

# EDITORIAL

## The Universe of Medical Response and Volunteers

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Over the past year we have been evolving and refining the vision, mission, and objectives of the Society for Disaster Medicine and Public Health (SDMPH). This has proven to be a much more difficult process than originally recognized because of many factors, but primarily because of the enormity and complexity of preparedness and response and the plethora of individuals, agencies, and organizations that are critical to or have a vested interest in the process.

This is further complicated by the simple fact that in order to be better prepared for future events we must be able to predict not only what those events might be but also where they will strike and who they will affect. In addressing this conundrum, we need to establish a real value for SDMPH that contributes to preparedness and response efforts and is not duplicative vis-à-vis the contribution of other entities.

Numerous discussions in the United States and around the world have crystallized that there are 2 areas that are not otherwise being adequately addressed. The first concerns the individual health responder and the need to ensure that these individuals are as ready and well prepared as possible as both individuals and “team” members. The second concern is the need to better integrate response efforts across nongovernmental, governmental, academic, and commercial entities. This lack of integration has tragically been the hallmark of global response efforts and is well recognized by all; it is, however, much more difficult to define solutions than to simply recognize the problem. The SDMPH will undertake some exploratory steps and initiatives to foster better integration and more will be forthcoming on this in future editorials and newsletters. The remainder of this editorial will focus on the responder as an individual, whether functioning as part of an organized entity such as the Medical Reserve Corps or in an individual “voluntary” role.

This brings us to a vexing issue in having to define and/or differentiate between responders and volunteers and the subtypes of volunteers, an arbitrary but necessary exercise. In an overly simplistic hierarchical sense, there are the “uniformed” responders, that is, those who are performing their duty, such as EMTs,

the Public Health Service, the military, the police, the fire department, etc. Then there is the vast array of organized volunteers who are affiliated with Medical Reserve Units, nongovernmental organizations, and other groups. Then there is the much overly maligned spontaneous or event volunteer, ie, the doctor, nurse, or other health provider who feels a need to respond to an individual event and arrives on the scene unannounced.<sup>1,2</sup> Finally, there is both the underappreciated and often underprepared bystander who will respond by dint of circumstance and proximity. Again, over-simplistically, this represents a taxonomy of responders/volunteers and is the population we believe will embrace a discipline of Disaster Medicine and Public Health—a discipline dedicated to those who might, in some capacity, be called on to come to the assistance of those impacted by a catastrophic event. These bystanders are in fact the true first responders and their contributions need to be recognized. In every major catastrophic event for which empirical and survey data have been collected, the majority of victim rescues have been carried out by citizen survivors as opposed to trained responders.<sup>3,4</sup>

It has long been an underlying tenet of our Society and journal that every health care professional has a duty to respond and as such has a secondary discipline: Disaster Medicine and Public Health. As always, it must be stressed that this discipline is complementary to one’s primary vocation and is in no way meant to be competitive to their professions and parent organizations.

In his 2002 State of the Union address President Bush asked all Americans to volunteer in some way to support their fellow citizens and their country. Many Americans have heeded this call through existing organizations such as the Red Cross as well as through others that sprang from that presidential challenge, such as the Medical Reserve Corps. The SDMPH fully recognizes the value of all responders and volunteers in times of need and we are dedicated to professionalizing Disaster Medicine and Public Health through the definition of standardized core competencies, education and training, research, publication, and recognition of the importance of experience in the field. Our goal is the ready, willing, and able responder, and we seek to meet this goal by providing a

structure and platform to optimizing performance and by helping to translate sound empirical observations and practice into more effective policy.

We are very pleased to announce the inaugural meeting of SDMPH at the Hope Hotel and Conference Center, in Dayton, Ohio, July 29-31, 2015. The theme of this meeting will reflect the basic tenets of our organization highlighting the contributions of those who have responded in the past and helping to build a stronger cadre going forward. In closing, I would offer a quote from Booker T. Washington to help set the state for our future—"If you want to lift yourself up, lift up someone else."

## REFERENCES

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2. Hein IG. Should You Volunteer in a Disaster? Advice for Physicians. *Medscape Public Health & Prevention.* Website. <http://www.medscape.com/viewarticle/845698>. Published June 4, 2015. Accessed June 23, 2015.
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Economic analysis of health care preparedness. See Stryckman et al; pages 344-348



Lightning strike in Lausanne, Switzerland. See Dami et al; pages 440-443.