WELCOME!!!

I am preparing this editorial just as the news is breaking regarding explosions in Boston at the marathon finish line and other sites. My thoughts go out to those involved in responding to the casualties involved from this terrorist event. Not only clinicians will be involved but lay people who were in the area and witnessed the event and/or moved to help those injured.

The affect on these people at this time makes them ‘invisible casualties’ (my terminology) later becoming ‘real’ casualties suffering from psycho-social stresses and fall outs that arise post such events.

These ‘invisible casualties’ are apparent in the Christchurch post earthquake existence, with the casualty numbers suffering post event rising according to reports. Three reports in this newsletter cover these rises and ALSO the stress on health staff that have to deal with such casualties and are subject to the same causes. All highlight the need to develop resilience to enable people to cope.

In my editorial in the June/July/August 2012 Newsletter, I commented on resilience and the ongoing need to provide support to enable those affected to remain resilient, the comments I made in that Newsletter are still applicable and maybe even more so now.

The support for such long term requirements for resilience may have been overlooked by many in Australia and New Zealand. Could this be because of the restrictions of our traditional four-phase emergency management cycle. We use Prevention/Reduction, Preparedness/Readiness, Response and Recovery. The disaster management cycle quoted in the PAHO report on the Haiti response has a six phase cycle; Preparedness, Impact, Relief, Early Recovery, Reconstruction/development and Prevention/mitigation.\(^1\) Even this was found by authors of that report to be insufficient.

\[\text{The traditional disaster management cycle, from preparedness to reconstruction, as mentioned, has become too simplistic to describe modern humanitarian response. The respective boundaries between relief, early recovery, and reconstruction are becoming increasingly blurred. The emergency relief phase tends to linger as long as humanitarian funding is available. This is especially true in situations like Haiti, where crises succeed each other (when not overlapping), and where long-term development seems so elusive.}^2\]

Is our understanding of the nature and scope of resilience also becoming blurred?

On the subject of Haiti it was reported on April 16 that over 300,000 were still homeless. I wonder how resilience is supported there?

Cheers

Graeme

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\(^1\) P54 Health Response to the earthquake in Haiti, PAHO, accessed at [www.paho.org/disasters](http://www.paho.org/disasters) publications.

\(^2\) Ibid P 53
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

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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.

PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS

Inaugural Environmental Health and Disaster Management Training Course
Dr Peter Davey, President, International Federation of Environmental Health
Ben Ryan, Director Disaster Training, Asia-Pacific, International Federation of Environmental Health

On October 27 and 28 the International Federation of Environmental Health (IFEH) delivered the inaugural Environmental Health and Disaster Management training course in Brisbane, Australia. The course was led by environmental health professionals and attracted 30 public health and disaster management students and specialists from Indonesia, China, Japan, Korea and Australia. It was a unique opportunity for IFEH to test a modified version of the successful Environmental Health Training in Emergency Response (EHTER) Course, run by the Centers for Disease Control (CDC) and Prevention across the USA, in the Asia-Pacific region.

The environmental health risks and mitigation strategies in a disaster setting were identified and discussed during the course. This included discussion around the key risks such as those relating to drinking water, shelters, overcrowding, food safety, wastewater, disease-causing vectors, solid waste and hazardous materials. Case studies from recent disasters in Australia and a cholera outbreak in Papua New Guinea were also presented and discussed.

The course included a tour of the Queensland (State) Disaster Coordination Centre. This was a unique opportunity for an insight into how the disaster management system in Queensland and Australia operates and supports responses locally, across the
state, nationally and internationally. The tour included an overview of the impact of, and response to, recent flooding in southern Queensland and Cyclone Yasi (a category 5 system) in northern Queensland.

The course concluded with a group exercise, which focused on what actions public health and disaster management professionals need to take when preparing for and responding to a cyclone. This included an overview and discussion of possible disaster response strategies and tools that can mitigate environmental health risks in the disaster setting.

Feedback from participants found the course to be very successful, with 97% indicating it met expectations. Also, the participants’ awareness level of the environmental health risks associated with a disaster increased on average by 25% for each participant. A very good outcome considering the content is designed to be delivered over four days.

The course was designed and delivered in a partnership between environmental health professionals, IFEH, CDC, the Alliance for Health Cities – Australian Chapter, Griffith University, Aspen Medical, AECOM, Emergency Management Queensland and the National Environmental Health Association (USA). The course could not have been successful without this partnership approach and the interaction of the participants.

