



WADEM

WORLD ASSOCIATION FOR DISASTER AND EMERGENCY MEDICINE

Improving global pre-hospital and emergency health care, public health, and disaster health and preparedness

OCEANIA NEWSLETTER April 2016

WELCOME!!!

Yet again our Oceania region has been struck by a cyclone, this time the Fiji Islands bore the brunt of this storm, with many of the outlying islands suffering major damage almost completely destroyed. The same happened on parts of the larger main islands. Aid has been dispatched from New Zealand and Australia, with an assessment health team from New Zealand sent 2 days after the event with further teams following. This response is exactly what the Medical Assistance Teams from both NZ and Australia were established for. That response was correct in ensuring that the proper aid met local requirements.

Not so correct was the report both in Australia and New Zealand that goods (Stuff) collected by well-meaning but naïve people, was packed into containers and sent to Fiji. 'Stuff' is the accurate description of goods gathered here in Christchurch, used and all sorts of other items including a slab of bottled water. Why the latter when there is a water bottling plant in Fiji that is capable of supplying water and it does employ local staff to maintain a contribution to the Fijian economy?

Such actions of gathering and sending stuff like this go against the guidelines for aid set out by organisations from United Nations to national governments down to NGOs. When will some political figures step up and explain why sending money through a reputable organisation is the best to maintain local economy and aid in the recovery? Perhaps freighting and shipping companies need to be made aware that by shipping such containers they have a detrimental effect on the local recovery?

Yes, that did make my blood boil as we, as an organisation and through this newsletter, have explained the folly of such actions and more productive alternatives.

Post-Christchurch earthquake at the same time locally, yet another housing company placed itself in voluntary liquidation owing \$NZ15 Million. This company has been accepting orders and taking money from people who have received insurance payouts from their badly damaged houses with the promise that they will build a new house for them. Those people now have the added stress of waiting to see how this situation plays out and whether they will lose payments made so far.

I spoke to one person affected who had paid a deposit and were developing the build area on their land to allow the house to go ahead. A short time before the liquidation, that company approached them to pay a further deposit as their own land development had held up the start of the build. This was the latest of building/repair companies operating

here in Christchurch to enter liquidation, some of their managing directors are now off-shore and can't be contacted. Makes you wonder about the ethics of some in business post-disaster.

Finally, yet again, earthquake aftershocks have affected the wellbeing of Christchurch residents, more on these affects later in the newsletter.

Cheers

Graeme

WADEM Oceania Chapter Newsletter Aims

The aims of the WADEM Oceania Chapter Newsletter 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*

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OCEANIA NEWS

Is Facebook coming to WADEM Oceania?

We want to increase communication amongst all current and future WADEM members and propose to do this via FACEBOOK.

We want to make it easier for all our members to engage with each other and those not yet aware of WADEM.

We don't want to duplicate our beloved WADEM Oceania newsletter but hope to enhance its distribution.

How can we use it? For conversation and for posting disaster-related news, opportunities in

research, educational events, and even comics.

How can you help? We invite advice on how we can achieve this...particularly from those of you with knowledge of some or all of the logistics, privacy, trouble-shooting aspects of such a venture. We would also like some tech-savvy volunteers to help administer, monitor and contribute to posts.

One of the initial specific decisions is whether we should start a stand-alone page or if we have a page off the current WADEM page at: <https://www.facebook.com/wadem.pdm>

The committee members will be discussing options (via email). If anyone else has Facebook expertise, general comments about the page, or thoughts on what they would like to see on the page, please email Graeme and he will pass it on.

We are very interested in hearing your thoughts.

Penny & Erin.

penny@sandyburns.com.au

erin.smith@ecu.edu.au

WADEM Oceania Student Club Proposal

It is hoped to develop a WADEM student club in Oceania and link this with the trial club at the University of New England (USA).

The student club pilot project should be on the next WADEM BoD agenda. The immediate goal is BoD approval then replication in universities and colleges internationally. Student club members will combine with individual WADEM student members to form/support the foundation of a future Student Section. Students will be looking for mentors and disaster professionals as resources.

It is also hoped to have students attend the next WCDEM in Toronto next year to further develop this proposal. Another opportunity is for a student exchange between Oceania and the University of New England.

Contact: Lidia Mayner, lidia.mayner@flinders.edu.au

Chapter Committee

Chair: Penny Burns

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Co-opted Members: Peter Aitken (Queensland Tertiary & WCDEM 2019), Hendro Wartatmo (Indonesia), Skip Burkle (World Links), and Lidia Mayner (WADEM Board rep)

Report On Japan situation post tsunami

The Press Christchurch Friday 18 March 2016.

