

CAPE BRETON UNIVERSITY

International Centre for Emergency Management Studies

Workshop on

Gender and Disaster in Canada: New Thinking, New Directions

October 31st to November 2nd, 2006



RECORD OF PROCEEDINGS

Edited by
Murielle Provost

with
David Griffiths

**Cape Breton University
International Centre for Emergency Management Studies**

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New Thinking, New Directions**

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Cape Breton University
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National Symposium on Community Resilience

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Gender and Disaster in Canada: New Thinking, New Directions

Sydney, Nova Scotia

October 31st to November 2nd, 2006

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PREFACE

by Murielle Provost

There is an extensive global body of literature addressing relationships between gender and disaster, but much of that is devoted to the experience of the developing world. This is certainly not because Canada lacks disaster experience of its own, so this workshop set out to explore those issues within a Canadian context. The participants, representing an impressive cross-section of our collective national experience, spent an exciting and stimulating 2½ days sharing their experiences and ideas and, perhaps more important, deriving practical lessons that can be applied to “engendering” organizational change and improved emergency management effectiveness nation-wide.

It would be inappropriate to “steal the thunder” from the expert presenters who have contributed to this volume, so I will leave discussion of specific issues to them. The reader should recognize from the outset, however, that we were not meeting in a historical or policy vacuum. During this workshop, we drew on the conclusions of a variety of gender-related conferences and seminars conducted worldwide during the past decade and a half. Although Canadians have been active contributors to these events, only one had been held in Canada and that was in 1998. Our gathering was therefore an opportunity to build on, and add to, that extensive cumulative experience. Secondly, the reader should be aware that, since 1995, Canadian government policy has required all federal departments and agencies to conduct gender-based analysis of all future policies and legislation wherever appropriate. This means that all national emergency management institutions should have already incorporated gender factors into their planning and organization, not simply to conform with national policy but as a matter of enhanced operational effectiveness. Strictly speaking, that policy does not apply to other levels of government or to the private sector, but that misses the point. Sheer practical self-interest suggests that provincial, municipal and even private sector emergency managers should have compatible policies. In any case, they can improve their own effectiveness by applying some form of gender-based analysis to their respective policies, plans and procedures.

Effective service to the community requires drawing upon the strengths of everyone involved. For the emergency management profession, the incorporation of gender factors into policies, plans and procedures should be an operational imperative. At the moment, however, it has not been factored into Canadian emergency management as effectively as it should. As the discussions during the workshop unfolded, however, it became clear that the people in the room had all the collective experience and resources necessary to do something about that and make Canada a model for the world.

This workshop was the inaugural event for the new International Centre for Emergency Management Studies (ICEMS) at Cape Breton University and a number of acknowledgments are due. The President, Dr. John Harker, responded warmly to the idea of this project by issuing an immediate invitation to hold it at Cape Breton University at the earliest possible opportunity. Since then his vision and quiet support remained a constant encouragement. The Director of the Centre, Lieutenant Colonel (Retired) Ed Grimm has been a constant supporter, an invaluable partner in nursing the project from concept to reality, and a helpful contributor to the content and conduct of the discussion itself. It is always risky to single out members of any team for special mention but those at Cape Breton University who have been particularly helpful include webmasters Ali Faisal and Matt Dolmont, and Dr. Harker’s Administrative Assistant, Ramona Lewis who organized the President’s Reception on the evening before the workshop began.

Cape Breton is famous for its hospitality and sense of community and we experienced that very much during this event. The staff of the Cambridge Suites Hotel was very patient with our fluctuating requirements, particularly Shannon Singler at Reservations. For much of the social and recreational program, we had Jim and Joanne Kelly to thank. They graciously volunteered to coordinate and did so with imagination and panache. From the Mi'kmaq elders who blessed our Tuesday morning opening, to the music of "Rocky Shore" at the Wednesday night Cape Breton Ceilidh, and the staff of Fortress Louisbourg who provided the lantern-lit tour and dinner on Thursday, we were blessed with a unique opportunity to experience the best of Cape Breton culture.

This event would not have been possible without generous financial support from the Public Health Agency of Canada's Centre for Emergency Preparedness and Response, the Defence Research and Development Canada as well as Cape Breton University itself. In addition to their contributions to this particular event, both government agencies gave unstinting moral and material support to other practical initiatives addressing issues of gender and disaster in Canada. Particular thanks are due to Lieutenant-Colonel Ken Butterworth and his team at 35 (Sydney) Service Battalion for making the Victoria Park facilities available, feeding us and providing the support that we needed to conduct our discussions.

During the year of planning and preparation that preceded this workshop, Carol Amaratunga, and Tracey O'Sullivan from the University of Ottawa, Laurie Pearce from the BC Ministry of Children and Family Development, as well as Elaine Enarson from Brandon University were enormously generous with their time and ideas. All participants owe them a collective vote of thanks, as well as to my colleague David Griffiths who has taken upon his capable shoulders much of the burden of ongoing administration, coordination and paperwork. Many thanks David for your hard work and unflagging support.

Above all, I would like to acknowledge and thank all of the speakers for their preparation, their wise counsel and their adaptability as we amended the program at the last minute to make it a more beneficial experience for all. It is their contribution that is the heart and soul of this initiative. A quick glance at the Table of Contents and the list of contributors shows that we had all the ingredients necessary for an experience that was not only professionally valuable, but also personally enjoyable. More important, it produced practical outcomes and identified the wealth of practical lessons that are described in the record of proceedings that follows.

ACRONYMS AND ABBREVIATIONS

APP	Anticipation, preparation and practice (in risk communication)
CCO	Compassion, conviction and optimism (in risk communication)
CDC	Center for Disease Control (USA)
CBRN	Chemical, Biological, Radiation and Nuclear
CRTI	CBRN Research Technology Initiative
DTES	Down Town East Side (Vancouver)
GBA	Gender Based Analysis
HCW	Health Care Worker
ICS	Incident Command System
NFHEM	National Framework for Health Emergency Management
NGO	Non-Government Organization
NIMBY	“Not in my back yard” (colloquialism)
PPE	Personal Protective Equipment
SARS	Severe Acute Respiratory Syndrome
SDWT	Self-Directed Work Team
SWC	Status of Women Canada
VON	Victorian Order of Nurses
WHO	World Health Organization

1. WHAT ARE THE ISSUES? FACILITATING CHANGE: NEW THINKING, NEW DIRECTIONS

by Lynn Orstad

The session began with an introductory background presentation to set the scene and pose a challenge to the participants. For the second part of the session, the participants divided into four breakout groups to consider the question: *What are the issues faced today in Canada and what must happen for change to be successful?*

Introductory Presentation

Facilitating change must start with identifying the issues. For that process to be successful, the people engaged in it must embrace and exhibit responsibility, integrity, openness and synergy. The theory of facilitating change is beyond the scope of this introductory session but for our purposes the following six factors are worth noting.

- Leadership.
- Purpose & Process of Change.
- Predictable Forces.
- Structures.
- Sustaining the Energy.
- Personal Response.

A Very Brief History

In 1989, the United Nations declared 1991-2001 as the "International Decade for Natural Disaster Reduction" (IDNDR). The International Strategy for Disaster Reduction (ISDR) and the Division for the Advancement of Women of the Department of Economic and Social Affairs were instrumental in including issues related to women and disasters onto the agenda. In the past decade and a half, numerous conferences and seminars on the subject have been conducted worldwide: in Costa Rica (1990), Australia (1993), China (1995), Vancouver, Canada (1998), Pakistan (2000), Miami, USA (2000), Ankara, Turkey (2002) and Honolulu, Hawaii (2004). In 2005, the World Conference on Disaster Reduction in Kobe, Japan, concluded that a gender perspective should be integrated into all disaster risk management policies, plans and decision-making processes. And what were the results of all this? Dynamic women, dynamic men, thought-provoking presenters, excitement, energy, academics and practitioners working together, and then *"WE SHOULD DO THIS AGAIN IN A COUPLE OF YEARS!"*

Where Do We Go From Here?

When a need for change is identified, there are three options: act upon it, avoid it or accept it. There is no need to make it more complicated than that – choose one and move on. And one more thing – it is the people who paint outside the lines whom we remember most vividly, so try showing your true colours! And one more thought – working together enables individuals to willingly contribute their energy and talent for the mutual benefit of the "whole".

Discussion Session

Participants were provided with copies of a workbook (summarized in Appendix 1.1) to help stimulate thinking about how to facilitate change. They then formed four groups to consider the question: *What are the issues faced today in Canada and what must happen for change to be successful?* Each group summarized the main points of its discussion on flip charts and expanded on those points during subsequent plenary discussion (as reproduced below).

Group One

Issues and Prerequisites for Change - Group 1 Flip Chart

- Organizations
- Definition
- Roles: Lack of understanding (e.g., disaster, emergency management, etc.)
- Stakeholders
- Planning (contingency)
- Priorities
- Shared experience
- Trailblazers (the need for)
- Change (is taking place)
- More and more women being involved
- Need for research
- Training/education in emergency management
- Attract women into the field
- School age training - "how to" (Girl Guides, Scouts, cadet programs, other youth programs)
- Curriculum development
- Developing a critical mass of women's organizations
- Start with children (Developing disaster management consciousness)
- International development opportunities/exchanges
- Example: children brought home the recycling and non-smoking messages to parents
- Partnerships among stakeholders
- Emergency management in medical school curricula
- Inter-organization cooperation
- Creation of emergency management centres of excellence

Discussion Points:

- The value of involving young people in affecting change, as well as both the public and private sector. Note that, for example, it is anticipated that 80% of health care for an influenza pandemic will be done within families.
- Risk management agencies still tend to be male dominated, therefore women need to be engaged and training modules on gender and disaster (or "engendering sessions") need to be developed and implemented.
- Education is a key factor.

Group Two**Issues and Prerequisites for Change - Group 2 Flip Chart**

- Women responding to the call
- Women's work devalued/invisible
- Women under represented as traditional "responders"
- Women over represented in social services
- Race
- What is gathered under "women's issues"
- Implications of the military model of command and control (e.g incident command)
- Rethinking management theory - organizational psychology
- Collaborative priority setting - police, fire, hospital
- Disaster planning and research
- Gender discussion as a luxury
- Keeping the data on impacts - gender (and agency confidentiality)
- Political agenda - international influences
- Disaster - authority and power
- "caring professions"
- Economic infrastructure focus in incident reporting
- Pre-existing conditions for women and minorities
- Equity in command structure
- Commitment (philosophical, leadership)
- Equity I providers
- Cultural change
- Gender of current professions
- Gender of tasks - technical / human trauma
- What's nuts and bolts?
- Class & economics
- Change the world
- Where do you start?
- What do you project?

Discussion Points:

- Existing structures of command and control such as Incident Command System (ICS) have a "military" flavour, a culture that some do not see as inclusive of women.
- There is a need for education in gender issues, as distinct from training.
- Emergency management is still in its infancy in some communities, which is an opportunity. It should be noted, however, that new organizations tend to absorb whoever volunteers and not necessarily the most appropriate. Gender education is therefore important.
- There is a lack of information on incorporating gender into emergency management. This needs to be addressed if change is to be affected
- In a memorial book that was produced after a firestorm event there was a noticeable lack of reference to emergency social services workers compared to the credit given to people like firefighters and police. There may be a gender implication to that.

Group Three

Issues and Prerequisites for Change - Group 3 Flip Chart

- Male bias, male dominance (+ professional bias/dominance)
- “Groupthink”
- Stereotypes & tradition
- Resistance to change fear of the unknown
- Paradigm shift in literature, research
- Cultural aspects
- Critical mass infield area of growth
- Creating interest in gender issue:
 - Communication
 - Trust
 - Education
 - Cultivating an atmosphere
 - Mentoring/coaching
- Create vested interest in change
- Personal responsibility for change
 - institutions
 - communities
- Gender neutral policies, programs and services
- Create ownership
- Personalize issues
- Barriers fear of the unknown, therefore expectations, plans and agenda known
- A degree of transparency
- How to ensure feedback in an attempt to do fine tuning and keep moving forward?
- What are the “benchmarks”?
- COMMUNITY BASED
- “Broadcast the Voices”
 - What needs are not being met?
 - What needs to be done?
- How do we open the process to key stakeholders? (i.e.:
 - Community nurses
 - Grassroots organizations
 - NGOs
- What is the priority? Numerous at risk (vulnerable) = women

Discussion Points:

- Not only is there male dominance to consider, but also “profession dominance” since the military, fire and police professions tend to predominate.
- Communication and education are key.
- There is a need to cultivate an atmosphere of gender awareness.
- It is important to create a vested interest in change.
- Personal responsibility needs to be highlighted.
- Policy, programs, etc., need to be reviewed and rewritten where necessary to be made gender neutral. *[Editorial Note: A helpful resource is Casey Miller and Kate Swift “Handbook of Nonsexist Writing” (New York: Lippincott and Crowell, 1980, republished in paperback by iUniverse in 2001).]*
- Barriers to change are natural and to be expected.
- Benchmarks need to be established and celebrated.
- Community based voices are required.

Group 4

Issues and Prerequisites for Change - Group 4 Flip Chart	
How to influence decision making persons for action	
■ Political and policy:	<ul style="list-style-type: none"> • champions • training • public education • accountability mechanisms • evaluation mechanisms • dialogue • access • lack of networking • shared responsibility • influence • trust • Gender Based Analysis (GBA) applies to all issues
■ Issues	<ul style="list-style-type: none"> • Political and policy • Operational / practitioners • “victims” (affected population) • Apply GBA to all issues
■ Sustaining energy	<ul style="list-style-type: none"> • Research and documentation • Create a buzz here do that others can benefit and continue the efforts • Results on line • Strategic partnerships • Sending results to emergency management students and emergency management schools

Discussion Points:

- Change requires strategies, identifying champions, education and training, and accountability mechanisms.
- The difference between legislated mandate and achieving social change needs to be recognized.
- How to sustain energy? Networking is one way and universities are a part of the process through a “push approach” between universities doing emergency management education.

Other Points Made During Discussion

- Could it be significant that there has been little police, firefighter or military interest in this workshop, with the notable exception of the army garrison in Sydney which has so generously provided the venue and logistic support for the event?
- Facilitating change needs people to coordinate at all levels, e.g., a national committee to take a strategic approach.

APPENDIX TO SESSION 1

1. Workbook: *Facilitating Change: New Thinking, New Directions*

Gender and Disaster in Canada

What Are The Issues?

Facilitating Change: New Thinking, New
Directions

Lynn Orstad

Workshop # 1

Identifying Issues – Facilitating Change

“When working with others, start by assuming that they are open-minded”

Facilitating Change

The focus of this workshop is on creating positive conditions for discovering and acting on issues and new challenges that we face as women and men. During this workshop we will all build interactions that are safe and that enable us to offer up ideas and to share information, thoughts and feelings. This will involve four key areas:

- 1) **Responsibility** – getting each member to accept responsibility for challenges and opportunities and not “duck out”.
- 2) **Integrity** – Getting members to do what they say and be true to their commitment.
- 3) **Openness** – Saying what’s on one’s mind in a constructive “non hurtful way”.
- 4) **Synergy** – Combining the talents and creativity in the group to find new ideas and ways of achieving goals.

Leadership Mindset about the Issues and Changes

- Identify what your group feels are the issues faced today in Canada dealing with “Gender and Disaster”.
- What must happen for this change to be successful? Who are the stakeholders and how should this be communicated to them?
- What are the opportunities associated with the change? How can fear be taken out of the change?
- How can you demonstrate continuous support for and sponsorship of this change initiative?
- In what specific ways can you be a catalyst rather than a controller of the change?
- What challenges might you encounter in balancing the needs of the “organization” and those of individuals? How can you manage these challenges?
- How can you “walk the talk” during this change initiative? What pitfalls will you need to avoid?

Purpose of the Change

- What is the rationale for this change? That is, what are we trying to accomplish with the change?

- How can the change initiative be linked to the “organization’s” or the community’s strategy, mission, and environment?
- What can be used to keep lines of communication with stakeholders open and to inform them of progress being made?

Change Process

- What is the vision for this change – i.e., what would you like to see happen as a result of this change? What do you see as the benefits of the change?
- What are the main components of a plan for this change?
- How can you keep stakeholders involved in the process?
- What potential problems and opportunities are associated with this change?
- What existing systems might need to be modified to reinforce needed changes?
- What mechanisms should be put in place for monitoring and evaluating the implementation of the change?

Predictable Forces Set in Motion

- What potential resistance points might you encounter?
- How can you manage this resistance?
- How might this change be impacted and how can you manage this?

Structures for Managing the Change

- What resources will be needed to successfully implement this change? How can you secure these resources?
- What interim systems might you need to implement? How should they be implemented?

How to Sustain the Energy for Change over Time

- How can you sustain energy and commitment to this change over time?
- Whose support will be critical to the successful implementation of this change? How will you gain their support?
- What might stakeholders need to accept and support this change?
- What small successes can you celebrate? How?

Personal Response to change

- What reactions to this change initiative do you anticipate from stakeholders?

- What pitfalls should you avoid when responding to these reactions?
- What mechanisms can you use to solicit stakeholder concerns? How can you demonstrate that you are listening to their concerns about the change?
- In what ways can you monitor their comments and feedback?

Closing Thoughts

It is amazing, but sometimes if you handle the resistance supportively and create a little space, commitment will grow naturally and resistance will die a natural death. Press too soon or too hard and the resistance struggles to live.

One must decide that being a little more vulnerable, a little less arrogant, a little less egotistical, and a little more flexible is the right way to approach life.

Working together enables individuals to willingly contribute their energy and talent for the mutual benefit of the “whole”.

Commitment is nothing more than desire or motivation in action. Commitment boils down to a vision or feeling of a plan that has not yet been actualized.

2. SOCIAL VULNERABILITY AND RISK

by Colleen Phung

This session was conducted in two parts, each using breakout groups to explore issues in depth. The first challenged participants to examine the concept of social vulnerability and what to do about it. The second addressed how to incorporate the concept of social vulnerability into the practical process of community-based risk assessments.

Defining Social Vulnerability

In the initial breakout session, three groups were invited to consider the question: *What do you think social vulnerability is?* Each recorded the results of some of its discussion on flip charts, as reproduced below.

GROUP 1 FLIP CHART What Is Social Vulnerability?

- A function of resources
 - access
 - different stages
- Health determinants
- Structural vs situational vulnerabilities
- Susceptibility
 - geographical
 - economical
- Perception of vulnerabilities
- Inability of government
- Constraints to resilience - capacity

GROUP 2 FLIP CHART What Is Social Vulnerability?

- Geographic location (e.g., arctic, remote communities)
- Economic
- Age
- Property
- Gender
- Perception of vulnerability (can be embarrassing)
- Ability of government to react

GROUP 3 FLIP CHART What Is Social Vulnerability?

- Vulnerability = constraints on resilience

Incorporating Social Vulnerability into Community-Based Risk Assessments

Having considered the nature of social vulnerability, the session then shifted from theory to practice, concentrating on the practicalities of incorporating social vulnerability into community-based risk assessments. An introductory presentation (attached as Appendix 2.1 to this session) outlined the challenges, described some of the tools available, provided a case study using Vancouver's Lower East Side and concluded by listing the five steps of creating an action plan:

- Step 1: Identify Issues
- Step 2: Explore Solutions
- Step 3: Select Solutions
- Step 4: Implement Solution
- Step 5: Evaluate

Action Planning

The first step in the action planning process – identifying the issues – may not be as straightforward as it might first appear. Factors are not always correlated in the way one might expect. For example, residents of a flood plain may actually be quite resilient if they are wealthy neighbourhood. To consider some of the factors in identifying the issues, participants again divided into breakout groups each of which considered a different topic, recording the results of some of its discussion on flip charts, as reproduced below.

GROUP 1**FINANCIAL VULNERABILITY**

- The most needy sometimes get the most assistance. For example, wealthier people may be too embarrassed and uncomfortable to approach the Salvation Army for help.
- It is important to engage communities themselves, asking people in those communities what they see as their issues.
- People with children at home may have difficulty getting out for help. One solution may be to hire teenagers (who may be out of school and have little to do) to look after younger children.

GROUP 2**POPULATIONS**

- First Nations communities provide case studies in both vulnerability and resilience.
- Community-based solutions are the optimum approach.
- Identifying community issues is not a one-step process and may require many conversations.
- It is also important to build bridges between communities.
- Building trust is also vital.
- The longer that assisting agencies remain in a post-disaster community, the more the message may be reinforced that the community itself is unable to cope.

