workers. We applaud *Public Health Reports* for providing a forum for sharing these important results. We also thank PACE for conducting this innovative research. Results such as those presented in this article highlight the need for further research in this area.

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Survivors of Torture

I salute the authors of "A Comprehensive Refugee Health Screening Program" [Public Health Rep 1999; 114:469-77] for adding mental health to the list of components in medical assessments of new refugees. At the same time, I have misgivings about recommending a symptom checklist that apparently only has "face validity" and is not familiar to a substantial number of practitioners. Are there other diagnostic surveys or questionnaires that might serve better? While I appreciate that it is difficult to identify mental disorders in new refugees clinically, I do not agree with the authors that "psychiatric diagnosis at the time of resettlement is most often inappropriate." Accurate diagnosis is useful at any stage of assessment of refugees, especially if it leads to treatment.

The authors report that during one three-month period, 14% of refugees had symptoms of mental health problems, most commonly due to torture. We know that the most prevalent psychiatric condition associated with torture survivors is post-traumatic stress disorder, with major depression second. As in screening for other medical conditions—for example, hypothyroidism and syphilis—the screener is obligated to ensure treatment. However, if the lack of cross-cultural mental health care for refugees is as severe in Colorado as it is in Minnesota, it seems likely that referral capacity will soon be exhausted. The Center for Victims of Torture in Minneapolis is strapped providing care to just 50 complicated new patients per year, roughly the number of torture survivors identified in Colorado among new refugees. With its current waiting list, the Center is working to increase options for psychiatric assessment and treatment of torture survivors in existing health and mental health organizations through its Minnesota Mainstream training project.

I believe that mental health screening which leads to early diagnosis and treatment is better than screening which identifies symptoms for which action is not clear. Refugees might be traumatized again if they tell their stories of torture but there is no place where their experience can be addressed. Therefore, the decision to question every adult refugee about torture and trauma assumes an intention to refer survivors for psychiatric assessment and treatment rather quickly.

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The authors reply:

We appreciate and agree with Dr. Holtan's comments about the urgency and importance of diagnosing post-traumatic stress disorder and depression in newly arrived refugees. In fact, our program was designed to be able to do just that, via a stepwise process of detection. Family physicians and registered nurses screen for psychiatric symptoms during the initial two visits in a relatively short allotment of time. We do not make diagnoses at this phase due to time limitations. However, the screening process does allow us to identify "mental health concerns." All of those who are identified as having mental health concerns are referred for diagnostic evaluation and treatment by mental health providers. At present, three mental health clinicians provide in-house services, and our primary site for referral of torture survivors is the Rocky Mountain Survivors Center. Thank you for giving us the opportunity to clarify this issue.

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Involving a Community in a Marine Safety Investigation

In public health research, the use of a community-based methodology is becoming more common. In the ultimate form of this methodology, researchers become equal partners with members of the affected community and together they design and implement a study. Among the benefits of this approach is that having been equal partners, community members are more likely to take action on the research outcomes.

In 1997, the Marine Safety Office of the US Coast Guard in Portland, Maine, modified the community-based model for use with inshore scallop fishers in northern Maine. The components