Mallacoota Community Health
Infrastructure & Resilience Fund Inc.
PO Box 368
MALLACOOTA VIC 3892
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CHIRF is a tax-deductible charity

This document is a submission from CHIRF, a community dgr Health Promotion in Charity in Mallacoota set up in 2016 by the community to secure the future of the medical centre. Firstly, by finding Drs and secondly by upgrading the facilities to meet future demand. CHIRF now supports Drs, has built a new medical centre and obtained grants to support a Teen Clinic, a Chronic Disease Program and Mental Health Services.

It was disappointing to find our Doctors and our facilities were ignored in the emergency planning for the Community.

Please find attached correspondence CHIRF received from Dr April Armstrong. She was a locum in Mallacoota during the bushfire period, including on the night of the fire and for an extended period after the fires.

Also attached are emails Robin Bryant had as a CHIRF person working on the Facebook site Mallacoota Community News and as a former CFA Member. Mr Bryant was responsible for turning the local community radio station into an emergency radio station.

"All of these questions we have already followed up with the powers that be without an adequate explanation. The best explanation is something along the lines of "We understand how you feel. Given the unprecedented crises, it seemed a good idea at the time."

With the investigative powers available, we invite the Commission to form a better view that too many opportunities were overlooked and professional judgement by various officials was lacking.

This submission is based on contemporaneous evidence of what happened.

At the outset, it is not CHIRF's intention to criticise the work of the very many CFA, Paramedics and Police and latterly army navy and air force and private individuals that delivered a sterling service to the community. Yet there were systemic failures that we document to help improve planning and delivery of the emergency service to the community.

Due to there being no State Health Facilities or services in Mallacoota there was no recognition by the State of the health needs of the community. Ambulances rely on access to the hospitals that are 2 hours away. The road to those hospitals was inaccessible for a considerable time.

We are aware there will be other submissions from people discussing the lack of preparedness for this community from the aspects of vegetation, water supplies, access in times when the one road is not available and smoke limits aircraft movement.

"A Military Force has no constant formation, water has no constant shape: The ability to gain victory by changing and adapting according to the opponent is called genius" Sun Tzu in The Illustrated Art of War edited by Thomas Cleary Page 147"

1. Watch and Act, unsafe to leave?

The email conversation I had on 29 December with the ICC (see attachment) about watch and act and when it is safe to leave raised some stark questions. Had our advice been heeded, we have no doubt many if not all of the 4000 visitors could have evacuated from Mallacoota *before* the fire.

To his credit, Sergeant Stuart Johnson stood up at the community meeting on the 30th at about 10.30am and announced that the road out of Mallacoota and thence to Eden was still open and people should leave if they can. There was a window of probably a couple of hours left.

Key question to be addressed by the Commission is why in the face of such potential danger to life, the ICC rejected the opportunity to get people out of Mallacoota when it was clearly still safe to do so? Over 24 hours of smooth controlled evacuation lost.

2. Primary Medical Support – 12 Questions

Dr April Armstrong's correspondence raises serious questions. I note that the Royal Australia College of GP's also raised many of these issues. In particular, we submit the following questions that warrant investigation:

1. Why was the new and well-equipped community owned medical centre *not listed* as a property to be protected? Note during the height of the crisis it became a mini hospital.
2. Why was Dr Armstrong instructed to close the medical centre down and leave? What were the alternative plans by the Paramedic Health Commander?
3. Why were the medical centre and the GP's and operational staff not accorded any recognition in the health emergency plan for Mallacoota?
4. It is noted that Ambulance Victoria provide advice to the Inspector General Emergency Services reproduced below in respect of the priority given to urgent medical supplies. It is in effect a half-truth. The medical centre and chemist were not given any priority access. Why not?
5. What was the Ambulance Victoria plan for health care for the Mallacoota and associated communities in the events of the roads being closed and access to hospitals and Doctors unavailable? It was foreseeable.
6. Why has the only medical practice in the region not received emergency medical supply support, including drugs and equipment normally available to emergency departments at hospitals?
7. What authority did the Health Commander, Paramedic (Name Withheld) have for instructing that Drs weren't needed and refusing transport back into Mallacoota on a Police Boat of the Practice Principal, Dr Sara Renwick Lau whom she knew well? The Police Boat had adequate capacity.
8. What was the legal basis and logic for the Paramedic (Name Withheld) judgement?
9. Why were urgent medical supplies for the chemist not given any priority?
10. Why was the relieving Chemist not given any priority? (The chemist ultimately travelled in on helicopter laden with orange juice whilst the Chemist and medical supplies were left on the ground.)
11. Why were medical staff apprehended and provisionally arrested for 2 hours when flying in to support the medical centre that was experiencing very high demand?
12. Why had the medical centre and the personnel received no financial support or compensation from the state or additional support from the federal government for the services that were being run 24/7?. It was not possible to apply MBS to every patient for the sort of services that were being provided in the Minis Private Hospital the medical centre had become.

