



OCEANIA NEWSLETTER

June 2016

WELCOME!!!

OCEANIA NEWSLETTER INVITED EDITORIAL

The Oceania Chapter Cannot Sit Still Within an Increasingly Globalized World

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

"Medicine is the only world-wide profession, following everywhere the same methods, actuated by the same ambitions, and pursuing the same ends. The homogeneity, its most characteristic feature, is not shared by the law, and not by religion, certainly not in the same degree." William Osler, 1906

Over the past month there has been some healthy debate within the Oceania Chapter of WADEM of what the original purpose was for Chapters and to what extent might the Chapter have in taking on new roles and responsibilities. Actually, the writing of this editorial was suggested because I first recommended the idea of Chapters before the WADEM Board during the 2005 World Congress in Edinburgh.

My initial pitch to the Board also included my suggestion that WADEM's future was dependent on an increased visibility and role with WHO and led to acceptance of a survey among Board members whether they thought WADEM should be involved in broader humanitarian issues. Secondly, I raised the possibility of developing WADEM Chapters that I thought would best be placed geographically within each WHO Regional Organization. If there was a call for health care providers during a crisis, the Regional Organizations would first look to assets within their regional scope of countries. I considered this a better option than having individual countries launching Chapters because then, as it is now, country-led health care providers and the WHO Representatives (WRs) in each country turn first to their Regional Organization, not to WHO Geneva, when there are health related emergencies. In truth, WHO Geneva has little clout in decision-making compared to both the Regional Organizations and the country WRs...something few recognize. The outcomes of the Board meeting were:

- Only 3 Board members out of 20 voiced an interest in WADEM taking on humanitarian crises issues such as training and education. Many preferred then, as they do now, in domestic emergency management issues.
- Yes, it was passed that WADEM should lobby to become a participant in the regular UN Health Cluster meetings because of the Cluster's role in natural disasters...this process was led by Marvin Birnbaum and WADEM remains on the Cluster to this day...but with some healthy skepticism from the full Cluster membership in that WADEM is the only member that is not an operational NGO.

- And 'Yes' the development of WADEM Chapters received the green light but despite desperate lobbying on my part, only the Oceania Chapter ever materialized.

With the Ebola epidemic in West Africa, the World soon found out that WHO Geneva had little authority under current rules yet looked to and criticized WHO's DG Margaret Chan, responsible for the unfortunate delays. Eventually, both a country WR and 2 Regional Organization leaders were fired but the system has not appreciatively changed. Also instrumental is that WRs, always fine health professionals, are primarily developmental health professionals, and except for a few notable exceptions, are not necessarily versed in disasters, crisis management or infectious disease outbreaks.

There are many changes afoot in Geneva, one being the development of a Global Health Emergency Workforce led by Australian-born Rick Brennan and Ian Norton. The development of a global health emergency workforce with both national and international Emergency Medical Teams (EMTs) is just one potential solution but you must recognize that while the WRs are certainly interested in the concept...for fear they too will be caught off guard by an outbreak... both the Eastern Mediterranean Regional Organization (EMRO) and the African Regional Organization (AFRO) are currently against the development of EMTs. The political controversy remains but it is moving in the right direction. For me, it signals once again the need for WADEM Chapters within each WHO Regional Organization.

As my Editorial indicates, as of this writing, only the U.S. remains uncommitted to the EMT process. I am hopeful that the Editorial will provoke the U.S. Government into moving faster but more pressing political agendas will delay it...possibly for a dangerous period of time. In the meantime, I must emphasize that the Oceania Chapter itself cannot sit still. We are all in a globalized world, one that must foster new professional relationships to support the EMT country process and the required collaboration and coordination within regional organizations among all EMTs more than we've ever seen before...the Chapter should work now to become an active voice in any Australian and New Zealand-led EMTs and to advocate for participation among Oceania's Pacific Basin countries. The bottom line is that Oceania Chapter must change with the times and yes, Australia and NZ-led EMTs will have obligations within the Western Pacific Regional Organization (WPRO). Build on it in partnership before China takes on the initiative alone! There is much room for education and training, especially in country-wide EMS systems in support of their National EMTs and in disaster risk reduction and risk management. While Hong Kong benefits from the British influence in pre-hospital care, mainland China is only now recognizing its worth and will be developing EMS systems very much like those in Australia and New Zealand. This opens up many opportunities for Oceania to be a WPRO role setter.

