

# Forgotten Emergencies put Asian Tsunami in Perspective

Courtesy of graphic television and print images, the Asian Tsunami has been seared into our consciousness. As well as the dreadful casualty numbers, a 'slow news period' and an awareness that we could have been sitting on those beaches helped to capture our attention. Yet while attracting scant media interest, brutal conflicts in Congo, Uganda and Sudan are the world's three biggest "forgotten emergencies", each dwarfing the toll of the Asian tsunami. Recently, AlertNet asked 103 humanitarian professionals, media personalities, academics and policymakers which "forgotten" crises they would urge the media to focus on in 2005.

**Congo Stats**

- Seven other African countries were sucked in at height of war
- Millions killed since 1998, mostly due to disease and malnutrition
- Mortality estimates vary widely, from 3 to 5 million. 2004 study by International Rescue Committee puts toll at 3.8 million
- Valuable natural resources and legacy of genocide in neighbouring Rwanda still fuelling fighting in remote east
- Violence hinders humanitarian programmes in food security, health care, water and education
- Some 3.3 million people now out of reach of aid groups.

The war in the Democratic Republic of Congo, a country two-thirds the size of Western Europe, has claimed at least 10 times as many lives as the December tsunami, yet it is almost unheard of outside of Africa,

"It's the worst humanitarian tragedy since the Holocaust," John O'Shea, chief executive of Irish relief agency GOAL, told AlertNet. "The greatest example on the planet of man's inhumanity to man."

Many experts accused the Western media of routinely ignoring emergencies in countries of low geopolitical importance for big powers despite the enormous scale of suffering.

"One television news producer in the U.S. summed up the situation since spring 2003 this way: 'Look, we've got three foreign news priorities these days: Iraq, Iraq, Iraq.'"

Almost half of those polled, including U.N. relief coordinator Jan Egeland, nominated Congo, citing the brutality of an ugly, tangled war that according to

the International Rescue Committee has killed 3.8 million people since 1999.

"It's Africa's First World War," said Jon Snow, British journalist for Channel 4 television.

While the Democratic Republic of Congo takes number one spot its neighbour Congo-Brazzaville, which has been not exactly at war, but not exactly at peace, either, does not make the list. Congo-Brazzaville is sub-Saharan Africa's fourth-biggest oil producer, but it does not look rich. The paved roads in Brazzaville, the capital, crumble before leaving town. According to the UN, the proportion of children vaccinated against tuberculosis has plummeted from 90% in 1990 to 37% in 2000. Over roughly the same period, the proportion attending school has dropped from 82% to 48%. The UN has recently opened an office in Kinkala and a few charities run health centres and help keep schools open. Without their efforts, these services wouldn't exist.

There are no UN peacekeepers in Congo-Brazzaville, and it shows. Ninja rebels roam freely. They shaved off their dreadlocks this year to celebrate progress towards peace and elections, but they still loot the odd train and some of the few vehicles that venture into their territory. Fighting between the army and the Ninjas has killed thousands and



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A sticky road to peace in Congo-Brazzaville

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displaced perhaps 150,000 civilians

Congo-Brazzaville is often ignored, not least because its woes are dwarfed by those of the Democratic Republic, its vast and bloody neighbour. Western donors are spending billions trying to reassemble the larger Congo but in little Congo-Brazzaville, the UN said last month that it had received only 3% of the \$22m it needed to tackle a humanitarian disaster.

The details of northern Uganda's hidden war - the silver prize-winner in the survey - are even more alarming.

Ninety-five percent of the population in the conflict zone have been uprooted, and some 25,000 children have been abducted to fight as soldiers and sex slaves.

Rural children who live in the rural danger zone are called "night commuters" because they take refuge at night in the relative safety of cities to escape abduction by the cult-like Lord's Resistance Army, which has waged a bloody 18-year insurgency. Eighty percent of its troops are estimated to be children. What sort of Lord would want to own an outfit like that?

"Like many people, I didn't have any idea of the scale of this conflict," said British television star Helen Mirren, who travelled to Uganda with relief agency Oxfam. "Nearly two million people have been made homeless and hundreds of thousands more have been killed."

The experts' third most neglected emergency is Sudan, where four million people have yet to go home after Africa's longest-running civil war in the south and atrocities in the western Darfur region have raised the spectre of genocide.

