

Thredbo landslide recovery

Introduction

The Thredbo Landslide occurred at 11:30 p.m. on Thursday 30th July 1997. Part of a road embankment slid down the steep hillside into the ski resort village of Thredbo, in the Snowy Mountains in southeast Australia. The landslide destroyed two lodges where nineteen people were asleep. One survivor was recovered from under debris 36 hours later—the ‘miracle’ has focused media attention since.

Once the highly publicised rescue operations were over, the local community has tried to cope with physical, emotional, social and economic recovery. The Thredbo Recovery Co-ordination Committee was established to manage the initial part of the recovery process that will continue for years.

Most people thought that the community and its individuals would be substantially recovered within weeks, apart from the grieving of friends and relatives. Some hard periods and recurring emotional depression were expected at the end of that ski season and on anniversaries. The reality has been more difficult. The whole village lost friends who were mostly permanent residents or regular seasonal workers. Delays to physical infrastructure rehabilitation and a few surprises have created difficulties for economic recovery and heightened emotional problems. Sleep disorders and irritability have been common.

The first anniversary focus on putting the departed friends to rest, and a better than expected tourist season (although not great), has helped to ease problems. The village is now looking ahead more optimistically for the first time in a year. The main external event affecting the community now is the coronial inquest.

The Recovery Co-ordination Committee has now faded out of the picture, leaving the small ongoing role to the Chamber of Commerce and the local Community Association, which will continue the newsletter. Little else can now be done in providing external support.

I am an engineer, with an interest in emergency management. I have relied on some reference to literature, but mainly on community representatives and mental health and other professionals, to round out my own observations. My coverage of the psychosocial aspects is therefore limited. I have resisted focusing on relatively straight forward engineering aspects.

by Keith Dawe, Chairperson,
Snowy River Local Emergency
Management Committee and Thredbo
Recovery Co-ordination Committee

Recovery: what is it?

The comprehensive approach to disaster management in Australia embraces the inter-related elements of prevention, preparedness, response and recovery. Recovery should be planned in preparation, and implementation commenced in the response phase.

Recovery is defined in the New South Wales State Emergency and Rescue Management Act 1989, and consequently in each Disaster Plan (Displan) within New South Wales, as ‘the process of returning an affected community to its proper level of functioning after an emergency’.

The Australian Emergency Manual—Disaster Recovery, produced in 1996 by Emergency Management Australia, defines disaster recovery as ‘the coordinated process of supporting disaster-affected communities in the reconstruction of the physical infrastructure and restoration of emotional, social, economic and physical well-being.’

The Manual goes on to say that ‘physical and social aspects are critical to effective recovery. Recovery is more than the replacement of what was destroyed and the rehabilitation of individuals. It is a complex social process and is best achieved when the affected community exercises a high degree of self-determination. Recovery is a developmental, rather than a remedial process, so the manner in which the physical and social aspects of the process are undertaken will have a critical impact. Activities that are conducted without consultation and recognition of needs and priorities will disrupt and hinder the process’.

These premises were adopted early, even before we studied the Disaster Recovery Manual. There is other literature available, but for our purposes, the Disaster Recovery Manual is a collation from several experts in the field, one of whom attended our first meeting. The manual provided verification that we were on the right track and a means of expressing concepts that matched what we were experiencing.

Planning and preparation – some background

There was no visible management structure, or any arrangements available to us

for support, or to use as a guide—no recovery plans and no district or State level Recovery Committees.

Displans give recovery a low profile, for example, being only three brief standard paragraphs in the Snowy River Local Disaster Plan, which is largely a generic format customised to the local area.

The Disaster Recovery Manual was produced for the type of situation found in Thredbo, in this case, a whole community affected by a traumatic incident. It provides an overview of recovery concepts and the process, likely impacts of a disaster on the community, recovery management structures and guidelines, and outlines specific services available. The psychology of the effects of a disaster matched what the Thredbo community had been experiencing. The manual is a useful reference, but it is relatively new and largely covers the process of establishing a Recovery Co-ordination Plan before a disaster occurs. This is rarely given a high priority and had not yet occurred in our case.

Although the Welfare Functional Area Plan was incomplete, the networking of the people involved in the planning assisted with the early activation of welfare agencies in the response phase, who then carried on after the rescue phase was completed.

Recovery co-ordination committee formation

Early attempts to talk about recovery were swamped by the size of the rescue response and fatigue as participants had lost a night of sleep. However, although unplanned, recovery was commencing anyway. The local community was involved in supporting the rescue operation. Even though they would naturally have liked more involvement in ‘rescuing’ their friends, the local community formed a bond with the rescue personnel who came from near and far to work in difficult conditions. Counselling commenced from day one. Although few in number, tourists were encouraged back to the village from Day 3, mainly to keep otherwise idle and grieving staff busy and away from the bars.

