A Message from the Editor

In a previous career as a National Institute for Occupational Safety and Health epidemiologist, I had the opportunity to visit many industrial worksites. These would range from facilities with highly evolved safety and health programs to facilities with no health and safety programs in place and 19th century attitudes. Irrespective of the facility, one huge problem was proper respirator use for those operations that depended on personal protective equipment to comply with recommended exposure limits.

Regardless of the employer's intentions or the understanding of the physics and chemistries involved, if there were a dozen employees there would be a dozen unique responses to respirator use. Industrial hygienists would complain that even if a respiratory protection program could be written and enforced that would protect all of the workers most of the time, it could not be sustained for any appreciable period. The lesson learned was that one shouldn't depend on respirators. Unfortunately, there are some jobs that do not lend themselves to engineering control of the environment. Firefighting is one of those jobs.

When I first saw the picture that appears on the cover of this issue of Public Health Reports, taken by the consummate occupational photojournalist Earl Dotter, I was struck by the irony of a firefighter abandoning the business end of a respirator and substituting a bandana wrapped around the nose and mouth. This primitive practice offers little or no protection at all. But it is, unfortunately, not a rare sight. I knew I wanted this picture for the front cover of the journal—I just needed to wait for a proper manuscript on respirator usage. That was years ago, but we did finally receive a manuscript that deals with respiratory protection for firefighters, and I finally got to use the photo. Presented in the article by Gregory Easterling and Scott Prince (p. 725) are the results of a survey of practices among firefighters in Kentucky. Just like owning but not properly wearing a respirator does little good, having a respiratory protection program in place but not conducting surveillance to evaluate its practical application is a recipe for failure.

Longtime *Public Health Reports* readers have probably noticed that every year we introduce a new permanent column to the journal. For years we have presented the column From the Schools of Public Health that has highlighted public health practice being conducted by member schools of the Association of Schools of Public Health. Now there will be two columns under the From the Schools heading. The column addition in Volume 123 (2008) will feature academic public health being researched at the schools of public health. Now, the first column that will appear will be titled "On Linkages" and will continue to present public health practice projects. The second column will be titled "On Academics" and will concentrate on the academic side of the account. "But this is still 2007 (Volume 122)," you might declare. Well, in all the excitement about the new column, I guess we lost our heads and couldn't wait. It happens. The new column makes its debut in this issue.

Finally, if you ever want to get my attention, just use the expression "lessons learned." I am not much for learning my own lessons; I have found it is a lot less painful to learn from someone else's mistakes. When the next pandemic flu finally does manifest, I would just as soon not waste time doing anything already demonstrated to be useless or impractical. So I was pleased when we received the manuscript for the Public Health Chronicles column, submitted by Miles Ott and colleagues, titled "Lessons Learned from the 1918–1919 Influenza Pandemic in Minneapolis and St. Paul, Minnesota" (p. 803). Sure, 1918 was a very long time ago, and much is different now. But there are similarities, too, and the column provides a great deal to ponder. I cannot resist pointing out that regarding personal protective equipment, however, some things do not change. There is the observation made in this Chronicles that a State Board of Health employee advocating the wearing of a mask to protect oneself from infection "did not wear one himself," saying, "I personally prefer to take my chances." Some lessons are not learned easily.

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