



## **WADEM Oceania Chapter** *Newsletter No 17* *March-April 2014*

### **WELCOME!!!**

The togetherness of the Oceania region has been driven home in recent weeks because of one cyclone. Our region consists of many scattered island nations, however, this did not stop Cyclone Ita causing damage in several locations throughout the region.

First hit was the Solomon Islands, with wide spread flooding and loss of 23 lives, with 9,000 reported homeless. Aid was sent from both Australia and New Zealand. Ita then went on tour of the Pacific before hitting the East Coast of Australia, Queensland in particular, where flooding was severe in places. It was pleasing to learn that our Oceania President was in action as part of the Queensland response management. A few more days of wandering and then Ita visited us in New Zealand, causing wide spread damage, flooding, slips, with high winds damaging buildings.

Here in Christchurch, the earthquakes have caused alteration to land levels and this has meant flooding, in some cases for the 6/7 time in some areas. Some of the houses flooded had just been re-occupied after earthquake repairs had been completed. Again, a test of individual resilience post-disaster. I know it is a pet subject of mine, but it is the major learning we must take on board and provide assistance, in many forms, to those affected, and for many years after the event!

The following web site provides news of Ita's South Island visit.

<http://www.stuff.co.nz/the-press/news/9960922/Battered-South-Island-cleans-up-after-storm>

Cheers

**Graeme**

### **Chair's Message**

Greetings,

The big news this edition is that the Oceania Chapter Newsletter is now branching out into other areas.

Based on the success of the Oceania Chapter Newsletter and the increasing readership from WADEM members far removed geographically from Oceania, we are starting a new international news newsletter – called, funnily enough, International News (Graeme's idea - pure genius). This will include updates from the various WADEM Sections and key Committees. The first effort, which will be available soon, includes news from groups such as the Nursing and Osteopath Sections, the Membership Committee, and Congress news, just to name a few. The purpose is to ensure greater sharing of information and enhanced visibility of the efforts and endeavours of the energetic and enthusiastic individuals that contribute to these groups. We have already found some incredible synergies between some of these groups by bringing them together and are sure we can find more with extending these updates to the larger audience of the general WADEM membership. Special thanks to those who contributed

to this first edition of International News.

Not sure if the saying 'imitation is the greatest form of flattery' holds true when we copy ourselves but we will take the flattery regardless. Maybe this is more of a franchise operation where others take the reins of the new initiatives (this is a very big hint in case you weren't sure).

One of the key strengths of WADEM is the development of networks amongst its members and the collaborative partnerships that evolve as a result. From personal experience these may start professionally but often end up as firm and long-term friendships. International News is designed to assist this by identifying activities that people may be interested in, identifying people who are happy to be contacted as leads or 'champions' of these activities, and identifying opportunities for us all to get involved.

Thanks to those who responded to the last edition of the Newsletter and sent me an email introducing themselves or with ideas for the Oceania Chapter or the Newsletter. A means of providing updates about broader WADEM activities is something that we had been looking at already and judging by the comments I received something you all wanted as well.

Many thanks also to Graeme as always for his unflagging efforts in pulling the Newsletter together. Contributions are always welcome and if you have news, ideas and thoughts you want to share don't hesitate to get in touch. No such thing as a bad idea - happy to consider just about everything.

Till next time

Cheers  
Peter

### **WADEM Oceania Chapter Newsletter Aims**

*The aims of the WADEM Oceania Chapter news letter are to:*

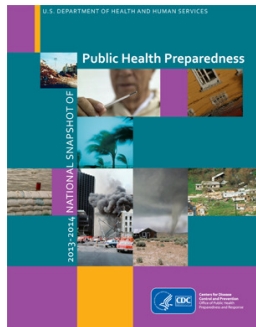
- *provide communication for regional members*
- *encourage a collegiate relationship amongst regional members*
- *update members on news and events such as health issues in the region*
- *provide a forum for discussion on emergency medicine/health issues*
- *give encouragement and support for research papers*
- *allow publication of basic case studies*
- *support exchange of information and work programmes*
- *publicise coming events*
- *support the aims and activities of WADEM within the region*

### **WADEM Oceania Chapter Newsletter Editorial Committee**

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Yale New Haven Health report, reprinted with permission.

