

**Conclusions:** The model and process experienced in the Oceania region may prove useful for other potential WADEM Chapters. Experience to date would suggest that WADEM Chapters are viable, achievable, and useful in promoting WADEM and its members.

**Keywords:** chapters; disaster medicine; Oceania; partnership; World Association for Disaster and Emergency Medicine  
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### Lessons Learned from the Health Cluster Approach in Africa

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**Introduction:** A review of humanitarian interventions suggested a reform based on three pillars: appointment of a Humanitarian Coordinator; an emergency fund; and the cluster approach for more predictability, efficiency, and accountability in a specific sector with an appointed leader. The cluster approach started late 2005 with some pilot countries in Africa, was followed by other countries. So far, Africa has been the wider cluster experience area. This paper will present different case studies and to highlight lessons learned.

**Methods:** Seven cases from African countries were studied. Cases were analyzed based on a developed framework that took different factors into account. Data were collected from field visits and from existing documents.

**Results:** The cluster approach was adopted using different models based on existing coordination structures, government structures and implications, and the presence of a Health Coordinator or an existing emergency body.

The cluster approach has improved sectoral programming in humanitarian responses in the field. It provided stronger and more predictable leadership across sectors, improved preparedness and surge capacities. However, it lacked clear guidance in implementation as well as resources for effective coordination in the field, which are successes. There was a lack of understanding of the concept which made non-governmental organizations reluctant to adhere to a cluster approach.

**Conclusions:** The success of implementation of the cluster approach required flexibility for an appropriate model in order to be adopted. A participatory approach and transparency are required to bring all partners on board.

**Keywords:** Africa; cluster; coordination; humanitarian; partnership  
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### A Tale of Two Cities

**A Tale of Two Cities: New Orleans and Dresden—Cutting-Edge Issues in Public Health Preparedness**

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From hurricanes and flooding, to bridge collapses and earthquakes, to large-scale blackouts and military conflict, the latter part of the past decade and the early part of this decade has confronted the world with a diverse group of

disasters. After each event, local governments, businesses, and public health organizations prepare after-action and improvement reports that describe the incidents and make recommendations for improvement. The science of disaster medicine is in its infancy and disaster metrics are urgently needed to measure what works and whether changes truly decrease morbidity and mortality. Millions of dollars have been infused into the improvement of public health preparedness, but where is the evidence that this new money has improved patient outcomes and the ability for the healthcare system to quickly restore baseline operations? Using relevant recent case studies to illustrate key findings, this panel will explore cutting edge issues in public health preparedness requiring additional research and education.

After introductory remarks by the Dr. Koenig as moderator, Dr. Bey will describe major issues that surfaced during the 2002 Dresden floods in Germany. Dr. Klein will then discuss policy and operational issues evolving from Hurricane Katrina—the first full-scale activation of the patient transport portion of the National Disaster Medical System in US history. Her presentation will include “black tag” triage decision analysis, state-of-the-art decision making for the allocation of scarce resources, evacuation issues, and scientific evidence to support or refute commonly held beliefs like the prevalence of panic during disasters and the potential for dead bodies to spread disease. Finally, Dr. Schultz will summarize key public health preparedness areas that would benefit from scientific inquiry and describe the most recent approaches to measuring the effectiveness of disaster management. This will be followed by a moderator led discussion with audience participation.

At the completion of his session, participants will be able to describe the challenges to measuring preparedness and the opportunities for future research and education in public health preparedness.

**Keywords:** benchmark; Dresden flood; flood; Hurricane Katrina; metrics; preparedness; public health; public health preparedness;  
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### Oral Presentations—Psychosocial Issues

**“In Gauze We Trust”: Lessons Learned from a Gendered Profession during Severe Acute Respiratory Syndrome**

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In 2003, 44 people (including two nurses and one physician) in Canada lost their lives in the Severe Acute Respiratory Syndrome (SARS) outbreak, 30,000 people were quarantined, and several hundred people fell seriously ill with the SARS Corona virus. The World Health Organization placed an international travel advisory on Toronto as the city struggled to understand and contain the disease. SARS resulted in a “wake-up” call for the Canadian healthcare system. Five years after SARS, the lessons learned have resulted in significant nation-wide invest-