



WADEM Oceania Chapter *Newsletter No 15* *Oct-Nov-Dec 2013*

WELCOME!!!

*'A disaster is the start of a very, very long process!'*¹

This statement at a recent post earthquake symposium in Christchurch really highlights the journey of people post major events, in our case over 3 years since our first earthquake and almost 3 since the major destructive shake. The strain on residents is still present and probably not helped by outsiders thinking, sometimes even saying, 'it's over three years, you must be getting back to normal' or 'get over it.' The demand on mental health services is on the increase as fatigue from coping, changed circumstances, inappropriate housing, insurance company dealings, employment changes etc, take hold. For some it is said that the last straw has been moving out of their damaged homes for a period while repairs are made. As I have said in previous newsletters, we all must be aware that resilience and the support to be resilient must be continued long, long after the actual event.

The recent horrendous storm that hit parts of the Philippines also brought home the thoughts of resilience. In that case, how hard it is for the poorer nations of the world to build resilience into their lives pre-event. Housing standards and city infrastructures struggle in day to day conditions and completely fail during events of such high intensity. We respond as soon as possible with government and agency aid packages, medical supplies and teams, evacuation transport, and as individuals, with cash donations to relief agencies. All very well initially BUT what will be supplied in 3 years time, as I have no doubt that their rebuild and re-establishing their lives and livelihoods will be still a work-in-progress then. On reflection, the housing standards and infrastructures in Japan and central USA have also taken a beating, with tsunami in the former and tornados in the latter. Oh, and then there has been the Australian bushfires. Where/when does it stop?

*'Most people recover to the past but we transitioned to the future.'*²

Moving on from resilience to recovery and what is recovery and when is it achieved, the above interesting statement on the subject of recovery was delivered at the same symposium.

Too often in the past recovery has been thought of as the return to where we were before the event. So it is a refreshing refinement when thinking changes moving forward to improving for the future. For the Canterbury Health Board's responsibilities for health service delivery for the region this means developing positive and pro-active means for caring for people in their own homes to avoid hospital admissions, and providing rehabilitation services in homes following surgery and hospital treatment. People still get the same high level of care but in the comfort of their own homes, only where their own homes are suitable, it must be stressed. This same presentation gave health figures for the pre and post earthquake periods and it is hoped to present these in future newsletters.

It was also acknowledged that there is a time bomb waiting for health services in the region, with wellness mental health issues showing a dramatic increase.

Cheers

Graeme

¹ Dr Caroline Bell, Christchurch Psychiatrist, speaking at 'Researching Health Implications from Seismic Events (RHISE) Symposium, Christchurch 22 November 2013.

² David Meates, Canterbury District Health Board CEO, same event as above

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 CHAPTER STRATEGIES

Your council is currently working on strategies to advance the goals of WADEM and to provide assistance to members within our region in the fields of research, education and communication. It has been decided to keep the strategies simple, with a coordinator for each.

It is desirable to have as many of our members as possible involved in not only developing the strategies but also implementing them. Please contact any coordinator to notify your interest; multiple interests are encouraged.

WADEM Oceania Chapter Strategies

Research:

- To develop a cohort of individuals with research interests in disaster health to act as a WADEM Oceania Chapter Research Committee;
- To support research and research collaboration amongst members of the Oceania Chapter and promote the research outcomes of Oceania Chapter members;
- To identify research papers of significance to members of the Oceania Chapter of WADEM and disseminate these; and
- In conjunction with the communications strategy, to investigate the possibility of providing a regional conference as a means of promoting local research outputs, promoting research outcomes which may influence operational practice, and further developing research networks.

Coordinated by Peter Aitken

Education:

- To assess and prepare training courses in health disaster response management and coordination in the region;
- To encourage the generation and coordination of courses that contribute to the professionalisation of the humanitarian response health workforce;

- To link the strategic pillars of research, including lessons identified, with education and training, and to communicate these to WADEM members and the wider disaster community effectively; and
- To contribute to regional conferences and educational symposia and workshops, including advising on key themes and academic content as required.

