



Speaking “Truth to Power” -
How a Rural Community saved their Medical Workforce, their patients ,
their lives

Clinicians & Community together: Flood Disaster Management 101

Bennett O⁽¹⁾, Blandford M⁽²⁾, Kwiet, J⁽³⁾, Lenstra, A⁽⁴⁾, Dunn S⁽⁵⁾, Velovski, S^(1,6)

Over our Heads

Lessons from doctors' responses
to the 2022 Northern Rivers floods



NSW RURAL DOCTORS NETWORK
CELEBRATING 35 YEARS



Presented by:

- Dr Oliver Bennett
- Dr Michelle Blandford
- Dr Sue Velovski
- Annette Lenstra
- Prof Stewart Dunn

Introduced by Julia Kwiet

No conflicts of interest

Board Member of Non for Profit and Profit -NorDocs , RDAA, NSW RDA , MIGA

Member NSW AMA

Elected Member NSW Emergency Disaster Response Group

Medical Executive St Vincent s Lismore

Perioperative Services Committee Lismore Base

NSW Surgical Services Task Force ; Human Factors Advisory Group

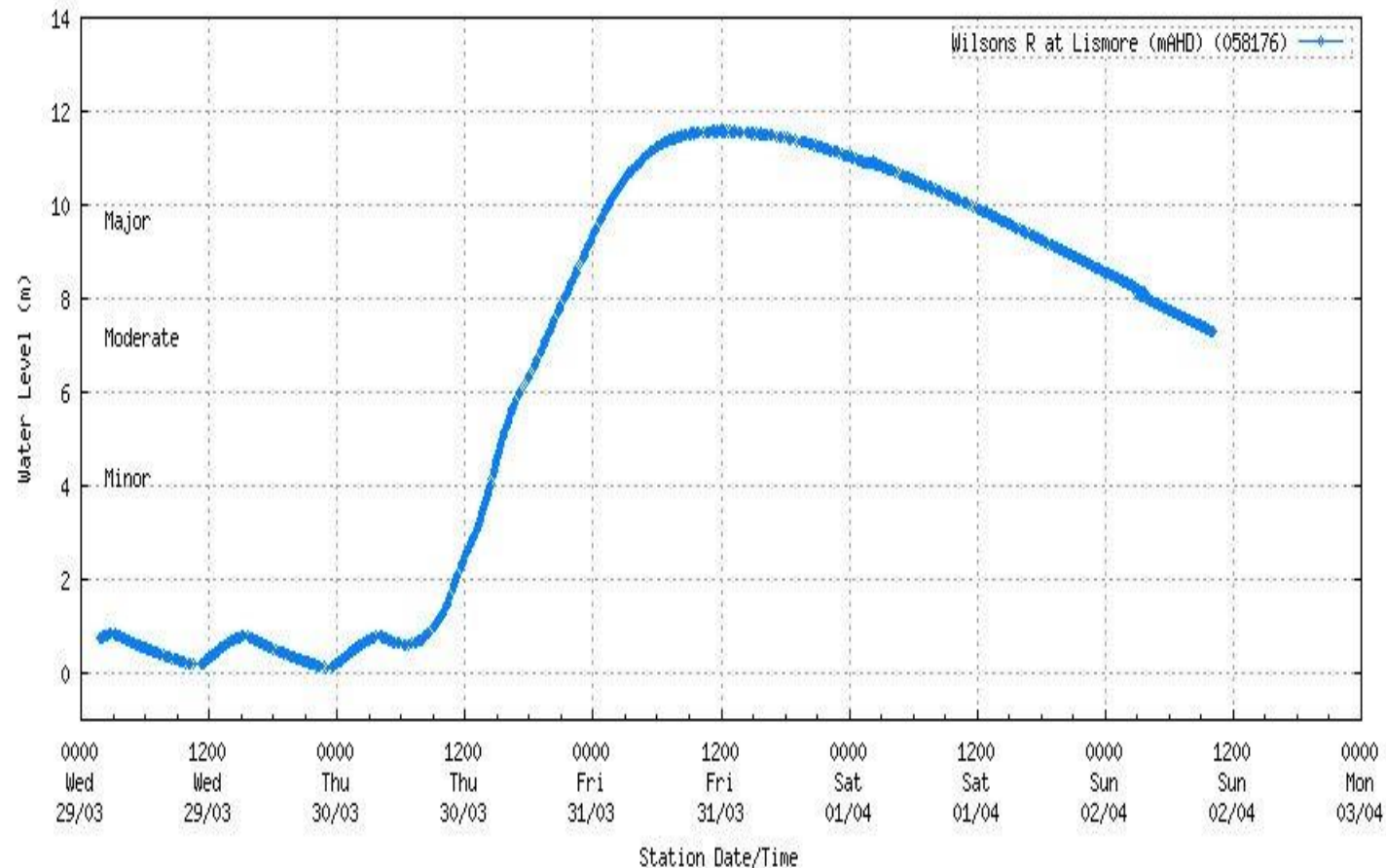
<p>Julia Kwiet</p>	<p>Senior Social Worker Medical Benevolent Association of NSW/ACT</p>
<p>Oliver Bennett</p>	<p>RMO, Lismore Base Hospital President RMO Association</p>
<p>Michele Blandford</p>	<p>GP, Keen Street Clinic, Lismore</p>
<p>Sue Velovski</p>	<p>Specialist General Surgeon/ Surgical Educator Lismore Base Hospital St Vincent's Lismore</p>
<p>Annette Lenstra</p>	<p>Sector Advancement Manager NSW Rural Doctors Network</p>
<p>Stewart Dunn</p>	<p>Professor Psychological Medicine Royal North Shore Hospital & Sydney Medical School <i>Sponsored by the Medical Benevolent Association NSW /ACT</i></p>



The Statistics

- *Between the 25th of February and 2nd of March 2022, an estimated 670mm of rain falls in the region. Resulting in flooding events which impacted the east coast of Australia, stretching from the Sunshine Coast in South East Queensland to the South Coast of New South Wales*
- *Monday Feb 28, 2022 NSW SES gave the order to evacuate Lismore around 2am*
- *Approximately 40,000 people live in the catchment area around Lismore*
- *SES services had made 545 rescues on Monday, with 1,500 calls for assistance*
- *Flood waters peaked at 14.4 metres*
- *By Monday night, the water level had begun receding*
- *Only to rise again on the March 29th , with a second flood reaching 9.9m*

Between the 25th of February and 2nd of March 2022, an estimated 670mm of rain fell in the region, resulting in flooding events which impacted the east coast of Australia, stretching from the Sunshine Coast in SE Queensland to the South Coast of NSW



- Monday Feb 28, 2022 NSW SES gave the order to **evacuate LISMORE** around 2am
- Approximately 40,000 people live in the catchment area around Lismore
 - SES services had made 545 rescues on Monday, with 1,500 calls for assistance
 - Flood waters peaked at 14.4 metres.
 - By Monday night, the water level began receding
 - Only to rise again on March 29th, with a second flood reaching 9.9m



Latest River Heights for Wilsons R at Lismore (mAHD)

