# Bushfires, 2003

## *A rural GP's perspective*

**BACKGROUND** Extensive bushfires in January and February of 2003 had a major impact on many communities in northeast Victoria, East Gippsland, southern New South Wales and Canberra. These fires eventually engulfed an area roughly equivalent to the entire area of Germany.
**OBJECTIVE** This article describes the impact of the fires and the role of the general practitioner in the emergency response, and presents recommendations for the role of general practice in future disaster planning.
**DISCUSSION** General practitioners have critical roles in the provision of round the clock general medical services to their communities in times of bushfire or natural disaster. They also act as gatekeepers to mental health services, psychiatric referral and counselling alongside other community based programs. Divisions of general practice have a pivotal role to play in disaster plans, particularly in coordinating the maintenance of ongoing medical services, facilitating communication between GPs and essential services, and integrating general practice into postdisaster recovery.

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On January 7th 2003, a lightning storm caused 57 fires, setting alight large areas of dry mountain vegetation across southern New South Wales and northeast Victoria. Many of these fires were extinguished in 24 hours, however, large teams of fire fighters worked into March to bring all of the fires under control.

The bushfires of 2003, rank with 'Ash Wednesday' in 1983, and 'Black Friday' in 1939, as the largest bushfires experienced in recorded history. The 1939 fires killed 71 people, burned more than 1.4 million hectares of land and destroyed more than 1000 homes. The 1983 Ash Wednesday fires killed 75 people, burned 430 000 hectares of land, and destroyed more than 2000 homes. The 2003 fires killed five people and 541 homes were destroyed. It is estimated that 1.8 million hectares of land was burned including 645 000 hectares of Kosciusko National Park and 30 000 hectares of private land in NSW.

The 2003 fires in northeastern Victoria were named Pinibar, Bogong Complex and Buffalo Complex (Figure 1). These three merged to form one long front running over the Victorian Alps toward Gippsland. There were also fires adjacent to the larger townships of Beechworth and Yackandandah.

Community memories of Ash Wednesday triggered an enormous emergency response from many rural communities across southeastern Australia. Volunteer fire fighters from all states were mobilised to join local colleagues in mostly difficult mountainous terrain (Figure 2). They were accompanied by a high technology response: fixed wing aircraft bombing with fire retardant and water when smoke and visibility allowed. Water bombing helicopters including the Erikson Air Crane, called 'Elvis', and sister ship 'Isabella', capable of lifting massive volumes of water became commonplace in the skies around threatened towns (Figure 3). Large bases for fire fighting teams were established with comprehensive internet based communication networks located strategically around the fires.

### Initial responses

Debate about management of the fires began early and still continues. Local country fire authority (CFA) units were mobilised, many volunteers leaving their employment for up to six weeks.

Figure 1. Mount Emu from Mount Beauty Airport, 15 January 2003

Figure 2. Toolangi fire truck behind Mount Beauty Medical Centre, 27 January 2003

Figure 3. Erikson air crane Elvis over Mount Beauty pondage, February 2003

Figure 4. Bushfire Mount Beauty, taken from north edge of reticulation pondage with Mount Bogong in background, 26 January 2003

Figure 5. Fire on Mount Beauty behind Mount Beauty Medical Centre, 27 January 2003

Figure 6. View south over Rocky Valley Dam, summit Mount Mackay near Fall's Creek, February 2003

Parks Victoria and the Department of Sustainability and Environment had large hastily organised teams of professional fire fighters to throw into the turmoil. In the early days of the fire, support infrastructures such as fresh food and water for these personnel was a problem. A number of fire fighters were treated for dehydration, gastroenteritis, and exhaustion, as well as smoke inhalation and minor traumatic injury. First aid personnel from St John's Ambulance and the

Red Cross dealt with minor medical complaints, with general practitioners and local rural hospitals providing backup.

## Ongoing responses

The emphasis of the fires shifted from towns to mountain ranges to valleys with frequent wind and other daily weather changes. The CFA organised community meetings in all threatened towns. People were presented with updated fire information and advice about personal safety plans. We became familiar with a whole new language: bad fire behaviour, control lines, containment lines and capital losses. As the days wore on, heavy thick smoke became inclement, with visibility often reduced to less than 50 metres. People not fighting fires remained indoors tuned in to radio and television for current information. Communities were encouraged to develop 'fire safety plans' for each household. Decisions were made whether to stay and defend a property or to load the car and evacuate the area. Most residents who remained in the area packed essential belongings in their cars or prepared an emergency evacuation bundle stored at the front door of their homes. For many, evacuation to nearby caravan parks and motels was the option. Many elderly people were transported to Melbourne or provincial cities, while many young families left the threatened towns.

## Media

The shocking results of the fires in Canberra were widely broadcast on all media; scenes of massive devastation of homes and significant loss of life engendered an increased level of anxiety into already very stressed communities. Vulnerable people in these communities were affected and several florid presentations of psychosis occurred. However, the media had a vital role to play. Radio, especially local radio, advised threatened communities when to enact their fire safety plans.