For further information contact benjamin.ryan@my.jcu.edu.au

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**Please note: a version of this article was published in Environmental Practitioner (NZ), Number 28, December**

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**Worry, despair plague residents**

Olivia Carville, The Press Christchurch 2 April 2013

After two years of uncertainty, Christchurch is rife with anxiety and despair, with more than 66,000 Cantabrians popping anti-depressant pills, mental health referrals at an all-time high, and severe psychological disorders starting to emerge. Like a chronic disease, the earthquakes have eaten away at the resilience of everyday Cantabrians with about one in eight using anti-depressants, according to Pegasus Health figures.

Almost 12,000 people were treated at Canterbury District Health Board (CDHB) mental health facilities from October to December 2012, and the occupancy rate of the mental health adult inpatient acute unit is about 90 per cent. The region holds the highest anti-depressant prescription rate in the country and post-traumatic stress disorder (PTSD) is beginning to rear its head.

The CDHB handed out 209,000 prescriptions for anti-depressants last year, while the Auckland District Health Board, which covers a similar population, had only 125,000, Pharmac figures show.

Associate Professor Dee Mangin, of the University of Otago Christchurch campus, said the Garden City had "always been at the high end" of national anti-depressant rates but GPs had
been warned not to "overprescribe" pills in the aftermath of the quakes. Internal Pegasus Health data analysis shows Canterbury's depression rate climbed from 9.2 per cent in 2006 to almost 12 per cent last year. However, other parts of the country also fielded an increase, with Auckland jumping from 6.7 per cent in 2006 to 8.6 per cent in 2012.

Christchurch's Pegasus Health primary care mental health service had also been hit with heavy, ongoing demand since the quakes - leaping 15 per cent to 12,500 appointments last year.

Mangin, who also works as a GP in Phillipstown, described the quakes as a "chronic disease with enduring mental health effects" and said only now were the most severe side effects emerging. Some of her patients had reached the end of their resilience, citing frustrations over broken homes, delays, insurance and Earthquake Commission (EQC) woes, job losses or relationship breakdowns. In the past few weeks Mangin has diagnosed several patients with PTSD who "feel as though they are falling apart". Many Cantabrians were initially very strong, but the "seige mentality" (where the community pulls together to survive) had worn off, she said.

"Now it is just frustration and lack of control. People are hanging in limbo and feel as though they have no control over their lives." Everyday "high-functioning" people, who had never needed mental health support before, were now leaning on primary care services. "We can see what it is that is causing the mental health issues and we know that if this person could get their housing issues sorted they would be transformed."

Toni Gutschlag, Manager for CDHB Specialist Mental Health Services, said 80 full-time community support workers were providing services to about 1100 people in the region every day. "Our services are really busy and feedback is that some services are feeling quite stretched."

Anxious, depressed and now angry.

First we were scared, then we were anxious. But now, we are angry. Pegasus Health senior clinical leader Simon Wynn Thomas reports a rise in mental health referrals at his Christchurch medical centre but also a noticeable shift in the mood of patients. "The words patients use have gone from, 'I am anxious' or 'I am depressed' to 'I am angry'," he says.

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Aftershock of depression, anger still felt

Olivia Carville, The Press Christchurch 15 April 2013

The resilience of Cantabrians is under threat as anger, depression, poor health, grief, financial issues, alcohol, smoking and frustrations towards the powers that be continue to plague the earthquake-hit city, new research shows. A survey of 800 Cantabrians, led by the Mental Health Foundation and the Canterbury District Health Board (CDHB), provides a sobering snapshot of just how the population is faring in the aftermath of New Zealand's worst natural disaster. More than 80 per cent of respondents said their lives had significantly changed since the region's earthquakes, with most saying for the worst.

Almost two-thirds were grieving for the "lost Christchurch", one in four said the poor state of their neighbourhood was getting them down, one in five were drinking more, one in 10 were smoking more and over a third were suffering health issues. Life in the red zone was described as "unbearable" and respondents reported widespread dissatisfaction with the management of earthquake authorities - more than two thirds believed the quakes were a "convenient excuse for the Government to pursue its own agenda". Communication from Government agencies was described as fragmented, inconsistent, contradictory, dictatorial,
hypocritical and non-democratic, and more than 60 per cent of respondents said authorities had the wrong priorities, with people being "forgotten" in the recovery.

