

A Call to Action for the Future of Public Health and Disaster Response

Jamla Rizek MBA, MSN 

United States Public Health Service Commissioned Corps, Rockville, MD, US

Letter to the Editor

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Corresponding author:

Jamla Rizek; Email: jamlarizek@gmail.com

The recent society conference was informative with diverse speakers that highlighted gaps in public health and disaster response and illuminated the need for interdisciplinary collaboration.

Are we immune to the sirens because we have been in a constant state of heightened awareness? How can we become better prepared when we do not know what we are preparing for? I learned that we need to be more inclusive of specialties such as pre-hospital providers, nurses, pharmacists, and veterinarians, etc. Too often, we work in silos, and their perspective is invaluable. We must focus on what is missing rather than repeating already known and exhausted knowledge.

We cannot continue to ignore climate change and its impact on our water sources, the air we breathe, and animals. Have we included vulnerable populations or those with service animals in our disaster plans? As a disaster responder, I have seen firsthand the moral distress of individuals who need to evacuate their homes and leave their animals behind, not knowing if they will survive. In our preparedness plans, have we included evacuation plans for large animals; as witnessed during the California wildfires and other disasters? There are opportunities to mitigate these challenges, but are we failing to prepare because we cannot imagine what could happen?

The ongoing wars in Europe and the Middle East have highlighted challenges in response to care specifically as it pertains to chemical warfare, generational trauma, and caring for vulnerable populations such as the elderly, and disabled, as well as children, in addition to the extreme famine and disease outbreaks in Yemen, South Sudan, and Ethiopia. Have we considered the need for different approaches to care for individuals from these populations with those challenges? Do we have the tools and personnel to provide culturally competent care?

There are ongoing discussions regarding military-civilian coordination in disaster response. What can we learn from our militaries and how do we translate that care in the civilian setting to optimize patient outcomes? Do we have the capacity and capability to mirror their tools in our clinical settings? As clinicians, how do we care for those who rely on us for care during a disaster with invisible wounds? We must make a conscious effort to understand the challenges faced by refugees integrating into society,¹ and de-stigmatize mental health care for responders,² as this will impact future generations.

Technological advances will improve the delivery of care in unsafe environments, however, let us not be ignorant of the challenges that these advances may present that we have not considered because we do not fully understand all its capabilities, and its potential impact on patient care, both good and bad.

I implore each person reading this to advocate for initiatives that will support resilient communities, educate themselves on inequalities and disparities; and engage in conversations and opportunities that are outside their normal clinical expertise.

References

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