The formal establishment of a Recovery Co-ordination Committee by the Local Emergency Management Committee Chairperson under State Displan arrangements began midway through the week long rescue operation. This was nearly too late. The earlier the start, the more successful the outcome is likely to be.

The Recovery Co-ordination Committee chairperson's role is principally as a facilitator and to provide a legal basis for convening the committee which then has access to support from other agencies and levels of government. The role of 'Recovery Manager' was dispersed amongst the committee members to promote ownership and involvement. The Committee reflected the nature of Thredbo village as a private leasehold within the Kosciuszko National Park, which carries out most municipal functions for the village. Participants included:

- Kosciusko Thredbo Pty Ltd, the main employer company and the head lessee of the village
- National Parks & Wildlife Service, as the landlord and municipal authority
- Local community representatives
- Department of Community Services as the welfare coordinator
- Health Department as the provider of counselling services
- Police (Local Emergency Operations Controller)
- a floating population of contributors assisting as needed.

The first meeting on Friday 8th August had more participants than planned, whose initial input was useful, but it was decided to involve more locals, and fewer 'outsiders'.

The rescue operation finished earlier than expected, leaving a day's gap to the first recovery meeting. Fatigue and the hasty closure of the emergency operations centre broke continuity and created an information flow hiatus. The community members had to work with the weekend tourist influx, delaying the next meeting until the following Tuesday. Fortunately, the effects of that delay were reduced by the committee secretary producing 'The Grapevine' village newsletter, to keep the community informed.

It was agreed by consensus from the outset:

- to focus on and involve the community, with management at the local level
- to facilitate access to external resources while recognising local resources and capability
- that external agencies should help, but not dictate, ie. minimum intervention, and empowering of the community in their own recovery
- to provide co-ordination between the agencies and the community
- to provide support to avoid a sense of abandonment or helplessness
- to quickly resolve concerns to reduce stresses and accumulation of minor frustrations. The community needed answers rather than deferrals. This

required some insistence from the Chair when some parties wanted to leave matters unresolved

- to provide information flow and education about the recovery process—the success of the newsletter made a public meeting unnecessary
- to anticipate emotional downturns, such as at the end of the ski season and anniversaries
- to develop community projects for focus, such as the community hall/pre-school project
- to seek funding through all available avenues to resolve problems—particularly while political leaders were in a helpful mood
- continued access to counselling is essential—time is needed to heal
- that external agencies would withdraw as their usefulness diminished
- that the committee would remain only while needed as a facilitating mechanism.

Lacking role models in Australia, we pooled local experience, and 'did it our way'. After early input from external advisers, they seemed to be satisfied with our approach and left us alone.

Vision

The above points can be summarised by paraphrasing from the Disaster Recovery Manual to produce vision statements acknowledging that substantial change is inevitable, with the village losing about 15% of the permanent population:

- the community cannot entirely revert to its pre-disaster function, but can grow with a new vision, combining some of what was lost with new initiatives
- Assist the community to maintain integrity, and avoid destructive splits and conflicts. In turn, the community supports the recovery of individual members.

Successes

Early successes included:

- Reinstating information flow—the newsletter was well received.
- Reinstating some physical infrastructure, such as gas, electricity, telephones, redirecting temporary drainage to reinstate access to some lodges.
- Ongoing counselling services, despite bureaucratic attempts to close this down to cut costs.
- Financial assistance, such as government grants of \$150,000 for the community hall, tourism initiatives amounting to about \$3 million, although largely a repackaging of existing funding sources, but included promoting year round tourism and developing special events to

attract tourists, such as a new annual international bicycle race, financial counselling being made available and accelerating Alpine Way road construction, with the aim to divert some of the Melbourne-Sydney highway traffic to pass through the mountains.

- The police focused on cleaning up the landslip site and removing reminders and annoyances from the village such as equipment left in driveways and streets. The police withdrew once the physical clean up was complete.
- Political support at both the Federal and State levels.

Tourism is the lifeblood of Thredbo and the other mountain communities and is essential to survival after a poor season made worse by tragedy. Some good snowfalls reduced the potential economic downturn, attracting more visitors than expected, although below normal. However the season then fizzled out, with poor snow conditions, becoming a relatively poor season by 'normal' standards (but still better than the year before).

Despite the delay in stabilising the road embankment above the village and the ongoing road closure, the relatively small area of damage meant that most of the village was able to continue to function physically. Most businesses were able to continue trading, albeit with fewer customers, and the few community facilities were not affected. There were no serious environmental effects. Most essential services were back in operation quickly.