### **How Prepared is Public Health?**



The Centers for Disease Control and Prevention (CDC) released its annual report titled 2013-2014 National Snapshot of Public Health Preparedness. This report details how federal funding for public health preparedness (\$623 million for state and local preparedness in 2013) has enhanced programs geared towards minimizing public health threats across the country and abroad. Compiled data presented in the report include funds awarded, Technical Assistance Review (TAR) scores, as well as preparedness and response activities conducted in states, cities and US territories supported by the CDC. Each awardee was evaluated on its public health laboratory testing capabilities, emergency operations coordination and emergency public information and warning systems. Also included in the report are summaries about the responses to Hurricane Sandy, the West Nile Virus outbreak in Texas, the tornado in Joplin, Missouri and preparation of the 2013 Super Bowl in New Orleans. To view the report, [click here](#).

*Note this report is slow to open.*

### **Preparing for the Spring Thaw**



Each year we are faced with the potentials for flooding and ice jams caused by the spring thaw. Many areas of the country received large accumulations of snow this winter. As the weather gets warmer, and the snow starts to melt, combined with the rainfall from anticipated springtime storms, rivers and streams will rise and potentially lead to catastrophic flooding of many towns and communities throughout the nation. The warmer temperatures also cause ice jams on streams and waterways, which exacerbate flooding. The ice formed on streams and rivers break apart as it begins to melt, and the resulting chunks of ice often create obstructions, diverting water into flooded areas. How prepared is your community for flooding? March 18-22 is Flood Safety Awareness Week and is a great time to get information out to the public. Information on flooding, including resources, can be [found here](#).

## Two New Free Tools for Planning!



### **Emergency Management and Medical Resources**

[Click here](#) to see a compiled list of resources to use for emergency planning and in particular, Weapons of Mass Destruction (WMD) and medical emergency planning

### **International Glossary for Resiliency**

Disaster Recovery Institute (DRI) International, in collaboration with volunteer industry leaders, has developed a new language guide that is "designed to improve communications and increase clarity across the business continuity community." This guide provides a set of common terms, and definitions for BCP that can "reduce confusion, remove inconsistencies, and facilitated coordination between parties." To get your free copy of this glossary, [click here](#) and log into MyDRI.

For a list of all of our tools, [click here](#).

## Are pharmacists on your emergency volunteer list?



A recent blog posted by the Centers for Disease Control and Prevention (CDC) highlighted the important role that pharmacists play in emergency preparedness. Should a bioterrorism incident, natural disaster or infectious disease outbreak occur in the US, pharmacy professionals would be called upon to administer medications/vaccines from the Strategic National Stockpile (SNS). Findings from a study completed by the Emory PERCC indicate that pharmacists see more patients in a single day than any other group of healthcare providers qualified to administer vaccines. Many of the pharmacy chains located nationwide have implemented information systems which allow pharmacists to access prescription information for patients regardless of the network pharmacy that a patient visits to have a prescription filled. This means that during a disaster that necessitates a large-scale evacuation, residents displaced to other states will not have to rely on a pharmacy within the affected region to fill their prescriptions. To read more on how to include pharmacists in emergency planning, or the Emory PERCC study, please [click here](#).

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## **Christchurch Earthquake CTV Building Collapse Response.**

The report of the Coroner's Inquest into the deaths of eight people trapped in the CTV Buildings was released on 31 March. The Coroner found several areas where major improvement in response is needed, but found that there was insufficient evidence to say that the delays and lack of coordinated rescue contributed to the cause of death of those trapped.

The report gives a valuable description of the rescue efforts in the context of the wider response to the earthquakes in Christchurch on 22 February 2011. While it does not emphasise them, the report describes many incidences of considerable individual bravery.

The Coroner states how the relatively narrow focus of this enquiry was developed in response to the findings of the Royal Commission of Enquiry which also reviewed the overall response. This explains the concentration on the Fire Service in the summary below.