3. ICC Emails

This is the key email in a series of emails.

From: ICC-Bairnsdale (Public Information Section) iccbai.pubinf@icc.vic.gov.au **Subject:** Re: Watch and Act...Mallacoota ...too late to leave

Date: 29 December 2019 at 5:39 pm
To: Robin Bryant

Thank you, that is really appreciated.

Public Information Section

Bairnsdale Incident Control Centre (ICC) DELWP HQ Bairnsdale
Ph: (03) 5152 0600
Email: iccbai.pubinf@icc.vic.gov.au

From: Robin Bryant
Sent: Sunday, 29 December 2019 5:35 PM
To: ICC-Bairnsdale (Public Information Section) <iccbai.pubinf@icc.vic.gov.au> **Subject:** Re: Watch and Act...Mallacoota ...too late to leave

Done.

Robin Bryant

secretary@chirf.org
+61417271852
PO Box 368 Mallacoota Vic 3892

53 Lakeside Drive Mallacoota Vic 3892

On 29 Dec 2019, at 5:31 pm, ICC-Bairnsdale (Public Information Section) <iccbai.pubinf@icc.vic.gov.au> wrote: Hi Robin,

If you could please take this post down. The best thing is for visitors to remain in Mallacoota at this stage.

Thanks very much.

Public Information Section

Bairnsdale Incident Control Centre (ICC) DELWP HQ Bairnsdale
Ph: (03) 5152 0600
Email: iccbai.pubinf@icc.vic.gov.au

From: Robin Bryant
Sent: Sunday, 29 December 2019 5:27 PM
To: ICC-Bairnsdale (Public Information Section) <iccbai.pubinf@icc.vic.gov.au> **Subject:** Re: Watch and Act...Mallacoota ...too late to leave

OK. Would you prefer I take the modifier off our site? This is what I said..

I have just been advised by theIncident Control Centre Bairnsdale (Public Information Section) at 5.01pm the following .
"The road is closed west of Genoa and east of Cann River. From Mallacoota you can travel north on the Princes Hwy. The Monaro Highway is open from Cann River." I have drawn their attention to the statement on the incident site
I will keep you informed as information comes to hand. Note that the situaiton can change very rapidly

I could add. The above information is correct but the ICC believe at this stage the safest option is to remain in Mallacoota and let people who really want to go...go..... I am talking to our Doctors at the moment.....it would be better for them not to be in the town if a fire descends on the town....better to return with a proper team. I went through the Canberra fires at the fire front....so am conscious of the issues.

Robin

Robin Bryant

secretary@chirf.org
+61417271852
PO Box 368 Mallacoota Vic 3892
53 Lakeside Drive Mallacoota Vic 3892

On 29 Dec 2019, at 5:21 pm, ICC-Bairnsdale (Public Information Section) <iccbai.pubinf@icc.vic.gov.au> wrote: Hi Robin
We have had a discussion and we want the message to remain as is.
If you are in Mallacoota, stay there. It is too late to leave.

Staying in Mallacoota is your safest option.

Regards,

nd team

Public Information Section

Bairnsdale Incident Control Centre (ICC) DELWP HQ Bairnsdale
Ph: (03) 5152 0600
Email: iccbai.pubinf@icc.vic.gov.au

From: Robin Bryant
Sent: Sunday, 29 December 2019 5:04 PM
To: ICC-Bairnsdale (Public Information Section) <iccbai.pubinf@icc.vic.gov.au> **Subject:** Re: Watch and Act...Mallacoota ...too late to leave

Subject: Re: Watch and Act...Mallacoota ...too late to leave

H ..tks.....I will put that up ...it will modify the statement that is on the Incident site at the moment that says

If you are in Mallacoota, stay there. It is too late to leave. Staying in Mallacoota is your safest option.

Are you comfortable with that?