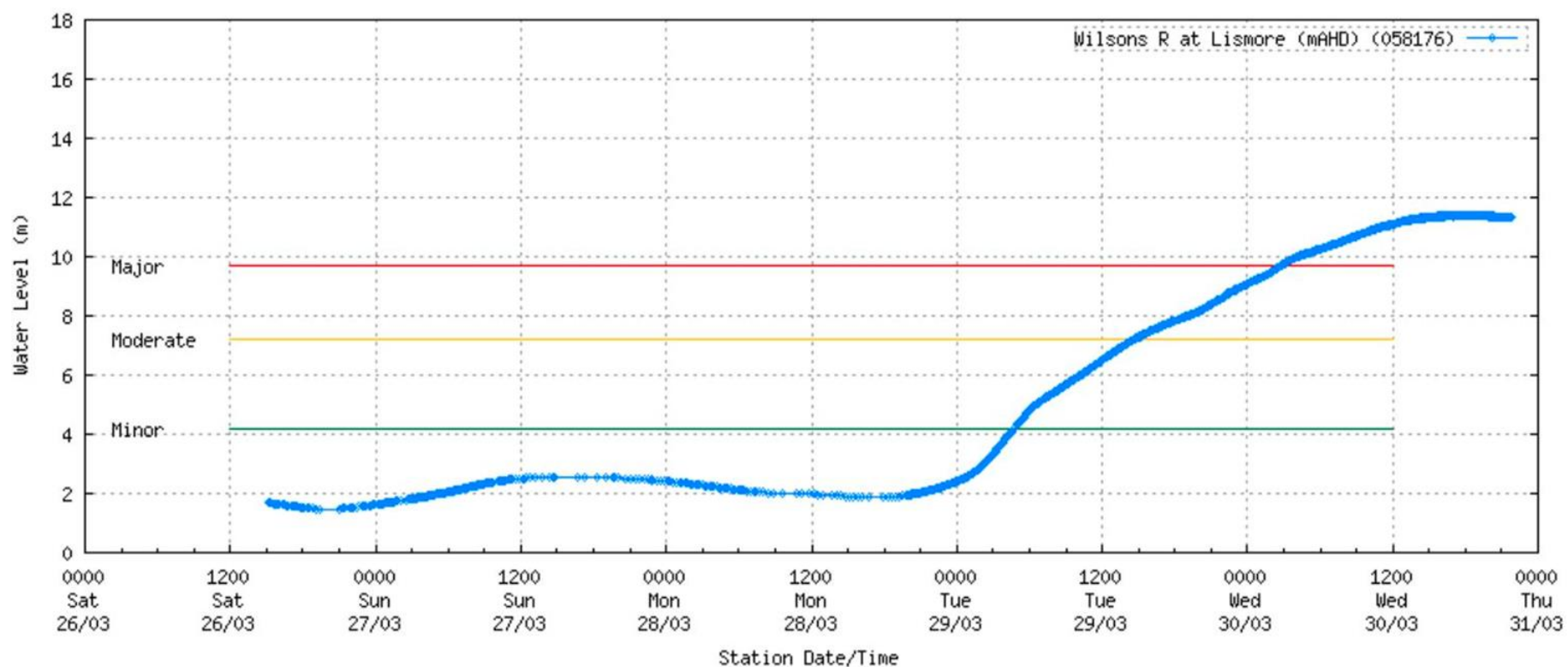
Issued at 9:46 pm EDT Wednesday 30 March 2022

[About river height plots](#) | [About this Plot](#)

Station details: Station Number: 058176 Name: Wilsons R at Lismore (mAHD)

Flood levels: Minor: 4.20 Moderate: 7.20 Major: 9.70

Data from the previous 4 days.



Oliver Bennett

RMO, Lismore Base Hospital President RMO Association

January

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28 February

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28TH FEBRUARY 2022



7
NEWS
com.au

6TH MARCH 2022



30TH MARCH 2022











03.03.2022 12:30











- Three weeks into the start of the clinical year = very junior doctors
- We were faced with a workforce split in half by geographical separation
- Minimal adaptation by hospital
 - Many departments felt unchanged from junior doctor perspective
- Intuition and leading 'by doing'
 - A void of communication and direction.
 - Juniors stood up, self reporting to help at other hospitals rather than wait at home
 - Assisting outside the hospital at the evacuation centers and other sites

What came after the survival mode has ended?

- *Supported with our physical needs*
 - *Junior doctors homeless,
without belongings or any
worldly possessions*
- *Relied on informal supports from
friends and colleagues.*
- *All the while being informed “The
System is Resilient” and we
had performed well.*





Selfcare

- *Lack of formal organisation led debrief*
- *Fortuitous first debrief opportunity*
- *Self-sorted our own opportunities*
- *Our advice is please don't miss the opportunity*



