With no recognition of the event, how do you plan a community development program?

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Anthrax is a word loaded with negative images and perceptions. Although mostly known as a disease affecting animals, Saddam Hussein ensured that we understand only too well the possible threat it poses to human beings. For good reason it remains a notifiable disease, with the Department of Human Services ranking it with rabies, typhoid, cholera and polio and classifying it as a disease outside our 'normal' experience. I say this is not to focus on the unpalatable nature of anthrax nor to underestimate its seriousness, but to highlight the problems associated with dealing with an outbreak of a disease that conjures up such powerful, predominantly negative and frightening images.

As a news story, the anthrax outbreak revolved as much around issues of public health and safety as it did around total numbers of stock lost and the trade ramifications. Certainly the one confirmed case of human infection underlined the risks involved in the management of the disease, but also contributed to even higher levels of public apprehension and misinformation.

Dealing with the technical side of the anthrax outbreak was one thing … dealing with the human issues was another. This then, is the primary focus of my article—the effects of anthrax from a community, or people, perspective.

The topic 'With no recognition of the event, how do you plan a community development program?' was a quote taken from a discussion I had with Phillip Buckle and Michael Dickinson, from the Department of Human Services Disaster Support and Recovery Unit, regarding the post-anthrax community development process.

The point I was making was that once the early sensationalism associated with the anthrax outbreak subsided, little interest or recognition remained regarding how or what that particular community had suffered due to anthrax. The community itself, by virtue of the fact that it was anthrax, was also keen to disassociate itself from the anthrax hysteria to further avert the spotlight.

That doesn't mean there were no ongoing problems, it just means that for a number of very valid reasons the community wanted anthrax to go away. In this instance at every stage there was a delicate balance or trade-off between the public and private consequences.

This had important consequences in my role as Community Development Officer, and may have similar consequences in other disasters where the event does not 'fit' a typical or anticipated disaster situation, i.e. how can you implement a community development program when there is no ongoing recognition of the event from within the affected community or beyond it?

I don't profess to know the answer to this question, and the comments here are based solely on my experiences during 1997. However what I witnessed does suggest that in this case the community reacted differently to what might normally be expected after a disaster event. To some extent after a bushfire or flood a loose bond exists between those affected by the disaster, generally the community rallies and there may be an underlying sense of common purpose in response to the disaster situation.

This was less evident with anthrax, where the insidious, unpredictable nature of the disease created a different set of responses, characterised largely by uncertainty, suspicion and fear.

Anthrax: an environmental problem

From the outset I think it is important to point out and clarify that anthrax is the result of the bacterium *Bacillus anthracis*, which can survive in the environment for decades through soil contamination. As such it is not a disease that can be managed or controlled until such time as there is an outbreak—farmers cannot take any preventative measures prior to this time.

It is important to make this distinction, and understand that there is no relationship between poor farm management and the onset of the anthrax.

Some background

Dr Terry Thomas, Principal Veterinary Officer with the Department of Natural Resources and Environment, has stated that the 1997 anthrax outbreak in the Goulburn Valley constituted 'the largest response to an emergency animal disease outbreak in Australia's history'. It was centred around the towns of Tatura and Stanhope, and formed a corridor running in a south-west to north-easterly direction, 10 km wide and 20 km long.

After official confirmation of the first outbreak on January 26th, a total of 210 cattle and 4 sheep deaths were recorded on 84 properties, with 79,000 cattle and 2,600 sheep vaccinated on 596 properties. The Agriculture and Resources Minister, Pat McNamara, declared the outbreak officially over on March 26th, subject to property owners adhering to conditions for quarantine release.

These conditions formed the basis of a legal agreement between the property owner and the Department, to provide quality assurance by ensuring that vaccination coverage of stock took place and also that the required withholding period after vaccination was adhered to.

Briefly the 596 properties fell into three categories:

- infected properties where stock was lost
- properties less than 1 km from an infected property
- properties at a distance greater than 1 km from an infected property.

Varying criteria applied in each category in relation to quarantine release, and also determined whether property owners were required to vaccinate for the minimum period of one year, or the maximum period of three years.

The magnitude and duration of this outbreak, together with the insidious nature of the disease, certainly contributed to an unprecedented disaster event. Although anthrax occurs worldwide, it is generally in more isolated situations than the large-scale outbreak experienced in the Goulburn Valley.

A further anomaly related to the fact that in Victoria cattle were predominantly affected, whereas in New South Wales most cases occurred in sheep.

The CDO position

The position of Community Development Officer was provided by the City of Greater Shepparton, funded by the Department of Human Services for a three-month period from April 1st to June 27th. It acknowledged the need to provide support to farmers and others in the community affected by anthrax.