The Christchurch Press of 31 March, 2014 gives a useful summary of his findings, which I reproduce here:

### **Main Points**

- Shortcomings in the search and rescue effort did not contribute to the deaths of those trapped
- More people, more resources, better communication and a better structure would have improved the situation overall and may have improved the chance of saving lives.
- At least five of the trapped were still alive 12 hours after the earthquake at 1251pm on February 22.
- The disaster revealed failures of planning, preparation and scene management by the NZ Fire Service.

### **Criticism of Fire Service**

- Fire Service management failed to establish an incident controller at the site and failed to establish a control point.
- No protocols for stations to follow in earthquake situation.
- Stations lost contact with communications centre and did their own thing.
- When communications were restored officers talking over each other because separate channels not used for main sites.
- Only one concrete cutter (provided by a local retailer) was on site in the first 12 hours and no core drills (a drill specifically designed to remove a cylinder of material) were available until the next day.
- Overall control was split between the east and west side of the collapsed building. Those in charge of the east side did not know a sophisticated listening device and a concrete cutter was being used on the west side.
- Urban Search and Rescue taskforces from Auckland and Palmerston North were delayed because of transport and stowage difficulties.
- Fire Service advised Civil Defence international help was not required which meant that local commanders were detained with other duties instead of helping at the CTV site.

The Coroner's report is 57 pages long and is not a difficult document to read, although I found my proximity to the events and some of those involved made me feel uncomfortable.

For those of you who would like to read the full report, The Chch Press Article or the Royal Commission the links follow:

<http://www.stuff.co.nz/national/9885370/CTV-rescuers-cleared-of-blame>

<http://static.stuff.co.nz/files/CTVfindings.pdf>

<http://canterbury.royalcommission.govt.nz/>

John Coleman

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### **Quake stress creates the 'new vulnerable'**

Marc Greenhill *The Press Christchurch 19 March, 2014*

#### **Christchurch Earthquake 2011**

Middle-aged Cantabrians living previously comfortable lives have been identified as a new at-risk group for post-earthquake stress. The Canterbury Earthquake Recovery Authority's (CERA) third wellbeing survey released yesterday showed "secondary stressors" - including insurance woes, living in a damaged environment and loss of recreational facilities - had replaced aftershocks and safety fears as the biggest concerns.

The survey was conducted by Nielsen Research between August and October 2013, with 2476 residents selected randomly from the electoral roll in Christchurch city, Selwyn and Waimakariri. CERA chief executive Roger Sutton said an area of focus was the "new vulnerable" - a group aged between 35 and 49 whose lives were previously "under control". They were unlikely to have sought support from social agencies in the past, he said.

"Prior to the quakes, they had ordered, easy lives, and they've become much more disordered because they may have had to move, their jobs may have become more difficult [or] may have had insurance issues." Their exact numbers could not be determined, Sutton said. Families in that category would take part in focus groups.

"There's a concept that previously vulnerable people in society were often linked up with support agencies and they knew how to ask for support. There's this new group of people who haven't needed support before and we've never really had to work out how we get them support and assistance. " While the survey showed some Cantabrians were happier with their lives, Sutton said there was a "significant group of people whose lives are very difficult and frustrating".

CERA had intervened in ongoing insurance and Earthquake Commission (EQC) issues by creating the Residential Advisory Service, the Winter Make it Right programme, and by offering counselling and support services. "All of the groups involved are keenly working together but, parallel to that, I expect to see EQC and insurers continuing to strengthen their own processes to minimise the stress on residents and deliver on their forecast deadlines," Sutton said.

Disaster recovery psychologist Rob Gordon said the complexity of post-disaster stress was "hard for people to grasp". "We have to be cautious about simple measures of vulnerability, and this particular disaster has got so many issues to do with the rebuild that are essentially out of people's hands. In many other disasters, it's fundamentally up to the people," he said. Minor aggravations, including traffic and damaged roads, could snowball by creating more "work time". "It's this loss of leisure that I think really puts people in a very stressed lifestyle



because they can never come down. When people are in routine they can have the constant periods when they can unwind," Gordon said.

Canterbury Communities' Earthquake Recovery Network spokesman Brian Parker said because the new vulnerable were not used to seeking help they risked "not doing anything", which added to the stress. "They don't get found either because they think they have to sit it out and don't think they do have options," he said.

