



OCEANIA NEWSLETTER
VANUATU SPECIAL
April 2015

WELCOME!!!

Thoughts this issue are with Ni Vanuatu as they still struggle with the aftermath of Cyclone Pam from mid-March. A true and interesting quote came from an aid worker in Vanuatu, she had worked in war zones and over events around the world. She was quoted as saying, 'You can't negotiate with cyclones. The same could be said for all events that nature sends our way.'

This newsletter is dedicated to Vanuatu in response to the devastation caused by Cyclone Pam to the many islands of that nation and reports regarding concerns in relation to the responses and aid delivery.

Many of the concerns expressed regarding aid are a repeat of events from Haiti and other major disasters world wide. Mistakes of the past are still being made.

It has been pleasing to learn that post the initial shock and mayhem of Cyclone Pam the authorities in Vanuatu have taken charge of the response and are controlling not only response teams but also the supplies arriving.

Along side other aid being provided the Australian and New Zealand Governments have responded an official joint medical assistance team. Joint development and training of team members have been in place for a number of years and joint team responses have previously happened in the Pacific region.

The authorities in Vanuatu are in control of supplies reaching the country establishing a logistic section to receive and distribute supplies. An offer of medical supplies offered through WADEM members links has been referred to this section who have passed the offer to the medical health cluster to decide whether to accept the offer. The offer was assessed and only items in general use accepted.

Any critical comments in this newsletter are not of the Government and authorities of Vanuatu but of any aid agencies that have not abided by best international standards and have acted in their own interests ignoring control and coordination efforts.

Cheers

Graeme

WADEM Oceania Chapter Newsletter Editorial Committee

Graeme McColl	graeme.mccoll@ilsogno.info
Peter Aitken	peter.aitken2@health.qld.gov.au
John Coleman	John.Coleman@siapo.health.nz
Paul Arbon	Paul.arbon@flinders.edu.au
Thompson Telepo	ttelepo@ymail.com
Joe Cuthbertson	joecuthbertson@hotmail.com
Caroline Spencer	caroline.spencer@monash.edu.au
Sarah Weber	sarahweber@inet.net.au
Penny Burns	penny@sandyburns.com.au

VANUATU REPORT

From 'The Press Christchurch 21 March 2015.

Reported by Shane Cowlshaw.

In Port Vila, there are people walking around in the brightly coloured T-shirts of every NGO and aid organisation on the planet.

The big players are here - Save the Children, Oxfam, Red Cross and Unicef. Small guys are rushing here too. Faith-based organisations have swarmed into the country and number in the dozens.

RescueNet, an international group of about 70 members with medical and emergency skills, arrived with a team of 11 on Tuesday. They pay their own way here and all their own expenses, relying on fundraising back home to reimburse them when they return.

At Port Vila Hospital: A team of 20 Australian medical staff are helping to treat the injured. Several members spoken to have been to previous disasters, but for others Vanuatu is their first experience and they have no idea what to expect.

The massive influx has created friction with the Vanuatu government, as it has in previous calamities in the Pacific. Earlier in the week Benjamin Shing, the National Disaster Committee Deputy Chairman, finally lost patience with the situation and hit out strongly at the refusal of some organisations to follow official procedures.

There were more than 100 NGOs and faith-based groups in the country, many who were carrying out their own damage assessments. "I have to apologise but I have to state the facts, we see this again and again [around the world]. "The problem is everyone wants visibility . . . everyone wants their sign put on it."

Several large aid organisations soon agreed with Shing's view, but were quick to separate themselves from any criticism. World Vision New Zealand General Manager of International Programmes, Alex Snary, says the period following a disaster is always "a bit chaotic", particularly for less experienced helpers. "Agencies like World Vision, we've been working here 30 years . . . they know us, we know them. "New agencies coming in, it's a different story. They're landing on the ground, they don't know the people, they don't know Vanuatu and how it works."

Red Cross International aid worker Hanna Butler, says organising the response to a disaster like this is never easy, but ultimately, it is local volunteers who will make the

biggest difference. The Vanuatu Government is in control and it was hoped that by yesterday the all-clear would be given to start distributing large-scale aid. The Red Cross is a partner organisation with the Government and has had a presence on Vanuatu long before this disaster, with the local branch doing work that included preparing people for such an event and what to do after receiving a cyclone warning. It's important to get an accurate picture of where the need is greatest, Butler says.

COMMENT FROM LOCALS IN VANUATU

Cyclones are part of this area. They have come before and will come again so building local capacity is important. As in other areas in the Pacific, the wantok (or family) system is an important cultural response to such events and it builds local capacity.

