OCEANIA NEWSLETTER
October 2015

WELCOME!!!

A colleague recently made the comment that he was an 'accidental academic', living and working here in Christchurch both during and post earthquake. In my case, it is more 'accidental social commentator' as I look, listen and learn about what is happening to Christchurch and its people.

A news item on the radio recently grabbed my attention. A spokesperson for an insurance company was full of enthusiasm over the fact that in the last month they had settled the highest monthly number of post-earthquake claims. He went on to say that they expected to settle all claims by 2017. Now, in perspective, we are 4 ½ years post-earthquake and all claims will be settled 6 years after the event.

No mention was made of the hardship faced by their clients having their lives, housing-wise, on hold for that time, living in damaged houses, rental accommodation, crowded into space with relatives, and even living in their garages, all the time waiting for, and even battling with, insurance companies to make settlement. Oh yes, then there is the time taken to find a site, a plan, a builder and get consents to build, and the up-to-twelve months to build, with some builders going bankrupt and unable to finish the house or make refunds of money paid.

No wonder that there has been an increase in mental health issues because of all this strain.

This is all about recovery from the disaster, attention, albeit seems to have been applied, even if slowly, to structures with little thought about people.

If full recovery is about enhancing what was in existence before, this may be applied to housing, although moving to a new house in a new location may not always equate to enhancement.

So have the lives of people been enhanced as recovery takes place?

The lessons are that while accommodation may have improved that is only part of overall well-being, the balance has to be picked up or enhanced by other services, and so often this is left to health by default.

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*

WADEM Oceania Chapter Newsletter Editorial Committee	
Graeme McColl	graeme.mccoll@ilsogno.info
Peter Aitken	Peter.aitken2@health.qld.gov.au,
John Coleman	John.Coleman@siapo.health.nz
Paul Arbon	Paul.arbon@flinders.edu.au
Thompson Telepo	ttelepo@ymail.com
Joe Cuthbertson	joecuthbertson@hotmail.com
Caroline Spencer	caroline.spencer@monash.edu
Sarah Weber	sarahweber@iinet.net.au
Penny Burns	penny@sandyburns.com.au
Erin Smith	erin.smith@ecu.edu.au

OCEANIA NEWS

WADEM Oceania Committee election.
This will be held by electronic means at the end of this year. Positions on the Committee are:

Chair
Deputy Chair
Secretary
Committee members.

Note no treasurer as we have no funds.

Please consider standing. Nominations will be called for later this month.

EVENTS/PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS

Links to MERS information. (Thanks to Kristi Koenig)

MERS, posted at http://escholarship.org/uc/item/3k27v8g1
Also available via www.cdms.uci.edu

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From WHO Western Pacific Reports

Perspective

Middle East respiratory syndrome in the Republic of Korea: transparency and communication are key

Isaac Chun-Hai Fung, Zion Tsz Ho Tse, Benedict Shing Bun Chan, King-Wa Fu

Full HTML English PDF

Outbreak Investigation Report

Investigation of chikungunya fever outbreak in Laguna, Philippines, 2012

Julius Erving Ballera, Ma Justina Zapanta, Vikki Carr de los Reyes, Ma Nemia Sucaldito, Enrique Tayag

Full HTML English PDF

Availability of safe drinking-water: the answer to cholera outbreak? Nabua, Camarines Sur, Philippines, 2012

Alethea De Guzman, Vikki Carr de los Reyes, Ma Nemia Sucaldito, Enrique Tayag

Full HTML English PDF

Surveillance system Implementation / Evaluation

Event-based surveillance in north-western Ethiopia: experience and lessons learnt in the field

Yumi Toyama, Masaki Ota, Belay Bezabih Beyene

Full HTML English PDF

Original research

Prevalence of soil transmitted helminths in remote villages in East Kwaio, Solomon Islands

Humpress Harrington, Richard Bradbury, James Taeka, James Asugeni, Vunivesi Asugeni, Tony Igeni, John Gwala, Lawrence Newton, Chillion Evan Fa`anuabae, Fawcett Laurence Kilivisi, Dorothy Esau, Angelica Flores, Elmer Ribeyro, Daisy Liku, Alwin Muse, Lyndel Asugeni, Jeptha Talana, Jennifer Shield, David J MacLaren, Peter D Massey, Reinhold Muller, Rick Speare

