



OCEANIA NEWSLETTER December 2014

WELCOME!!!

I was recently privileged to be invited to attend a seminar on Disaster Health Management in Yogyakarta, Indonesia, to mark 10 years since the Boxing Day Tsunami struck Banda Aceh. The conference was organised and hosted by the Faculty of Medicine of the Universitas (University) Gadjah Mada. Dr Hendro Wartatmo, one of our WADEM Oceania Committee members was an organiser and moderator for this seminar.

Staff from this University, including Dr Wartatmo, not only responded to the aftermath of this Tsunami in Banda Aceh, they continued to provide supportive health services for 4 years post event. Their mission was to rebuild and reinforce the district hospital, supporting existing services not replacing them. This stated, and achieved, mission was so important and avoided the frequent pitfalls experienced elsewhere in the world where responding health services have tended to replace existing services, sometimes with services that can't be maintained when the responders depart. Lessons learnt from this deployment have been developed and applied to other response since that horrific event.

Health responses in Indonesia are coordinated by the Crisis Centre of the Ministry of Health, led by Dr. Achmad Yulianto. They take a very active role coordinating the health responses to disasters in Indonesia.

What was highlighted for me during this visit was the number of major events where a health response was required throughout Indonesia. The University prepared and sent a team to Banjarnegara landslide at the same time of the workshop, this was in a remote area where over 100 people were killed or missing. On top of that, Yogyakarta is within sight of Mt Merapi which has frequently erupted in recent times, destroying villages in the region and often with the loss of lives. Such responses and the responsibilities are taken seriously and the university has a very active Disaster Working Group and a Disaster Management Division with a number of students.

Whereas in New Zealand and Australia Medical Assistance Teams are organised by National or state governments, in Indonesia it is apparent that university medical faculties have picked up this responsibility, as a similar response team is led by Dr Ali Haedar from the Universitas Brawijaya in Malang, Indonesia. Another key speaker was Dr Carlos Gundran of the Phillipines who also heads a Disaster Medical Assistance Team, also frequently responded to events in that country despite limited financial support.

Dr M Yani, from the Province Health Office in Aceh province provided an insight into the peoples' needs 10 years post the tsunami. With limited resources and staffing Dr Yani had instigated a training programme to provide recognition of personal problems, initial and then, if required,

specialist counselling for those in need. Dr Yani spoke of lacking sufficient trained counsellors for the province and the need to train families and communities to recognise signs of stress in individuals and refer those in urgent need to trained support people. Dr Yani is to be admired not only for this work but living in the area he also responded immediately post tsunami.

What was very clear throughout the seminar was that support for existing health services, transition to hand back services and restore facilities was the aim or mission for all active responses. Just how often have we read or learnt of such aims missing during responses such as that to Haiti.

We, New Zealand in particular, would have only one advantage over Indonesia in that apart from fewer serious disaster situations our size, or lack of, does make coordination easier.

Cheers

Graeme

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*

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OCEANIA NEWS

Oceania Chapter Committee Report.

The Oceania chapter committee held their second meeting in November. The Oceania Committee is considering a bid for WCDEM in 2019/2021. The Committee decided to support a bid from Brisbane for WCDEM 2019. Adelaide was the second choice.

Based on the Chapter Committee reviews of;

- the requirements, expectations and process of the bid and the details of numbers and venue specifics and financial expectations;

- what support WADEM gives to the bidding group especially in event organisation;
- the broader WADEM membership who might provide support and look at where the largest WADEM cohort is geographically located;
- easier travel to Brisbane than Adelaide for NZ and Pacific nations and we are the Oceania Chapter;
- easier travel to Brisbane than Adelaide for a lot of other international points of origin; and,
- possible greater international profile than Adelaide given recent G20 and will have Commonwealth Games in 2018;

Both locations have strong support of a University, Convention Centre and State Government / Tourism.

The Chapter Committee is maintaining awareness of:

- conference organisation is a substantial amount of work
- that we are all committed in supporting a bid for a conference 4 years in the future.
- that we may not be Chapter Committee members by the time the organisation ramps up, and need to ensure a thorough, transparent well-reasoned decision to ensure if any bid is successful the future committee is well supported moving forward.

EVENTS/PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS

Flinders University.

The Flinders University WHO Collaborating Centre for Mass Gatherings and High Visibility/High Consequence Events participated in the recent First Regional Forum of WHO Collaborating Centres in the Western Pacific held in Manila from 13-14 November 2014. The event provided the opportunity for increased collaboration across a wide variety of Collaborating centres in the region and helped to strengthen linkages and exchanges across these organisations. Dr Malinda Steenkamp attended on behalf of the Flinders University team.