Almost two thirds of survey respondents did not believe people living outside Canterbury completely understood what the region was going through and the elderly reported the last years of their life had been "stolen" from them. Fatigue was common among residents and many had suffered low-grade illnesses since the quakes, such as coughs, colds, asthma and heart-related problems. Some were enduring great difficulties with their wellbeing and reported increased anxiety, fear, stress, paranoia, hypervigilance and loss of hope.

On a brighter note, the research also showed "a new-found sense of hope and optimism for the future". More than two thirds said they appreciated the small things in life and that they were coping well day-to-day.

CDHB public health specialist Dr Lucy D'Aeth said the overall results indicated emotional wellbeing across Canterbury was "not high". "The key findings indicate that the secondary stressors of damaged homes, insurance wrangles, financial challenges and grief over the 'lost Christchurch' are taking its toll." Stress and anxiety caused by dealing with authorities was "more debilitating" than the quakes, she said. The widespread sense is that Cantabrians have experienced a "double blow" - first the deadly quakes and then the poor management of the recovery.

Disaster mental health Associate Professor Sarb Johal said international research also indicated secondary stresses, such as housing, insurance and financial issues, "can be worse than the actual event". Johal is helping Cera interpret international post-disaster evidence, and said five years after the 1995 Japanese Kobe earthquake, an array of related mental health issues were still alive in the community, and 10 years after the disaster, housing and insurance issues were still rife.

CDHB medical officer of health Dr Alistair Humphrey said the results sent a strong message to all agencies involved in the recovery that "we need to up our game".

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Quake fatigue for health staff

Nicole Mathewson
nicole.mathewson@press.co.nz

Poor working environments and ongoing battles with earthquake authorities are wearing down Canterbury health professionals, a Canterbury District Health Board staff survey has found.

CDHB chief executive David Meates said the survey was designed to see how staff were coping two years on from Canterbury's earthquakes.

"It has been a long and challenging two years for our community and those who have worked tirelessly to ensure that health services have continued to be provided despite the challenges that many individuals have personally had to face," he said in a newsletter to staff.

Almost a quarter of CDHB staff (2169) completed the voluntary online survey at the end of last year.

The survey found the overall psychological wellbeing of staff was low based on World Health Organisation guidelines, with fatigue considered to be a significant problem.

More than 60 per cent of respondents were experiencing problems dealing with the Earthquake Commission and insurance companies and many staff required "earthquake leave" to address personal issues.

One in five respondents felt their working environment was having a negative impact on their wellbeing, with poor working conditions, noise and overcrowding causing stress.

Out of 200 buildings owned by the CDHB, 30 had been closed because of earthquake damage, 21 were quake-prone but still in use and 30 had major structural weaknesses.

Just over 20 per cent of survey respondents had been relocated after the earthquakes and half of those were still working from temporary locations.

The survey also found many staff were not exercising as much or eating as well as they should be.

Only 22 per cent of respondents were meeting Ministry of Health guidelines for physical activity and only a third were meeting fruit and vegetable consumption guidelines set by the New Zealand Nutrition Foundation.

Nearly a third of respondents reported consuming more than five alcoholic drinks on a single occasion within the three months before the survey and almost 6 per cent of respondents were smoking daily.

The CDHB had formed a small group of senior and specialist staff to develop a staff wellbeing programme.

CDHB Specialist Mental Health Services manager Toni Gutschlag said the board had planned seminars on earthquake-related issues to help staff.

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US Department of Health and Human Services Assistant Secretary Nicole Lurie statement on the Pandemic and All Hazards Preparedness Reauthorization Act.

Excerpt from this release, accessed 6 April 2013 (web site below)
The 2013 law builds on work the U.S. Department of Health and Human Services has undertaken to advance national health security. These include authorizing funding for public health and medical preparedness programs, such as the Hospital Preparedness Program and the Public Health Emergency Preparedness Cooperative Agreement. These programs build the capabilities of communities’ health care and public health systems to support people in need during and after disasters.

Thousands of hospitals and communities across the country participate in these programs, and
because of this participation they now have stronger capabilities and better planning to respond to disasters. They regularly exercise and conduct drills. They are building partnerships across their communities so that if parts of the infrastructure are overwhelmed by disaster, the system can still provide care. Using these programs over the past seven years to strengthen health systems and build coalitions, states have been able to handle in a number of disasters on their own without federal responders.