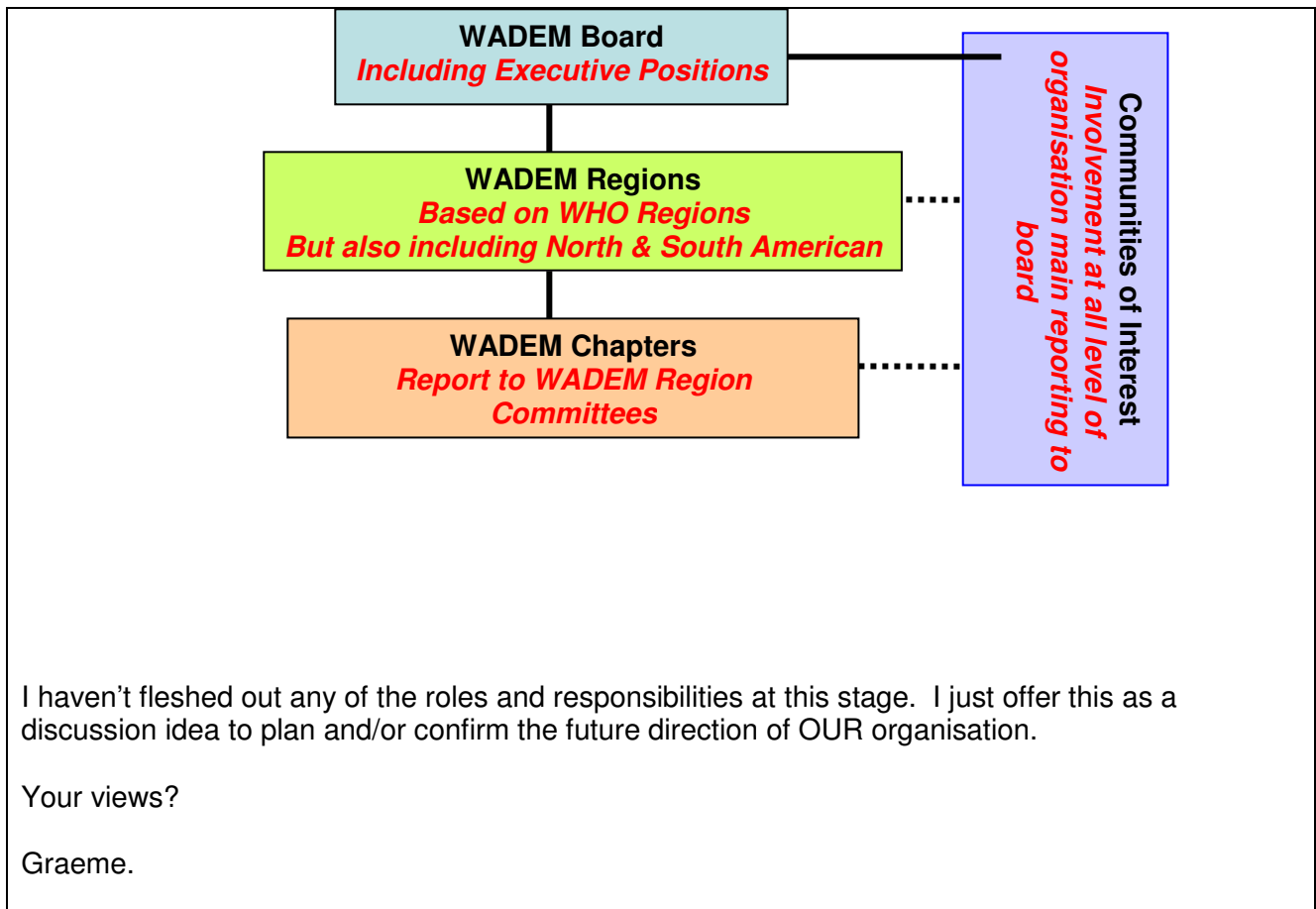
Possible WADEM Restructure?

This discussion paper is a brief follow up to Skip's guest editorial and is based on some informal discussions with other members.

