

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-