Robin Bryant

secretary@chirf.org
+61417271852
PO Box 368 Mallacoota Vic 3892
53 Lakeside Drive Mallacoota Vic 3892

<PastedGraphic-10.tiff>

On 29 Dec 2019, at 5:01 pm, ICC-Bairnsdale (Public Information Section) <iccbai.pubinf@icc.vic.gov.au> wrote: Hi Robyn,

The road is closed west of Genoa and east of Cann River. From Mallacoota you can travel north on the Princes Hwy. The Monaro Highway is open from Cann River.
Thanks for sending the message out to the community.
Kind regards,
Gail and team

Public Information Section

Bairnsdale Incident Control Centre (ICC) DELWP HQ Bairnsdale
Ph: (03) 5152 0600
Email: iccbai.pubinf@icc.vic.gov.au

From: Robin Bryan
Sent: Sunday, 29 December 2019 4:55 PM
To: ICC-Bairnsdale (Public Information Section) <iccbai.pubinf@icc.vic.gov.au> **Subject:** Watch and Act...Mallacoota ...too late to leave

People are asking why they can't leave and go to Eden....NOT along the princes highway to Cann River past the Wingan Fire

Any advice please I can put up on the. MCN Facebook page...

Robin Bryant

secretary@chirf.org
+61417271852
PO Box 368 Mallacoota Vic 3892
53 Lakeside Drive Mallacoota Vic 3892

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4. Dr April Armstrong Correspondence

---------- Forwarded message ---------
From: **April Armstrong** <businessfordoctors@gmail.com>
Date: Mon, Feb 3, 2020 at 2:08 PM
Subject: Attention: Ken Lay - URGENT - Medical supply issue Mallacoota
To: <connect@brv.vic.gov.au>

Dear Mr Lay

I write to you in the capacity of a medical practitioner who was at the face of the recent Mallacoota fires and has continued to support the principle practice owner Dr Sara Renwik-Lau. We still have no clear line of delivering medical supplies to the community and ongoing issues remain with stocking the pharmacy and medical centre. This is putting the health of the community at risk and causing additional stress to an already overworked and distraught workforce.

My experience during the events highlighted the inability of emergency services to coordinate adequate qualified personal to provide safe quality medical services to the residents and visitors of Mallacoota. This was exacerbated by the great divide or public/private and Ambulance Victoria emailing directives advising that no authorisations would be given to the movement of staff or supplies for private businesses including the medical centre and pharmacy which were the only operating and available medical services in the town at the time.

In my attempts to overcome these issues I first notified the FEMO and HC of the area of the problem - no ventolin, chlorsig and medicines that were critically required, along with a long list of essential medicines that would be used to stabilise patients when air transport was not immediately available due to smoke and airport closure. Despite our medicines list been given to FIVE different persons including two FEMOs and two Health Commanders they were never received.

Firstly and most importantly I feel it important to outline my role in Mallacoota. I was the locum doctor who stayed during the fires and coordinated all health care services from Day -1 singlehandedly. This included acute emergency presentations that were transported by ambulance to the medical centre (roads, air and water transport was not an option), acute general practice presentations, general practice presentations, and inpatient services for patient care until patients could be evacuated. The most important role was triaging the public for prioritising evacuation based on medical evaluation. If you would like to know more about the presentations, cases and this I would be more than happy to share, but it is not particularly relevant for this email. Unfortunately, my role became one of a logistics coordinator due to the difficulties faced as outlined below.

The deliberate actions to prevent ongoing medical services started from Day 0 with instructions from the HC in command on the 1/1/20 that prevented Dr Renwisk-Lau returning to Mallacoota to assist with the running of the medical centre and providing emergency services. Dr Renwik-Lau enacted her fire plan and removed her family to safety prior to the road closures. She secured water police support to be transported from Eden to Mallacoota

after the fires but was unable to be transported as the HC advised the water police she was not authorised. I spoke to both the [redacted] on the 1/1 and insisted that Dr Renwick-Lau was required urgently to continue the operations of the medical centre, as the only medical facility in Mallacoota. They ignored my request.

One of the most significant event during this time was the [redacted] to intimidate and bully medical and support staff. Due to the ICC not being able to provide permission for our relief team to enter Mallacoota and the volunteer doctors leaving (they had been tourists during the fires) I contacted the ACRRM College president asking to be contacted by the Prime Ministers office. We were at the end of the line in getting assistance to mobilise staff and after a week I had reached the end of my capacity to negotiate terms and wait for another week for staff to arrive. We gained permission from the Defence, Health and Prime Minister to bring the staff into Mallacoota. There were three doctors (including GP anaesthetists) three ED nurses (including a paeds ED nurse) and an administrator. On arrival in Mallacoota, they were detained by the [redacted] This was over a two hour period after their arrival. The following day an off-duty [redacted] in the presence of a [redacted] for warning their uniform in the streets of Mallacoota. The two female staff returned to the clinic shaken and upset. As a result of these events the support of the Medical rescue organisation who sent their staff as volunteers were withdrawn. A [redacted] was present during these events and did nothing to protect or defuse the situation despite knowing the background of perhaps why there had been a misunderstanding regarding uniforms. Regardless the staff had permission to be there and it was not conditional on them not wearing the uniforms of the company that sponsored them.