"Darfur has slipped from the front pages, but the situation there is again going from terrible to being absolutely horrendous," Jan Egeland said.

"In nearly 40 years of travelling the world, I have not witnessed any crisis that so vividly combines the worst of everything - armed conflict, acts of extreme violence, great tides of desperate refugees, hunger and disease, combined with an unforgiving desert climate."  
*Martin Bell, former journalist, British lawmaker and current UNICEF ambassador, on Darfur*

Africa featured heavily in the top 10, taking half the top spots, but news coverage outside the region is minimal. "Africa experiences the devastating effect of two tsunamis every month", said Amy Slorach, appeal coordinator for British nongovernmental relief agency Tearfund.

Still in the top ten but outside the top three, West Africa's wars encompassing Ivory Coast, Liberia and Sierra Leone, (briefly infamous for the large numbers of civilian amputees who lost their arms and legs to crazed soldiers' machetes) offer little hope of early resolution.

## HEALTH EMERGENCIES

Quite a few survey respondents chose to define health disasters as top ten emergencies with HIV/AIDS voted number four in the poll.

The Princess of Wales Memorial Fund voted for women survivors of the Rwandan genocide of 1994, who are now dying as a consequence of being raped by HIV-positive attackers. "The genocide happened 10 years ago, but its legacy continues to destroy lives today," said Lucinda MacPherson, the Fund's senior press and communications officer.

HIV/AIDS is a world wide scourge in developing countries. The numbers make grim reading

- Some 40 million living with HIV/AIDS worldwide, two-thirds in sub-Saharan Africa
- Thirty percent of adults in southern Africa infected and 14 million children orphaned by AIDS
- Explosive growth rates in China and India, the world's two most populous countries
- If prevalence rates in China, India and Indonesia climb to rates now seen in Thailand and Cambodia, the world's HIV-positive population would double
- 1.2 million infected in Eastern Europe, according to the International federation of Red Cross and Red Crescent Societies



We can't be smug in the "AIDS free" South Pacific. Papua New Guinea has already been touched and all the experts are warning us that it is only time before it explodes into Melanesia and Polynesia.

Other infectious diseases – tuberculosis and malaria in particular – made number 10 in the poll. Malaria kills an African child every 30 seconds, while tuberculosis kills about 2 million a year worldwide.

While Africa has the dubious honour of scooping the top places in this poll, two Latin American crises ranked high in the survey. Colombia – where nearly 3 million people have fled their homes because of violence that has been raging since 1948 -- was voted into sixth place and Haiti, the poorest country in the Americas, was number nine. The Caribbean nation is wracked with an ongoing political crisis, and U.N. troops have failed to quell the violence.

Conflict in the breakaway Russian republic of Chechnya, simmering since the break-up of the Soviet Union in 1991, killing hundreds of thousands of civilians and at least 13,000 Russian troops, was recognised by number seven spot in the survey. This conflict made front pages world wide last year during the siege of No 1 school in Beslan where 350 children were killed as the school was stormed by Russian troops.

Rounding out the top ten is Nepal's insurgency, which has toppled into a crisis since the king sacked the government in early February. This event, called the deadliest conflict in

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Asia, with some 10,000 killed over the past few years, was voted number eight on the list.

## HUNGER

Food shortages in Africa – especially in Eritrea and Zimbabwe – featured in the survey responses, but narrowly missed the top 10.

"More people die every year of causes related to hunger and malnutrition than the total number who die of AIDS, malaria and tuberculosis combined," said James Morris, executive director of the U.N. World Food Programme. "Of the 10 million people who die each year from hunger and malnutrition, just 8 percent die in the kind of emergencies we hear about on the evening news."

"Natural disasters capture the attention of the world, but it is the manmade crisis situations - resulting in part from the disparities and injustices in the world – that rich countries should continue to be aware of and forced to take some responsibility for," said Annabel Brown of Community Aid Abroad, the Australian Oxfam.

Other organisations, such as Médecins sans Frontières and the United Nations, have tried to bring global attention to neglected emergencies.



Ugandan refugee camp constructed of baked mud (the only available building material) - note the lack of roof cover

Northern Uganda took the number one slot in the **MSF Top Ten Most Underreported Stories of 2004** Uganda also makes the 2005 United Nations' "10 stories the world should hear more about". [www.un.org/events/tenstories/](http://www.un.org/events/tenstories/)

"The attention span of most media on most stories is way too short," said Jody Williams, who was awarded the Nobel Peace Prize laureate in 1997 for her work with the International Campaign to Ban Landmines. "The media should do a much better job educating itself – and then the public – on the root causes of 'emergencies'," she said.