The two largest agricultural areas in the north have not been as affected and so people in the north are buying food, making food and sending it to those affected in the south. Families in the north are taking care of families in the south. The cargo space of planes flying locally is being filled with food being sent into Vila. That traditional wantok approach to cyclones is ³what is saving the nation². Those in the north are saving their relations in the south.

The key is that when something like this strikes a long-term plan is required over the ensuing months to years with care taken around the development of expectations created by aid. With the importance of agriculture in Vanuatu there needs to be an awareness of quarantine threats in what is brought into the country even at this time as well as the potential effect of bringing in donations in plastic containers and materials that may then become a local land fill issue.

Continuity of food through next 6-12 months will be important. The north will have to support the south until it becomes self-sufficient again. Crops can be harvested in 3-4 months so sharing of planting materials is the key thing. This will support agricultural resilience. It is important that there is acknowledgement of the capacity of locals to know Vanuatu and to know what they need to do to assist their families.

Aid does not appear to be released and distributed as required. We (Business) are supporting 88 families (450 people), and have spent nearly \$3500 just this week on ensuring they have food and some basics like baby formula/terry towelling nappies to they can get through until Friday... then we will have to do it again. The shopping list is of crazy proportions.... I feel like I am coordinating logistics for an army!

Next project after the food is building housing and fixing up the school.

COMMENT on VANUATU SITUATION

Vanuatu Aid and Assistance situation.

The report by Shane Cowlshaw on the situation in Vanuatu in Saturday's Press, highlights yet again the problems with some so called aid agencies ignoring local authorities' attempts to ensure that there is a coordinated and controlled response to disasters. Could this be called a form of bullying? Some agencies seek to have profiles for funding purposes and have little interest in the affected countries once media interest lessens.

I am excluding those responsible aid agencies that have long had a presence in Vanuatu such as Red Cross, UNICEF, Save the Children, World Vision and others, from my criticism.

The following comments regarding the response to Haiti accurately, and unfortunately, reflect the situation in Vanuatu.

Sometimes the responders are poorly suited to help, with little or no experience in international relief, poor understanding of the local culture, and usually have no relationship with either the local agencies or the affected population. This influx phenomenon has been described as 'disaster tourism' or 'parachuting'. This has an adverse impact on relief efforts, and may dim local receptiveness to foreign help.

Van Hoving D.J. Et al. Haiti Disaster Tourism – A Medical Shame, J Pre-Hospital & Disaster Medicine, Vol 25 No 3, May-June 2010 pp 201-202

Further

'If the impact was unprecedented, the organisation of the response was not. It followed the same chaotic pattern as in past disasters. Information was scarce, decisions were often not evidence-based, and overall sectoral coordination presented serious shortcomings. Management gaps noted in past crises were repeated and amplified in Haiti. The humanitarian community failed to put into practice the lessons learnt.

Mirta Roses Periago, Director of PAHO, commented in the review of the Medical response to Haiti.

'All profess to be willing to coordinate *with* others. Few accept being coordinated. Many operational partners, while decrying the vacuum of authority as a major impediment to effective relief, in fact see it as convenient.

De Goyet C. de V. Et al. Health Response to the earthquake in Haiti, January 2010. PAHO publication.

The question must be asked: "what has been learnt from what has been learnt from past mistakes"? Judging by Saturday's report, very little.

Control and co-ordination as mandated by the UN General Assembly Resolution 46/182 achieves an organised and appropriate humanitarian response to the health requirements following a major emergency, provided there is co-operation between all agencies involved.

I have no doubt that many agencies and individuals have good intentions of wanting to help in Vanuatu, however, their presence, unless they are self sufficient, is a drain on local resources. They can deprive the locals of paid employment and self help just when they most need income and a purpose.

The world wide recommended means of helping the response to such emergencies is to donate money to recognised and responsible agencies; they are experienced and have people with appropriate skills on the ground in the affected country.

Don't donate used goods, medicine or clothing, often such items are unsuited for the country or, in the case of medicines, not used there or expired. By all means, gather goods for sale and donate the proceeds from their sale.

Health support for Vanuatu is activated from New Zealand and Australia through Medical Assistant Teams, trained and selected with the appropriate skills requested and required by the authorities in Vanuatu.

In Christchurch, we avoided this situation through control and coordination methods strictly

enforced by Civil Defence and Emergency Management, Ministry of Health, Canterbury District Health Board and Government Agencies and accepted by leading aid agencies.

