



# WADEM Primary Care SIG

## Newsletter

February 2026



We are off to a busy start to 2026! Work, life, and all things Primary Care are streaming ahead. Our goal for 2026 with the SIG is to create more opportunities to connect and collaborate across our members.

We are holding member member meetings throughout the year and will showcase some of the important work that members are doing in the space of primary care and disaster health management. We are always looking for more content to showcase, so please reach out. Below is an excerpt from one of our members - Mary Schaefer Badger from the perspective of US primary care physicians/Internists.

Additionally, we have started a members only group chat, to share and seek guidance from colleagues. Reach out to us if you'd like to be connected via that platform.

The next WADEM Congress will take place at the Centre des Congrès de la Villette at the Cité des Sciences et de l'Industrie in Paris, France, from **26 to 30 April 2027**. The theme for the congress is: Research, Relevance, Resilience: Enhancing performance in disaster and emergency medicine for communities, responders, and ecosystems. The link to the website is here - <https://wadem.org/congress/paris-2027/> but more information will become available towards the end of 2026.

Any ideas for content, collaborations, or resources please reach out. We love to hear and showcase the vital work being done in the primary care space.

Sincerely,

Kaitlyn

Chair, Primary Care SIG, WADEM





## Internal Medicine Physicians Now Play a Critical Role in Natural Disasters

by Mary Schaefer Badger D.O., F.A.C.O.I., F.A.W.M.

[\(originally for ACOI newsletter /blog\)](#)

As primary care physicians, Internists serve as the backbone of the U.S. healthcare system, and their role during natural disasters is multifaceted and indispensable. They can significantly reduce morbidity, support resiliency, and restore hope within their communities. As natural disasters grow in frequency and complexity, the integration of primary care into all phases of disaster management is essential. In an era of increasing frequency and intensity of such events, the role of primary care physicians has never been more pivotal in supporting not only individual patients but also the broader public health infrastructure.

Each disaster is unique. Each community is unique. Each patient is unique. And Osteopathic Internal Medicine physicians offer continuity, trust, and accessibility-qualities that become even more critical in times of crisis. They maintain longitudinal relationships with patients, understand individual and community health needs, and often serve as the first point of medical contact. Their involvement can mitigate the fragmentation of care that is common in the wake of disasters, improving outcomes and facilitating more efficient resource utilization.

**Seniors:** One in 6 live in poverty, 96% live independently, 20% don't drive, 1 in 9 live with dementia, 20 % need help with ADLs, 40% have ambulatory limitations. Less than ½ have taken the steps recommended by disaster preparedness agencies. Evacuee meals can worsen health risks in these patients (nutrition, sodium load, fat). Although people aged 75 or older made-up about 6% of the populations in New Orleans in 2005 they accounted for 50% of those who died during Hurricane Katrina. In northern California's Camp Fire in 2018, 71 of the 84 fatalities were people 60 or older. When Hurricane Sandy struck New York tri-state area in 2012 nearly half of the fatalities were among people 65 or older. People 60 or older accounted for 60% of the 246 deaths from subzero temperatures in Texas in 2021. Florida is projected to be the hardest hit in the coming decades with two out of every three care facility beds located in areas that will experience frequent flooding from now to 2050. Hospitals and Clinics may be severely damaged along with homes of staff.

**Primordial Care:** Provide individualized advice to people with impairments and comorbidities to improve their preparedness and ability to cope with disasters. Proactively identify high-risk patients (elderly, disabled, homebound, or reliant on medical equipment) and create contingency plans for their care. Patients should have essential medications supply in case of disaster. Patients with higher levels of vulnerability can be referred by their PCPs to support services that can help strengthen their preparedness, build resilience and reduce the risk of harmful consequences in the case of a disaster. Use the SWIFT (Seniors Without Families Triage) Screening Tool.

**Prevention and mitigation:** Provide resources and counseling to patients about personal and family disaster preparedness, including evacuation planning, medication storage, and emergency contacts. Patients do better when they have action plans for what to do in case of emergency, including environmental disasters. Disaster response programs should also account for interruptions in care - appointments, home visits, medication refills – and plan to mitigate them.

All patients should have at least 7 days of meds, equipment for their disease, and 7 days food and water. The Renal Disaster Relief Task Force (RDRTF), created in the early 1990s, provides chronic dialysis patients living in disaster-prone regions with plans including diet, fluid restriction, exchange resin use, and dialysis modification information on how and where to seek alternative; pre-determined, in-city or outside dialysis care for at least a limited period. Peritoneal patients may lack water and electricity and may also need to go to hemodialysis centers.

**Clinic-Level Preparedness** should include Disaster Protocols, electronic health records readiness, medication and supply stockpiling, staff training, and simulation drills to foster readiness and teamwork. A good downloadable step by step reference discussing what to do for your medical practice in the case of a disaster is put out by Drexel. (<https://drexel.edu/dornsife/research/centers-programs-projects/center-for-public-health-readiness-communication/our-projects/pcp-resources/>).

## **Response:**

### **Triage and Acute Care**

When disaster strikes, the demand for medical attention often exceeds available resources. PCPs play a unique role in triage, acute care, and maintaining continuity for non-disaster-related health needs. It is important to realize that there is a disaster health impact timeline.

Clinics may serve as first-line triage centers, diverting non-critical cases from overwhelmed hospitals and emergency departments. It is important to remember that anything taking more than an hour to get to definitive care during a disaster needs to be addressed in an austere context. All disasters are considered austere environments where both victims and rescuers could be at risk for injury and illness. It has been suggested that disaster/wilderness medicine training is needed since definitive medical care may not be available for hours or days, some injuries illnesses are more common in remote and austere locations, and difficult decisions must be made in terms of triage.

During the impact phase in the clinic, you may be forced to deal with burns, smoke inhalation, drowning, trauma, heat stroke, and exacerbation of chronic conditions as well as lack of access to health care and overwhelmed systems and displaced populations. At this point, logistically you need to think about “what do I have? What will I need? Where is it at? When will it arrive? What if it is unavailable? How do I improvise”? And you need to think about stuff and staff. In terms of stuff think about first aid trauma kits, medical equipment, medical consumables, controlled drugs, as well as marking logistic support storage transport and containers. In terms of staff, you need to think about volunteers, rotation of staff, provision of downtime, whether you'll need to go to a shelter, security of the staff, medical evacuations, and neutral nationalities.

**BIO:** Mary Schaefer Badger D.O., F.A.C.O.I., F.A.W.M. is a Board Certified Internal Medicine Specialist and is a Fellow of both the American College of Osteopathic Internists and the Academy of Wilderness Medicine. She received the US Public Health Service Distinguished Service Award for her work with the Navajo, before practicing in Spokane for 31 years. (Spokane’s Best Doctors 2018, 2019, 2020). Since retiring from Kaiser, she has been volunteering with the Medical Reserve Corps and Spokane County and Washington state Disaster Response teams. She is the chair of the ACOI Climate and Health Committee and lectures on Climate and Health. Present interest is in education about how Primary Care should be better engaged in Disaster management.

Full article available on the [ACOI](https://www.acoi.org/blog/internal-medicine-physicians-now-play-critical-role-natural-disasters) website - <https://www.acoi.org/blog/internal-medicine-physicians-now-play-critical-role-natural-disasters>