Five years after Japan's deadly tsunami, one in four people living in seaside areas are showing signs of depression. Last week, Japan marked the 5th anniversary of its deadly Great East Japan earthquake, after a magnitude 9.0 earthquake and tsunami destroyed hundreds of kilometres of coastline and infrastructure.

Similar to Christchurch, the Japanese have experienced a spike in mental health issues, including suicide rates.

Almost 58,000 people are still living in temporary housing, across Iwate, Miyagi and Fukushima prefectures. In the aftermath of the disaster, Sendai's Tohoku University drew up plans to establish a biobank, using the genome information and disease history of a projected 150,000 people, to measure its after-effects.

Professor Hiroaki Tomita said information was collected from both inland and coastal areas. "We wanted to know how the tsunami affected people's mental health conditions," he said. "Residents in coastal areas had significantly higher risks of psychological distress and depressive symptoms." Those in disaster-affected areas were more likely to suffer insomnia, use sleep medication, or have post-traumatic stress reactions (PTSR). Depression was 1.4 times higher in coastal areas than inland, and PTSR 2.2 times higher.

While mental health issues dropped off directly after the disaster, as time passed, PTSR increased steadily. The rates were showing their first signs of slowing in the most recent results. What people lost had become more apparent, Tomita said, and psychological pain was brought to the surface. The Government had bolstered mental health funding in the wake of the disaster. A counsellor was placed in each temporary housing unit to check on each tenant daily.

Local counselling initiatives were put in place, but Tomita said many people with depression or PTSR had not been able or willing to get help. He feared funding would be cut for the programmes as evacuees moved back home. Suicide rates were increasing in the affected areas. His research into child health and allergies in the area showed one in four children who had experienced the tsunami had atopic dermatitis, a long-term skin disease closely associated with eczema. Disaster-affected girls were more likely to have asthma. Disaster-affected children were also more likely to be overweight.

Domestic violence doubled after Canterbury's Valentine's Day earthquake.

The Press Christchurch 19 March 2016.

Police callouts for domestic violence doubled after Canterbury's Valentine's Day earthquake - raising concerns about a trend of at-home violence following big aftershocks. The stress, created by the 5.7-magnitude aftershock and an increase in mental health problems since the deadly 2011 earthquake, are blamed for a sharp rise in partner abuse.

Superintendent Lane Todd, of the Christchurch police, said in previous years they received 20 to 26 calls over a three-to-four-day period around February 14 - that doubled to 53 callouts after last

month's earthquake. Todd said the violence included assaults and nasty verbal altercations between partners that required police intervention. It had happened after previous aftershocks, but not "to this degree".

"The information we have is it's stress-related after the earthquakes," Todd said. "It builds that picture that mental health issues in our community are still there. When we had that large earthquake it was just a trigger to bring it all back." The majority of incidents involved a fight between partners, not children. Police then referred people to social agencies or counselling, "where applicable".

"It's just people being aware of stresses and just looking out for each other. "People in relationships need to be consistently looking at getting support and seeking help early, rather than waiting to get into a confrontation situation." Attempted suicides in the community was "still tracking quite high", Todd said. Canterbury police responded to more than 2800 attempted suicides last year, up significantly on previous years and well above other regions.

Julie McCloy, spokeswoman for Aviva, which helps people escape family violence, said in the past there had been an increase in calls after big aftershocks. After the February 2011 earthquake, calls increased by 50 per cent and "stayed that way for months". Police recorded similar spikes after the September 2010 and February 2011 earthquakes. McCloy said Aviva's last financial year was its busiest, with calls to its helpline increasing from an annual 3500 to 4000. February and March were its busiest times of the year. "The team is quite stretched to the limit at the moment," she said. Mental health and violence go hand-in-hand."

The City Mission's Michael Gorman said the earthquake "brought anxiety to the surface again and many people spoke of being anxious and fearful". "The level of stress is seen in how people interact with each other, and they certainly seem to have less mental reserves." Gorman said it was not always violence between spouses. The mission had just housed a woman whose son had abused her financially, and was left with his bills when he left town. "When people are stressed, they often do not behave as well as they would if they were in a better state of mind. It would not be surprising if we were more careless with our relationships at the very time that we should be really helping each other," Gorman said.