2014 West Africa Ebola Outbreak

*Outbreak Slowing Slightly
Specter of Food Shortages Loom*

With permission of Yale New Haven Health

The 2014 Ebola outbreak was clearly the story of the year for public health and acute care hospitals. Currently, another Ebola patient, Dr. Martin Salia, who worked with patients in Sierra Leone, died at the Nebraska Medical Center from complications of the disease. According to the New York Times, Dr. Salia arrived at the Medical Center "in extremely critical condition" and despite supportive care, succumbed to the disease on November 17, 2014.

How Many Ebola Cases Are Outside of West Africa?

At least 20 cases have been treated outside of West Africa. [Full Q. and A. »](#)

■ Recovered ■ In treatment ■ Died



In an article in the New York Times on November 18, 2014, it reported that "[t]here were fewer new cases of Ebola in the week ended Nov. 4 than in any week in the preceding three months. The outbreak's epicenter, Gueckedou, Guinea, reported just four new cases for the week, continuing a downward trend in recent weeks. After a few weeks of data indicating a slowdown in the number of new cases in Liberia, the worst-affected country, the World Health Organization said that "it appears that the trend is real." According to the World Health Organization, new Ebola cases are declining and health experts believe that the disease will slow down in January 2015.

Possible Food Shortages

The World Food Program analyzed data and concluded that "if the disease continues to spread at the average rate observed since mid-September, as many as 750,000 people could lose access to affordable food by March 2015. With travel curtailed or blocked in many areas because of the outbreak, the food transport system has been severely disrupted."

UN CONFERENCE ON DISASTER RISK REDUCTION

The Third UN World Conference on Disaster Risk Reduction will be held from 14 to 18 March 2015 in Sendai City, Miyagi Prefecture, Japan. Several thousand participants are expected, including at related events linked to the World Conference under the umbrella of building the resilience of nations and communities to disasters.

<http://www.wcdrr.org/conference/programme/publicforum>

WHO organises the Public Forum "Protecting people's health from disaster risks" at Tohoku University Kawauchi-kita Campus

Multimedia Hall on 17 March 9am to 5pm. Please keep eye on the website!

Mother who lost child to speak at university about power of community

The Press
Christchurch 19
November 2014

Nicole Mathewson

nicole.mathewson@press.co.nz

A Christchurch mother who lost her 12-year-old daughter and two friends in a car crash will speak about her experience at the University of Canterbury (UC).

Lucy Hone's daughter Abi died when Dutch national Johannes Appelman ran a stop sign and crashed into the car she was travelling in near Rakataia in May.

Abi's friend Ella Summerfield, also aged 12, and Ella's mother Sally also died in the crash.

Lucy Hone will give a keynote talk about the importance of close-

knit and engaged communities at the second annual New Zealand tertiary engagement summit at UC later this month.

Hone declined to speak to media yesterday, but in a statement said living in Summer during Canterbury's earthquakes and losing her daughter in a road crash had given her "first-hand" experience of how important a community was for resilience.

She had learned about the subject while undertaking a masters programme at the University of Pennsylvania, but said she had "no conception" of how the theory played out in the real world before

“Thriving communities are full of people who give back, on so many different levels and in a multitude of ways – some small, some huge, but every act makes a difference.”

Lucy Hone

the earthquakes hit.

She worked on a PhD three weeks before the February 2011 earthquake struck and was nearing the end of her studies when Abi was killed.

“We could not have got through

these past five months without the amazing generosity, kindness, compassion and empathy shown to our family by the Summer community and also through the wider city where we have all felt so supported,” she said.

Hone said it was important for people to realise that being involved in the community was not just about official volunteering.

“Thriving communities are full of people who give back, on so many different levels and in a multitude of ways – some small, some huge, but every act makes a difference.”

As part of her PhD, Hone worked with the Human Potential Centre in Auckland to carry out the country's first national wellbeing survey.

More than 10,000 adults across New Zealand completed the survey

and the results showed there were significant benefits for those who were part of a close community.

Those who said they felt close to others in their local area were four times more likely to experience the highest levels of wellbeing, she said.

Hone will be one of more than 10 national and international experts to deliver key addresses to the New Zealand tertiary engagement summit at UC on November 24.

Experts from Auckland University of Technology and Richard Branson's B Team Project would also speak.

EDUCATION AND TRAINING OPPORTUNITIES & PROJECTS

Online Research Repository

WADEM 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>

The Nursing Section of WADEM is currently undertaking a review in partnership with the International Council of Nurses of the use of the ICN Disaster Nursing Competencies. The competencies were released in 2009 and this work will consider how the listed competencies are being utilised across nursing associations and organisations internationally.

RESEARCH ASSISTANCE REQUIRED

Consider becoming part of the WADEM Mentoring Ship programme. You can provide mentoring guidance and advice from your training and experiences or for those studying or working to gain knowledge they can become a 'mentee' and seek help from a mentor.