WADEM has in recent years seen the introduction of a Chapter with others proposed, Communities of Interest (Nursing, EMR, Psycho Social and the like) and a board restructure to include representation from WHO regions.

However, do these developments achieve the sort of wide involvement that Skip is suggesting in his editorial? Also does the organisation need a board and an Executive? Finally do we 'rank and file' members know what is happening, discussed or formulated at Board and Executive levels?

So this structure is put forward for further discussion on should WADEM be restructured.



- WADEM Oceania Chapter Newsletter Aims**
- The aims of the WADEM Oceania Chapter Newsletter are to:*
- *provide communication for regional members*
 - *encourage a collegiate relationship amongst regional members*
 - *update members on news and events such as health issues in the region*
 - *provide a forum for discussion on emergency medicine/health issues*
 - *give encouragement and support for research papers*
 - *allow publication of basic case studies*
 - *support exchange of information and work programmes*
 - *publicise coming events*
 - *support the aims and activities of WADEM within the region*

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OCEANIA NEWS

Newsletter Future.

Do we continue with the newsletter or move to the times and concentrate on Facebook Twitter etc? Feedback please on your views.

WADEM Oceania Committee Meetings 1& 2

Summary of Minutes

18 April & 26 May 2016

via Skype group dial in

- Defining our core business/overall strategic direction
 - Consensus to concentrate on our Oceania region as defined on the website: ie *“The Oceania Chapter region generally corresponds to that area covered by Pacific Islands Applied Geoscience Commission (SOPAC), which includes the area supported by AusAID and NZAID (Australia, New Zealand, the Pacific Island Nations, and PNG). The Chapter’s boundaries are not overly rigid and members residing in adjacent countries or islands including East Timor, Indonesia and the Hawaiian Islands may participate in the Chapter.”* WADEM
 - Consensus on increasing cooperation and collaboration with other regions nearby but not necessarily having them as members.
 - General discussion on the core business along the lines of the current Chapter objectives with engagement with members being key - providing knowledge, experience, mentorship, and support to those in this field across the Oceania region. Our core business is to support those in the field in the Pacific, especially those who are more isolated. We need to focus on grassroots people issues.

MOTION by GM: As a Chapter we should focus on the Oceania region as defined on the WADEM Oceania Chapter webpage (and quoted above), with our core business being to focus on engagement and membership in that region through the current Chapter objectives. Seconded by PB and carried unanimously.

- Communication strategy
 - Communication strategy needs development. Initial step is to investigate what the members would like, through a survey, and develop a broad strategy that suits the membership.
 - Increase reporting / communication back from the Board meetings.
 - Grow our membership. More promotion in Australia and New Zealand as well as in the islands. Many working in the disaster field in Australia and New Zealand aren't aware of WADEM. Student groups. Define our offerings to new members.

Above all have fun and avoid disasters!

WADEM CONGRESS TORONTO 2017

WADEM Congress on Disaster and Emergency Medicine Toronto 2017

Notes from Organising Committee discussions.

Confirmed the standardization for the new Congress branding. Moving forward, all Congress emails will use "WADEM Congress on Disaster and Emergency Medicine." Requested that "WCDEM" no longer be used.

Planned for 3-days, with sessions before and/or after, allowing for strategic meetings e.g., workshops, WADEM Executive meetings, WADEM Board of Directors' meetings, as determined via the planning process.

Timeline: dates / deadlines / key activities

30 April	Preliminary Track Team Formed
8 May	Track Team inaugural meeting completed
22 May	Track topics finalized
5 June - 14	Nov Congress call for abstracts (to populate track content)
11 Dec.	Abstracts review and selection
21 Dec.	Program development
22 Dec. - 25 April	Ongoing promotion of individual tracks

Congress Slogan Suggestions

1. Be inspired, Inspire others
2. Go beyond Imagination and Become the Change
3. Building disaster health resilience through global connection
4. Building global disaster health resilience together
5. Creating strategy, building effectiveness
6. Connecting the global disaster health care communities
7. Improving global disaster health resilience
8. One world of nations: Connecting the global disaster health care community
9. Be the kind of leader you would follow.