Additional clinical interference in treatment resulted in an 8-year-old boy was being treated by an ED registrar for a fractured distal radius, being inappropriately managed. I was onsite at the time of this event. I called the HC to request fentanyl for the reduction and left a message. This was due to our supply lines not been maintained and the HC insisting that we call them if we needed to use S8 drugs. The short version is that after two hours we had a MICA come to bring the fentanyl but insist on the MICA protocol being used and that they would administer the medication. Inadequate analgesia was administered and as a result, the fracture could not be reduced. I was advised by the ED registrar that the MICA protocol is well below the dosage that would normally be administered in these circumstances. The result was that a family of four had to be medically evacuated. This led to another issue of the father being bullied by the [redacted] in taking a flight that evening - despite him advising that it would take him 4 hours to pack his tent and prepare the two other boys to transfer. There was no medical urgency for the child to be transferred and the unnecessary stress put on the father was a direct result of inadequate medical treatment. Prior to the injury, the father had no intention of evacuating as they had continued to enjoy their camping trip - as surprisingly a number of regular campers did after the smoke cleared.

Ongoing poor communication and management continued between the [redacted] and medical centre. During a period with two FEMOs we had been requesting and pushing for urgent pharmacy supplies - a shipment of $27k. which has gone missing - and had been reordered. It included cold chain. Dr Renwick-Lau and I had a phone call from the HC and FEMO advising they had received an email from [redacted] dvising that no authorisation would be given for the movement of staff or supplies for private businesses, and that included the medical centre. That was despite AV still parking in the driveway and dropping off patients and in fact, their entire fleet been present at one time, (three ambulances and the HC) waiting for transfers and bringing patients in for treatment. I believed at this point in time the FEMC should have been contacted and advised that essential medical supplies were being blocked to the community.

I could outline numerous other incidents that were disappointing but I feel that the above is more than likely sufficient for you to consider asking each of the FEMOs for a detailed report regarding any concerns they had.

Thank you for taking the time to read my email and I sincerely hope that these matters will be investigated and addressed so that in the coming months we are not faced with the ongoing stress and massive cost in trying to maintain medical supplies. Sadly it is a little late for our pharmacists who has resigned due to ongoing stressors or the pre and post-fire sagas.

Regards
Dr April Armstrong
[redacted]

[redacted]

Dear Dr Moloney

My recent experience with FEMOs at the Mallacoota Fires was disappointing and I am writing to express my concerns about matters of importance that were not addressed by any of the FEMOs who were activated for duty and attended the Mallacoota Community between the 2/1/2020 and the 18/1/2020.

Firstly and most importantly I feel it important to outline my role in Mallacoota. I was the locum doctor who stayed during the fires and coordinated all health care services from Day -1 singlehandedly. This included acute emergency presentations that were transported by ambulance to the medical centre (roads, air and water transport was not an option), acute general practice presentations, general practice presentations, and inpatient services for patient care until patients could be evacuated. The most important role was triaging the public for prioritising evacuation based on medical evaluation. If you would like to know more about the presentations, cases and this I would be more than happy to share, but it is not particularly relevant for this email. Unfortunately, my role became one of a logistics coordinator due to the difficulties faced as outlined below.

Firstly I would like to express my disappointment in being notified that Dr Sara Renwick-Lau was not officially activated as a FEMO during the disaster, despite being at all meetings and providing the information, link and team support to the HC and the Emergency response teams. Her local knowledge, insight and patient awareness was the key factor in us being able to coordinate the priority triage and protected many needy and high-risk patients. I feel very strongly about her receiving recognition for the role she played and that she should be financially compensated for the many hours over weeks, that she has worked with the HC directly.

In regards to Dr Renwick-Lau - there was a deliberate action and instructions from the HC in command on the 1/1/20 that prevented Dr Renwisk-Lau returning to Mallacoota to assist with the running of the medical centre and providing emergency services. Dr Renwik-Lau enacted her fire plan and removed her family to safety prior to the road closures. She secured water police support to be transported from Eden to Mallacoota after the fires but was unable to be transported as the HC advised the water police she was not authorised. I spoke to both the HC and Police commander in charge on the 1/1 and insisted that Dr Renwick-Lau was required urgently to continue the operations of the medical centre, as the only medical facility in Mallacoota. They ignored my request.