GROUP 3**DEFINITION OF VULNERABILITY**

- The definition of vulnerability is changing and the focus is shifting to its converse – resilience. Vulnerability can therefore be defined in terms of constraints on resilience
- An alternative approach to vulnerability analysis is to assume people are resilient and then look at how vulnerability chips away at that.
- Resilience consists of “4 Rs”
 - Rapid
 - Robust
 - Redundant
 - Resourceful
- There is a need for a mechanism to identify those social groups who are prone to being vulnerable.
- To get the information, one needs to go to the appropriate source, and outsiders should not assume that they necessarily know the source in advance).
- Concept of usefulness.
- Develop better practices, especially into the stream of policy making – then share them.
- Consider why some communities are more resilient than others.
- A community resilience approach provides an opportunity to mainstream gender matters into emergency management.

After a plenary discussion, participants were provided with a workshop tool entitled *Translating Theory Into Practice* (reproduced as Appendix 2.2 to this session).

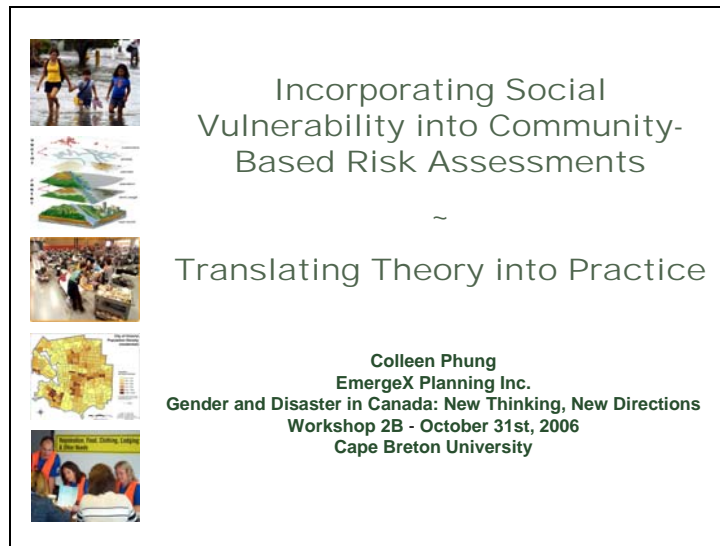
APPENDICES TO SESSION 2

- 2.1. PowerPoint Presentation: *Incorporating Social Vulnerability into Community-Based Risk Assessments: Translating Theory into Practice*
- 2.2. Handout: *Translating Theory Into Practice*

Incorporating Social Vulnerability into Community-Based Risk Assessments

Session 2 PowerPoint Presentation

Slide 1



Incorporating Social Vulnerability into Community-Based Risk Assessments

~

Translating Theory into Practice

Colleen Phung
EmergeX Planning Inc.
Gender and Disaster in Canada: New Thinking, New Directions
Workshop 2B - October 31st, 2006
Cape Breton University

Shelter for victims during Ice Storm 98 in Canada (© Centre de sécurité civile, Ville de Montréal)

Slide 2

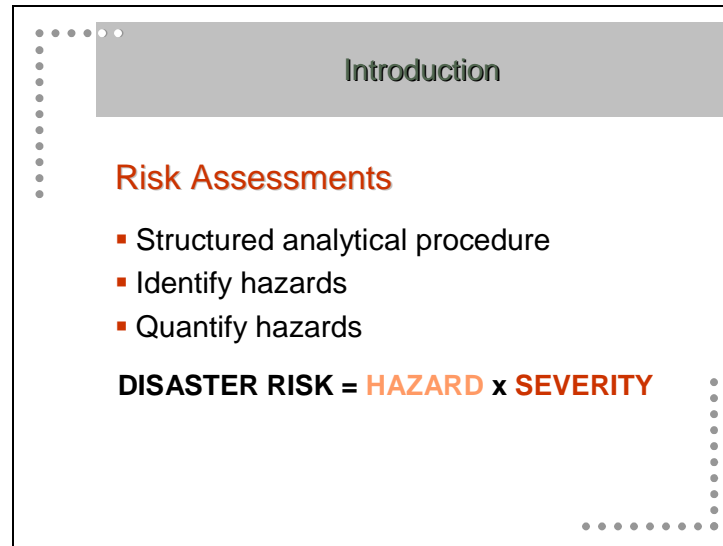


Social Vulnerability in Risk Assessments

Overview

- Challenges
- Assessment Tool
- Translating Theory into Practice:
 - Case Study Vancouver Downtown Eastside
- Action Planning Activity

Slide 3



Introduction

Risk Assessments

- Structured analytical procedure
- Identify hazards
- Quantify hazards

DISASTER RISK = HAZARD x SEVERITY

Hurricane Katrina provides examples of success and failures in understanding social vulnerability, planning to mitigate health outcomes, and responding to an extreme event. Staggering death tolls, however, showed that the system is not infallible and failed to identify specific vulnerable groups. However, the mortality profile was not necessarily what one would have expected based on other experience with floods. This emphasizes the importance of local context in understanding social vulnerability. The comparatively successful evacuation proved the utility of adaptation and early warning systems. The evacuation and short- and long-term responses, however, have also demonstrated that local knowledge of vulnerability can be more reliable and successful at providing for the most vulnerable than state or national responses.

Quantification of Risk

Vulnerability and risk analysis provides a structured analytical procedure to identify and quantify hazards and to estimate the probability and consequences of their occurrence. It must be emphasised that the absolute risk is a complex, multiplicative function of the hazard level and the vulnerability of a community. In an illustrative sense, this means that: **Disaster Risk = Hazard x Vulnerability.**

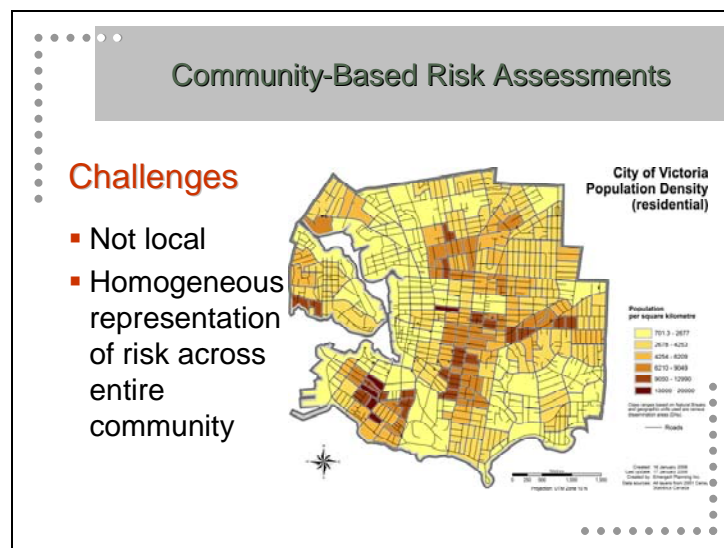
Say we were to rate the hazard and vulnerability on scales of 1-5, then a community with high vulnerability and hazard levels of 5 would be many times more at risk (25) than would a community with low levels of 1.

Risk analysis provides a structured analytical procedure to identify and quantify hazards and to estimate the probability and consequences of their occurrence. It must be emphasised that the absolute risk is a complex, multiplicative function of the hazard level and the vulnerability of a community. In an illustrative sense, this means that:

Disaster Risk = Hazard x Vulnerability.

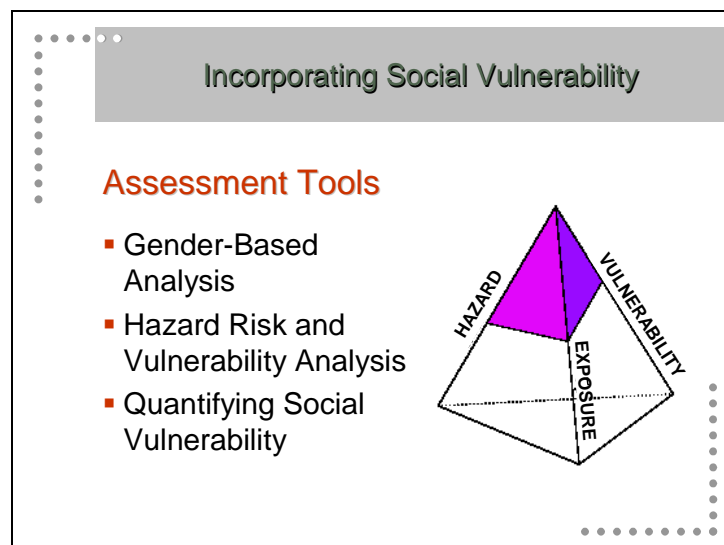
The first step in overcoming natural disaster lies in defining social vulnerability. According to one definition, social vulnerability means “the characteristics of a person or group in terms of their capacity to anticipate, cope with, resist, and recover from the impact of a natural hazard.” Piers Blaikie, Terry Cannon, Ian Davis & Ben Wisner, *At Risk: Natural Hazards, People’s Vulnerability and Disasters* 9 (1994). In *The Geography of Social Vulnerability: Race, Class, and Catastrophe*, Susan Cutter elaborates this definition in a very useful way: “Social vulnerability is partially a product of social inequalities – those social factors and forces that create the susceptibility of various groups to harm, and in turn affect their ability to respond, and bounce back (resilience) after the disaster.”

Slide 4



When there is unequal impact to different members of sectors or society. Only identification of social vulnerability: does not quantify/measure the risk

Slide 5




The risk pyramid shows the three independent factors that contribute to *risk*: *hazard*, *exposure* and *vulnerability* in a 3D format.

Slide 6

Incorporating Social Vulnerability

Analytical Tool

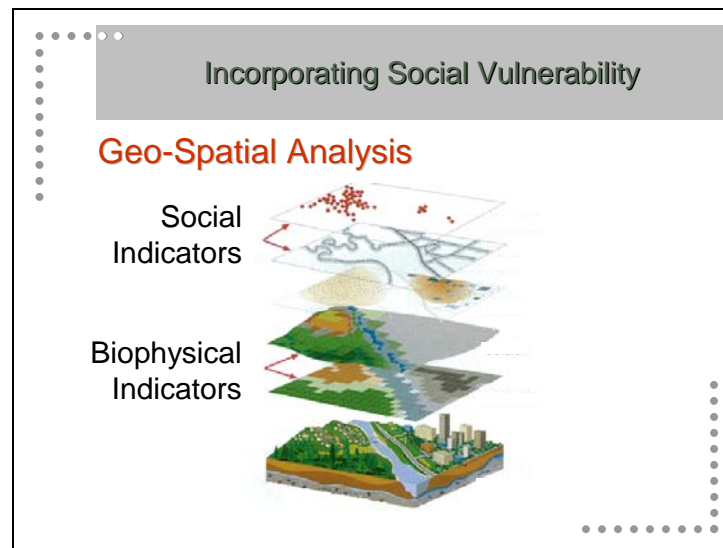
- Geo-spatial analysis
 - Assess vulnerability in spatial terms
 - Biophysical indicators: risk from hazard
 - Social indicators: vulnerable populations



Results indicate that geophysical risk and social vulnerability can produce different spatial patterns that complicate emergency management. Different measures of social vulnerability also confound evacuation strategies and can result in ineffective practices. It is argued that careful consideration be given to the characteristics of local populations.

This paper presents a method for assessing vulnerability in spatial terms using both biophysical and social indicators. A geographic information system was utilized to establish areas of vulnerability based upon twelve environmental threats and eight social characteristics for our study area, Georgetown County, South Carolina. Our results suggest that the most biophysically vulnerable places do not always spatially intersect with the most vulnerable populations. This is an important finding because it reflects the likely 'social costs' of hazards on the region. While economic losses might be large in areas of high biophysical risk, the resident population also may have greater safety nets (insurance, additional financial resources) to absorb and recover from the loss quickly. Conversely, it would take only a moderate hazard event to disrupt the well-being of the majority of county residents (who are more socially vulnerable, but perhaps do not reside in the highest areas of biophysical risks) and retard their longer-term recovery from disasters.

Slide 7



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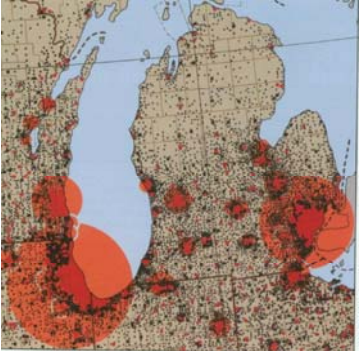
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Slide 8

Incorporating Social Vulnerability

Areas at Risk

- Biophysical and social indicators overlap
- Not always correlated



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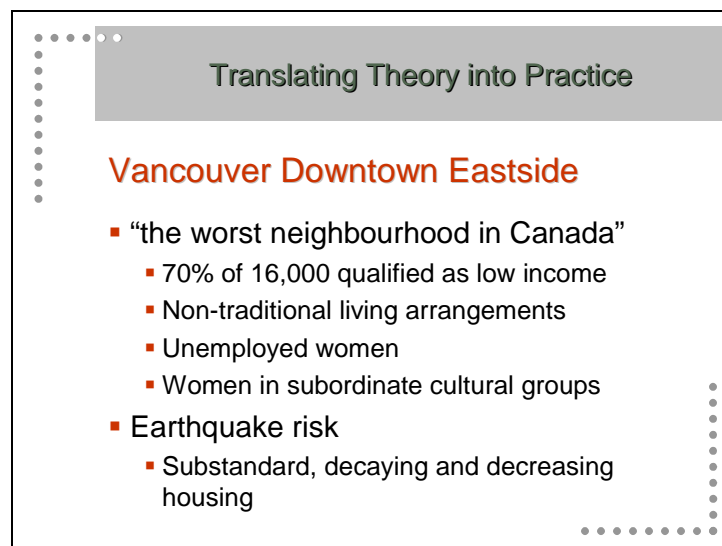
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Slide 9



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Slide 10

A rectangular slide with a black border. At the top, a grey horizontal bar contains the text "Translating Theory into Practice" in a dark grey, sans-serif font. Below this bar, the text "Vancouver Downtown Eastside" is written in a red, sans-serif font. Underneath, there is a bulleted list with red square markers. The list includes: "the worst neighbourhood in Canada" (with sub-bullets for low income, non-traditional living, unemployed women, and subordinate cultural groups), and "Earthquake risk" (with a sub-bullet for substandard, decaying, and decreasing housing). The slide is decorated with a dotted pattern: a vertical line of dots on the left side, a horizontal line of dots at the top left corner, and a horizontal line of dots at the bottom right corner.

Slide 11

Translating Theory into Practice

Initiatives

- Pre-disaster
 - Promote self sufficiency and individual preparedness – NEPP
- Post-disaster
 - Relative absence of recovery planning

Slide 12

Translating Theory into Practice

Evaluation

- DTES Risk Assessment (1991) - no update since
- Condition of buildings and social problems worsened
- DTES Emergency Planning Committee

Slide 13

Translating Theory into Practice

Lessons Learned

- Re-conceptualize disaster vulnerability
- Practice community-based emergency planning
- Perform accurate risk estimations and follow-up with an action plan

Slide 14

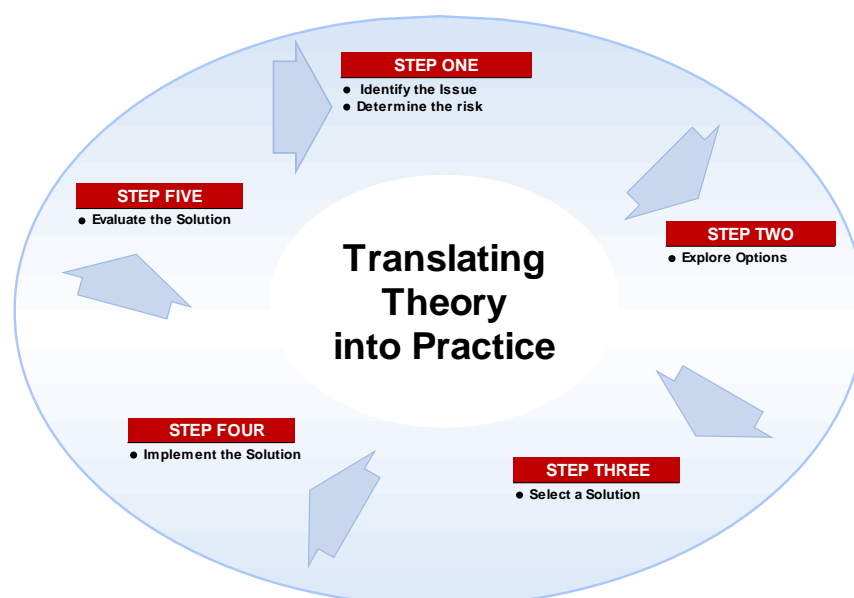
Workshop Activity

Action Planning

- Step 1: Identify Issues
- Step 2: Explore Solutions
- Step 3: Select Solutions
- Step 4: Implement Solution
- Step 5: Evaluate

Action Planning Activity:

Translating Theory into Practice



Gender and Disaster in Canada: New Thinking, New Directions
Cape Breton University
October 31st, 2006

Workshop 2B

Introduction

The emergency management community has recognized the importance of integrating social vulnerability and gender analysis into community-based risk assessments. Recent events such as Hurricane Katrina provide examples of failures in understanding social vulnerability and gender relations, identifying specific vulnerable groups and planning to mitigate increased risks.

Beyond the recognition of social vulnerability and gender relations as a major risk factor, approaches to measuring, assessing, and addressing increased vulnerability vary widely with varied success. Notwithstanding, the ultimate goal of incorporating social vulnerability and gender analysis into community-based risk assessment is to serve as the basis for communities to plan for effective response and recovery strategies to disasters.

The emphasis in risk reduction planning is on the importance of local context in understanding social vulnerability and gender relations.

Your local knowledge of vulnerability can be the most reliable and successful tool for planning for the most vulnerable segments of your community.

What's Next

This workshop “Translating Theory into Practice,” will facilitate action planning and dialogue about social vulnerability and gender relations issues currently faced by many communities. The workshop will follow a Five Step Problem-Solving Model that will guide participants through identifying issues to evaluating solutions from the perspective of community planning.

The agenda and format of this workshop was selected to foster dialogue about practical experiences in identifying the sources and consequences of vulnerability, and appropriate solutions to reduce vulnerability at the community level.

Workshop Objectives

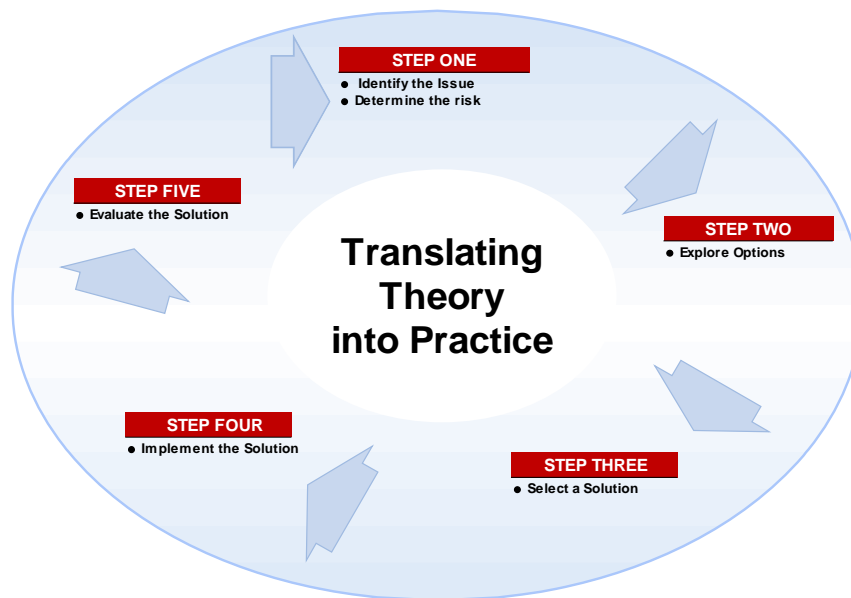
This action planning workshop has four objectives:

1. Share lessons learned and good practices in identifying the sources and consequences of social vulnerability and gender relations issues in disaster management.
2. Create bridges between past and current social vulnerability and gender relations issues and solutions, and work towards developing action plans for the future.
3. Build and reinforce links between relevant stakeholders who can develop and implement appropriate solutions to reduce vulnerability.
4. Discuss and compare evaluation methods of assessing and measuring success.

Action Planning Model

There are many decision making models that you can use. The five-step model shown below is just one example. When using this model, each step may be completed quickly, but every step must be considered. It is not necessary to document each step, but it is important to think through each step.

Going through this process will help you to begin to prepare an action plan to address key social vulnerability and gender relations issues in disaster management.



At the end of the workshop session, an opportunity will be available for you to share your action plan with other participants.

Step 1: Identify the Issue and Determine the Risk

Within your working group arrive at a consensus on **one** issue to work on.

