



EDITOR'S NOTE

Perspectives on Wilderness

I am humbled to have been named the editor-in-chief of the *Wilderness & Environmental Medicine* journal. It is almost incomprehensible for me to imagine working in the same capacity as emeritus editors Paul Auerbach, Oswald Oelz, William Robinson, Robert Norris, Scott McIntosh, and our most recent editor-in-chief, Neal Pollock. Their expertise and insights have guided this journal from its inception, and I can only hope to come close to their level of excellence.

Since joining the journal, I have contemplated how we comprehend wilderness and environmental medicine in our increasingly urban society. The concept of wilderness has undergone numerous iterations. In biblical times, wilderness was a morally abandoned and feral region, where humanity could lose its soul. As William Cronon noted, wilderness was where “Christ struggled with the devil and endured his temptations ... When Adam and Eve were driven from that garden, the world they entered was a wilderness only their labor and pain could redeem.”¹ Wilderness was a savage and desolate region to be avoided.

But in the last two centuries wilderness developed another meaning—the wilderness was a place where one could meet God and his creation. This sublime and romantic view of wilderness, promulgated during the 19th century, acted as a counterpoint to industrialization, and in the United States led to the creation of the national park system. Concurrently, another construct of wilderness was born. Primitivism, seen as an antidote to 18th and 19th century industrialism, helped foster the myth of the frontier. In this theory, immigrants and settlers could shed civilization's trappings and display the rugged individualism that defined the American spirit, and led to a westward expansion and manifest destiny. The offspring of this myth, which essentially looked backwards at simpler times, combined with the sublime romanticist view of wilderness, led to the environmental movement of the 20th century.

Cronon, in his seminal essay, “The Trouble with Wilderness; or Getting Back to the Wrong Nature,” offers yet a different perspective. Wilderness is our own creation.

It is not a pristine sanctuary where the last remnant of an untouched, endangered, but still transcendent nature can for at least a little while longer be encountered without the

contaminating taint of civilization. Instead, it's a product of that civilization, and could hardly be contaminated by the very stuff of which it is made. Wilderness hides its unnaturalness behind a mask that is all the more beguiling because it seems so natural. As we gaze into the mirror it holds up for us, we too easily imagine that what we behold is Nature when in fact we see the reflection of our own unexamined longings and desires.¹

WMS founders Drs Paul Auerbach, Ed Geehr, and Ken Kizer presciently anticipated Cronon's paradigm-shifting essay. Auerbach, Geehr, and Kizer recognized that since antiquity, humans have explored unforgiving habitats and pushed their limits, perhaps to better understand their environment and certainly to better understand themselves. Wilderness medicine, spawned by anecdote and dogma, was codified in an evidence-based fashion. The founders recognized that in the modern era, optimal, sophisticated medicine could not consistently be delivered in austere, rural, or wilderness settings.² In conceiving the Wilderness Medical Society, they created a forum to discuss the impact of austere environments on human physiology as well as to examine the demands of delivering health care, one of humanity's greatest creations, in geographically challenging regions. By creating the WMS, they uncovered the sweet spot where wilderness and civilization met in the form of medicine.

Almost 40 years later, we continue to investigate the ramifications of human endeavor, but we are now also confronted with the challenges of delivering care in regions impacted by a changing climate. Wilderness and environmental medicine's relevance is seen daily. The shrinking of the barriers between the human/animal world has led to an increase in spillover diseases. The recent flooding in Pakistan, the result of record monsoons and melting glaciers has led to one-third of the nation being submerged, and offers new challenges to the delivery of health care in a transiently (for the time being) altered environment. Meanwhile, continued drought in numerous regions across the globe anticipates new migration patterns. The WMS's founders have provided a blueprint demonstrating that medical care must adapt and improvise and they have offered an opening for WEM to expand its horizons.

As we move forward with the next few years of WEM, we welcome contributions from every continent

examining both wilderness *and* environmental medicine. Numerous fellowships in wilderness medicine, disaster medicine, and climate change and health are springing up, and are creating the next generation of researchers who will carry on the work inaugurated by the WMS founders. I know I speak for all of the WEM journal's editors when I offer the publication as a medium for continued work in our growing field.

William D. Binder, MD
Editor-in-Chief

© 2022 Wilderness Medical Society. Published by Elsevier Inc.
All rights reserved.
<https://doi.org/10.1016/j.wem.2022.10.002>

References

1. Cronon W. The trouble with wilderness; or, getting back to the wrong nature. In: Cronon W, ed. *Uncommon Ground: Rethinking the Human Place in Nature*. New York, NY: W.W. Norton & Company; 1995:69–90.
2. Quinn RH, Rodway GW. Foreword. In: Auerbach PS, Cushing TA, Harris NS, eds. *Auerbach's Wilderness Medicine*. 7th ed. Philadelphia, PA: Elsevier; 2016:xix-xxi.