Yet when disasters are so catastrophic that federal support is needed, we have seen the return on investments: a more coordinated and effective response. Recent examples include the 2009 H1N1 pandemic and the successful evacuation of health care facilities after storms such as the Joplin, Mo., tornado and Superstorm Sandy. With the reauthorization, communities can continue to count on our National Disaster Medical System, now more than 7,000 personnel strong, to bring medical professionals from across the country to provide care and support hospitals, shelters, and communities after a disaster.

The act also grants state health departments greatly needed flexibility in dedicating staff resources to meeting critical community needs in a disaster. Under new authorities, states may choose to temporarily deploy federally funded state personnel whose day-to-day jobs are not related directly to emergencies, to meet immediate urgent needs. For example, staff paid through HIV grant funding could be deployed for a short term provide care for the public during a pandemic.


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Joint Statement of the WHO Collaborating Centres on Health at Mass Gatherings

Novi Sad, Serbia
April 5, 2013

Mass gatherings (MG) are highly visible events with the potential for serious health and political consequences if they are not managed carefully and effectively. The types of events vary, as do the capabilities and vulnerabilities of the communities in which they take place. The health implications of these events range from potential acute communicable and non-communicable disease (and injury) threats, to the potential for more sustainable positive health legacies.

In line with the WHO’s Executive Board Decision of January 2012, mandating the WHO to build capacity within Member States for health at mass gatherings, a network of Collaborating Centres has been established. On 4th and 5th of April 2013, representatives from the designated and potential collaborating centres from five countries across three regions and representatives from the WHO Country Office, Serbia, WHO Regional Office for Europe and WHO Headquarters, gathered in Novi Sad, Serbia. The aim of this meeting was to refine their objectives and strengthen cohesion within the network, to define priorities in mass gathering health development and to establish a network strategy for taking this work forward.

The outcome of the two-day meeting was a commitment from collaborating centres to work together to advance the science and practice of mass gathering health. Specific priorities for the network were identified, including work to revise WHO’s advice for health at mass gatherings, definition of a framework for building health legacy, advocacy for health at mass gatherings and refinement of the available educational and training materials.

The WHO collaborating centre network will work closely with existing technical mass gatherings networks and across regions, to improve health at mass gatherings and to ensure a positive health legacy from these events.
Proposed Members of the WHO Collaborating Centre network:
- Disaster Research Centre, Flinders University, Australia
- Public Health England, United Kingdom
- National Institute of Communicable Diseases (NICD), South Africa
- Institute of Public Health of Vojvodina, Serbia
- School of Public Health, University of Washington, United States of America
- Ministry of Health, Saudi Arabia

This links to the WADEM development and mass gatherings session during WCDEM. See following section.

EDUCATION AND TRAINING OPPORTUNITIES & PROJECTS

WADEM developments

New Professional Sections of WADEM

WADEM is encouraging the formation of additional focussed professional sections as a mechanism to better engage with members and build supportive communities of practice. Recently the Mass Gathering Section was approved with an extraordinary 65 WADEM members making up the initial membership. The first face-to-face meeting of the new Section will take place at the 18th World Congress on Disaster and Emergency Medicine to be held in Manchester in May 2013. The WHO Health Security and Environment cluster will also host a special session on mass gatherings during the congress. On this occasion, the focus will be a review of the experiences and lessons learned from the recent London Olympic Games, with presentations from those involved in the management of WHO, NHS and HPA oversight or services at the event.

We are hoping to build on some interest in the formation of a Pre-hospital/paramedic Section and an Emergency Medicine Section in the next few months. If you are interested in taking a leadership role in these developments please let Paul Arbon know.

Flinders University Disaster Research Centre

In the first week of April, Paul Arbon, Director of the Flinders University Disaster Research Centre, attended the inaugural meeting of WHO Collaborating Centres for mass gatherings and high consequence/high visibility events. This meeting of the four current Collaborating Centres for this field was held in Novi Sad (Serbia). The team in Novi Sad provide public health services to the annual Guca Festival where 600,000 visitors make their way to a town of 2,000 people every year, both from Serbia and abroad. The event is described as the wildest music festival in the world and presents real challenges for public health surveillance and global outbreak and alert systems with an audience travelling into Serbia from across the globe. The WHO Collaborating Centres meeting focussed on the work of the Centres and contributions to establishing a firmer evidence base for practice in this field. One important piece of work will be the review and re-issue of the WHO guidelines for mass gathering health.

