Doing it by the book: a paradox in disaster management

by Marilyn Palmer,
Edith Cowan University,
Bunbury, Western Australia

The disaster event

Gracetown is a small seaside township on the south-west coast of Western Australia. Margaret River, 20 kilometres away, is the nearest town. On Friday September 27th 1996, the last day of the school term, Year 7 students from the Margaret River and Cowaramup primary schools were at Huzza's Beach at Gracetown participating in a surfing carnival. It was cold and raining and organisers, concerned about the weather, had changed the venue for the carnival from the mouth of the Margaret River to Huzza's. The limestone cliff face had absorbed large amounts of water from rainfall over the preceding few days and at about 2.45pm, while some of the students, teachers and organisers were sheltering under an overhang, it broke away sending tonnes of rubble down on top of them.

Immediately, the hospital in Margaret River was notified and local emergency response groups (police, State Emergency Service, Volunteer Fire and Rescue Service, St John's Ambulance Association) activated their emergency management procedures. By the time these groups arrived, locals had begun the rescue effort. According to the Police Log, by 4.30pm the rescuers had removed four bodies from the rubble and a young girl was found alive with only minor injuries. As it got dark, rescuers set up portable lighting and used heavy earth moving equipment to dig through to the base of the cliff looking for more bodies or survivors. An excavator kept digging until 7.20pm, although by 6.40pm the nine bodies had been recovered and no other survivors were found.

An on-site morgue was established at the beach and the bodies were covered with tarpaulins to await the arrival of the Disaster Victim Identification Unit from Perth. Against the advice of local police officers, the decision was made in Perth to send the DVIU, pathologist and Coronial Inquiry Sergeant to Gracetown by car rather than helicopter. Had they travelled by helicopter, they would have arrived at about 5.00pm, soon after the media helicopter. As it was they had to drive over 300 kilometres through heavy rain and thick traffic (it was the beginning of a long weekend and school holidays), arriving close to midnight.

Introduction

This article draws on material from the research report: 'It's not enough to just follow the rules: An evaluation of the human service response to the Gracetown cliff collapse' (Palmer 2000). In this study, I used data from individual and group interviews (with service providers and bereaved family members) and document analysis in an attempt to understand how human service agencies responded to the Gracetown cliff collapse.

In the report, I first re-presented the participants' experiences of the response and recovery process by framing them within three key post-event phases: the initial response (Friday night and Saturday); the short-term aftermath (a period of recovery) and the longer-term aftermath (a process of resignation). I then made a series of recommendations which explicitly acknowledged the power differences between agencies concerned primarily with crisis control and those concerned with the care and support of victims and the bereaved.

In writing this article, I discuss how responding to a disaster can be seen as a highly complex and contradictory process.

Paradoxically, what worked and what didn't work at Gracetown can be attributed to the same thing—service providers responding 'by the book'.

Theoretical framework for the study

The literature on disasters and disaster management covers a wide range of interests and perspectives. According to Edwards (1998), the academic literature tends to have either a medical-psychological orientation or a sociological orientation. The former focuses on individuals' coping or adaptive behaviour to a disaster. The latter focuses on organisational and community responses to a disaster and the ways in which these responses may exacerbate or ameliorate the inevitable stresses and traumas associated with a disaster.

Much of the psycho-medical literature is based on a positivist science which looks at the relationship between a range of variables relevant to the individuals involved in a disaster (such as age, gender) and experiences (body viewing, body handling, bereavement) and levels of coping or illness (such as post-traumatic stress disorder). Much of the sociological literature is also positivist in design and uses quantitative data and network analysis to develop frameworks for understanding and predicting organisational responses. Davis and Scraton (1999) are critical of the style and focus of much disaster research:

> Here [in disaster research and theorisation] the emphasis is on the reestablishment of control. Disaster is the province of experts. From the tasks of risk assessment and emergency planning, to the practice of post-trauma therapy, experts define and process the 'material' of disasters: people. Disaster academics and professionals define and locate solutions in the application of technocratic systems and strategies. (p.87)

However, some disaster management literature is beginning to reflect the influence of critical social science which centralises the issue of contested power relations. These studies look at the ways in which certain groups, during a disaster, are denied the power to claim the space to negotiate, particularly with the 'cardinal' organisations such as the police (Britton 1985) who effectively control disaster sites for a period of time after the event. There is also now more material published based on qualitative, descriptive data which aims to provide some insight into the activities and experiences of individuals, groups, organisations and communities that experience a disaster.