1. Identify segments of your community that are more susceptible to the impacts of a disaster due to social vulnerability and/or gender relations issues. Within each working group, choose one issue to collaborate on.
2. What are the consequences of a disaster on this segment of your community?
3. What data is available to community planners to predict the vulnerability of this group? What is the source of this data?
4. What are the specific short-term response needs (e.g. temporary housing, safe and accessible evacuation space, equitable access to food, clothing, transportation assistance, emergency communication in different languages)?
5. What are the specific long term recovery needs (e.g. replacement housing, long-term financial recovery assistance)?

Step 2: Explore Possible Solutions

This step includes 2 parts: (1) generating solutions through brainstorming, surveys or discussion groups (2) evaluating the solutions through six steps.

1. Brainstorm to generate several solutions that you think will decrease the vulnerability of this particular segment of your community to the negative impacts of a disaster (e.g. (1) increase the number of temporary housing units available, starting with the area of the community with the highest concentration of vulnerable people (2) establish continuity of operations plans for local women shelters, including identifying alternative facilities in the area).

Solution 1:

Solution 2:

Solution 3:

Other Solutions:

2. Questions to ask to evaluate the possible solutions:

Step	Question to Ask	Answer
1 Identify Constraints	<p>Do any of the following factors serve as a limitation on this solution?</p> <ul style="list-style-type: none"> • Political (legal restrictions or ordinances) • Economic (costs or capital restrictions) • Social (restrictions imposed by organized groups with special interests) • Human resources (limited ability of relevant people to understand or initiate certain actions) • Time (requirements that a solution be found within a prescribed time period, thereby eliminating consideration of long-range solutions) • Technical (limited equipment or technology) 	
2 Determine Appropriateness	Does the solution fit the circumstance?	
3 Verify Adequacy	Will this option make enough of a difference to be worth doing?	
4 Evaluate Effectiveness	Will this option meet the objectives?	
5 Evaluate Efficiency	What is the cost/benefit ratio of this option?	
6 Determine Side Effects	What are the ramifications of this option?	

Step 3: Select a Solution

Now that you have evaluated each solution, select a solution to implement. Be prepared to explain why you chose this solution and use the results of the previous process (Step 2) to qualify your choice.

1. Summarize the limiting factors for each solution to determine the best solution.

Solution 1:	
Limiting Factors:	
Constraints	
Appropriateness	
Adequacy	
Effectiveness	
Efficiency	
Side Effects	

Solution 1:	
Limiting Factors:	
Constraints	
Appropriateness	
Adequacy	
Effectiveness	
Efficiency	
Side Effects	

Solution 1:	
Limiting Factors:	
Constraints	
Appropriateness	
Adequacy	
Effectiveness	
Efficiency	
Side Effects	

2. If you have more than one clear solution, can any be combined?

Step 4: Implement the Solution

Use the following questions to help you develop any details needed to plan for the implementation of the solution.

1. Who is responsible for taking action?
2. What specific activities must take place to implement the solution? In what sequence?
3. What resources will be needed to implement this solution?
4. What is the schedule or timetable for the implementation of each step?

Step 5: Evaluate the Solution

Use the questions below to help you prepare a guide for evaluating the results of your solution.

1. How will you know if the proposed solution has worked? Is the indicator measurable? If yes, how?
2. Does the solution and action plan make use of existing channels of communication to generate feedback?
3. Will the feedback test the effectiveness of the decision?
4. Will the evaluation criteria be sufficient to reflect changing circumstances and conditions that might occasion the need to modify the solution?
5. Is the solution achieving its purpose?
6. Is timely information generated so that it can be supplied to operational, administrative and policy units in the community?

Information Sharing with Other Participants

Use the following questions to guide the information sharing process at the end of the workshop activity:

1. What issue did your working group decide to explore?
2. Why did you choose this issue?
3. Share the solution you feel has the greatest success of succeeding and the most potential for making a positive change in your community?
4. What are your plans for implementing this solution?
5. How will you know if your solution has made a difference?

3. GENDER-BASED ANALYSIS

by *Diane Manseau*

Gender-Based Analysis (GBA) is often misunderstood, therefore participants were invited to begin the session by completing and discussing a *GBA Preliminary Individual Knowledge Quiz* (attached as Appendix 3.1) to dispel any initial misconceptions. The remainder of the session was devoted to the presentation outlined below, which gave participants a brief introduction to Status of Women Canada, the concepts of GBA, guidance on how to apply it, and a case study applying GBA specifically to the emergency planning context..

Status of Women Canada (SWC)

History

In 1971, the federal government created the Office of the Co-ordinator, Status of Women, attached to the Privy Council Office. In 1976, the Office of the Co-ordinator, Status of Women became the department of SWC. Ms. Beverley Oda is the current Minister of Canadian Heritage and Status of Women and Ms. Florence Ievers is the Co-ordinator for SWC.

Role and Responsibilities

To ensure that federal government honours its commitment to promote gender equality in all aspects of the life of all Canadian women and ensure the full participation of women in the economic, social and cultural life of the country, SWC promotes equality and the full participation of girls and women in Canada by serving as:

- a *knowledge broker* on gender equality;
- a *centre of expertise* on gender issues and equality for women;
- a *catalyst for network building*.

Gender-Based Analysis Directorate

Created in 1999, the Gender-Based Analysis (GBA) Directorate is one of SWC's seven directorates. Its objective/role is to support SWC's mandate by promoting the practice of GBA across the Government of Canada through a capacity building mandate to accelerate the implementation of GBA throughout the federal administration. Its mandate is to accomplish the following.

- Assist federal departments and agencies in establishing adapted processes for the integration of GBA in all policy and program development activities.
- Promote common understanding of concepts and best practices.
- Promote use of common tools and indicators.
- Provide assistance, advice and resources to show how to develop better policies and programs leading to results supporting gender equality.
- Provide a consolidated planning process for GBA government-wide activities.
- Provide horizontal elements for a broad vision of GBA practice across departments.

The GBA Directorate offers the following services.

- Training by trainers certified by SWC, offered in both official languages (design and delivery of personalized training).
- Tool Development (information kit, training manuals, case studies, evaluations, electronic newsletter).

- Policy Case Studies/Pilot projects.
- Research, Information, Education, Promotion.
- Partnerships.
- Coordination.
- Evaluation and Accountability.
- Assistance with results-based projects.
- Specialized resource centre.
- Presentations at events, organization of fairs and public meetings.
- Performance measurement of GBA at the national level to determine effectiveness and efficiency in achieving gender equality.
- Coordination of national Interdepartmental Committee on GBA.

What Is Gender Equality?

Since the same treatment does not necessarily give equal results, the concept of equality recognizes that it is sometimes necessary to treat women and men differently to obtain the same results - this being necessary because of different living conditions or to counter past discrimination. Gender equality is, therefore, the valuing by society of similarities and differences between women, men and other groups of population and the different roles they play.

What Is Gender-Based Analysis (GBA)?

GBA is ...

- a tool that reveals that inequality is systemic and structural;
- a tool that challenges basic assumptions about roles;
- a tool that does not seek equality of actions but helps identify the factors that could interfere in getting equal results adapted to the specific realities and needs of men, women or diverse groups of population;
- a tool which recognizes that life experiences of women, men and certain groups of the population differ;
- a tool that evaluates, from the initial stages, the specific needs and realities of women, men or various groups of population; and
- part of a dual approach known as gender mainstreaming (GBA application & full integration of women's considerations in all sectors).

GBA is not ...

- A feminist tool
- A tool that takes away what one group has acquired to provide it to another group
- A tool that requires more human and financial resources
- A tool that adds work to an already challenging workload

Why Use GBA?

For Legal Reasons

- Canadian Charter of Rights and Freedoms — Sections 15 and 28.

Because of the Federal Government's International Commitments

- In 1995, Canada became a signatory to the Beijing Platform for Action by establishing a

- five-year plan called the Federal Plan for Gender Equality.
- In 2000, Canada renewed its commitment under Beijing +5 and presented the Agenda for Gender Equality (AGE) (2000–2005).
- In 2002, Canada became a signatory to the Commonwealth Plan of Action and reiterated its commitment under the 1991 Harare Declaration in favour of democracy and protection of human rights.
- In 2002, Canada acceded to the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (Canada had ratified the Convention in 1981).
- In 2005, Canada renewed its commitment under Beijing +10.

Because of the Federal Government's National Commitments

- In 1995, Canada became a signatory to the Beijing Platform for Action by establishing a five-year plan, called the Federal Plan for Gender Equality.
- Creation of the GBA Directorate within SWC in 1999.
- In 2000, Canada renewed its commitment under Beijing + 5 and presented the Agenda for Gender Equality (AGE) (2000–2005).
- Creation of the Standing Committee on the Status of Women (2005), which recommended the integrated application of accountability mechanisms in GBA and suggested that central agencies be responsible for coordination.
- On April 11, 2006, the Government of Canada tabled the Federal Accountability Act and the action plan in response to its commitment to make the government more accountable

For Obvious Policy Development Reasons

- Is part of the modernization of policy and program development.
- Produces better and more effective government practices, services, programs and policies as opposed to gender-neutral approaches.
- Defines a clearer mandate.
- Promotes results-based management and accountability.
- Prevents the need for corrective action.

Who Uses GBA?

GBA is not just for experts in the field but for everyone responsible for planning and designing legislation, policies, programs, services, initiatives, research and for everyone who, individually or as member of a group, desires to achieve equal outcomes for women, men or various groups of population

What Is My Responsibility Around GBA?

Citizen-focused Services

- How can legislation, policies, initiatives, activities, services or programs be citizen-focused if the specific needs and realities of more than half of the population are not taken into account? Should we not strive to achieve gender equality?
- The only way to meet this obligation is to include GBA in all our activities and at all stages of the various processes.

Risk Management

- How can a department or agency produce appropriate narrative and financial reports when the specific needs and realities of more than half the population have not been taken into consideration?
- Sound risk management must consider all risk factors, including the difference between the specific needs and realities of men, women and various groups of population.
- Including GBA in all risk assessment processes allows for identification of specific needs and realities and the analysis of differences, as well as prevents onerous recourse and legal action, while making it possible to achieve results for all.
- Departments and agencies must also assess the risks associated with the choice to not use GBA.

How to Apply GBA

Guiding Principles: GBA ...

- is an integral part of your work;
- recognizes the importance of understanding the social and economic context;
- highlights the impacts on diverse groups;
- is based on sound data, research and information;
- recognizes the effects of personal values, experiences and education;
- requires you to examine and question underlying assumptions; and
- is enhanced by collaboration.

Capacity Building Dual Approach

There are two aspects to capacity building: organizational and individual.

Organizational Capacity Assessment. There are four key building blocks along with their corresponding elements that help to implement and sustain the practice of GBA. As a rule, the presence of all four is preferable.

1. Policy Framework
2. Accountability Framework
3. Institutional structures
4. Partners

Individual Capacity to Ask the Right Questions to ...

- investigate whether policy/program/project will change the situation positively or negatively.
- obtain more valid data and trends.
- capture a more accurate picture of the situation of women compared to men and vice versa, in the diverse population groups.
- detect unintended impacts early on.

The end result is for individuals to integrate gender in all relevant policy and program development steps from the preliminary assessment of an issue, through research, consultations, development of policy options through to the communication and eventual evaluation of the adopted policy or program.

How to Apply GBA to Pilot Projects

Guiding Principles

- GBA to be applied to selected sectors and/or activities.
- Progressive implementation is recommended.

Identification of Pilot Projects

1. Establish priorities according to:
 - Government priorities;
 - commitments taken in federal budgets;
 - mission and departmental priorities;
 - departmental commitments; and
 - hot issues or emerging issues.
2. Determine:
 - expected results to match the reality;
 - risk management factors to get to those results; and
 - quantitative and qualitative results.

Ensuring a Gender Perspective in Assessing the Quality of Analysis

Consider the following:

- Integrate questions concerning gender throughout the analysis.
- Clearly present the gender implications.
- Substantiate the claims with relevant, reliable, gender-disaggregated data.
- Present recommendations for action that support gender equality in a credible and practical way.
- Determine how gender equality considerations are congruent with other government priorities.

Types of Questions to Integrate GBA in the Policy and Program Cycle

- What could be the existing or emerging gender dimensions of an issue? Why is it an issue? What are the root causes?
- What are the assumptions about women's and men's experiences implicit in framing the issue?
- Is the information gathered to frame the issue going to ensure that all requirements for considering gender impacts are taken into consideration?
- Will there be equitable outcomes for both genders and for diverse population groups?
- What outcomes would improve current inequitable situations between women and men and diverse population groups?
- Which indicators will be used to identify the outcomes/impacts of the policy/program on women, men or other groups of population?
- How will it be possible to measure gender outcomes based on the approach that has been developed?
- What types of qualitative and quantitative information will be gathered about and from men and women of diverse groups?
- How will research methods ensure that the approach is sensitive to factors such as sex, age, culture, education, socio-economic status?
- How will the data analysis ensure that if data was collected on both sexes, all major variables are analyzed by sex?

- What are the legal, economic, social, cultural, environmental implications of each policy option for different groups of women and men?
- Which measures would demonstrate if the program is cost efficient and the most effective means of achieving the objectives?

Policy and Program Cycle

- Preliminary Assessment of Gender Equality Impacts of an Issue.
- Outcomes, Goals, Objectives and Indicators.
- Research.
- Consultation.
- Development of Policy Options.
- Making Recommendations.
- Communicating the Initiative.
- Program/Service Design.
- Program/Service Delivery.
- Evaluation.

Assessment and Evaluation

Evaluation Continuum:

- Needs Assessment provides a benchmark.
- Training Evaluation provides immediate assessment of success of knowledge transfer.
- GBA Knowledge Implementation Evaluation assesses the results of applying the knowledge gained from GBA training and provides performance measurement.
- GBA Performance Measurement Template to evaluate the effectiveness and efficiency of GBA and its relevant processes as a sound policy tool in achieving gender equality results categorized under three types of desired outcomes: access, inclusion and benefits.

Integration of GBA Within Federal Government Through:

- All previous capacity building elements (individual and organizational capacity).
- Leadership.
- Partnerships with departments.
- Standing Committee on the Status of Women.
- Governmental accountability mechanisms.

Examples of the Application of GBA

Citizenship and Immigration Canada

- Department required to submit an annual report to Parliament on the impact of the Immigration and Refugee Protection Act, examined using GBA — an unprecedented requirement in federal legislation.
- Established a five-year strategic plan (2005–2010), setting departmental objectives, principles and activities as well as progress reports, linked to directorate plans on GBA.

Health Canada

- Developed the Women's Health Strategy (1999) and the GBA Policy (2000), required to report twice annually to the department's executive committee.
- Developed a GBA Implementation Strategy (2003).

Indian and Northern Affairs

- The Women's Issues and Gender Equality Directorate coordinates implementation of the department's GBA Policy and ensures that this policy is applied by both headquarters and the regional offices.
- Directorate includes a network of people responsible for promoting GBA in all regions and branches of the department.
- Department requires all Memoranda to Cabinet reflect the application of GBA.

Canadian Heritage

- Detailed strategy for implementation, champion, internal senior management committee and departmental working group, action plan with objectives and time lines, gender equality network, policy statement, participation in a pilot project and development of internal tools with SWC, GBA training and accountability framework.

Canadian International Development Agency

- Created a Framework for Integrating Gender Equality to facilitate the evaluation of the Agency's performance in implementing gender equality on a horizontal basis.
- In 2004, conducted pilot projects to evaluate the usefulness, feasibility and validity of the proposed approach, in view of making necessary changes..

Government of Canada

We serve Canadians by serving the government of the day. Many values characterize how we serve the Government with integrity and respect. Also high on the list is a commitment to providing the best advice. Being on the front line, we are leaders in promoting these kinds of values in our organizations.

Especially at this time of change, our value to Canadians needs to be re-asserted and re-established. Senior managers are crucial to the success of their departments and central to the success of the public service as they play a central role in helping shape and implement the government's policy agenda, in running their programs and operations, in managing employees and in being the face of the public service.

Value of Public Service and Values of Public Servants: Challenges to Face and Opportunities to Seize Include:**Roles, Responsibilities and Accountabilities:**

- Effective organizations need clarity of roles, responsibilities and accountabilities. We have within our own means the power to be clear about what we do and how we do it. We need to provide clear mandates, with the responsibility and resources to achieve these mandates and with the clear understanding of being held accountable for results. Gender based analysis can help us explain the choices made and the variety of results obtained.
- Central agencies should provide context, coherence, co-ordination and challenge. They set the fiscal framework and the accountability regime which shape how the

government operates. They set out the broad policy paradigm to guide how policy is developed. In this context, Private Council Office establishes the priorities of the government for departments and complements by a rigorous challenge function. Gender basis analysis can certainly contribute to central agencies adding value to the process of policy making and government operation within their rigorous challenge function.

- We are measured by the results and accountable for those results. We need to be focused, seek clarity in what we do, make sure we add value and strive for results that make a real difference in the lives of Canadians. Gender basis analysis will add value and make a real difference in the lives of all Canadians.

Focus on Culture of Teamwork and Excellence:

- One of the most important elements of any successful organization is the development of a culture of teamwork among all of the key players as we are all on the same team. The Gender based analysis players should be recognized as one important part of the team.
- Beyond a culture of teamwork is how well we do our work and what benchmarks we set for ourselves. Systematically taking into consideration the specific needs and realities of men, women and all groups of population will contribute to daily aiming for excellence in public policy and public service

Leadership, the Most Important Characteristic of a Senior Servant Public:

- We must concentrate on doing a few things and doing them very well. Leadership is about engaging employees and clients, setting the agenda, taking risks and being a role model. Integrating Gender based analysis to all of our leadership responsibilities and activities will contribute to reach our goal that the public service be agile and flexible.
- Longer-term Strategic Planning: Being Ahead of the Curve. Tomorrow's trends should not be a surprise to us today. Using Gender based analysis can help prevent this to happen.
- Outcomes depend on the quality of policies and institutions as well as the quality of human resources and national endowments. Outcomes also depend not just on the direction of government policies and business strategies, but also their flexibility and adaptability. Gender based analysis leads to more specific outcomes.

Gender-Based Analysis Case Study: Emergency Preparedness

Scenario

You are being asked to conduct a Gender Based Analysis (GBA) of Public Safety and Emergency Preparedness planning in Canada (*Note 1*).

Issue and Background

Given that emergencies are often characterized by social dislocation, crisis and change, it is critical that gender based analysis be incorporated into emergency preparedness planning, disaster mitigation and rehabilitation processes (*Note 2*).

In the wake of a disaster – natural disasters, terrorist attacks or health pandemics, for example - gender concerns are frequently overlooked or dismissed as irrelevant (*Note 3*). Ignoring the importance of gender roles and relationships between and amongst different population groups can lead to women and other marginalized groups, such as disabled people, rural and Aboriginal communities and the elderly, becoming more vulnerable as a result of emergency responses.

Notes:

- (1) *In Canada, Public Safety and Emergency Preparedness Canada and the Public Health Agency of Canada work closely with provincial and territorial agencies and governments to plan for emergencies including natural disasters such as floods, hurricanes, earthquakes and ice storms; terrorist attacks; health emergencies and pandemic preparedness (i.e., severe acute respiratory syndrome [SARS], avian influenza and the west Nile virus and to mitigate their impact upon Canadians.*
- (2) *Byrne, Bridget and Sally Baden. Gender, Emergencies and Humanitarian Assistance. BRIDGE. Report no. 33. Institute of Development Studies, University of Sussex (November 1995). p. 3. Available online at: <http://www.bridge.ids.ac.uk/reports/re33c.pdf>*
- (3) *Enarson, E. "Gender and Natural Disasters" ICPRR working paper no. 1. International Labour Organization (September 2000). Available online at: <http://www.ilo.org/public/english/employment/recon/crisis/publ/index.htm>.*

Step 1: Preliminary Assessment of Gender Equality Impacts

When working on an initiative, be it a policy, a program, a piece of legislation or an event, an environmental scan of the issues allows you to assess not only the global implications and elements of the situation, but also the gender and diversity impacts. In what ways are both women's and men's experiences considered in this plan? Are you making assumptions about the uniformity of population 'groups'?

Step 2: Outcomes, Goals, Objectives and Indicators

Outcomes, goals, objectives and indicators from a gender perspective should be taken into account in the development of your initiative in order to ensure that they reflect the needs of all participants, taking into account all the diverse needs of the population groups.

Defining Outcomes

- What outcomes will ameliorate current inequitable situations between women and men, and between different groups of women and men?
- How will the policy/policies ensure that in the case of disaster there will be equitable outcomes for both genders and for diverse population groups?

Defining Goals and Objectives

- Remember that goals are broad statements of desired end results. Objectives describe the specific desired results of goals. They give clear and specific descriptions of how to fulfill the goals. How have gender differences been considered in setting your goals and objectives?

Determining Indicators

- Indicators are the types of results that the program wants to achieve. Measures are the observable and/or quantifiable results for each indicator.

