# In Profile: Don J Withers OAM, ASM, NSM

## Don the Disaster Man

"I spent almost a quarter of a century associated with disasters."

Don Withers, the 'Disaster Man', was Director, Counter Disaster Unit at Commonwealth Health from shortly after Cyclone Tracy in 1974 to after the completion of the Sydney Olympics in 2000. After 42 years as a Commonwealth public servant, he retired at the end of 1996. He shares with us here his reflections on his contributions to disaster medicine planning and some observations about the future.

When asked to describe disaster medicine, Don explained, "In practical terms, disaster medicine involves the modification and expansion of health and medical capabilities to counter a situation which has the potential to overwhelm services.

"In more simple terms, it's the application of military medicine to the civilian scene namely pre-hospital emergency care where numbers to be assisted exceed the immediate resources. It's really mass casualty management.

"In Australian history there have been numerous deleterious events but I think it's fair to say that disaster medicine started in Australia with the Granville Train incident in January 1977. In the northern hemisphere, disaster medicine response commenced some four-five years earlier

"The train disaster at Granville was really the first time there was a co-ordinated medical response in Australia where the resources were all under a central control. There was a detailed plan to extract the injured from the site under a controlled mechanism and to transport them to designated hospitals," he said.

With such a length of service in the field of disaster medicine planning, Don has witnessed much change. "Initially I was totally involved with Commonwealth counter-disaster medical relief. The then National Disaster Relief (Health) Committee which replaced National Medical War Plan Committee (NMWPC) was set up in 1975. This national body identified a wide range of Commonwealth resources including the Defence Medical area.

"This was 'big bang' planning to assist states and territories and the Committees prepared some outstanding material. Plans such as the National Burn Injury Dispersement Plan (actually implemented with the Bali burns victims), and Pharmaceutical and Basic Equipment List (to support 500 casualties for three days), were significant forecast planning.

"For example, basically there are a lot of small towns around the Australian coast of around 50 000 people. If they were hit by a cyclone or explosion there are three sorts of medical needs that could occur. You might have to evacuate the hospital, you might have many injured people to deal with, and you might have people in the community who are on home medication and have been evacuated to temporary accommodation. This all requires careful consideration and planning to ensure the health and well-being of those affected does not deteriorate," he explained.

However the emphasis changed as the Australian scene became more dynamic and most states and territories were, at best, rudimentary with their planning. "Only Victoria and NSW had planning personnel committed to counter disaster medical planning and co-ordination, and a single person at that.

"States and territories, quite understandably, saw their 'artificial borders' as sacrosanct and this was basically because medical registrations and responsibilities where individual to each jurisdiction. But disasters don't recognise state borders!

"I was looking at disaster medicine planning from a national viewpoint that disasters could envelope more than one state and quickly exceed its capability to handle it –particularly in non urban areas.

"There was obviously a need for national co-ordination of knowledge and policy direction and my role, which started as a pure counter disaster medical planner, evolved into a broader function that also included education and training of health professionals," he said.

Don explained that in the early 1990s the Commonwealth established a special group called the Australian Medical Disaster Coordinating Group (AMDCG) of the Australian Health Ministers' Advisory Council where all states and territories and the Commonwealth identified their resources and problems in a national forum.

"The identification of potential resources for a national response was a key element. The Commonwealth had a high priority to conduct disaster medicine conferences and symposia at the AEMI Institute at Mt Macedon. This concept was expanded on when the AMDCG established, with EMA, the National Disaster Medicine Training course. This was a key outcome for uniform performance and enhancement of the national capability," he added.

So what were some of the outcomes of this early work in disaster medicine planning? Don feels that the acceptance of the Rapid Response Medical Capability for remote areas of Australia concept as an operational collaborative effort was a major outcome. Also, he stressed that the development of a range of Australian emergency management manuals that arose from the national committee was a great step toward uniform training. The manuals were the AEM on Disaster Medicine; the AEM on Emergency Catering Guidelines; and the AEM on Safe and Healthy Mass Gatherings.

"Also, I believe that the medical and health arena is the most important group of the essential services to be activated in disaster response. The regular emergency services – police, fire, ambulance and SES – are, by their very nature, geared to perform rapid response. Not so the medical and health area. So while I would like to hope that the medical health field has maintained momentum, I actually fear it has not," he said.

When asked why he thought the initial momentum had stalled, Don explained, "In my 'reign' I held something like16 major conferences or symposia on the medical and health theme at the Australian Emergency Management Institute at Mt Macedon for medical and health personnel, and allied groups from across the nation. Expert keynote presenters were recruited from overseas to the conferences. I am not aware of any such gatherings being conducted at Mt Macedon since my retirement.

"Furthermore, medical and health articles appeared on a regular basis in the AJEM. In fact, a whole edition was devoted to medical and health aspects. In retirement I have only seen one article in nearly ten years on medical and health aspects.

"A small group of Australian experts attended conferences conducted by the World Association for Disaster and Emergency Medicine every two years on various continents of the world. Australia presented papers and brought back key themes and international experiences for Mt Macedon symposia. This also appears to have lapsed," he commented.

Don countered this however saying that he felt now was a very opportune time to make further advancement in disaster medicine planning. "Bird flu, or more correctly avian influenza H5N1, has received extensive media attention and I believe the Department of Health and Ageing is directing new resources to the potential problem. Also, I believe that while the terrorist threat to the average Australian has been overestimated, nevertheless large resources have been allocated and the end result sadly, could be a major mass causality situation.

"*Hurricane Katrina* emphasised that disasters are political events and FEMA in the USA proved an abject failure by all reports. Closer to home we were so lucky that Cyclone Larry didn't strike and devastate Cairns or Townville. The carnage, death and injuries and damage to hospital installations caused could have taxed resources – a good reason to update and trial the Pharmaceutical and Basic Equipment List for Disasters.

"With Larry it was pleasing to see the 'Alan Stretton syndrome' [*Cyclone Tracy*] being replicated by the employment of Peter Cosgrove. Perhaps EMA might keep a list of retired senior Defence Force leaders who are well trained in command control and co-ordination, for future situations of this type," he commented.

In closing Don reflected that in Australia we were very good at emergency management as we 'know a little about a lot' whereas in the northern hemisphere, counterparts specialise and thus get know 'a lot about a little' in relation to emergency management. During his latter career, Don was asked to undertake a number of consultancies for the World Health Organization in Switzerland, and Thailand, and for the governments of Hong Kong and New Zealand totalling several months over a five-year period.

"It was personally rewarding and a recognition of Australia and its professionalism in this field" he said.

In January 2000 Don was awarded an Order of Australia Medal for his services to disaster medicine. The award was instigated by state and territory medical representatives in appreciation of his services to the nation.