In the past year, our attention as a global community has been riveted by news of widespread and damaging disasters, including but not limited to the Indian Ocean tsunami (December 2004), the devastating hurricanes in the Gulf region of the United States (2005), and the earthquake in Pakistan and India (2005). These poignant and powerful images and stories give rise to several potential reactions, including self-reflection on both a personal and professional level. As we watch disaster survivors separated from meaningful environments and daily routines, occupational therapists wish they could provide the type of help and support that would help them regain productivity—we know in our hearts this could be beneficial, yet we don’t know how to proceed.

A disaster is a violent and unexpected change resulting in sudden or great misfortune. Although disasters have been with us since the beginning of time, we are becoming increasingly more aware of the effects of calamitous events on persons in faraway lands as well as here at home. The news media captures images of persons struggling to meet environmental challenges that seem insurmountable. We mourn with those who lose loved ones. We may even begin to realize that these things could happen to us, often dealing with our grief and anxiety by wanting to offer our money and professional services.

In the past we have tended to make distinctions between disasters attributed to man-made causes such as the Hindenburg airship fire (1937), the Oklahoma City bombing (1995), acts of terrorism in New York, Pennsylvania, and Washington, DC (2001), and petroleum refinery explosions in Texas (1947, 2005) versus those we attribute to natural causes. Recently the distinction between man-made versus natural disasters becomes blurred. Regardless of the cause of the event we want to hold someone or some group responsible. We set up investigations and commissions to see what could have been done to avert the disaster; we blame one another for the misfortune that has occurred. We say things such as, “We should have seen this one coming.” “We should have had a plan.” We want to fix the problem; we want to think that the effects of a disaster can be under our control.

Who is in control? Who is in the best position to respond? Disasters are context-dependent. They are regional. In fact, we have a term for the place where a disaster occurs. We call it a disaster area. A disastrous event occurs to many persons, but the effects of the event are place- and person-specific. An appropriate response is to put the life of a person as well as the community back in order. Sometimes order means restoring buildings. Other times order means restoring health, daily routines, a job, or relationships with other persons. Those who have skills and knowledge, and who are prepared to respond immediately and effectively, earn our esteem and gratitude; those who cannot do this are perceived as nonessential. Are occupational therapists prepared to respond? Are occupational therapists essential during and in the aftermath of a disaster?

Most of us who are occupational therapists rarely stem the flow of blood; but all of us think in terms of “life blood.” Occupational therapists are specifically trained to address disruptions in daily routines. We are in a position to address needs that are especially salient following a catastrophic event:

- Choice making (decisions about how people spend their time and about the nature of daily routines)
- Building Connections (access to loved ones and resources)
- Exercising Control (over how people utilize resources available to them)
If this is true, why aren’t occupational therapists routinely listed as essential personnel in emergency shelters; why aren’t occupational therapy services considered essential at a time when quality-of-life issues are so paramount? Perhaps the answer lies, in part, in how, where, and with whom we practice the art and science of our profession. Although immediate assistance may be required from resources at the national level, disaster relief has been shown to be most effectively delivered within community-based settings using previously established networks of service providers. If an occupational therapist is not already working closely with existing community-based services, attempting to do so during a disaster is not only ill conceived, it is impossible. If an occupational therapist is not clear about how his or her skills and knowledge contribute to an interdisciplinary team, it is too late to figure this out in time to respond to a disaster. If an occupational therapist is perceived as only being willing to work under a prescribed system of reimbursement, he or she will be out of the loop during a disaster when services are offered in nontraditional settings. Establishing relationships with persons and agencies who provide services to those who are impoverished, or those who are outside traditional service provision models is not the job of our national associations such as the American Occupational Therapy Association or American Occupational Therapy Foundation. Becoming an integral part of the communities in which we live is a personal responsibility.

Regardless of where we work, each of us can prepare ourselves to respond for the next disaster by:
1. Systematically exploring how emergency relief agencies are organized on a national and state level
2. Identifying persons or agencies in our communities who have authority to make decisions about how emergency relief is to be provided
3. Volunteering with an agency authorized to coordinate and/or provide resources following a catastrophic event
4. Talking with or reading about persons who have been displaced to find out what they find meaningful and important; what they have lost and what they may have gained
5. Assessing our communities to identify resources that either support or fail to support what persons are capable of doing
6. Constructing flow charts illustrating possible service delivery models for meeting the needs of a displaced person or family that are sensitive to individual needs and preferences
7. Working together with persons from other disciplines to share plans, strategies, and resources

Disasters are violent and sudden but the changes are long-term as well as immediate. The extent to which persons experience great misfortune may be subject to our level of preparedness to respond within our own communities. When we do what we do best, we can diminish the long-term effects of a disaster and effectively improve the quality of life of others. ▲

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**Thanks, Kind Colleagues**

Every year, many persons beyond those on the Editorial Review Board are asked to review manuscripts for *AJOT*. The names of these Guest Reviewers are listed below. For the 2005 volume of *AJOT*, I am pleased to acknowledge and thank the colleagues listed here who have generously contributed their expertise and time in support of the peer-review process. Your assistance during this past year has been very much appreciated.

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