WELCOME!!!

Recovery is a prominent topic in news and political speak here in Christchurch and the rest of New Zealand at present. Recovery has often been wrongly referred to as ‘return to normal’. Completely wrong, as many who have lived through such complex emergencies will tell you ‘normals’ are ever changing.

So, is ‘recovery’ the right term, when all around us things such as infrastructure, commuting travel, population demographics have changed or are changing? All the while those sudden noises, from strong wind, passing trucks and even (still) aftershocks, cause us to pause and be reminded that we have personally changed and our ‘normals’ are different. It is more like a new phase in our lives; perhaps we are rephrasing rather than recovering?

To cope, we move on adjusting and readjusting our lives, work, home and activities working towards the future.

Of concern was the report today (5th June) of the first recorded suicide related to post-earthquake stress and the high use of medications to counter stress as well the increased calls to ambulance relating to stress and suicidal thoughts. This is 3 years post-event and it was commented that the same trend has followed by time frame after bushfires in Australia.

On a positive note, the work of regional members has been reflected in the WADEM elections. Details are included later in this newsletter.

Cheers

Graeme

Guest Editorial

Driving into Christchurch recently I noticed a lean-to on the side of a shipping container which was being used as a shop by a local fruiterer. The lean-to was obviously improvised and was covered by a tarpaulin, held in place by ties and a wooden pallet. His was the only business trading in a series of empty sections and he had a steady flow of customers.

This reminded me of two documents which I have recently read:

Rod McGuirk of the Associated Press wrote a story “Earthquake shows wealth doesn’t speed recovery”. February 23, 2013 Vancouver Sun

“Christchurch is but one example of how even the wealthiest countries struggle to recover from large scale catastrophes. In some cases, developing countries may be better off.

Within two years of a 2004 tsunami, half the 100,000 permanent homes needed in Indonesia had been completed, and almost 700 schools had been built or repaired. But in Japan, nearly two years after the March 2011 tsunami flattened the northeast coast, few homes have been rebuilt.

"Many people in developing countries don’t rely much on governments, and even after a disaster, they just go ahead and do it,” said Peter McCawley, an economist at the Australian..."
National University and a specialist on disaster relief policy. "They often do it to low standards, but they just go ahead and fix it anyway."

Conversely, disaster agencies in the First World have become "far too bureaucratic and tied up in rules," he said.

A major bottleneck in Christchurch is insurance. According to the Chief Executive of the New Zealand Insurance Council, insurers have only been able to contemplate starting major repair work in the past six months.

"A lot of my constituents are looking to me and saying, 'Well gosh, we've been told by our insurer that we're not even going to really know what's going to happen for us until 2015,' " said Lianne Dalziel, an opposition lawmaker who represents Christchurch's ravaged eastern suburbs.

The other document was Thompson Telepo's report from PNG on the Humanitarian situation and response monitoring matrix describes what could be a series of fairly typical events in his country. (See the report in this newsletter.)

The sort of things that our energetic Christchurch fruiterer would do something about promptly.

I don't want to comment about trying for gold standards in recovery or the wealth gap. What really struck me was that the Oceania Region has a great range of experiences and expertise to offer us all. It is not about the wealth or perceived sophistication of the response, it is really about creating a forum where we can all learn from each other.


Regards
John Coleman

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

<table>
<thead>
<tr>
<th>Graeme McColl</th>
<th><a href="mailto:Graeme.mccoll@ilsogno.info">Graeme.mccoll@ilsogno.info</a></th>
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<tbody>
<tr>
<td>Peter Aitken</td>
<td><a href="mailto:Peter.aitken@health.qld.gov.au">Peter.aitken@health.qld.gov.au</a></td>
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<tr>
<td>John Coleman</td>
<td><a href="mailto:John.Coleman@siapo.health.nz">John.Coleman@siapo.health.nz</a></td>
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<td>Lidia Mayner</td>
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<td>Thompson Telepo</td>
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<tr>
<td>Ian Norton</td>
<td><a href="mailto:ian.norton@nt.gov.au">ian.norton@nt.gov.au</a></td>
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<tr>
<td>Joe Cuthbertson</td>
<td><a href="mailto:joecuthbertson@hotmail.com">joecuthbertson@hotmail.com</a></td>
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Your council is currently working on strategies to advance the goals of WADEM and to provide assistance to members within our region in the fields of research, education and communication. It has been decided to keep the strategies simple, with a coordinator for each.