In order to understand "what went wrong" I researched the role of the FEMO - feeling that perhaps my expectation of colleagues was more than the role, they were established to perform. I am sure you can obtain information on who the FEMOs were that were present during the event so I will provide only the information in regards to the difficulties that were encountered.

Our first FEMO was not able to manage critically ill patients on their own and wandered off leaving patients without care or clinical handover. In fact, on numerous occasions, clinical care was not handed over and clinical decisions that were made in the context of the fires were poor. For example. Many patients were not keen to leave Mallacoota despite them being high risk for presentation for respiratory and cardiac conditions. All patients (except one) were reasonable and agreed to evacuate to reduce the pressure on the limited resources and stay well if approached with the information that their failing health could put the doctors in a position where we could not offer evacuation due to smoke, and therefore their lives could well be at risk. Most of the FEMOs made no effort to appeal to the patient to make a decision based on the needs of the community - which was a very reasonable request but instead pushed the "it is your decision, we cant make you go" line. Incredibly inappropriate considering the situation we found ourselves in for many days without any way to evacuate patients. Patients that were this advice included a patient that I persuaded to evacuate (after overnight cardiac monitoring) who had an AMI on the way to Melbourne via Sale after he electively evacuated on my advice. He would likely have not survived if he had been in Mallacoota at the time of the event. I have other examples of similar situations which highlight the problem and can provide them if required.

Providing emergency medical care is listed as one of the roles of the FEMO - yet when asked to care for patients who had either self presented or brought in by ambulance the FEMO who was present advised me that he was not "working for me" - after an exhausting week I apologised for confusing him as a team member providing acute care and asked for him to remove himself from the clinic if he was not going to assist and I would wake up the doctors who had been on overnight to assist me. He left and I took over the care of the emergency patients and the overnight doctors took on my role as the GP. This lack of insight, teamwork and consideration of the people who had been working since the 31/12 was extremely upsetting. For myself personally, I believed that we were a team, looking after patients, and each other.

Accessing medication - we provided a list of medications that we urgently needed to TWO FEMOs, after providing it to TWO HCs and a Navy commanding officer. It included chlorsig and Ventolin - many other supplies. The FEMOS did not manage to secure a delivery except ZIg which we request for one, possibly two patients.

Five vials arrived. The analgesia such as fentanyl and induction drugs incase orf massive trauma that was requested was ignored, although we did manage to get some drugs from the Navy, it was insufficient to meet our needs and we were advised by Ambulance Victoria (AV) that they would provide the S8 drugs. Sadly their pathway of supply led to what I would describe as a clinical incident. It also led me to believe that by insisting that every call for transport is called via 000.

The most significant event during this time was the to intimidate and bully medical and support staff. Due to the ICC not being able to provide permission for our relief team to enter Mallacoota and the volunteer doctors leaving (they had been tourists during the fires) I contacted the ACRRM College president asking to be contacted by the Prime Ministers office. We were at the end of the line in getting assistance to mobilise staff and after a week I had reached the end of my capacity to negotiate terms and wait for another week for staff to arrive. We gained permission from the Defence, Health and Prime Minister to bring the staff into Mallacoota. There were three doctors (including GP anaesthetists) three ED nurses (including a paeds ED nurse) and an administrator. On arrival in Mallacoota, they were detained by the his was over a two hour period after their arrival. The following day an off-duty in the presence of a for warning their uniform in the streets of Mallacoota. The two female staff returned to the clinic shaken and upset. As a result of these events the support of the Medical rescue organisation who sent their staff as volunteers were withdrawn. A was present during these events and did nothing to protect or defuse the situation despite knowing the background of perhaps why there had been a misunderstanding regarding uniforms. Regardless the staff had permission to be there and it was not conditional on them not wearing the uniforms of the company that sponsored them.

On the 8th of January in the presence of two FEMOs an 8-year-old boy was being treated by an ED registrar for a fractured distal radius. This was with me being present. I called the HC to request fentanyl for the reduction and left a message. The short version is that after two hours we had a MICA come to bring the fentanyl but insist on the MICA protocol being used and that they would administer the medication. Inadequate analgesia was administered and as a result, the fracture could not be reduced. I was advised by the ED registrar that the MICA protocol is well below the dosage that would normally be administered in these circumstances. The result was that a family fo four had to be medically evacuated. This led to another issue of the father being bullied by the in taking a flight that evening - despite him advising that it would take him 4 hours to pack his tent and prepare the two other boys to transfer. There was no medical urgency for the child to be transferred and the unnecessary stress put on the father was a direct result of inadequate medical treatment. Prior to the injury, the father had no intention of evacuating as they had continued to enjoy their camping trip - as surprisingly a number of regular campers did after the smoke cleared.