## The role of the GP

For Mount Beauty (Victoria), the Saturday of the Australia Day weekend was the most threatening period (Figure 4). The spectre was a combination of an out of control bushfire, flanked by extensive back burning operations. Some homes were evacuated and the fire came within 50 metres of our medical centre. Considerable time was spent hosing the building and surrounds (Figure 5). Similarly, fire came within 50 metres of our Falls Creek branch practice, with power and telephone to the ski resort cut for lengthy periods. Services ceased for six weeks because of road closures.

General practice attendances all but ceased, people forgot their coughs and colds and minor ailments. As the fires continued, the pattern of presentations to doctors changed, becoming mainly trauma and occasional acute medical presentations such as myocardial ischaemia and respiratory illnesses. Despite incessant, unrelenting smoke cover, presentations with respiratory illness and asthma did not increase. Many people suffering chronic airway illness either left the area or stayed inside their homes. The wearing of facial masks in public became common practice.

Throughout the bushfire threat, State Medical Displan doctors and coordinators in Melbourne and Benalla, maintained constant and regular contact with local GP area coordinators located in towns directly affected by the fires. This enabled a modicum of planning for the 'what if' scenarios. Possible evacuation arrangements were drafted should local hospitals and other health agencies be threatened. Fortunately, casualties from the fire combatants were small, but considerations and planning existed should these have been higher.

General practitioners in all affected towns remained in close communication via informal links to combating authorities: police, CFA, ambulance and state emergency services (SES). Local shires established community evacuation centres. Local GP knowledge was important to identify who needed to be moved to these centres. This movement of the aged and disabled was extremely stressful and required considerable urgent consoling and counselling. This clearly identified the important role of GPs in supporting their communities around the clock. Most GPs in towns affected by the fires reported a massive downturn in income and practice attendances over a two month period from early January. This was slightly offset by the additional fire fighting personnel in some towns.

## The role of the division

The North East Victorian Division of General Practice covers 33 000 square km extending from Corryong, looping around Albury Wodonga to Yarrawonga and down to Yea. It includes Falls Creek, Mount Hotham, Mount Buller and Mount

Buffalo ski resorts.

The fires directly impacted over 30 of our 112 general practice members. As smoke and water quality issues came to the fore, GPs were invited to speak in local schools about the dangers of the air pollution. The Department of Human Services issued safety circulars[1] and the division was able to promote this to members. The division had an important role in the maintenance of GP services in towns where fire threat was greatest, back-filling with GPs from nonaffected towns, thereby enabling local affected GPs to prioritise protection of their homes, practices and families.

## Aftermath

As the fires were extinguished, GPs began helping the community cope with recovery processes. There were massive community losses with up to $30 million in lost or damaged infrastructure, and an estimated $60 million in lost tourist income. The loss of capital assets, stock and pasture was significant but could have been much higher. Massive damage to native flora and fauna was, and remains, most apparent (Figure 6).

Recovery for many in the community will be slow, having suffered significant emotional and psychological trauma. Others have suffered financial loss, including volunteers who were absent from their work places, sometimes for a six week period. Some elderly and disabled were stressed by the displacement and threat they experienced when moved to evacuation centres. Questions about the long term effects of exposure to smoke pollution and reduced water quality remain.

## Recovery and looking forward

The Victorian Department of Human Services has organised much of the emotional recovery. Advocacy by the division has been required to keep GPs involved in the recovery process. The task of helping those with post-traumatic stress disorder (PTSD) will fall to GPs. The RACGP and other medical organisations have helped improve GP awareness and skills with this task.[2-4]

Disaster plans for many communities were written before divisions evolved and in light of the recent fire experience we recommend towns, communities, regions and state and federal governments revisit disaster plans. This is particularly important where a disaster is ongoing and medical services will require relief to enable continued provision of essential services to the public. Divisions of general practice offer a mechanism for communication between the SES, police, CFA, ambulance and GPs, and this needs to occur on a more formalised and organised basis. St John's Ambulance and the Red Cross played important roles in the provision of first aid services to fire fighters, and GPs need to remain supportive of these voluntary agencies.

As a result of the experiences of the GPs in the North East Victorian Division of General Practice who were close to the fires, we recommendation the following for general practice and future disaster planning:

- divisions should be recognised and integrated into municipal, regional, state and federal disaster plans
- divisions play an important role in coordinating the maintenance of ongoing medical services to communities affected by disasters
- there is a need for improved promotion of State Medical Displan in Victoria
- there is a need for better integration of general practice into postdisaster recovery
- continued education about PTSD for health providers and the community is essential. The CFA provides an excellent example, with strong preventive programs underway. Perhaps more divisions need to work in this area with their members
- greater research and study into prevention, combat and organisational aspects of bushfire control are essential, and
- general public education about fire prevention and personal fire safety plans is necessary.

Conflict of interest: none declared.

### References

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