EVENTS / PROJECTS / PROGRAMMES / RESEARCH / COURSES - REPORTS

Courses available:

Torrens Resilience Institute
Flinders University
Building National and Community Resilience

Disaster Resilience Course

14th & 15th JULY 2016
Boardroom North, Level 11
Flinders University
Victoria Square, Adelaide

Executive Education Program

Black Swans Course

15th & 16th SEPTEMBER 2016
Boardroom North, Level 11
Flinders University
Victoria Square, Adelaide

Contact: www.flinders.edu.au/TRI

Monash University Disaster Resilience Forum

Thursday 7 July, 2016, 9am to 5pm

Progressing Community-based Resilience

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

Forum Overview

Resilient Melbourne launches in June this year and sets out the first ever resilience strategy for Greater Melbourne. *Resilient Melbourne* represents the culmination of work from people across sectors, council boundaries and community groups, coming together to consider a shared challenge: What can we do to protect and improve the lives of Melbournians, now and in the future?

Developed with support of 100 Resilient Cities – Pioneered by the Rockefeller Foundation (100RC) – the strategy sets out a series of distinct, yet connected actions that will help make Melbourne a viable, sustainable, liveable and prosperous city, long into the future. Toby Kent, the Chief Resilience Officer for the City of Melbourne, will speak to these stimulating and state-of-the-art developments.

From Canterbury, New Zealand, Louise Thornley and Jude Ball share ‘building community resilience’ following the earthquakes and ask ‘What makes community level initiatives effective and how can central government best support them?’

Once again, presenters showcase their continued commitment to progressing community-based resilience through a mix of activities that are either *up-and running* or a *work-in-progress*. An interactive discussion follows each presentation to engage the audience with a rare opportunity to discuss with presenters their ideas, how to overcome challenges, discover new directions or find that unexpected piece of wisdom.

Speakers from: Beyond Blue; the VicSES; Women’s Health in the North & Women’s Health Goulburn North East, and the Red Cross, compliment resilience building activities through their work on developing and implementing *Standards and Guidelines Informing Community Resilience and Barriers and Solutions to Building Community Resilience*.

Trending in Resilience, Launch of [Resilient Melbourne](#) for Greater Melbourne.

Who Should Attend

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

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

Once again, the **Australian Institute for Disaster Resilience** will sponsor 10 Scholarships for people from ***Community Houses, unpaid EM Volunteers and those working on limited funds to build connections and the resilience of their communities***. Please email Dr Caroline Spencer caroline.spencer@monash.edu.au [stating in no more than 50 words why you think you would benefit from an AIDR Scholarship](#)

Resilience Measuring

<http://www.epcresilience.com/EPC/media/MediaLibrary/Knowledge%20Hub%20Documents/J%20Tinkpieces/Occ16-Paper-Resilient-or-Mock.pdf>

Resilience Measuring and benchmarking resilience would enable organisations to assess their current resilience management strategies and improve performance by addressing any capability gaps. However, the term resilience has been used in many different contexts and there is general confusion about what it actually means. Resilience has been described as a multidimensional, sociotechnical phenomenon that addresses how people, as individuals or groups, manage uncertainty (Lee A.V et al., 2013). But a recent comprehensive review found that 'resilience' is a malleable and nebulous term which has been appropriated across a multiplicity of different application domains and blended with a range of other related concepts (Banahene et al., 2014).

Moreover, resilience appears to be as much a set of attitudes about desirable actions by organisational representatives, as it is about developing new capabilities (Kendra & Wachtendorf, 2003). Reactive Resilience: Resilience is often considered as the ability to continue or recover a steady state after a disruption or crisis. This is reactive. For example, Somers (2009: 13) argues that 'resilience is demonstrated after an event or crisis has occurred'. Mallak (1998: 1) describes resilience as 'the ability of an individual or organisation to expeditiously design and implement positive adaptive behaviours matched to the immediate situation'. Hollnagel (2006: 16) considers that the 'essence of resilience is the intrinsic ability of an organisation (system) to maintain or regain a dynamically stable state, which allows it to continue operations after a major mishap and/or in the presence of continuous stress'.