Full HTML English PDF

The epidemiology of tuberculosis in the Pacific Islands region: 2000 to 2013

Kerri Viney, Damian Hoy, Adam Roth, Paul Kelly, David Harley, Adrian Sleigh

Full HTML English PDF

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NSW Health Emergency Management Unit has conducted, on behalf of the National Critical and Trauma Response Centre at MIMMS, a Generic Instructor course with 15 candidates from Australia, Tonga, Fiji and Myanmar. We have also just completed a 3-day MIMMS course and are planning for our AUSMAT team members' course in November. An extensive review of our current medical kits and intra-state capability is underway, in consultation with the Local Health Districts. City to Surf 2015 with around 85,000 participants, saw 8 Medical Response Teams with 5 of them dedicated Resuscitation Teams deployed to support the event as our annual exercise testing the NSW Healthplan. The Evacuation Decision Making Guidelines for Health & Aged Care Facilities project is progressing well with the first draft of the guidelines released for comment.
Contact for information: LWINN@ambulance.nsw.gov.au

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New entrant classes at some Christchurch schools are introducing more play to combat post-quake learning problems.

A Canterbury University study of 300 five-year-olds shows there are more than double the percentage of children with post traumatic stress disorder (PTSD) symptoms since the Canterbury earthquakes, presenting as irritability, meltdowns, clinginess, sleep problems and possibly toileting issues.

Some children in Christchurch appear to be experiencing the same two-year educational delays seen following other disasters like Hurricane Katrina in the United States in 2005, Health Sciences Associate Professor Kathleen Liberty said.

Schools are crying out for teacher training to identify PTSD, which can often be mistaken as naughty behaviour in pupils.

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Monash University Disaster Resilience
CALL FOR VICTORIAN COMMUNITY-LED RESILIENCE INITIATIVES

Emergency Management Victoria (EMV) and the Monash University Disaster Resilience Initiative (MUDRI) share a strong interest in helping communities develop their resilience, particularly in the setting of disasters / emergencies. As a result, a Compendium of these Victorian initiatives is being compiled to share with the broader community and hopefully help advance your endeavours. Launching of the Compendium will take place at the next MUDRI Forum on 26 November, 2015.

Following the last MUDRI Forum when we announced the Compendium, Monash eSolutions have just finished the website for the MUDRI / EMV Compendium of Case studies. You can find details about this exciting initiative on our website towards the bottom of the homepage; it is easily identified by the EMV logo where you can link to the Compendium Guidelines.

Take a moment to peruse the Guidelines which provide instructions on timelines and how to submit a Community-led Resilience Initiative. Within this document is a link to the submission template. The Guidelines also include information about what could be included in each section of the template.

Once you SUBMIT your submission, you will receive a confirmation email.

Please feel free to forward this information to those who have Case Studies they might wish to submit for consideration into the Compendium and do contact caroline.spencer@monash.edu if you need further help or call +61 3 9905 4397.

10th Annual Professor Frederick ‘Skip’ Burkle Jnr Keynote Lecture

This year, the Keynote Lecture will be delivered as a lunchtime lecture (about 1.30pm) on Thursday 26th November, 2015 and a feature of our last MUDRI Forum for the year, which will be on the theme ‘Risk / Resilience / Reform’ and chaired by A/Prof Jude Charlton. This year’s topic is about the *MUDRI / EMV Compendium of Victorian Community-led Resilience Initiatives*, an Australian first initiative. Unlike previous years, this year we have two presenters to reflect the MUDRI / EMV Initiative.

Mr Joe Buffone PSM Deputy Commissioner Director Risk and Resilience Emergency Management Victoria Joe.a.Buffone@emv.vic.gov.au	**Dr Caroline Spencer PhD** Academic Co-ordinator, Disaster Resilience Initiative Monash University Caroline.spencer@monash.edu

The presenters and the Steering Group will launch the first ‘issue’ of this dynamic on-line Compendium on behalf of EMV and MUDRI respectively at the end of the presentations. Please email caroline.spencer@monash.edu to reserve a place.