Why can't the same lessons be copied elsewhere?

Graeme McColl

Vice President, Communities of Practice

World Association for Disaster and Emergency Medicine (WADEM)

Foreign Medical Team (FMT) development.

The answer is actually simple - it is the implementation that is harder.

To my mind, the answer lies in empowering affected countries to only invite or allow access to those they want and refuse access to others.

This is what the Foreign Medical Team (FMT) Initiative, run through World Health Organisation (WHO), is trying to do.

1. Develop a classification system for FMT and a set of minimum standards, both professional and technical. Done for sudden onset disasters and work happening on expanding these into infectious diseases (post Ebola), primary care, rehabilitation services (linked to acute trauma care), mental health and others.
2. Link this classification and standards to national and international legislation. This body of work, in conjunction with Red Cross and others, has also commenced.
3. Engage with national governments, particularly countries most likely to be affected, to make them aware of this work and help them as needed. A series of consultative workshops has already occurred across the Pacific, SE Asia, Africa and PAHO.
4. WHO has employed Ian Norton to lead the FMT Initiative, and while the above work has slowed down because of the "all hands on deck" approach to Ebola, it has also meant some extra wins.
5. There was recently a 3 day workshop in Geneva on the FMT response to Ebola and implications from Ebola response for the FMT Initiative generally. There was a massive response to this with over 120 participants representing over 80 countries and NGOs with virtually unanimous support for pursuing these endeavours.
6. Have a database of registered FMT who have agreed to comply with standards and a clear description of their capabilities. Developed and will go live soon.

The FMT Guidelines were used shortly after release and before any of the other measures above, with very positive feedback from the Philippines government.

The Vanuatu government is aware of the FMT work after the Pacific workshop and has specifically requested assistance from somebody familiar with the FMT Guidelines to work with them at the airport in assessing the suitability of teams. This is now in place.

I actually see this statement in the report as a positive. Affected countries like Vanuatu speaking out and asking for FMT guideline assistance, to me reflects their increased awareness that things can be better.

Longer term the only answer can be with affected countries. Donor Government awareness is

much easier than controlling NGOs. Border control (preventing entry) and legislative ability of affected countries to deport disaster tourists and disaster entrepreneurs is essential to control the willing but not so able that WILL arrive following disasters and who may cause more harm than good.

Affected Countries can ideally use the database to identify already registered teams and invite these. Ideally these will be local or regional first so response time is less and culture / language also more likely to be aligned. Teams that register will also be responsible for appropriate training of team members.

It is happening. The Vanuatu government statements are a step in the right direction. But lots more work to do. Hopefully the FMT Initiative can continue to be supported to do this.

Have a look at the WHO website for more information
http://www.who.int/hac/global_health_cluster/fmt/en/

Peter Aitken
Chair WADEM Oceania Chapter

In response to the recent initial deployment situation in Vanuatu the World Association for Disaster and Emergency Medicine, WADEM, wishes to restate its mission to further the development and codification of best practices in Humanitarian and disaster response with the purpose of optimizing the effectiveness of the care provided following catastrophic events.

- The WADEM holds that all international, humanitarian offers of assistance must be in response to specific needs that have been defined, coordinated, approved and controlled by the affected country's Ministry of Health or equivalent.
- The WADEM holds that the impacts of all international, humanitarian interventions are accountable to each of the stakeholders (community, donors, academic community, and humanitarian response organizations).
- WADEM holds that accountability requires rigorous evaluations of all interventions, and that the results of such interventions must be open-access and published in peer-reviewed medical literature using a reproducible structure that lends itself to synthesis and replication.
- WADEM encourages the donors of humanitarian organizations to require that evaluations of all interventions sponsored be critically evaluated and reported.

Paul Farrell CD, MB, BCh,BAO,DA
President Elect
World Association for Disaster and Emergency Medicine

Marvin Birnbaum
Chair WADEM Board of Directors

Comments on the Vanuatu Disaster Response Situation

As reports have come from the cyclone destroyed area of Vanuatu, one must wonder what the ethical and cultural respect responsibility is for organizations and governments responding into the disaster zone. The current Vanuatu situation is similar to the Haiti Earthquake of 2010 in which a parade of responding organizations needlessly flooded the country, to the degree that the only functional international airport became overwhelmed and closed for periods of time.

