Peer Review File

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Reviewer A: Minor Revision

Comment 1: What are the associations between outbreaks of disease and civilization?
Reply 1: The authors believe this is not necessary to cite in the article as the emphasis of the article is on what can be learned from disaster management and applied to the handling of learning during a pandemic.
Changes in the text: None

Comment 2: Disaster management should not be only focused on patient care.
Reply 2: The authors believe for the purposes of this article we have identified lessons from disaster management that can inform better patient care and that is the emphasis in the article.
Changes in the text: None

Comment 3: From listed samples of key events, what are learned?
Reply 3: This is addressed in expanded details in the Responses to COVID-19 section of the article.
Changes in the text: See the reply to Comment 6.

Comment 4: How to improve emergency management in pandemics?
Reply 4: The best strategy is to invest in an infrastructure that will allow resources to lay dormant to allow for adequate response to future pandemics.
Changes in the text: Patient care providers will need to prepare for future surges and expand capacity. To do this they should plan for the conversion of units to dedicated COVID-19 units, use ED triage, stockpile equipment to the best of their abilities, and redefine staff prioritization by determining how they will use staff for screening and testing in and out in COVID-19 units.

Comment 5: The researchers discussed how frameworks learned through HIV prevention and treatment. But, there were big differences between HIV prevention and Covid-19 prevention.
Reply 5: The lessons learned from the HIV pandemic are more applied towards the social and logistic management of the pandemic rather than the medical management of the disease.
Changes in the text: None

Comment 6: In Italy, Nigeria and South Korea, which one was more efficient to prevent COVID-19?
Reply 6: Authors updated the *Responses to COVID-19* section to include the following text:
Changes in the text: While much of the world continues to battle COVID-19, these examples can provide initial assessment on efficient prevention methods. As with many countries in the world, Italy, Nigeria and South Korea experienced a significant increase in the number of COVID-19 cases in late 2020 and early 2021. And while Italy remains one of the countries with the highest total number of cases, Nigeria and South Korea are experiencing few new cases

relative to their population. Varying factors affecting these outcomes should be considered, such as demographic, sociodemographic, geopolitical, political, and environmental determinants. Based on the trend of COVID-19 cases in these countries, an initial assessment would suggest that aggressive and adaptive testing and tracking and comprehensive multisectoral and intergovernmental collaboration as seen in Nigeria and South Korea have been highly effective in curbing the spread of the pandemic.

Comment 7: How to alleviate inequity in pandemic public health?
Reply 7: If society wants to alleviate inequity in pandemic in access to high-quality medical care, understand the effects of drugs, and perform reproducible health data science, we need freely accessible data. At this time, it is not available to research investigators.

Americans' life expectancy in a matter of one year alone (since COVID started), has decreased by one year. For minority communities, African-American and Black-American life expectancy has decreased by three years and Hispanic or Latinx-Americans life expectancy has decreased by two years.

Community health workers could be a vital solution in this pandemic for minority communities. These workers are under supervision of a clinician and can perform door-to-door assessments. They can be trained to assist with collecting information on symptoms and progression of infection, following up with contacts and testing, as necessary. They can also distribute educational materials, as well as food and other essential items to community members.

Changes in the text: None

Reviewer B: Minor Revision

Comment 1: It might be useful to add a line in both the abstract and in the introduction section that better captures the problem this article is tackling, e.g. is it lack of understanding of good practices in responding to patient care, for instance? In other words, what is missing in current understanding, or the gaps in knowledge?
Reply 1: Thank you for this feedback. It is perhaps good for us to state in the abstract what we asked ourselves when writing this article.
Changes in the text: Added to Abstract: This article answers the question, what can we learn about how to respond to future disasters from the evolution of disaster management as performed by helping professionals and policymakers during the past hundred-plus years and best practices seen today.