Last month, the Government promised a multi-million-dollar package to help the Canterbury District Health Board deal with a raft of mental health problems created by the earthquakes. Health Minister Jonathan Coleman said the package, which is yet to be detailed, was partly prompted by the Valentine's Day aftershock.

From YNHH Spring Bulletin, used with permission.

Two Recent Zika Studies Show Strong Link between the Virus and Health Defects

In an article in the [New York Times](#) on March 5, 2016, Donald McNeil and Catherine St. Louis reported on a recent Zika virus study.

This month, [The New England Journal of Medicine](#) published the results of a small study from Brazil. This study looked at 88 pregnant women who presented with a fever and a rash. In looking at the link between the Zika virus and microcephaly, the researchers stated that ... [t]he "links between the current ZIKV epidemic in Brazil and the rise in the number of observed cases of neonatal microcephaly have been discussed in both the scientific literature and the lay press and have generated considerable debate about whether the observed phenomenon is real, and, if so, whether microcephaly is a direct effect of ZIKV or whether it could be due to potential environmental exposure of pregnant women to teratogenic agents."

They went on to say that our "findings are worrisome because 29% of ultra sonograms showed abnormalities, including intrauterine growth restriction, CNS findings, and foetal death, in foetuses of women with PCR-positive ZIKV infection." Dr. Anthony Fauci, the Director of the National Institute of Allergy and Infectious Diseases, stated that the high percentage of foetuses damaged is "very concerning."

Superman & Superwoman, is it an FMT or an EMT??

Yes, even among the most major global crises of the 21st century, both Superman and Superwoman will need outside assistance! Who will go and what they will be called has changed over the last several years. Indeed, international initiatives of developed countries, in their quest to train and field global medical teams, have undergone two distinct phases.

The first initiative in 2010 focused exclusively on the professionalization and standards of care training of home grown Foreign Medical Teams (FMTs) which, under the umbrella of WHO, the United Nation's Global Health Cluster and NGOs, answered the call for emergency assistance to the likes of the Haiti and Philippine earthquakes, the Ebola tragedy in West Africa, and the Nepal earthquake.

The second initiative in 2016 was assembled primarily after the lessons learned from the West Africa Ebola tragedy and focuses not on FMTs alone but on the development of a coordinated role of **Emergency Medical Teams (EMTs), both international and national**, for public health emergencies of international concern (PHEICs). This initiative better meets the goals for vulnerable countries to develop national assets for prevention, preparedness, response and recovery, called for under the original International Health Regulations Treaty of 2005. While there must be a recognized pathway to deploy FMTs, the long-term effort is to ensure domestic teams of the same caliber. Outside assistance will be called upon by WHO to meet specific needs of any crisis that are not met by the country itself and its immediate regional partners...hence the name change from FMTs to the more inclusive EMTs. Multiple academic centers, primarily in the European Union, are currently participating in leadership roles, offering plans to **standardize training to ensure a registry of permanent and collaborative global EMT resources and personnel that include trained health workers.**

While specific skill training in disaster medicine and public health and its adaptation to resource-poor settings is essential, another layer of training must also focus on the unique aspects of the "culture, the country and team preparedness" (CCTP). These training components are as necessary as specific disaster medicine skill sets and should be performed before and continue throughout the foreign deployment. In these settings, health alone does not have all the solutions but relies on multidisciplinary collaborative inputs and skills. This was recognized by WHO when they deployed nine anthropologists to the West Africa Ebola epidemic to better explain to the local population the often misunderstood and resisted healthcare brought to their shores by the FMTs. Utilizing educational guidelines offered by the London-based *Enhanced Learning and Research for Humanitarian Assistance* (ELRHA), the emergence of collaborative academic training centers will now focus on supporting linkages between higher education institutions and humanitarian partners around the world working together, to standardize and professionalize the training of humanitarian aid workers.

It is the vision that the EMT training initiatives will include all geographic regions worldwide. Much of this work has come about because of the outstanding leadership of WHO's Ian Norton, formerly the Director of Disaster Preparedness and Response at the National Critical Care and Trauma Response Centre (NCCTRC), Darwin, and Richard J. Brennan, current Director of Emergency Risk Management & Humanitarian Response, both now residing in Geneva. Hopefully an Asia-Pacific consortium of like-minded academic centers similar to that of the EU will be forthcoming.

