Methods: Three methods were used in conducting the study. The project team reviewed and synthesized literature from California and other sources; reviewed 148 Websites; and conducted key informant interviews with 17 officials and community representatives identified through state sources/environmental review during summer/fall 2008.

Results: Research identified four major barriers, challenges, and gaps affecting the provision of effective health care during emergencies: (1) significant lack of community engagement and trust among diverse residents, especially among immigrants who feared deportation actions; (2) cultural misunderstanding that led to misinformation and a related lack of training and education resources for emergency personnel; (3) lack of interpreter/translation services; and (4) insufficient coordination at local, regional, and state levels. Conclusions: Improvement will require four major actions: (1) effective collaboration between these communities; (2) emergency care providers and other key sectors; (3) resources to increase availability and access to interpreters; and (4) coordination of information and resources to minimize gaps and duplication, and greater flexibility in allocation of funds to meet local emergency medicine priorities.

Keywords: community engagement; disaster response; ethnic diversity; psychosocial; racial diversity

Prehosp Disast Med 2009;24(2):s133-s134

Hospital/Community: An Integrated Psychosocial Response

Alan Dick; 1,2,3 Barb Switzer4

- 1. IDEAS Network, Toronto, Ontario Canada
- 2. Toronto Public Health, Toronto, Ontario Canada
- 3. Sunnybrook Health Science Centre, Toronto, Ontario Canada
- 4. Emergency Medical Assistance Team, Toronto, Ontario Canada

Introduction: Mass-casualty incidents (MCIs) can cause a surge of psychological casualties and family/friends searching for victim information and reunification. Staff training in psychological first aid and a joint hospital-community psychosocial response plan is essential or hospitals will be overwhelmed, reducing their patient care capacity. The aim of this presentation is to outline the steps needed to develop and evaluate a psychosocial response plan template for an urban center of ≥500,000.

Methods: Existing psychological first aid training programs and hospital-community psychosocial response plans for urban populations ≥500,000 will be surveyed. Psychosocial response staff in community and hospital settings across Canada will be surveyed to determine needs and issues. Common threads will be identified and endusers/experts will be invited to review for feasibility and sustainability. This information will be used to collaboratively build a plan with the Toronto, Ontario psychosocial community and train and evaluate it in two large-scale exercises 29 November 2009 (mass-casualty trauma) and 30 November 2009 (pandemic), in Toronto. Data will be collected to determine the effectiveness of the plan to absorb and mitigate a MCI surge.

Expected Results: Elements needed for a sustainable psychosocial response training plan that integrates and improves daily operational skills, builds relationships and communication between community and hospitals, and develops a community plan capable of absorbing a surge in psychosocial demand in the event of a mass-casualty incident will be identified.

Conference Presentation: The results of the literature review, preliminary survey results, and an initial framework for the joint Toronto hospital-community psychosocial response plan will be presented.

Keywords: hospital; mass-casualty incident; psychosocial; training; urban

Prehosp Disast Med 2009;24(2):s134

The Unexpected Terrorist: The Roles of Women as Perpetrators of Terrorism

Michael J. Reilly

New York Medical College, Center for Disaster Medicine, Valhalla, New York USA

Introduction: Recently, many reports have shown that women have been the perpetrators of acts or of terrorism are being actively recruited by terrorist organizations. Female-initiated terrorist attacks have occurred in India, Iraq, Sri Lanka, Lebanon, Syria, Palestine, Egypt, Uzbekistan, Turkey, Chechnya, and Jordan. Achieving a better understanding of women who become supporters or perpetrators of terrorist acts can assist in planning, preparing, and deterring terrorist attacks, and minimizing the morbidity and mortality from these events.

Methods: A review of scientific, medical, and academic literature pertaining to women and terrorist activities was performed. In addition, government reports and media accounts of terrorist attacks where women were directly or centrally involved as perpetrators were collected and reviewed. Common elements, themes, and similarities were analyzed to determine trends in terrorist activities involving women as perpetrators, planners, facilitators, and active supporters of specific terrorist incidents.

Results: A variety of factors that influence women into participating in terrorist activities have been discussed by various authors and researchers. In addition to coordinating and participating in terrorist attacks, there have been several additional areas of involvement of women in support of domestic and international terrorism, as well as specific tactical reasons that terrorist organizations seek out vulnerable women to exploit and recruit into roles within their organizations.

Conclusions: A greater understanding of the psychosocial, behavioral, and socio-economic factors that influence women to become active supporters, facilitators and/or perpetrators of terrorist acts across the globe is essential to mitigating these incidents and protecting the health and safety of the public. Further research is needed to explore methods to identify women who may be vulnerable to recruitment by terrorist groups, in order to attempt to prevent the extent of these attacks on nations across the globe. Keywords: planning; psychosocial; terrorism; women; vulnerability Prebosp Disast Med 2009;24(2):s134