Coordinated by Ian Norton

Communication:

- To produce and distribute at least four Chapter Newsletters annually, providing a forum for members to communicate news, experiences, opinions and to seek assistance with research, education and problem solving;
- To promote member attendance at meetings, conferences and seminars within the region, and investigate the possibility of providing a regional Chapter Conference; and
- To circulate scientific papers, research, and policies on subjects relating to health emergency responses to Chapter Members.

Coordinated by Graeme McColl

Regional members can link with the coordinators to report their activities in relation to these strategies, request assistance to deliver on strategies, and to also share ideas to develop them.

WADEM OCEANIA CHAPTER ELECTIONS

Nominations closed on 1 December for our Chapter Committee, voting will be by electronic means and will be notified by Andrew Lavelle shortly after this date. Paul Arbon as International WADEM President will again act as election returning officer.

EVENTS/PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS

Philippines Storm

The following email message from Dr Teodoro Herbosa Received 12/11/13
Philippine Deputy Secretary for Health. (Former WADEM member)

I have just got back from the national disaster risk reduction and management council. The damage and destruction of the storm surge is more massive than the tsunami as it hit 7 landfalls.

*I am currently coordinating all international health assistance here at the department of health. If you intend to send a team, please ensure that they will be a self sustaining team for the duration it will stay. No commerce in the area, no power, difficult communications. **As of now I would prefer experienced disaster teams that follow international humanitarian guidelines.***

Ask them to coordinate with me or the WHO country representative Dr. Julie Hall.
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The Preparedness Report YNHHS-CEPDR

www.ynhhs.org/cepdr www.ynhhs.org/chs

Reprinted with permission from Yale New Haven Health Service (YNHHS)

Comparison September 2001 and 12 years on September 2013

Things we did not have on September 11, 2001:

- Social media e.g., Facebook, Twitter, YouTube

- Texting, smart phones and tablets have revolutionized the way people, especially people with disabilities, communicate and keep informed during a disaster
- HPP and PHEP grant preparedness funding
- Regional collaboration
- The Patriot Act
- PHAPA legislation
- Reverse 911 and mass notification systems
- 24-hour news cycle with instantaneous transmission of events
- Situational awareness tools
- Homeland Security
- ASPR
- Robust MRC units

This modest list provides insight into the dynamic nature of preparedness and the significant achievements over the last 12 years. According to an article by Dr. Gawande in the *New Yorker* magazine following the bombing at the Boston Marathon, one of several reasons that the Boston hospitals were ready is because they have drilled and practiced over many years using the Hospital Preparedness Program (HPP) funding to ensure a prepared workforce.

With its growing usage, social media and other technologies are vastly improving disaster relief and public health efforts. Mobile devices, tablets and smart phones enable emergency providers to manage the disaster and mitigate the public's concerns. In a natural disaster or public health event, with limited resources, intelligence gathering can come from a range of data sources, including all forms of social media. In the August 1, 2013, edition of *The New England Journal of Medicine* regarding the H7N9 influenza, the authors stated that "...digital disease surveillance is an increasingly powerful tool to complement traditional approaches." As we continue to more fully integrate the web and social media into preparedness, this will enhance information sharing and increase community resilience.



To mark [International Day for Disaster Reduction 2013](#) focusing on the theme of disability on 13 October, WHO, CBM, IFRC, IOM, UNICEF, UNISDR and partners are publishing a guidance note to highlight the needs of people with disabilities before, during and after emergencies.

People with disabilities are disproportionately affected in emergencies and experience particularly high rates of mortality in these contexts. Emergencies can increase vulnerability and also create a new generation of people experiencing disabilities due to injuries, poor basic surgical and medical care, emergency-induced mental health and psychological problems, and breakdown in support structures. People with disabilities may also have greater difficulty in accessing food, water, shelter, latrines and healthcare services in emergency situations.

The *Guidance Note on Disability and Emergency Risk Management for Health* points out the health-related actions that are required to ensure that both mainstream and specific supports are available and accessible to people with disabilities before, during, and after emergencies. It outlines the minimum steps healthcare providers and other actors should take to ensure that specific support is available for people with disabilities and to ensure that disability is included in the development and implementation of health actions in all emergency contexts.