Applied to an organisation, once the crisis occurs the reaction would emphasise flexibility, coping with the unexpected and unplanned situation and © Emergency Planning College 2016 5 responding rapidly to events, with excellent communication and mobilisation of resources to intervene at critical points. Proactive Resilience Others consider resilience in proactive terms that encompass the ability to avert the crisis from occurring in the first place, but being able to cope with it should it actually happen. Leveson et al (2006) describe resilience as the ability of systems to prevent or adapt to changing conditions in order to maintain control. The system or organisation must be resilient in terms of avoiding failures and losses, as well as responding appropriately after the disruption.

Resilience has also been described as 'the characteristic of managing the organisation's activities to anticipate and circumvent threats to its existence and primary goals' (Hale & Heijer 2006: 35). In terms of an organisation, there are mechanisms to foresee potential disruptions and the adaptive capability to quickly change the structures and procedures within the organisation to mitigate its effects.

Combining Both Reactive & Proactive Approaches to Resilience in civil emergencies, resilience is viewed as the qualities that enable the individual, community or organisation to cope with, adapt to and recover from a disaster event (Buckle et al, 2000). The two key aspects in relation to resilience and civil emergencies are whether it is about simply reacting to a change in the environment when it actually happens, with the aim of 'bouncing back', or whether resilience means being proactively alert to potential disturbances and preventing them from occurring by adapting to them before they occur, and should they occur, responding effectively. The reactive-proactive distinction is reflected by Wildavsky's (1991) contrast of resilience and anticipation. Anticipation being a central mode of control where efforts are made to predict and prevent potential dangers before damage is done.

Whereas resilience is the capacity to cope with unanticipated dangers after they have become manifest, learning to bounce back. Wildavsky proposes that strategies of anticipation work best against known problems, whereas strategies of resilience work best against unknown ones. Each strategy is appropriate to specific conditions. Resilience strategies are appropriate when there is greater uncertainty and anticipation strategies apply best when the environment is in steady state

and predictable mode. However, Comfort et al. (2001) contend that they are complementary. Likewise, Kendra and Wachtendorf (2003) argue that rather than being conceptually distinct, anticipation is an integral dimension of resilience.

Resilience is achieved by preparing, not for a particular event, but rather for the maintenance of a range of capabilities or functions that will be needed after any kind of event. In their view, anticipation is about the design of the organisation needed to respond. Boin and Lagadec (2000) also combine both strategies. They acknowledge that resilience is the key to coping but that it is important for organisations to plan and © Emergency Planning College 2016 6 prepare accordingly; so achieving resilience through an anticipatory approach. Organisational preparation should consist of a continuous programme of training, testing and learning from experience, hence ensuring that crisis management becomes embedded in core organisational processes and values. In relation to resilience, organisations require monitoring systems for detecting warning signals, together with processes and communication channels, to quickly activate appropriate response units with strategic authority to act in all crisis situations. Similarly, according to Hollnagel (2006), improved resilience requires monitoring and response capabilities, learning abilities, and anticipation.

Monitoring supports preparedness and includes knowing what to look for and being able to monitor what could positively or negatively affect the system's performance. Importantly, monitoring should also cover the system's own performance, as well as the wider environment. Such situational awareness improves the ability to respond, by knowing what to do, or being able to react to regular and irregular changes, disturbances, and opportunities. This might include activating prepared actions or adjusting current modes of functioning to prevent significant adverse effects.

Mass Evacuation Research Paper.

https://drive.google.com/a/wadem.org/file/d/0B0OFd_0yX64JWEw0RWo2WWIFbk0/view

RESOURCES

Mass Shootings - Active Shooter Resources for First Responders and First Receivers
(No guarantees re links as they have not all been tested – Graeme)

Training for Complex Coordinated Attacks

E912: Preparing Communities for a Complex Coordinated Attack – IEMC: Community Specific
<https://training.fema.gov/emcourses/crsdetail.aspx?cid=E912&ctype=R>

Integrated response (culture change):

First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents

<https://www.dhs.gov/sites/default/files/publications/First%20Responder%20Guidance%20June%202015%20FINAL%202.pdf>

Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents

https://www.usfa.fema.gov/downloads/pdf/publications/active_shooter_guide.pdf

Improving Active Shooter/Hostile Event Response: Best Practices and Recommendations for