Davis and Scraton's work reflects this kind of approach. They researched disaster responses in the United Kingdom,

focusing particularly on the 'functional, mechanistic and quasi-military rationale behind site management, communication and the process of [victim] identification' following a disaster. In their research on the formal responses to the disasters at Hillsborough, Lockerbie, with the ***Marchioness*** sinking and more recently at Dunblane, they have noted the ways in which 'the psychological and material needs of the bereaved and survivors are subordinated to the professional priorities of regulatory agencies, particularly the police' (p. 86).

I approached this study as a social work academic with a strong interest in critical post-structural social theory. The research report didn't try to represent a 'truth' about what happened following the cliff collapse. Rather it brought together some people's recollections for reflection and analysis by myself as the researcher. Given my own theoretical framework, it was not surprising that I was drawn to the work of Davis and Scraton (1999) and focused on the socio-political aspects of the disaster response (for individuals, organisations and the community); drawing conclusions from the study and making recommendations which reflected that focus.

What worked: doing it by the book

As noted above, the human service response at Gracetown 'worked' because service providers responded 'by the book'. An inter-agency team of local and regional professionals (including the police who were the lead response agency until the Saturday evening) worked to implement appropriate response and recovery procedures. Within twelve hours of the disaster event, all of the victims had been identified, all survivors accounted for, care and support offered to the bereaved and rescuers, the media 'managed' (as much as possible) and a recovery centre established.

An extremely competent recovery manager emerged from within the recovery team and over the following days and weeks the recovery centre, staffed by counsellors from the local area and the region, operated a telephone helpline and drop in facility. This centre provided information about grief and loss, particularly to parents who were concerned about the impact of the disaster on their children. The centre also managed offers of help coming from the community and around the State. A counsellor worked with the bereaved families and in consultation with them, the recovery team coordinated a memorial service at Huzza's Beach on the Thursday following the cliff collapse. Debriefing sessions were held at the Gracetown Hall and at the schools. There was an awareness that disasters can reactivate past traumas and mental health agencies stayed alert to the need for additional services within the community. There was also a process of assertive outreach to try and make contact with rescuers who had not been part of the formal rescue effort.

Thus, the recovery process included the recognised key elements of a disaster recovery program as outlined by Creamer et al. (1991). The recovery process took account of the community's need for exposure (through debriefings), information, education, social support (through the Recovery Centre), restoration of control through decision making (the site for the memorial service, the management of the Disaster Relief Fund) and the availability of professional assistance.

Over the following twelve months, workers in the Margaret River area continued to provide support to bereaved family members and others affected by the disaster. A six-month anniversary service was held at the beach and counsellors offered support to family members at the inquest which was held in April 1997. The communities affected have continued to hold annual memorial services and sites of remembrance have been created at the local schools and at the head of the stairs which lead down to Huzza's Beach.

Of course, there were many things which in hindsight, people thought could have been done differently or better. Individual experiences are only a part of the whole picture and things which worked well for some of those most affected, did not work so well for others. For example, some bereaved family members welcomed the opportunity to meet as a group to debrief and grieve together.

Others felt that this was overwhelming and would have preferred a stronger push towards individual or family counselling. Overall, however, in undertaking the research I had a strong sense that the recovery process had 'worked' and that it had been:

> an enabling and supportive process which allows individuals, families and communities to attain a proper level of functioning through the provision of information, specialist services and support (Emergency Management Australia 1996, s.1.03).

What didn't work: doing it by the book

As with most diasters, communication became a serious problem almost immediately after the cliff collapse. The location of the beach below high limestone cliffs and hills, made radio contact between the beach and Margaret River extremely difficult. As news of the disaster spread beyond the local community, media calls to the police station and hospital jammed all telephone lines. One consequence was that the hospital was on alert for several hours anticipating an influx of people with severe injuries when there were very few injured (Scott 1997). Also as a result of communication difficulties, the local police were unable to take any advice from the Disaster Victim Identification team, which was travelling down by car, about the management of the temporary morgue, victim identification or contact with the bodies by bereaved family members.

> There have … been descriptions of official processes instituted which have caused additional trauma and distress for the families of those killed, and, I believe, have disempowered these people in their recovery and grief. …Family members have described how they were refused access to the beach and not permitted to go near the bodies once they were recovered. They were kept waiting for hours after the recovery because none could be shifted until a Police Department officer arrived from Perth, three and a half hours away. Families were sent home, then required to come to the local hospital in the middle of the night to identify the bodies … (Monson 1997, p.285)

Contact with the deceased

Bereaved family members interviewed for the study expressed concern that they were denied access to the bodies on the beach when the rescue effort was over. Overwhelmingly, they thought that the decision to go onto the beach and sit with the deceased should have been theirs and not a police officer's.