Global humanitarian response is important to the people that suffer the effects of disaster. While the international response to disaster events is a remarkable example of generosity, there are strong concerns regarding accountability for humanitarian actions. The concept of humanitarian accountability has been debated by the global health community and specifically by humanitarian groups for more than five years. Little progress seems to have been made in moving forward with functional standards and operational guidelines. In essence, many humanitarian groups invade sovereign nations and then operate in substantially substandard ways such that the health and safety of disaster stricken communities are placed at risk. These substandard practices include lack of application of internationally recognized medical standards such as medical record keeping, documented justification for medical and surgical procedures, obtaining informed consent for surgical procedures, and consistency in developing medical, mental health, and rehabilitation resources for patients evaluated and treated. For most humanitarian health practitioners, providing such substandard medical care in their developed world homelands would be considered malpractice and undoubtedly unacceptable.

In Vanuatu, Pacific region governments and organizations provided a fully effective and organized response that was appropriate for the population affected by the disaster. Most important was that the regional response was provided with respect to local government and culture. The un-necessary invasion of Vanuatu by global disaster relief organizations has been a secondary disaster for the original victims. Disaster response tourism or the invasion of disaster zones by uninvited disaster relief organizations is far from humanitarian and more appropriately immoral as a form of behaviour. It is most important that respectable world humanitarian organizations gain control of this on-going problem before others that are less familiar with the needs and methods required for disaster recovery find it necessary to solve the problem.

Sam J. Stratton, MD, MPH
University of California, Los Angeles
Editor Pre Hospital and Disaster Medicine Journal.

INTERNATIONAL HEALTH REGULATIONS

Global Health Security Demands a Strong International Health Regulations Treaty and Leadership From a Highly Resourced World Health Organization

Frederick M. Burkle, Jr., MD, MPH, DTM, FAAP, FACEP

ABSTRACT

If the Ebola tragedy of West Africa has taught us anything, it should be that the 2005 International Health Regulations (IHR) Treaty, which gave unprecedented authority to the World Health Organization (WHO) to provide global public health security during public health emergencies of international concern, has fallen severely short of its original goal. After encouraging successes with the 2003 severe acute respiratory syndrome (SARS) pandemic, the intent of the legally binding Treaty to improve the capacity of all countries to detect, assess, notify, and respond to public health threats has shamefully lapsed.

Despite the granting of 2-year extensions in 2012 to countries to meet core surveillance and response requirements, less than 20% of countries have complied. Today it is not realistic to expect that these gaps will be solved or narrowed in the foreseeable future by the IHR or the WHO alone under current provisions. The unfortunate failures that culminated in an inadequate response to the Ebola epidemic in West Africa are multifactorial, including funding, staffing, and

poor leadership decisions, but all are reversible. A rush by the Global Health Security Agenda partners to fill critical gaps in administrative and operational areas has been crucial in the short term, but questions remain as to the real priorities of the G20 as time elapses and critical gaps in public health protections and infrastructure take precedence over the economic and security needs of the developed world. The response from the Global Outbreak Alert and Response Network and foreign medical teams to Ebola proved indispensable to global health security, but both deserve stronger strategic capacity support and institutional status under the WHO leadership granted by the IHR Treaty. Treaties are the most successful means the world has in preventing, preparing for, and controlling epidemics in an increasingly globalized world. Other options are not sustainable. Given the gravity of ongoing failed treaty management, the slow and incomplete process of reform, the magnitude and complexity of infectious disease outbreaks, and the rising severity of public health emergencies, a recommitment must be made to complete and restore the original mandates as a collaborative and coordinated global network responsibility, not one left to the actions of individual countries. The bottom line is that the global community can no longer tolerate an ineffectual and passive international response system. As such, this Treaty has the potential to become one of the

most effective treaties for crisis response and risk reduction worldwide. Practitioners and health decision-makers worldwide must break their silence and advocate for a stronger Treaty and a return of WHO authority. (Disaster Med Public Health Preparedness. 2015;0:1-13)

Key Words: World Health Association, International Health Regulations Treaty, Ebola, epidemics, pandemics, foreign medical teams, GOARN, global health security, humanitarian assistance.

For full paper go to;

<http://journals.cambridge.org/download.php?file=%2FDMP%2FS1935789315000269a.pdf&code=8a0c64a1511124911e3a1a9fe14560df>

COFFEE WITH

This issue Paul Farrell WADEM President elect.

Q. Nickname?

A. None I know of – but others may have one for me

Q. Where are you working?

A. Canada

Q. What three words best describe you?

A. Decisive, resolute and stubborn

Q. What is your best disaster experience?

A. My office on a Monday morning

Q. What is your worst disaster experience?

A. My office on the same Monday afternoon

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

A. My wife – she does not drink coffee

A leprechaun – he has the power to grant wishes

Another leprechaun – in case the first one is a fake.

