

Steven Piper, DO

aving spent much of my youth in Nebraska, I knew that tornadoes were commonplace and that basements were our refuge. However, other than media footage, I had never actually seen a tornado. Tornadoes became a topic of discussion with my wife on February 10, 2013, when we heard a weather forecast mention their possibility in the Hattiesburg, Mississippi, area, where we live. Later that afternoon, as I was watching a basketball game on television, my wife said that she was hearing tornado sirens. Since I was listening to air horns blaring from the basketball broadcast, I lowered the volume on the television. We then realized that we were hearing both the air horns from the game and the tornado warning system outside. We quickly ran out on the balcony and watched in awe as a giant tornado traveled across the sky in the distance. I grabbed my tablet computer, and made a video recording of the tornado. The image on this issue's cover is a screenshot from that video footage; the image quality may not reproduce well in print, but a short video has been uploaded to http://dx.doi.org/10.1017/dmp.2013.113.

Although I was excited to see a tornado and was impressed by its natural beauty, I quickly became concerned with its potential destruction. I gathered some medical equipment, said goodbye to my wife and son, and drove into the darkness, intending to offer medical assistance.

My journey around town was surreal. Downed trees littered the streets. Buildings were destroyed. People were roaming around, surveying the damage. An overturned vehicle lay abandoned on its side like a discarded toy. At one point, a truck sped around a corner and became tangled in some downed utility lines like an insect in a spider web. The engine revved and tires squealed as the driver struggled to break the truck free; eventually, he reversed course and headed back from where he came.

As I continued along, I stopped to talk with people. They reported property damage, but no need for medical assistance. One person I spoke with was a student from the William Carey University College of Osteopathic Medicine, where I teach. His home was damaged, but fortunately he was not injured. I eventually reached the regional trauma center, where emergency medical services personnel reported that there were multiple patients with injuries, but no emergent need for medical assistance in the field. Miraculously, there were few critical injuries and no reported fatalities associated with this storm. The reasons were undoubtedly multifactorial, but as discussed in this issue, early warning alerts due to advancements in technology likely contributed to these outcomes. It is hoped that their continued advancement will contribute to similar and improved outcomes in the future.

Top left cover photo courtesy of the National Oceanic and Atmospheric Administration.