Ongoing poor communication and management continued between the and medical centre. During a period with two FEMOs we had been requesting and pushing for urgent pharmacy supplies - a shipment of $27k. which has gone missing - and had been reordered. It included cold chain. Dr Renwick-Lau and I had a phone call from the HC and FEMO advising they had received an email from dvising that no authorisation would be given for the movement of staff or supplies for private businesses, and that included the medical centre. That was despite AV still parking in the driveway and dropping off patients and in fact, their entire fleet been present at one time, (three ambulances and the HC) waiting for transfers and bringing patients in for treatment. I believed at this point in time the FEMC should have been contacted and advised that essential medical supplies were being blocked to the community.

In regards to this point - we still have the same problem with medical supplies as the ICC will not allow our courier to transport goods to Mallacoota. We have multiple medical orders now on hold waiting for a method of delivery - we have had private charter planes moving staff, equipment and supplies to date but due to current weather conditions, we cannot move supplies from Melbourne.

I could outline numerous other incidents that were disappointing but I feel that the above is more than likely sufficient for you to consider asking each of the FEMOs for a detailed report regarding any concerns they had.

Finally, there were some positives having the FEMOs - we got a night off as the covered our on-call/after hours (one FEMO) - we had some good clinical work with a haemothorax diagnosed on US and the appropriate use of resources to evacuate both that patient and a young girl with appendicitis. I also was grateful for another Doctor on the ground - and despite the feeling we were on very different teams - we are still clinicians and when push comes to shove a pair of good clinical hands never goes astray.

Thank you for taking the time to read my email and I sincerely hope that these matters will be investigated and addressed.

Regards
Dr April Armstrong

DRAFT Media Release not released 18/1 20

Paramed detains Doctors under Vic Emergency law during Mallacoota Bushfire disaster.
Emergency Vic Health Commander regards GPs as “Non-essential” in Emergencies.

Dr. Armstrong (locum GP at Mallacoota Medical Centre coordinating medical services post bushfire) calls for a full investigation into why Emergency Vic gave Paramedic (Name Withheld) the authority to detain the Medical volunteers, sent to relieve GPs and nursing staff at Mallacoota during the Bushfire crisis.

On Sunday 5th January 2020, at 5.30 pm, a volunteer emergency medical team by Dr Kate M comprising two emergency doctors, three ED nurses, landed with permission by local authorities and the Federal Government at Mallacoota airport. An additional Doctor and Administrator also arrived at the same time and grouped with the Medical Rescue team. As soon as they landed, a Paramed (Name Withheld), Acting Group Manager for Ambulance Victoria, whom Emergency Vic had chosen to be the Area Manager, ordered the volunteers to board a bus, detained them for being “non essential personnel’ under Emergency Vic regulations, and be taken to an alternative location, against their wished.
Mallacoota doctors Dr. Sara Renwick-Lau and Dr. April Armstrong were waiting at the airport to transport them to the Mallacoota Medical clinic to commence emergency work. However the Paramed (Name Withheld), and police ordered Dr. Kate M, Dr James A, Dr Ryan O and the Rescue team to board a bus, and when Kate tried to disembark, they refused. Then instead of transporting the Specialised GP medical team to the Medical Clinic they had come to work in, the Paramedic ordered for them to be taken, against their wishes, to another Centre. They then detained them without explanation, for two hours while well know GP Dr Sara Renwick-Lau, negotiated with Police and the Paramedic for their release.
The plane landed at 5.40 pm, and it was 7.15 pm before they finally made it to Mallacoota Medical Centre to start work. The bullying continued.
Reportedly Ambulance Vic Paramedic (Name Withheld) had the discretion to allow the specialized trauma GPS to work in Mallacoota, but preferred to use the lesser trained Paramedics.

The bullying continued. Next day Monday 6th Jan 2020, reportedly, (Name Withheld) and an on-duty policeman approached two volunteers and the Field Emergency Medical Officer (FEMO at the Mallacoota Hall and proceeded to give them an official warning to arrest them if they wore their Medical Centre Uniform in public ntervened and said that he was reporting the incident to his seniors.
It appears that to further prevent Medical Doctors working with the 4000 people trapped in Mallacoota, that week, of Ambulance Victoria reportedly sent a directive stating that no authorisation would be given for staff or supplies to enter Mallacoota for private businesses - including the Medical Centre. This directive was issued by on the afternoon of the 9th of January despite Mallacoota Medical Centre continuing to receive patients from Ambulance Victoria.
“ Dr. April Armstrong stated,
“The Emergency Vic regulation that reportedly states that Ambulance Victoria staff, red-cross volunteers and animal rescue teams are essential personnel but Medical Doctors are not, defies common sense and is endangering lives. That interpret this literally and chose to bully GPs is unacceptable”
“Many elderly people in Mallacoota could have died during the fires, and in the aftermath with the mass confusion of accessing evacuation. Without Medical Practitioners providing specialised medical

intervention, appropriate medical treatment and advice, the patients would have been at significant risk”

Dear Dr Armstrong

Please find our response attached.