And

Liz Cloughessy

Q. Nickname?

A. I never really have had a nick name everyone just calls me Liz

Q. Where are you working?

A. I have been working at Concord Repatriation General Hospital as the Unit Manager of the Emergency Department for the last 5 years, but in my spare time I have been the Executive Director of the Australian College of Emergency Nursing. I like to think of this as my professional hobby but my husband thinks with the amount of time that I spend on ACEN every day and the weekends away teaching the courses that we offer throughout Australia and New Zealand it is indeed my obsession.

Q. What three words best describe you?

A. Hardworking, fair, loyal

Q. What is your best disaster experience?

A. You could not compare any experience with the response to the Asian Pacific Disaster 2004 and being part of the first government civilian team deployed. We had the privilege to be deployed to Banda Aceh. So many lessons learned that have been utilised in subsequent responses. One of the most wonderful things that has been to remain in contact with one of the residents of Aceh.

Q. What is your worst disaster experience?

A. I was deployed to a rail major incident involving a commuter train. The track was at the bottom of some very rough terrain and I had to be taken down on the back of a Police trail bike holding medical supplies. Communication was very difficult as the terrain was very difficult to access. Mobile phone coverage was not very good and we had to climb up a hill to get any coverage. The medical team that had been deployed was not well prepared, equipment had perished and some of the team did not have proper footwear and so could not go anywhere near the train wreckage.

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

A. Jeff Solheim – Founder of Project Helping Hands

Marthoenis Moersalin – he is the young nurse who helped me in Aceh who I could not have done without. He has gone on to finish his training, undertaken a degree in Public Health and is working to help rebuild Aceh

Julie Bishop – I think she is an incredible woman who I admire immensely

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.

In New Zealand Maoridom the title 'Auntie' is affectionately given to the wise women of the community who are frequently turned to for advice.

Dear Auntie,

I really need your advice. I am a trained wound care nurse working in a rural hospital and would like to offer my skills to assist in working with victims from the many disasters around the Pacific Region. I have no desire to go else where as there seems to be too many wars and horrible things happening.

I have discussed this with members of my book club and several are keen to form a response group to travel to disaster events and provide support to victims. The skill levels of others are

varied, some can paint houses, others can bake biscuits and cakes and others can clean houses. Although I am not too sure about the latter having seen the inside of some of their houses. The bakers have already started having cake stalls and sales to fund any travel we may take.

Although I like them all I do worry that what they propose and their various abilities may not be what is required in the immediate aftermath of a disaster.

Yours sincerely

Joyce

Dear Joyce,

You are a caring person thinking of those in disaster areas and also the welfare of your book club members. Have any of them ever been overseas before? You are also observant and cheeky mentioning the cleanliness state of other's houses. That is something that Auntie would never do, well not in writing anyway.

It never fails to amaze me the number of untrained and unprepared people who think that they can drop everything and appear in a disaster area uninvited. I wonder who are they really doing it for? Sadly sometimes it may even just be to be seen to help or even gain funding for their 'Organisation'. Quite frankly Joyce without being part of the organised response they can even be more of a hindrance to the clean up. Alas some groups have been known to disregard direction from authorities in the countries concerned and even don't speak the language. Imagine that. How presumptive can some people be! My darling sister saw the tele and wants to head over teach them how to knit socks as she noticed none of them were wearing any. How sweet she is but I tried to persuade her it was food and water they needed, not socks.

Some spontaneous volunteers actually take more than they give; they consume valuable resources like water, food and accommodation that is urgently needed by locals. Their voluntary work often deprives those locals of paid work when they most need it. So you are so very correct in seeking advice of this and doubting the ability of your fellow book club members, although I am sure they are very able at discussing novels

If you do want to help, I strongly suggest you contact those agencies who deployed trained professionally skilled people to disaster areas. They train and equip their people and ensure only those with the required skills are responded. Most importantly they work closely with authorities in the affected countries to ensure all aid work is controlled and coordinated. Just remember what happen years ago in Haiti.

In Australia, New Zealand and Indonesia there are trained Medical Assistant Teams that are able to be responded and are self sufficient so don't drain needed resources.

Contacts for further information are

New Zealand: Judy Fairgray (CMDHB) Judy.Fairgray@middlemore.co.nz

Australia: Northern Territory <http://www.nationaltraumacentre.nt.gov.au/what-we-do/disaster-management/au> smat

NSW, NSW Health Emergency Management Unit.

