

ing kindness and calming presence. Tina DeLima time and time again bailed us out of those interminable work crunches, and seemed to do in hours what for others required days. Josh Trufant and Naomi Aluf, both of unfailing good humor, have been an integral part of our team and share in our success, as do Olivia Waishek, Polly Hoppin, Gary Kleinman, and Jeff Lazar. My personal thanks to Jeri Zeder for her invaluable assistance with everything that has my name on it.

Len Duhl, Peter Lee, and Julie Michaels made the special-focus double issue on the Healthy Communities movement possible. It is a meaningful contribution to the field.

HRSA's Boston office has provided incalculable day-to-day and moral support, including Peter Rubbo's computer expertise, and the Public Health Service and

National Library of Medicine staffs have been wonderfully patient and supportive. I know that Bob Rinsky, the long-awaited and much-welcomed permanent editor will receive from them the interest, kindness, and help I have counted on. I already enjoy his fresh view and gentle enthusiasm.

At every critical moment, Surgeon General David Satcher has consistently and clearly expressed and provided his support for the continued existence and independence of the journal.

All of these have made the journal strong, but you, our readers, reviewers, and authors, through your letters, comments, and contributions, have made *PHR* fresh, relevant, and responsive. As I said, I have enjoyed the experience and I am grateful for this opportunity.

— Judith Kurland ■

A Message from the New Editor

I am writing this message as the new editor of a grand, 122-year-old public health journal. I am struggling to find the words to introduce myself and express how fortunate I feel and how much I am looking forward to the challenges that lie ahead. After more than 25 years as a public health practitioner, I hadn't expected to be at a loss for words in trying to explain precisely where I plan to take this journal. I would like to tell you exactly what you can expect, but of course that would require a fixed knowledge of where public health stands and where it is going. At this writing, I do not even know who the president of the United States is going to be, let alone the status of public health as it will evolve in the new administration and beyond. The phases of this evolution are not preordained, and will be determined by all of us who work in public health.

So, what can you expect from the journal during this time of uncertainty? There are of course the traditional public health issues that will be covered. These are the very under-appreciated but essential public health functions that make living tolerable in this crowded world. Housing, STDs, AIDS (is it possible that this is already a traditional issue?), child labor, and ergonomic workplace standards are just a few of the issues that continue to perplex and need constant revisiting. There are also new challenges: performance standards and competencies, distance learning opportunities, emerging infectious diseases, the new administration's attitude toward public health, and more unreimbursed mandates for local public health departments such as inspection and certification of facilities involved with inherently risky behaviors such as tattooing and body piercing. Then, of course, there are the sometimes unwelcome role of public health agencies in the managed care debacle and the increasing weight of providing primary care for the working poor in a booming

economy or the disenfranchised in a struggling economy. Finally there are those mind-boggling issues surrounding the use of the human genome data, bioengineered foods and medicines, and bioterrorism. What role will this journal play in addressing these questions?

PHR, with its partner the Association of Schools of Public Health, is going to seek out the best of academic thinking. We will find examples where public health practitioners are effectively taking lessons from the academic and research communities and molding these ideas into public health practice. We will provide historical and legal perspective. And, I believe most important, we will attempt to uncover disagreement and provoke debate. It is my hope that with the help of the readers and the contributors this journal will be the year-round meeting place for the public health community to gather as colleagues to discover and solve problems and intervene to make a difference.

A final note: for a long time now the journal has been caringly looked after by the Acting Editor, Judith Kurland, and Anne Fidler, CDC liaison to the Boston University School of Public Health. Judy Kaplan, Scientific Editor, and Maureen Osolnik of the DHHS Regional Director's office selflessly stepped in to manage the large volume of work that it takes to produce a publication like this. I am certain that when Judith and Anne accepted temporary oversight of the journal, they were thinking the search for a new editor might last as long as several months. Now almost two years later, they have transitioned management of *PHR* to me. Judith, Anne, Judy, and Maureen have seen to it that the journal continued publication with a solid array of pertinent public health feature articles, commentaries, and research papers. I certainly have some large shoes to fill.

— Robert A. Rinsky, PhD ■