Integrating Law Enforcement, Fire, and EMS

<http://www.interagencyboard.org/sites/default/files/publications/External%20IAB%20Active%20Shooter%20Summit%20Report.pdf>

A Study of Active Shooter Incidents in the United States Between 2000 and 2013

<https://www.fbi.gov/about-us/office-of-partner-engagement/active-shooter-incidents/a-study-of-active-shooter-incidents-in-the-u.s.-2000-2013>

Active Shooter Study: Quick Reference Guide <https://www.fbi.gov/about-us/office-of-partner-engagement/active-shooter-incidents/active-shooter-study-quick-reference-guide>

Hemorrhage Control (Early care saves lives)

See Something, Do Something: Improving Survival – Strategies to Enhance Survival in Active Shooter and Intentional Mass Casualty Events: A Compendium

<https://www.facs.org/~media/files/publications/bulletin/hartford%20consensus%20compendium.aspx>

An Evidence-Based Prehospital Guideline for External Hemorrhage Control: American College of Surgeons Committee on Trauma

<https://www.facs.org/~media/files/quality%20programs/trauma/education/acscot%20evidencebased%20prehospital%20guidelines%20for%20external%20hemorrhage%20control.aspx>

Prevailing Response Models and Concepts:

Advanced Law Enforcement Rapid Response Training <http://alerrt.org>

Rescue Task Force <http://www.jems.com/articles/print/volume-34/issue-12/major-incidents/arlington-county-va-task-force.html>

Committee on Tactical Emergency Casualty Care <http://www.c-tecc.org/guidelines>

Improving Active Shooter/Hostile Event Response: Best Practices and Recommendations for Integrating Law Enforcement, Fire, and EMS

<http://www.interagencyboard.org/sites/default/files/publications/External%20IAB%20Active%20Shooter%20Summit%20Report.pdf>

Bystander Preparedness and Response:

Stop the Bleed (DHS) <https://www.dhs.gov/stopthebleed>

Bleeding Control for the Injured (B-Con) <http://www.naemt.org/education/B-Con/B-Con.aspx>

Healthcare System Preparedness

Incorporating Active Shooter Planning into Health Care Facility Emergency Operations Plans

<http://www.phe.gov/preparedness/planning/Documents/active-shooter-planning-eop2014.pdf>

Active Shooter Planning and Response in a Healthcare Setting <https://www.fbi.gov/about-us/office-of-partner-engagement/active-shooter-incidents/active-shooter-planning-and-response-in-a-healthcare-setting>

Hospital Incident Command System - Active Shooter Planning Guide

<http://www.emsa.ca.gov/media/default/HICS/IPG/Active%20Shooter%20IPG.pdf>

Hospital Incident Command System – Active Shooter Response Guide
<http://www.emsa.ca.gov/Media/Default/HICS/IRG/Active%20Shooter%20IRG.pdf>

Hospital-based shootings in the United States: 2000 to 2011
<http://www.ncbi.nlm.nih.gov/pubmed/22998757>

Other Resources:

Federal Bureau of Investigation – Active Shooter Incidents <https://www.fbi.gov/about-us/office-of-partner-engagement/active-shooter-incidents>

NAEMT Courses – B-Con/LEFR-TCC/TCCC/TECC <http://www.naemt.org/education.aspx>

Risks for Oceania

The World risk report 2016 is available - Oceania countries get a strong mention, maybe worth consideration for the next newsletter or a tweet on the WADEM site?

<http://reports.weforum.org/global-risks-2016/shareable-infographics/>

Sea Level changes in Oceania

http://theconversation.com/sea-level-rise-has-claimed-five-whole-islands-in-the-pacific-first-scientific-evidence-58511?utm_medium=email&utm_campaign=The%20Weekend%20Conversation%20-%204808&utm_content=The%20Weekend%20Conversation%20-%204808+CID_8658b2e7764e76d0bcadc5a3944a86ad&utm_source=campaign_monitor&utm_term=Sea-level%20rise%20has%20claimed%20five%20whole%20islands%20in%20the%20Pacific%20first%20scientific%20evidence

From Kristi Koenig

There are a few articles coming out on Zika soon. Here's the link to a sneak peek at the modified 3I Tool: <http://www.cdms.uci.edu/PDF/koenig-zika-3i-tool.pdf>

