



# International Society of Physical and Rehabilitation Medicine (ISPRM) Committee on Rehabilitation Disaster Relief (CRDR): Role for Equitable Physical Rehabilitation Service Delivery in Natural Disaster

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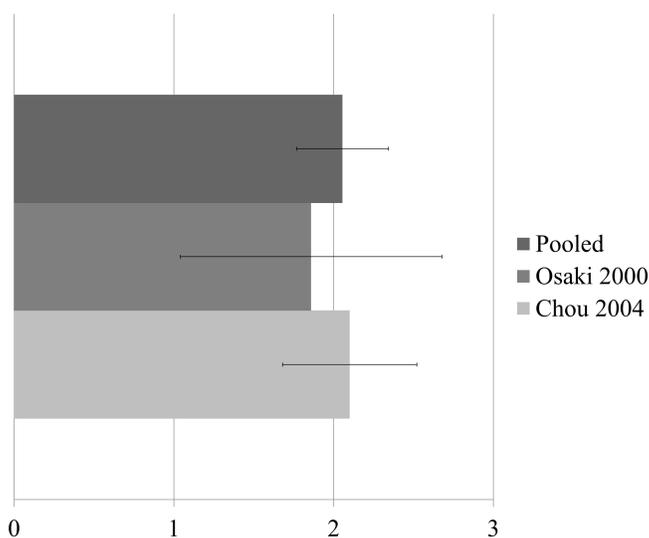
## Background

Natural disasters are increasing in low and middle income settings where persons with physical disabilities (PWDs) are at increased risk for mortality and additional co-morbidities which can further impair their overall functioning and quality of life.

Figure 1 shows that persons with pre-existing disability are at higher risk of dying in an earthquake according to studies on the Chinese great Hanshin earthquake on 17 January 1995 and the Taiwanese earthquake on September 21, 1999. In the former study the odds ratio of a fatal outcome was 5.6 in persons with disabilities when intact or partially destroyed dwellings were examined.

Disaster response plans in these settings do not usually include strategies for physical rehabilitation of significant numbers of new traumatic injuries or specifically account for persons with pre-existing disabilities.

Figure 1: Odds Ratios and 95% confidence intervals of dying in an earthquake for disabled persons from two case controlled studies



Source: First author's unpublished meta-analysis. The pooled odds ratio and confidence interval were computed according to Mantel-Haenszel method.

## Introduction - ISPRM CRDR

The WHO Liaison Sub-Committee on Rehabilitation Disaster Relief (CRDR) of the ISPRM (International Society of Physical and Rehabilitation Medicine) was formed in June 2010 to help address the challenges of providing rehabilitation services to PWDs and other victims of a natural disaster. Comprised primarily of rehabilitation medicine physicians representing all WHO regions, the CRDR seeks to 'effectively focus the resources of ISPRM and its membership on optimizing the health, functioning and quality of life of persons who sustain injuries or impairments due to a large-scale natural disaster'. As defined by the WHO's *International Classification of Functioning, Disability, and Health* (ICF), 'functioning' comprises health domains such as body functions and structures as well as activity and participation in the persons' environment.

## CRDR Agenda & Equitable Service Delivery

Currently focusing on the emergency phase of disaster response, the CRDR *operational agenda* emphasizes equitable service delivery in its development of a Disaster Acute Rehabilitation Response Team (DARRT). PWDs will be considered in the post-disaster CRDR role of facilitating coordination between various responders including humanitarian medical relief organizations, local providers and DPOs. PWD issues will also be addressed in rehabilitation training provided by on-scene CRDR responders.

## CRDR workshop

The ISPRM CRDR will sponsor a session on PWD in disaster at the AAPM&R 2012 Annual Assembly:

- Mgt of PWD in International Disaster
- US/FEMA emergency planning for people with access and functional needs in disaster
- American Red Cross Disaster Services Program guidance for sheltering
- Physical and Rehabilitation Medicine issues in sheltering including identification of PWDs, assignment, prevention and management of complications .

## Conclusion

The ISPRM CRDR is uniquely positioned and fully committed to helping provide equitable rehabilitation services to PWDs in low/middle income settings following disaster through effective implementation of its evolving operational agenda.