The Disaster Research Centre team will also play a key role in the forthcoming 18th World Congress on Disaster and Emergency Medicine (WADEM) to be held in Manchester in May 2013. DRC members are presenting scientific papers and participating in the work of professional sections and regional chapters, including the nursing section which is managed from the School of Nursing & Midwifery at Flinders University, and the Oceania Chapter, in which DRC staff play a key role. Paul Arbon is the President of WADEM which hosts the event and Kristine Gebbie is a Board Member of WADEM and Chair of the Nursing Section.
The Disaster Research Centre is a key partner in the multi-university Torrens Resilience Institute and has played an important role in completion of the Institute’s "Model and tool to measure community disaster resilience". The full report and the toolkit for this Australian Government initiative can be found on the "tools" link at www.torrensresilience.org or via the Australian Government's EM Knowledge Hub at: www.emknowledge.gov.au. The scorecard has been developed as one tool associated with the Australian National Disaster Resilience Strategy, as communities across Australia are being encouraged to take steps to strengthen community resilience in the face of disaster. The TRI definition of Community Disaster Resilience states: Beyond the resilience of individuals or individual organisations, your community will prove resilient in the event of a severe emergency or disaster when members of the population are connected to one another and work together, so that they are able to:

* function and sustain critical systems, even under stress;
* adapt to changes in the physical, social or economic environment;
* be self-reliant if external resources are limited or cut off; and
* learn from experience to improve over time.

The Disaster Resilience scorecard addresses four components: community connectedness; risk and vulnerability; planning and procedures; and available resources. Additional information on the Community Disaster Resilience Scorecard is provided in the Guidance Manual which can be found on the website(s).

The politics of humanity: the reality of relief aid. Conference 20 March
The videos from this event are now available on ODI's event page on their website (these video's link to YouTube):
and also on YouTube:
Introduction:
http://www.youtube.com/watch?v=STN_2b5Mung&list=UUAl18VyldcUawB6kyx9HKsw&index=3
Main Event:
http://www.youtube.com/watch?v=OTcI2yFPyRY&list=UUAl18VyldcUawB6kyx9HKsw&index=2
Q&A: http://www.youtube.com/watch?v=TAalsKC-eDk&list=UUAl18VyldcUawB6kyx9HKsw&index=1

Additionally, ODI's YouTube user channel has lots of their previous event videos (and may be their newer location for archiving their video rather than iTunes), is available at:
http://www.youtube.com/user/overseasdevelopment

Charles Blundell | Manager IT & Communications
National Critical Care & Trauma Response Centre
Royal Darwin Hospital,
charles.blundell@nt.gov.au | www.nationaltraumacentre.nt.gov.au

Executive Education Courses - presented by the Torrens Resilience Institute
This year the Torrens Resilience Institute is offering two structured executive education courses:
Disaster Resilience – 29 & 30 August 2013
However, there is also a new course offered by the institute which is available upon request

***NEW **** Community Disaster Resilience for local government

For more information please refer to the flyer attached or visit the TRI website www.torrensresilience.org

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**Member News**

**WADEM Member John Boyd retires.**

John Boyd, Senior Advisor in the Emergency Management team, is due to retire from the Ministry of Health at the end of March this year. Before he leaves it is important that we acknowledge the contribution that John has made to the development of the NZMAT. John has been a foundation member of the team that has managed to develop NZMAT from a concept on paper into an operational team that will have the ability to support the health sector of New Zealand and the South West Pacific in times of a major disaster.

His depth of knowledge and experience will be missed within the Emergency Management Team. John has been responsible for the contractual developments with NZMAT and has completed exceptional work in this area.

Good luck for your retirement John!

Source NZMAT newsletter

John also was responsible for the development of the Ministry of Health sponsored and WADEM endorsed conference held on the 18 and 19 April. More on this conference in the next newsletter.

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**CALENDAR OF EVENTS**

**2013**

*May 28 – 31*

Save the Date: 18th World Congress on Disaster and Emergency Medicine (WCDEM), 28-31 May 2013, Manchester, United Kingdom. See details attached pages 12/13

*June 17 – 21*

As part of continuing to build environmental health capacity globally, IFEH and its partners will be delivering a five-day course in Bali, Indonesia,

*June 27 - 28*

As part of continuing to build environmental health capacity globally, IFEH and its partners will be delivering a two-day short course in Kuching, Malaysia.