Keen Street Clinic

Northern NSW Floods Feb 22





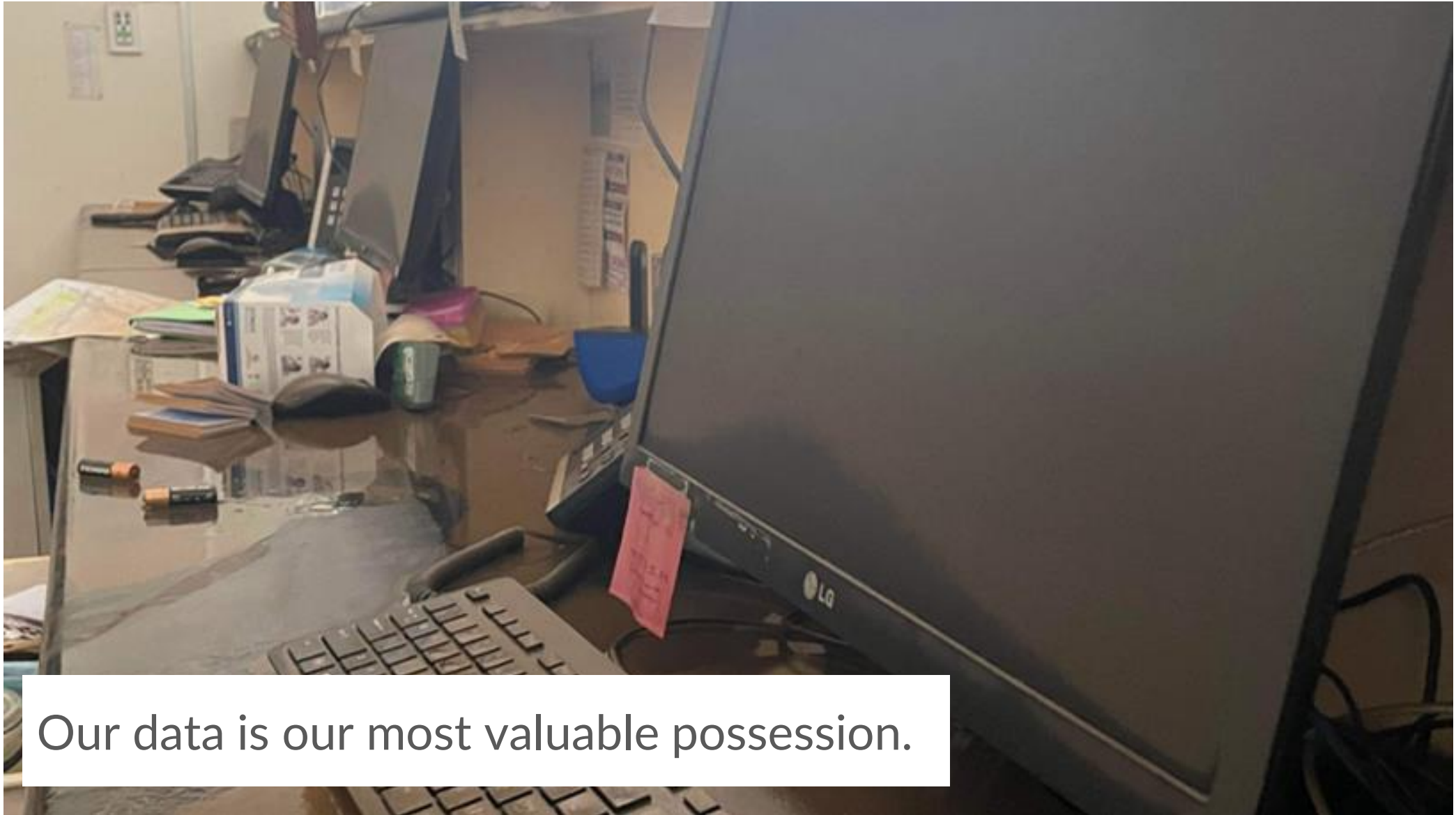


36 hours to
gain access

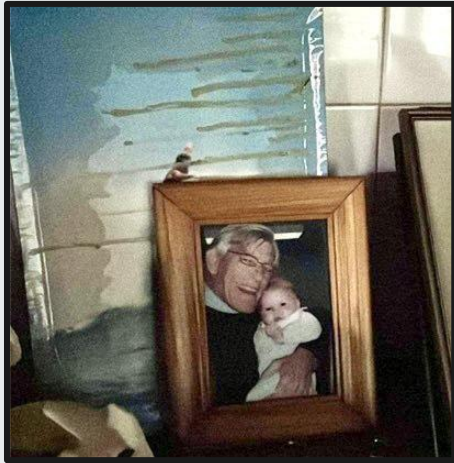
2 weeks to recover
data

6 weeks to restore
power for clean up





Our data is our most valuable possession.



**The evacuation centre
presented a political minefield**

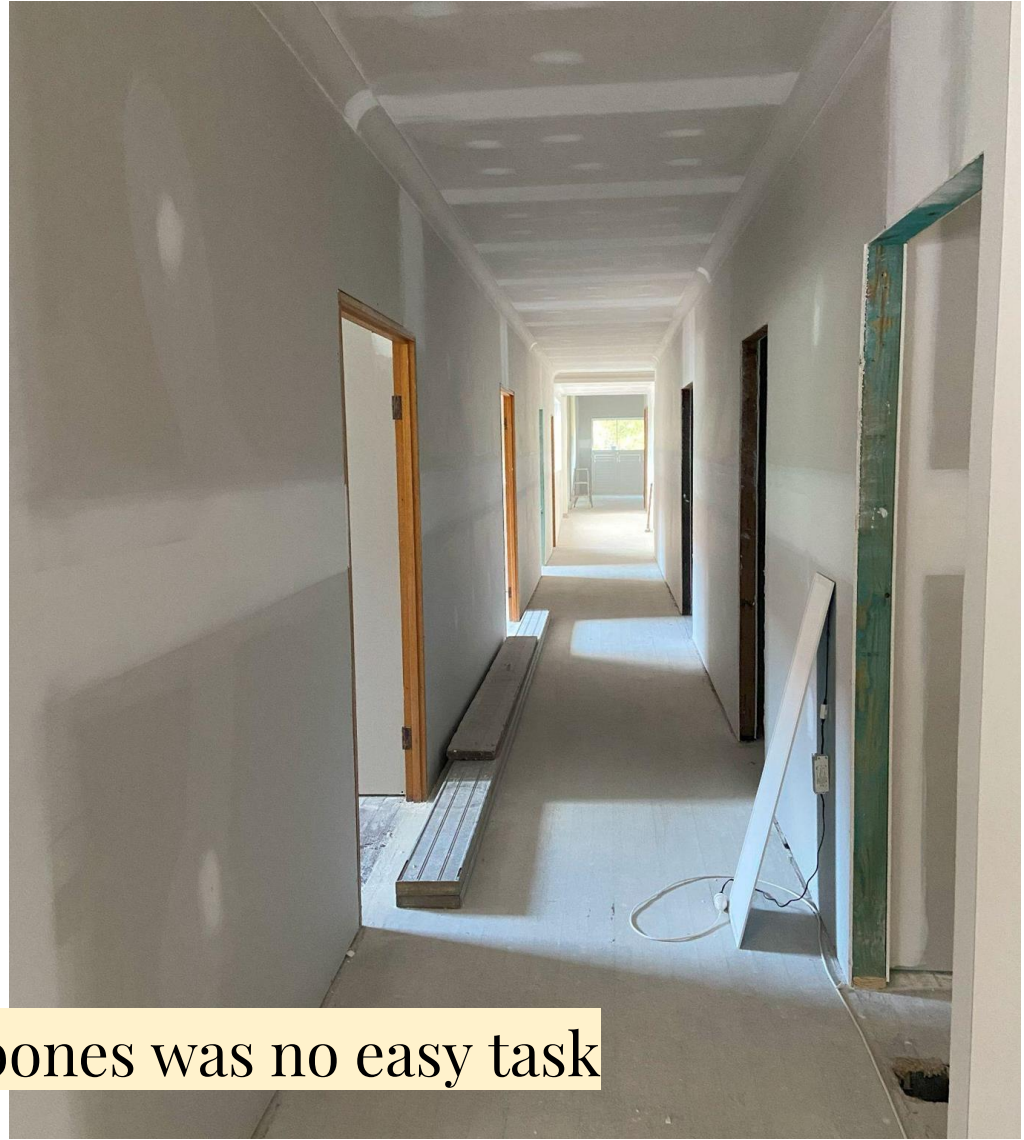


After 3 weeks the local private hospital stepped in and donated a suite of consulting rooms for us to use





Our “Little Green House” took 3 months to rebuild. It was stocked almost exclusively with donations from medical charity organisations and GPs across the country