The Community Hall has been built, and officially opened with much fanfare by the Deputy Prime Minister. That was a very emotional time for the community, but they have strong ownership of the project, which was driven by the Community Association.

The Health Department agreed to a community request to keep the same two counsellors through the whole recovery period, maintaining continuity and building trust. This has enabled them to assess and develop a better understanding of the needs and problems of the community members and to anticipate and respond proactively to emerging trends. The continuity has been important to the community, and a lesson for future events.

It is important to select the right people for this task. Willingness to make themselves available at all hours and emotional strength are important pre-requisites. The team successfully combined experience and youth.

Importantly, the counsellors opted for a non-intervention strategy of being available, responding to requests for assistance,

or just visiting informally to 'have a chat' where appropriate. Imposing themselves on individuals may have led to resentment of the intrusion. People have to work through their grief at their own speed.

The media have continued their interest in Thredbo. On the whole, while sometimes annoying, it was better to not be ignored, as that can be very destructive to a struggling community.

The first anniversary was a mixture of high publicity from a huge media contingent, and intensely personal grieving and reflection which was guarded by the community from external intrusion. It seems to have succeeded, as there is now a more optimistic outlook, assisted by a well timed big snowfall.

The Recovery Co-ordination Committee has helped the community to recover, and although the community has not finished recovering, the Committee has outlived its usefulness and ceased operation from mid August 1998. It will reconvene only if necessary. Counselling services continue to be available, but with lower demand since the anniversary.

Having proved its worth in keeping the community informed, the newsletter will continue, under the banner of the Thredbo Community Association.

Problems

The counsellors were twice nearly removed due to departmental budget constraints. The first occasion was only a few weeks after the landslide occurred. Fortunately the counselling services were extended to the end of the 1998 ski season.

The counsellors have noted distinct periods where there were significant emotional problems. Examples include the lead up to the end of the first ski season, the following pre-Christmas slow tourist season, and the lead up to the first anniversary. Some people were heavily involved in the rescue operation, but the accomplishment could not suppress the emotional trauma forever. Counselling was available, but many people thought it was not necessary. Some individuals 'slipped through the cracks' in the debriefing period. Not learning that their reactions to the trauma are normal and that support is available, may have contributed to some people later reappearing in a very disturbed emotional state. Delay makes rehabilitation harder.

An unexpected variation on this, was the seasonal workers who returned for the new snow season. They lagged in the recovery process, finding it hard to catch up with those who had stayed over the summer.

The interruption to the 1997 tourist season exacerbated a marginal season,

creating financial difficulties. Trade was slow for retail businesses. Closed lodges lacked income to pay off mortgages or to pay managers.

For months, while geotechnical investigations were carried out, safety concerns remained unresolved for properties close to the landslide. Low confidence affected reoccupation by residents and by tourists who often changed or deferred bookings or booked at the last moment, particularly over summer. The lift company, and its major hotel complex did well, but overall, tourism was slightly down on normal levels. The snow season has seen retail trade do better than expected, but accommodation trade is still down slightly. The peak month of August was about average, but the other months were below normal.

Despite increased advertising funding, its effectiveness is uncertain. Advertising before the summer holidays probably missed the market. Those tourists visiting Thredbo tended to make late decisions during the holidays. This trend continues, making business planning difficult. Generic advertising for all three ski resorts in the region diminished assistance to Thredbo over the winter.

A visit to similar alpine ski villages in New Zealand, affected by volcanic eruptions, found some similarities. The New Zealanders expected to take about three years to recover financially from two successive interrupted ski seasons—and that involved no loss of life. (A poor snow season and a quiet 1998–99 summer season further hurt business at Thredbo.)

Initially this looked like being repeated in Thredbo and surrounding communities. However, a greater level of political and media support, resolution of some major concerns within the village, and some reasonable snowfalls bringing tourists back, have combined to improve the economic outlook for most of the community. Some businesses are still suffering. Two lodges remain closed for the ski season with the slope above them not able to be sufficiently stabilised to allow occupation.

The Alpine Way is closed, with reconstruction delayed by the Coroner's geotechnical investigation and the next snow season. Traffic diverted through the village is causing congestion and damaging streets. Reconstruction will be costly, but opening is expected in June 1999.

Losing a water supply pumping station in the landslip, and resulting poor water pressure in some lodges, annoyed customers for some months, but this has been resolved.