Step 3: Research

Gender-based research ensures that you investigate all aspects of the initiative including diversity using research methodology that does not make assumptions of similarity, uses a data gathering

approach that allows for information to be collected in such a way that it can be disaggregated by women and men and diverse population groups and analysis that allows for the identification of trends by gender and diversity. The research should also include participation and/or input by women and men from the diverse population groups.

Defining Research Scope and Design

- For example, do current health pandemic strategies offer disaggregated data on the differential impact that an outbreak of the flu could have on women and men, and different communities in Canada?
- How might the security and wellbeing of women during an emergency be differentially affected in areas of health, personal safety, control over resource allocation or care-taking responsibilities?

Clarifying Research Methods

- How will research methods ensure that the collection of gender and diversity disaggregated data is facilitated?
- That the research approach is sensitive to factors such as gender, age, culture and education level?

Gathering Data

- How will your data gathering ensure that both women and men are included in the data collection process?

Analyzing Data

- An intersectional gender analysis that incorporates other issues of diversity is central to understanding the broader social, economic, cultural and political context of emergencies and disasters.

What Constitutes an Emergency?

- No emergency can be seen as solely 'natural'. The impact that a crisis (albeit one triggered by natural phenomena like drought, flood or earthquake) has on any population will depend on the social and political context, on the level of exposure of different sections of the population to the phenomenon, on their ability to cope with the phenomenon once it has struck, and on the response of the local, national and international community to the disaster. What constitutes an emergency may vary between women and men and between different social groups.

Step 4: Consultation

Consultation is a very specific research method to collect qualitative (and sometimes quantitative) data so that meaningful and comprehensive information is considered in the decision making process. It is not enough to consult the "general public" and then generalize the results because issues affect women and men from diverse population groups differently.

- When should the consultations occur?
- Who should be consulted?
- Have you ensured access for participation of all high risk groups?
- What information should be gathered?

Step 5: Development of Policy Options

If there is follow-up on issues then there may be policy outcomes, or programme outcomes that will need to be recommended for future events. The development of policy options will include

various options for how to respond, the analysis of the options in terms of impacts, cost, etc. and a cost analysis.

Development of a Gender Analysis from the Beginning of Any Response to an Emergency Situation. Programmes should never, for the sake of speed, forget women or treat them as an undifferentiated or passive group, with no relation to men. In planning, implementing, monitoring and evaluating programmes, agencies should always recognize that women and men have different material needs.

Step 6: Making Recommendations

Once the policy options have been identified, a preferred option will be recommended and the appropriate format and content will be prepared for the decision-makers in the organization.

- Who will be involved in choosing the option recommended? To whom will the recommendation be made?
- In what ways will gender equality amongst men and women, and different groups of men and women, be a significant element in weighing and recommending options?

Step 7: Communicating the Initiative

Initiatives must be communicated and understood in order to be useful and using a gender and diversity perspective creates opportunities to better define and ensure that the communication methods will meet the needs of the various target audiences.

- Which examples, language and symbols used in the communication are gender-aware and diversity-appropriate?

Step 8: Program / Service Design

Your program/service or initiative should be designed with the intention of eliminating discrimination and promoting equality; address past discrimination; and create measures to remove those discriminatory aspects; involve people most directly affected; and integrate the interconnectedness of equality and diversity issues

Including or Clarifying Values

Designing or Revising Program/service

- How will the program meet its objectives?

Developing Criteria

- What criteria are necessary for people and groups to access the program you are developing? Use the KARI model (Knowledge, Activities, Resources, Incentives) to identify your eligibility criteria.

Planning Program / Service Delivery

- Which specific interventions and/or organizational arrangements are needed to mitigate any gender differential impacts of program/service delivery?

Step 9: Program / Service Delivery

The actual delivery of the policy or program should ensure that all equality factors have been integrated into all the steps of the design before delivery; that the communication of the initiative is adequately done; barriers to access are eliminated; adequate resources and mechanisms are available and that the gender and diversity outcomes identified in the development phase are being carried over into the delivery phase.

- What type of monitoring plan have you decided to put in place?
- What measures are in place to eliminate barriers to access?

Step 10: Evaluation

Performance measurement and evaluation is an integral part of ensuring that your or program reflects the intent and is operating efficiently and effectively. Evaluation should be ongoing throughout your process and is used to monitor process, success in meeting goals and objectives, efficiency, effectiveness, quality, resource use and impacts and uses gender equality indicators. Gender-inclusive evaluation provides information to help design, implement and interpret factors in a way that improves awareness of the implications for the various population groups of women and men.

Clarifying Outcomes, Goals and Objectives

- How are you going to follow up on the outcomes, goals, objectives and indicators?
What specific outcomes and indicators can you use to measure this?

Determining Data Collection Methods

- Which data collection methods do you think will be most effective for evaluating the successes and constraints of your program?

Analyzing and Interpreting Data

- What are some of the unintended results of the program?

Making Recommendations

- Have you ensured that your recommendations take into account social, economic and human rights perspectives?

Main Challenges and Future Directions

- Increase and maintain individual and institutional capacity in GBA
- Improve understanding and expand the debate, both internally and externally, on a broader range of possible actions
- Use all Treasury Board mechanisms for planning, accountability and reporting
- Systematically apply GBA to adapt to changing public and socio-economic environment, to make effective use of resources, promote dialogue, share a common vision among partners and offer results to all clients, while having an impact on a larger clientele
- Deliver on Canada's commitments.

Conclusion

GBA must be considered to be a preventive mechanism in designing and developing legislation, programs, policies, initiatives and services, as well as a process that contributes to economic and social progress.

Learning to take into account issues related to gender equality, as an organizational principle, represents a way of seeing and thinking that:

- also leads to improved transparency;
- ensures enhanced accountability of decision-makers;
- is part of what constitutes good governance.

And remember that ... integrating GBA across all of a department's activities does not require additional human and financial resources. It simply involves doing things differently.

APPENDIX TO SESSION 3

3.1 Handout: *Preliminary Individual Knowledge of GBA*

GBA Preliminary Individual Knowledge Quiz
Session 3 Handout



This is what I'm pretty sure of, or confident, about GBA:

This is what I'm wondering, or confused, about GBA:

There are other thoughts or comments about GBA:

GBA Quiz

1. GBA is biased against men.	TRUE	FALSE
2. GBA is not advocacy for women.	TRUE	FALSE
3. GBA and Employment Equity are the same thing.	TRUE	FALSE
4. We do not need GBA, women and men are already equal.	TRUE	FALSE
5. Creating a 'gender-neutral' policy is good enough; it treats everyone as equal, so we do not need to do GBA.	TRUE	FALSE
6. GBA is only for policies that focus on women or women's issues.	TRUE	FALSE

Quiz Answers

1. GBA is biased against men. FALSE

GBA is about fully analyzing policy consequences for everyone, not about promoting one sex over the other. GBA looks at socio-economic data about both women and men to ensure that valid comparisons and conclusions can be drawn. A thorough GBA may arrive at the conclusion that a policy or program will negatively impact on either or both genders. For example, a GBA of homelessness may capture the fact that men make up the majority of those affected, and while women may represent a smaller proportion of those affected, the root causes are different and, therefore, different solutions are required.

2. GBA is not advocacy for women. TRUE

GBA is not advocacy and it is not the promotion or acceptance, without question, of any one view. It is an analytical tool and an important part of a comprehensive social/economic analysis of public policy. It ensures that potential differential impacts are discovered and that existing and proposed policies have intended and equitable results for both sexes.

GBA uses gender relations as the analytical focus rather than viewing women in isolation from men and vice versa. Over the years, in public policy development, isolation has meant marginalization. GBA means working towards both woman-specific initiatives and mainstreamed policies and programs targeting gender equality as an outcome. There are certain steps that can be undertaken now, leading to gender-specific outcomes, while others require more time to refine or accomplish as part of an integrative approach towards gender equality.

3. GBA and Employment Equity are the same thing. FALSE

Employment Equity can be one of the outcomes resulting from the systemic application of GBA in the human resources field. Employment Equity is an action-oriented approach that identifies under-representation or concentration of, and employment barriers to, certain groups of people; it provides a number of practical and creative remedies and involves the identification and removal of systemic barriers to employment opportunities.

The *Employment Equity Act* states that: "To achieve equality in the workplace so that no person shall be denied employment opportunities or benefits for reasons unrelated to ability and in the fulfillment of that goal, to correct the conditions of disadvantage in employment experienced by women, Aboriginal peoples, persons with disabilities and persons who are, because of their race or color, in a visible minority in Canada by giving effect to the principle that employment equity means more than treating persons in the same way, but also requires special measures and the accommodation of differences."

4. We do not need GBA; women and men are already equal. FALSE

Men's and women's realities are different as a result of both sex (biological differences) and gender (social differences). Women and men in Canadian society have different roles, different access to resources and benefits, and different responsibilities. As a result, a policy or program

developed without taking these differences into account may not meet the needs of both women and men and not have the intended effects.

A GBA done on socio-economic data disaggregated by gender shows that men have, on average, higher incomes in relation to women and that women face socio-economic disadvantages in part due to the social roles they perform and the value attributed to these roles. Women make up 51% of the population, 45% of the paid labor force, earn lower wages on average and do more unpaid work. Although great strides have been made in economic and social equality, substantive equality has not yet been achieved.

5. Creating a 'gender-neutral' policy is good enough; it treats everyone as equal, so we do not need to do GBA. FALSE

Gender-neutrality (or gender-blindness) assumes that all people are affected by policies/programs in the same way, or that policies/programs have neutral impact on recipients. It is premised on the theory that all people are already equal, therefore, treating all people the same way is fair. It ignores the different physical, social, economic positions and life experiences of women and men, as well as particular groups of women and men, such as persons with disabilities, Aboriginal peoples and visible minorities. This may mean that equal treatment will not necessarily produce equal results.

Treating women and men identically (equality of opportunity) will not ensure equal outcomes because women and men do not experience the same social and economic conditions to begin with – in other words, the playing field is not level.

6. GBA is only for policies that focus on women or women's issues. FALSE.

GBA is for all policies. All government policies/programs impact on both women and men. GBA is about recognizing women's and men's realities and experiences as different, which means that policies, programs and legislation may affect them differently. GBA considers how negative differences can be mitigated and how the policy, program or legislation can truly impact positively on all Canadians, not just a select few.

4. GENDER IN EMERGENCY MANAGEMENT

by David Hutton, Kym Martin and Allison J. Stuart

The session was presented in three parts: an introduction by David Hutton; thoughts on gender and emergency management drawn from both personal experiences and a literature review by Allison Stewart; and thoughts from a federal government perspective from Kym Martin.

Introduction to the Session

Purpose of the Session

The purpose of the session was two-fold. First, it was to discuss the issue of gender in emergency management and to what extent it affects decision-making as well as the recruitment and retention of women in this field. Second, it sought to identify key points which might go towards shaping Canadian research and better practice documents.

Questions for Consideration

Four questions were posed at the outset to guide the thinking of participants.

- What are people's experience with the issue of gender in emergency management, positive and negative?
- How does gender affect the work place, if at all?
- How does gender in the work place affect policy and decision-making?
- Do these gender issues affect the recruitment and retention of women? Why or why not?

From this, participants were invited to consider what priorities, in terms of research and better practices, they might want to address and how they might go about addressing these priorities.

A Practitioners Perspective

For the Emergency Management Unit of the Ministry of Health and Long-Term Care in Ontario, the SARS experience was an *ad hoc* introduction to the complexities of emergency management. This highlights the fact that we all view issues through the lens of our own experiences. For example, the younger generation is more gender-integrated than their elders, and things that the older generation still find new are routine non-issues to younger professionals.

Literature Review

A review of the literature on gender and disaster reveals that much of the focus is still on women as victims, i.e., as a vulnerable population. Nonetheless, of the work that does deal with women as an emergency management asset, about half deals with taking advantage of womens' unique skills and the other half about the role of women in emergency management. The literature indicates that women in the profession:

- are, on average, younger than their male counterparts;
- tend to come from "uniformed" background (e.g., military, etc.);
- have generally spent less time in the profession (i.e., they are joining the profession at the

- entry level) and have, at the moment, only reached mid-level management and not yet achieved senior positions;
- are more likely to be single than their male counterparts;
 - are more likely to be in the minority; and
 - are more likely to be in planning and management positions rather than responders. In the response role, women tend to be engaged in such traditional tasks as organizing volunteers, serving in telephone centres or acting as facilitators and negotiators, drawing on the perceived traditional skill sets of multitasking, nurturing and team-working.

As an aside, in a parallel development, the amount of literature on women as war correspondents is increasing. There are three possible reasons for this: an increasing public interest; an increasing number of wars; and an increasing number of female role models. Perhaps, in time, something similar will happen to emergency management with an increase in public interest (e.g., following such events as the SARS outbreak or Hurricane Katrina), the number of disasters and the number of female role models. Taking the war correspondent precedent further, it is interesting to note that with the increasing number of female war correspondents there is now less emphasis on strategy and equipment and more on the consequences of war, not only in reports by women but also in those by men too.

Some Issues

There are many issues that arise from the experience described, but the following offer a starting point from which participants can begin to consider gender and emergency management.

- Challenges to work balance (e.g., sudden 24/7 obligations of uncertain duration) that can impact men as well as women.
- Quasi-military customs in emergency management - which may be good during high tempo response but are arguably less good for the other 99% of the time.
- There are not a lot of visible minorities in the profession - but does that matter as long as it is not a result of barriers or discrimination?
- How do we take advantage of gender difference, as distinct from just “working around it”?
- Is this a burning contemporary, narrowly focused issue, or is it something that should be integrated into other issues?

Perspective from the Federal Government

From the perspective of the Centre for Emergency Preparedness and Response, Public Health Agency of Canada, the following thoughts come to mind.

- Is there a need to create something new, or is the gender issue something that can be addressed routinely and incrementally?
- The male demographic of fit, white men is a factor to note.
- There is a distinct “ICS Culture” developing, but that should not be a surprise. Medical doctors, for example, also constitute a specific cultural group).
- We need to be aware of different layers of profession, culture and attitudes - each affecting the other.

5. “ENGENDERING” CHANGE IN DISASTER RESPONSE: INCREASING WOMEN IN LEADERSHIP ROLES

by Omar Ha-Redeye

Disaster response has historically emerged from male dominated military institutions. Skills emphasized as advantageous by respondents in police, fire, and paramedic fields were physical strength and prowess, typically attributed to the male gender. For example, only 32% of New South Wales (NSW) police services in Australia today are women, 26% of ambulance services, and 5% of the NSW fire brigade (Childs, 2006).

As a result of these fields being almost exclusively male dominated, management obtained through internal promotion was usually male as well, especially since idealized leadership traits are often misattributed to males (Dawley, et al., 2004; Lindstead et al., 2005; Pounder & Coleman, 2002). Some studies have found that leadership in complex stressful operations requires an appraisal of what is at stake and the manageability of a situation, but these findings lack information on the competency of women in such roles (Sjoberg et al., 2006).

One of the major barriers to identifying sexism is what is termed as “Sameness Syndrome,” or, a movement towards a male defined standard as the benchmark, which is not necessarily true in disaster management (Stokes, 1988). The absence of women in senior disaster management positions may indicate that the entire process of selection, recruitment, and promotion in a system needs to be revamped (Trinidad & Normore, 2005).

The nature of response in the face of disaster in the modern era increasingly employs completely different skill sets and an ever broadening inclusion of various disciplines. Despite these changes, leadership in disaster response continues to perpetuate the stereotypes of what management in the field should be, and continues to be predominantly male. This paper will briefly summarize some of the advantages to increasing the number of females in disaster management and some strategies to practically transform an organization in order to promote such inclusion.

Changes in Disaster Response

Historic disaster response was almost exclusively medical, and focused on maintaining the health and preserving the lives of those injured in a disaster. While this may still be true for some small-scale local responses, the picture is quite different when dealing with large disasters of a national or international scope. The latter are typically characterized by considerably higher numbers of casualties and extensive damage to infrastructure.

Appropriate responses to such large scale events necessitates treatment beyond the medical injuries of those surviving – involving attention to the social, economic, and psychological disruption of the communities involved. Family cohesiveness is invariably weakened when loved ones are lost to a disaster. Businesses are no longer viable once infrastructure, supply routes, and consumer bases are destroyed. There is also an increasing recognition that medical care must consider the impact of psychological trauma as demonstrated by increasing numbers of disaster survivors with Post-Traumatic Stress Disorder (PTSD) in the months and years that follow a disaster. Females were especially identified as having high risk factors for psychological distress when poor social supports were present during the 1989 Australian and 1995 Great Hanshin Awaji earthquakes (WHO, 2002).

These multifaceted dimensions of disaster response demonstrate both the need for long-term rehabilitative approaches and the different sets of skills required to adequately respond to affected populations (Mitchell et al., 2005). A more holistic approach to disaster response should draw on human resources from fields where women have made greater headway, thereby facilitating their entry into disaster management positions. For example, occupational social workers have previously assisted in crisis interventions by providing a sense of worth to survivors and limiting the emotional impact of disasters (Ribner, 1993). Dealing with grief is a capability that all managers should possess following a tragedy (Klompeen, 1991).

Large scale disasters also typically disproportionately affect women adversely, often due in part to the roles they may play in society (ActionAid, 2006). A significantly higher number of women in New Orleans were among the survivors after Hurricane Katrina. Disasters can also have higher death tolls for women; one and half times more than men after the 1995 Kobe, Japan earthquake, five times more in the 1991 Bangladesh floods, and up to four times the male death rate in the 2004 SE Asian tsunami (Oxfam, 2005; Seager, 2005).

There are also special needs that female survivors may have. Long-term reproductive consequences are increasingly being recognized as fallouts from disasters such as Chernobyl, 1976 dioxin exposure in Sevesto, Italy, and the 1984 Bhopal, India earthquake (WHO, 2002). Disasters therefore can adversely affect subsequent generations via the reproductive health of women, a factor typically not present for men.

Privacy issues can be raised for women, including perineal rashes and urinary tract infections (UTIs) due to damp menstrual rags following the 1998 floods in Bangladesh, and cramped living conditions following the 2004 SE Asian tsunami. The burden on women survivors can also manifest into additional responsibilities such as caring for even larger extended families (WHO, 2002). Women are often marginalized in the aid process, and are one of the most vulnerable populations following a disaster (ActionAid, 2006).

Because these factors have been identified as central to the field, there are some that suggest that a gendered approach to disaster relief be the foremost benchmark for the disaster relief (Enarson & Meyreles, 2003). Familiarity with the challenges that female populations face, and perhaps a greater empathy towards their plight, should necessitate women in leadership positions during disaster response.

Transactional vs. Transformational Leadership

Some organizational scientists have suggested that sex is a biological trait, and gender is socially constructed and learned from the environment (Cartwright & Gale, 1995; Whitehead & Moodley, 1999). Some differences have been identified in commonly socialized communication styles between genders. Men typically engage in what is called "report" communication, focusing on facts, figures, and information, while women are often better at "rapport" communication, or building relationships, maintaining group cohesion, and conflict resolution (Mulac et al., 1998).

Although both genders are equally capable of communicating in either format, there is a disposition and proficiency typically associated with one over the other. Women attempting to engage in communication styles typically employed by males can actually be perceived adversely by subordinates because they are challenging perceived gender roles. Conversely, androgynous leadership approaches employed by women are frequently met with greater success (Appelbaum et al., 2003). The different communication styles can be roughly correlated with the two major

components of leadership: the task dimension, which includes goal setting, organization, direction, and control; and the relationship dimension, which comprises of support, communication, interaction, and active listening (Trinidad & Normore, 2005).

The command and control structure of military organizations can be highly effective in high-stress emergent environments. Emphasis of this transactional approach is on task completion, using rewards and punishments to achieve goals (Lindstead et al., 2005). However, the majority of disaster response occurs in the post-acute stage where immediacy of task completion is secondary to optimal performance of the organization (Bryant, 2006). This distinct approach is often termed transformation leadership, and is increasingly becoming a standard in the business industry. Transformational leadership tends to emphasize collaboration rather than competition. Transformational leaders tend to use persuasion to accomplish goals, and are better at facilitating organizational change (Maddock, 2002). Women taking on transformational positions can therefore play potentially crucial roles as change agents by using alternate techniques (Lindstead et al., 2005).

Some studies have indicated that women are less likely to adopt narcissistic tendencies in leadership than men (Jørstaad, 1996). Other studies have suggested that women are also better transformational leaders than men (Maddock, 2002; Dawley et al., 2004; Trinidad & Normore, 2005). Transformational leadership style can be considered as built on top of a transactional leadership foundation, but not vice versa, giving transformational women in leadership a significant advantage of transactional male counterparts (Pounder & Coleman, 2002).