The *Guidance Note* is accessible through the following link – <http://www.who.int/hac/techguidance/preparedness/disability>. WHO seeks your assistance in ensuring effective dissemination and implementation of the guidance note through your respective organizations and networks. Equally, the disability community is integrating emergency risk management into disability policy and practice. Member States have requested

WHO to develop a global plan of action on disability which focuses on the roles of countries, WHO and other actors to improve health for people with disabilities. We will ensure that the plan includes action on strengthening emergency risk management as per the guidance note.

To contact WHO about the note and other activities to strengthen disability and emergency risk management for health, kindly contact Alana Officer – officera@who.int – or Jonathan Abrams – abrahamsj@who.int – for further information.

Christchurch women stressed out. (Anna Turner)

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The Press Christchurch, 29 October 2013

Christchurch women are feeling the stress, with one women’s counselling centre shutting down their waiting list due to excess demand. The stress of earthquake and insurance battles have left many across the city at the end of their tether, while the city’s high divorce rate and a spike in custody battles are exacerbating matters.

The Women’s Centre runs an all-women counselling service, but has been so overwhelmed with demand that they have had to turn some people away. Manager Ardas Trebus said they made the decision in the middle of August because there were more than 45 women on the waiting list. “Because almost all of us are experiencing some level of post-quake stress, it is harder to rely on existing support systems such as family and friends,” she said. “The usual support people are in need of support too. So people are more looking outside of their own circle for assistance. “Since putting a stop on the waiting list, 15 more women have asked for counselling. All we can do at the moment is send a list with other free/low-cost counselling options to those wanting to come on the waiting list, and welcome them to our drop-in and one-on-one non-counselling support”.

The service has 10 counsellors volunteering, who offer a total of 34 sessions per week. Clients can get up to 20 one-hour sessions for free, although sometimes this needed to be extended. “What is different to our service from other counselling services is that we are a women-only space, that all counsellors are women, and that we offer other services for women, by women,” Trebus said. Many of the women were “just managing before the quakes” but were now no longer able to deal with things without assistance. “If before the quakes around 40 to 50 per cent of our counselling clients were experiencing mental health issues – mostly depression – [then], now 80 to 90 per cent say they struggle with mental health issues, and most are using medication.”

The issues the women were presenting were also more complicated, Trebus said. “There are the core issues and now all the post-quake stresses – housing, insurance, EQC, repairs, exhaustion – are on top of those,” she said. “The mental, emotional and physical burdens are so much heavier.”

Researching the Health Implications of Seismic Events (RHISE) Symposium

Friday, 22 November, 2013, Christchurch New Zealand

I attended the RHISE Symposium with Frank Archer. As the only international attendees we felt like intruders yet privileged to listen and learn from so many enlightening and honest stories about how so many people stepped up to care for others in such devastating, unpredictable, uncertain and unprecedented conditions. We can only marvel from afar at the depth of human spirit that not only bounces into action, but maintains sustained and dedicated action over many months to bring hope and a strong sense of regeneration and renewal to a broken city. How we admired the courage and efforts of our Pacific neighbours!

What did we learn? Most funding arrangements in Australia exclude health issues from disaster research. What the Christchurch earthquake demonstrated starkly through presentations at the RHISE Symposium is that health and caring for people in desperate need

is absolutely critical during and after such an event. Surely this is a no-brainer? Whether it be having an effective emergency plan that comes into action to help keep the hospital operational to care for the injured, or simple public health messages such as washing hands and boiling water to prevent an outbreak of gastroenteritis. Surely, these are **extraordinary achievements** that we can all learn from, and have to applaud those who managed to achieve such amazing outcomes.

We learned that taking courage in two hands, going against recognised procedures and respected protocols is sometimes the only way to go in such unimaginable devastation. For researchers in the midst of making sense of what just happened yet see that stories need capturing there and then. They had the courage to act when there is no time for time-consuming ethics approval processes; that researchers want to tell their own stories in the midst of their own grief and heavy workload, rather than give them to opportunistic researchers wanting to progress their own careers. I, also, would have liked this opportunity but would have felt morally and ethically conflicted by intruding!