This article is our response to that plea. ●

## Just another day at the office

As emergency managers we must expect to be confronted with the unexpected. While that unexpected event will surely stress us, our personal safety is seldom at risk. A letter from Beth Adams of Groote Schuur Hospital, South Africa to Graeme McColl shows that this is a luxury not necessarily shared by colleagues in other jurisdictions.

Hi Graeme

We had an unpleasant incident here last week in our large Outpatient Reception area. A gang of men with AK 47 rifles entered the area and started shooting at a prisoner-patient in ankle shackles being guarded by 3 wardens from Correctional Services. One warden died and the prisoner was wounded in the leg - they were trying to free him. Luckily no staff or other patients were wounded - quite a miracle!



"Everyday" South African street scene

In retrospect the situation was handled well but nothing in our plan had been designed to deal with such an eventuality. Staff and patients were extremely traumatised, plus most patients still wanted to keep their appointments. The area had to be cordoned off until the police had completed their investigations so another entrance had to be opened and patients re-directed. No-one could get at the folders (they were in the cordoned off area) so you can just imagine the situation.

We are also being sued by 2 patients (for half a million rand each) for emotional pain and suffering - the Province will have to deal with that, not us!

Never a dull moment!

Regards

Beth

Are you thinking that was "over there" and not something we need to worry about? Pause a second and recall the prisoner sprung at gunpoint from prison officers in Wellington earlier this year. In the late 1990's we had two or three incidents of armed Police chasing offenders through metropolitan hospitals. Perhaps fortuitously the offenders got away and there were no shots fired. ●



# High Pathogen Avian Influenza now classified as a "list A" disease

With recent media exposure Avian influenza is now often seen as a human health problem. That is only so when the high pathogenic strain mutates and jumps to humans (as it has been doing in Asia). At all times it is a serious concern to the world wide poultry industry. Many jurisdictions are adopting tough measures to control avian influenza outbreaks. The O.I.E (Office International des Epizooties, the World Organisation for Animal Health) has classified High Pathogen Avian Influenza (HPAI) as a "list A" disease, signifying a rapidly spreading animal disease of major economic importance, such as foot and mouth disease or classical swine fever.

European Union legislation now requires that all suspected cases of Avian Influenza must be investigated and appropriate measures taken in case of confirmation of HPAI. To limit the spread, infected poultry must be killed in a humane way and disposed off safely. Feeding stuffs, contaminated equipment and manure must be destroyed or treated to inactivate the virus.

To prevent further spread of disease the veterinary authorities are required to immediately put in place movement restrictions on the affected holdings and on all farms in a radius of at least 10-km around these holdings, the so called surveillance zone. If necessary, stamping-out measures can also be extended to poultry farms in the vicinity of or which have had dangerous contacts with infected farms.

At farm level preventive hygienic measures such as cleaning and disinfection are crucial. Disease awareness amongst farmers and cooperation by all people in the poultry sector must ensure that the strictest bio-security measures are applied to prevent disease spread.

The new measures are based on lessons learned from recent epidemics and new scientific knowledge on how the disease spreads and risks to human health. Old legislation only required control measures against the so-called "highly pathogenic" avian influenza viruses, those causing major disease outbreaks in poultry and that may also occasionally infect humans. However, there is now evidence that these highly pathogenic viruses actually originate from the so-called "low-pathogenic" avian influenza viruses as a result of virus mutation. In order to prevent major avian influenza outbreaks, the new legislation would also establish compulsory surveillance and control measures against the low pathogenic avian influenza viruses that can be transmitted to domestic poultry from wild birds such as ducks and geese.

The low pathogenic viruses cannot be eradicated from wild birds, but the infection of domestic poultry can be effectively controlled and virus mutation into the highly pathogenic forms can be prevented. The aim of the new legislation is to ensure that the most appropriate surveillance and prevention measures against avian flu are in place and that the health risks, economic costs and the negative impact on society in the event of an outbreak are minimised.