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

**WADEM Oceania Chapter Strategies**

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

*Coordinated by Peter Aitken*

**Education:**
- To assess and prepare training courses in health disaster response management and coordination in the region;
- To encourage the generation and coordination of courses that contribute to the professionalisation of the humanitarian response health workforce;
- To link the strategic pillars of research, including lessons identified, with education and training, and to communicate these to WADEM members and the wider disaster community effectively; and
- To contribute to regional conferences and educational symposia and workshops, including advising on key themes and academic content as required.

*Coordinated by Ian Norton*

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

*Coordinated by Graeme McColl*

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

Congratulations to members from our region who were elected to key WADEM positions in the recent elections.

Successful Oceania members were:
President
Paul Arbon

Board of Directors:
Peter Aitken
Lidia Mayner
David Bradt
Rowena Christiansen
Kristine Gebbie

Officers
Graeme McColl: Vice President Communities of Practice.

PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS

Health risks lurk in post-quake homes

OLIVIA CARVILLE  The Press Christchurch 27 April

TC3 residents are battling on in the cold despite rising health problems from colds to rashes to panic attacks. In the past week The Press has spoken to several TC3 residents about their plight and their associated health issues. Land in the green zone of Christchurch has been divided into three categories, based on how the land is likely to perform in future earthquakes. TC3 is one of those categories.

The health problems span from colds, tummy bugs and rashes to panic attacks, hair loss and paralytic episodes.

Canterbury District Health Board (CDHB) medical officer of health Dr Alistair Humphrey said it was internationally documented that cold, damp homes have “an actual physical effect on your health”. It is also well-understood that physical health overlaps with mental health and that “people living in a stressful environment often present with physical manifestations”. “Uncertainty is anxiety-inducing and cold winters in cold homes can genuinely cause real physical problems,” Humphrey said.

Physical health issues usually start once the temperature inside a house drops below 16 degrees Celsius. People suffering from stress or anxiety felt pain easier and Humphrey said TC3 residents who were “stressed out because of insurance or EQC difficulties would feel more pain”. The physical manifestations of stress can lead to psoriasis, which is an immune-mediated disease that affects the skin and can lead to a “whole collection of illnesses”, he said.

Humphrey said the Earthquake Commission (EQC) had assured him Cantabrians with health issues would have their claims prioritised. He urged TC3 residents suffering serious health problems to seek medical advice and ask their GP to contact the EQC.

The CDHB Allright? wellbeing survey also indicated a link between living in a TC3 home and feeling stressed, tired, anxious and insecure, public health specialist Dr Lucy D’Aeth said. Of the 800 Cantabrians surveyed, 10 per cent lived in TC3 homes and said they were uncertain about the future and had difficulty concentrating.

*************
High-visibility vests, steel-capped boots, plastic sheets, makeshift fire escapes, and portacoms: welcome to Christchurch Hospital's new normal. Only 10 per cent of the hospital's colossal repair job has been completed in the past two years and, like the medical equipment, construction workers are now part of the furniture. They will remain so for at least the next five years.

Every area of the hospital was damaged in the deadly February 2011 earthquake and there is no quick fix.

With non-stop patient needs and limited access to clinical areas, the workers hammer away at night to keep the job rolling. At any one time 90 hospital staff are working from portacoms, while 100 workers patch the hospital one crack at a time.

Mingling with construction workers on a daily basis is a far cry from business as usual, but it does “come with a few laughs”, orthopaedic nurse Lisa Bee said. She has spent more than a year working from an on-site portacom and is now close friends with several Fletchers EQR trade staff and has sticky-taped their photographs around the walls. Bee managed to coax a few workers to hang Christmas decorations around the portacoms, attend the staff Christmas party and even wear big red ties and hats during the festive season. In return, she was gifted an elf suit.

Canterbury District Health Board project manager Brad Cabell said construction workers would be on site until the hospital’s $600 million redevelopment was complete – scheduled for 2018. The “incredibly complex” shifting game has mostly been targeted at non-clinical areas because of the challenges in moving patients and extensive medical equipment. In the past six months, temporary work has been carried out on 10 operating theatres for infection-control purposes, but the workers were granted only after-hours access because theatres were unable to be shut, he said.