The RHISE Symposium gathered an eclectic group of health professionals, all of whom had a significant story to tell and generated lively discussions that need to continue beyond that day and into the future. In Australia, we learnt from the 30-year commemorations of the Ash Wednesday Fires that the recovery period continues until the present. People continue to grieve and write about the stories. The people of Christchurch and beyond, will, no doubt, do the same.

Dr Caroline Spencer, Monash University Disaster Resilience Initiative, Clayton Campus

(The People in Disasters seminar in February 2016 will build on this research - Graeme)

Humanitarian Aid Workers

Concern has been expressed by WADEM members over the number of humanitarian aid workers killed or injured on deployment. In some instances they have been deliberately targeted. A WADEM position paper is being prepared and a news media statement is under consideration. For further information visit the following websites.

<http://www.humanitarianoutcomes.org/>

<https://aidworkersecurity.org/incidents/report/summary>

<https://aidworkersecurity.org/incidents>

PDM call for papers on this subject.

[Prehospital and Disaster Medicine](#) (PDM), WADEM's academic journal, is issuing a **Call for Papers** on the *Safety and Security of Humanitarian Responders during Public Health Emergencies*.

Safety and security for humanitarian relief and health workers is a concern during deployment situations. However, in the formal literature there is little scientific or scholarly evaluation of the topic of humanitarian and health response safety and security. The PDM Editorial Board will devote a future issue to humanitarian and health worker safety and security to support the development of science in this area.

Please submit scientific and scholarly reports on this topic at -

<http://mc.manuscriptcentral.com/pdm>. The deadline for submission is **1 March, 2014**.

Please visit [WADEM's Facebook](#) page or follow us on [Twitter](#) (@WADEM_PDM) for the latest news on disaster and emergency health!



For non Australian readers. 'Schoolies' are high school students who are celebrating the end of the school year before emerging into the world of university or employment.

Schoolies celebrate at Victor Harbor, Adelaide South Australia

Young people don't give much thought to their health or safety before turning up for their end-of-school festivals, but they are very willing to make use of available support, according to nursing academic Alison Hutton.

Associate Professor Hutton says that the well planned and organised support services offered during Schoolies' Week at Victor Harbor, including on-site medical facilities and a 600-strong volunteer Green Team, are widely used and appreciated by the participants. Associate Professor Hutton said that other measures that include free buses, a five kilometre dry-zone around the central site, and the exclusion of "toolies" (older adults) from venues, helps to minimise violence and risks to safety.

Associate Professor Hutton, who has published two recent research papers based on a series of focus group interviews with former attendees, said that while most young people do prepare for the event, their main focus is on accommodation, budgeting for and organising their supplies of alcohol, and organising compatible groups of friends. None of the groups reported seeking out health information ahead of their attendance. "It is clear that young people do not go to official sources of health promotion for information – they go to peers or parents," Associate Professor Hutton said.

"The participants had information handed down to them by schoolies of previous years, and the word was that 'support was available if needed, especially from the Green Team' . "Alcohol was viewed as a necessary aspect of having fun and enjoying oneself, and outside forces, friends and the Green Team provide for their safety." Ms Hutton said it was also a common strategy, based on previous experience, for a group member to refrain from drinking and take on the role of looking after the others: "Schoolies is seen as a rite of passage, but for many of the young people it is not their first exposure to drinking alcohol."

Rather than attempting to ban alcohol, Ms Hutton believes that providing organised gatherings and support services is the most realistic way to minimise harm at schoolies celebrations. "That is why the Victor Harbor Schoolies has had such a good record over the past few years," she said.

Ms Hutton said there is interest in the model of management at Victor Harbor from interstate and also from overseas: Ms Hutton has been invited to present the keynote address at the Are Risk Event in Sweden in March 2014.

The papers have been published in the *Australian Journal of Primary Health and Neonatal, Paediatric and Child Health Nursing*.

- See more at: http://blogs.flinders.edu.au/flinders-news/2013/11/27/schoolies-thirsty-for-support/?utm_source=rss&utm_medium=rss&utm_campaign=schoolies-thirsty-for-support#sthash.xNXJEU6Q.dpuf

Research finds Lyttelton Time Bank a builder and mobiliser of resources

A University of Canterbury researcher has found the Lyttelton Time Bank was a builder and mobiliser of resources during the 2010 and 2011 earthquakes.

