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4. McGill University, Montreal/QC/Canada
5. Newcastle University, Newcastle/United Kingdom
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7. University of Munich, Munich/Germany

Study/Objective: To explore how the notion of "vulnerable populations" is understood and used in the policies and practices of international humanitarian organizations, and to consider its ethical implications for crisis-affected populations and humanitarian actors.

Background: Humanitarian organizations have responded to evidence that particular groups may be differentially affected in crises by adapting their policies and practices to better promote equity. Women and disabled people are two "vulnerable populations" who have been the focus of recent efforts. We wish to examine how the concept of "vulnerability" is understood and operationalized in humanitarian health assistance, and its ethical implications. To what extent does the concept of vulnerability promote equity (eg, through improved access to services), and to what extent does it generate other kinds of ethical concerns for recipients and humanitarian actors?

Methods: We propose to: (1) interview humanitarian health workers and policy makers about their expectations and experiences concerning assisting vulnerable populations, and (2) to review relevant humanitarian guidance documents and policies. We also (3) propose to interview aid recipients, especially women and the disabled. We will use the theoretical lens of "epistemologies of marginalization" to examine how humanitarians understand and operationalize vulnerability, and consider possible implications for humanitarian actors and aid recipients. Might constructions of vulnerability threaten the moral agency of recipients and perpetuate notions of otherness? Might they obscure background conditions of justice? Might they forestall other models of relations between humanitarian actors and crisis-affected populations? How do responses to one category of vulnerability shape responses to others (eg, how do responses to gender shape responses to disability)?

Results: Pending.

Conclusion: Our study will inform humanitarian policy and practice to better support all people in need of assistance. It will contribute to the evidence base on the efficacy and ethics of interventions targeting "vulnerable populations" and inform future policy and practice for humanitarian actors.

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Human Right to Healthcare: Equitable, Evidence-Informed Policy on Refugee Healthcare in Canada

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Study/Objective: This study aims to examine how the Interim Federal Health Program changes impacted the health and availability of care for refugee populations, particularly by assessing how the rates of ER admissions and/or adverse events are associated with reduced health care service access, before and after policy reform implementation.

Background: In 2012, the federal government limited access to essential healthcare services through retrenchments to the Interim Federal Health Program (IFHP), a policy of healthcare coverage for refugees. In response to the federal court's decision, some services were restored in 2014 for select categories of refugee populations through a more complex system of health coverage. However, health care coverage gaps continued to exist for refugees and refugee claimants under the new program, resulting in the formulation of provincial government-led programs and clinics for newcomers, aimed to bridge the gap for refugees to access healthcare. As of April 2016, the newly elected federal government of Canada has reinstated comprehensive coverage provided through the IFHP, restoring fairness and equity to refugee healthcare. However, there is no evidence regarding the efficacy of the 2016 reforms, and the impact the 2014 reforms have had on the health and availability of care for refugees.

Methods: A quantitative analysis will retrospectively analyze the 2012 and 2014 reform periods, examining Emergency Room admission rates and adverse outcomes, such as in-patient stays, for refugee populations before and after reform implementation.

Results: The findings expect to reveal the relationship between policy reformation, specifically the retrenchment of health services and ER visits.

Conclusion: With the global refugee crisis on the rise, and the nation's active efforts to receive thousands of refugees, examining the IFHP reforms will reveal lessons learned on which to build to provide equitable access to a vulnerable population of future Canadians.

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ETHICS in Disaster Response: The Development of an Ethics Disaster Response Program.

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Study/Objective: Report on the development of an Ethics curriculum for disaster responders.

Background: In addition to treating the acute injuries of survivors in the aftermath of a disaster, health care workers must confront significant ethical issues that are unique to the disaster setting. This can lead to moral distress and uncertainty about appropriate responses. Massachusetts General Hospital (MGH) has delivered first responders to disasters since the 1917 maritime harbor explosion in Halifax, Nova Scotia. The department of Global Disaster Response at MGH (MGH GDR) was formed in 2011 after the Haitian earthquake to centralize training and certification of MGH providers as disaster responders. This report summarizes our establishment

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of an ethics forum to address our experiences, lessons learned, and ongoing ethical challenges to health care providers working in a disaster setting.

Methods: The first day-long ethics forum for disaster responders was held at MGH in May 2016. The forum was advertised through the internal MGH electronic newsletter, email lists, and physical posters. Seventy-five people registered and 68 participants attended. Participants included nurses, doctors, lawyers, and hospital administrators.

Results: Topics discussed included ethical frameworks, standards of care, disaster tourism, professionalization of response, moral courage, and medical malpractice and liability in disaster response. Table 1 summarizes the disasters discussed and the ethical issues that were confronted.

Conclusion: As disaster response teams become more professional, one important aspect of pre-response training and after-action debriefing will be to confront and analyze ethical issues in the field. MGH and GDR are developing a curriculum in disaster response ethics as part of required training for disaster deployment.

	Disaster	Ethical Issues
Domestic		
	Katrina Hurricane	Lawlessness, security, triage
	Super Storm Sandy	Evacuation of hospitals
	Boston Marathon Bombing	Moral distress, treating the bomber
International		
	Haitian Earthquake	Scarce resources, medical triage
	Nepal Earthquake	The dying patient
	Ebola in eastern Africa	Racism, experimental drugs during epidemics

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