Letter to the Editor on "Disaster Rehabilitation Response Plan: Now or Never"

To the Editor:

We read with great interest the article by Amatya et al.,¹ entitled "Disaster rehabilitation response plan: now or never." We commend the authors for their work developing a structured plan to provide necessary rehabilitation care in response to sudden-onset disasters. We wholeheartedly agree that rehabilitation professionals should assist in the early response for management of acute primary injuries sustained as a result of disaster. However, we also assert that a comprehensive disaster rehabilitation response plan should prioritize another essential role for rehabilitation professionals to play after such an event, that of providing care and advocacy for persons already living with disabilities and special medical needs.

Some sudden-onset disasters, including the 2010 Haiti earthquake referenced in the article, produce an initial surge of acute disabling injuries. Other disasters produce more insidious harm by creating prolonged exposure to aversive conditions in the aftermath, with a particularly severe impact on those with disabilities and chronic medical problems.² We have previously written about the unique challenges for individuals with spinal cord injury after hurricanes.³ Furthermore, the difficulties faced by those with disabilities in the aftermath

of Hurricanes Katrina and Rita were well documented in a report by the National Council on Disability.⁴

For many people living with disabilities, disasters disrupt access to health care services, providers, medications, supplies, and assistive technologies. Electrical outages may leave these individuals unable to power devices on which they rely for life or function and unable to control the temperatures of their environments. Floods and debris may further impede the activities of persons with disabilities and put them at risk of drowning and injury. Individuals living with disability are less able to evacuate their homes and communities when a disaster threatens or strikes; this behooves us to deploy teams to ensure that their needs are met. Hence, training modules for rehabilitation professionals involved in disaster response should include education to meet the needs of people with chronic disabilities after a disaster.

Now, as the world confronts the Coronavirus 2019 pandemic, a global biologic disaster that causes widespread, life-threatening, communicable disease rather than physical trauma, the need for rehabilitation professionals to participate on the front lines has never been greater. These professionals are critical for safeguarding special populations of individuals with disabilities and ensuring access to the best care to optimize survival. Moreover, there will be a need for rehabilitation care for survivors of severe infection, who may experience significant functional impairments. The

exemplary work being done by rehabilitation professionals to offload acute care settings and providers and to render care via telemedicine should be evaluated and be used to further inform the response plan as well as the training provided to disaster rehabilitation response teams in the future.

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