Regards

Andrew Crisp
Emergency Management Commissioner

EMV
EMERGENCY MANAGEMENT VICTORIA

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13 February 2020

Dr April Armstrong

Via email: businessfordoctors@gmail.com

Our ref: EMC EO

Dear Dr Armstrong

I write in response to your email enquiry to [redacted] dated 1 February 2020 and thank you for taking the time to highlight some of the difficulties experienced in Mallacoota. There is no doubt that residents, tourists and emergency service personnel faced significant challenges in the early days and weeks of this unprecedented bushfire emergency.

It has taken a short period to obtain information from the appropriate agencies to inform this reply, and I apologise for the delay. I also recognise that some of the concerns you have raised will have been resolved as a result of the roads being deemed safe and reopened to the public.

Road closures within the Region occurred as a direct result of fire in the landscape that was physically impacting the roadway. After this initial impact many roads remained closed for various periods of time because of the immediate danger to members of the public and emergency service personnel. This very significant risk was sadly realised when an experienced emergency responder was tragically killed as a result of a dangerous tree falling.

When physical inspection of roadways became possible, dangerous trees were identified and removed, debris and hazards were cleared and the road condition and signage was assessed. Roadways were then progressively opened when deemed safe.

The Mallacoota Road and Princes Highway to the NSW border were opened to Level C Access on 25 January. The Princes Highway between Cann River and Genoa was opened to Level C Access between 8am and 8pm on 26 January. This access level provides local resident access and the delivery of relief and aid provisions, including medical supplies.

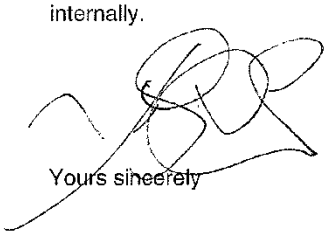
As you have stated, the continuing risk of fires in the landscape and the occurrence of other hazards such as debris, smoke and flash flooding may cause the roads to close again at any time. When this occurs, the reopening of the roads as soon as it is safe to do so, will remain a key priority.

The provision of essential supplies, such as medicines, fuel, food, water and groceries has been, and continues to be, a state-level priority. Meeting this objective is a collaborative effort between many agencies including the Australian Red Cross, Department of Health and Human Services, Department of Environment, Land, Water and Planning and the Australian Defence Force. In particular, the Department of Health and Human Services continues to work locally with other agencies to support communities in various stages of the emergency in both the East Gippsland and Hume regions.

I am advised that in relation to Mallacoota, all medical supply requests were actioned and no essential supplies were withheld. Additional medical resources were also pre-emptively provided on the ground, although it is noted that there were some constraints due to the limited road access and variable weather conditions, for example, when bushfire smoke restricted air access.

The emergency evacuation strategy included a strong recommendation for vulnerable people with urgent medical need to be evacuated as early as possible within the environmental constraints that existed at the time.

The Health Command and broader ambulance services issues raised have been investigated internally.



Yours sincerely

Andrew Crisp APM

Emergency management Commissioner

Good Morning Paul
I managed to catch a few hours sleep - thank you for communicating your thoughts into why the team and services have not been successfully established as yet.

Our priorities for the health of the community over the next 72 hours include:
Mobilising the team of health professionals in Sale to arrive in Mallacoota
Establishing protocols with local paramedics in regards to the arrival transfer and treatment of acute patients
Setting up the treatment area as a resuscitation bay (R1) with ventilation capabilities
Communicating with Air transport medical evacuation services to notify them of our capabilities on the ground and the protocols for transporting patients
Writing protocols for the management of acutely unwell patients who do not need medical transfer (short-stay patients)
Accessing drugs/stores to maintain health services in the community

In addition
Provision of medications/scripts for patients from Mallacoota who have been relocated outside the disaster area
Identifying chronically unwell patients at risk of acute presentations and encouraging them to relocate while the roads are not accessible.
Communicating with the remaining residence the health risks associated with air pollution and instructions for early presentations
Establishing a home visiting service (nursing based) for patients that are unable to attend the centre.
Identifying patients with personal alarms whose support network as left the community

External needs
Planning for patients who have known health appointments outside Mallacoota in the next 4 weeks and providing them with alternatives methods (skype)
Contacting patients who have temporarily relocated outside Mallacoota to maintain clinical continuity and forward planning for their return once it is safe
(I have suggested to Dr Sara it would be ideal if she could take on the role in arranging a telehealth appointment for these patients in the first instance to establish their needs and prevent them from returning until it is safe)

The good news is we can see some sky this morning which is hopeful for the required transfers of people wanting to leave the town. I look forward to hearing from you in regards to our transport request or landing clearance.