Fortnightly meetings are held to discuss which area of the hospital the workers can access next and plans to move high-risk wards such as the Intensive Care Unit need to be made about a year in advance. Emergency repairs began almost immediately after the February quake, when three damaged medical wards, equating to about 50 per cent of the hospital’s general medicine service, had to move to Princess Margaret Hospital in Cashmere.

Quake construction work across all Canterbury District Health Board sites is expected to take several years.
Enhancing Situational Awareness and Decision–Making:
Tools Developed by the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response

The following is a link to a presentation on enhancing situational awareness and decision making.


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Key Initiatives
Pandemic and All Hazards Preparedness Reauthorization Act of 2013
Yale New Haven Health System Center for Emergency Preparedness and Disaster Response.


Recent law signed by President Obama in USA, how do our laws in the region compare? Graeme

**************

Crowd Disasters Report Link
Crowd disasters as systemic failures: analysis of the Love Parade disaster’ on risk management in the context of public events and disaster:

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New Zealand MoH/WADEM Conference
Managing Clinical responses to Complex Emergencies

This conference was a first for New Zealand, held in Auckland with 140 attendees. Presentations were by an able complement of speakers with practical experiences in their subject. (Many WADEM Oceania members). Practical topics were on recent experiences during Pacific Tsunamis, Queensland hospital evacuations, Canterbury Earthquakes and
competencies of health responders. Workshops were held on planning for hospital evacuations and these highlighted the complexity of such events.\(^1\)

The conference was rated highly by those attending and is likely to become an annual event. On behalf of the MoH, the Director of Emergency Management, Charles Blanch commented: ‘I thought the forum was an excellent opportunity to extend engagement on health emergency management more broadly than the emergency management focal points and engaged clinical leaders across the health sector. I believe there is value in establishing a regular yearly or 2-yearly, event which provides an accessible low cost forum to present latest best practice, research and experiences in a wider forum.’

It is hoped to have presentations from this conference on line in the near future.

### EDUCATION AND TRAINING OPPORTUNITIES & PROJECTS

**Online Research Repository**

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

The Research Repository can be access by clicking on the following link – [http://research.wadem.org](http://research.wadem.org)

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**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
- Black Swans: Resilience and the unthinkable – 17 & 18 October, 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 TRI website [www.torrensresilience.org](http://www.torrensresilience.org)

### Member News

**Introducing Sarah Weber**

Sarah is currently working as the Disaster Response Service Nurse Manager at the Princess Alexandra Hospital. She is also a Clinical Nurse in the Emergency Department.

Her nursing career to date has seen her work in QLD, the Northern Territory - where she worked at the Royal Darwin Hospital in the response to the Bali Bombings 2002 (which arguably was what inspired her desire to work in emergency and ultimately in disaster health). Sarah has worked in Alice Springs, rural and remote NT and WA before moving to Perth where she worked in emergency and the forensic environment for over 2 years. She then returned to her hometown of Brisbane and commenced working at the PAH ED. Sarah was deployed with Queensland Health to Gladstone in the floods at the beginning of 2011, and then again to Christchurch in February that year. She is a Senior Emergo Train Instructor and a MIMMS Instructor and the current co-ordinator for Qld MIMMS. She has completed AusMAT training with the NCCTRC and was a member of the 2012 Tour De Timor bike race medical team.

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\(^1\) Recommended reading when considering planning for hospital evacuations is, Patient-Driven Resource Planning of a Health Care Facility Evacuation, Petinaux and Yadav, PDM Journal Vol 28 no 2 pp 120-126.
WCDEM Conference Presenters

A cohort of Flinders University Disaster Research Centre members travelled to Manchester in May to present at the World Association for Disaster and Emergency Medicine conference. **Associate Professor Alison Hutton**, WADEM's Chair of the Nursing Executive Committee, will focus on mass gatherings. Dr Hutton's presentations included 'The characteristics of patient presentations at outdoor music festivals' and 'How does understanding audience predispositions help in understanding audience behaviours at mass gatherings'. The former presentation discusses the incidence of patient presentations of 26 outdoor music festivals in Australia. Findings show that the majority of people present with illness related presentations. In addition, two thirds of those who did present were female (A Hutton, J Ranse, P Arbon). The latter presentation outlines what predispositions can tell us about what audience members bring to an event, and what they expect from an event. This information can help the event manager and on-site health services to plan for the likely behaviours of those attending (A Hutton and S Brown).