Rebuilding from bare bones was no easy task

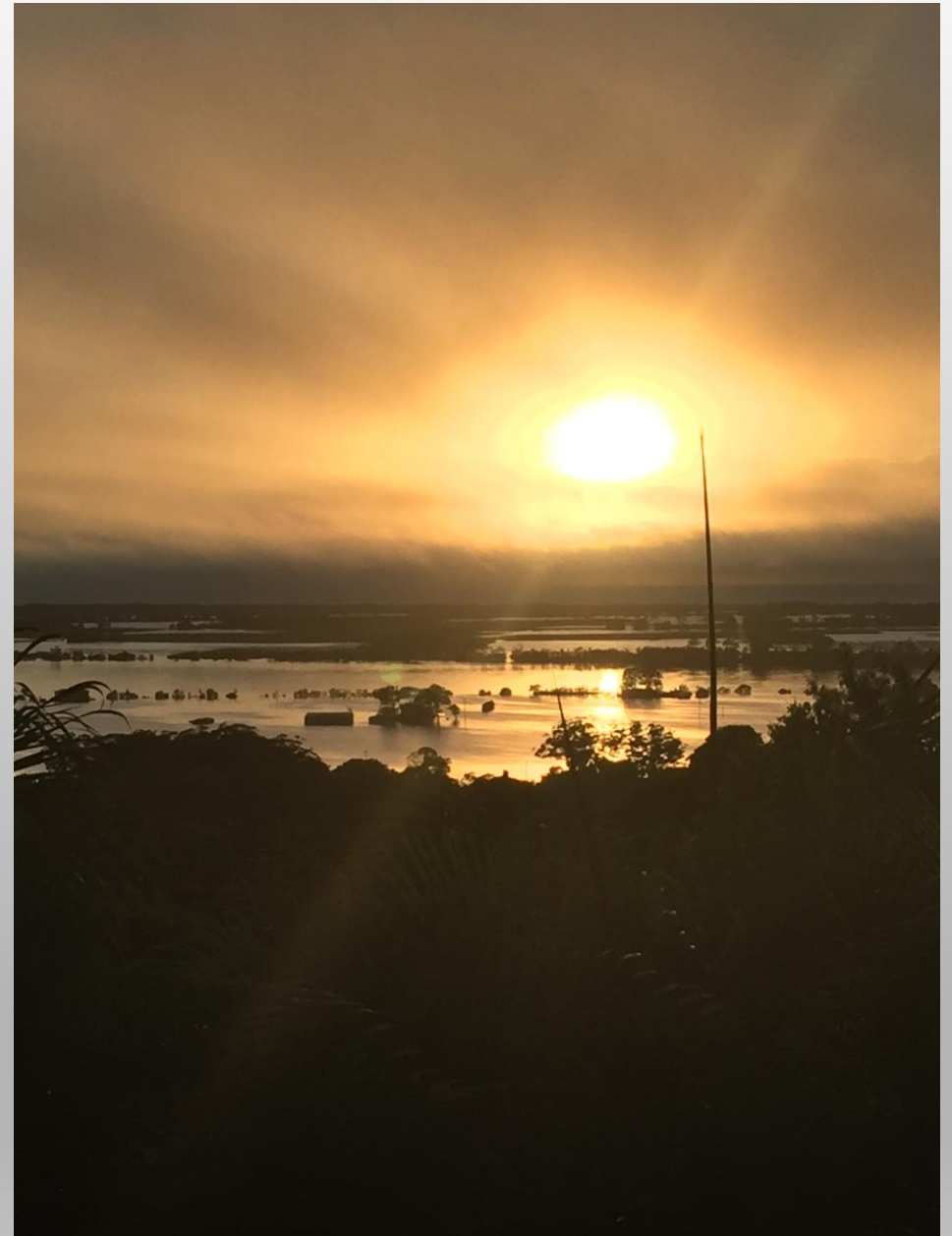


The campaign for government support of primary care recovery after natural disaster is on-going



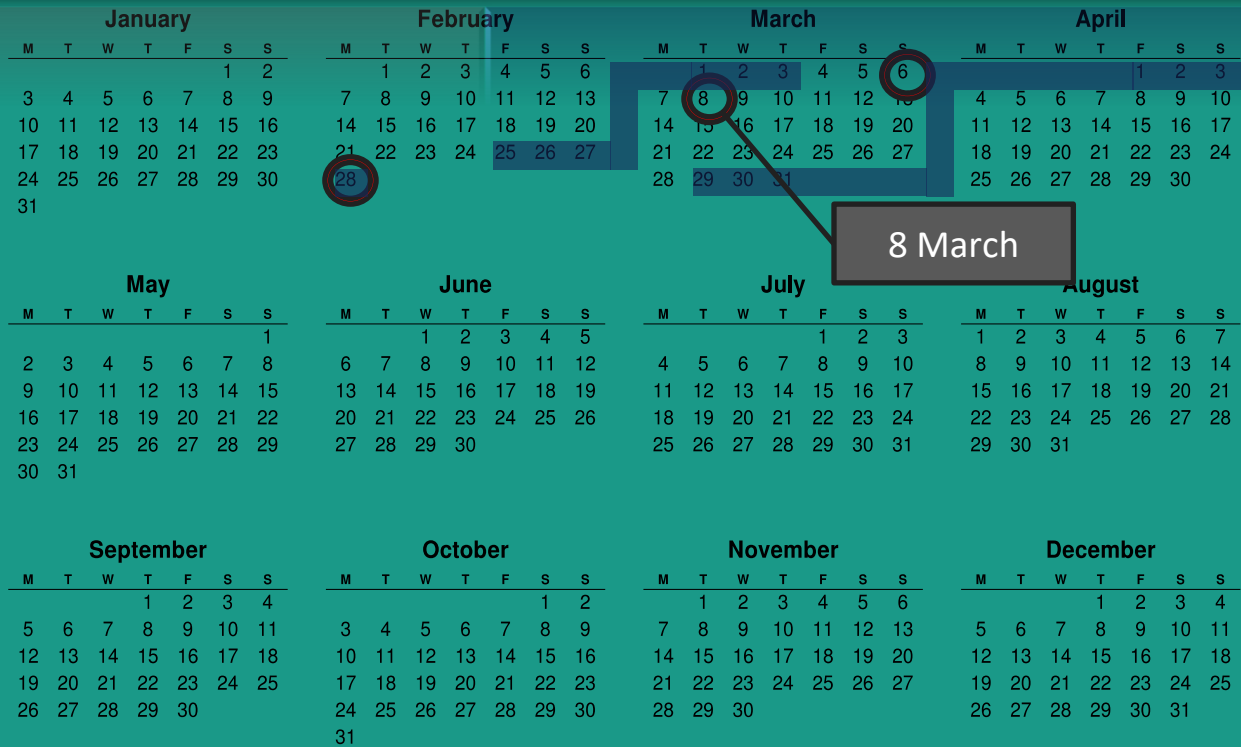


“Flood Docs 101 “



Sue Velovski

Specialist General Surgeon/ Surgical
Educator
Lismore Base Hospital
St Vincent's Lismore





update: 8th MARCH 2022 01:53

PROBLEM/CHALLENGE

- PRIMARY HEALTH CARE FACILITIES DESTROYED

? SINK/SWIM

HOSPITAL

NO RETAINS.
10/MONTH ??

- MEDICARE/ARODA

(EXPIRY - 13th MARCH)

DATE

-17th

-17th

NO BEDS

OVERCROWDING

- HOSPITAL
- EVALUATION CENTRES - COVID

↑ COMMUNITY - COVID

- CONCUSSION - "EYE LINE" SURGERY - CANCER
- NO MORE IN RECOVER

- A MARATHON NOT SPRINT.

FLOODS - 2019
COVID, BUSINESSES

WIND SPORT - FREEDOM, DEMOCRACY

SOLUTION - POTENTIAL

EE-OP/NO - CONSEQUENCES
COMMUNITY.

HOSPITAL - STATE FUNDED

NSW RDA - ALESHA
RDA -

MOUSE ALESHA
PRIMARY CARE DONE SHIT IN HOSPITAL!

INFRASTRUCTURE

UNDERUTILIZED HOSPITALS

CASINO - SHELTER

↓ FOOD - IR COOP, PINE LADIES

CWA

• ALTE INTERMEDIATE / LONG TERM

ACTIONS

(COME WITH SOLUTIONS)

ALESHA - PRUDENCE MARRAGLES

- SWE
- RURAL ADUS TOWN

? GP / KEEN ST

ST VINCENT'S REHAB

TEMPORARY

→ EASY

PETA (RDA) → EASY

NSW AMA

MOTOR HOMES / SHIPPING CONTAINERS

WHO CAN HELP / RELY ON?