In the last few years avian influenza surveillance has been implemented in all EU Member States, but the new legisla-

## What is Avian Influenza?

Avian Influenza is a virulent and highly contagious viral disease which occurs in poultry and other birds. It was first identified in Italy in the early 1900s. There are various strains of the avian influenza virus, with the high pathogenic strains having almost 100% fatality rates. Wild birds are often carriers of the low pathogenic strains of the virus without showing any symptoms, and contact of domestic flocks with wild migratory birds has been at the origin of many epidemics in poultry. Avian influenza can occasionally spread to humans and other animals, usually following direct contact with infected birds.

## What has been the recent situation of avian influenza outbreaks?

In recent years the poultry industry worldwide has suffered serious damage due to avian flu epidemics. Since 2003, the particularly virulent H5N1 strain of the disease has caused more than 125 million birds to die or be destroyed in South-East Asia. Avian flu is still endemic in this region of the world and eradication is proving extremely difficult. Outbreaks of avian flu also occurred in the USA, Canada and South Africa in 2004. In the EU, recent major outbreaks of avian flu occurred in Italy (1999-2000) and the Netherlands, with incidences in Belgium and Germany (2003). The outbreak in the Netherlands led to the destruction of around 30 million birds and direct economic costs of more than €150 million.

## What threats does avian influenza pose to human health?

In most cases, avian influenza viruses do not infect humans. However, these viruses have the tendency to mutate and may occasionally spread to other animals and to humans. In particular, there have been cases of humans becoming infected with certain highly pathogenic subtypes of the avian flu virus due to direct contact with diseased birds. The 2003 outbreak of the disease in the Netherlands resulted in 1 human death and numerous milder human infections. In South-East Asia, around 50 people have died from avian flu since the current outbreak began. A major concern now is that a possible mutation or genetic change of the virus circulating in Asia could lead to the avian flu virus transforming into a new human strain of influenza capable of human-to-human transmission. Governments are working continually on pandemic influenza planning and response measures in case of such an eventuality.\*

tion makes this more systematic, e.g. Member States will have to implement national surveillance plans taking into consideration risk factors such as the possibility of contact of domestic poultry with wild birds, risk factors associated

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## WHO recommends radical change in crisis response

Fundamental changes are required in the way we respond to natural disasters was the key recommendation from a frank review by health officials, aid agency staff and military representatives of their work after the Indian Ocean tsunami. "What we're proposing is radical. If we don't change things then more lives will be unnecessarily lost," said Mukesh Kapila, a senior WHO adviser.

The assessment came after a 3-day conference on the effectiveness of tsunami health relief featuring hundreds of international experts and public health officials from tsunami-affected areas.

Heading the list of problems was how to end the chaos surrounding offers of help in the first stages of an emergency. All complained of the distraction generated by the huge numbers of volunteers and offers of help in kind. Even the unprecedented co-operation between military and civilian agencies -- which allowed, among other things, aerial surveillance of the extent of damage -- was deemed chaotic and slow.

WHO officials said they had been tied up finding uses for offers of military support, building working relationships and establishing ground rules, all of which could have been agreed in advance. "The co-ordination was inadequate," said Rear Admiral Robert Hufstader, Command Surgeon for the U.S. Pacific Command. "But the management of something this overwhelmingly complex -- 30 militaries, UN agencies and hundreds of NGOs -- had never been attempted before," he said.

The most controversial WHO recommendation was that future military co-operation should be governed by a set of agreements. The U.N. system would create a rapid assessment of what help was required. It would then requisition military support agreed in advance.

A range of poorly handled health aspects of the tsunami

response are to be dealt with through recommendations to health ministries on how to prepare themselves for disasters and distribute aid properly when they happen. Problems in identifying dead bodies were deeply depressing. Only 60 per cent of bodies found in Thailand have been identified. WHO says it will push health ministries to invest in forensic techniques and work on convincing officials of the psychological damage and identification problems caused by unnecessary mass burial of corpses.

### **More attention needed for mental health needs**

Specialists also identified mental health as an area requiring much greater attention. Up to 10 percent of the people affected by the tsunami, potentially 500,000, had mental health problems so severe they required professional help, a situation described by WHO's Dr David Nabarro as a "hidden psycho-traumatic epidemic".