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Diabetes in Disasters
Update from Annual Diabetes Society Annual Scientific Meeting in Adelaide August 2015:

2015 has brought the tenth anniversary of Hurricane Katrina, New Orleans, a devastating disaster with an even more devastating aftermath. A growing body of research shows that people with diabetes are at high risk during and after a disaster, and thus should be targeted in disaster response plans. This highlights the importance of learning from past experiences, to ensure better preparedness for future disasters.

Evidence from the Los Angeles 1994 earthquake and Hurricane Katrina suggest a potential increased incidence of new diagnoses of diabetes[1,2] and gestational diabetes[3] after disasters. Studies from Hull, England in 2007 and after Hurricane Katrina, indicate poorer glycaemic control in those with pre-existing diabetes[4-7], which is more pronounced in those with insulin-dependent diabetes[3] and those exposed to more traumatic events[6]. After the four hurricanes impacting Florida in 2004, diabetes-related deaths accounted for 5% of excess deaths[8]. The evidence from these events suggests a need for greater focus on diabetes in disasters.

Hurricane Katrina destroyed public health infrastructure and, in some cases, resulted in treatment interruptions[9]. After Cyclone Larry in 2006, Innisfail Hospital services were significantly reduced during the week after the event and Cyclone Yasi resulted in Australia’s largest hospital evacuation[10,11]. Both disasters resulted in drinking water being unsafe with power, waste and food supply issues in the areas affected[12].

After the recent floods in Brisbane, people with diabetes conveyed a regret of not being prepared. Some had no insulin, needles, monitors, hypoglycaemia emergency packs, appropriate shoes, and many had lost contact numbers. In addition, health professionals and diabetes care representatives expressed frustration at not being able to contact pharmacies or insulin companies, and companies could not get insulin to the appropriate facilities.

Under the National Diabetes Services Scheme Disaster Planning and Management Program, a number of resources are being developed for people with diabetes on the importance of preparedness to encourage self-management of their diabetes before, during and after a disaster. These include a personal preparedness plan and a guide to assist organisations dealing with disasters. It is due to be launched in early November 2015 and will be available at www.ndss.com.au.

Disasters can be challenging for everyone involved, particularly those at higher risk due to chronic conditions such as diabetes. It is imperative to have a disaster self-management plan in place for those with diabetes and other chronic conditions. Including disaster preparedness in routine diabetes management may improve outcomes after disasters. The message from healthcare professionals after Hurricane Katrina, amongst other disasters, to individuals with diabetes and their health care providers is clear: *be prepared.*

REFERENCES

- Kaufman FR, Devgan S. An increase in newly onset IDDM admissions following the Los Angeles earthquake. Diabetes Care. 1995;18(3):422.
- Miller-Archie PTSD WTC
- Xiong X, Harville EW, Elkind-Hirsch K, Pridjian G, Buekens P. Hurricane katrina experience and the risk of gestational diabetes mellitus. Am J Epidemiol. 2011;173:S40.

- Ng JM, Atkin SL, Rigby AS, Walton C, Kilpatrick ES. The effect of extensive flooding in Hull on the glycaemic control of patients with diabetes. Diabet Med. 2011;28(5):519-24.
- Kamoi K, Tanaka M, Ikarashi T, Miyakoshi M. Effect of the 2004 Mid Niigata Prefecture earthquake on glycemic control in type 1 diabetic patients. Diabetes Res Clin Pract. 2006;74(2):141-7.
- Inui A, Kitaoka H, Majima M, Takamiya S, Uemoto M, Yonenaga C, et al. Effect of the Kobe earthquake on stress and glycemic control in patients with diabetes mellitus. Arch Intern Med. 1998;158(3):274-8.
- Fonseca VA, Smith H, Kuhadiya N, Leger SM, Yau CL, Reynolds K, et al. Impact of a natural disaster on diabetes: Exacerbation of disparities and long-term consequences. Diabetes Care. 2009;32(9):1632-8.
- Brown, D. W., Young, S. L., Engelgau, M. M., & Mensah, G. A. Evidence-based approach for disaster preparedness authorities to inform the contents of repositories for prescription medications for chronic disease management and control. Prehospital and Disaster Medicine, 2008;23(05):447-457.
- Scheuren J, de Waroux OLP, Below R, Guha Sapir D, Ponserre S. Annual Disaster Statistical Review. The numbers and trends. Brussels, Belgium: CRED; 2007.
- Queensland Government.The Final Report of the Operation Recovery Task Force – Severe Tropical Cyclone Larry. The State of Queensland, Brisbane, Australia. 2007.
- Little M, Stone T, Stone R, et al. The evacuation of Cairns hospitals due to severe tropical Cyclone Yasi. Acad Emerg Med. 2012;19(9):E1088-E1098.
- Ryan. Environmental Health and Disaster Management Challenges: Non-communicable diseases. 2007. Presentation at Queensland Environmental Health Conference, 9 September 2014. Accessed 19 September 2015, Available at: http://www.ehaqld.org.au/documents/item/729