Identifying them was a "bloody difficult job" . "How do you connect with these people, apart from going to every individual household?" A community-driven website called In the Know was set up this month as a one-stop shop for quake rebuild information.

Parker, who had taken the first CERA survey, said he found many of the questions difficult to answer. "I know that I had dealt with a lot of stress, but I'd moved to a better place therefore there was less stress - but probably not as good as it was prior to the earthquakes," he said.

The full survey results can be found at [cera.govt.nz](http://cera.govt.nz).

## **BY THE NUMBERS**

- 73 per cent rated the quality of their life as good or extremely good.
- 6 per cent rated their quality of life poorly.
- 23 per cent indicated their quality of life has deteriorated compared to 12 months ago.
- 18 per cent believe there has been an improvement in their quality of life.
- 78 per cent experienced stress at least sometime in the past 12 months that had a negative effect on their lives.
- 22 per cent indicated they had been living with this type of stress most or all of the time in the past year.

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### **Crushed by quake, cursed by corrupt.**

*(Headline The Press, Christchurch 2 April, 2014)*

No, not Christchurch, L'Aquila, Italy. Hit by a 6.3 earthquake 5 years ago. 309 people were killed and 65,000 forced from their homes. Many were housed in tents immediately post-quake, described as a 'camping weekend' by their government. Temporary housing on the city fringes followed but these look like becoming permanent. The editor of the local *// Centro* newspapers predicts that it will be 2030 before the rebuilding is completed. The centre of this town was destroyed and while the population can still take a passeggiata (stroll) in the centre of the city and some cafes exist, there is nothing to keep the population there.

This story is familiar to us in Christchurch, suburbs have been closed and population shifted to the fringes and the centre city is still being demolished and the rebuild is slowly under way.

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### **How does a city bounce back?** *(Summarised from report in the Press Christchurch 30/3/14)*

Christchurch is learning the hard way that disaster recovery is as much about politics as rebuilding. So what does it take for a city to "bounce forward"? John McCrone reports from a resilient city workshop. Some 60 community and business leaders have gathered in a scruffy warehouse - post-quake, you take what meeting space you can find - for Christchurch's induction into the Rockefeller Foundation's 100 Resilient Cities network.

It is the new international club for cities thinking hard about how to survive the challenges of

the 21st century.

Climate change, peak oil, economic disruption, greying populations, not to mention the regular perils of civilisation such as wars, floods and other natural disasters. There are reasons to expect a rough ride. So Rockefeller is paying the selected cities to employ a chief resilience officer as well as providing shared planning tools and the promise of regular get-togethers.

This year, 33 cities are going to be initiated. The names include San Francisco, New Orleans, Melbourne, Rotterdam, Medellin in Colombia and Byblos in Lebanon. But Christchurch, with its recent seismic events, was always going to be a shoo-in as a foundational member because of the abundant resilience "learnings" it must have to share with the world.

Resilience? The story seems to be more about it being too late to back out now.

Bryna Lipper, 100 Resilient Cities' Vice President of Relationships, is explaining how resilience is a wedge issue, something indeed quite political once you start considering its full implications.

The stark message is that resilience is a whole of the community thing, says Lipper. There is no point in strengthening elements of a city in isolation if it is the ability of the entire system to adapt and recover that matters.

Lipper says this in turn means that resilience has to be a conversation not just about the possible shocks facing a city, but also about the corrosive stresses which might sap its ability to respond.

So the 100 Resilient Cities project is an attempt to get cities thinking about their readiness to handle just the kind of out-of-the-blue event that struck Christchurch, says Lipper. Like fitness, the question becomes whether in an emergency you know you can run a marathon if you had to?

And when the question is put so broadly, cities move on from worrying so much about specific actions like flood defences or duplicating power supplies to the generalised health of their communities in terms of social capital and sound city governance.

So Christchurch is a city that has been knocked out of its stride and three years on is still wobbling about seeking a clarity of direction. However, the theories and international experience are there to give a sound guide

Give Christchurch back to its communities, pay attention to its social stresses, break down its siloed responsibilities. The likelihood then is that Christchurch will have some good learnings to share with the rest of the planet.