> After we had waited at the site for three to four hours and they had recovered all the bodies, we expressed our desire to see [our daughter's] body and asked if they could bring her up to us or if we could go down to see her on the beach. But we were refused and they (authorities) told us to go home and wait. … What I would have liked is for someone to have taken me down to the beach. Then I could have made my own decisions.

(A bereaved parent cited in Palmer 2000, p. 15)

The condition of the bodies as a result of the injuries was the principle reason given at the inquest for denying families access to the bodies once public safety was no longer an issue. State Coroner Alistair Hope supported the police in their decision to deny access to the bodies at the beach.

> [A police officer] was certainly of the view that access should not have been allowed. He said that having viewed the bodies laid out in a temporary mortuary himself, he did not believe that families should have viewed bodies in that location and in the condition which they were then in. …. He said that he would not have wished to have seen his own son, had he been killed in the cliff collapse, at that temporary mortuary. (Hope 1997, p. 15)

Davis and Scraton (1999) found that this was a common occurrence in a disaster situation, that police and other well meaning professionals felt that it was their right to make decisions rather than to support the bereaved to make decisions that were right for them.

> It was a fact that some of the bodies were severely damaged, bruised and disfigured , and therefore there was a need for a controlled process of viewing the bodies. With nine (9) deceased people laying on the beach in a temporary morgue situation, there was no mechanism for control. Further to this the bodies had not been formally identified through the Disaster Victim Identification Process … (A police officer cited in Palmer 2000, p. 16)

Davis and Scraton (1999, p. 93) suggest that the decision to deny the bereaved access to the body of a disaster victim (particularly at the site), while ostensibly made to protect the bereaved from distress, is more likely made to protect 'professionals' from the distress of having to deal with intense expressions of grief and loss.

Victim identification

Another significant decision made by agencies trying to 'control' the disaster on the night, was to attempt to withhold the names of those who had died until after the formal victim identification had taken place. As this process did not begin until the early hours of Saturday morning, 10 hours after the accident, the lack of confirmation that their loved one had died, was particularly distressing for the bereaved. The Coroner agreed at the inquest that 'it is clear that the families were not provided with adequate information' (Hope 1997, p. 16).

Much of the distress for families came from knowing that people knew that their loved one had died, but that they were unable or unwilling to acknowledge this fact to them.

> No one contacted me. I heard at about 5pm that there had been an accident. It never occurred to me that [he] might have been killed. I just assumed he would be involved with the rescue …. But when I got to the beach, the way they looked at me and just let me through, I knew then. But no one actually came up to me and told me. I just got shunted between the hall and the beach. I eventually went home and then someone told my son that he should tell me that his father had died. (A bereaved partner cited in Palmer 2000, p. 20)

The decision to maintain strict adherence to the formal processes of victim identification, to do things 'by the book, was one of the hardest things for people involved with the disaster—families and helpers—to understand. Families felt let down by ***those in authority*** and many helpers (hospital staff, counsellors, friends) felt that they betrayed their neighbours and friends by not passing on the much needed information so that people could begin the process of grieving for their partner, parent, son or daughter.

> At 2000 hours the morning [hospital] staff went home, none of us could stand the imploring eyes of the relatives. We knew the names of the missing but were not allowed to reveal any information what-so-ever to the relatives as per police orders. Some relatives went home to wait. (Scott 1997, p. 9)
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> We've heard that the rescuers were told not to come and talk to us. A lot of them have felt really bad. (A bereaved parent cited in Palmer 2000, p. 20)

Imploding the cliff face

Overnight, the police had posted a guard at the site and arrangements were made to implode the cliff face to make the site safe for the public. Like a lot of the decisions that had been made during the night, the decision to implode the cliff face was made without consultation with the bereaved families.

It is possible that whoever made this decision was unaware of the significance of the site to the bereaved. However, people writing about grief and loss make reference to the significance of the place of death for those people who have lost family or friends in sudden or tragic circumstances. According to Swalling (1997), these sites are significant because they represent the last place the person was alive, the last place they saw. Family members interviewed for the Gracetown study expressed deep regret that they had been unable to visit the site as it had been at the time of the deaths.