Marketing lecturer Dr Lucie Ozanne says her research found a surprising partner in emergency management - the local community time bank.

"We saw a strong role for the Lyttelton Time Bank in promoting community resilience following the earthquakes" she said.

"A time bank is a grassroots exchange system in which members trade services non-reciprocally.

"This exchange model assumes that everyone has tradable skills and all labour is equal in value. One hour of any labour earns a member one time bank hour, which can be used to purchase another member's services.

"Before the earthquakes struck, the Lyttelton Time Bank had organised more than 10 percent of the town's residents and 18 local organisations.

"It was documenting, developing and mobilising skills to solve individual and collective problems.

"Across the 30,000 trades before the earthquakes, a stronger social network was built through these exchanges.

"During the quakes, the Lyttelton Time Bank had the best local communication system through which vital information flowed to members and local residents.

"Using a range of communication modes, timely information was provided to residents on practical and safety precautions, as well as the availability of clean water, food, services, and other resources."

Dr Ozanne says as a partner working with emergency workers and first responders, the Lyttelton Time Bank had an intimate knowledge of the community. It acted as a hub organisation activating its extensive social network through which valuable resources could flow.

When at-risk families and groups were identified, time bank members offered home visits, emotional support, food, accommodation and repairs.

Problems were solved in the immediate aftermath of the earthquakes, such as dismantling chimneys that could be safely removed, freeing emergency workers to assist on projects that needed greater skill.

Time bank members visited elderly residents providing emotional labour, which freed medical personnel to deal with more acute medical problems.

"After emergency personnel left the community, the time bank provided on-going support in the months and years that followed.

"Individual assistance continued to be provided to residents, such as helping with home repairs or finding rental accommodation when houses were deemed uninhabitable.

"The time bank was particularly adept both working with other community organisations to solve larger community problems and harnessing human labour and resources to complete these initiatives.

"Research suggests that community resilience improves when communities can quickly mobilise a range of resources.

"This is a real strength of the time bank model since resources are identified, developed and activated through hundreds and thousands of trades.

"My research suggested the time bank model can be expanded to assist in emergency planning and management.

"Investments in local time banks are an economical method of building a trusted and practiced local communication infrastructure, which is critical during a crisis.

"Moreover, time banks currently identify and develop communities' assets" Dr Ozanne said.

For the full review refer to

http://www.lyttelton.net.nz/images/timebank/timebank_eq_report_email.pdf

(Note there are _ in the spaces between timebank and eq, eq abd report etc.)

My wife and I have joined this time bank contributing hours to the information centre and the rebuild programme, these hours of work/activity accrue in a discretionary fund to be allocated to support the community. Graeme

OCEANIA REGION VACANCIES

There are vacancies in Vanuatu under Australian Aid support.

Anaesthetist,
Paediatrician
Surgeon.
Physician

(I have position descriptions)

Contact Melissa Fidow at melissa@healthspecialists.co.nz

EDUCATION AND TRAINING OPPORTUNITIES & PROJECTS

Online Research Repository

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

The Research Repository can be accessed by clicking on the following link –

<http://research.wadem.org>

Extreme Events and Health Protection—what are the challenges?

The Torrens Resilience Institute will be hosting a presentation by Professor Virginia Murray on 12 December, 2013 in Adelaide. Virginia is the Vice Chair of the UN International Strategy for Disaster Risk Reduction (UNISDR) Scientific and Technical Committee. All are welcome and we would greatly appreciate your assistance to inform your networks of this important event.

Executive Education Courses - presented by the Torrens Resilience Institute

From 12 - 20 December the Flinders University WHO Collaborating Centre for Mass Gatherings and High Visibility/ High Consequence Events will be hosting a meeting to discuss the process of development of an international minimum data set for mass gathering research. The meeting will include key members of the WHO mass gathering collaborating centres internationally and the WHO/Geneva lead for the group. Following the meeting an extensive consultation process will be established to incorporate discussion within the WHO Virtual International Advisory Group (VIAG) for mass gatherings and deliberate events and the WADDEM Mass Gathering Section.