**RESILIENT CITIES:**

Cape Town, South Africa

Melbourne, Australia

Glasgow, Scotland

Ramallah, West Bank

Bangkok, Thailand

Christchurch, New Zealand

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## **Disaster Management College commitment delivered**

9 April, 2014

The Regional College of Disaster Management commitment will be delivered following the signing of a partnership with the Australian Emergency Management Institute (AEMI) in Cairns today.

Queensland Police, Fire and Emergency Services Minister, Jack Dempsey, said the specialised education and training will be delivered as part of the Queensland Government's overall commitment to enhancing the knowledge and skills of disaster management personnel.

'The Queensland Government is committed to revitalising frontline services for all Queenslanders, and that includes giving specialised education and training to disaster management crews,' Mr Dempsey said.

'We are committing \$11 million toward the partnership that will deliver the Regional College of Disaster Management.'

Mr Dempsey said the announcement was through a partnership with the Commonwealth Government's Australian Emergency Management Institute.

'The partnership with the Coalition Government will provide an opportunity to up skill a new generation of disaster management professionals,' Mr Dempsey said.

'This model of education and training delivery is the first of its kind offered by the Queensland Government and will provide disaster management stakeholders further professional development for their careers in disaster management. 'Training will be delivered both online and at venues in Cairns, Townsville, Brisbane and Rockhampton.'

Minister for Justice, Michael Keenan, welcomed the partnership as part of the Coalition Government's wider commitment to a safer and more secure Australia. 'The Coalition Government is committed to ensuring Australia is well prepared for any natural disaster,' Mr Keenan said.

'Disaster management is a challenging field and it's vital that we provide opportunities like this so that when disaster strikes, management officers are well-trained and ready to support their communities,' Mr Keenan said.

'I'm confident that this new partnership will enhance Queensland's mitigation, preparedness, response and recovery.'

The Advanced Diploma will cover a range of subjects, including: building community relationships; managing multi-agency response; developing emergency management exercises; and organising public safety awareness programs to help build strong, prepared, resilient communities.

The Postgraduate qualification will focus on high-level leadership knowledge and skills for application across preparation, prevention, response and recovery phases of disaster management.

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## **Black Saturday – Five Years on**

### **Successful Monash Forum Pays Tribute**

Five years after Black Saturday, the Monash Disaster Resilience Initiative (MUDRI) hosted a one-day Forum to hear from senior emergency management leaders and researchers working to improve Victoria's state of preparedness in the face of "bigger and more frequent disasters". The Forum was opened by Professor Lesley Day, Acting Director, Monash Injury Research Institute, who paid tribute to those who lost their lives, those who were affected, and those who responded to this tragic event. Mr Dudley McArdle, Senior Policy Advisor, MUDRI, facilitated the Forum.

Invited speakers offered new insights into achievements over the past five years and provided new thinking about where we need to go. Speakers included Mr David Harris (Executive Director, Department of State Development, Business and Innovation), Professors Stephen Cordner and Neville Nichols and Dr Davina Lohm (Monash University), Professor John Handmer (RMIT University), Professor Jim McLennan (La Trobe University), A/Professor Lisa Gibbs (Melbourne University), Dr Holly Foster and Mr Alan Rhodes (Office of the Fire Services Commissioner), Ms Debra Parkinson and Ms Claire Zara (Women's Health Goulburn North East), and Dr Richard Thornton (CEO, Bushfire and Natural Hazards CRC).

Each speaker stimulated challenging discussions among the participants who debated community engagements, impacts of heat waves, and community resilience and recovery. Likewise, gender in disasters; "Why doesn't the community listen?"; the impact of climate change, and the processes involved in changing emergency management structures provided fruitful debate and participant engagement.

Participants hailed from 10 State Government Departments, and one Federal Government Department, four emergency services organisations, eight municipalities and three NGOs.

One hundred participants filled the Monash University Council Chambers for the 'Black Saturday – Five Years On' Forum on Thursday, 27 March, 2014. The Forum provided a unique opportunity to reflect on the journey since February 2009, particularly on policy changes and improvements to Victorian emergency management to enable all Victorians to better prepare and recover from major disasters.