In accordance with the principles of community development, particularly as they relate to support and recovery, the emphasis was on facilitating the recovery process through:

- the gathering and dissemination of information
- the provision of advice to affected individuals and families
- encouraging the participation of those affected in local support services, as well as ensuring the co-ordination of these services
- facilitating liaison between services, government and voluntary agencies
- identifying and involving any special needs groups
- ensuring advocacy, counselling or pastoral support was available and accessible for those in need.

While each of these objectives is highly desirable in any community development process, flexibility and responsiveness to the affected community remains paramount. Initially I was unsure whether, as a non-local female, I would be at a disadvantage, however the real issue, and probably the only prerequisite, was a genuine empathy for the people and community who had been affected.

Developing contacts

The establishment of a local reference group emerged as a priority for several reasons, in particular

- to offer local knowledge, expertise and information
- to provide vital links within the community
- to formulate an appropriate action plan given the time limitations of the appointment
- to establish credibility both personally and professionally.

The reference group consisted of seven people, drawn from around the local community, who together incorporated a range of agricultural and business interests, as well as being geographically representative. This last point is worth mentioning given the wide area under quarantine and also given that some issues were more localised and hence more 'topical' over the duration of the outbreak. Anthrax was the overwhelming consideration but specific issues were relevant at different times and venues throughout the area.

The confidential nature of the database of affected property owners meant that the reference group also served as an essential bridge to the affected community. It was impossible to access people affected by this outbreak through the normal channels of outreach programs or visitation, so introduction or personal meetings could only be arranged or co-ordinated through a third party. In this way members of the reference group were instrumental in my being able to access those in the community who had been directly affected by the anthrax outbreak.

Members of the Goulburn Valley Regional Recovery and Municipal Recovery Committees were also important contacts for the same reason, especially the Rural Financial Counsellor and the Uniting Church minister.

Initial discussions with the reference group and others revealed that the time for practical assistance measures normally within the role of a CDO had, by this point, almost passed. Most people had moved beyond that stage and in many instances were indicating that they were now more ready to talk about their experiences. Perhaps this would have been less likely in the early stages when emotions were still running high.

What followed was largely a consultative process that allowed people to give voice to their stories and experiences, so that key issues could be identified from a community point of view. To that end I saw my role, and to some extent my responsibility, as ensuring that those issues, from a 'people perspective', were recognised and fairly represented. Someone suggested that my role was 'to recognise and value the things that individuals and the community identify as concerns and bring them to the attention of the relevant bodies'.

Contact was made with as many key stakeholders as possible, from local and state government, welfare agencies and departments, to veterinarians, milk factory representatives, field officers, industry networks and associations. Others indirectly affected, or secondary sources including livestock carriers, stock and station agents, agricultural and machinery suppliers and local small business people, were also sought out.

All this input proved invaluable and enabled more than one hundred people to participate in this process, which I believe also provided a broad cultural and geographic cross-section of the Tatura–Stanhope communities.

Anthrax: what did it mean?

What did it actually mean to have anthrax reported on a property?

Anthrax is a bacteria and cattle are infected by eating soil containing the dormant bacterial spore. These spores first enter the soil when infected animals die and are left to decompose. The spores are very resistant to the environment and it may take decades before they infect another animal. It is not known why the spores suddenly become infective to stock. Climatic conditions probably play an important part and most outbreaks worldwide occur during hot, dry weather followed by rainfall.

The onset of the disease is sudden and dramatic. Once infected, stock deteriorate and die within a few hours. Antibiotics are effective only when administered in the early stages, but symptoms may not then be apparent. The incubation period is approximately ten days, and immunity after vaccination may take up to fourteen days.

In the days and weeks that followed the official confirmation of anthrax, a nerve-racking waiting game was played out, as further cases were reported. Like a bushfire, there was no obvious rhyme or reason to the pattern of infected properties, no way of knowing when or where it would strike next.

Even after vaccination there were long days of checking herds and counting stock every few hours to determine if any animals had gone down. This has been variously described as being similar to a 'game of Russian Roulette' or 'like having a gun held to your head'. The emotional toll cannot be underestimated. As each new case was reported people's confidence and optimism was hammered, to be replaced with a growing sense of frustration and vulnerability.

At the same time, other practical and financial considerations came into play with the quarantine requirements. A

total of 596 properties were vaccinated. Those properties represent a large number of individuals and families who were suddenly confronted with a disease that impacted on their farm businesses, as well as other secondary sources who were also affected when stock could not be moved or sold.

And finally, there was the fact that anthrax was not really a 'socially acceptable' kind of disaster. Those powerful, negative images I described contributed to an atmosphere of uncertainty, suspicion and fear.