Queensland, Health Emergency Management Unit.

Indonesia; Dr Hendro Wartatmo, Universitas Gadjah Mada, Yogyakarta

hendro.wartatmo@yahoo.com

And

Dr Ali Haedar Universitas Brawijaya, Malang haedaryahya@yahoo.com

The Red Cross/Red Crescent is always seeking skilled volunteers and you can make contact through any local branch for further information.

Lastly, my dear, commendable though your baking members of your book club are the money raised would best be donated to a reputable charity to use towards response areas in the affected country.

Auntie donates some of her pension for this purpose, it just means that I have to reduce my G & T up take for a short while.

In Kindness

Auntie

Dear Auntie

Some weeks ago there was a flood disaster in my city and the suburb where I live was badly affected. While my elderly husband Joseph and I were trying to clean up but finding it too hard. A team of men from overseas in purple and green overalls arrived they didn't speak our language and started cleaning our house of dirty sodden valuables. Many of these items I wished to keep as they were precious and history of the life and times Joseph and I have spent together.

I felt so embarrassed that they entered our house when it is in such states but feel they must know what they are doing as they are experts who have come from far away to assist. We could not communicate with them as they spoke a different language and they didn't understand when we tried to signal them to stop. We have never had purple men in our house before and felt somewhat less than privileged by this.

They opened cupboards that have personal items that belong to me and I feel uncomfortable as men shouldn't see those items. Then they went to our fridge and started eating the last food we had saved for our next meal and left just two slices of bread. I didn't stop them as we do want to be hospitable. They are very friendly and wave as they leave us hungry and without our treasured belongings. We waved back, smiled, and thanked them but felt confused. I just sat down quietly and cried.

Why did they treat us like this? What can we do to stop this sort of thing happening again?

Yours sincerely

Gladys.

Dear Gladys

My dear this is just terrible and I'm afraid that it happens far too often, when groups who feel they should help just rush in without any consideration for local's feelings and beliefs. They just create mayhem, in fact they prolong and even cause a second disaster.

My boys (Well they are not really boys but it flatters their egos when I call them that, as you no doubt are aware men need that) are always trying to get the message across regarding appropriate aid and support after an event like a flood.

Alas some men, give them a uniform and a misguided sense of purpose and they take a bulldozer like approach. (My late husband did try a bulldozer approach with me once until I educated him.) That is what has happened in your sad case. Fancy them wearing purple and green uniforms, shocking. They could have been at least bare chested to help distract you and ease your pain.

No helping group should go to another country without respecting the culture, people's personal belongings and language. We all have different treasures, not necessarily of value to others, that should be accepted and help given to recover such items. If the group members don't speak the local language they should at least have local interpreters with them at all times.

I have already answered a question from Nurse Joyce about aid teams and you may find that interesting.

Now what should you do. Firstly I would contact the local organisation managing the response and tell them of the problems you experienced. They need that information to stop such a situation happening again even if required to stop that particular group responding in your country. Not all 'friendly' helpers are that even with the best intentions their lack of understanding makes them un-friendly and they need reporting so that they can be stopped. By contacting the authorities it may be that they are able to help you in other ways that you may require.

I note that you said this happened some weeks ago, so I hope that you are starting to rebuild your life and not having bad experiences with local government, insurance companies and the like.

My love goes out to you and if I lived closer I would bake you some rum and ginger biscuits. They make life so much better especially when I double the rum in the mixture.

In Kindness

Auntie

COMING EVENTS

2015	
22 May	Australian Institute of Emergency Management Conference. Sydney Australia www.aiesconference.com
2016	
24-26 February	People in Disasters, Response, Resilience and Recovery, Christchurch, New Zealand. For expressions of interest and further information. www.peopleindisasters.org.nz
18-21 April	16 th International Conference Emergency Medicine. (ICEM), Cape Town, South Africa. www.icem2016.org

TRAINING COURSES

The Australian College of Emergency Nursing is taking bookings for the following courses

Trauma Nursing Core Course

Darwin 16 & 17 May , Townsville 23 & 24 May

International Trauma Life Support Course

Broome 4 & 5 May, Brisbane 30 & 31 May

Paediatric Trauma Life Support

Brisbane 1st June

Emergency Nursing Paediatric Course

Broome 2&3 May

Application forms by email admin@acen.com.au

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The comments, opinions and material in this newsletter are those of the respective authors and not necessarily those of WADEM or the WADEM Oceania Chapter.