While fiercely self-critical, the conference did agree that early steps had prevented the epidemics which so often sweep disaster-hit areas. A rapidly assembled reporting system for disease outbreaks and the use of mobile protection teams had helped prevent disease spreading despite the destruction of water supplies and sanitation systems and overcrowding in camps. The strong publicity campaign WHO mounted on the risk of disease and the need for sanitation and fresh water did prompt donors to provide this kind of aid in large quantities.

### **More Work for our Ministries**

Underlining the sense of urgency, officials said they had set a six-month deadline to reform both the way WHO operates and the priorities of the 192 health ministries it works with. Such a timetable, while entirely necessary, would be unprecedented and possibly over-ambitious. As one official commented, "in the UN system, six months is no time at all. It can take three months to get your expenses through." ●

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with different poultry species, the density of poultry farms, etc. Surveillance will also be carried out on wild birds to ensure that new knowledge is gained on the risks posed by these birds. Based on the results obtained, the Commission and the Member States will regularly revise the surveillance plans to increase their effectiveness

To prevent the spread of the disease to other farms, Member States will have to ensure that the poultry are not moved from the farms where low pathogenic avian influenza has been detected. Birds from the affected farms must be either killed and destroyed ("stamping out") or slaughtered normally. The virus is rapidly inactivated by heat, which means that there is zero risk to human health from cooked poultry meat. All available information suggests that even if eaten raw, the risk to human health posed by the consumption of poultry meat from birds infected with low pathogenic strains is probably negligible. However, under certain circumstances stamping-out may still be a necessary measure, as the movement of poultry from the farm where they are kept to the slaughterhouse may cause the virus to spread from farm to farm. ●

# Communicating by radio is best, but!

The word 'communicate' seems straight forward enough. We all know what it means, but does it mean the same thing to all of us? Communicate and its associated names fill over half a page in Chambers Dictionary; and the Dictionary lists over 70 forms of communication. Communicate is a word capable of imposing awesome responsibility, especially when viewed in the context of an emergency. Terry Brown, Editorial Policy Manager, Radio New Zealand, speaking at this year's Emergency Conference, based his presentation on the advantages radio offered in communicating with the public during an (civil defence) emergency. He also discussed the fragmented nature of the radio industry and the difficulties emergency managers may have in getting their messages into their local radio station.

In a review of the February 2004 Manawatu Floods radio was identified as the best and most immediate way to reach the public. Radio offers real advantages in getting information to those caught up in an emergency; immediacy, portability and wide coverage, including rural areas. Commercial radio and the national broadcaster each have the capacity to reach listeners scattered over more than 90 per cent of New Zealand on AM, FM, Sky and the Web.

The technology of radio with its simplicity and high reliability is well suited to emergency use. Receivers are small, robust and run on batteries. Radio's ability to put a report or a reporter to air within minutes, even seconds, gives it the edge in keeping people abreast of fast-breaking developments.

Of course, radio transmitters and power supplies can be knocked out in emergencies but backup and redundancy capacity is such as to make a total and prolonged radio blackout unlikely. So if we take serious flooding or quake damage, for example, there is a good chance that radio will provide a link to isolated people long after roads, telephones and other communications are out of reach or out of service. That all seems good, so what is the problem?

***The core issue seems to be; how, what, when or whether important information is communicated to the community when a potential or real disaster or emergency arises.***

There is probably as much confusion as clarity within the radio industry, about emergencies. Publicly-funded Radio New Zealand accepted some public service responsibilities in event of a civil emergency and has indicated it is keen to become involved with MCDEM in preparing for emergencies, when it has more information. Commercial operator, Radio Network Limited, including Newstalk ZB, Radio Sport and a range of music stations, said its programming generally focussed on news and current affairs. It would concentrate on a civil emergency when that occurred. The network already has protocols with some regions to become involved in the management of civil defence emergencies.

Another network, Global, rivalling Radio Network in terms of size and reach, includes Radio Pacific, MORE FM, the Rock, Edge, Solid Gold FM and Radio Live will be another player to take account of in coverage of emergency and

disaster events.

The scores of stations loosely affiliated and often privately owned and operated within these two major networks exemplify the competitive and independent nature of commercial radio in New Zealand and to some extent the difficulty of getting an absolutely universal buy-in on particular issues that face the industry. There are no binding or voluntary means to embrace the media and emergency services in terms of communicating critical information during a civil defence emergency.



There is precedent to negotiate such agreements. A model, maybe worth looking at is the recent drafting of voluntary protocols between media and the police, along with other security services, to act as guidelines during terrorism situations.