> They had guards down on the beach the next day. We watched Thredbo with a lot of interest. There, they took the families to the site, to walk them around. (A bereaved parent, cited in Palmer 2000, p. 36)
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> The following day, they blew up the site. No family member knew that was going to happen. No one asked if we wanted to look at it. To take photographs. To know what they were buried in. It was all blocked off. They think they are trying to protect us. (A bereaved partner, cited in Palmer 2000, p. 36)

The Sunday Times on 29th September carried a picture of Premier Richard Court being escorted around the disaster site before the implosion. Davis and Scraton (1999) noted that after Lockerbie, the 'frustration and anger over difficulty in accessing the disaster site was exacerbated by the unquestioned access given to visiting politicians, dignitaries and royalty' (p. 93).

Recommendations

The main recommendations to emerge from the study challenge disaster response and recovery agencies to find ways to reposition crisis support ahead of (or alongside) crisis control following a disaster. During a disaster and in the immediate aftermath, crisis control strategies are often essential to maximise the chance of finding survivors and minimise further harm to victims, response agents and/or the public. However, once the initial crisis is over (survivors found and the site safe) then a crisis control approach is unlikely to be helpful and may even be harmful. Davis and Scraton (1999) summarisd the experience of the bereaved interviewed for their study on disaster management in the UK.

In the personal reflections of the bereaved and survivors … it is clear that such is the impact of insensitive and inappropriate crisis management in the immediate aftermath it is difficult to distinguish between these experiences

and those of the disaster itself in causing extremes of human distress. (Davis & Scraton 1999, p. 95)

The Gracetown study recommended a number of ways in which this re-thinking of the power relationship between crisis control agencies and crisis care agencies (and between agencies and the people they have been set up to serve) could be achieved.

Charter for the Bereaved

In their report to the British Home Office in 1997, Davis and Scraton made a series of recommendations to deal with the power differences that emerge during a disaster response. Central to these recommendations was the need for 'the voices of the bereaved and survivors, the "view from below"' to be heard in planning and preparation for the disaster aftermath (Davis & Scraton 1999, p. 94). One of these recommendations was for the development of a Charter for the Bereaved. This followed extensive consultation with the various campaign and advocacy groups that have emerged in the UK following disasters in recent years.

> While broadly marking the significance of rights, a Charter would provide a clear overview of the statutory role and obligations of key agencies, alongside the recognition of the rights of the bereaved. The latter would include rights to full and detailed information, access and viewing of bodies, consultation over post-mortems and return of bodies, access to the disaster site, crisis support and privacy. (Davis & Scraton 1999, p. 94)

Training of workers involved in crisis control

As the bodies had been moved after the discovery, there was no forensic purpose to be gained by leaving the bodies in the area of the disaster. … Unfortunately the bodies were left at the temporary mortuary pending the arrival of the pathologist. (Hope 1997, p. 17)

At the inquest, Coroner Hope criticised the decision to send the victim identification team to Gracetown by car and recommended protocols to ensure that in the future, they would be despatched by 'the most expedient means' (Hope 1997, p. 3). On the night of the disaster, it must have been obvious to experienced police officers (who were acting for the lead agency) that the decision to send the team by car had been a serious mistake. What stopped them from taking the necessary action to support the bereaved (moving the bodies to the hospital or at least beginning a process of informal identification that would allowed access to the deceased) given that their senior officer's decision had so clearly been a mistake? Although it was beyond the scope of the study to explore this question, it is easy to imagine how difficult it would have been for junior or middle ranked officers to make decisions which countered their superiors in such a stressful and public environment.

The study report recommended that the WA Police Service extend the training of staff in issues of grief and loss so they are better able to prioritise the needs of the bereaved following a sudden death once community safety is assured. It also recommended that the WA Police Service review the training of staff to include some critical analysis of the limitations of hierarchical decision making and control. It was considered that this may assist police officers (and others who work in organisations involved in disaster response) to feel empowered to use their professional judgement even when it means not following the rules. Clearly this is going to be difficult to achieve. How likely is it that hierarchical and quasi-military organisations will train their staff to 'problematise' their own culture?

Connections between response agencies and the bereaved

Both the police and family members acknowledged the need for more positive interaction between the response agencies and the bereaved families following the disaster. Family members saw this interaction as a way of providing them with the detailed information they wanted about the rescue and body recovery process. The police saw this interaction as necessary to counter the 'over-counselling' which they felt had excluded and marginalised them during the recovery phase.

Despite the different reasons put forward for this proposal, it seems to have merit. The bereaved, rescuers and helpers are all potentially 'victims' in a disaster and providing opportunities for these groups to meet would seem to enhance the natural support systems that can operate, particularly in a small community. Thus, the study report recommended that recovery managers consider ways in which emergency workers and family members can interact following a disaster, either as part of the formal debriefing structure or through other processes.