There may also be some other items of interest on our web page (www.cdms.uci.edu) such as a new paper on Disaster Resilience: Addressing Gender Disparities (<http://onlinelibrary.wiley.com/doi/10.1002/wmh3.179/abstract>). I'm happy to provide a .pdf if anyone is interested contact: kkoenig@uci.edu

Measles Identification tool (Again from Kristi)

<http://escholarship.org/uc/item/0sz9b7kp>

PEOPLE in DISASTERS CONFERENCE REPORT

Concluding statement of the People in Disasters Conference, Christchurch, 2016

To coincide with the fifth anniversary of the major Christchurch earthquake of 2011, during which 185 people died and thousands were injured, the People in Disasters conference was held in Christchurch on 24-26 of February 2016. Christchurch remains a city strongly affected by disaster,

with ongoing stressors, many of them related to the prolonged recovery process. But over the three days of the conference, the spotlight was on Christchurch, as a focus and example of sharing knowledge on global disaster risk reduction.

The People in Disasters Conference was hosted by the Canterbury District Health Board and the Researching the Health Implications of Seismic Events (RHISE) Group in Christchurch. The conference was about the health - health in its broadest sense which extends to wellbeing – and the ill-health experienced by people in disasters, as well as the wider determinants of health and wellbeing.

More than 350 people attended from many backgrounds, including emergency services, mental health, social sciences, psychology, engineering, education and government.

Local, national and international groups gathered and interacted at the conference in a collaborative and participatory way to make sure that the many voices were heard. The content included the reporting of academic research and practical lessons from response and recovery work. The perspectives and the methodologies were varied, the sessions had mixed professional groups and community representatives, and the discussions were rich and inspiring.

The conference themes were broadly divided into response, recovery and resilience. Sub-themes included disaster risk management, public health, perspectives on health services including psychosocial and mental health services from the community and provider point of view, community-led response initiatives, social and environmental recovery, leadership and organizations, and the experience of specific groups including children, the elderly and the disabled were discussed. A common thread was one of networking and collaboration for 'caring, sharing and learning'.

The key messages from the conference will be distilled and presented in academic fora and in a summary document, but some of the messages identified include:

- At the heart of any post-disaster recovery are the people.
- You recover to the past – you transform to the future. A disaster is not an event. It is the beginning of a journey to a different future.
- Real stories of response and recovery, including what went well and what didn't, provided valuable insights. Academic research, with rigorous attention to methodology, provides equally valuable but different insights. Both are needed and both should be valued and used.
- There has been a failure to adequately learn from the lessons of past events to inform future practice. Consequently, both forms of research (real stories and formal research) should be promoted but in a context where the findings are interpreted and translated into action.
- It is critical to have a post disaster policy framework as well as an emergency response plan. An emergency response plan deals with the here and now. The post-disaster policy framework deals with the future.
- Using an all-hazard, multidimensional approach for emergency planning for disaster risk reduction, response, recovery, rehabilitation and reconstruction – as promoted in the Sendai Framework for Disaster Risk Reduction 2015-2030 - will strengthen our alignment with the global disaster risk reduction community.
- It is important to recognize the physical and other harms sustained by animals and humans as a result of human-animal bonds and human-animal interactions during a disaster. A disaster response framework should include strategic planning and defined responsibilities for the rescue, welfare, rehoming and reuniting of all animals (companion, service, farm, laboratory and wild), and for the record-keeping and reporting of animal deaths and injuries.
- Planning, in an integrated manner across sectors and disciplines, is important; and taking the capacities that all groups are able to offer in planning, response and recovery is key.

- Inclusive, collaborative and trusting relationships to allow people to work more effectively are critical – we need to build the relationships before the event happens.
- Community level relationships are important before, during and after disasters.
- Leadership at all levels is a key piece of the jigsaw for the effective integration of learning into plans. Promoting partnership in decision-making at all levels and providing services and resources closer to home. Flexibility in the system is key.
- Mental health impacts from the disasters are both immediate and latent – so a longer term approach to mental health is needed and that should include the impacts on those providing care and support.
- Risk and response communication needs to be simple, professional, and timely, and be people-centred so that those who need the information can use it.
- The experience and contributions of Maori communities has resulted in a more effective and holistic response and walking together on the recovery journey is sure to develop better approaches for the future.
- Disaster preparedness through innovative methods including through formal curricula in schools will help the next generation

The importance of learning from the Christchurch experience across all disciplines is key to future understanding and inclusiveness for disaster risk reduction. Similarly, it is important Christchurch learns from experiences gained elsewhere.