Other more formal co-operative undertakings between media and emergency services appear to have been contemplated by those who drafted the CDEM Act, but may have fallen into the too hard basket. For example, along with TVNZ, Radio New Zealand is nominated as a "Lifeline Utility" but their role as such is not clear.

Radio's core business is news and current affairs and its primary interest in an emergency or disaster is as a news event and the responsibility to fully report such an event to the people of New Zealand. Very few disruptive events in New Zealand would not rate some coverage...even at the lower end, at least a mention in news bulletins. But national radio will always have to make editorial decisions about what is relevant for a national audience.

We no longer have the ability to broadcast local programmes specifically for regional areas, so some minor events, such as secondary road flooding in a small community for example, may not make our news. Judgements are based on the level of interest and impact for a national audience as well as the time limitations of each news bulletin. In the event of a major emergency the issue would not arise.

Conversely, RNZ's ability to provide extended (often live)

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news coverage in programmes such as Morning Report, Midday Report and Checkpoint as well as bulletins each hour allows us to closely follow a major emergency event as it unfolds. Critically important or urgent information released by CD management would almost certainly be broadcast within a news update. Similarly, commercial stations could be expected to include significant information in their own coverage. But remember, some commercial newsrooms are quite small, staffed by a single journalist and reliant on networked news, press releases and phoned information. RNZ also provides a basic news service to many commercial radio stations, TVNZ, TV3 and Maori television.

It follows that DHB and other official sources must have the means to quickly identify and deliver to the media urgent, authoritative, accurate and timely information. This primary source would complement news being gathered by reporters on the spot, in various newsrooms or independently elsewhere. Equally important is for reporters in the field or newsrooms to be able to call official spokespersons at any time to check and corroborate information they've collected, or simply to record an interview. That's in addition to spokesmen and women available to journalists attending briefings at DHB and Civil Defence locations.

The availability of adequate communication channels between media and official sources reduces the chance of incorrect or conflicting information getting to air and helps to ensure its timeliness. Information by email, fax and on the website is fine but is no substitute for live or pre-recorded interviews which for radio, add credibility, authority and immediacy to news events.

While informed news coverage serves the needs of both the media and also DHB communication requirements, we

must recognise the reality of today's media priorities of which news is centrally important, whether a charter responsibility, a competitive advantage for selling advertising or simply the fact that bulletins are audience builders. The news is always there, as close as the next bulletin, and delivers to radio's peak audiences.

The idea of an "official" radio station broadcasting emergency information seems something for which commercial radio, with localised coverage, is best suited. There is a proposal, in its very early stages, that consideration is be given to nominating four or five stations whose transmitters would cover most regions of New Zealand. The idea would be that when an emergency event occurs in a particular region, other radio stations would carry messages alerting listeners to the 'official' station as the source of emergency information.

Conceivably, such stations would be listed in telephone books and other local directories, and their official role publicised through educational or promotional campaigns. These are ideas only at this stage and have yet to be discussed in depth, within the industry.

There are important advantages to this two tiered approach; firstly to ensure that news coverage of emergencies, particularly those with major impacts, is well informed through the timely release of official and authoritative information; secondly that more detailed and specifically directed messages for regional distribution (to those directly under threat for example) can be received from the specially designated station.

It also means that listeners, no matter where they are, can get the level of information they want about a particular emergency; the unaffected majority will continue to tune to their regular programmes on their regular stations. The fact is that radio tends to be a habit with not a lot of listener cross-over. There's a joke about National Radio listeners, their age and their loyalty being such that their radios are rusted to the one channel.

The special station concept also recognises the difficulties many regional stations would have in finding windows in their pre-recorded or networked programmes to broadcast local information. Sometimes, local means just long enough for commercial messages applying to that area. The owner of two Marlborough radio stations offers this advice, "if there's an emergency in Marlborough after 5pm or at the weekend don't try to call the station, call me at home." It seems likely that some stations, given the opportunity, would be happy to play a role during an emergency in their area. Local radio stations try hard to identify with their audiences and civic responsibility may ring some bells. Better understanding and collaboration between emergency services and the media will help this.

