Task Force Session: Coordination and Control

Chair: Dr. Etsuko Kita

New South Wales Bushfires 2001–2002: Catastrophe Averted

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Objectives: To evaluate the health response to the New South Wales (NSW) Christmas Bushfires, 2001–2002, with particular regard to an evaluation of the role of health-disaster medical teams in support of the emergency.
Design: Descriptive, observational, case study with historical comparisons and retrospective review of information from health debriefing session.
Setting: The bushfire emergencies in NSW from December 2001 to December 2002,
Background: Wild fires (bush fires) are the major cause of loss of life in Australia from all emergencies and disasters. The geography, weather patterns, and demographics of Australia contribute to the occurrence of bush fires and their devastation. In spring and summer, north-westerly weather patterns with low humidity and high winds lead to extreme fire conditions. From 2001 and during 2002, El Niño weather patterns and drought have led to a protracted and dangerous fire season across the Eastern seaboard.

Sydney, the largest city in Australia, is at particular risk of bush fire impact during summer. Sydney is surrounded by native bushland that also weaves its way through many of its suburbs. The Blue Mountains, the southern suburbs and the north western suburbs are particularly at risk, exacerbated by population pressures and demand for housing on the outskirts of the metropolis.
Outcome measures: The presentation will describe the major events that have affected health and the ambulance services, particularly the evacuations of aged care facilities at Waterfall, Heathcote, Barnsley, and Thirlmere, and the evacuations of the townships of Helensburgh, Hilltop, and Sussex Inlet. Further fire impact in November and December 2002, led to severe damage in Engadine in Sydney's south and Berowra and Glenorie in the north. Deployment of health disaster medical teams under HEALTHPLAN will be described, as well as how this was effective in supporting ambulance services and the combat agencies during the emergency. The importance of multi-agency communication is emphasised with how strategic planning was achieved by regular, multi-agency conferencing through the state Emergency Management Committee.
Results: (1) nine aged care facilities and >1,500 clients were evacuated; (2) 10 disaster medical teams were deployed; (3) eight medical commanders and five nursing commanders were deployed; (4) >10,000 evacuees were assisted; and (5) two deaths were reported.
Conclusion: NSW Health mounted a successful operation in support of the NSW Bushfire emergency.
Keywords: agencies; ambulances; Australia; bushfires; demography; emergency; evacuation; fires; health disaster medical teams; support; weather
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Co-operation in Disasters and Crises in the Nordic Countries

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For many years, annual meetings have taken place in which the five Nordic countries (Denmark, Finland, Iceland, Norway, Sweden) mainly have informed each other about actions taken and crisis planning within the health sector with regard to disaster and war situations. At the meeting during 2001 in Svalbard, Norway, it was decided to take a more proactive apprach, and to identify possible mutual activities both in relation to planning and with regard to cross-border assistance in case of a crisis. September 11, 2001 and the following anthrax incidents the same month highlighted the need for such co-operation, and the health ministers of the five countries strongly supported the suggestions of the "Svalbard Group".

During June 2002, a "Nordic Treaty for Public Health Preparedness" was signed by the five health ministers, thereby declaring the wish and intention of the five countries to work together within the health sector both in planning for and providing mutual assistance in cases of crises and disasters. This co-operation takes place in close connection with the framework of the Nordic Council of Ministers, and should not interfere with co-operative activities within other international organizations such as EU, EFTA, WHO, and NATO. A number of activities have been identified for further development, and some of them are in various stages of implementation. Until now, the focus has been on activities related to biological, chemical, and radio-nuclear (B, C, and RN) incidents.

Apart from the benefit from the individual projects, this intensified co-operation also has led to another very important benefit: the networking of experts and others involved from the five countries.
Keywords: 11 September 2001; biological, chemical, and nuclear incidents; cooperation; networking; Nordic Council of Ministers; Nordic countries; Nordic Treaty for Public Health Preparedness; Svalbard Group
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Disaster Response in India: Coordination and Control in Response Management

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The study objectives were:
- Examine the disaster response structure in India;
- Evaluate the role played by the various agencies—government and non-government;
- Assess the coordination and control mechanisms; and
- Suggest an integrated policy to strengthen and expand the capacity, preparedness and response of the various

agencies to disasters.