In summary, the conference was a call to action based on the critical success factors needed for future disaster risk reduction and risk management. Two next steps from the conference are a series of publications of the outcomes – the learning summary document and a series of peer reviewed publications. Another conference within the next 5 years would help make sure the important work to recovery goes on and is properly documented for the Christchurch and the New Zealand communities, but also for shared learning across the world.

He aha te mea nui, he tangata, he tangata, he tangata.

*This statement was constructed by delegates during the conference, presented during the conference final session, distributed for comment and modified slightly after delegate feedback.
Mike Ardagh, April 5, 2016.*

The People in Disasters Conference videos are now live in CEISMIC – they can be viewed here: <https://quakestudies.canterbury.ac.nz/store/collection/925>

WADEM COMMUNITIES of INTEREST

The following WADEM Sections provide contacts and information for members interested in the specific area/skills. More such areas of interest are likely to be established in the future.

Nursing Section

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

Osteopathic Physician Section

Contact: William Bograkov 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; jocuthbertson@hotmail.com

Disaster Metrics Section (Newly established)

Contact frank.archer@monash.edu

WADEM Student Section (Proposed)**WADEM Student Club****WADEM Student Club at University of New England – A Membership Pilot Project**

Contact: lidia.mayner@flinders.edu.au

CALENDAR OF EVENTS

2016

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: Laurie Maziruk

I am the 2017 WADEM Congress Co-chair, Member of the WADEM Board of Directors and Membership Committee.

Q. Nickname?

A. Basil or Molfus

Q. Where are you working?

A. Sunnybrook Health Science Centre (Canada's largest Trauma and EMS hospital) and ORNGE (Ontario Air Ambulance) Toronto, Canada

Q. What three best words best describe you?

A. Intense, Change-Oriented, Dreamer

Q. What is your best disaster experience?

A. I hated them all...but SARS in Toronto was a life altering experience.

Q. What is your worst disaster experience?

A. SARS.

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

A. Husband, Son and a revolutionary who made a positive difference in this world.

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

ASK AUNTIE

This section is an advice column where readers can submit their questions and 'Auntie' will draw on many years of experience to provide reasoned advice and counselling.

Dear Auntie,

My husband Cyril and I are having 'discussions' on whether we should take advantage of recent special travel deals to holiday on a pacific island. We are aware that this island has suffered damage from recent storms but have been assured that tourist services are operational.

Cyril says that we shouldn't go while the locals are rebuilding and that we would get in their way, another argument from him is that we would have to help with the rebuild, his final one is that the accommodation will be sub-standard and they don't need tourists anyway.

I would dearly like to go, not to sightsee the damage caused but to enjoy a relaxing holiday.

Dear Auntie, what do you recommend.

Sincerely

Lorraine

Bula Vinaka, talofa, kia orana Lorraine.

I am currently relaxing on one of those tropical pacific islands as I reply to your question. Not really sure which one as the sunsets (cocktails wise) are so great, this does lead to some confusion on my part.

However, I am clear that the locals do need tourists to sustain their economy, this is so important to enable them to keep working, care and support their families. Tourism is the biggest economy throughout the Pacific.

Regarding the state of tourist facilities, you can check with your travel agent, on the internet or with resorts direct. You will not be expected to help with any rebuild or clean-up, although if you are so inclined, no doubt clean-up assistance would be appreciated. Do be careful that you do not take paid work away from the locals with any voluntary efforts.

Some people do however decide not to travel but to donate what they would have spent to a reputable agency providing aid to the affected region.

Take my advice and do what I do, which is to travel and enjoy yourself and, if necessary, leave Cyril on the couch at home.

In Kindness.

Auntie

(Auntie must be unsure where she is as the greetings above are: Fijian, Samoan and Rarotongan. Perhaps too many sunset cocktails. Graeme)

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

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