Transformational leadership has already been recognized as advantageous in flatter organizational structures with team-based management (Trinidad & Normore, 2005). Enhanced communication and interpersonal skills are often evident, arising from the ability to listen and empathize, and use of a softer approach in dealing with others (Appelbaum et al., 2003). Transformational leadership is especially effective in emergency medical response, because front-line workers are generally allowed greater levels of autonomy in decision making and routine operations, in a structure often termed as a Self-Directed Work Team (SDWT). Nearly two thirds of all mid to large sized organizations in North America already utilize SDWTs (Cohen et al., 1996). The flexibility afforded to SDWTs is ideally suited to disaster response because it allows for custom approaches and rapid adaptation to new developments on the scene (Kirkman et al, 2000). The chaotic nature and wide disparity of different scenarios encountered in large scale disasters suggest a transformational approach for optimal performance.

EnGendering Organizational Change

The most established model in organizational behaviour studies for change management is Kurt Lewin's Force Field Analysis. This model describes forces promoting and resisting change, which when equal, results in equilibrium causing stagnation. Enacting change requires increasing the impetus for change and minimizing the restraining forces. Although this model is well established, some gender theorists label it as a masculine orientation towards change management due to its strong task orientation (Lindstead et al., 2005). However, in the absence of further gender specific change management approaches, and the prevailing need for male buy-in using typically male approaches, it remains the best method when used in conjunction with organizational development techniques.

The six reasons why people invariably resist change can often be summarized as: 1) direct costs; 2) saving face; 3) fear of the unknown; 4) breaking routines; 5) incongruent organizational

systems; 6) incongruent team dynamics (Nadler, 1987).

Some disaster managers might feel that there are additional costs in attempting to recruit female disaster managers, especially since it is perceived that there is a great scarcity of qualified individuals. However, failure to utilize potential resources in female leadership typically reflects on a significantly poor return on investment for most organizations, as valuable talent is often wasted (Appelbaum et al., 2003).

Male managers may also find their own self-worth undermined when someone younger, with more education, and an entirely different set of work experiences is identified as working in a field that they have found a personal niche in (Blake, 2005). Gender analysis itself may be perceived as dangerous because it can potentially undermine male roles (Maddock, 2002). These anxieties are often amplified if they have never had exposure to women in leadership roles in disaster management because there may be uncertainties related to performance.

However, fears are often closely related to personal dislike for disruption to established patterns of behaviour, especially if those patterns are well ingrained and toward the end of a person's career. Additionally, there are often also systemic and institutional barriers to enacting change that even discourage organizations that would otherwise be inclined to increase women in leadership roles. Facilities in field hospitals or camps may have to be expanded to accommodate quarters for women's privacy and hygienic needs, again raising concerns about costs.

Team members themselves may have to adjust behaviours, especially if chauvinistic attitudes prevail towards female managers who choose to use "male-speak." Males can perceive role incongruence when female leaders manifest traits they stereotypically attribute to males (Dawley et al., 2004; Lindstead et al., 2005). Alternatively, male members have to adjust to different styles of typically female communication and leadership, though to be effective, both genders typically have to adapt and learn from each other (Appelbaum et al., 2003).

Female managers should be aware that they bring into their leadership role their gender as well as the culturally defined aspects of this quality, and an integration of their own professional experiences (Lorenzen, 1996). True organizational change requires simultaneous consideration of age, race, physical ability, class, sexuality and gender, as the factors are often interrelated (Cheng, 1995; Ely & Myerson, 1999). National culture and society play especially important roles in the effectiveness of women in leadership by limiting or accepting different role definitions (Pounder & Coleman, 2002).

Mentorship can be a particular example of incongruent organizational systems and team dynamics in disaster management (Itzen & Newman, 1995). Opportunities for mentoring have been identified as key to women's success and advancement in an organization (Trinidad & Normore, 2005). But since existing management are predominantly male, upcoming female trainees seeking mentorship inevitably find themselves in a cross gender dynamic. Such interactions can be susceptible innuendos, rumours, and attribution of success to sexual relationships. Mentors themselves may perpetuate such myths by transgressing the professional boundaries of a mentorship relationship through sexual harassment, or, aware of such stereotypes, be resistant to act in a mentorship role for managers in training (Hurley & Fagenson-Eland, 1996).

Resistance Should be Futile

Six strategies have been identified to minimize resistance to change (Kotter, 1995).

1. Communication can be effective in expressing the importance of increasing women in leadership positions for disaster response, and the usefulness of transformational leadership (Maddock, 2002). Communication can be useful in clarifying roles in mentoring relationships to avoid misunderstandings of a sexual nature (Hurley & Fagenson-Eland, 1996).
2. Responders may have to be provided with training to cope with the changes in the organization. Training might be particularly effective in this instance if conducted by a female manager, in order to help demonstrate competence. However, there are limited female trainers in the field, scant material on gender mainstreaming, and most audiences in disaster training are male (WHO, 1998). Training should include material on sexual harassment and how to avoid its pitfalls, as well as strategies such as mentoring journals that can prevent these situations (Hurley & Fagenson-Eland, 1996). But training programs should be careful to avoid automatically lumping all diversity issues, affirmative action, and equal opportunity education into the same initiatives, because the nuances of each are easily lost (Jackson, 2006).
3. Employees should be highly involved throughout the process of the change, heavily utilizing the channels of communication previously established. The mission of the organization should be clearly understood by all of those involved (Ely & Myerson, 1999). Organizational development techniques such as teambuilding, survey feedback, and targeted career development can help create better equal opportunities through organization change (Iles & Auluck, 1988).
4. Communication can also be useful for employees to express their frustrations and allow female leaders to provide stress management. This could take an important role during operations in the form of debriefings.
5. Negotiating techniques can be used to help find compromises or alternative solutions to challenges that employees have expressed. Resistant managers can be coerced towards inclusively by demonstrating the benefits of different skill sets over any costs required for accommodation.
6. If organizations refuse to include more women in leadership roles coercion can be used. Employees may have to face job termination, and organizations might encounter litigation if discriminatory practices are documented.

Recommendations

Women aspiring to enter management roles in disaster response should anticipate considerable challenges. They will have to demonstrate competence in organizations and institutions that have historically been predominantly male. They will also have to be agents of change that will help transform the nature of disaster response itself (Linstead et al., 2005). Despite these obstacles, there is a growing body of literature supporting a broader approach to disaster response that should allow the inclusion of more qualified female individuals in such roles.

Strategic advocates and allies can be formed through a process of identification and empathy with discriminatory issues from either other socially marginalized groups or males struggling with stereotypical female roles such as single fathers (Itzen & Newman, 1995; Whitehead & Moodley, 1999). Some have suggested a dual strategy that focuses on both gender and diversity issues

simultaneously, due to the heavy interdependence between the two (Ely & Myerson, 1999).

An important strategy in this process is to therefore work closely with male counterparts that recognize the value of skills that female managers can bring. Additionally, past accomplishments should be highlighted to help demonstrate competency of women in disaster management in order to change stereotypical perceptions of role definitions. Promoting a transformational leadership style as the new ideal for disaster response, an approach also attainable by males, should provide greater opportunities for female leaders in disaster management in the future (Pounder & Coleman, 2002).

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6. WOMEN AND CHILDREN IN DISASTERS: ISSUES FOR DISCUSSION

by Laurie Pearce

This session was presented as a dialogue between speaker and participants, structured around a series of questions about issues affecting Canadian women and children in times of disaster.

Who are we talking about?

In Canada, there are 11,504,000 women over the age of 19 (51.76% of all adults) and 7,778,000 children under the age of 19 (25.92% of total population). Of these, there are 1,065,000 female lone parent families (81.24% of lone parent families) which include 2,778,000 children, averaging of 2.61 per family. These lone parent families have a median annual income of \$27,242 (47.24% of that of two parent families). 11,349,000 women report unpaid work: 5,100,000 are looking after children and 2,571,000 are caring for seniors.

How does that translate to mothers on a day-to-day basis?

Exhaustion.

Why? What does that mean?

One woman's comment sums it up nicely:

"I get up earlier to make the kids' lunches, get everyone breakfast, drop the children at daycare, go to work and worry about how I'm going to get one kid to soccer, the other to dance classes in time, get the shopping done, make dinner, supervise the homework, clean up after dinner, do the laundry... by the end of the day I fall into bed exhausted..."

And What Happens to these Exhausted Mothers in a Disaster?

Women and their children are more at risk of abuse and experiencing violence. There are increased child care responsibilities due to lack of schools, daycare, etc. Furthermore, female lone parent families are more likely to be dislocated due to living in substandard, rental housing units.

And What Happens During a Disasters?

Women tend to be under more pressure to clean up the mess and to ensure that children return to normal routines. They usually act as the primary source of psychosocial support for children.

So What Should We Do About It?

The flippant answer would be: "Provide every mother with a free nanny, butler, chef, maid and chauffeur!". Right! let's get realistic....

So What Can We Do About It?

For a start, we can involve mothers in planning for mothers and children. We can ask what would be most helpful – and the answers are not likely to be the services that exist today in Canada. For example, we could ...

Provide mothers with time, safety, strength, support and resources:

- Time: To contribute towards planning for a better future.
- Safety: To carry out responsibilities.
- Strength: To cope with the realities and support children in recovery.
- Support: To care for oneself.
- Resources: To re-establish financial independence.
To re-establish a home.
To re-establish normal routines with competing financial burdens.

Some of the specific steps that would accomplish that include the provision of

- paid short-term leave from work to make arrangements for recovery, encouraging employers to provide voluntary vacation donations for vulnerable employees;
- access to cleaning services;
- photography services to replace or restore family photos;
- community kitchens;
- free communication to access personal supports;
- safe and accessible transportation services to provide children and youth with opportunities to get to normal activities and assist women to get to the necessary services – while having children in tow;
- safe, accessible day care at no or at least affordable rates for women who didn't have day-to-day day care, whose day care is no longer operating or who can't afford it due to other financial demands;
- no interest/low interest loans to restart home businesses;
- non-directed funding e.g., provide \$200 to send the kids to stay with Aunt Susie;
- grants to assist in clean-up costs up-front;
- monitored youth activities to engage youth in appropriate and supportive activities and to empower youth to assist in community recovery;
- safety to protect from violence and provide feeling of security; and
- parental education regarding the need to provide children with psychosocial supports. We know many children will not benefit from a language-based debriefing so parents need to understand the importance of their role.

Developmental Issues

Young Children. Children under five lack ability to symbolize and engage in representational thought or maintain memory of interactions and are not able to reflect and re-examine self and general knowledge. What young children need is that a sense of safety be re-established through the act of re-engagement of the protective cocoon provided primarily by parents and family or significant other. The role of parents is the core reference point for framing and processing, providing information, a sense of safety, and containment. That role is crucial and must be supported. Experience has shown that young children found their parents more helpful than teachers and other support persons. Children's reactions need to be integrated into the contexts of the families' reactions, understanding and processing.

Parents. To perform their role, parents need facts about the events, information about their own and their child's reactions, and stress management strategies for the present and future. They need to understand risk factors and when and where to seek help. Parents need to understand that, as the child matures, the peer group or surrogate parent such as school teacher begin to form part of the cocoon of safety. Reunion and engagement with significant others is essential and needs to be addressed sensitively.

Teens. The well-grounded teen is more able to be sustained by their own internalized representation of caring others in moments of crisis until the external world can provide the safety net.

So What Else Can We Do About It?

We can provide children-based services such as: arranging birthday celebrations; community social activities; art, play and theatre activities; and weekend "Mom and Tots" camps.

We can empower women to become engaged in their own recovery while providing them with treats too. Given the additional stresses with which many must cope, it is not extravagant to consider providing:

- massages;
- respite childcare as "time outs" for mothers;
- luxury treats;
- cleaning services; and
- counselling

Finally, and importantly, we must provide opportunities for women and youth to contribute to community recovery planning.

7. GENDER ASPECTS OF RESPONSE: CAREGIVING DURING INFECTIOUS DISEASE AND CBRN CRISES

by Carol Amaratunga

This session addressed the topic of gender aspects of response by providing a “snapshot” of a particular research program being conducted at the University of Ottawa’s Institute of Population Health. The presentation addressed three questions. Why are both a gender and women’s health perspective important? What lessons can we learn from history? What can we learn from SARS about gender roles in paid and unpaid caregiving to prepare us for future biological outbreaks, pandemics and Chemical, Biological, Radiation and Nuclear (CBRN)?

From Research to Action

“Disasters are complex and quintessentially social events, reflecting not so much uncontrolled brute force as the interaction of hazards and natural events with social structures and political communities” (Mileti et al. 1975; Dynes et al. 1987; Drabek 1986; Enarson and Morrow, 1998). How gender roles and gender inequality affect the vulnerability of health care workers has been largely unexplored and remains inadequately theorized. We stand at an exciting new frontier in population health research e.g. gender and disaster management.

The project on *Caring About Health Care Workers as First Responders: Enhancing Capacity for Gender-Based Support Mechanisms in Emergency Preparedness Planning* is funded by the federal government’s Chemical Biological Radiological & Nuclear Research Technology Initiative (CRTI) and is being conducted by the Institute of Population Health at the University of Ottawa, in partnership with the Women’s Health Research Unit, the McLaughlin Centre for Risk Assessment, GAP Santé, the Canadian Federation of Nurses Unions, Victorian Order of Nurses (VON), and the Bureau of Women’s Health and Gender Analysis, Health Canada.

According to Richard Danzig, former US Secretary of the Navy, four priorities dominate the present global CBRN agenda:

- training and equipping first responders to identify and react to biological agents;
- designing and deploying detection equipment;
- developing vaccines; and
- expanding hospital and public health capabilities to diagnose and treat the sick.

(Source: personal correspondence, September 2004)

The purpose of the CRTI project is to reduce the impact of future threats by recommending gender sensitive support mechanisms for health care workers as first responders and apply lessons from the Canadian SARS outbreak about psychosocial impacts and determinants of work-family role performance.

Severe Acute Respiratory Syndrome (SARS) 2002-03

Severe Acute Respiratory Syndrome (SARS) was a new corona (common cold) virus that resulted in more than 8,000 cases in 27 countries with a four to ten percent mortality with no treatment or vaccine. In Canada, there were 44 deaths (including one medical doctor and two nurses). There

were 438 (251 confirmed) cases of SARS in Ontario, Alberta, New Brunswick, Prince Edward Island and Saskatchewan. 43% of those infected were health care workers

Gender-based Analysis (GBA)

A Gender-based Analysis (GBA) is an analytic framework used to explore sex/gender differences and the interactions of gender with other health determinants as illustrated in Figure 1. It analyzes diversity and context within and between populations of women and men (e.g., age, SES, culture, ethnicity, abilities/disabilities, sexual orientation, geographic, social exclusion /inclusion, etc.). GBA assesses how policies, programs and legislation contribute to gender equality and to more equitable health outcomes for women and men, girls and boys. (Source: Adapted from Sari Tudiver, Madeline Boscoe, CWHN, 2006).

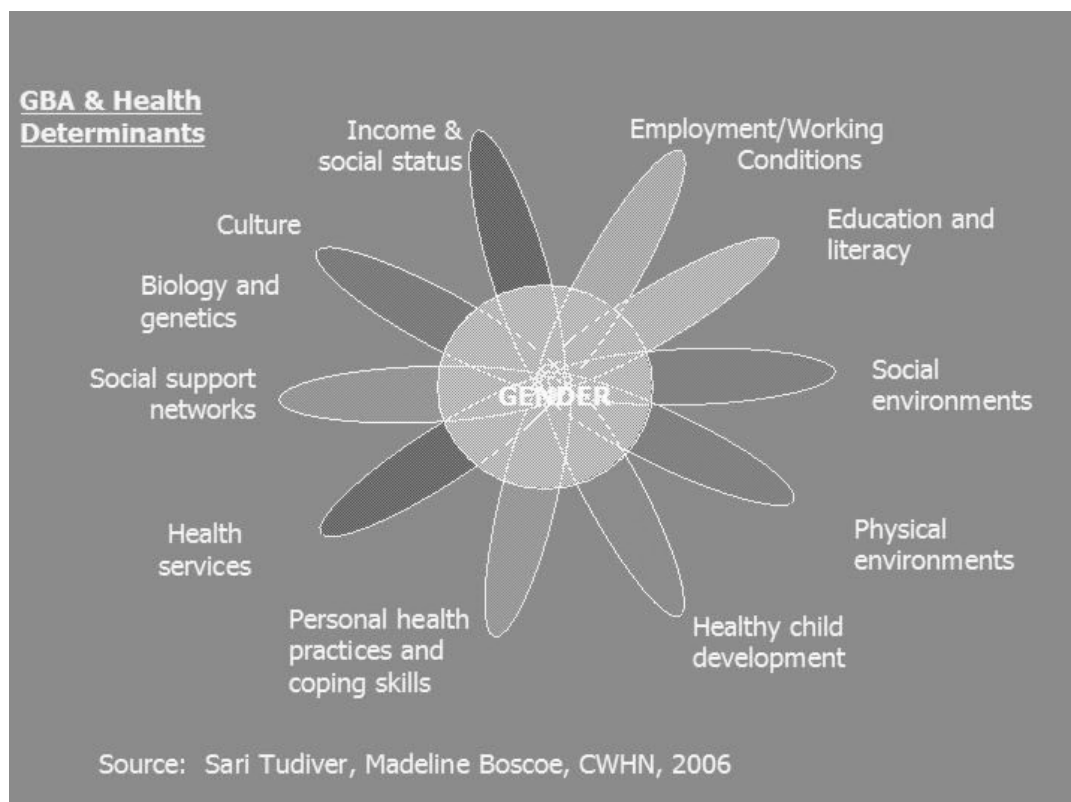


Figure 1. GBA and Health Determinants

Project Components

There are four components of the project over the next three and a half years.

- A review of existing literature in three areas and a synthesis paper (completed in 2005);
- A survey of public health care workers to focus on family and health impacts of response.
- Identification, risk assessment and analysis of hospital employee support mechanisms (focus groups completed 2006);
- Dissemination and knowledge transfer to policy audiences (2007).

Support Mechanisms and Gender

The project has identified three types of support mechanisms:

- **Instrumental:** Tangible aid and service e.g. training drills;
- **Informational:** Communications, advice, suggestions, information; and
- **Emotional:** Expressions of empathy, trust and caring.

(Note: Training was coded as both instrumental and informational.)

Focus Groups: Gender Gaps

The following quotations illustrate some of the gender issues identified by the focus groups.

“the masks were so large as they were designed for men... most of the equipment was designed for males, we (women) had real issues around equipment fitting and the lack of equipment”

“quarantine creates additional stress... there are pregnancy issues...also in cases where family members are immuno suppressed... there were huge de-motivations for nurses... part time nurses didn't get paid during SARS quarantine... many (nurses) have to do their own laundry...”

The focus groups also showed that the personal effects of stigmatization experienced during SARS resonates among Health Care Workers (HCW). For example, nurses were ostracized for working in acute care facilities, and their immediate families experienced social isolation because of their affiliation eg. Children were turned away from childcare. Fear, anxiety, trust, uncertainty, guilt, and pride are common emotions experienced by HCWs. Fear, for example, about becoming infected or carrying an infection home to loved ones. There was also a lack of trust that their employers and the government would protect them, as well as concerns that family members would not allow them to report for work! HCWs feel unprepared, unsupported, and torn between family and professional loyalties, as the following quotations illustrate.

“It's like the plague, like a mark on your door, because everyone in the neighbourhood knows you work at the hospital.”

“as nurses we were conflicted about quarantine – what will happen if you have a baby or are pregnant...who will take care of my children at home, who will feed them, take care of them at night, help them with their homework”

“men also had real problems – they had to shave their beards for mask fittings and had religious and cultural problems”

Some Early Observations...

Some focus group respondents reported that little has changed in their institutions since SARS e.g., lack of training, drills, and shortages of equipment and supplies persist due to cutbacks. Health care providers are very committed but many feel excluded, ill prepared, uninformed and express a lack confidence in management. There is, therefore, a need for a paradigm shift toward more gender and family-centered policies, training, and education supports in emergency planning and preparedness.

Preliminary Focus Group Findings

Epidemic plans are only as good as the inputs – planning tends to be strong on technical recommendations but generally planners don't address the implementation aspects particularly with respect to social and emotional needs and supports, e.g., the need for child care, time poverty, work overload, real time and post traumatic stress, and building confidence in the system. Health care workers are expressing a need for protection, e.g. equipment and antivirals, training, and organizational/family support in order to perform their roles.