- ALESHA / MARRAGLES / NSW RDA

- RDA

- NSW AMA

- AAPM

- CARE GROUP

- COUNCIL



"Problem"/ Challenge	Potential Solution	Action
<p>(8th March 22) Primary Health care facilities destroyed Lismore</p> <p>Keen St Clinic -completely submerged / inoperable Lismore Clinic ? Prema House</p>	<p>Re open or not?</p>	<p>Aleisha/ Sue – spoken with doctors/ members /practice managers Made aware – ruraldoctorsfoundation grant</p> <p>Keen St- relocation to St Vincents rooms Lismore Or other available space- SueV – phone call to Dr Nina Robertson Sue V – phone call CEO – St Vincents</p> <p>Temporary – can eg Breast Screen Bus be used for GP visits for minor abrasions / tetanus / continued covid vaccine rollout (Cabbage Tree Island - Indigenous “mobile “ clinic</p> <p>(not being used as cannot “travel” – floods) Benefit – already “ set up “ as safe patient facility Could nursing staff at breast screen help?</p>
<p>Lack of Tetanus (only 10 permonth per clinic ? – Ommonwealth vs State</p>	<p>Advised Aleisha NSW RDA NSW Recommendation- make contact CEO RDAA</p>	<p>Sue V – phone call to Peta Rutherford RDAA CEO</p> <p>?Resolved -2000 tetanus to Lismore</p>
<p>Medicare /Proda due to expire 13th March for practices General Practice / Specialist</p>	<p>Advised Aleisha NSW RDA Recommendation – make contact CEO NSW</p>	<p>Sue V – phone call to Peta Rutherford RDAA CEO &</p> <p>NSW AMA (Dominique Egan – will liase with Fiona Davies)</p>



9 th – 11 th March 11 th - 13 th March (SV on call LBH – overcrowding no beds Endoscopy units and other “room “ being opened up to house patients- lack of adequate staff	Possible solutions	Action taken / Required
	<p>Infrastructure = MAIN PROBLEM MAJOR ramifications -for Health Services – primary & tertiary</p> <p>Advised Aleisha / Charles Evill NSW RDA Possible solutions (SV)</p> <p>Temporary - ? Anywhere in Lismore-</p> <p>?Temporary solution –</p> <p>(as per Covid – Northern T ? Motor Homes ? Shipping containers (aka cyclones)</p> <p>Other safe places ? to discharge homeless</p>	<p>Biggest “challenge “ now without “quick solutions</p> <p>Who to speak to re – motor homes/ shipping containers</p> <p>Aleisha to make contact -</p> <p>RDN/ R Colbran</p>
<p>“Problems”/ Challenges</p> <p>Overcrowding in Evacuation Centres</p> <ul style="list-style-type: none"> - Some now being shut down <p>Increase in new Covid Cases</p> <p>Increase In people without HOUSING (now estimate > 2000)</p> <p>Increase in patients in Lismore Base without anywhere to be discharged to</p> <p>Increase in complications in hospital and overcrowding</p>	<p>Eg Casino Memorial Hospital 55 bed ward – not being utilised / turned into Day facility PRE Covid</p>	<p>Advised Aleisha - NNSW Admin ? no action</p> <p>? Combined letter NSW RDA/ RDN and AMA – to NNSW LHD - provide “ solution “ and ask / why why not use Casino Eg if not for patients/ discharged community members – may be able to house nursing staff who have lost everything</p>
	<p>Concern re- how fed ?</p>	<p>Sue V – contact CWA – President Lismore for advice (food bank/ food shelter / meals / Resilience Lismore)</p>
	<p>Other facilities- empty commercial property (sold/</p>	<p>Sue V to contact local property agent L</p>





02.03.2022 14:05





<p>Doctor's Health Wellbeing</p> <p>Acute / Long term</p> <p>A marathon now not a sprint</p> <p>Droughts pre 2017</p> <p>Floods 2017</p> <p>Bushfires 2019</p> <p>Covid</p> <p>Mouse Plague</p> <p>Floods</p>	<ol style="list-style-type: none"> 1. Contact made with Rural Residents via email – Dr Sue V 2. Ensured all safe / in housing <p>Many phone calls/ emails/ texts answered – re – “just want to talk “</p> <p>Opportunities/ avenues for support help raised</p> <p>Webinar- ruraldoctors foundation</p> <p>NORDOCS Board – organising committee – meeting 7th- 8th</p> <p>“Recovery Day”</p> <p>Save the date 2nd April 2022</p> <p>Local facility to be found</p> <p>Local speakers</p> <p>Advertising</p> <p>Sponsorship</p> <p>Flyer – completed – Sue - sent to NORDOCS – Linda Ward</p> <p>EventBrite page to be set up</p>	<p>Sue V- contact with Dominique Egan AMA – sponsorship for Recovery day – happy to help</p> <p>Sue V to contact NSW RDA</p> <p>? RDN</p> <p>MIGA – have offered help</p>
<p>Lack of nursing staff – Covid preCovid / now floods</p>		<p>Sue V - liased with Gary Smith AAPM and UNEP – M Kirby (PRE FLOOD) re Covid lack of nursing staff</p> <p>re – Certificate in Medical Assisting- Nursing non</p>











Sue Velovski

Specialist General Surgeon/ Surgical Educator
Lismore Base Hospital
St Vincent's Lismore

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- Primary Health care facilities destroyed
- Keen St Clinic completely submerged / inoperable
- Lismore Clinic
- ? Prema House
- Lack of Tetanus
- Medicare /Proda due to expire 13th March

- Endoscopy units and others opened up to house patients
- lack of adequate staff

- << new Covid Cases
- << people without HOUSING (estimate > 2000)
- << patients in Lismore Base with nowhere to be discharged
- << complications in hospital and overcrowding
- Cancellation of "elective " surgeries - Cat 1 < 30 days major cancer (some for third time > 3/12 wait)







"The Social Experiment" we did not need: Life without a GP in Rural Australia in 2022



@Sueski

Sue Velovski, Specialist

General Surgeon Surgeon

Background

- *Between 25th February-2nd March 2022, 670mm rain falls in the Northern Rivers NSW resulting in flooding events which impacted the East Coast of Australia
- *Monday Feb 28, 2022 NSW SES gave the order to evacuate Lismore around 2am
- ***Flood waters peaked at 14.4 metres “ a 1 in 500 year event “**
- *By Monday night, the water level had begun receding
- *Only to rise again on the **March 29th , with a second flood reaching 9.9m**

Two Catastrophic floods in 28 days



“The Social Experiment” no rural town needs....

Destruction of over 50% of GP facilities in a town by natural disaster. T without “essential services” electricity, water – some still ongoing

Methods

Deny “Primary Care “ an essential service eligible for any immediate/ long term government support for over 12 months

Results

Patients present to state funded ED departments for complications of lack of primary care – uncontrolled hypertension- stroke, blindness, late diagnosis cancer, infections, lead poisoning, mental health crises, cancellation of routine hospital work

Conclusions

Loss of Primary Care denies access to good patient outcomes..