Data from the Ministries and Departments of Union and State Governments, non-governmental organizations (NGOs), CBOs, and the reports and recommendations of the Committees and Commissions were collected and analysed. Reports and data pertaining to responses to major disasters that took place in India, for example, the Gujarat earthquake, and web based information from other countries were reviewed.

The government responses to natural disasters has improved progressively, due chiefly to administrative function; the presence of relief manuals at district levels; predetermined allocation of duties; and recently emerged public-private partnerships. However, there is no coordinated or integrated approach to an effective response. An integrated policy at the national level will address the vital aspects of disaster management in India. The presence of such a policy will help to define the government's approach on a continuous basis, and will aid in streamlining the coordination and functioning of various agencies.

Lack of command, coordination, civil administration involvement, civil resources, and apathy are illustrated repeatedly whenever and wherever disaster strikes in India. This remains true despite the fact that 24 states have been identified as being vulnerable to natural disasters. A simple identification of disaster-prone areas followed by designation of essential and specialist assets and contingency planning are required, all of which should come into motion automatically at the time of a crisis.

Keywords: disaster response; disaster risk analysis; India
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Planning for Passenger Ship Emergencies in Isolated Areas

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Objective: The aim of the process was to produce a coordinated plan involving all agencies likely to respond to a passenger ship in difficulties in Fiordland.

Background: Fiordland is situated at the South Western corner of New Zealand's South Island. It is a rugged isolated area with very few facilities or resources. A worldwide growth in ship cruising and Eco-tourism has seen cruises to this area increase dramatically both in frequency and size of the ships. All organisations involved (ship owners, national search and rescue, emergency services, and environmental authorities) had individual plans or ideas for responding to potential problems.

Methods: A meeting was called and presentations on each organization's preparation and planning were given. Presenters included: ship owners, pilots, national and local rescue organisations, emergency services, Fiordland business interests, and central and local government organisations serving the area. A small sub-group was formed to prepare plans for approval.

Results: A plan for the management of incidents on passenger ships was prepared and approved within five months of the first meeting. This plan coordinates the response required, the location, and the links to the resources of all agencies likely to be involved.

Conclusions: While individual organisations may have existing plans (and ideas) regarding emergency response, these may not correspond with those of other agencies or with reality. A coordinated plan requires input from all agencies likely to be involved.

Keywords: agencies; coordination; cruising; emergency services; links; management; New Zealand; plans; search and rescue; ships; tourism
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Task Force Session: Response to Psychosocial Aspects of Disasters

Chair: Professor Derrick Silove
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A Psychosocial View of Marmara Earthquake in Turkey

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On 17 August 1999, a devastating earthquake of magnitude 7.4 on the Richter scale, struck the Marmara Region in the northwest of Turkey, which is the most intensely populated and industrially developed part of the country. The impact on human psychology of social and economic losses caused by the quake was immeasurable, since the region's national income per person was twice the national income per person on the overall. This study examines the presence of an anxiety disorder observed after an earthquake in the people who live in the Marmara region of Turkey.

The study was implemented two and one-half months after the earthquake. At that time, it is expected that the symptoms of acute stress disorder that typically occur during the first four weeks after the quake, should have disappeared. Disorder and over-alertness often have been encountered by the people in the quake area who have applied to be evaluated in the Anxiety Disorders Polyclinic of the Department of Psychiatry at Cerrahpa_a Medical Faculty, Istanbul University. This research was carried out in collaboration with the Department of Earthquake Engineering, the Kandilli Observatory, and Earthquake Research Institute, Bogazici University. Diagnoses were determined according to the DSM-4 diagnostic criteria as a result of psychiatric examinations by the same psychiatrist. After this initial step, the same psychologist preformed some psychological tests on each patient, and the scores obtained were analyzed. After scoring was completed, psychiatric treatments were established for the patients.

In this study, major depression, obsessive-compulsive disorder, generalized anxiety disorder, panic attack, social