

are applications clinically reliable/evidence based and professionally validated, and how does one select and become proficient in utilizing these types of tools?" These are a few of the key components to be addressed in this presentation. Currently little professional data exists regarding the use of technology applications, except for studies evaluating frequency of use. This lecture will seek to help the learner address these and other issues, in an effort to augment their ability to best render humanitarian aid.

**Methods:** A brief overview of technical terminology is provided along with a review of a variety of applications. Additionally, audience members will be formally surveyed as to their current use of mobile technology, as well as self-perceived knowledge gaps and practice deficits. Interactive discussion will provide additional opportunities for knowledge sharing and personal growth. Resources to guide application selection are provided for a variety of clinical settings and professional roles.

**Results:** By the end of this session, the learner will be able to:

1. Identify and analyze reliable personal mobile software (Applications or "apps") sources for use in clinical practice.
2. Demonstrate the use of applications in common clinical situations.
3. Develop a selection of applications useful to individual practice.

**Conclusion:** Mobile Medical Applications and devices such as smartphone based otoscopes, microscopes, Point Of Care Ultrasound, clinical references, etc. are an invaluable and underutilized resource in humanitarian disaster and emergency medicine. This session will provide members a forum to augment their austere medical practice through the use of readily accessible and robust technology.

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### In the Eye of Storm: A Haitian-Based Child Protection/ Social Service NGO Responds to Hurricane Matthew

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**Study/Objective:** To discuss Lessons Learned / Best Practices in both local disaster planning, as well as Disaster Response.

**Background:** When Hurricane Matthew hit Haiti, few were prepared personally, organizationally or as a nation. Due to lack of an integrated disaster response system, severely damaged infrastructure and many other factors, Post Disaster response was poorly coordinated with looting, cholera, food insecurity, flooding, failure to get aid to the point of need, etc.

**Methods:** Direct Observational Lessons Learned.

**Results:** Preplanning and prior staging of resources allowed our Non-Governmental Organization (NGO), Little Footprints, Big Steps to evacuate families ahead of Hurricane Matthew, as well as immediately provide food, shelter and medical aid in the hours, days and weeks after the hurricane. This was due in significant part, to the Staff/Board of Director experience with disaster management in general and hurricane response, Haiti in particular.

### Conclusion:

- Failing to plan is planning to fail.
- Prior Planning Prevents Poor Performance.
- Many lessons learned in our organizational response to Hurricane Matthew are directly applicable to WADEM's target audiences.

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### Disease Diplomacy for Humanitarian Aid and Conflict

#### Reduction

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**Study/Objective:** This paper adopts a disaster diplomacy framework to explore the overall disaster diplomacy conclusions for epidemics and pandemics, including vaccination programs; in effect, looking at "disease diplomacy."

**Background:** Disaster diplomacy examines how and why dealing with disasters, before and after a disaster manifests, does and does not reduce conflict and support peace. From numerous case studies around the world, the overall conclusion is that disaster-related activities (such as prevention, planning, risk reduction, response, and recovery) often have the potential to catalyse or influence peace initiatives in the short-term, but long-term impact and creating new diplomacy are almost absent. Meanwhile, many health diplomacy initiatives have long been used such as WHO's "Health as Bridge for Peace" program and ceasefires negotiated to implement child vaccination programs and to support disease eradication endeavors.

**Methods:** Case studies are examined qualitatively to seek explanatory and predictive conceptual models for success and failure of disease diplomacy. The focus is on infectious disease rather than on wider health diplomacy, or on other health issues, such as chronic conditions and lifestyles, in order to ensure that disaster diplomacy can be tested from a health perspective.

**Results:** No infectious disease related initiatives could be found which led to clear-cut disaster diplomacy successes. Nor were examples found aiming to use infectious disease for active disaster diplomacy, despite numerous calls to do so, such as through "global health as foreign policy" and "global health diplomacy." Yet, separating efforts to deal with infectious disease from diplomatic activities, especially in conflict zones in the context of humanitarian aid, might support these programs' achievements.

**Conclusion:** Infectious disease related initiatives confirm the experience from across disaster diplomacy case studies, that disaster-related activities sometimes catalyzes ongoing peace and conflict processes, but so far have not been shown to create new ones.

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