

ments in institutional and system-wide preparedness for infectious disease control, surveillance, prehospital and community emergency preparedness, including pandemic influenza planning and stockpiling of millions of doses of antiviral influenza drugs. Despite these improvements, this study demonstrates that gendered professions such as nursing (national survey  $n = 1,544$  and focus groups  $n = 100$ ) remain particularly vulnerable during infectious disease outbreaks. Many participants, male and female, in this study expressed grave concern about the lack of gender sensitive instrumental, communication, and social supports available to members of their profession. For many nurses, work and family conflict, as well as the escalation of privatization “reform”, which is taking place in hospitals and nurses homes, have emerged as significant barriers. This presentation revisits the “lessons learned” from SARS in Canada and explores how gender and sex continue to serve as important determinants of health and well-being for First Receivers/First Responders during emergencies.

**Keywords:** Canada; gender; preparedness; severe acute respiratory syndrome; stockpiling

*Prehosp Disast Med* 2009;24(2):s130–s131

### Gender Matters: Critical Disaster Risk and Care Distinctions in Preparedness, Triage, and Psychosocial Needs

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**Introduction:** Emergency medical services planners and providers consider the needs of many special populations (infants, elderly, disabled, etc.) during a disaster. However, the critical distinctions in gender-specific care, which are based not only on a woman's physiological makeup, but also within her psychosocial framework should be not overlooked. This research identifies key factors in female-specific care, including: (1) 12 risk factors that affect vulnerability, impact, and exposure; (2) post-traumatic stress disorder and pain; (3) triage and advocacy; and (4) supplies and services.

**Methods:** More than 110 surveys were conducted among post-disaster females in the US and South Africa to obtain critical gender-disaggregated data in health services, aid, resources, and evacuations.

**Results:** The results support the contention that many gender-sensitive services and supplies were needed in post-disaster care settings, but were inadequate or non-existent.

**Conclusions:** Research indicates a pattern of gender differentiation in all areas of the disaster process—preparedness, response, impact, risk perception and exposure, recovery, and reconstruction. The research also issues and emphasizes interventions that could significantly reduce pain, suffering, and costs. These research conclusions indicate a dearth of gender-disaggregated data and the need for EMS planners and providers to take a more cognizant and proactive approach to gender-specific care in preparedness, triage, psychosocial needs assessment, aid, and advocacy.

**Keywords:** gender; preparedness; psychosocial; risk; triage; women's health

*Prehosp Disast Med* 2009;24(2):s131

### Emergency Psychosocial Support at the Egyptian Border (Rafah Crossing) for the Survivors of the 2008–2009 Gaza Crisis

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**Introduction:** Since 2006, the Disaster Mental Health Team of the Egyptian Ministry of Health has provided aid during several crises, including the Red Sea Ferry accident, Sinai terrorist attacks, Delta train accident, and others. The Gaza crisis, which has not been resolved at the time of this report, has described as the worst crisis in the Middle East since the 1967 war.

**Methods:** The author of this report currently is at the Alarish General Hospital in North Sinai, Egypt.

The report elaborates on the actions of the Disaster Mental Health Team of the Egyptian Ministry of Health during the Gaza crisis in late 2008 and early 2009. Currently, the Team is at the Egypt-Gaza border, working side-by-side with an emergency medical team in North Sinai. The report discuss the approaches of the team and summarizes lessons learned from previous activities.

Currently, the roles of the team include working with the injured, family members, and emergency personnel.

**Results:** An in-depth view of the work done by the Egyptian Disaster Mental Health Team during the crisis will be documented, evaluated, and ways to improve future responses will be presented.

**Conclusions:** A set of managerial and clinical guidelines for disaster mental health is needed.

**Keywords:** disaster mental health; Egypt; Gaza; Middle East; psychological first aid; psychosocial support

*Prehosp Disast Med* 2009;24(2):s131

### Post-Traumatic Stress Disorder in Employment Peculiarities and Marital State in Armenian War Participants

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**Introduction:** The main objective of the study is to define the issues related to the employment and marital states in Armenian combatants with post-traumatic stress disorder.

**Methods:** The data from 105 patients who were former participants of combat actions in Karabakh during 1989–1994 were analyzed during nine months in 2007.

**Results:** The average age of the examined patients was 44.6 years; of them, 95 (91%) were unemployed, primarily due to their “unsociable and aggressive nature”. Practically none of other 10 working patients perform their professional duties adequately—they were just “tolerated at the workplace”. Herewith, 28 (26.7%) patients were not disabled, in spite of a long course of disease (average disease duration was approximately 13.5 years). Seventy-five patients (71.4%) were married before the war and remained married. Another seven (6.7%) married during the post-war years. Eight patients (7.6%) were divorced, and two (1.9%) remarried. A total of 13 patients (12.4%) were unmarried. Married patients and their family members noted extremely hard, unbearable, trauma-

tizing relations within the family. For the entire period of stay in hospital (8–32 days), half of the wives never visited them. **Conclusions:** The data highlight the problems of therapy and healing of former war participants, which includes social and humanistic aspects of their lives.