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**Disaster Myths**

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

You know you are from Christchurch when: You have to telephone a business you have shopped with for years to find out where they are and then study road maps and road repair reports to find out how to get there and then allow extra time for ‘contingencies’.
A COFFEE WITH

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

This issue: Council Member Joe Cuthbertson from Western Australia

Q. Nickname?
A. Whilst serving as a Clearance Diver for the RAN I my nickname was ‘crazy joe’; it stuck.

Q. Where are you working?
A. St John Ambulance Australia, Western Australia

Q. What three best words best describe you?
A. Driven, sarcastic, curious

Q. What is your best disaster experience?
A. Assisting in the recovery efforts after cyclone Vance in Exmouth.

Q. What is your worst disaster experience?
A. Like most reflections, the benefit of hindsight is a wonderful thing. Having worked in prehospital care for well over a decade there have been plenty of experience-based lessons. The trick is to learn from them.

Q. Which 3 people would you most like to share your ration pack, cold pizza and instant coffee with?
A. 1. My wife would be at number one, although it would probably be a case of her choosing whether to share my food with me ;)
   2. A good friend I served with whom since joined the Army would be at number two, with a bit of luck he could scrounge up some more food.
   3. Skip Burkle would be at number three; it was sitting in on one of his presentations that steered me down my studies in research, public health and disaster health practice.

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 graeme.mccoll@lisogno.info

DISCLAIMER

The comments, opinions and material in this newsletter are those of the respective authors and not necessarily those of WADEM or the Oceania WADEM Chapter.

WCDEM Manchester May 28-31 Join us!
The 18th World Congress on Disaster and Emergency Medicine is fast approaching. Don’t
miss the opportunity to engage with new partners and to share ideas, networks, and resources with delegates from over 45 countries from around the globe.

Below are some of the sessions you don't want to miss!

**Use of syndromic surveillance for crisis preparedness**

Syndromic surveillance based on signs and symptoms or health-related behavior is anticipated to provide timely and flexible information on any kind of public health related event. In this session, we would like to discuss recent developments in the area of syndromic surveillance with a focus on Europe. We will discuss the major findings from an inventory of syndromic surveillance activities in Europe enhanced by in-depth presentations of experiences from Denmark and the United Kingdom. Can syndromic surveillance effectively support decision making during public health crisis?

Chairs: Thomas Krafft (Maastricht University, Netherlands), Jerry Overton (International Academies of Emergency Dispatch, USA)

Presentations:
- Alexandra Ziemann (Maastricht University, Netherlands): Syndromic surveillance in Europe
- Freddy Lippert (Capital Region Denmark): Emergency dispatch data-based syndromic surveillance in Denmark
- Helen Hughes (Health Protection Agency, United Kingdom): Emergency department syndromic surveillance: a new national surveillance system for monitoring community health and mass gatherings in the UK
- Sally Harcourt (Health Protection Agency, United Kingdom): Enhanced public health surveillance during mass gatherings: using syndromic surveillance during the London 2012 Olympic and Paralympic Games

**Pre and Post Congress Workshops:**

**Guidelines and Frameworks for Research and Evaluations of the Health Aspects of Disasters**

The goal of this one and one-half day Workshop is to provide the participants with a working knowledge of the Epidemiological and Interventional Frameworks for use in the study of the health aspects of disasters. The Workshop will be grounded in the three Epidemiological Frameworks (Conceptual, Longitudinal, Transectional), and the two Interventional Frameworks (Operational, and Resilience/Preparedness) as discussed during the Congress. Use of these Frameworks will provide the structure for conducting and reporting studies used for building the science of Health as related to disasters. [For full workshop details click here](#)

**Missioncraft in Disaster Relief Operations**

Disaster Medical Coordination International Society in association with the World Association for Disaster and Emergency Medicine present a pre - Congress workshop 23-27 May 2013. Missioncraft is the art and science of preparing and conducting field operations. This 5 day intensive workshop presents best practices for health personnel in international disaster relief operations. The workshop is offered to selected medical and public health professionals who deploy to disasters as full - time, field - based, hands - on providers. The workshop aims to enhance skill sets required in leadership roles such as agency team leader or medical coordinator. It is designed for experienced professionals in pursuit of mastery, and is not intended for medical tourists. [For full workshop details click here](#)