Why Gender is Important in Emergency Planning

Sex and gender are dynamic, interactive constructs that crosscut and impact all health determinants. Gender-based Analysis (GBA) provides a framework that can enhance the quality and scope of evidence based decision making. When GBA is absent, disaster management policies and program interventions may be inappropriate and may exclude the needs/participation of women/girls. (*Adapted from the Bureau of Women's Health and Gender Affairs, Health Canada 2006*)

Gender-Based Analysis

To clarify definitions:

- **Sex** is the genetic, biological and physiological characteristics and processes that generally distinguish males and females.
- **Gender** is the socially constructed roles, relationships, values, attitudes, and forms of power that are commonly attributed to either men or women; includes self-representation

Both are interrelated through complex pathways and it should be noted that *diversity* analysis overlays GBA. (*Source: Sari Tudiver, Madeline Boscoe, CWHN, 2006*) GBA is about good science, policy, programs and clinical practice, with the goal of better and more equitable health outcomes for women and men. There is a need for gender and diversity-sensitive methodologies and assessment tools appropriate to emergency planning and health policy research.

Are We Ready for a Major Disaster in Canada – a Pandemic?

City of Ottawa Public Health Dept predicts that in the event of a pandemic, the city will experience 30,000 cases per week. 15,000 people will seek health care, 350 will be hospitalized and 80 will die. This raises the question: Do we understand the gendered dimensions of pandemics – and how women and men's roles are affected by work and family conflict?

H5N1 (Avian influenza) has jumped from birds to humans and, in Indonesia, human-to-human transmission has occurred on a limited basis. It is an extremely virulent virus with a mortality rate of 50% in bird-to-human transmission and 100% mortality in birds. The World Health Organization (WHO) is now in Stage 3 of pandemic planning. Are we ready? Do we understand the gendered dimension of influenza pandemics? The key lessons that we learned from the 2002-2003 SARS experience include the following:

- Unprepared health systems.
- Ineffective communications.
- Jurisdictional boundary confusion.

- Leadership role confusion.
- Cross-disciplinary and sector tensions.
- Vulnerability of health care workers.
- Work-family conflict and stigma.
- Collateral damage (e.g., racism against Asian populations and businesses).

Women and Men are Impacted Differently in Disasters

There has been unanimous agreement on the need for gender-sensitive protection, training, and occupational supports, such as:

- paid on-the-job training;
- universal compensation / sick benefits;
- long term disability and life insurance;
- antivirals for family members; family leave;
- adequate Personal Protective Equipment (PPE), e.g., gloves, masks, gowns and laundry services;
- advance planning for human resource surge capacity – and the role of women and girls as caregivers;
- provision of childcare / eldercare and pet care; and
- trustworthy leadership and communications.

Support Mechanisms

Earlier, three types of support mechanisms were identified: Instrumental, Informational and Emotional. The SARS experience has illustrated some specific requirements.

Aspects of Instrumental Support: Tangible aid and service, for example:

- Provision of personal protective equipment e.g. N95 masks, quality gloves, gowns;
- Priority vaccination for all health care workers;
- Contingency plans for mobilizing human resource surge capacity; and
- Concierge services and family caregiving supports for quarantined individuals.

Informational Support: Advice, suggestions, and information, for example:

- real time surveillance updates and briefings;
- ongoing education and training;
- resource / contact lists;
- emergency preparedness briefings and drills; and
- clear directives, guidelines.

Aspects of Emotional Support: Empathy, trust and caring, for example:

- counseling and pastoral support services;
- recognition and respect for effort and contribution;
- trust, listening and appropriate humour between and among colleagues; and
- time and space to cope with difficult feelings, including grieving for co workers.

Early Conclusions

Some of the early conclusions that the project has identified from study of the SARS experience include the following.

- SARS revealed gaps and problems in planning, preparedness, recovery and a lack of

- gender sensitivity re equipment, family supports.
- Epidemic plans are only as good as the inputs – they tend to be strong on technical supports but generally don't address emotional supports - child care, time poverty, work overload, real time and post traumatic stress, loss of confidence in the system.
- There is a need for a paradigm shift toward more family-centered policies and activities.

Are We Ready?

Some questions and factors in analysing whether or not we are ready for the next pandemic include the following.

- How do we prepare our populations? If influenza breaks out tomorrow, will we be ready?
- 80% of all paid and unpaid caregiving in Canada is done by women
- Women have always played a leadership role in disaster management by caring for families and friends, e.g., the Halifax Explosion of 1917 and Pandemic of 1918-19.
- There have been 10 recorded influenza pandemics in the past 300 years.
- There were at least four pandemics in 19th century and three epidemics in the 20th century – 1918-19 (H1N1); 1957 (H1N2); and 1968 (H3N2).
- The last two global outbreaks (1957-58 and 1968-69) were mild compared to 1918-19
(See CDC website www.cdc.gov for more information)
- The 1957-58 pandemic had a rate of infection which exceeded 50% in urban populations
- What happens if international vaccine supplies are in short supply, health care systems cannot cope, and the ill & “worried well” overwhelm our health care systems?
- What do we need to know so we can help Canadian families take action?
- How can we help Canadian families, policy makers, and caregivers prepare for the coming pandemic?

Avian/Bird Flu

Influenza can be a severe and fatal illness – H5N1 (avian influenza) is an extraordinarily deadly variant with a mortality rate of 50% in people and 100% in birds. (Source: WHO, 2005) By way of comparison, the so-called “Spanish Influenza” of 1918-19 infected 400 million people globally over 18 months and killed between 20 and 50 million people (the virus was not isolated until 1935). 675,000 Americans died of influenza in 1918-19 and 28% of all USA citizens were infected. (Source: 1918 Influenza Pandemic www.Stanford.edu) The most affected were young adults between 20 and 40 years of age, many of whom were young soldiers during World War One. Women played a major role in caring for the ill.

In considering readiness for an H5N1 pandemic, the Center for Disease Control in Atlanta has pointed out the following.

- Historically, flu pandemics arrive in 2 or 3 waves and last between 13 and 23 months
- The next pandemic could result in 2 – 7.4 million deaths globally.
- The majority of patients will have to be cared for in their own homes, as hospitals & treatment facilities will be full.
- All influenza viruses are spread by droplets – directly via mucous membranes of the eye, nose and mouth, and indirectly on surfaces (for up to 48 hours).
- High income countries (15% of the world population) will have 2 million hospital admissions and 233 million outpatient visits.
- The pandemic will be considerably worse in low income countries (85% of the world population) due to poor health care facilities, lack of vaccines, & poor health status.

Caregivers in Canadian Society

Canada already has impressive surge capacity to address emergencies and pandemics. Ten years ago, there were 2.7 million family caregivers in Canada (over 15 yrs of age), providing care to people with illness and/or disability of all ages. The number of caregivers is likely more than 3 million today. The majority of caregivers are women (59%), employed (54%) and living in urban areas (76%). (Source: Statistics Canada, 1996 General Social Survey on Aging and Social Support)

Summary: A Social Imperative

Health care workers are concerned about their roles as first responders in infectious disease outbreaks. They want their voices to be heard from the front lines of outbreak response. They and their families will demand that health care workers be protected while on the job! Proactive gender sensitive policies & procedures are needed to protect our Health Care Workers and to enhance Canada's collective ability to combat and mitigate a large scale outbreak. HCWs are concerned about the capacity of the existing Canadian health care system to respond to a large scale outbreak, yet they also describe a sense of pride, particularly when recounting the heroes and heroines who made 'good clinical decisions' and were able to contain the SARS outbreak. But, most worry about how to balance work and family responsibilities e.g. their ability to provide good care to patients when they are exhausted and over-worked in current conditions in the health care system. To serve them so that they can serve us, we need to heed the following lessons.

- Even the best made disaster plans can and do break down – health care providers need gender sensitive support, training and equipment.
- Pandemics come in waves – health care capacity should be phased so as not to exhaust health care workers and family caregivers.
- Family caregivers, particularly women and girls, will likely provide the lion's share of family and community surge capacity.
- Hospitals, households and families need to have a gender sensitive emergency plans and supplies, and Personal Protective Equipment (PPE).

8. CODES OF ETHICS: GENDERED WORK, GENDERED VALUES

by Lynette Reid

Words expressing values are powerful. They shape our perception. They motivate our actions. Sometimes, for some people, in some places & times, for some activities, it seems advantageous to reflect on such words, choose some, arrange them into a code—and, one hopes, not just arrange them into a code but create opportunities for that code to be used. Whether in disciplinary contexts, in educational contexts, in planning, in evaluation, in community or team building, in policy formation, or what have you.

2000 years ago Plato compared fundamental value words to the Sun. He meant two things by that. One we've already said: they shape our perception. They make certain things visible. Another thing he meant by that is quite funny: he meant that if we look straight at them, we go blind. We can't see them, and we can't see anything else either.

So we sometimes have the feeling that these words don't have a lot of content. Mom and apple pie. Everyone believes in these things. They're inspirational, but not concrete.

I don't know whether in your work it would help you to have a code of ethics or a process of ethical reflection. I'll tell you some stories about medical ethics and propose some ways we might reflect on the question.

It's not like I'm asking whether ethics would be useful to you. Of course you already have ethics, in buckets. You have a lot of values guiding you, some very strong. Would it help you in your work to discuss them together and write them down? Would it help society for you to do that?

Four Stories of Medical Ethics

I'd like to tell you four stories from my field of medical ethics, and these four stories will suggest four activities we could do together in the half-hour working session on ethics and gender in disaster planning. I'm looking to hear from you in that session which of these activities if any would be useful to you.

1. Your code of ethics will tell you to be inclusive, but it might actually exclude by its very nature.

My first story about medical ethics actually includes a lesson that was successfully learned. Physicians discovered long ago that having a set of noble principles to which you have publicly declared allegiance can buy you a lot of social trust and support your position of social privilege and give you standards for including and excluding people. This lesson, I can tell you, is one that is already learned. Physicians and Lawyers established ethics codes in the mid to late 19th century, and very soon after that, everyone wanted one.

A code of ethics can be a sorting mechanism for who is in and who is out of the profession, and who is in and out of the important conversations that that profession has.

It says we have important responsibilities to the public, and we pledge to fulfill them; but it may also say, “trust us” to fulfill them, and actually discourage public conversation and input.

This function might be entirely inappropriate for disaster planning. Are you a profession? Are you a function that has to be fulfilled by many different professions? Is it a function fulfilled by the whole community? Which profession with which gender profile would define this code? Could they all be included? Is one gender more “code” oriented and the other more “process and relationship” oriented?

2. Once upon a time, doctors had to decide that they were not going to be murderers for hire.

I hope when I say this that it’s a little shocking. Can you imagine a bunch of physicians sitting around in the policy process and saying, what do you think, do we offer two services to the public, curing and killing, or just one? But think about it. The same technologies that enable us to cure also enable us to kill. In Hippocrates’ medical school on the isle of Cos in ancient Greece apparently they debated just that. And they took a stand.

In writing a code of ethics it matters if you take a stand. You recognize that the powers you exercise are just that—powers. And other interests than your humanitarian ones might see those powers as useful and look to recruit them. What are those for emergency and disaster planning?

3. There’s nothing like a spectacular public failure to inspire groups to establish effective ethical codes.

Professions write their own mom and apple pie codes in order to get a start in winning the public trust. The codes that matter arise when they fail the public trust, when despite their desire to handle that failure in house, that failure becomes public knowledge, and they are inspired to reflect deeply and seriously on that failure and change their practices.

This is not easy, because they came to their profession and engage in their work for humanitarian reasons. When you have noble motives, it can be especially hard to admit and deal with unintended consequences.

The Universal Declaration of Human Rights was a code written in the face of spectacular public failure, not on the part of a professional group but on the part of everyone.

Medical codes that had bite also grew out of the second world war, and out of public revelations of research scandals in the United States in the 60s and 70s. At the end of WWII it became public knowledge that physicians participated in genocide and political repression in the name of scientific research—Nuremberg trials and code; in 1972 it was revealed on the front page of the NYT that researchers at the Tuskegee Institute had been watching African American men die of syphilis instead of treating them with cures available since 1947 in order to advance scientific knowledge—Belmont report and legislation and processes of ethics review for research.

The deepest question you can ask about your failures is whether they’re merely technical – we just didn’t do a good enough job – or whether they tell you that you have the wrong model. Medicine (with a little inspiration from the law courts perhaps) went that extra step and said not, how can we better protect vulnerable people, but how are we acting so as to make people unnecessarily vulnerable to us. How are we giving ourselves powers and privileges that we don’t

actually need to have in order to do our job, and that we can give up. Return to our clients. The idea of informed consent was born. Physicians realized they were making people vulnerable by keeping vital information from them. They changed their practices to share that information. That took a generation of culture change and is still developing.

The failures of emergency management are strongly gendered. Would it be interesting to reflect on a spectacular failure, and ask the questions: what vulnerabilities do we unintentionally create by our actions, by taking on certain powers?

4. It actually matters which words make it into your code of ethics.

In medical ethics, a lot of words relating to choice, autonomy, freedom, and certain cognitive values around information and understanding got put in. Not very much about community, relationships, support, and care got put in. Medical ethics has been struggling with that ever since. We have a limited toolbox for analysis, the light we have to shine on situations has a limited spectrum. Some things show up and some things don't. Feminist ethicists have been among the most vocal in pointing out what's missing and proposing that we get it back in.

It's not just about analysis. The words you choose and embed in your code give you the license later to raise certain questions. It turns out that physicians tend to organize hospital work so as to work such long hours that they compromise patient safety. So isn't it useful to put in the ethics code an obligation to self-care.

What words do you want in and how do you decide? How do you make sure they don't all reflect the virtues and the moral style of one dominant group? Would it be interesting to include in the process of creating an ethics code a stage of reasoning backwards—what are the questions you want to have licence to raise? Then when we have those questions laid out, what are the value-words that fit to those questions?

Four Possible Activities

Each of these questions could be the starting point for brainstorming and sharing experiences around values and their expression in your work in this area. Such a process can start you on the road to assembling a statement of principles.

1. Ethics for whom? Is this a profession, an activity, a shared social responsibility?
2. What shouldn't emergency planning do? Which interests should it never serve?
3. Brainstorm and analyze around the spectacular failures and distinguish technical and intrinsic factors.
4. What questions do you want to be able to raise, and what values would give you permission to do so?

9. RISK COMMUNICATIONS, GENDER AWARENESS AND "MESSAGE MAPPING"

by Greg Boone

The session consisted of three parts, the first two (Risk Communication and Gender Awareness) as formal presentations and the third (Message Mapping) a brief discussion because of time constraints. Special thanks to Dr. Vincent Covello of the Center for Risk Communication for message mapping ideas.

Part 1: Risk Communication

Risk communication can be defined as “A science-based approach for communicating effectively in high concern, high stress, emotionally charged, or controversial situations”. It means building trust and credibility through empathy and caring, competence and expertise, honesty and openness, and commitment and dedication.

Risk Communication Tips

- Don't over-reassure.
- Acknowledge uncertainty.
- Express wishes.
- Express process to find answers.
- Acknowledge people's fear.
- Give people things to do.
- Ask more of people (share the risk).
- “Ask not what your country can do for you, ask what you can do for your country...” JFK.
- Know your policies and procedures.
- Stay within scope of responsibility.
- Tell the truth. Be transparent.
- Embody the identity of your organization or service.
- Be First. Be Right. Be Credible.

Anticipation, preparation and practice (“APP”) are the key to successful communication. This means, for example:

- anticipating questions to expect;
- assessing the mood / climate;
- determining the level of anxiety or stress;
- reviewing where you are status;
- sticking to known facts for messages.

Compassion, conviction and optimism (“CCO”) are vital attributes of the effective communicator. In the words of Will Rodgers: “When people are stressed and upset, they want to know that you care before they care what you know.” Trust factors in high stress situations have been shown to break down as follows:

- Listening, Caring, Empathy 50%
- Competence, Expertise 15-20%
- Honesty, Openness 15-20%
- Other Factors (timing) 15-20%

Part 2: Gender Awareness

Gender is a socially constructed role ascribed to females and males as opposed to biological distinction. It involves learned roles that may change over time and vary widely between cultures. Consideration of gender needs in a Canadian context includes the facts that often, gender roles differ for women and men, they do different work, enjoy different degrees of access to services, resources and experience unequal relations. A gender perspective in emergency management requires analysis of socio-economic, political, legal, cultural and psychological levels of issues to help understand the impact of gender differences. Some of the factors to consider in developing a gender focus on emergency management include the following.

- Where do women/men get their information?
- Barriers.
- Challenges.
- Demographics.
- Health status.
- Females living alone.
- Single parent families.
- Social networks.
- Interpersonal relationships.
- Decision making - are women included?
- Support systems.
- Fear/ concern for personal safety.

Gender Messaging Tips

- Know the audience.
- Recognize/identify the differences.
- Understand the needs of audience.
- Understand the circumstances.
- Consider the channels/tools that work best.
- Relationships/links.
- Protect your family and yourself.
- Expect serious harm.
- Reduce harm.
- Act now.
- Where can you find help?

Part 3: Message Mapping

Message mapping is not only a useful tool for risk communicators, it is also a technique that can be used for developing any communication strategy. Time did not permit a detailed discussion of message mapping during this session so participants were provided with a copy of the article from which the following description is taken.

“To communicate effectively during emergencies and disasters, messages must be carefully framed and delivered. One of the most powerful tools available to risk communicators for this purpose is the “message map.” The message map is an organized means for displaying layers of information: it is a lens through which principles for effective risk and crisis message development can be focused into effective and powerful communication. A message map contains detailed, hierarchically organized responses to anticipated questions or concerns. It is a visual aid that provides, at a glance, the organization’s messages for questions and concerns raised during an emergency or disaster. The message map template enables spokespersons to meet the demands of the public, the media, and other interested parties for timely, clear, concise, consistent, credible and relevant information. The information contained in the message map contributes to the achievement of the main goals of risk communication: to inform and educate; to gain trust and credibility; and to create informed dialogue, decision making and behavior.”

Covello, Vincent T. "Risk Communication and Message Mapping: A New Tool for Communicating Effectively in Public Health Emergencies and Disasters". *Journal of Emergency Management*, Vol. 4, No. 8, May/June 2006, pp. 25-40.

The technique could be equally useful in developing a communication strategy about gender and disaster issues in Canada.

10. PSYCHO-SOCIAL RESPONSE: ISSUES OF GENDER

by Laurie Pearce

This session drew on work being done by the Provincial Emergency Program of British Columbia's Ministry of Public Safety and Solicitor General.¹ Although psycho-social factors affecting those who are impacted by an emergency are an established part of emergency planning, too often the needs of responders - and their families - are not well considered. This session therefore introduced some of the worker care materials and tools that have been developed by the Program, as well as discussing psycho-social response considerations for both responders and residents.

Worker Care: Issues

Worker care involves the physical, emotional, psychological, and spiritual care of responders throughout the recruitment, preparedness training, response and recovery cycle of responder issues illustrated in Figure 1.

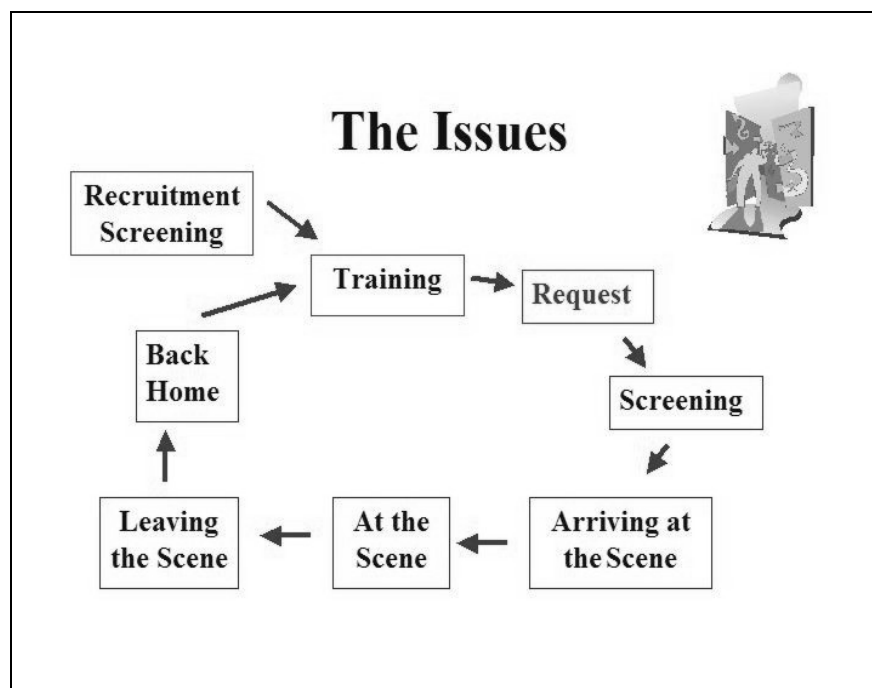


Figure 1. Responder Issues

For purposes of creating materials and tools for worker care, the need can be divided into two phases:

- Phase 1: Before the event; and
- Phase 2: During the event.