Primary Care IS an essential service in Australia

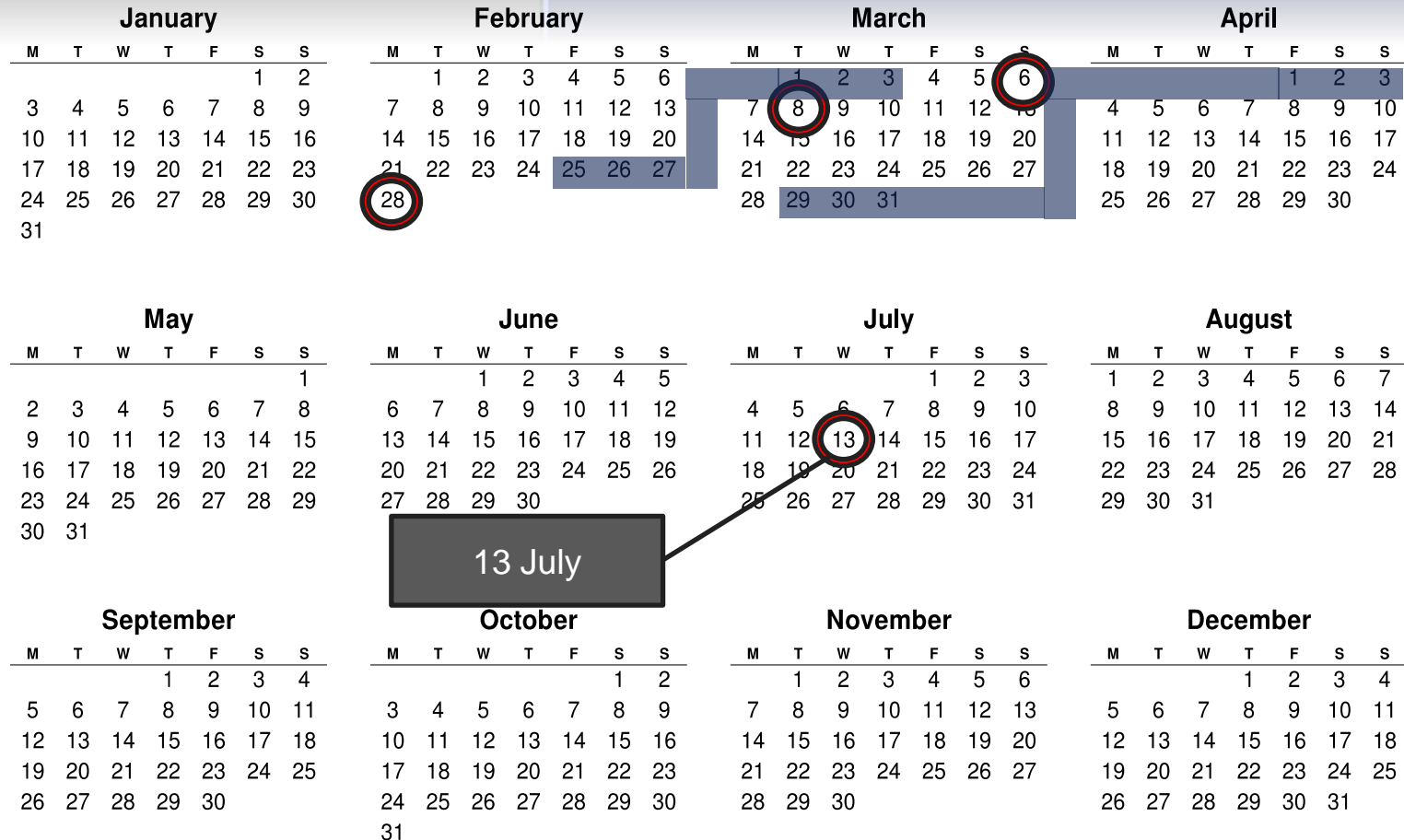
No more “Social Experiments “ required

www.amamsw.com.au>the_lismore_experiment



Annette Lenstra

Sector Advancement Manager NSW Rural Doctors Network

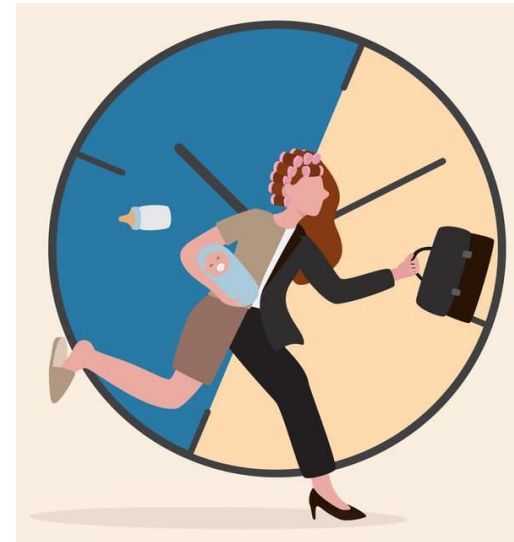
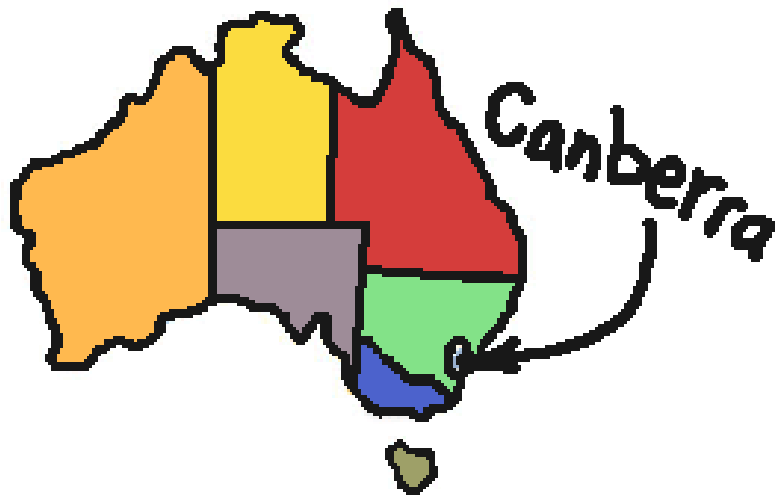


Disaster Management Cycle



Disconnect

...between
state and
federal governments



...between
government and
non-government
organisations

Essential Services

What do you consider an essential service?

Water
?



Power
?



Transport?



Education
?



Health care?



Do you consider **primary** health care an essential service?

Should it be supported by government when at risk of failure?



Stewart Dunn

Professor Psychological Medicine
Royal North Shore Hospital & Sydney Medical
school

*sponsored by Medical Benevolent Association
NSW*

January							February							March							April							
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9 November

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What does it feel like now?

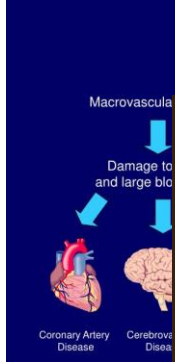
Months later still isolated

No venue to meet and have
a drink

No normal get together -
there is no venue

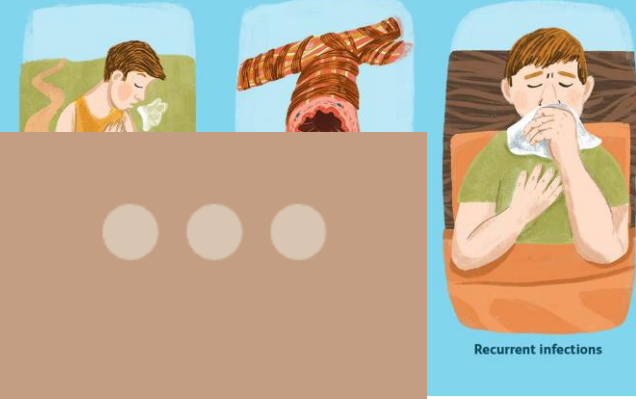


Long-term Complications of Type 2 Diabetes



analyzing the LONG-TERM EFFECTS of alcohol

Long-Term Health Effects of Asthma



The Long-Term Impact of M... Complication



Edited by Eyal Sheiner

Research



New research regarding... can cause some athletes to suffer the progressive neurodegenerative brain disease Chronic Traumatic Encephalopathy (CTE), which eventually leads to dementia.

An estimated 10% to 20% of all athletes participating in contact sports suffer a concussion each season. Most athletes recover completely and can return to play following an appropriate period of recovery. Realize that cumulative concussions injure the brain permanently and cause long term effects now and later in life.