Opportunities for healing when grievances occur

The EMA ***Disaster Recovery*** manual doesn't offer strategies for community conflict resolution and yet this would seem to be an important aspect to include given the tensions and grievances which often emerge in the aftermath of a disaster response (Gordon & Wraith 1987). At Gracetown, the police felt that they were blamed for the delays in victim identification. Bereaved families felt that their needs were minimised on the night of the tragedy. The inquest provided some opportunities for people to hear the stories from 'the other side'. However, in the aftermath of the disaster, grievances have remained with little opportunity for reconciliation and healing unless someone is able to take the initiative and establish the necessary dialogical processes.

The study report recommended therefore, that Emergency Management Australia include the issue of community conflict resolution and healing processes on its research agenda with a view to including relevant guidelines in the ***Disaster Recovery*** manual.

Conclusion

> ***Once again we come to the word compassion. It's not enough to just follow the rules. (A bereaved relative cited in Palmer 2000, p. 66)***

The research project on which this article is based was undertaken to try and understand how human service agencies respond following a disaster. Thankfully, there is a rule book about how agencies should do this and at Gracetown, they 'did it by the book'. An inter-agency team came together following the cliff collapse and using their combined knowledge, skills and compassion, were able to respond effectively to the very diverse and complex needs of the community.

However, there are times when it is not always appropriate to follow the rules. If we take this paradoxical view, then we create contradictions and tensions which may be very difficult to understand and manage. Notwithstanding this difficulty, it seems that there is a need to include in the training of disaster response and recovery workers, mechanisms by which they can recognise and become more comfortable with the contradictions and tensions inherent in their work.

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About the author

In late 1997 I drafted a proposal to evaluate the human service response to the Gracetown cliff collapse and applied for a Small Research Grant through Edith Cowan University. When I began the study, I was interested in finding out how a small community manages a disaster response and recovery process.

At the time of undertaking the study, I taught in the rural social work program at ECU in Bunbury where my focus was research methodologies and community development. I am currently doing doctoral studies researching individual, family, work/school and social network responses to domestic violence.

Author's Contact Details

Marilyn Palmer
Social Science/Social Work
Edith Cowan University
Bunbury, WA 6230
Email: m.palmer@ecu.edu.au

This article has been refereed

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Although there are some very innovative uses of spatial data within the emergency services, there are still major opportunities to take advantage of such information sources and associated technology to achieve greater safety of lives and protection of property and the environment.

In recognition of this situation, a Canberra-based project facilitation organisation, Technik Pty Ltd, in consultation with the Australian Capital Territory Emergency Services Bureau, developed a project proposal to AusIndustry. This resulted in approval of what is now known as the GeoInsight project.

GeoInsight is a major spatial information project supported by a grant of $2 million from AusIndustry under its Technology Diffusion Program. The project will take place over a 15-month period from August 2001 to October 2002. The mission of the GeoInsight project is to facilitate an enduring and mutually beneficial relationship between the Spatial Information Industry and the Emergency Management Community. The outcomes from this relationship will be:

- an enhanced understanding of each party's capabilities and needs
- on-going development and application of spatial information products, services and applications specifically for the Emergency Management Community.

These outcomes will be achieved in three phases:

- ***Phase 1.*** (Aug – Oct 01) Direct consultations with practitioners and managers of spatial information at appropriate tiers in the emergency management community.
- ***Phase 2A.*** (Nov 01-Apr 02) Development of demonstration and awareness resources including a range of program related on-line and CD-based skills development resources for spatial information users within the emergency management community.
- ***Phase 2B.*** (May – Oct 02) Delivery of demonstration and awareness workshops in each State and Territory. These will consist of presentations, demonstrations of example applications and spatial resources with hands-on opportunities for participants from various levels of the emergency management community and spatial information industry.

Technik Pty Ltd is managing the project with high level guidance and direction being provided by a Steering Committee comprising ACT Emergency Services Bureau, AGSO-Geoscience Australia, Australian National University, AURISA, AUSLIG, the Bureau of Meteorology, NSW SES and EMA. The independent chair of the Steering Committee is Alan Hodges, AM. This is an exciting project which has great potential to benefit the operations of emergency services.

The project team and Steering Committee members are committed to ensuring that the developments through this grant are driven by the needs of the emergency management community.

For further information see: www.geoinsight.net.au