The Torrens Resilience Institute has released the Toolkit for Building Resilience in Vulnerable Households - an Australian Government National Emergency Management Program funded project. The full report and toolkit can be downloaded from the website at www.torrensresilience.org Check also the Model and Measurement Tool for Community Resilience on the same site.

Extensive Australian emergency management resources and materials have been drawn together on the publicly accessible EM Knowledge website. This Australian Government initiative can be found at www.emknowledge.gov.au

The Torrens Resilience Institute has commenced a new program of activity: the Cities Security and Resilience Network (CSARN). CSARN Australia is a not-for-profit membership-based forum comprised of the business community, government departments and community service groups to share intelligence and contingency planning for minimisation of the effects of natural disasters or other disruptive events such as major infrastructure failure, cybercrime and terrorism. CSARN Australia activities focus predominantly on Australia & SE Asia. CSARN Australia utilises the experience and resources of CSARN in the United Kingdom to provide events, news and strategic updates and the promotion of linkages across sectors. More information is available at www.csarn.org.au

Monash University MUDRI

The research-based Master of Philosophy will continue with a second cohort of emergency managers commencing this innovative program in 2014. The energetic and engaging first group of candidates have now completed their coursework component and now undertake their major research project on a selected aspect of emergency management.

The well established quarterly research-driven one-day Forums targeting multidisciplinary participants from across the sector continue to receive excellent feedback and will continue in 2014. Themes will examine research outcomes five years on from Black Saturday,

perspectives of disaster resilience in the Victorian context, community resilience network and innovations, risk reduction and an annual research symposium. Now in their 6th year, these Forums provide a valuable vehicle for networking and sharing experiences.

Professional development, single units relevant to emergency managers will be a new offering in 2014. Units include an introduction to the sector, disaster resilience and community safety and research and evaluation in emergency management.

MUDRI will continue and develop research collaborations and translate research to influence policy and practice.

Further information on the 2014 MUDRI program is available from Caroline Spencer
+613 9905 4397 caroline.spencer@monash.edu

Call for poster Abstracts
The Joint Commission
Emergency Preparedness Conference
May 7-8, 2014, Lake Buena Vista, FL

The Joint Commission and the Joint Commission Resources, in collaboration with the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response, invites interested participants to submit poster abstract presentations for exhibit at the 10th Annual Emergency Preparedness Conference on May 7-8, 2014, in Lake Buena Vista, FL.

Poster abstract submissions are due no later than **5 PM EST on January 10, 2014**.

Notification of acceptance for poster abstract presentation will be made via email by January, 25, 2014

For more information and a link to the form, click on the button or visit

<http://www.ynhhs.org/emergency/disasterconference/index2014.html> (Paste this into browser)

PEOPLE IN DISASTERS CONFERENCE

This conference is planned for Christchurch in 24-26 February, **2016** (5 Years post-earthquake) to cover the journey of people post-disasters.

People in Disasters *Response, Recovery & Resilience*

This conference is scheduled to coincide with the 5-year anniversary of the traumatic events of 2010 - 2011 across the Asia Pacific region such as the Canterbury, Pacific and Great East Japan earthquakes and tsunami, and the Australian bush fires and floods. Drawing on our experiences from the time of the disaster through to the present day, a comprehensive conference programme will provide opportunities to share the wealth of experience and research that has emerged following these tragic events.

Key objectives in organising this event are to showcase the 'real life' stories of residents and workers across the emergency services, the dilemmas of living and working within a disaster context, and the building of informed best practice through the myriad research projects following natural disasters across the Asia Pacific region. Whilst not solely a health conference, Researching the Health Implications of Seismic Events (RHISE) Group will be an integral part of this conference.^[1]

This Conference will be ideal for –

Front line emergency service practitioners, leaders, managers and staff in health, welfare and emergency services, related non-governmental organisations, faith-based and voluntary agencies, academic staff, researchers and any others who are interested in this work.