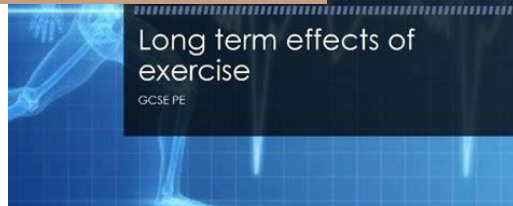
LONG TERM EFFECTS OF TRAUMA

LONG TERM EFFECTS OF STRESS ON YOUR BODY



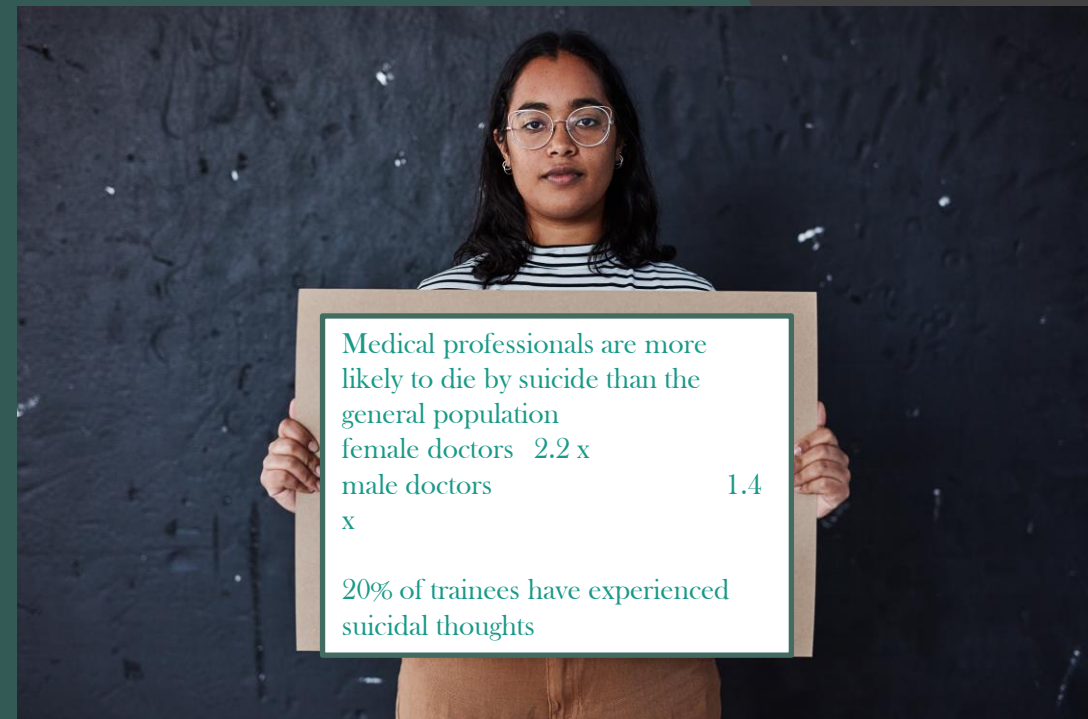
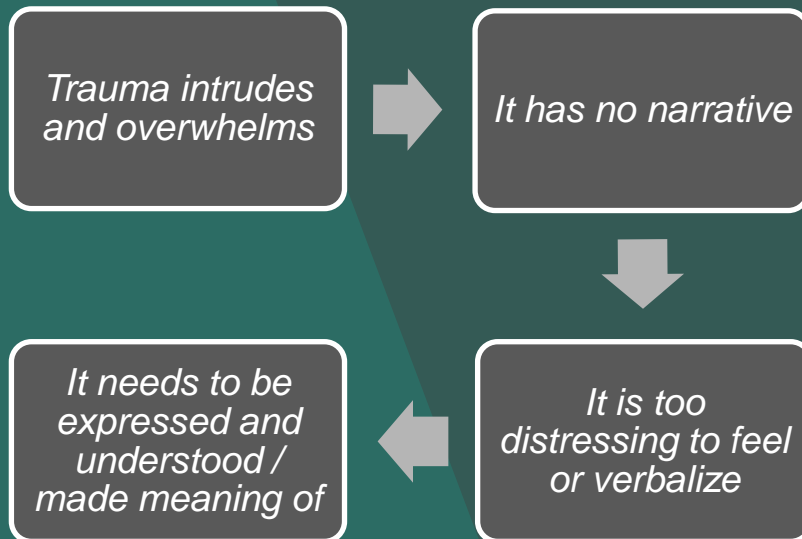
Long term effects of exercise

GCSE PE

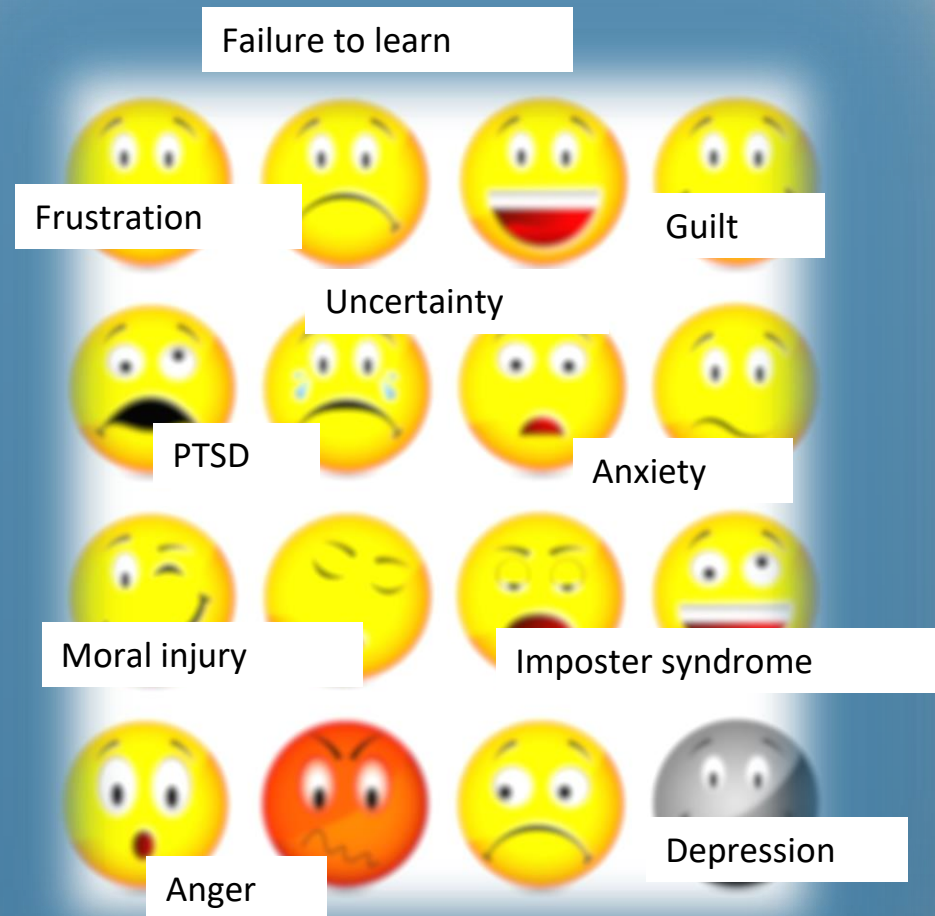


Trauma needs to be expressed

- and understood



What research tells us about the consequences of ignoring trauma?



Area admin see a functioning team - *“a hospital pulling together”*

Looking down, we might assume we are seeing stress-less competence in the same way junior doctors assumed seniors were performing competently and without stress



How do you accurately judge the effectiveness and competence of people dealing with disaster and trauma?

From above?
From within?

That's precisely what we do with patients.