Comment 2: Use of ‘disaster management’ (line 27-28, 73) needs to be carefully set out as it might refer to a body of literature that looks at natural disasters. Here you probably want to clarify that this is about ‘epidemic disasters’? This also needs to be made distinct from ‘emergency management’ (line 111) as the events listed between lines 116 and 173 include both natural and man-made disasters.
Reply 2: Epidemic disasters refer to the appearance of a significant number of cases of an infectious disease in a region or population that is usually free from that disease. The impact of

COVID 19 is immeasurable to all walks of life around the world. In terms of a pandemic, nothing of this magnitude has happened to our society since the great plague of 1918, and economically, nothing compares to the financial impact COVID-19 has had since the Great Depression of the 1930s. Tactics such as social isolation, lockdown, etc. have not changed much since the great plague epidemics, although significant advancements have occurred in science and technology-based knowledge. Helping professionals, especially social workers, should be planning macro strategies for the needs of acute and chronic poor, vulnerable, diverse and disenfranchised populations as reopening and reintegration into society occurs. "Meeting clients where they are at" means social workers should be creating or influencing the creation of macro structures that address the emerging and continuing needs of individuals, groups, families, organizations, and communities.
Changes in the text: None.

Comment 3: At the end of the introduction section (line 78), include aims of or research questions used in the study.
Reply 3: Helpful feedback - we aimed to answer one question: what can we learn about how to respond to future disasters from the evolution of disaster management as performed by helping professionals and policymakers during the past hundred-plus years and best practices seen today among organizations, countries, health care providers, and helping professionals?
Changes in the text: Added to the last paragraphs of the introduction section: This article aims to answer the question, what can we learn about how to respond to future disasters from the evolution of disaster management as performed by helping professionals and policymakers during the past hundred-plus years and best practices seen today among organizations, countries, health care providers, and helping professionals?

Comment 4: The section 'history of disaster management' considers only the US but the paper looks at case studies from other global contexts. Would it make sense to expand the section to include shifts from other contexts? Alternatively, use the same structure for all case studies including the US?
Reply 4: Organizations dedicated to disaster relief and helping people out of dangers began to spring up in the 1800s. Before this, various groups and subgroups performed in a similar way, but only to the people who were within the organization. International organizations such as Red Cross, the original international relief society, who worked selflessly for the benefit of everyone in any walk of life, are a relatively new innovation. The beginnings of the Red Cross started in 1863, with the Geneva Public Welfare Society calling a committee to investigate the idea of an organization aiding and protecting the sick and wounded in combat situations. At the Geneva Convention of 1864, the formal symbol of the red cross on a white background was adopted, and neutrality for Red Cross workers on battlefields was ensured. Since this convention, the reach of the Red Cross has been extended to civilians. The most significant addendum was in 1949, ensuring protection from almost every conceivable disaster. Almost every Red Cross in every country where they are present has disaster relief programs. After the creation and rise of the Red Cross, various countries implemented their own disaster relief programs. More international relief societies also emerged. Today, most countries have a disaster relief program of some sort.
Changes in the text: None

Comment 5: The discussion section presents three themes but there is a need to show how what

was learned from each of the case studies, adds to the discussion under these three themes. At the moment, there is no explicit links to any of the case studies.

Reply 5: In Nigeria, Eko Telemedicine has prioritized non-emergency healthcare issues not related to COVID-19, allowing Nigerian residents to address their health needs without traveling to the doctor and risking exposure. Italy is deploying community workers to care for patients in their homes; and South Korea is utilizing app-based technology for contact tracing. Adaptive measures are being taken worldwide to ensure continued access to healthcare. … As in the case of Italy, community-based care combined with technology-based solutions could be effective in patient care."

Changes in the text: Technology is not enough section - "In Nigeria, Eko Telemedicine has prioritized non-emergency healthcare issues not related to COVID-19, allowing Nigerian residents to address their health needs without traveling to the doctor and risking exposure. Italy is deploying community workers to care for patients in their homes; and South Korea is utilizing app-based technology for contact tracing. Adaptive measures are being taken worldwide to ensure continued access to healthcare. … As in the case of Italy, community-based care combined with technology-based solutions could be effective in patient care."