Emerging from vigorous and insightful discussion was an acceptance for the beginning of a potential Victorian Research Alliance to help the sector pursue evidence-based policies and procedures.

For the past three years, the Monash Disaster Resilience Initiative (a part of the Monash Injury Research Institute) has hosted the quarterly Disaster Resilience Forums, which enable Victoria's community members, community-based organisations and the broadest range of members of the Disaster Preparedness and Management Community, including local government, state emergency services and recovery organisations, university academics and students to consider and discuss relevant issues confronting their sector, in the context of 'bigger and more frequent disasters' to which we are all exposed.

In closing the Forum, Emeritus Professor Frank Archer acknowledged the leadership of the RHISE Group in Christchurch, New Zealand, who had conducted a similar research-based Symposium in Christchurch last November, and upon which the Monash Forum was based. He also promoted the upcoming 5-year post-earthquake Forum to be held in Christchurch in February 2016 on the theme *People in Disasters, Response, Resilience and Recovery* [www.peopleindisasters.org.nz](http://www.peopleindisasters.org.nz). For further information about the proceedings of the Forum

and about future Forums (the next is programmed for 29 May), please contact the MUDRI Academic Coordinator, Dr Caroline Spencer at +61 3 9905 4397 or [caroline.spencer@monash.edu](mailto:caroline.spencer@monash.edu).

### Training System

A new Emergo Train System training material for psychosocial support has been released. The set is called 'Management and coordination of psychosocial support' and the material can be used:

- to train psychosocial support in psychological first aid for psychosocial support
- to train in assessing what follow-up a survivor requires
- to train in organising psychological first aid for a large number of survivors
- to practice and evaluate the abilities of psychosocial support organisations within the health care services

The material is available to use for ETS Senior instructors and is at the moment available in English but will be translated to more languages. A Swedish version will be released in a few weeks.

Please visit the Emergo Train System website [www.emergotrain.com](http://www.emergotrain.com) for further information about the material. A more detailed description of the material is available as a booklet (pdf) on the Senior instructor page (requires a login as Senior instructor). You can also contact me directly to receive the booklet by e-mail.

Kind regards

Johan Hornwall

### EDUCATION AND TRAINING OPPORTUNITIES & PROJECTS

#### Online Research Repository

WADDEM has developed an online Research Repository for members to access information about current disaster health research projects. Members are able to provide information about projects they are presently working on, as well as connect with other researchers around the world who are conducting similar types of research.

The Research Repository can be accessed by clicking on the following link – <http://research.wadem.org>

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### MEMBER NEWS

**Sarah Weber's** baby has arrived! A boy - Archer Heinz Weber. Born 1st March at 1519hrs, weighing 8pnds 8 ounces & 54cms long.

A few challenges reported in the last 6 weeks but hopefully things have settled now!

### WADEM COMMUNITIES of INTEREST

The following WADEM Sections provide contacts and information for members interested in the specific area/skills. More such areas of interest are likely to be established in the future.

**Nursing Section**

Contact: [nursinginsight@wadem.org](mailto:nursinginsight@wadem.org)

**Osteopathic Physician Section**

Contact: William Bograkos [irisbo@comcast.net](mailto:irisbo@comcast.net)

**Psychosocial Section**

Contact: Tracey O’Sullivan [tosulliv@uottawa.ca](mailto:tosulliv@uottawa.ca)

**Mass Gathering Section**

Chair is Paul Arbon.

Contact [paul.arbon@flinders.edu.au](mailto:paul.arbon@flinders.edu.au)

**Proposed Section: Disaster Metrics**

Contact [frank.archer@monash.edu](mailto:frank.archer@monash.edu)

**Proposed Section: Emergency Medical Services/Emergency Medicine (?)**

Contact; [joecuthbertson@hotmail.com](mailto:joecuthbertson@hotmail.com)

