the "olden" days, Dr. Rinsky tells me, there were no seat belts. It took a mother's arm rapidly extended in the form of a karate chop to the chest to restrain her child. Parents' strategy for dealing with measles in their children consisted of bringing them to the home of an infected child to get the infection over with.

By contrast, today vaccination is commonplace. In today's world, because of "better living through chemistry," more coherent health policies, and enabling legislation, morbidity and mortality have been profoundly reduced. The future has the potential of being even brighter. Among the new developments that hold promise are novel vaccines containing peptides, molecular subunits, and modified DNA. Future vaccines may be easier to administer and free of side effects compared to currently available vaccines. Despite the established benefit of vaccination, however, the current rate of vaccination against specific pathogens often falls short of objectives. The future will be better as long as we do not mess it up with confused health policy. In this issue's *Public Health Chronicles*, James Colgrove gives us a historical look at the shift from the exercise of police power to voluntary health education-based campaigns to assure the health and welfare of a community.

Regardless of the technological improvements, public perception of vaccination will still have a significant impact on the success of strategies to combat communicable diseases. Measles reemerged because of undervaccination, not because of the lack of an efficacious solution. Complacency, failure to enforce policy, and sometimes even America's exaggerated notion of individualism serve as barriers to vaccination programs. Maybe the current concerns of bio-terrorism will focus society's attention on the importance of vaccination and public health.

Anne Marie Vollero, BA