What were the key issues, concerns or lessons that might be gleaned from this experience?

Observations about people

The delay in appointment of a Community Development Officer resulted in feelings of frustration and isolation, especially for some of those affected in the early stages of the outbreak. At that point, by necessity, the emphasis was on technical information and the need to control the further spread of anthrax. However, as a result, it seems women in particular, were left to deal with the emotional stress and uncertainty of the disease, personal health issues, the constant media presence, as well as coping with the normal daily events of family and farm life. Consequently many felt there was a sense that 'people got lost in the process'.

Whilst the appointment of a CDO was viewed in some cases as 'too little too late', at the same time it did acknowledge the significant impact anthrax had on the local community. The comment that 'at least someone was doing something' (even where people were not clear on what that something was) was taken as endorsement of the CDO role.

'Anthrax fatigue'

Related to the lag time in appointment was 'anthrax fatigue', which was apparent from commencement. Local people were 'anthraxed' out, initially reluctant to talk and generally tired of the ongoing speculation associated with anthrax. This reaction was understandable given that continued publicity focused attention on anthrax and the Goulburn Valley with further negative implications for industry, in particular Australia's major export markets.

Public concerns

The unprecedented nature of the outbreak prompted widespread public concern and apprehension, with the resulting lack of accurate information evident in rumour, misinformation and even stigmatising. In part this can be attributed to the insidious nature of anthrax and a need to understand and make sense of such an unpredictable occurrence.

However I believe the apportioning of blame and culpability are not consistent with victims of other disaster situations where generally a sense of community spirit, goodwill and common purpose prevail. Here in some cases, affected property owners were labelled and, even worse, ostracised from their neighbours and local community.

The media were also responsible for promoting sensationalist and emotive views, unaware of or ambivalent to the local ramifications. This remained a constant theme in views expressed by members of the affected community.

Information

The need for relevant, timely information in all stages of disaster response and recovery has been well documented. At a local level this necessitates information being available and accessible. This was confirmed in the anthrax outbreak where the need for clear, accurate information and communication was identified by property owners as the highest priority. In the early stages some felt there was a communication void at a time when factual details were crucial to the planning and management of the outbreak. Perceptions were still limited by a lack of knowledge and personal experience of anthrax resulting in misinformation and rumour.

Affected property owners gained information primarily from direct contact with DNRE staff, local vets and field officers. However, with limited resources as the outbreak escalated, it was increasingly difficult to keep the community informed. Information fact sheets delivered by tanker drop were an important part of the communication process. Community meetings convened at different locations around the area also allowed people the opportunity to gain first hand knowledge of anthrax from senior DNRE officers.

Sources used for distribution of information are central to issues of accessibility. In this instance the dairy industry, with support from milk factories and established contacts via industry associations (i.e. the United Dairy Farmers of Victoria) were much better served than the beef sector, who were disadvantaged by a lack of existing social or political networks.

Lack of recognition

The fact that anthrax was not a compensatable disease under the Cattle Compensation Act was the cause of some angst among farmers who sustained cattle losses. Although the list of compensatable diseases is subject to much debate, had compensation been available from this fund assistance would have been appropriate, equitable and immediate.

This lack of financial compensation (as distinct from the Rural Finance Corporation low interest loans), combined with limited public recognition, created a deep cynicism within this rural community. Individuals noted that few people (including politicians) seemed responsive to their situation and felt that little acknowledgment of their plight confirmed that 'no-one cared'.

Where recognition was given, it tended to focus on the total numbers of stock lost as a total measurement of the overall impact of the outbreak. Regular updates and media releases concentrated on confirmed deaths as a means of quantifying the disaster. There can be no argument with the legitimacy of these figures, however the broader assumption that financial losses were only incurred by property owners with reported stock deaths, minimises the scope of this disaster. As already indicated, loss of income as a direct result of anthrax and the stringent quarantine requirements was experienced by a range of secondary sources, who all felt the cumulative effects of anthrax on their cashflows.

It is a narrow view for another reason, as it concentrates on an economic scale or bottom line rather than from a wider social perspective. As Blong (1996) has noted 'disaster size is too often measured in lives lost or millions of dollars damage, rather than in societal consequences'. Whilst there were very real financial costs associated with anthrax, the ongoing social and emotional implications for the community should not be overlooked. The reputations of individuals and the Tatura and Stanhope communities, as well as the wider Goulburn Valley, all suffered indirectly as a result.

Observations about the process

As I have already stated, anthrax differs in a number of key areas to the range of natural disasters that emergency management more commonly deal with. The fact that it went on over an extended period of time, accelerated after the

initial first few weeks instead of decelerated and the affect this had on people psychologically as time went on, must be considered.