Associate Professor **Lidia Mayner** presented a paper on disaster health terminology entitled “Disaster health consensus terminology: creating the foundations for evidence based practice” authors Lidia Mayner, Paul Arbon and Peter Aitken. The aim of this project is to identify existing consensus for disaster health terms and to create the basis for a current, yet dynamic, set of terms. These will provide a stronger foundation for both practice and research, which relies heavily on our ability to compare studies and to undertake systematic reviews of research evidence. The project relies on textual analysis software to identify the common elements, and concepts, in existing disaster health definitions. A consensus definition for each term is achieved by using software that analyses all definitions for that term. The definitions are drawn from the scientific literature and the common features that occur across the many definitions for a term are identified, thus achieving consensus for each defined term. Over 80 glossaries related to disaster terminology are being used to compile a set of current terms. Sources included UNISDR, the Health Disaster Management: Guidelines for Evaluation and Research, and other glossaries are being checked for terms related to disaster health. The list of disaster health terms developed may be used to inform policy, practice and research efforts. Common definitions for key disaster health data points will enable benchmarking of preparedness and performance and the comparison of one research project with others that have utilised the same data points.

This was nominated the second best presentation. Congratulations to the trio.

The DRC's **Karen Hammad** presented ‘How the emergency department (ED) changes during a disaster response’. Her talk explored how disaster events create challenges to the everyday functioning of the emergency department through a result of increased patient numbers over a short period of time; staff absenteeism; and damage to infrastructure. Once a disaster has occurred or the disaster plan has been activated, certain changes will occur that will invariably affect the functioning of the ED relating to patient presentation types, changes to staffing, setting and practice. Literature provides discussion relevant to nursing in the ED during a disaster, revealing five key themes: what nurses do, how nurses feel, preparedness, barriers and changes in the ED. This presentation focussed on one of the most significant themes which emerged - changes that occur in the ED during a disaster. Five main aspects of change will be discussed: patients, staffing, setting, practice and resources. While it is reasonably obvious that the ED environment would be significantly impacted by a disaster, Karen focussed on the implications of these changes. Her research may help guide the preparedness and training needs of health professionals working in the ED environment.

**Victoria Cornell** presented on the findings to date from her PhD which explores older people
and disaster preparedness. Anecdotally, older people are considered to be vulnerable to emergency events; however, research which actively engages older people on emergencies is scant. Victoria’s presentation describes current research on how the experience of older people influences their preparedness for emergency events. Drivers for this study include the paucity of research in this area, an ageing world population, and forecasts of more severe natural hazard emergency events.

Peter Aitken presented on our chapter activities at the conference and also to the WADEM Board of Directors.

Frank Archer presented to the board a proposal to form a WADEM ‘community of practice’ group on (Health) Disaster Evaluation Methodologies. (This proposal was approved for further research and development by the WADEM Board of Directors. Further information follows in the Communities of Practice report.)

TRAUMA SPECIALIST FOR HEALTH DISTRICTS
An intensive care specialist with extensive international and disaster medicine experience has been appointed Trauma Director for Murrumbidgee and Southern NSW Local Health Districts (MLHD & SNSWLHD), based at several regional hospitals, amongst them Wagga Wagga Base Hospital (WWBH).

Dr Oran Rigby was formerly Consultant in intensive care medicine at Royal Prince Alfred Hospital, Sydney, and a Pre-Hospital Specialist with the Greater Sydney Area Helicopter Emergency Medical Service.

The new Trauma Director position stems from WWBH’s role as a regional trauma centre for MLHD and SNSWLHD following implementation of the State-wide Service Plan for NSW Trauma Services. There are five trauma networks in NSW which aim to provide safe and timely care to critically injured patients.

Dr Rigby will provide leadership for the MLHD & SNSWLHD regional trauma service which links WWBH to St George Hospital in Sydney and with close integration with the ACT trauma service out of Canberra.

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

Nursing Section
Purpose

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

Contact: nursinginsight@wadem.org

Osteopathic Physician Section
Objectives

The objectives of the Osteopathic Physician Section are:
- Share WADEM’s "best practices" and "lessons learned" with universities and colleges of
Osteopathic Medicine;
• Increase WADEM membership through the recruitment of physicians, nurses, and allied health professionals;
• Strengthen civil-military relationships through training and education;
• Invest in the future through the mentoring of students.