### CALENDAR OF EVENTS

<p><b>2014</b> 5 -7 May</p>	<p>The Australian &amp; New Zealand Disaster and Emergency Management Conference will be held at the QT Gold Coast - See more at: <a href="http://www.anzdmc.com.au/#sthash.Q1VkMjsF.dpuf">http://www.anzdmc.com.au/#sthash.Q1VkMjsF.dpuf</a></p>
<p>7-8 May</p>	<p><b>The Joint Commission</b> Emergency Preparedness Conference Lake Buena Vista, FL</p>
<p>18-21 September</p>	<p><b>1st Global Conference on Emergency Nursing and Trauma Care</b> Crowne Plaza, Dublin, Ireland <a href="http://www.globaledconference.com/">http://www.globaledconference.com/</a></p>
<p><b>2015</b> 21-14 April</p>	<p><b>Save the Date.</b> WCDEM Cape Town, South Africa</p>
<p><b>2016</b> 24-26 February</p>	<p>People in Disasters, Response, Resilience and Recovery. Christchurch, New Zealand. For expressions of interest and further information. <a href="http://www.peopleindisasters.org.nz">www.peopleindisasters.org.nz</a></p>

## A COFFEE WITH

In this section members are invited to introduce themselves to other members in an informal manner. (To speed up this getting-to-know members section, it is now intended to include two members each newsletter)

This issue: **Erin Downey** (WADEM Vice President Congresses)

**Q.** Nickname?

**A.** Hank...as in Hank Aaron. Yes the spelling is off, but I used play a lot of softball.

**Q.** Where are you working?

**A.** At my desk. All the time. No, really. *No. Really.*

**Q.** What three words best describe you?

**A.** Official: collaborative, charismatic, and influential (texted by a friend, after 30 minutes of staring at a blank computer screen.)

**A.** Unofficial: coffee, sleep, exercise.

**Q.** What is your best disaster experience?

**A.** The last day I walked out of Louisiana State EOC for Hurricane Katrina / Rita activation.

**Q.** What is your worst disaster experience?

**A.** "Erin, the levees have **failed...**"

**Q.** Which 3 people would you most like to share your ration pack, cold pizza and instant coffee with?

**A.** Of those deceased: Nelson Mandela, Eleanor Roosevelt, and Che Cueva.

**A.** Of those alive: Hilary Clinton, my Mother, and any refugee mother in any camp in any part of the world.

And **Knox Andress** (Chair WADEM Membership Initiative)

Nickname?

**A.** Knox

**Q.** Where are you working?

**A.** I coordinate hospital preparedness and response for 28 hospitals in northwest Louisiana, USA. My office is located in the Louisiana Poison Center which is affiliated with the Department of Emergency Medicine, Louisiana State University Health Sciences Center – Shreveport.

**Q.** What three words best describe you?

**A.** Passionate, optimistic, curious

**Q.** What is your best disaster experience?

**A.** Establishing a working Regional Hospital Coordinating Center during Hurricane Katrina and Rita (September 2005). Liaisons from 9 area hospitals co-located to coordinate regional patient evacuee reception and provide medical support in multiple shelters. Coordinating patient evacuee flight reception from New Orleans after Hurricane Katrina was a bit of a ballet.

**Q.** What is your worst disaster experience?

**A.** Hurricane Katrina - Not being able to do more for folks still trapped in New Orleans. Scrambling multiple EMS units and personnel in the middle of the night for an evacuee

transport that never landed. A med evac flight left New Orleans headed for our location but apparently changed final destination during the flight. Destination changes were not relayed.

**Q.** Which 3 people would you most like to share your ration pack, cold pizza and instant coffee with?

**A.** I'd like to simultaneously sit and share with my grandfathers and dad. My grandfathers were the consummate adventurers in my young eyes but I never had the opportunity to share or participate in those adventures. My dad always makes a resource poor situation (cold pizza and instant coffee) look like the best option possible.

### Disaster Myths & Humour

A section for sayings, lessons and humour. **Contributions invited.**

I am sure that we have all wondered at times at the sense, or lack of, of those elected to office.

A few days after the Christchurch earthquake in February 2011, an official question came via the Ministry of Health Information section from a member of Parliament.

**Q.** It has been reported that some people in the eastern suburbs are suffering from dysentery, what is happening to them?

**A. (I would have liked to supply)**

If you have ever had dysentery you would know what is happening to them.

**A. Supplied.**

If you could supply names and addresses we could have them checked. In the meantime, we can advise that health facilities in that area have centres functioning to treat and assist people.