Regards
April

Good morning April

Thanks so much for your email, this level of detail is very valuable and I will pass it on as we agreed last night.

My view is that you are the best person to understand the health care needs of the community at this time and I can only see three defensible reasons to block your request, two of which probably don't apply at present as outlined in your email.

The first is an over arching concern to avoid putting people in harms way. I haven't found anyone to tell me that yet but I'm sure that is a major concern to the emergency coordination team and I'll keep asking. Neither you nor I have all that information yet, but I am presuming that has been frankly and transparently considered by all the staff you mention in your email.

The second one is a prioritization in the context of limited options for transportation into Mallacoota. Again a valid consideration but you have alternatives. My question there is about safety and feasibility and clearance to land. As with the first consideration, I am yet to get the full picture or a specific reason but will continue to ask his morning.

A third consideration is a lack of suitable personnel which of course is not a valid consideration as you have already done the hard work of marching needs with staff and as you say they will be at Sale airport in a couple of hours ready to go dependent on permission and the conditions.

April, I hope you slept a little overnight, it's going to be another busy day I'm sure. I will continue to work on this with others today and as soon as I can get some answers I will get them to you.

Regards

Paul Kelly

Hi Paul

Just got off the phone from the Bairnsdale Health Commander who has advised all requests must go through a person called the MERC (Municipal Emergency Resource Coordinator - the example was given that this person makes sure there are plumbers and electricians in town) - and we are to call him at 8 am but the first plane has been booked for weeks with 5 paramedics + other ESSENTIAL staff so it was unlikely that they would be able to accommodate our request for a doctor to be brought in. For some reason they keep forgetting we are not trying to staff a private GP clinic but a 24/7 medical service and 1 x FACEM to help cannot in any way meet the needs of a clinic to be open as an emergency centre where the ambulance drops the patients and leaves; I have been working as a GP, ED Doctor, Nurse, Health services coordinator, Fire Fighter and practice manager since the 30/12. A FACEM can only do a FACEM role which is narrow and not able to be extended to the additional roles needed for a clinic such as this. Today we started with a child with respiratory issues, anal abscess, a few scripts, UTI, Burn, Eye foreign body and then an ambulance with respiratory distress: I was alone at this stage and that was the first hour of the day. I had no nurses until we found a couple of RNs that were visitors who offered to come and help as ours were out fighting fires and protecting their property. Our front desk was manned by visitors who have volunteered their time, as is our kitchen which caters for staff and "in-patients". We have food donations dropped off on a regular basis from local people to keep us going.

We pointed out that they would be taking THREE doctors and replacing with one and we will be running a 24/7 medical service with just one FACEM and a GP who has been through the fires and worked long hours every day (me) - which is not safe, or feasible and we have no nursing staff and no admin staff.

Interestingly while we were gone an evacuation helicopter was arranged for a 7am pick up for both our patients - I have no idea who this is with or how it was organised.

Here is the list of people who will be waiting in Sale tomorrow - most will be there early in the morning - (I am going to request 8am)

Our first priority is [redacted] - he has been in Sale all day and trying to get into town via private charter and will be at the airport at 8am in hopes that you will be able to secure a seat on the first flight out.

[redacted]

[redacted] Medical Rescue (Director) - has offered his teams services at no charge and [redacted] (who you have spoken to) He has deployed 3 nurses (critical care) and [redacted] to Sale and they are ready and waiting to come tomorrow. This is his list in order of priority

[redacted]

Our first priority is [redacted] he has been in Sale all day and trying to get into town via private charter and will be at the airport at 8am in hopes that you will be able to secure a seat on the first flight out.

[redacted]

Failing to get the ADF to bring them in the morning we will need special clearance to land a plane.

I sincerely thank you for your assistance - I am trying to stay positive but the allocation of critical resources and the lack of assistance in bringing a well-qualified team of volunteers has been unbelievable disappointing. If for some reason the weather changes and I am left with just one doctor I know I cannot cope, both professionally and personally and that the burden of entire health service of a massive disaster district is too much to take on by myself.

Regards
Dr April Armstrong
Locum Extraordinaire