

**Thursday, March 21, 2013**

**Workshop Session 3**

Time of Session: 1:30-3:00PM

Session Title: Healthcare & Planning

- A. Gender-Aware Disaster Care: Simple Interventions That Can Reduce Impact, Suffering, and Post-Disaster Emergency Healthcare Costs

Speaker: **Roxane Richter**, World Missions Possible

- B. Mitigation for University Health Systems and Transfer Trauma: Hurricane Sandy as a Case Study

Speaker: **Dana Greene**, University of North Carolina at Chapel Hill

Room: 205

Head Count: 9

Note Taker: Olivia Burchett

A. Gender-Aware Disaster Care: Simple Interventions That Can Reduce Impact, Suffering and Post-Disaster Emergency Healthcare Costs – Roxane Richter, World Missions Possible

- Her research has been conducted in emergency healthcare among female Zimbabwean refugees.
- Gender specific health care takes into account physical and psycho-social frameworks to approach gender-based health care issues.

Why are women's issues important?

Household power is negatively affected if women's health is affected, women have less high-level decision making power/roles, they have higher illiteracy rates, less religious power, increased frequency of health issues, less time to do anything outside of household responsibilities due to their workload.

- In her experience post-Katrina: women's health care was seen as nagging female issues yet the environment was extremely unsafe for women.
  - She asked the participants if they thought women's health care needs post-Katrina were met and then engaged in a discussion of what constitutes women's health care needs and gender-based care. The main point made was that gender-based care for women is more than just reproductive/gynecological care.
- A discussion focused on the anatomical differences between males and females followed: specific attention was given to the consequences of women walking through flooded water post-disasters and having to lay on the floor in displacement situations and the subsequent health issues that would relate to these situations in women physiologically.
  - She stressed that ob/gyn care is much more important than access to Viagra for men, yet this was not the priority in her experience working post-Katrina.
- She discussed the difference between men and women and their ability to metabolize pharmaceuticals.
- She also discussed the increased frequency of PTSD among women as opposed to men post-disaster and how the disorder presents differently in women vs. men.
  - She suggested that there be different protocols to assess this more efficiently and thus to provide treatment accordingly for women.
  - She also highlighted the difference in genders and pain. Women generally experience pain on a much higher level due to hormonal fluctuations.
  - She also discussed the difference between women and men in drug absorption.
- She stressed that gender-aware practices should be the most important principal of the initial point of contact with female patients
- She also stressed the need for pre-natal advocacy among health care providers in post-disaster situations – if appropriate data collection is done at triage, the research can begin at the base level instead of having to find women after they have been dismissed from triage for follow-up.
- She stressed the need to train health care providers in gender-based care

- She suggested the addition of stress-free breastfeeding areas in post-disaster health care to reduce complications
- She also stressed the need to better prepare for instances of domestic violence and sexual assault in post-disaster situations, pregnancy tests and breast feeding supplies.
- She suggested that fact sheets be readily available for all in post-disaster situations that identify the anatomical differences between men and women, especially for women who have walked through contaminated flood water (due to increased occurrence of yeast infections)
- Special attention to provide female gynecologists to provide for Muslim women must be given in post-disaster situations
- Tampons, female hygiene products, STD and HIV testing and morning after pills should also be available.
- Questions:
  - Has this been proposed to the Red Cross?
    - Spoke to FEMA re: women's issues and was told that women's issues were dealt with as disabilities.
  - Are there provisions for transgendered individuals as well?
    - It is more of a physical sex concern in triage situations post-disaster due to anatomical differences, so no
  - Have you talked to any women's associations about this issue?
    - Yes, there is need for dialogue but who to talk to? Needs to be dealt with in medical community, especially among certain specializations. Need to treat the whole person!