Contributed by

Dr Jessica Sandy MBBS Hons [Paediatric Registrar Sydney Children's Hospital]

Dr Ben Ryan MPH, BscEH [Disaster Coordinator, QLD PhD Candidate, JCU]

Ms Amy Marcos, [CDE/CNC, Community Nursing Services]

Ms Louise Gilmore [National Program Leader Diabetes Planning]

Dr Penny Burns, BMed MPHTM [SL General Practice Western Sydney University, PhD Candidate ANU]

VANUATU UPDATE

Cyclone Pam devastated parts of Vanuatu in March of this year, many of that nations 80+ islands were affected, some partially, others completely. Given the economic status of the nation and people this was a major event and required a massive influx of aid. The scale of the damage is estimated by the Vanuatu Government to be the equivalent to 47% of the nations GDP.[1] (This newsletter has previously included reports on the post-event situation there).

So it was interesting during a visit in August, 5 months post-disaster, to assess in a limited way, developments and the attitude of Ni-Vanuatu (people of Vanuatu). Observations are based on the

[1] Patricia Gil, Rebuilding Vanuatu Islandlife, issue 20-2015 pp 30-37

people around Havannah Bay and the village of Tanoliu.

The economy of Vanuatu is based on tourism and agriculture. Tourism accounts for 33% of the national economy, while agriculture provides 71% of the income for those living in rural areas.[2] Living standards by Australian and New Zealand standards are basic and Vanuatu is one of the poorest nations, economically, in the Pacific. It lacks the contributions of families working abroad who send back money to support extended families still living in the islands, in the way that Samoa and Tonga benefit.

Tourism dropped markedly post-cyclone, even though many of the hotels and resorts weren't damaged there was a perception that they were. The agriculture activities are going to, in some cases, take years to return to pre-disaster levels. The growing of everyday vegetables such as lettuce and tomatoes has picked up, while the long term crops of bananas and coconuts will take much longer.

The people do seem to be coping and moving forward with their lives and this would appear to have much to do with their sense of community.

> 'Ni-Vanuatu society is built around a network of intersecting family and community obligations and responsibilities. Most people live in villages and have close connections with the land, all of which is still in the hands of traditional owners.'[3]

The sense of community was apparent when discussing with locals the rebuilding of their homes. All in the community helped each other with the building to quickly ensure that they had shelter. Most, rebuilt with materials salvaged post cyclone, others were able to afford to build with better materials in a style better suited to withstand storm damage. In one case, a group of expatriates living in the area had funded a more substantial property for a woman and her family who cleaned for them and acted as caretaker for their homes. What is interesting for a resident of regulation bound Christchurch is that the rebuilding of these simple houses is not being delayed by endless planning processes and permissions, reinforcing the theory that affluence is often a barrier to recovery.

Overall, the standard of housing seen would not withstand further cyclones the size of 'Pam' or even a lesser force. To counter this it was noticeable that villages, perhaps even the government, were contributing to building substantial community buildings such as schools and churches which would provide shelter to the population during further storms.

Rebuilding of infrastructure is underway through a variety of means. Travelling to Vanuatu on the same flight was a group from New Zealand who were taking tools, and had arranged supplies to rebuild a school at a village on Efate, the main island.

Other organisations have been gathering donated building supplies and shipping them to Vanuatu for use in the rebuild either by New Zealand or Australian volunteers, some even donating materials for the Ni-Vanuatu to do the rebuilding themselves.

In Tanoliu village, the managers of a nearby resort are coordinating a series of projects to aid in the recovery of the area. These include

- Creating a reticulated bore water supply for the village to reduce reliance on gathering rain water.
- Building a health clinic to serve not only that village but several others nearby and on outlying islands, as well as the local high school boarding facility.