For example, during the February Floods CD headquarters in Fielding allowed reporters to sit in on the twice-daily briefings between the Controller and his team, police, fire, council, water supply, management, power, army, rail, the Mayor and so on. Thus reporters were first hand kept fully informed and up to date on what was going on, expected developments and what needed publicising and what didn't. At the end of the briefing officials were on hand for interviews, after which they were able to get on with their jobs.

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The February Flood Review canvassed a number of issues concerning radio's involvement, including:

- The proliferation of radio stations (48 receivable just in The Manawatu region).
- There did not appear to be one that provided authoritative information or gave the appearance of being the "official" radio station.
- A suggestion that there be nominated radio stations that will have "official and accurate information regarding a civil defence event."
- Although radio was the first source of information for many people, they did not know which station to turn to.
- A view attributed to some radio stations that it was not their role to broadcast service messages during emergencies.
- The problem of uninformed listener chat on talkback radio including false speculation that a bridge would collapse, that generated traffic chaos and "caused officials considerable anxiety."
- That some stations had limited opportunities to broadcast locally because they took pre-recorded programmes, some networked from elsewhere.

## Book Review

# Public Health Response to Biological and Chemical Weapons

The good news is that this 357 page guidance published by the World Health Organization (WHO) is available for downloading at [www.who.int/csr/deliberdemics/biochemguide/en/](http://www.who.int/csr/deliberdemics/biochemguide/en/)

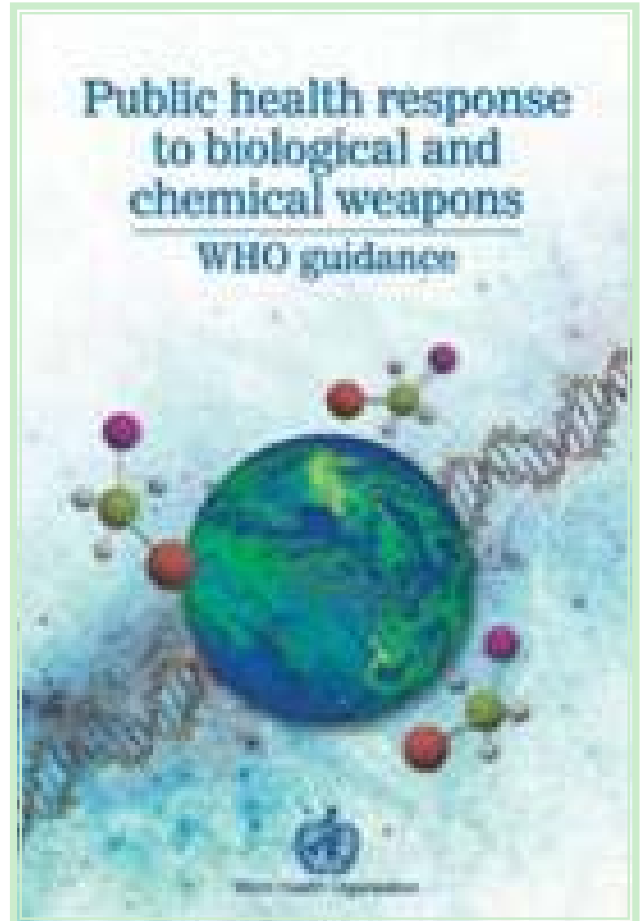
In this manual WHO updates its guidance for governments in preparing against a possible terrorist attack using biological or chemical weapons. The book has something for virtually everyone who may have an interest in this topic, from government officials to clinicians. Information is included about: the history of biological and chemical warfare,

- applicable international treaties,
- procedures for requesting WHO technical consultation,
- fundamentals of public health emergency response,
- basics of infectious diseases,
- treatment of patients with specific infectious or toxic exposures,
- physical properties of various agents,
- the utility of reconnaissance satellites for detecting weapons development, and
- the management of food and water safety programs.

This ambitious attempt to cover all bases is both a weakness and a strength. At times the guidance is so general that it is almost an inventory of truisms (e.g., "If it is found that the [emergency] control measures are not effective, they must be changed or modified."); elsewhere, the manual is a detailed resource. Its utility for different users will depend on their backgrounds and information needs. The core chapter, Public Health Preparedness and Response, may disappoint those seeking more than general principles.

Descriptions of the sarin attack in Tokyo in 1995 and the anthrax attacks in the United States in 2001 illustrate lessons from governments' recent experiences with chemical and biological terrorism. Both episodes demonstrate that relatively small attacks can have a profound impact and expose weaknesses in public health systems

The manual generally, but not consistently, avoids bureaucratic gobbledygook. While clearly organized, the book lacks an index, complicating efforts to find information quickly.