Frederick "Skip" M. Burkle, Jr., MD, MPH, DTM

RESOURCES

A number of WADEM Oceania members have contributed to a Disaster Health Management Text book edited by Gerry Fitzgerald, Peter Aitken, Mike Farrant and Marie Frederickson.

Disaster Health Management: A Primer for Students and Practitioners is the first comprehensive text book to provide a standard guide to terminology and management systems across the entire spectrum of disaster health. Developed with support from the Queensland University of Technology's Centre for Emergency and Disaster Management by a collaborative of educators, researchers and practitioners in disaster health management, this textbook provides an authoritative overview of:

The conceptual basis for disaster management

Systems and structures for disaster management

Managing disasters through the continuum of preparedness, response and recovery

The variations associated with both natural and technological disasters

The strategic considerations associated with leadership, research, education and future directions.

Using Australasian systems and structures as examples of generic principles, this text book will find application globally. Disaster Health Management is an essential text for both undergraduate and postgraduate students, as well as for professionals involved in all aspects of disaster health management. As the principles of disaster management remain the same across all disciplines, the text book will also be useful for anyone seeking to understand the principles and practice of disaster management. Check it out <https://www.routledge.com/products/9781138911185>

2016 Disaster Resources, please refer to the February newsletter for this information.

The aim of this material is to create a resource for individuals interested in getting involved in the field of disaster management, to guide them to various sites that WADEM Oceania members feel are of value. It is hoped that this document will continue to evolve. All new suggestions/additions should be sent to: the WADEM Oceania Newsletter Editor, graeme.mccoll@ilsogno.info

PEOPLE in DISASTERS CONFERENCE REPORT(s)

A magnitude 5.8 earthquake hit Christchurch on Valentine's Day with a cliff face crumbling and objects falling from shelves according to the news reports. It struck a week before the 5-year anniversary of the major quake in Christchurch in Feb 2011.

A week later delegates from across the globe, from Canada, USA, UK, Thailand, and Australia began to arrive in Christchurch for the Peoples in Disaster Conference. They arrived to an honour guard of orange roadwork cones with memorial flowers in their apices, and to friendly local drivers who demonstrated how to navigate daily-changing road blocks.

The preconference workshops on the Sendai Framework, the ASSETT approach to ongoing psychological distress post-earthquake, media communication skills, and operationalising FMT were well attended, a trend that continued throughout the conference with full audiences through to the final plenary.

The conference began and was interwoven with a wonderful Maori welcome and sense of place. Then a mad Irish MC kept us laughing and inspired as he led us through three days across response, recovery and resilience. It was packed with plenaries and sessions on multiple experiences of disasters in Christchurch and abroad. The sharing of human stories, present from the very beginning, wove through to the final speakers. Human journeys, learnings, systems, failures, heart break, survival and achievement were all shared.

The wide-ranging themes covered health and volunteer responders, frontline experiences from hospital emergency departments to primary care to mental health, roles of health systems, perspectives of elderly, young and high-risk communities, communications and social media, built environment and infrastructure reconstruction, management of animals in disasters, and the value of memories and clowning.

The conference looked at how the lives of individual people, their communities and their health care systems are affected by, and respond to, disasters. It considered short term and long term effects, physical and psychosocial. There were many inspirational stories of strength and courage. The conference showed there was no doubt that disasters split life in two; but clearly showed that communities and families can provide a strength that supports individuals in moving forward.

The key messages from the conference are being collated into a "lessons learned" document which you will be advised when available and with a link to it. The conference proceedings are available at: [http://www.massey.ac.nz/~trauma/conference/Proceedings People in Disasters Conference 2016.pdf](http://www.massey.ac.nz/~trauma/conference/Proceedings%20People%20in%20Disasters%20Conference%202016.pdf)

The conference was a joint venture between the Canterbury District Health Board and Researching the Health Implications of Seismic Events (RHISE) group and was endorsed by WADEM.

Penny Burns.

"A disaster is not an event. It is the beginning of a journey to a different future." Excerpt from the *Concluding Statement of the People in Disasters Conference, Christchurch, 2016.*

Kudos to the Canterbury group for the fantastic conference they organized. The format was excellent, an interesting approach starting with plenary speakers followed by a panel discussion, concurrent sessions, and then back again for more plenary and panel to end the day. A respect for the culture of the Māori and other indigenous groups and attention to their post-disaster needs were evident in all aspects of the program, and very informative for people like me who live in a different part of the world.