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[2] ibid
[3] Taken from tourism brochure on Vanuatu accessed August 2015.
[4] Patricia Gil, Rebuilding Vanuatu Islandlife, issue 20-2015 pp 30-37
[5] Ibid

- Replacing an infants' class room at the local primary school. The present class room is a corrugated iron structure with a dirt floor that floods when it rains meaning children can't attend school.

This work is being done by people of the village with expert help where needed. Those spoken to have a sense of pride and ownership of the projects. These projects are 'recovery' at it's best, enhancing facilities for the future and employing locals.

The various approaches to aid and rebuilding do raise thoughts on what is the best approach. Certainly, the situation at Tanoliu was to strengthen community involvement and contribute to the local economy by purchasing supplies in Vanuatu, plus providing a sense of purpose even though unpaid for local villagers. **In simple terms, this is about empowering the people to manage their recovery,** whereas other types of responses only contribute to the local economy through accommodation costs and food purchases. It is to be hoped that those involved in these types of responses are training locals in construction methods that are better able to withstand cyclone damage.

In the health sector, 39 health facilities were damaged, comprising two hospitals, 15 health centres and 22 dispensaries. The recovery cost to the Ministry of Health has been calculated at Vanuatu Tala 566.8 million. [4] (Approx NZ$8 M)

It is pleasing to report that WADEM connections have seen supplies and equipment donated to the health sector in Vanuatu. In the early post-cyclone days, one of the three WADEM grants of $US5,000.00 worth of medical supplies from Henry Kleim Ltd was donated. In more recent times, through New Zealand WADEM connections, hospital beds, crutches, wheel chairs, walking frames and stainless steel bowls have been donated. All items met the criteria set out in the Vanuatu Ministry of Health donations policy outlined in the August Oceania Newsletter.

> 'Although the sun is shining, people are, as always, still smiling, and Vanuatu is as beautiful as ever, the country has a long road ahead to its full recovery. We can only hope that those in charge are able to make the right and wise decisions that will build a better, more prosperous and equitable nation.[5]

There is still much to do in Vanuatu and they should not be forgotten because they are no longer 'hot' international news.

From observations, the work contribution by Ni-Vanuatu and the sense of community are certainly aiding the overall wellbeing of the population. Some important lessons can be learnt from this.

EDUCATION AND TRAINING OPPORTUNITIES & PROJECTS

WADEM Student Club

Interested in joining? Contact Graeme McColl at Graeme.mccoll@ilsogno.info

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People in Disasters Conference.
Christchurch 24-26 February 2016.
The draft programme is now available on the web site.

Web site for information www.peopleindisasters.org.nz

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RESEARCH ASSISTANCE REQUIRED

Consider becoming part of the WADEM Mentorship 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 graeme.mccoll@ilsogno.info for initial advice.

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: 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)
Open to students of all disciplines currently being trialled as a student club at the University.

Several student leaders from the University of New England www.UNE.edu have stepped forward in the development of the first student chapter of the WADEM. These student leaders unite Addiction Medicine www.AOAAM.org , Emergency Medicine www.ACOEP.org , and Military Medicine www.AMOPS.org clubs through sharing civil-military concepts in disaster dynamics. We hope that Nursing students and students from the University's multiple colleges join our efforts. Drs Thieme and Bograkos will serve as their student chapter advisors.

If interested in a WADEM student club at your university contact:
William Bograkos irisbo@comcast.net or Knox Andress knoxandress@yahoo.com

CALENDAR OF EVENTS	
2015 23-25 October	Chinese Society for Disaster Medicine Shanghai International Forum of Urban Safety and Disaster Medical Rescue. Shanghai China. Zhongxinzhao1999@163.com or hpzhangly@163.com
2016 24-26 February	People in Disasters, Response, Resilience and Recovery, Christchurch, New Zealand. For expressions of interest and further information. www.peopleindisasters.org.nz
18-21 April	16th International Conference Emergency Medicine. (ICEM), Cape Town, South Africa. www.icem2016.org
2017 25 – 28 April	**Save the Date** 20th 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: Ben Ryan

Q. Nickname?

A. Have had a few….what has probably stuck is 'Mr Ed' or 'teeth'. These nick names are due to my apparent large front teeth (particularly when I was younger). Just to maintain self-confidence I tell myself I have grown into my teeth.