However there are number of points regarding the recovery process that could be relevant to another time or another disaster event.

- It is important to develop protocols dealing with disasters outside 'normal' emergency management recovery situations, particularly in the event of disasters that proceed along an open-ended timeframe. Lack of precedent, combined with the duration and magnitude of the anthrax outbreak, possibly hindered the early activation of recovery strategies. Clear guidelines are needed for the declaration of a disaster situation.
- Ownership and responsibility for recovery must be clearly defined for all local and state government departments and agencies involved in the process. This is especially true where the disaster crosses existing local and state boundaries, as well as a number of government departments. The issue of 'who owns the problem' needs to be clearly addressed.
- Recovery strategies need to take advantage of the commitment and intent of all individuals and agencies involved in the early stages of response and recovery. Interest, motivation and priorities wane as events move away from impact.
- Where the position of Community Development Officer is deemed appropriate, appointment should take place as soon as possible after the disaster event. In order to maximise benefit and identify local needs, the CDO should develop a profile within the affected community early in the recovery process. Information, practical assistance and referral are required at this point.
- Ongoing support and debriefing is also essential and I am grateful for the advice I received from the Department of Human Services, in particular through David Robinson in Shepparton. My thanks go also to members of the reference group for their invaluable assistance.
- Local recovery committees provide an excellent opportunity for people in the affected community to be represented and included in the recovery process. Membership should be extended to include the range of stakeholders involved and also to avoid criticism associated with decision-making by those not directly affected by the disaster.
- Recovery strategies and activities need to be flexible and responsive to the culture of the affected community. Rural communities, as distinct from urban communities, are traditionally self-reliant and generally reject a welfare ethos. As a result farmers are more reluctant to ask for assistance and tend to carry on independently.

Conclusion

Throughout this paper I have tried to convey the fact that anthrax was about real people and real situations, not just a disease that resulted in statistics about stock losses. In closing I would like to share with you the thoughts and feelings of someone who offered me her diary as a personal record of events. She too understood the need to put a human face on anthrax. Although her official permission has been given, names and several other details have been changed to protect their identity. The entry (below) comes from February 14th 1997.

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Rosemary is undertaking a pilot project designed to improve access to information and services for people living in rural communities. The project is one of six funded by the Commonwealth Department of Primary Industries and Energy throughout Australia.

7.00 a.m.
No. 70 (Steve's pet) dead. Vet took blood sample to confirm anthrax-related death. He will notify DNRE.

9.00 a.m.
No. 36 looks strange, away from mob, a little staggery. Phone vet.

9.15 a.m.
Call again

9.30 a.m.
Vet arrives, takes blood sample, gives 25ml penicillin but holds no hope for life of cow. We walk with vet to check mob for any possible 'signs' of infection. What a hopeless task. We find three possibles and vet puts them each on a 3-day course of 25ml penicillin. He injects one, we'll do the others. He says any costs incurred will be paid for by the DNRE.

10.30 a.m.
No. 36 dead. Vet will notify DNRE.

11.00 a.m.
Steve penicillins both cows, I hold the bottles and needle protective cap. Steve hands me the used and bloody syringe and goes to open the gate. No. 25 does not like to be confined in the crush, so I move forward, open the crush gate, stand back to let her pass, shoo a fly from my face and cut myself with the unprotected, perhaps anthrax-infected syringe needle. I simply sigh deeply and shake my head in disbelief. I ring the doctor — 'come down immediately'. Exasperated, I go off to the doctor, he checks the wound, gives me a penicillin needle in the rump, a double course of penicillin capsules and orders me back every two days so that he or a colleague can inspect the wound for any signs of infection. What a nightmare! I'm glad the kids are at school. They're not here to see the mess their mum and dad are in. In 21 years of marriage we've never had anything knock us so hard and fast. I thought the fear and dread of being infected with anthrax on our property couldn't be much worse than actually being infected. How wrong I was. Steve and I with tears of disbelief, shock and a sense of aloneness (due to our ignorance of this bacteria) trudged on, one foot after the other, from the house to the herd 3 or 4 times, scared of what we'd find.

2.00 p.m.
No.25 wobbly on her feet, lazy eyelids — doesn't look good.

5.00 p.m.
DNRE 'clean-up' men arrive to remove 70 and 36. Whilst they're here No. 25 dies. The men take away the three carcasses. No blood sample is taken from No. 25. God, what a day. The kids take it as well as we could have hoped but it's hard to put on a brave face in front of them. Three today, how many tomorrow? I'm afraid Steve will have to check them — I can't. Inform neighbours — positive. Happy Valentine's Day, love.