Contact gmccoll@wadem.org for initial advice. (He is a mentor)

MONASH NEWS

NATIONAL RESILIENCE AWARDS - Australia

The Attorney General's Department recently announced the winners of the 2014 Resilient Australia Awards, which recognise and promote initiatives that support and strengthen community disaster resilience across the nation.

This year, the nomination of a partnership lead by Women's Health Goulburn North East was elevated from the State Awards category to a nomination in the projects of 'National Significance' category.

Women's Health Goulburn North East, in partnership with Women's Health in the North and Monash Injury Research Institute, are thrilled to announce that they were the winners of the 2014 Resilient Australia Award under the 'National Significance' category - Gender and Disaster: Leading the Change.

The Emergency Management Victoria Commissioner has established the Gender in Disasters Task Force as one tangible outcome from this innovative project.

New resources on Impact Evaluation of Humanitarian Assistance from 3ie

The [International Initiative for Impact Evaluation](#) (3ie) has recently produced resources that help assess the scope and methods for impact evaluation in the humanitarian sector and identify areas in which actionable evidence is available and those where more evidence is needed.

Impact evaluations of humanitarian assistance programmes are perceived to be challenging because they need to be done quickly and it's often difficult to plan for data collection or have a valid counterfactual.

The multiplicity of actors involved and ethical issues add to the complexity of the situation. [What](#)

[methods may be used in impact evaluations of humanitarian assistance?](#), a Working Paper by **Jyotsna Puri**, **Anastasia Aladysheva**, **Vegard Iversen**, **Yashodhan Ghorpade** and **Tilman Brück** explores the methodological options and challenges associated with collecting and generating high-quality evidence needed to answer important questions on the impact of humanitarian assistance.

Another Working Paper, [What evidence is available and what is required, in humanitarian assistance?](#) by **Mike Clarke**, **Claire Allen**, **Frank Archer**, **Diana Wong**, **Anneli Eriksson** and **Jyotsna Puri** provides an independent analysis of the evidence base of evaluations in humanitarian assistance. It identifies areas where there are key gaps and where there is a need to prioritise rigorous evidence so that research can be conducted on issues that are most important and valuable.

These valuable and contemporary resources will be of interest to anyone engaged in undertaking evaluations in this challenging sector.

MUDRI 2015 programs

MUDRI is offering three academic programs in the first half of 2015 which would be suitable for both graduate students seeking formal coursework qualifications and professional development participants. These programs are:

- An introduction to Disaster Preparedness and Management – on-campus block, 5 days, 16th - 20th March, 2015 inclusive;
- Responsible Research Practice and Project Management in Emergency and Disaster Settings – on-campus block, 3 days, 30th March – 1st April, 2015 inclusive;
- Disaster Resilience and Community Safety - on-campus block, 3 days, 13th – 15th April, 2015, inclusive.

The **first MUDRI quarterly Forum** for 2015 will be held on **Thursday 26th March, 2015** and will examine a number of topics around the unifying theme of "Transitions in Emergency Management". Four 'Transitions' will be examined: A tribute to the Australian Emergency Management Institute; Evolving trends in recovery; Resilience emerging as a 'Chain of Resilience'; and, Professionalising the workforce.

For further information on any of the MUDRI programs please contact **Dr Caroline Spencer**, MUDRI Academic Co-ordinator, at caroline.spencer@monash.edu

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: alison.hutton@flinders.edu.au

Osteopathic Physician Section

Contact: William Bograkos irisbo@comcast.net

Psychosocial Section

Contact: To be advised.

Mass Gathering Section

Chair is Paul Arbon.

Contact paul.arbon@flinders.edu.au

Emergency Medical Response Section

Contact; jocuthbertson@hotmail.com

Proposed Section: Disaster MetricsContact frank.archer@monash.edu**CALENDAR OF EVENTS****2015**

10-12 February

International Disaster Conference & Expo., New Orleans
<http://internationaldisasterconference.com/about-idce/schedule-at-a-glance/>

21-24 April

Save the Date. WCDEM Cape Town, South Africa
<http://www.wcdem2015.org/>

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

16th International Conference Emergency Medicine. (ICEM), Cape Town, South Africa.
www.icem2016.org

A COFFEE WITH

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

This issue: Kavita Varshney

Q. Nickname?

A. "KV"
"Special K"

Q. Where are you working?

A. *Westmead Hospital as an emergency physician, Western Sydney Local Health District in disaster education and preparedness Education and simulation at the Sydney Clinical Skills and Simulation Centre NSW health – an AUSMAT team member*

Q. What three words best describe you?

A. *Organised, friendly, curious and interested – in people, places, languages and customs. I have my parents to thank for that as they had me travelling from a few weeks old and it hasn't stopped since.*

Q. What is your best disaster experience?

A. *AUSMAT / NZMAT deployment to the Solomon Islands post the floods in 2014. The team I worked with were amazing, as were the gentle and patient people of the Solomon Islands.*

Q. What is your worst disaster experience?

A. *Being on standby for approximately two months following the floods in Pakistan in 2010.*

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

A. *Someone to look at, someone to laugh with and someone to inspire*

Nelson Mandela – a strong experience of social justice.