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**It's okay for some:** Car service business in Christchurch have reported that business is-booming as they service vehicle brakes and shock absorbers and puncture repairs. All cause by the state of the roads and demolition debris post-earthquake.

### ASK AUNTIE

*This section is an advice column where readers can submit their questions and 'Auntie' will draw on many years of experience to provide reasoned advice and counselling.*

Aunty has a chain of correspondence this time from a dear reader who is happy for both of her letters to be included.

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Dear Aunty

I live in a town that was badly affected by flooding about a month ago and lost most of the belongings in my house. I had been sleeping badly so I went to see my General Practitioner Yesterday.

I was horrified to find my GP just sitting at their desk quietly crying with a cup of tea that smelled



suspiciously like whiskey. "Man Up" I said. "Get yourself together, you've got patients to see".

They did thankfully and saw me straight away. Anyway, my real question was how long should I keep taking the sleeping tablets they gave me?

Yours respectfully

Gladys Nochurouse

PS do you think they would be upset with me because when I said "man up" when it was a woman?

Dear Gladys,

Thank you for your letter.

Rest assured Gladys that your GP won't be upset with you. Did you stop to think about whether your GP was also affected by the flood and had their home damaged? Also did you stop to think that they may have been working longer hours than usual to see patients who have been affected by the floods?

This may have been loss of medications, extra stressors and disturbed sleep such as yourself or injuries during the clean-up phase or flares of existing chronic disease, and everyone of these bringing the GP their distress as well. How exhausting for the poor GP.

Those who respond to, and support others during disasters need to be looked after as well. They too need down time and support.

Sleeping tablets should only be used for a short time so as not to create habits - once your sleep deprivation has been fixed after a couple of nights try to stop taking them.

In kindness

*Aunty*

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Dear Aunty

Oh my blessed petunias what a fool I have been. A couple of days of sleeping tablets will be fine.

I have also baked my GP a lovely cake with lots of rum in it - that should fix her up. Far better than whiskey, which is the devil's drink

Thank you

Gladys

Dear Gladys

It might be wise to be careful with the rum. Everybody deals with stress differently - some drink

more, some get angry, some over-eat, some starve, some don't sleep, some drive faster. Some find it helps to exercise, others like to talk to friends.

Remember not everyone wishes to talk about it and it can be harmful to press them. It sounds like many members of your community are suffering at the moment each in their own way.

You know kids can be affected too. Sometimes parents say their kids are being so good and well behaved; then a bit later when their behaviour changes and they start pulling your gladiolas out of your flowerbed, you realise they were affected too; even the really young ones. Give them some scissors and get them to cut your grass instead as I know practical tasks help.

Still with Kindness

*Aunty*

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Dear Aunty

You are such a clever lamington - you were right

My garden looks lovely now, the grass is very short, and I organised a bake off - just like on Master Chef. I also asked my GP to come and be the judge.

It was so sad - she said it would be her first night off since the flood and her first home cooked meal as her kitchen had been flooded and had not been repaired yet.

I never knew and she never said anything but just kept on working - what a trooper.

When I heard that I almost cried but felt so much better when she said I made a lovely steak and kidney pie (the secret is not to wash the kidneys as it gives extra flavour).

We are all meeting once a week as a craft group, next week we are all making crochet mankinis.

Do you know anybody who would want one?

Gladys

Dear Gladys

Sounds like you have built yourself a lovely community network which is focusing on your strengths and talents which can only help your future ability to cope with bad times.

As for the crochet mankini - I will send you little Peter Aitken's address.

*Aunty*

### CALL FOR MATERIAL

Material is required for any of the sections listed, or under a new category, if that is appropriate. Personal experiences, case and research reports are especially welcome and we ask that these are limited to no more than 1,000 words. The subject matter can be aspects of a disaster or response that is unusual because of its type, location or effects. Material is welcome from

WADEM members and even non-members internationally.

**Any suggestions regarding material for content, or suggestions to improve this Newsletter are welcome.**

Please forward contributions to Graeme McColl at [gmccoll@wadem.org](mailto:gmccoll@wadem.org)