Column

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Dr Sue Velovski

THE LISMORE EXPERIMENT

What happens when a community is denied access to general practice? Dr Sue Velovski argues that if the Government's failure to support Lismore health providers is a social experiment, then the results are in.

MOST OF US BORN after 1970 in Australia do not know life without the privilege of universal healthcare – the ability to see a doctor irrespective of our financial status.

Our healthcare system ranks as one of the best in the world and is praised by the citizens of many other countries... even Presidents. I recall being at a conference in San Francisco in 2011, when the then President Barack Obama spoke to a group of Aussies about our experience of healthcare.

I was fortunate to be born in this country, a first generation Australian. This allowed me access to free healthcare and the ability to complete public high school, and with the benefit of scholarships, complete university. In a world

where one third of all girls are denied an education, this is not something to be taken for granted.

My parents had immigrated from the former Yugoslavia as children. One of six kids, my dad came on his own as a teenager, while my mother came when she was 14, emigrating with her family from Macedonia in the 1960s.

In three months upon arriving in Australia, mum learnt to speak fluent English. She became the unofficial interpreter for many Macedonian immigrants in Newcastle and beyond.

In the 1970s, my parents married and settled in Newcastle where they continued to help those in need in of a translator.

Consequently, as a child I would spend many afternoons after school sitting in little chairs in corridors at Royal Newcastle Hospital with my twin brother doing our homework, whilst Mum and Dad attended various clinics with their friends, work mates and family. I would watch the young doctors come in and out of consulting rooms, call out names, and wonder what happened behind closed doors. I would see patients in gynaecology clinics, surgical clinics and even patients admitted to hospital. Some happy patients, some scared, and some sad. Trips to GP practices were different, however; we were allowed to sit in the doctor's office. The 'family physician' knew all of the patients' families and would ask about them by name... he would even ask about us.

Why do I recall this now?

Because I have never lived a life without a GP in Australia. Because my community has never been without a GP.

And even when I've travelled or lived in other parts of Australia, my family physician has always been

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there to keep me healthy and safe. My family doctor provided health checks, vaccinations, shared in the ups and downs of my schooling, my university training, and then my medical school life. My family doctor was also there throughout my parents' health journey – the good, the bad... they helped with it all.

So, what would life be without a GP? I have never had to ponder that question... until now.

When Lismore sustained two life threatening and damaging floods in the space of 28 days in February 2022, never would I have thought that our community would still be looking for help and answers from our elected leaders almost a year later.

Most Australians would be aware of the impact of the floods, the loss of homes and of jobs and job security, and the financial strain. But perhaps many are unaware of the anxiety and constant concern we face in trying to get through the next day, week, month.

And like everyone else in the community, our rural and regional GPs face similar stressors. Many are affected by personal loss, the loss of their medical practices, and the loss of their ability to work, on top of the increased pressure to see and treat their long-standing patients, as well as new ones.

What happens when a patient with high blood pressure or irregular heartbeat who usually sees "Dr Jo" in Lismore for their medications cannot not do so? Days, weeks, months later, they

develop the complications of not seeing their GP – mini strokes, vision loss, heart attacks. They end up in a State-funded hospital for major interventions, which may or may not restore the better life they had before they developed these complications.

What happens when a patient with diabetes in Lismore cannot see "Dr Lisa" for their regular diabetes checks? High blood sugar, changes in vision, car accidents, increased risk of foot ulcers, infections, amputations, strokes and heart attack. They end up in a state-funded hospital for major interventions, which may or may not restore the better life they had – before they developed these complications.

What happens when a patient was booked in eight weeks ago with "Dr Liz" in Lismore for a skin check but rings to say that a new skin cancer has grown rapidly from 1cm on the arm to 4cm? Dr Liz schedules the patient for an emergency GP visit, but soon realises this cancer is now well beyond being treated in her GP clinic. "Dr Liz" rings her local on call specialist surgeon and is advised that there is a three-month wait. The emergency surgeon recognises how dire situation is and has no other choice but to bring the patient to hospital. The patient ends up in a state-funded hospital for major interventions, which may or may not restore the better life they had.

When happens when a patient cannot see their GP for their regular bowel screen? Months pass, then



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bleeding, constipation, abdominal pain and then vomiting. They end up in a state-funded hospital for major interventions, which may or may not restore the better life they had.

What happens when a community surviving a natural disaster cannot clean their houses or get help from their long-time insurance companies? Like good hardworking stoic citizens, these community members do it themselves. The consequences being work injuries, falls from scaffolding, lead poisoning, anxiety, depression, and a feeling of hopelessness.

Not just adults, but young people as well are facing increased mental health issues. Many young teenagers did or will be doing their HSC from caravans. How can these young men and women possibly compete with the rest of their peers to reach the goals they held before February 28, 2022? Should their future be determined by their postcode and Mother Nature's rampage on that area?

What happens when all of these patients who face complications because they were unable to see their GP end up in state-funded hospitals? The hospital system gets overloaded and cannot provide high quality, safe care. Bed block, overcrowding in emergency departments, lack of beds for cancer surgery, delayed surgeries, expensive surgical and oncological treatment, increased numbers of patients experiencing physical and mental breakdown, doctor burnout – all of which could have been avoided if our patients had only been able to see their family GP.

In my not so long life, I have experienced and lived through

quickly and occurred rapidly.

But the response to floods has been different. Lismore is still not "in recovery".

We cannot change what has happened to Lismore in the last 12 months. But we must make changes so that no other community in NSW or Australia experiences the same lack of access to their general practitioners and specialist services due consequences of a natural disaster.

The Commonwealth and the State must take responsibility, which at this point neither level of Government appears willing to do so.

The inaction of leaders on this matter defies Article 25 of the Universal Declaration of Human Rights that we, as Australians, hold so close to our hearts – that people have a right to medical care. That we boast to former Presidents about...

Resolving this issue would save our Commonwealth and State Governments money, not increase it.

We need a coordinated response from State and Commonwealth Health Departments, so that no other community in Australia experiences the social injustices of natural disasters, and the social injustices of the inability to see our GPs when we need primary care... care that keeps patients out of hospital, and keeps residents healthy.

We cannot leave our communities with the belief that our elected leaders do not care. As a first-generation Australian who has benefited from public education, scholarships, public healthcare and now working in the public health system, I



speech, without detriment or harm to our constituents, but for that privilege, we must speak up when it is needed, for those who feel they cannot.

We must resolve this impasse between Commonwealth and State Health leaders for our community, our patients and all those who have previously considered rural Australia a great place to work and live. These people, and these GPs, are the backbone of our communities.

If our elected leaders want to see what life is like without GPs, then Lismore is the "social experiment".

I call on Prime Minister Albanese to put an end to the Lismore experiment and prevent it from ever happening in any part of Australia ever again. [d.r.](#)

ABOUT THE AUTHOR

Dr Sue Velovski is a Specialist General

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*We are trying to get our bounce
back in Lismore*



There is still hope



“It is not the strongest of the species that survives , nor the most intelligent , but the one most adaptable to change “



Learnings

- *No information regarding floods disasters x 2*
- *Acute*
- *Intermediate*
- *Long term consequences*
- *Do not be afraid to ask for help*
- *The community do actually value leadership from their local medical teams*
- *Leadership comes in all forms*
- *"In the event of a natural disaster, primary care should be deemed an essential service for rural, regional . All communities*
- *Don't let the same disasters happen again – ADVOCACY*
- *Your organisations – NSW RDA, NSW RDN , RDAA, NSW AMA , AAPM*
- *Don't repeat "The Social Experiment " that Lismore did not need – Life without a GP*
- *Article 25 International Declaration of Human Rights*