Anh Do - a great sense of humour with a lot of interesting stories to share.

George Clooney – no explanation required.

And **Julie Zarifeh**

Q. Nickname?

A. *Skibun*

Q. Where are you working?

A. *.5FTE Consultant Clinical Psychologist , Psychiatric Consultation Liaison Service, Canterbury District Health Board (CDHB) ; .5FTE Professional Practise Fellow, University of Otago (Christchurch), plus part-time PhD candidate – University of Otago.*

Q. What three words best describe you?

A. *Organised, energetic, enthusiastic.*

Q. What is your best disaster experience?

A. *Close collaboration and rapid improvisation within own Clinical team, CDHB, for best assisting peoples' optimal adjustment to the Christchurch Earthquake/s experience Sept 2010-Jan 2014, (ie- both medical/surgical patients and CDHB colleagues alike).*

Q. What is your worst disaster experience?

A. *Being privy to the loss and bereavement (often multiple) experienced by a large number of Cantabrians.*

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

A. *George Clooney, James Nesbitt, John Hannah.*

Editors Note: What's with G Clooney, I've seen him close up in the flesh, and thought he was ordinary. No accounting for taste. (Liked his Porsche SUV though)

Volunteers wanted to introduce themselves in 'Coffee with'.

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,

Do you do house calls?

I have become so worried about this dreadful Ebola business that I am scared to leave my house.

Every time I turn on my television, look in my newspaper or go on the internet there is talk of Ebola and how people are dying from it. I saw that "Outbreak" movie years ago with that sexy Dustin Hoffman man. (I once knitted him a beanie). People died with just the tiniest hole in their clothes.

That was just so Scaaary.

I was going to see my GP to ask about it but realised he is South African born and trained. Even he might have Ebola. He has only been here 2 years you know.

Then there is the virtual jailing of health care workers who have been to Africa to treat victims and how they have to be isolated to protect all those around them.

In recent years we have had influenza pandemics, SARS and the like it makes me wonder where it is going to end.

What should I do? Please come and visit.

Yours Sincerely

Alice

Dear, Dear Alice,

Unfortunately Auntie doesn't do house calls – unless they are to that scrumptious Dustin Hoffman man you mention. You really must be a woman of impeccable taste though to have knitted him a beanie but hands off – he's mine.

That said, I really think you need to get out of Wonderland, open that door, get onto the yellow brick road outside and visit your GP.

You are very safe going to your GP. There is no Ebola in South Africa. Even if there was, as the incubation period is up to 21 days he will not have Ebola after being here for 2 years. You will be OK.

The incubation period is important as this is why returning healthcare workers are quarantined for 21 days upon arriving home. These brave and noble people voluntarily stay away from others just in case they have unknowingly been exposed and develop symptoms. That way, not only do they provide care for patients with Ebola while in Africa but also look after their own community when they get back. Trust me, Auntie knows some of these people (well Auntie does know everyone), and they are very happy to do this to keep themselves, their families and the community safe.

Australia and New Zealand are in fact combining to send a health team to the area. These are professional people trained in infection control and will be receiving further specialised training and equipment. Rest assured that they will be aware of all aspects and on their return home will be taking care to ensure that they don't spread anything.

At home and internationally we have many of our experienced health professionals planning on dealing with Ebola should it reach our shores.

You are also right about the many news reports and how scary they are, but then many do not have all the facts on this outbreak. If you have and can use the internet (even Auntie can manage this) the one guaranteed factual website for information is that of the World Health Organisation <http://www.who.int/csr/disease/ebola/en/>

My good friend Stephen King, the science fiction writer, just said to me the other day that some of those bloggers and journalists are better writers of fiction than he is.

Alice dear, we can all worry so much about what we read and sometimes too much. My late husband had a medical dictionary and always had the symptoms from the last illness he read about. That did him no good and only distracted him from real life. He died while crossing the road when run over by a bus. I miss him so much - because I never did get to find out what he was reading about at the time. I am sure it was do with his bunions – the only real complaint he ever had in his life.

The lesson is we can read as much as we like but we must be aware of buses on the highway of life. So get on that yellow brick road darling and watch out for buses not viruses.

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 suggestions to improve this Newsletter, are welcome.

Please forward contributions to Graeme McColl at gmccoll@wadem.org

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.