Contact: William Bograkos irisbo@comcast.net

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

Contact: James Shultz jamesmichaelshultz@gmail.com or JShultz1@med.miami.edu

Mass Gathering Section Approved
The Board of Directors recently approved the establishment of a Mass Gathering Section within WADEM! If you are interested in participating in this section, please send an email to info@wadem.org. Chair is Paul Arbon. Contact paul.arbon@flinders.edu.au

PROPOSED WADEM SECTION

Disaster metrics – is it an appropriate time to establish a WADEM Section on “(Health) Disaster Evaluation Methodologies”?

Action underway:
1. To determine the level of support from WADEM members for this proposal:
   a. What would be the benefits of such a Section?
   b. Identify registrations of interest from WADEM members to potentially join this new Section, if so proposed and approved by the WADEM Board

2. If there is sufficient support for the proposal:
   a. to seek input from WADEM members on the key elements required in a formal proposal to the WADEM Board to establish a new WADEM Section (Appendix 1), specifically: “Name”, “Purpose” and “Activities” of proposed new Section;
   b. to seek registrations of interest from WADEM members who would be willing to contribute as a member of a Core Steering Group to contribute to discussion on the direction the new Section should take and assisting with preparing the necessary proposal documentation for consideration by the incoming WADEM Board.

3. Subsequently, a Core Steering Group, representative of WADEM members, to prepare a formal application to establish this new Section for consideration by the new WADEM
Background and the Challenge:
Sam Stratton, Editor-in-Chief, PDM, in his Editorial of June 2012, noted “a persistent challenge in disaster medical research and evaluation has been a lack of adherence to defined standards for collecting and reporting of data.” He reviewed three recent complementary Templates aimed to address this challenge. He recommended that “disaster medical professionals should be familiar with these works”, recommended that “disaster researchers and evaluators adopt as appropriate for their specific data” these three Templates, and, emphasised the expectation that “future disaster medical response research will adopt these Guidelines and Templates”. The Editor-in-Chief concluded his editorial with a clear editorial policy statement, “it is the intent of the Editorial Staff that, when appropriate, future Prehospital and Disaster Medicine publication of disaster and acute medical response papers will use the standardised reporting methods outlined in this editorial”. June 2012

Evaluation is the next challenge for disaster health and WADEM.

It is noted that multiple methodologies are emerging for undertaking and reporting on research and/or evaluations of health disaster events. The diversity is likely to increase. While a small number of individuals and institutions may have the capacity to develop, trial and implement validated methods, others in the field do not have this capacity, yet do have expertise and interests in contributing to or using emerging valid methodologies in undertaking and reporting rigorous post disaster evaluations. Further, there is great potential to collaborate in undertaking such evaluations, in sharing methodological experiences and in collectively contributing to further developing these Standards and Guidelines with experience to systematically build the science of disaster health.

Sessions were held at the Manchester Congress aimed at harnessing the views of the diverse WADEM membership.

A briefing paper has been prepared by proponents Frank Archer, Marv Birbaum and Sam Stratton, together with Dr Rowena Christiansen (incoming WADEM Board Member), Dr Virginia Plummer, Ms Diana Wong, Ms Ingrid Brooks, and Mr John Coleman (NZ) (WADEM Nursing Section members), and WADEM members Dr Caroline Spencer and Mr Joe Cuthbertson, all members of the WADEM Oceania Chapter, to provide an overview and stimulate discussion at these important sessions.

The WADEM BoD has approved that this proposal be investigated for further consideration.

Please register your interest by speaking with one of the WADEM members listed above or by email at frank.archer@monash.edu

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<th>CALENDAR OF EVENTS</th>
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<tr>
<td><strong>2013</strong></td>
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<td>June 27 – 28</td>
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<td>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.</td>
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<tr>
<td>July 18 and 19</td>
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<tr>
<td><strong>2013 South Australia Disaster Resilience Conference</strong></td>
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<td><strong>Adelaide Town Hall</strong></td>
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<tr>
<td>The conference is organised by the Australian Institute of Emergency Services (SA Branch) with support of the South Australia Government. The focus is on building disaster resilience in South Australia in accordance with the National Strategy for Disaster Resilience.</td>
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<tr>
<td>To obtain further information and register for the conference visit</td>
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**Disaster Myths**

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

You know you are from Christchurch when: **you use the jolted dis-arrangement of pictures and paintings to confirm or measure the severity of aftershocks.**

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**A COFFEE WITH**

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

(To speed up this getting-to-know members section, it is now intended to include two members each newsletter)

This issue:

**Dr Andrew Bacon.** Now retired from clinical medicine but still involved in Ambulance quality review.

- **Q. Nickname?**
  - A. Behind my back? I dread to think!