Q. Where are you working?

A. Disaster Coordinator for the Cairns and Hinterland Hospital and Health Service, Queensland, Australia; and doctorate candidate James Cook University, Australia.

Q. What three words best describe you?

A. Motivated; fun; laughs.

Q. What is your best disaster experience?

A. Very difficult to say I have had a best disaster experience, particularly during the response phase. I know this is a cliché but I find it difficult to have a best experience when people are suffering.

However, the work post cyclone Yasi (2011) was very rewarding. This was a great opportunity to build on the lessons from cyclone Larry (2006). We worked with community representatives that were severely impacted and colleagues who were both personally and professionally affected. We worked together to develop a community-wide public health assessment tool; rapid response guide for public health professionals; and an asbestos handling framework. All have since been published and are now being widely applied.

Q. What is your worst disaster experience?

A. A gas bottle explosion in late June 2015 at a café in Ravenshoe, a remote town in the state of

Queensland, Australia. There were 21 people injured with varying degrees of burns. In the days following, two of the injured died due their injuries. This was the state's largest burns incident.

Although I was not a front-line responder, I was involved in the coordination of hospital and health services through the set up and activation of our Health Emergency Operations Centre. The response from our staff was amazing and the community support incredible. The reason I categorise this as the worst disaster experience is the type and number of injuries. For those who survived it will take years to physically and mentally recover.

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

A. 1. My wife (the safest answer).
2. Skip Burkle. His life experience and insights are just amazing. Thoroughly enjoy listening to Skip's perspective on the future directions of global health.
3. Shane Warne, a retired Australian cricket player. It would be great to hear the ins and outs of Australian cricket over the past 20 years. Also, he likes pizza!

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,

I am a former nurse who has kept an interest in health matters. Recently I was perturbed to read a report in the newspaper that many school children at local schools were displaying Post Traumatic Stress Disorder (PTSD) symptoms. Evidently it is quite prevalent, following a major catastrophe in our region some years ago.

I know a little from my training that PTSD is serious and can have ongoing effects. Is it possible to get advice on the circumstances regarding this condition please?

Sincerely,

Cynthia.

My Dear Cynthia,

PTSD is such a tricky one, my late husband thought he had symptoms for this courtesy of reading his medical dictionary, mind you he always thought he had symptoms for most ailments likely to be suffered by **man**kind. It was only symptoms though and that is what you have read, I also saw the same item so can confirm that.

Seriously though, PTSD is so complex that it requires experience and expertise on the matter, so I have asked my young cousin Gloria, from the USA where they have a lot of it, for advice.

As for my late husband, alas his name still fails me, he did suffer from PTSD; in his case it was Pre-trauma stress disorder; I cured that with my promise of causing him actual trauma if he didn't behave according to my wishes. Life was simple back then

In kindness,

Auntie

Dear Cynthia,

Unfortunately, the media, looking for a good story, often dwells on the negative, and in the process, sensationalizes a normal situation. Personally, I do not believe that there is an "epidemic" of PTSD symptoms among local school children, particularly considering the extended time that has passed since the Christchurch earthquakes. The scientific literature is consistent in showing that PTSD symptoms, and in some cases clinical PTSD, often occurs after experiencing a traumatic event such as an earthquake. This is a totally normal response to an abnormal situation. But for most people, including children, these symptoms such as hyperarousal, irritability, negative mood states, attempts to avoid reminders of the trauma, dissipate over time. People bounce back! The major issue in interpreting a report on PTSD or other disorders is the frequency and intensity of these symptoms, and their relationship to the particular trauma. If any of us were asked a yes/no question about feeling sad or down, how many of us could categorically say "no" to this question? I don't mean to downplay the fact that some children and adults may have long-lasting problems related to experiencing a natural disaster, and require psychological help. But, in my view, it is very important to focus on, and promote, psychological and behavioral resiliency. Individual and community resilience following a disaster indeed happens, and is the rule rather than the exception within an intact societal infrastructure like New Zealand. So the priority is for communities to foster resilience through multiple efforts and programs, rather than promoting a mind set trying to find little Kiwis with continuing difficulties and psychopathology.

Cheers!

Gloria

PS. It is so clever of Gloria to realise that Cynthia was talking about the situation in Christchurch.

As always,
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.