Website to register interest; www.peopleindisasters.org.nz

RESEARCH ASSISTANCE REQUIRED

Disaster Responders are sought for a research study exploring stress in physicians, nurses, physicians' assistants, nurse practitioners, paramedics and emergency medical technicians from any country who have responded to one or more major disasters or humanitarian relief events. Research is being conducted at the University of Tennessee-Knoxville, USA, by WADEM member and doctoral candidate Suzanne Boswell. English-speaking residents from any country are welcome to complete an online survey and participate in an optional interview. Contact Suzanne Boswell at sboswel2@utk.edu for more information.

Suzanne is yet another Skip Burkle protégé

From Karen Hammad, Flinders University Adelaide

Nurses working in the emergency department play an important role in the healthcare response to disaster, yet very little is known about their experience. I am conducting a study about emergency nurses and disaster response. I would like to interview nurses who have worked in the emergency department during a response to an external disaster event about their experiences and understanding of disaster response. You will be asked to be involved in two interviews of approximately 60 minutes duration conducted via Skype.

If you would like to know more about this study or you would like to participate please don't hesitate to contact me disaster.study@flinders.edu.au

MEMBER NEWS

Ian Norton is leading an AUSmat team of 35 to respond to the Philippine storms. It is rumoured that he is heading to Geneva to join WHO.

Frank Archer and **Caroline Spencer** visited Christchurch for the recent RHISE symposium and to meet with some of their programme students. (Note the report on their views of this event on Page 5 of this newsletter.)

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

Purpose

The purposes of the Nursing Section of WADEM are to:

- Define nursing issues for public health care and disaster health care;
- Exchange scientific and professional information relevant to the practice of disaster nursing;
- Encourage collaborative efforts enhancing and expanding the field of nursing disaster research;
- Encourage collaboration with other nursing organizations; and
- Inform and advise WADEM of matters related to disaster nursing.

Contact: nursinginsight@wadem.org

Osteopathic Physician Section

Objectives

The objectives of the Osteopathic Physician Section are:

- Share WADEM's "best practices" and "lessons learned" with universities and colleges of Osteopathic Medicine;

- Increase WADEM membership through the recruitment of physicians, nurses, and allied health professionals;
- Strengthen civil-military relationships through training and education; and
- Invest in the future through the mentoring of students.

Contact: William Bograkos irisbo@comcast.net

Psychosocial Section

Objectives

The objectives of the Psychosocial Section are to:

- Disseminate throughout the international disaster-related professional community empirically derived "best practices" and "lessons learned" by means of workshops and conference presentations;
- Increase the presence and activities of psychosocial/disaster mental health specialists in disaster preparedness and response through their inclusion in existing and newly developed response networks;
- Strengthen the research as well as intervention skills of psychosocial/disaster mental health specialists through enhanced academic courses and practical training; and
- Promote greater involvement in national and international committees while identified as a WADEM representative.

Contact: Tracey O'Sullivan tosulliv@uottawa.ca

Mass Gathering Section

- **Guidance:** Participation in the development and dissemination of guidance on mass gatherings planning, management, evaluation and monitoring
- **Cooperation:** Work closely with WHO and its partners in developing a stronger scientific basis for planning and conducting mass gatherings, therefore contributing to strengthening of functional capacities required under the IHR (2005)
- **Connection:** Participate actively in the development of a network of scientists and practitioners both within and external to WADEM to support development in mass gathering health education and research related to mass gatherings
- **Awareness:** Contribute to efforts that raise awareness of the health impact(s) of mass gatherings.

Chair is Paul Arbon. Contact paul.arbon@flinders.edu.au

Proposed Section: Disaster Metrics

(Health) Disaster Evaluation Methodologies

Action underway:

A Core Steering Group, representative of WADEM members, is preparing a formal application to establish this new Section for consideration by the WADEM Board. It is expected this documentation will be completed within early 2014.

Please register your interest by email to frank.archer@monash.edu

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

Members of WADEM Oceania are currently developing a proposed section for Emergency Medical Response. This proposal has generated insightful discussion regarding the multi disciplinary context of disaster response, whom this section would represent, and given such, what this section may add to the WADEM community. We look forward to further discussion and development of this proposal.