- **Q. Where are you working?**
  - A. Ambulance Victoria

- **Q. What three best words best describe you?**
  - A. Persevering, teacher, reliable

- **Q. What is your best disaster experience?**
  - A. Ash Wednesday Bushfires 1983 doing everything from scratch.

- **Q. What is your worst disaster experience?**
  - A. Two very full rush hour commuter trains colliding in fog in swampland. Only 3 of us on scene. Swamped by hundreds of walking wounded.

- **Q. Which 3 people would you most like to share your ration pack, cold pizza and instant coffee with?**
  - A. Assuming we were in a disaster: Dr Raoul Tunbridge, Paramedics Paul Holman and Jon Byrne. We would end up with a system that worked and magical streams of supplies scrounged from who knows where!

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**And.**

**Dr Jane Canestra.** CBR Liaison, Office of the Chief Health Officer, Victoria

- **Q. Nickname?**
  - A. Possum

- **Q. Where are you working?**
  - A. Health Department, Victoria. I work as the CBR (Chemical, Biological and Radiological) Advisor within the Public Health Emergency Management Unit in the Office of the Chief Health Officer. Oh, and in the garden at home.

- **Q. What three best words best describe you?**
A. Passionate and talkative (or ‘on her soapbox’)

Q. What is your best disaster experience?
A. Clearing the emergency department at Frankston Hospital prior to reception of casualties within 40 minutes. We started with a department that was on bypass and about 28 corridor patients.

Q. What is your worst disaster experience?
A. Dealing with a family catastrophe (enough said!)

Q. Which 3 people would you most like to share your ration pack, cold pizza and instant coffee with?
A. Greg Mortimer, first Australian to climb Everest without oxygen and expedition leader on our recent trip to Antarctica. Great in difficult environments. Expert, passionate, not so talkative. Jeff, my beloved. Also not talkative. Inspector Randy Anderson, Victoria Police Disaster Victim Identification – CBR Unit. Complementary emergency skill sets, common technical interests, and very talkative. At last a chat!

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@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.
### HUMANITARIAN SITUATION AND RESPONSE MONITORING MATRIX
PAPUA NEW GUINEA
February – April 2013 Updated 19 April 2013

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<th>Dates</th>
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<th>Impact</th>
<th>Actions Taken (by whom)</th>
<th>Sector of Intervention</th>
<th>Key gaps / Follow-up required/Constraints</th>
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| 7/4/2013    | Oro: Continuing flooding, poor roads and bridges has affected the distribution of relief items to the northern part of Oro. PDC and Red Cross are on the ground distributing relief items at a very slow pace due to poor accessibility. 6000 water containers are still stacked in POM waiting to be uplifted to Oro. | Moderate | **Updates 11/4/2013**
6000 water containers stacked in POM were uplifted to Oro by NDC. | Poor accessibility in the affected areas. |                                      |
| 3/4/2013    | Enga province: Kompiam and Ambum districts in Enga province were devastated by floods due to heavy continuous rain. The floods destroyed homes, schools, churches, vegetable gardens and coffee plantations. Resident have evacuated to higher ground. No report of death. It is estimated to affect 10,000 people. | Moderate | **Updates 19/4/2013**
Assessment team will arrive today and report will be shared next week. | Waiting for the report |                                      |
| 5/4/2013    | Gulf province: Flood in the eastern part of Gulf province, Kerema township. Some houses and garden has been washed away. | Moderate | **Updates 19/04/2013**
Assessment team came back this week. NDC will share the report next week. | Waiting for NDC report. |                                      |
| 28 Mar 2013 | Madang: The flooding caused continuous rain in Middle Ramun district forced school authorities to close 15 school and affecting more than 1000 students. The houses and crops along swollen Ramu river have been destroyed and some animals killed. | Low: Water subsided. | **Updates 8/4/2013**
NDC sent a verification team to Madang to verify floods damages and needs. NDC to commit 200,000 kina for relief supplies. | NDC | Follow up on the report (NDC promised to share the report next week) |