¹ With acknowledgment to Robin Cox, Frank Fung, Maggie Grant, David Hart, John McEwan, Cheryl Meyers, Linda MacNutt, Sally Pollock, Heleen Sandvik, Ernst Stjernberg and Will Matthews.

Responders can be defined in three categories:

- 1st Responders (e.g., Fire, Police, etc.) Most are male.
- 2nd Responders (e.g., ESS, etc.) Most are female.
- 3rd Responders (e.g., trauma counsellors, mental health professionals, etc., – i.e., those who care for 1st and 2nd Responders). In British Columbia, these 3rd Responders are called “Team Support Workers” and organized as “Worker Care Teams” through Emergency Social Services (ESS). The term “Team Support Worker” describes the focus of our approach, without the potential stigma of stress/mental health labeling. It builds in the essential element of flexibility that we see as critical (i.e., workers will need to provide a range of services ranging from just listening, doing crisis mental health, defusings, therapeutic massages, etc.). Worker Care Teams (discussed later in more detail) consist of a number of Team Support Workers (who would have different roles/skills/etc.) supervised by a “Worker Care Coordinator” who:
 - identifies that there is a recognizable team with its focus on the workers;
 - reinforces that in all aspects of a disaster a team is important; and
 - reinforces that teamwork and support between the members of the Worker Care Team is essential.

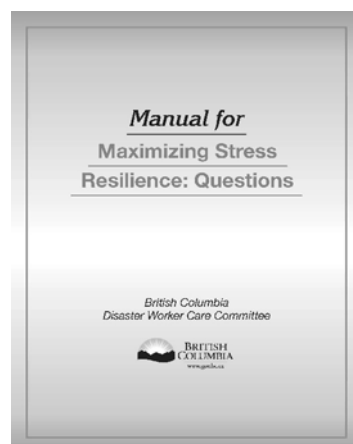
In developing materials for worker care, the project considered two major questions: What are the criteria that we can establish in order to minimize the effects of negative stress, and how do we measure whether someone has met these criteria? The result of the project’s work is a series of worker care materials and tools, some of which are intended for use before the event and others during. Most are available from the ESS website at:

www.ess.bc.ca/pubs/workercare.htm

Phase One Tools and Materials

Manual for Maximizing Stress Resilience: Questions

(Available online at: www.ess.bc.ca/pubs/MaxStressManual.pdf)



This manual is intended to ensure that, “as much as possible, volunteers are prepared and able to cope with the inevitable stresses that arise as part of being involved in a disaster response”. It is designed to assist in the recruitment of disaster volunteers, increase awareness for volunteer and interviewer, identify where training and/or education may assist, and focus on responsibility

of recruiters. It contains a series of 35 questions, which are provided to volunteers beforehand and then discussed during an interview, covering 13 key areas which may determine someone's ability to cope during a disaster.

- Team Work
- Health
- Communication Skills
- Written Skills
- Setting Boundaries
- Trauma History
- Supportive Networks
- Problem Solving
- Working in a Stressful Environment
- Values
- Training
- Working in an Unstructured Setting
- Cultural Awareness

A companion document, *Guide for Maximizing Stress Resilience*, provides guidance in assessing the interview results. A template for recording and analyzing the interview responses is also available. Both may be obtained on written request only by representatives of recognized organizations, and must be kept confidential.

Self-Assessment: Prior to Disaster Assignment

(Available online: www.ess.bc.ca/pubs/SelfAssessmentbrochure.pdf)



This brochure guiding the worker through a self assessment in three parts:

- Health;
- Employment and finances; and
- Personal and family life.

Set the tone - *a confident, calm leader creates a constructive environment.*

Maintain the focus - *foster a sense of purpose and optimism in your team.*

Assign buddies to front line staff - *look out for each other.*

Rotate responsibilities - *tasks differ in complexity, difficulty, levels of stress, physical demands.*

Twelve hours max! - *set up shift schedules.*

Lead by example - *if you don't take a break, your staff won't.*

Empowerment - *trust your team members.*

Address issues as they arise - *park your ego.*

Direction - *communicate clearly.*

Enlist help when you need it - *you can't do it all.*

Recognize work well done - *everybody's important - from support levels to the front line.*

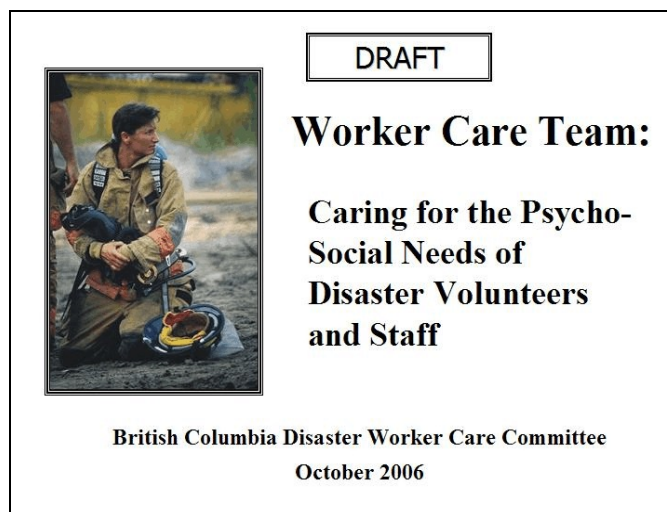
Security and Safety - *make sure your staff is safe.*

Humour - *laughing is good.*

Innovation - *think outside the box.*

People are the response - *get out on the front line.*

Worker Care Team: Caring for the Psycho-Social Needs of Disaster Volunteers and Staff
(Draft: October 2006)



Participants were provided with a draft of this document that is being developed by the British Columbia Disaster Worker Care Committee. More work is yet to be done before the document is complete so the outline below is for information and is not yet authoritative. The following provides the vision, mission, values and principles that are embodied in the document.

Vision

The vision is for disaster responders to be properly prepared and well-cared for during, and after a disaster.

Mission

To develop a framework and guidelines for the organization of procedures and personnel in order to provide psycho-social support for disaster responders before, during, and after a disaster.

Values

Respect
Caring
Compassion
Integrity
Accessibility
Confidentiality
Team Cohesion

Principles

1. We are committed to ensuring that all guidelines and procedures reflect best practice.
2. We are committed to supporting and enhancing the basic integrity and capacity of individuals, families and communities to heal, adapt and survive.
3. We are committed to a respectful and collaborative approach for the provision of a network of services and resources to support the health and vitality of disaster responders.
4. We are committed to ensuring that disaster responders receive services and resources that respect freedom of choice and confidentiality unless they are at risk to their own well-being or that of others.

The Worker Care Team provides psycho-social services to responders that may include:

- mass education regarding stress and coping strategies;
- communicating stress related issues and educating the families of responders about some of the likely reactions;
- providing early intervention strategies such as defusing and demobilization;
- providing on-scene support (and “emotional triage”);
- providing services to site and site support personnel;
- staffing and establishing respite centres;

- completing referrals to trauma specialists;
- providing basic support (fetching coffee, comforts, etc.); and
- providing more extensive support such as massages, etc.

The document identifies 21 services that may be provided as part of an integrated worker care program, ranging from Child Care to Spiritual Care. These services may need to be provided at EOCs, reception centres, respite centres, staffing bureaus and even off-site (for example, in the case of child or elder care). For each service, the following are addressed:

- What is it?
- Why is it important?
- Role of the worker who provides the service
- Who should the worker be?
- Where should these services be provided?
- When should these services be provided?

Team Support Workers make up the Worker Care Team and are divided into three types of members.

- *Core Members* are those whose qualifications enable them to provide a wide range of essential functions (17 different disciplines and organizations).
- *Secondary Members* are those whose qualifications enable them to provide support and ancillary functions (9 disciplines).
- *Specialized Members* are those whose qualifications enable them to provide highly specialized and/or technical functions (12 disciplines).

In addition there are community resources who are not necessarily part of the Worker Support Team but to whom the team can make referrals (7 disciplines).

The characteristics of effective team support workers are:

- conflict resolution;
- communication skills;
- problem solving;
- personal qualities;
- networking;
- group facilitation and de-escalation; and
- knowledge and experience.

Residents

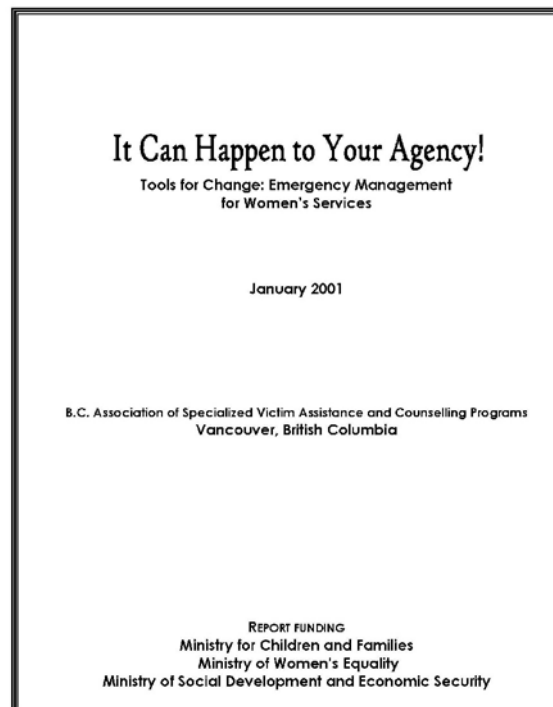
The focus of this presentation has been on the psycho-social needs of responders, however gender issues affecting psycho-social needs of the affected residents deserve at least some attention in the time available. We know, for example, that empowering women to contribute in their own recovery is probably the most effective tool we have. Furthermore, capacity and action are the two major components of resiliency. Nevertheless, we need to consider such resources as:

- advocacy services;
- access to medical and psycho-social services;
- outreach workers – work through children's symptoms;
- hot lines – keep them open 24/7 for 1 year+; and
- newsletters (use teens to develop).

11. TOOLS FOR CHANGE: EMERGENCY MANAGEMENT FOR WOMEN'S SERVICES

by Lynn Orstad

The purpose of this presentation was to introduce a tool that has been developed by the British Columbia Association of Specialized Victim Assistance and Counselling. A copy of *It Can Happen to your Agency: Tools for Change: Emergency Management For Women's Services* (January 2001, 87 pages) was provided to all participants. The publication is also available online at: www.pep.bc.ca/management/Women_in_Disasters_Workbook.pdf



In the event of a disaster, women's service agencies may have to evacuate offices, evacuate and re-house clients from transition houses, and provide crisis-counselling services. As research has shown, these and other services will need to be provided to an increased number of women who will be subjected to violence. All of this will have to be done while service providers are coping with any impact of the disaster on their own lives, families, and homes.

This workbook is a tool to help women's service agencies develop an emergency response plan to ensure that in the event of a disaster, women's service agencies will continue to serve women in crisis. It contains general guidance followed by a series of specific tasks that are in turn broken down into steps. Throughout the document, checklists and tables have been provided to assist the reader in completing those steps.

12. FROM KNOWLEDGE TO CHANGE: A GENDER & DISASTER RESEARCH AGENDA FOR THE FUTURE

by Elaine Enarson

Gender analysis matters for reasons of intellectual depth and breadth, knowledge-based “good practice” and social justice. And there has been progress. In 1995, as part of the United Nations’ International Decade for Natural Disaster Reduction (IDNDR) process, women and children were identified as ‘keys to prevention’ (for more detailed information see the International Strategy for Disaster Reduction website at: www.unisdr.org). Reports were commissioned, including the results of the 2001 Expert Working Group Meeting at Ankara that drew on an on-line conference (www.un.org/womenwatch/daw/csw/env_manage/documents/BP2-2001Nov16.pdf). A Gender and Disaster Network has been created that now has 300 members, women and men, and offers a Listserv and database, networking, information sharing and awareness raising. It has produced urgent action guidelines and a *Gender and Disaster Sourcebook: From Knowledge to Action to Reduce the Risk of Disasters* (on line at www.gdnonline.org). A wide range of gender and disaster conferences has been held over the years:

- San Jose, Costa Rica (1990)
- Queensland, NSW Australia (1994)
- Multan, Pakistan (1996)
- Vancouver, BC (1999)
- Miami, FL (2000)
- Ankara, Turkey (2001)
- Honolulu (2004)

And here we are in Nova Scotia today!!

What We Have Learned

We have learned a lot already. One literature review, for example, is Alice Fothergill’s 1996, “Gender, Risk, and Disaster.” *International Journal of Mass Emergencies and Disasters* 14 (1): 33-56. Another excellent source of information is the *G&D Sourcebook* in its bibliography and case studies. Some caveats are appropriate, however, regarding measurement difficulties, a lack of gender-specific data and a need to consider who is asking what questions.

Exposure to Risk. We have learned that women are disproportionately exposed to poverty with the attendant risks of dangerous shelter (e.g., trailer homes), neighborhood contaminants (e.g., hazardous facilities on reservations and in other low-income communities), inadequate access to proper nutrition and health care, and other everyday realities which increase the vulnerability of low-income Americans. We also know that women’s roles as primary family caregivers may expose them to harm as they strive to protect others.

Risk Perception. Gender norms foster more “risk taking” among men and “risk avoidance” among women, with implications for preparedness and safety in disasters. Women express higher levels of concern than men, on balance, about environmental hazards likely to affect their families. In preparedness

Preparedness. Women tend to seek out information about hazards. Men prepare the external household areas while women prepare family members. Women volunteer more for local

preparedness programs, e.g. in schools, and are more likely than men to take part in community organizations addressing local environmental or technological hazards.

Disaster Risk Communication. Women's networks tend to provide them with more information and warnings. Emergency warnings from local disaster managers are more likely to be found credible by women than by men, and women are more likely to act upon them. More men than women are found to disregard evacuation orders: women with children evacuate earlier than men.

Physical Impacts. Unlike developing countries, in the United States more men than women die in weather-related incidents, including lightning. Physical impacts include damage to shelters and law enforcement systems providing reduced service to abused women though increased calls for assistance are often reported after disasters.

Psychological Impacts. Some studies indicate that women and girls express more mental health problems while men are more likely to suffer the effects of substance abuse. Caregiver responsibilities expand and may magnify women's psychological distress. Men more than women tend to express anxiety at the perceived loss of the economic provider role.

Emergency Response. Women with children are the least likely to help others outside the family; men are more likely to assist strangers, e.g. through search and rescue efforts. Women offer more sustained emotional support to disaster victims, e.g. as volunteers and within the family. Women are more likely to warn others and to assist in long-term recovery, e.g. as crisis workers and human service professionals. Men more often than women hold leadership roles in established economic and political organizations responding to disaster and are highly visible in male-dominated "first responder" occupations.

Recovery. Women more often than men tend to receive assistance from family members. Women are more likely than men to seek help over the long-term from outside agencies.

Reconstruction. Men have more access to paid reconstruction jobs. Women stay longer in temporary accommodations. More male-owned businesses receive disaster recovery loans. And since Fothergill's review we have learned that grassroots women's organizations are highly active in relief, women often organize in post-disaster groups or coalitions, and traditional gender relations can be reinforced – but also challenged.

International Research

A relatively recent survey of international research can be found in Elaine Enarson and Lourdes Meyreles. 2004 "International Perspectives on Gender and Disaster: Differences and Possibilities". *International Journal of Sociology and Social Policy* 14 (10): 49-92. It is an analysis of over 100 case studies directly on the topic. Most have been written in past 15 years and are primarily English and Spanish papers. There is substantial writing from South Asia (approximately one-third) but over half were written from the North, 1/3 of those from the USA. Where was Canada?

Ideas on Parallel Tracks

In looking ahead at a research agenda it is helpful to ask different questions in affluent and underdeveloped countries and regions. The following illustrates the contours of difference.

- Social construction of risk v. discrete disaster events.

- Mitigation and reconstruction vs. response and relief.
- Intersectional (gender plus) vs. gender only/women only.
- Gender relations in context vs. women.
- Capacities vs. vulnerabilities.
- Community vs. individual/household unit of analysis.
- Women as economic actors vs. women primarily as caregivers.
- Women as natural resource users vs. professional women.

What Gender Analysis Offers

Gender analysis (GA) has much to contribute to the disaster research agenda.

- **A global approach.** GA emphasizes international relationships, global development patterns, interconnectedness.
- **A community-based approach.** GA highlights women's daily activities and leadership at the local level.
- **A human rights approach.** GA rejects the beneficiary approach, highlights women's needs, interests and rights.
- **A holistic and integrated approach.** GA makes connections across sectors and disciplines.
- **A more nuanced approach.** GA asks more complicated questions about hazards, vulnerabilities, capacities and risk.
- **A risk reduction approach.** GA addresses root causes grounded in development and inequality.
- **An empowerment and social change perspective** that is vital to the challenge ahead.

But to get there from here we must

- **Think more about bodies.** Embodied "emergency manager," "stakeholder," "victim," "first responder," "parent," "activist". We must recognize multiple and fluid identities and interests. We must acknowledge sexualities and bodies that imply difference (women's abilities/disabilities, longevity and mobility, gendered health issues and reproduction).
- **Put women first**, in other words, de-link "women and children". We must focus on inequalities, e.g. economic status, housing, safety, voice. We need to analyze social trends affecting women such as: neo-liberal cutbacks in state spending and social infrastructure; household size and structure; migration and urbanization; and public health and longevity.
- **Avoid the vulnerability trap.** Yes, women are a "vulnerable population" but we need to do the research. Which women? Under what conditions? When are men more vulnerable? We need to balance vulnerability and capacity and look at:
 - livelihood skills/ environmental knowledge;
 - community knowledge and social networks;
 - support systems;
 - technical, administrative, professional skills; and
 - community organizing, advocacy.
- **Look inside the household.** We need to consider access and control of resources (e.g., working space, control over labor, time and land rights) as well as decision-making power as it affects mitigation and preparedness, evacuation and relocation. Another consideration is women's autonomy to speak in public, travel safely and control their bodies.
- **Think globally.** What are the connections between women's livelihoods and climate change? What about trafficking and girls in disasters? What about "free trade" and

- women's work? Or service economies, e.g. the global "maid trade", and such factors as multiple dependents, lack of transportation, low income, lack of documentation and fear, social isolation, language, social networks?
- **Engage gender politics.** How do gender relations produce disaster vulnerability? How do gender relations affect community resilience? How do gender "neutral" approaches disadvantage women (risk communication, preparedness, evacuation; emergency sheltering and relief systems; recovery planning, etc.)? Questions about power must be asked and answered.
 - **Learn from women's studies.** We have 35 years of feminist scholarship to draw upon to learn more about community structure, organizational functioning, household preparedness, resource management, etc. We need to think about women's standpoints on gender being raced and classed, attending to difference and change. About issues like whose "homeland security?" Whose "family" or "recovery?" We need to capture women's stories/peer learning from participatory action research, oral histories, etc. We also need to examine the hard lessons from "mainstreaming": who owns it? Curriculum integration initiatives are in order.
 - **Work with high-risk women to learn more.** What do local organizations know about high-risk women? What do older women know about mitigation, survival, coping, recovery? How have women's groups responded historically? What do women emergency managers know? What knowledge and practice is cross-cutting? What can be learned from women activists in related fields, e.g. environmental justice campaigns, sustainability, fair trade, climate change, children's rights, antiviolence, antiracist movements, new urbanism, homelessness, etc.

A Canadian Research Agenda?

To think about how to move ahead in Canada there are a number of questions that we must ask ourselves. How do these issues relate in Canada? Would a research agenda be useful? Why is so little G&D research done here? What are the most important questions here? How can we answer them? When? And how can new information, knowledge and wisdom in this area best be put to work in Canada?

Having learned so much so far, the steps for moving from knowledge to action appear clear:

- Ask meaningful questions.
- Seek to answer them in meaningful ways.
- Build networks of common interest.
- Recruit and retain new generation of researchers.
- Help train professional and community risk managers.
- Insist that knowledge be used: This is an ethical imperative and a question of will.

13. HEALTH EMERGENCY MANAGEMENT IN CANADA: AN INTEGRATIVE PERSPECTIVE

by David Hutton

This session provided an overview of health emergency management in Canada, discussing approaches and considerations, describing the National Framework for Health Emergency Management and Pan-Canadian Public Health Network, and offering suggestions about future collaboration and dialogue.

The Population Health Approach to Vulnerability and Capacity

Hazards are the potential interactions between extreme events and vulnerable communities not covered by normal coping resources. A disaster occurs when the impact on the community exceeds its normal coping resources. The study of vulnerability and disasters warrants an integrative approach. The greatest impacts tend to occur among vulnerable groups such as seniors, the disabled, women and children. People who are economically and socially marginalized have fewer resources to prepare. They may lack the means to evacuate or be forced to evacuation centers. They face longer periods of displacement, disproportionate financial losses, less capacity to recover and high incidence of injuries and deaths. Vulnerability is one side of the equation, but community resiliency and capacity is the other. "The norm of psychological (but also social, economic) recovery across time probably occurs in proportion to an individual's (or community's) capacity to reverse losses created by a natural disaster" (Freedy et al., 1994). It is important to remember that disasters occur at the local and community level, disasters are managed at the local and community level, and preparedness and recovery occurs at the local and community level.