The appendices on chemical and biological agents offer concise, formatted summaries similar to those available through other resources, but ironically provide relatively little information about the agents' potential as weapons.

This manual will find a home on bookshelves among government officials and others concerned about the threat of biological and chemical terrorism. The book's underlying theme—that public health preparedness for biological or chemical terrorism depends on fundamental capacities to respond to more common health threats—is its most salient message, no matter where the user resides. ●

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Within the hour, a comprehensive up to date report, quoting authorities, would be on the airwaves. Overall, the operation was efficiently organised and people were accessible. There were examples however of much less efficient communications operations at other emergency headquarters involved in the February floods.

It seems 'things are happening.' Hook into what Civil Defence is doing in your region and make sure your DHB is in tune with any arrangements put in place.

The HEMNZ Bulletin is published monthly by the Risk Management Unit of St John Northern Region for all those interested in emergency management in health care settings

Articles and comment on emergency management issues are welcomed

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Check out our Web site at  
[www.hemnz.org.nz](http://www.hemnz.org.nz)

## Up coming Events

18 May 2005, Te Papa, Wellington  
20 May 2005, Novotel Hotel, Hamilton

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11—15 July 2005  
**7th ITACCS International Chief  
Emergency Physician Training  
Course on Mass Casualty Incidents**

Dunedin  
Cost \$1200 +GST  
More information from  
<http://itaccs.healthotago.co.nz/itaccs7.htm>

17 - 22 July 2005  
**RedR Humanitarian Logistics in  
Emergencies**  
St. Francis Retreat Centre, Mt. Roskill,  
Auckland  
Cost: \$700 with discounts for IPENZ and  
RedR members  
More information from; [www.redrnz.org.nz](http://www.redrnz.org.nz)  
or [robertpatton@xtra.co.nz](mailto:robertpatton@xtra.co.nz)

## Editor's soapbox



This edition of the Bulletin has focussed on population health issues in third world countries far away from our sheltered shores. The problems associated with delivering health care in those settings are far removed from our setting.

Other than well trained staff, the key to delivering high tech healthcare in our clean green environment is the assured availability of electricity. We all experience moments of panic when our power fails, even briefly.

Yet the future of our electricity supplies are far from assured, as Bryan Leyland eloquently explained to those who attended the Annual General Meeting of the New Zealand Society for Risk Management this week.

Bryan, a noted commentator on electrical supply issues, pointed out that since the deregulation of the electricity industry no one has a complete picture on how much power we are generating and using, nor what our future demand will be. With decisions being made by both politicians and suppliers for short term advantage, there is no long term planning for the needs of the country over the next 20 –40 years.

What is certain is that our present generating capacity will not be able to cope with the demand. Not only will electricity cost more, there will not be enough for our needs. The long term answer may well be a shift to nuclear power plants sited near the area of highest demand (Auckland). Bryan noted that at all meetings he addresses the audience are now not adverse to considering the nuclear option.

Whatever we do, new generation plants take some ten years to build—after getting resource consents. In the short term we are going to experience more and more power shortages and outages.

As we run up to our triennial parliamentary elections, our politician will pretend, at least briefly, to listen to our thoughts and concerns. Ask what they intend to do to ensure continuity of electricity supply. And don't be put off by clap trap about wind farms and cold showers being good for us.

While waiting for their answer, spend a little more time in long term business continuity planning identifying what your critical electricity needs are and how you are going to meet them from your own generation capacity.

**Bruce Parkes**

## Will History Repeat Itself?

They counted their dead, and they buried them where they could, which was usually where they found them. ... The king back in Holland opened a fund. Dutch mothers sent blankets, tents, food. A flotilla of ships travelled east to see what could be done. The Great World Circus staged benefit performances.... The aid workers came to town. The charities set up shop. The scientists fanned out to investigate, to report to recommend.

But in time they all went home again, to deal with other problems and to answer fresher questions. They left the coastal people of Java and Sumatra, and those islanders of shore dwellers known as the 'Bantenese', among their patched-up ruins, and in time they forgot all about them.

From Simon Winchester's "Krakatoa, The Day the World Exploded August 27, 1883."