

# EDITORIAL

## Making Disaster Medicine Every Physician's Second Specialty

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I am proud to announce that through its publications, the American Osteopathic Association (AOA) is partnering with *Disaster Medicine and Public Health Preparedness (DMPHP)*. Our mutual goals are to make disaster medicine every physician's second specialty and to ensure that all health care professionals adopt an integrated and holistic approach when responding to disasters. Osteopathic physicians, or DOs, are likely to quickly realize that the mission of *DMPHP* complements that of the AOA's own publications. Just as the AOA's flagship scientific publication, *JAOA—The Journal of the American Osteopathic Association*—is dedicated to publishing research and other scholarly contributions that explore the discipline of osteopathic medicine, *DMPHP* is dedicated to publishing articles on the discipline of preventing, preparing for, and responding to natural and man-made public health crises.

Conceived and tempered in disasters and other public health emergencies, the osteopathic medical profession has long recognized the vital obligations the entire medical community has to responding to public crises. The founder of osteopathic medicine, Dr Andrew Taylor Still, began searching for a new, more holistic way to practice medicine after watching 3 of his children die in a spinal meningitis epidemic in 1864.<sup>1,2</sup> During World War I, osteopathic medicine was tested on a national level for the first time as the "Spanish flu" pandemic hit the United States.<sup>3,4</sup>

Throughout the next 9 decades, osteopathic physicians were among the health professionals who responded to disasters and other public health crises. More recently, DOs have volunteered their services after such natural disasters as Hurricane Andrew in 1992<sup>5-7</sup>; the Northridge, California, earthquake, and the Piedmont, Alabama, tornado in 1994<sup>8</sup>; the 2004 Indian Ocean tsunami<sup>9</sup>; and Hurricane Katrina in 2005.<sup>10-14</sup> DOs were among the first responders to the bombing of the Alfred P. Murrah Federal Building in Oklahoma City, Oklahoma, in 1995.<sup>15,16</sup> On September 11, 2001, DOs rushed to Ground Zero in New York City and to the Pentagon building in Arlington, Virginia, after the terrorist attacks.<sup>17-22</sup> In 2010, DOs and osteopathic medical students have been mobilizing to care for the victims of Haiti's earthquakes.<sup>23,24</sup>

Despite our profession's long history of responding to disasters, osteopathic physicians face the same limitations as other health care professions do when called on to apply their everyday clinical skills to mass casualty situations without benefit of formal education in disaster medicine. AOA publications' official affiliation with *DMPHP* affords us the opportunity to empower

DOs with resources to prepare them to respond to future disasters in a more disciplined, integrated, and effective way.

As of May 2009, the osteopathic medical profession has more than 67 000 physicians and nearly 17 000 medical students, all of whom could benefit from the affiliation between AOA publications and *DMPHP*.

Although the AOA Board of Trustees voted to formalize the affiliation just last year, DOs are already benefiting from it. Besides extending to AOA members the same *DMPHP* subscription rate that members of the American Medical Association enjoy, *DMPHP* encouraged DOs to tap its resources related to pandemic influenza so that they could prepare to treat patients for the latest H1N1 infections. These resources are especially valuable to osteopathic primary care physicians, who constitute approximately 60% of the osteopathic medical profession.

Similarly, following the Haiti earthquakes, *DMPHP* invited DOs to participate in its webinar for medical responders headed for Haiti, access its earthquake-related articles, and sign up for its roster of medical volunteers who wish to respond to disasters like the one in Haiti.

AOA publications are looking forward to a long and mutually beneficial relationship with *DMPHP* as we work together to encourage all health care professionals to consider disaster medicine to be their second specialty. We share the goal of preparing health care professionals to meet the needs of patients even under the most dire of circumstances. And we share the belief that when health care professionals respond to crises, they fulfill their highest calling and demonstrate the best that medicine has to offer.

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## Correction

**Errors in Figure 2 and in Table.** In the Commentary titled "Priorities for Mortality Reduction in Haiti," by R. Garfield, published in the March 2010 issue of *Disaster Medicine and Public Health Preparedness* (2010;4[1]:18-20), legends in the bar graph in Figure 2 were mislabeled. "Communicable diseases," "Perinatal, maternal diseases," and "Nutrition-related diseases" should have read "Injuries," "Communicable, Perinatal, Maternal, and Nutritional Conditions," and "Noncommunicable Diseases." In addition, a line with data on diarrheal diseases was omitted from the Table.