The chants were great as well! The conference was scientifically robust yet also practical in the information provided; certainly highly moving in the case examples presented via the posters and sessions. This attention to the individual provided a “real” perspective to the problems at hand for those of us who are several steps removed because of a professional focus on research and/or policy.

Of interest were some of the comments I overheard discouraging the use of the term “resilience.” Perhaps this reflected a concern that the current needs of the disaster-affected population would not be met, or talking about resilience minimized the mental health and other problems that are currently evident. The stated rise in mental health referrals for both adults and children at the present time is rather contrary to some of the findings presented at the conference, although the formal data presented likely were collected in past years. It may be that some who were “resilient” in the past might not be coping/functioning at that same level today. It appears that for many, the present journey to a different future has involved an accumulation over time rather than a reduction of stressors in the population that has remained in the Canterbury area. This situation (and I am preaching to the choir) strongly indicates the need for significant policy changes and action by central authorities to alleviate the range of burdens the Canterbury population is experiencing. If one assumes a selection factor, that is, those who had the most difficulty (or perhaps the most resources) left the area soon after the disaster – the question is: “What about those who couldn’t leave, or chose not to leave???”

Gloria R. Leon, Ph.D.
Minneapolis, Minnesota, USA

RESEARCH FORUM

Disaster Resilience Initiatives

@ Local, State, National and International Levels

Thursday 14 April 2016, 9am to 5pm

Venue: Monash University Council Chambers
Chancellery Building 3A, 27 Chancellor's Walk
Clayton Campus, Wellington Road, Clayton

Forum Overview

The 2016 MUDRI Forums begin with an exciting program highlighting ‘what’s new’ in disaster resilience initiatives at the local, state, national & international levels.

At the national level, Mr Mark Croweller, Director General of Emergency Management Australia, opens the Forum with ‘what’s new’ post-AEMI and Dr John Bates, the new Director of the Australian Institute for Disaster Resilience (AIDR), informs us about his role and the latest developments in how the new Institute will deliver contemporary products and services around Australia for the emergency management sector. This provides participants a unique opportunity to help shape the future directions of the new AIDR.

Mr Andrew Coghlan will provide new insights on an often neglected perspective of disasters in the Australian context and report on *The Economic Costs of the Social Impact of Natural Disasters*, The National Report prepared by Deloitte Access Economics for the Australian Business Roundtable for Disaster Resilience and Safer Communities.

At the international level, speakers draw together the common themes between the Sendai DRR Framework, Sustainable Development Goals and the Paris Climate Change Conference and explain the AGD input into these international frameworks and their national applications.

At the state level, initiatives include a year in review from Emergency Management Victoria and its new EM frameworks; the Inspector-General Emergency Management reports on its scope, reviews

– completed and planned; and the Chief Resilience Officer explains the new Victorian Social Cohesion Framework. Likewise, this session provides another unique opportunity for participants to help shape the State’s EM directions.

At the local level, MUDRI researchers present research outcomes, including the DELWP gender study; an evaluation of an innovative program to support business continuity before, during and after a disaster; reviews common themes identified in a recent review of Australian Disaster Enquiries 2011 – 2014; and an exciting update on the Victorian Community-based Resilience Compendium.

Who Should Attend

This interactive Forum will be a valuable forum for community members and community-based organisations and the broadest range of members of our Disaster Preparedness and Management Community, including State and local government, emergency services and recovery organisations, university academics and students. Those with policy making and/or operational roles will greatly benefit from attendance.

Participants receive seminar notes, morning and afternoon tea, and a light lunch to maximise networking opportunities.

For further enquires, about **10 scholarships** for Community House employees or unpaid EM Volunteers, contact Dr Caroline Spencer, 9905 4397 or caroline.spencer@monash.edu.au

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: http://www.wadem.org/nursing/comm/july_14.pdf.

Osteopathic Physician Section

Contact: William Bograkos irisbo@comcast.net

Psychosocial Section

Contact: Limor Aharonson-Daniel limorad@exchange.bgu.ac.il

Mass Gathering Section

Chair is Alison Hutton

Contact alison.hutton@flinders.edu.au

Emergency Medical Response Section

Contact; joecuthbertson@hotmail.com

Disaster Metrics Section (Newly established)

Contact frank.archer@monash.edu

WADEM Student Section (Proposed)

WADEM Student Club

WADEM Student Club at University of New England – A Membership Pilot Project

Contact: lidia.mayner@flinders.edu.au

CALENDAR OF EVENTS

2016	
18-21 April	16 th International Conference Emergency Medicine. (ICEM), Cape Town, South Africa. www.icem2016.org
2017	Save the Date
25 – 28 April	20 th World Congress for Disaster and Emergency Medicine. WCDEM Toronto, Canada

A COFFEE WITH

In this section members are invited to introduce themselves to other members in an informal manner.

