Editorial

When terrorists flew fuel laden aircraft into the World Trade Centre in New York and the Pentagon in Washington DC on 11 September 2001, causing massive destruction and loss of life, they changed the lives of most of us forever. The subsequent bio-terrorism attacks in the United States and Australia have done nothing to ease this situation. In Australia, around 2,500 'white powder' incidents have occurred with no traces of biological agent being identified. These senseless acts placed a great demand on our emergency services which responded well, managing incidents in a most professional way. However, the events have added a new dimension to the roles of the emergency services and the public health system.

Before 11 September 2001, everyday Australians did not think of terrorism as something that could affect them. Even though the recent terrorist attack occurred in the United States, strong association with the United States, the Anthrax scares, and threats of retaliation for Australian involvement in Afghanistan have made terrorism seem a real threat. The topic of terrorism has been placed firmly on the Australian public agenda.

The result is that we are now living in an increased security environment which seems destined to remain for some time. We are going to have to get used to greater security everywhere we go, both in Australia and internationally. Recent events have shown that dealing with terrorism is not just a matter for law enforcement agencies and the military. It is the business of all emergency services, supported by the public health system.

The range and scale of emergencies that emergency services are going to have to deal with has changed. Terrorism offers greater likelihood of multiple simultaneous events. This, like a very large single event, will challenge existing emergency management resources. In the past, we associated terrorism with the use of

bombs or other sophisticated devices. Concern has now turned to chemical, biological and radiological hazards, and we are reminded that very simple weapons can be used to hijack planes, trains, etc. and turn them into weapons of mass destruction.

Dealing with the consequences of such an event will fall squarely on emergency managers. In the past, there has been a gap between Crisis Management and Consequence Management arrangements with a belief that they were quite separate activities. Crisis management is about anticipating, preventing and or resolving a threat or act of terrorism. This is the province of law enforcement agencies, supported as necessary by the Australian Defence Force. Consequence Management is a relatively new concept and is about protecting public health and safety, restoring essential government services and providing emergency relief to business and individuals affected by the consequences of terrorism such as the release of a chemical, biological or radiological substance. Consequence management falls to fire agencies, ambulance, State Emergency Services and the public health system.

While this latter group of emergency managers has no desire to be in the frontline of dealing with terrorist incidents, events of 11 September and the 'white powder' incidents that followed in Australia have demonstrated that Crisis and Consequence Management can no longer operate apart. The two must become more integrated so that there is a clear understanding between those involved in all aspects of an incident.

Planning for events such as the Sydney Olympic Games and the Commonwealth Heads of Government Meeting (CHOGM) has seen a narrowing of the gap between Crisis and Consequence Management. However, the new threat environment means that the gap must continue to close if all terrorist events are to be managed

in a holistic manner. Integration of Crisis and Consequence Management is occurring in some jurisdictions but this is an area in which we can still do better.

Australia prides itself on having sound emergency management arrangements. But these are optimised for the types of events which are normally expected to occur. One can only surmise how these would stand up to the type of catastrophic event that occurred in New York. While we hope they will never be tested in such a dramatic way, it is prudent for us to heed New York's lessons and, where applicable, incorporate them into our own arrangements. Information gleaned through the media; from recent visits to Australia by members of the Fairfax County and Miami-Dade Urban Search and Rescue Teams, which were involved with both incidents; and Mr Jim Hall, a geospatial specialist, who was involved with the World Trade Centre, have provided an indication of areas which warrant further consideration. These include being able to manage information to the satisfaction of a range of stakeholders, having access to specialist expertise, adequate training for managers and responders, having the right equipment and enough of it, and clearly defined incident management procedures at all levels.

There will be an opportunity in May 2002 to review our level of preparedness in these areas during a series of lessons learned workshops to be hosted by EMA.

The workshops will be based on the United States 11 September experience with the Federal Emergency Management Agency (FEMA) invited to provide suitable speakers. It will be interesting to see how our arrangements fare.

Rod McKinnon
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