**Keywords:** Armenia; employment; marriage; military; post-traumatic stress disorder; war  
*Prehosp Disast Med 2009;24(2):s131–s132*

### Peri-Traumatic Experiences, Acute Stress Disorder, and Post-Traumatic Stress Disorder after Motor Vehicle Crashes

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**Introduction:** Motor vehicle crashes (MVCs) are a major cause of death in occidental countries. In Portugal, the number of victims is one of the highest in Europe. These victims frequently report symptoms of peri-traumatic dissociative experiences, acute stress disorder (ASD), and post-traumatic stress disorder (PTSD). In a previous longitudinal study of 42 participants, peri-traumatic dissociation at the time of MVC predicts PTSD four and 24 months later, a result that matches literature on trauma reactions.

**Objective and Methods:** The aim of this study was to evaluate the relationships between peri-traumatic experiences, ASD, and PTSD, and determine PTSD predictors four months after the accident in 65 MVA victims (51 males, 14 females; mean age = 33 years). Participants were evaluated five days after the accident (T1) and four months later (T2). Participants completed the Peri-Traumatic Dissociative Experiences Questionnaire (PDEQ) Stanford Acute Stress Reaction Questionnaire (SASQ), and a 17-item PTSD scale.

**Results:** Of the patients, 27.8% had ASD. Four months after the accident, 33% reported PTSD. Peri-traumatic dissociation was correlated with ASD and PTSD symptoms. Peri-traumatic dissociation predicts ASD. Together, dissociation and ASD accounted for 42.6% of PTSD symptoms variance. **Conclusions:** Some authors have discussed the contribution of ASD and peri-traumatic experiences to PTSD development. More data would be useful to understand the impact of these relationships and symptoms on physical and psychological health, but also on secondary victims as families and healthcare professionals.

**Keywords:** acute stress disorder; motor vehicle accidents; peri-traumatic experiences; post-traumatic stress disorder; public health  
*Prehosp Disast Med 2009;24(2):s132*

### Canadian Prehospital Readiness for a Tactical Violence Event

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**Introduction:** Paramedics are the only medical personnel who routinely are at the scene of violent episodes and are more likely to be assaulted than other prehospital personnel.

In addition to individual acts of violence, emergency medical services (EMS) providers now need to cope with tactical violence, defined as the deployment of extreme violence in a non-random fashion to achieve tactical or strategic goals.

**Methods:** This survey was designed to review the readiness of EMS crews in Ontario and British Columbia to assess the risk of violence in their environment, deal with violence, gauge the impact of violence and on the EMS crew member, and evaluate the access and effectiveness of emotional support available to caregivers exposed to violent episodes. **Results:** The results of the survey indicate a significant lack of preparedness for situations involving tactical violence: 89% of respondents either never had such training or had been trained more than a year ago; 36% of respondents never had engaged in a field exercise with other responding agencies; and 4.5% of respondents were not aware of who would be in charge in such an event. In addition, this study has shown that EMS crews are exposed to events that are significant in their emotional impact.

**Conclusions:** The involvement of children, multiple casualties, and the presence of malice all increased the impact of the event on the caregiver. In addition, the study revealed inadequate access to appropriate training and support required to deal with this emotional impact.

**Keywords:** emergency medical services; Canada; prehospital; readiness; tactical violence  
*Prehosp Disast Med 2009;24(2):s132*

### Psychosocial Issues in India among Victims of Natural Disasters and in Conflicts

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**Introduction:** Mental health is a low priority in resource-poor settings and among vulnerable populations fighting for survival after disasters. The psychosocial situation in the conflict setting is more complicated than for victims of natural disasters because their baseline mental health status is unknown.

**Methods:** Psychosocial evaluations from Indian disasters during the past 10 years were collated and analyzed for important mental health predictors. Social issues of food security, equity of safe water provision, and about distribution of disaster relief and aid also were evaluated.

**Results:** Children were the most vulnerable group in India. Post-traumatic stress disorder (PTSD) usually was a transient response to disasters, and lasted for an average of 90 days. Residual sadness was the only persisting PTSD symptom (84%). Underlying depression was the most important predictor for residual PTSD. Interventions facilitated through natural groups (language and ethnic groups) were easier to facilitate and yielded better results. While spiritual healing workshops had a definite role, relief being provided along religious lines was more controversial. Of 98% whose homes had been destroyed, 89% had their homes relocated/rebuilt within 24 months, and 51% had resumed their previous occupation. However, only 30% recovered economically after natural disasters. The healthcare providers, funders, and relief agencies were hesitant in their response in the setting of complex emergencies, as