This issue: Hazel Harley

Q. Nickname?

A. H

Q. Where are you working?

A. Chevron Australia as the Field Medical Coordinator

Q. What three words best describe you?

A. Passionate, loyal, hard-working

Q. What is your best disaster experience?

A. Finding out my son only had a broken arm when contacted by Day Care to tell me something terrible had happened!

Q. What is your worst disaster experience?

A. Bali

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

A. Richie McCaw / Nelson Mandela (be a bit tricky now) and Judy Dench

And **Lev Zhuravsky**

Q. Nickname?

A. It is complicated. My first name is very short but at the same time could be easily translated into two different languages. In Russian it means "lion" and in Hebrew it means "heart". Have been called "lion heart" but it is obviously far away from the truth.

Q. Where are you working?

A. I am a project specialist at Planning and Funding of Canterbury DHB but now making a transition into a new role of nursing director at Waitemata DHB.

Q. What three best words best describe you?

A. Loyal, diligent, easy going

Q. What is your best disaster experience?

A. Leading a relocation of an acute medical ward after 22 Feb quake. Relocation took place within a week of the earthquake and involved complex planning and challenging execution, compounded by multiple aftershocks. We had to operate under very tight time constraints and we expected to become fully operational within three days from relocation. It was a unique experience where you learn and discover a few things about yourself and people around you.

Q. What is your worst disaster experience?

A. In March 2002 I worked in intensive care unit at a major trauma centre in Israel. We had to provide care to dozens of patients injured as a result of suicide bombing. Some of my friends were among injured and it was a tough go.

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

A. My wife and kids.

VOLUNTEERS to take part and talk about themselves in the regular coffee section are required!! Approaches to members recently have met with little response. We all want to know about our fellow members.

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.

Dear Auntie,

My partner is employed in the emergency management planning and response field and is frequently away from home either for planning meetings, conferences and even actual responding to disasters. On his return I try to talk to him about his experiences but he seems to 'close up' and only provides a brief description of what he has been doing.

I have often heard him talking on the telephone or in person to others who were involved in the same event and they reminisce at length over what they said and who did what and what they would do next time. I feel really excluded as I really want to support him in this essential work but the situation on his return from events is having a detrimental effect on our relationship.

Auntie, please help me understand and cope with this situation as well as continuing to support him.

Sincerely

Mavis

P.S. Mavis is not really my name I am using it to prevent my partner being identified.

Dear not really Mavis,

What you have raised is not uncommon amongst those relationships where a partner is involved in

the fields of work you mention. Those attending conferences or responding to actual events get such an adrenalin rush and a high and then have to settle back into their routine lives afterwards. Some believe that what they experienced can only be understood and discussed with others who were involved and had the same experience. Sometimes this might lead to a feeling of exclusion by partners and family who weren't involved.

I remember my late husband attending a conference, once, I think it was about something important like fly wheels or gear sticks, whatever, it inspired him briefly.

I managed the situation by booking a very expensive holiday for myself at his expense. After that he decided he couldn't afford to attend any more conferences. Such a simple cure really. However, I feel that in your situation this would not be a practical solution.

So what are solutions? I have asked around. My lovely nephew, Graeme, says that he now tries to involve his wife in conferences he attends, even to the extent of volunteering her to assist. This means that they can share experiences and can both hear other people's stories. That way, they are better able to discuss the people and events at the conference together, and have greater understanding. He says that he is past responding to incidents so doesn't have to worry about unwinding from them.

However, not every one is able to do this as employment and volunteer situations will always require people to respond and form a close comradery as they do so. The same applies to conferences, especially those that have the 'wow' or enlightenment factors, these, like actual responses, do take some coming down from and understanding is required from those returning home and those at home.

You know 'not really Mavis', it is important to remember that just being with people can give them the support and strength required to cope with the 'homecoming'. It is important not to force people to talk. There just needs to be mutual support for each other's work and situation and take time out for common interests as you reconnect following actual events and the likes of conferences.

In Kindness.

Auntie

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 to improve this Newsletter, are welcome.

Please forward contributions to Graeme McColl at graeme.mccoll@ilsogno.info

DISCLAIMER

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.