Contact; joecuthbertson@hotmail.com

CALENDAR OF EVENTS

<p>2013 12 – 20 December</p>	<p>WHO and WADEM Mass Gatherings meeting and discussion Torrens Resilience Institution, Adelaide.</p>
<p>2014 5 -7 May</p>	<p>The Australian & New Zealand Disaster and Emergency Management Conference will be held at the QT Gold Coast - See more at: http://www.anzdmc.com.au/#sthash.Q1VkMjsF.dpuf</p>
<p>7-8 May</p>	<p>The Joint Commission Emergency Preparedness Conference Lake Buena Vista, FL</p>
<p>2015 21-14 April</p>	<p>Save the Date. WCDEM Cape Town, South Africa</p>
<p>2016 24-26 February</p>	<p>People in Disasters, Response, Resilience and Recovery. Christchurch, New Zealand. For expressions of interest and further information. www.peopleindisasters.org.nz</p>

A COFFEE WITH

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

This issue: **Mayumi Kako**

Q. Nickname?

A. I used to be called Tako (Octopus).

Q. Where are you working?

A. Flinders University, School of Nursing & Midwifery Disaster Research Centre in Adelaide

Q. What three best words best describe you?

A. Chocolate, running, blue

Q. What is your best disaster experience?

A. When I forget to take my toothbrush for my trip

Q. What is your worst disaster experience?

A. When my family decided to evacuate to our toilet in 1995 earthquake in Japan (We believed that the toilet was the safest place in the house.)

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

A. My son, husband and our rabbit Tom

And **Thompson Telepo** (WADEM Oceania Committee member)

Q. Nickname?

A. Tommoi

- Q.** Where are you working?
A. School of Medicine and Health Sciences, Division of Nursing, University of Papua New Guinea
- Q.** What three best words best describe you?
A. honest, hardworking, cheerful
- Q.** What is your best disaster experience?
A. Tsunami in Aitape District, Sandaun Province, Papua New Guinea that occurred in 1998.
- Q.** What is your worst disaster experience?
A. In 2002 there was shooting between University of Papua New Guinea students and police force in National Capital District because of customary land issues with National Government and people of PNG.
 Many students had pellet wounds and were admitted to Port Moresby General Hospital accident and emergency department.
- Q.** Which 3 people would you most like to share your ration pack, cold pizza and instant coffee with?
A. My daughter, my colleague from work, my tribesman

Disaster Myths

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

You know you are from Christchurch when overseas attendees at a meeting rush outside during a mild aftershock and return to be told by Christchurch colleagues that was only a '4' (Richter scale), that's nothing.

You know you are from Christchurch when arriving late for a meeting your explanation is 'Road works started overnight on my planned route and traffic was diverted.'

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,

Can you help me please?

I was watching television at the nursing home recently and saw the terrible suffering in the Philippines. I was inspired by this and have spoken to the other residents who all wish to help contribute to this worthy cause. My knitting group has already made 10 woollen scarves, our quilting group has started work and we have started baking.

Some of us are in better health than others and four of us would be interested in flying to the Philippines to help. Millicent used to be a nurse but hasn't practiced in 30 years (but bodies haven't changed much in that time, have they?) I used to be a chef and also make a fine cup of tea if I say so myself. Henry used to be a car salesman and Elizabeth spent many years in the 'entertainment industry' and now wants to adopt her own 'Man Servant.'

How can we get our goods, and ourselves, to the Philippines?

Yours sincerely
 Gertrude Jones
 Secretary

The Hill Climbers Retirement Home Social Club
(*We are not over the hill!*)

Dear Gertrude,

Your generosity of spirit is wonderful.

However, woollen scarves and quilts may not be the most useful items for the Filipino community. Similarly, the baked goods may not be edible by the time they arrive. I am also concerned about the welfare of your team if you do travel to the Philippines if you not properly prepared. There is a certain degree of physical fitness required, as well as vaccination to ensure the safety and well being of deployed teams during disasters. Have any of you been vaccinated against rabies and Japanese encephalitis for example?

I would suggest that the best way to help would be to sell the woollen scarves, quilts and baked goods to raise money, which could be sent as a donation. If you consider the other services that you can offer you may also find that Elizabeth, with her contacts in 'entertainment', raises more money than the rest of you. At her age, a personal 'Man Servant' would be bad for her heart condition and all young men are required for the clean up and rebuilding.

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.

DRAFT