Medical and veterinary science are like siblings who have grown apart. But now, there’s a flurry of efforts to reunite them. Proponents of this idea, called “one medicine” or “one health,” say that breaking down the walls between the two fields will help fight diseases that jump from animals to humans, such as SARS and avian influenza, and advance both human and animal health.

In April, the American Veterinary Medical Association (AVMA) decided to establish a 12-member task force to recommend ways in which vets can collaborate with colleagues in human medicine. In late June, the house of delegates of the American Medical Association (AMA) will vote on a resolution in support of strengthened ties between schools of medicine and veterinary science, increased collaboration in surveillance and the development of diagnostics, drugs, and vaccines across species barriers, and a “dialogue” with AVMA. The theme is also on the program at infectious-disease meetings in Europe and the United States this year.

Although still closely connected in the 19th century, human and animal medicine became increasingly disconnected in the 20th. Recent health emergencies have occasionally driven them back into each other’s arms. The global outbreak of the H5N1 avian influenza strain, for instance, has led to closer ties between the human and animal health agencies at the global and country levels.

But such collaborations are the exception when they should be the norm, especially now, with dangerous new zoonoses popping up, says Laura Kahn, an internist at Princeton University. During the 1999 West Nile outbreak in the United States, vets saw birds dying while doctors noticed an uptick in patients with neurological symptoms, but it took a while before someone made the connection. Concrete plans still need to be fleshed out, Kahn says, and obstacles abound: For instance, educational collaborations could be tough in the United States, where there are only 28 vet schools, often in rural areas, versus more than 140, mostly urban-based, schools of medicine.

The benefits of collaboration could go beyond zoonoses, says Jakob Zinsstag of the Swiss Tropical Institute in Basel. For instance, in Chad, Zinsstag has helped introduce joint vaccination campaigns for livestock and humans, which has helped raise vaccination rates of hard-to-reach nomadic populations. In the United Kingdom, it’s all connected. Human and animal medicine should grow closer together, One Health supporters say.

The Comparative Clinical Science Foundation has announced plans to fund cross-species studies in areas as diverse as cancer, aging, and genetic disorders—which will yield different insights than the use of animals as models for human disease, Kahn says.

The term “one medicine” was coined in 1960s by Calvin Schwabe, a veterinary scientist and epidemiologist at the University of California, Davis, who died last year. The push to put his ideas into practice originates from a fairly small number of people. Kahn, who became a convert from studying infectious diseases, got the ball rolling with an article in *Emerging Infectious Diseases* last year. She also wrote a “vision statement”—together with Florida veterinarian Bruce Kaplan and former government virologist and biotech executive Thomas Monath, now at the investment firm Kleiner Perkins Caufield & Byers in Menlo Park, California—supported by dozens of prominent researchers. They found an enthusiastic champion in AVMA President Roger Mahr.

In a way, the movement is also a struggle by veterinarians for a place at the table in public health, says Joan Hendricks, dean of the University of Pennsylvania’s vet school. “We have been knocking politely at the door for a while,” she says, but human medicine has been slow to respond. But if the AMA resolution gets passed next week, she adds, “it would be a phenomenal support.”

—MARTIN ENSERINK