

for problem-focused and 9.5/16 (95% CI = 9–10) for emotion-focused coping strategies, significantly higher ( $p < 0.001$ ) than for less-useful coping which scored 7.5/16 (95% CI = 7.2–7.9). Behavioral disengagement, and denial were used rarely, and alcohol/drugs were almost never used, with scores of 6.3/16 (95% CI = 5.9–6.7), 5.3/16 (95% CI = 5.0–5.7) and 4.5/16 (95% CI = 4.2–4.9), respectively. Doctors chose humor as a coping response significantly more often ( $p < 0.001$ ) than did nurses, scoring 9.6/16 (95% CI = 8.5–10.7) compared to 7.1/16 (95% CI = 6.3–7.8) for nurses. Filipino healthcare workers turned to religion as a coping response significantly more ( $p < 0.001$ ) than non-Filipinos, scoring 14.4/16 (95% CI = 13.3–15.4) compared to 9.9/16 (95% CI = 9.0–10.9) for non-Filipinos.

**Conclusion:** With a supportive hospital environment, ED healthcare workers chose adaptive strategies to cope with the SARS outbreak. Humor was strongly preferred by doctors, while Filipino healthcare workers turned to religion as their preferred coping response. In planning psychosocial interventions and mental health services, management should be aware of these preferences.

**Keywords:** coping; disaster; doctors; humor; nurses; psychological; religion; SARS

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### Coping with Terrorism: Denial Versus Grief

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A terrorist attack is a national disaster unlike any other natural or man-made catastrophe. Its aim is to cause pain, destruction, and disruption of life in order to achieve political gain. When such an attack occurs, the global reaction is one of shock. This reaction becomes differential very quickly. Whereas the national reaction wanes rapidly as life gets back to normal, the reaction of the involved individuals becomes endless. On the national level, there is a massive response of denial, which is encouraged by the authorities that try to eliminate signs of the attack as soon as possible. This denial reaction is necessary in order to maintain life. The responses of the involved individuals are of loss and grief. National and Individual reactions are in conflict. The denial aggravates the mourning. Feelings of anger, disappointment, lack of understanding, and resentment usually characterize those in mourning. However, the denial response is natural and represents a wish for self-defense that does not mean lack of caring. Therapists should be aware of the appropriateness of the denial and be able to cope with such denial while working with the victims.

**Keywords:** denial; grief; response; terrorism

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### Theme 2: Civil-Military Collaboration

*Chairs: Edita Stok; Tim Hodgetts*

### Theme 3: Education for Disaster Medicine

*Chairs: Geert Seynaeve; Judith Fisher*

#### Overview of Actions Taken by Hellenic National Centre for Emergency Care Responding to the 07 September 1999 Earthquake in Athens

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The Hellenic National Centre for Emergency Care is an emergency medical system in Greece that provides prehospital emergency medical care. It has a Special Unit for Disaster Medicine (ETIK) responsible for planning, responding, training, and exercising for disasters. This presentation describes the 1999 earthquake in Athens, pointing out the actions that must be improved and what must be done in this direction, using the Conceptual Framework model for "Disaster Medicine" as developed by the World Association for Disaster and Emergency Medicine (WADDEM) and the Task Force for Quality Control of Disaster Medicine.

Athens, the capital of Greece, has a population of 4 million, and has a dense concentration of buildings. On 07 September 1999 at 14:56 hours, an earthquake (magnitude of 5.9 on the Richter scale) struck Athens. A total of 100 buildings collapsed (both residential and industrial), 5,000 buildings were damaged (among them two hospitals), 85 persons were trapped alive, 143 people were found dead, 750 people were wounded, and 80,000 people were left homeless.

The emergency medical services (EMS) response was organized promptly, but problems were identified. Problems in planning and management included: (1) there was not an adequate plan; (2) only radio communication was available; (3) difficulties in resupplying and in finding specific supplies; (4) little awareness of potential hazards, such as the chemicals from collapsed industrial buildings; (5) difficulty in data collection and on-site documentation; (6) no cooperation and coordination between emergency medical services and other on-site forces (especially at the command level); (7) difficulties coordinating with hospitals; (8) insufficient forensic facilities; (9) diversity of international assistance provided was difficult to coordinate; (10) psychological support was not centrally organized and was not coordinated; and (11) inaccurate media coverage of the event.

From the medical aspect, we did not encounter many difficulties due to experiences obtained from everyday work and previous earthquakes. Prehospital triage and treatment were provided, and 85 people were rescued—most of them within the first 12 hours, and two persons were rescued in the next 24–48 hours. Unfortunately, many victims died in the hospitals due to their injuries.