Realities of Daily Living: Rethinking Denial

Too many of us are guilty of the "NIMBY" ("Not In My Back Yard") attitude, but note the following.

- 48% of Canadians are 'really or seriously stressed' weekly.
- 16% feel this way every day.
- 43% feel they lack control over their lives.
- the main causes of stress are work (43%) and finances (39%).

Consequently, promoting disaster preparedness and response includes enhancement of daily life and living.

Beyond Coping: Health as a Resource

Health can be defined as a resource. Health as the capacity of people to respond to, control and adapt to life's challenges and changes. Health and well-being is a capacity or resource for everyday living, rather than merely a physical or emotional state. Health is necessary not only to overcome problems but also to achieve success. It requires capacity to execute adaptive behaviors, to access to adequate resources and support, and to engage in meaningful community and civil participation.

Health Promotion and Community Development

Health promotion requires a “population health perspective” that weighs community vulnerability (needs) and capacities (assets). It addresses coping, but also adaptability. A population health perspective involves consideration of factors such as:

- Income and socio-economic status;
- social networks and supports;
- education;
- age and gender; and
- physical and psychological health.

It is an integrated, comprehensive planning approach which merges emergency management with health promotion and community development.

Health Emergency Management in Canada

In Canada, emergencies are managed at the local level (bottom-up rather than top-down). The jurisdictional emphasis is on coordination (federal, provincial/territorial, regional, municipal). Key partners include:

- Emergency Measures Organizations;
- Health Emergency Management Directors;
- Emergency Social Service Directors;
- Chief Medical Officers of Health; and
- Non-government Organizations.

National Framework for Health Emergency Management

After September 2001, the Ministers of Health mandated a review of the health emergency management system in Canada. The resulting National Framework for Health Emergency Management (NFHEM) is a national guideline document for planning and programming for a more integrated, comprehensive system based upon:

- the four facets of emergency management (mitigation/preparedness/response/recovery);
- All hazards/common consequence approach;
- Population health approach (determinants of health);
- Resiliency and capacity-building; and
- Pan-Canadian, trans-jurisdictional in scope.

Pan-Canadian Public Health Network

In September 2003, federal, provincial and territorial Ministers of Health agreed to collaborate on an enhanced public health system. One result was the Pan-Canadian Public Health Network. Established in 2005, its mandate is to serve as a forum for multilateral intergovernmental collaboration on public health issues while respecting jurisdictional responsibilities in public health. The Network receives its mandate from the Conference of federal/provincial/territorial (F/P/T) Deputy Ministers of Health. For more information see the website at: www.phn-rsp.ca

Collaboration and Dialogue

The collaborative approach is a keystone of Canadian health emergency management. Building bridges toward a more integrative approach to health emergency management requires:

- increased opportunities for dialogue and discussion;
- common ground and activities for collaboration;
- developing frameworks for defining roles, responsibilities, and opportunities to develop a more integrated, comprehensive health emergency management system including government and non-government partners and bridging community capacity-building with emergency preparedness; and
- mechanisms and agents/champions to continue dialogue and coordination of activities.

Conclusions from this Workshop

Having reviewed the Canadian health emergency management scene, what is the applicability to issues of gender and disaster? How do we move forward? Four steps seem evident.

- **Acknowledge progress:** Recognize what has already been accomplished.
- **Leap forward:** Identify opportunities and build partnerships.
- **Develop networks.**
- **Recognize different priorities** and encourage ongoing dialogue.

14. NEW GENDER AND DISASTER PARTNERSHIPS

by Carol Amaratunga

A striking feature of this workshop has been the strong collective commitment to move beyond theoretical talk and start taking concrete practical action. So how do we create such a social movement? Why is it important? What would its guiding principles be? What can each of us contribute? What personal capital can be invested? And, on the flip side: What do we each need to make that happen? It is obvious that this means engaging widely, but what is the necessary “social architecture” and where do we go from here?

The group at this workshop is eclectic and energetic, and it has demonstrated the will to embark on cross-cultural research rather than remaining rooted in the “culture of the academy”. In other words, the group is ready to begin a process of trans-disciplinary, team-based work (i.e., drawing on such varied talents as researchers, logistics experts, responders, etc.). We already have some of the prerequisites and stepping stones to start a social movement. The challenges now are to define a concept and, of course, to secure funding.

Some Suggestions (‘Strawpersons’)

Funding

Sustainable core funding is essential for a serious social movement. That means funding for a defined period with provisions for renewal. Participants in the process need to develop the habits of “research entrepreneurship” and that needs time and institutional commitment. Core funding is a prerequisite to starting the work of core people, who consist of two broad groups: the technical side (to do) and the organization and administration side (to pay and support, freeing the technical people to do what they do best. Any movement needs to show evidence of genuine commitment and ‘rules of engagement’ before people (and funding agencies) will commit. In the case of government funding there are two guiding principles: (1) never let go of the hook; and (2) never send money back. In return, however, the movement must be accountable.

Concept

A model proposal for a gender and disaster social movement would ideally include the following provisions.

- **Gap analysis** identifying where we are now, where we need to be, and how to get from here to there.
- **Mission statement**, which should include becoming internationally recognized since most of us work overseas.
- **Principles**, for example, the concept of a virtual approach that links like-minded institutions and individuals across Canada and around the world, and the ideal of a cooperative research model (i.e., shared ownership, resources and profits).
- **Concept**. The movement could establish a virtual centre of excellence with different sites. Nonetheless it needs an administrative home, which would need to make an institutional commitment, including some support and hard work. A virtual Institution could have sites across the country, shared guiding principles and adopt a collaborative vs. competitive approach (i.e., shared information, websites, resources, etc.).

- **Mandate**, which could include some or all of the following.
 - Mentorship and training, including things like summer programs.
 - Scholarship.
 - Excellence in research.
 - Networking nationally and internationally.
 - Database management (e.g., partnership with Statistics Canada).
 - Communication and outreach (e.g., a national education program for youth).
 - Policy uptake. Knowledge for knowledge sake is useless. The need is for evidence-informed policy.
 - Knowledge engagement (vs. knowledge transfer, which implies a one-way flow).

Conclusion (or the End of the Beginning)

The foregoing is simply a preliminary suggestion for starting to consider the practicalities of moving forward from here. There are many other questions that the core group will need to address in the planning process however. What would be the “signature piece”, for example (e.g., ‘robust’, ‘critical thinking’, ‘research fellows’, etc.). How will this help us be on the Deputy Minister’s speed-dial (i.e., helping decision makers with evidence-based advice)? Posing and answering these, and questions like them, will be an important part of the core group’s early work. Challenging to be sure, but we have an opportunity to position Canada as a world leader in the 21st century, and an opportunity to do something good and make a difference.

AFTERWORD

by Murielle Provost

During the workshop, each of the speakers and all of the discussions kept returning to the same consistent theme. Clearly there was consensus that it is time to advance the gender issue beyond the realm of theoretical discussion and into the mainstream of Canadian emergency management policy and practice. On the last day, the final three presentations by Elaine Enarson, David Hutton and Carol Amaratunga had been specifically intended to constitute a “visionary panel”, chaired by Jim Kelly, that would set the scene for the concluding general discussion on what should be done. The main conclusions of that discussion were as follows.

There was a clear consensus that there is a need to break down the barriers between the three “stovepipes” of policy makers, practitioners and academics. Policy makers need the work of academics to make informed policy decisions on gender issues. Practitioners need the guidance of policy and lessons of academic study to facilitate their implementation of the gender dimension on the front line. Academics need to draw on the information and practical experience of practitioners to make thorough analysis and draw meaningful conclusions. Each discipline has an important contribution to make to the other, but that cannot happen unless an effective network of communication and cooperation is in place. Establishing such a network needs a commitment of people and resources. People are willing to donate time and effort but there is still a need for financing of infrastructure, materials and expenses. This suggests a need for some sort of Canadian gender and disaster network with a structure and funding plan.

Most of the people working on issues of gender and disaster in Canada were either participating in or were represented at this workshop. Many are already engaged with existing organizations and initiatives that are either conducting work in the field or in a position to do so, as all of the presentations demonstrated. Consequently, there is no need to establish a new and expensive “bricks and mortar” institution. A virtual communication hub to facilitate communication and information exchange between those with a common interest in gender and disaster in Canada would do the job economically and without duplication of effort.

There was general agreement that the people participating in this workshop were ideally placed to become the catalyst for creating a simple but effective network arrangement in Canada, with Cape Breton University’s International Centre for Emergency Management Studies providing the administrative home through its website. The resource requirement would be modest and some of the agencies represented at the workshop might be in a position to help.

As the workshop concluded, several individuals volunteered to form an ad hoc working group that would begin work with a teleconference in December, 2006 to start the process of outlining the vision and mission of a Canadian gender and disaster network, and the practicalities of establishing a clearing-house for information and links through the International Centre for Emergency Management Studies. With that, and the publication of these Proceedings, there is no reason that incorporation of the gender dimension into emergency management policy, practice and theory in Canada should not be well underway.

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Carol holds the Ontario Women's Health Council Chair in Women's Health Research at the Institute of Population Health and Faculty of Medicine at University of Ottawa, where she also recently established a Women's Health Research Unit (WHRU), which has a special focus on gender and women's health, including gender and disaster management. Her research centres on the social determinants of health and health interventions with a focus on the health and wellbeing of disadvantaged populations and "forgotten" communities, particularly in pandemic, disaster and post conflict situations. Carol obtained a PhD in Educational Theory/Adult Education (Toronto), an MSc (distinction) in Agricultural Economics and Extension Education (Guelph), and a BA in Sociology/Anthropology (Guelph/Toronto). She began her international career as a volunteer with Operation Crossroads Africa (Liberia) and later with Canadian Crossroads International (India). For more than 25 years, she has volunteered, worked and studied women's health in Atlantic Canada, and also in coastal and rural communities in Africa, Asia, the Caribbean and Latin America. Prior to joining the University of Ottawa in 2003, Carol was the Principal Investigator and Executive Director of the Atlantic Centre of Excellence for Women's Health at Dalhousie University. She served in the public sector for 16 years as a Manager with the Nova Scotia Department of Health, Expert in Socio-Economics with the Food and Agriculture Organization of the United Nations, and as a Senior Manager with the International Centre for Ocean Development.

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As Director of Public Affairs for the Cape Breton District Health Authority, Greg is responsible for aspects of the District's internal and external communications, including media relations. His insights into Crisis and Emergency Communications are based on career experiences and learning in both the Media and Public Relations sectors.

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Elaine earned her doctorate in sociology from the University of Oregon and is the author of *Woods-Working Women: Sexual Integration in the U.S. Forest Service* (1984). In Nevada, she directed the Nevada Network Against Domestic Violence and the University of Nevada Reno women's studies program. She then worked for 15 years as an independent scholar studying and writing about hurricane Andrew, the 1997 Red River flood in Canada and in the U.S., the 2001 Gujarat earthquake, women's disaster housing and economic recovery, violence against women in disasters, women's political mobilization and cultural interpretation of disasters, local emergency management and vulnerability reduction, and related topics. She co-edited the international reader *The Gendered Terrain of Disaster: Through Women's Eyes* (1997) and is an international consultant on gender and disaster risk reduction. Elaine developed and managed team projects resulting in an electronic Gender and Disaster Sourcebook, an on-line FEMA course on social vulnerability, and a community-based methodology for vulnerability assessment with Caribbean women, in addition to participatory action research work on domestic violence. She taught sociology and women's studies in the Boulder/Denver area until her recent move to teach full time in the Applied Disaster and Emergency Studies Department of Brandon University in Brandon, Manitoba.

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David is an independent analyst and consultant specializing in maritime aspects of international cooperation in security, confidence-building, "track-two" diplomacy and emergency management. He is proprietor of Pendragon Applied Research, an independent consultancy currently engaged in projects in the Middle East and in Central, South and Southeast Asia. He is a Resident Research Fellow at the Centre for Foreign Policy Studies at Dalhousie University and a Senior Research Fellow at the International Centre for Emergency Management Studies at Cape Breton University.

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Omar began his clinical career in Nuclear Medicine Technology. He continued on to complete a degree in Health Services Management and has operated in various aspects of healthcare with an emphasis on disaster and emergency management. Some of his disaster work history includes a Hazardous Materials (HazMat) respondent and First Responder for a 24-hour university campus medical service. He also served as a Senior Administrator for a tsunami relief team that operated in rural Aceh, Indonesia, a project that has received considerable attention internationally for its special consideration of gender issues.

**David Hutton, PhD
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David is currently with the Centre for Emergency Preparedness and Response, Public Health Agency of Canada (Government of Canada) where he is responsible for Federal/ Provincial/ Territorial coordination and policy development. David has a Doctorate of Philosophy in disaster psychology and has worked in post-disaster and conflict regions around the world including Ingushetia and Chechnya, Indonesia, Chad, Pakistan, and most recently, New Orleans after Hurricane Katrina. His work has included emergency response management, assessment and program development, and monitoring and evaluation related to community-based psychosocial programming, non-formal education, and emergency preparedness. David was a contributor to the 2001 Canadian Natural Hazards Assessment Project and has published in a number of emergency management journals including *Disasters*, *Natural Hazards*, and the *Critical Half: Bi-Annual Journal of Women for Women International*.

**James C. Kelly, MA
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James Kelly spent a number of years in the Navy, and was Chief of Training at the Canadian Coast Guard College in Westmount, NS. He holds a Bachelor of Arts from Sir George Williams University and a Bachelor of Education from St. Mary's University, as well as a Master of Arts degree from Concordia. He lectured at universities across Canada, including the Pearson International Peacekeeping Training Centre and served in senior capacities at the Coast Guard in Ottawa. James is also a Research Fellow at Dalhousie University's Centre for Foreign Policy Studies.

**Diane Manseau
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Diane has occupied various positions in the fields of telecommunications, retail food industry and financial planning before joining the federal government in the departments of Royal Canadian Mounted Police, Consumer and Corporate Affairs Canada, Federal Court of Canada and Status of Women Canada. She has played an active role in union functions and therefore has a vast experience in human resources, staffing and industrial relations. Awarded a certificate in labour-relations administration, Diane also graduated from the Royal Canadian Mounted Police Academy. She joined Status of Women Canada (SWC) in 2000, as a program and social development officer where she was namely responsible for all regional issues on gender-based analysis. Since 2005, she has been working as a Communications and Liaison Officer in the Gender-Based Analysis Directorate at SWC in Ottawa. Her main duties include explaining departmental/governmental strategies or policies, organizing and coordinating activities and special training sessions and heading up different projects and reports. She is also responsible for ensuring the liaison between SWC, federal departments and central agencies that are involved in gender-based analysis capacity-building activities. Diane has always been interested in social justice issues affecting women, minorities, and those who have been marginalized by society. She is the proud mother of a daughter, who is studying full-time to complete a Bachelor's Degree in social sciences at the University of Montreal.

Kym Martin, M.Ed**A/Director, Office of Emergency Preparedness, Centre for Emergency Preparedness and Response, Ottawa**

Kym has experience in emergency management at both the municipal and federal levels. In her present role, she oversees the development and delivery of national health training programs, the maintenance and development of federal and national health emergency response plans, and the development/delivery of national health-related exercises. Kym is a trained member of the United Nations/World Health Organization, Global Disaster Deployable Response Team and has also participated in numerous national and international exercises.

Lynn Orstad**Interim Chief Operating Officer, EmergeX Planning Inc.**

Lynn has worked in the Disaster/Emergency Management profession for 30 years. She has extensive experience in the field as a responder, a field trainer and in Emergency Operations Centres, working on such disasters as earthquakes, floods, tornadoes, air crashes, forest fires and civil disturbances. Lynn has extensive experience in the international field and has worked in Bosnia, Rwanda, Tanzania, Sudan, Serbia, Montenegro with such agencies as the UN High Commission for Refugees, the International Red Cross Red Crescent Societies, UNICEF, World Health Organization, Doctors Without Borders and the European Community Humanitarian Office. To all of these organizations, in the field, Lynn brought the ICS tools and training to assist in managing large-scale disasters. From 1996 to 1999, she was the Emergency Program Coordinator/Manager for the City of Richmond where she revised the city's emergency plan, adopting BCERMS into that system, designing the Emergency Operations Centre and incorporating ICS into the overall plan. In November 2001, Lynn traveled to Turkey where she represented Canada on the United Nations Expert Group in Natural Disasters. This group worked to form policy and recommendations for the UN Secretariat, which included the recommendation that the Incident Command System be adopted to assist populations affected by natural disasters. From 1999 to 2004 Lynn worked as a Coordinator/Instructor at the Justice Institute of BC where she designed, developed and delivered emergency management programs throughout the province on behalf of the Provincial Emergency Program. Her work also included working with municipalities and regional districts in assisting them develop their emergency plans and training in their communities. Lynn was the Program Coordinator for the "Crime Prevention through Social Development" project for the RCMP before coming to EmergeX Planning Inc and taking the position of Chief Operating Officer.

Laurie Pearce MSW, MA, PhD**Manager, Special Projects, Fraser Region, BC Ministry of Children and Family Development**

Laurie has been involved in emergency preparedness for over twenty years and is a part-time faculty member at Brandon University, the British Columbia Institute of Technology, and at the Justice Institute of British Columbia. She sits on the board of the Emergency Social Services Association of British Columbia; and lectures in Canada, the United States, and other countries on hazard, risk and vulnerability analysis; disaster management, stress resilience, Critical Incident Stress Management, children and trauma, and Emergency Social Services issues. Laurie is a Research Associate at the Disaster Preparedness Resources Centre at the University of British Columbia and completed her PhD at the School of Community and Regional Planning at UBC in the area of emergency planning in 2000. Laurie and her husband, Larry, are partners in Pearces 2 Consulting Corporation and Laurie is currently works for the Ministry of Children and Family Development for the Fraser Region as the Project Manager.

Colleen Phung**Planner, EmergeX Planning Inc.**

Colleen's research as a planner for EmergeX Planning Inc. has involved conducting Hazard Risk and Vulnerability Assessments for communities throughout British Columbia. Her work has helped to integrate the analysis of societal vulnerability, in particular vulnerable populations, into community-based risk assessments. Her other responsibilities include emergency plan development, emergency plan auditing and piloting new research projects. Colleen has previously worked as a researcher with Environment Canada's Commercial Chemicals Department, Air Quality Management Section, and the Climate Change Bureau for the Pacific Yukon Region.

Murielle P. Provost, MHE**Senior Research Fellow, International Centre for Emergency Management Studies**

Murielle is a consulting emergency management specialist with particular interests in family and community vulnerabilities and resilience, and in emergency management education and training. She is currently the Emergency Management Coordinator for the Atlantic Health Sciences Corporation in Saint John, New Brunswick. In a private capacity she engages in emergency management education and capacity-building initiatives at local, national and international levels. Murielle is President of the Atlantic Chapter of the Canadian Emergency Preparedness Association and a Senior Research Fellow at the International Centre for Emergency Management Studies.

Lynette Reid, PhD**Research Associate, Bioethics Department, Dalhousie University**

Lynette is an Assistant Professor in the Department of Bioethics at Dalhousie University. With a commitment to situating ethical frameworks within their natural, cultural, and political contexts, she has examined ethical obligations of healthcare providers in infectious disease (duty to care in SARS). The gendered history of the healthcare professions structure very different "ethical dilemmas" for different healthcare workers facing infectious disease outbreaks—what ethical commitments do you bring to your work in emergency management? Is our experience and enactment of core human ethical values conditioned by gender, and/or by the stories we tell ourselves about gender?

Allison J. Stuart**Director, Emergency Management Unit, Ontario Ministry of Health and Long-Term Care**

Allison created and is now the Director of the Emergency Management Unit within the Ministry of Health and Long-Term Care. She was the Ministry's executive lead during SARS both at the Provincial Operations Centre (Health) and later at the SARS Operations Centre. Within the Ministry, Allison's responsibilities have included: Director, Hospitals Branch; Director of Central Region and Administrator, Queen Street Mental Health Centre. Prior to entering the Ministry, Allison held senior management positions within both community and academic acute care hospitals as well as teaching both clinical and management nursing. Her academic preparation includes an undergraduate degree in nursing and a graduate degree in health administration, both from the University of Toronto. She speaks extensively on matters related to emergency management, personal preparedness and pandemic planning and was recently honoured as one of the Top Ten People to Watch in 2006 by The Toronto Star.

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