A decision by the National Parks and Wildlife Service to increase entry fees by

50% without prior consultation or notice, brought a furious response from the whole community. Such discouragement to visitors occurred at a time of widespread depression, further delays to the inquest, and arguments over the safety of the village and reconstruction of the road. Businesses had already arranged to advertise package deals including the Park entry fees and would have to absorb the increased costs. The Environment Minister relented and deferred the fee rises for a year and promised a review of the fee structure. This could have been handled more sensitively.

The Thredbo Relief Fund was established to receive public donations. Unfortunately, the scrupulous treatment of the funds led to delays in pay outs and dissatisfaction over perceived inequities in who was paid for what.

No assistance was provided for mortgage relief for closed lodges, and for the debts incurred by the community in building the village Chapel a few months prior to the landslide.

The coronial inquest is revealing latent anger over delays in the initial rescue operation, resulting from the necessity to stabilise the site to avoid further casualties.

The Thredbo landslide was not declared a 'state of emergency', reducing potential long term support as agencies tried to rationalise operational budgets after the sudden and unexpected blowout during the rescue phase. Such a declaration by the Premier enables more access to Government funding, and so is rarely made. I understand that the Department of Community Services has retrospectively declared Thredbo a disaster area, for the purpose of making Disaster Relief Scheme loans available for small businesses.

Psycho-social

The community recovery appears to be working well so far, despite some hurdles that have had to be overcome. Requirements for counselling services have diminished greatly since the first anniversary, which probably brought out most of the remaining latent problems.

The mood was relatively positive for nearly a month after the landslide, until the annual exodus of staff toward the end of the ski season. Normally this produces some temporary depression, but it was more universal, longer lasting and severe this time. Causes and triggers included the landslide, funerals, rain, snow melt, booking cancellations, collapse of a local booking agency, and the death of Princess Diana.

People became more aggressive rather than just upset. Dormant issues flared up. After nearly a month, counsellors moved

from defusing and debriefing style interviews to full-on counselling, with longer and deeper interviews.

Some of the continuing symptoms included sleep disturbances, nervousness, dreams, tiredness, irritability, mood swings, depression, and strained family and social relationships.

Many residents needed to get away for a while to try to put the experience behind them. Some succeeded, while others need more time and counselling, or even medical help. Mood swings and surges in requests for counselling have attended anniversaries, events, and difficulties imposed by agencies which failed to consider consequences. Counselling services needed to follow the staff as they left.

The description of the psychosocial effects of a disaster, in Chapter 4 of the Disaster Recovery Manual, provided a good insight into what was happening in the Thredbo community, and the inter-linked neighbouring communities. Some relevant points paraphrased from that chapter follow.

Irrespective of the type or scale of the disaster event disrupting the normal functioning of the individuals and community, the nature of the emotional response of the individuals involved is usually similar.

Whether rebuilding infrastructure or providing personal support services, recovery workers should consider the potential impact of their actions and the likely reactions of disaster affected individuals, so as to provide services supportively and effectively.

Unlike the Hollywood image of individual and community panic reactions to a disaster, people do respond rationally and responsibly, unless life is threatened without escape, information or leadership being available. They help each other if possible, respond to sound and reliable information, and while all suffer stress to varying degrees, few 'crack up'. Children are affected, but after the immediate responses, may hold needs back until later, when they will often need special attention.

Communities can recover, even after severe trauma and permanent change. Recovery can be a positive development, by recognising and facilitating a desire for improvement. The community hall construction in Thredbo is an example, recognised early while governments were feeling mildly generous.

As has been consistently promulgated by the counsellors, disaster victims are normal people, reacting normally to an abnormal situation. Temporary emotional strain due to severe stress does not reflect mental

illness. Denying such stress has delayed the onset of symptoms in some cases, with several people presenting months later literally as 'basket cases'. The delay increases severity and makes treatment harder.

Emergency workers are affected, suffering stress to varying degrees, particularly in a small community, where they are involved. However, they could be more seriously affected by being unable to help in the emergency response.

People affected by disasters often need help, such as with information on available services, assistance in completing tasks such filling out application or claim forms, or the availability of a good listener.

Despite the stress, many people function well, but frustrations can accumulate and develop into feelings of anger and helplessness. The issues of the main road remaining closed, concerns over the stability of the road embankment and the sudden rise in National Park entry fees contributed to frustration and anger. Remote decision makers did not realise the effects of their actions.

The reactions of communities and individuals to a disaster is generally predictable. At the community level, the process of adjustment and recovery follows 'psychosocial phases':

- The *heroic phase*—an initial emotional peak, with feelings of altruism experienced from involvement at the disaster site in saving lives or possessions, mainly focusing on family, friends and neighbours. There is a re-bonding and fusion, with groups formed from the survivors of the shared experience.
- The *honeymoon phase*—a second peak where strong bonds form through sharing survival of a dangerous event together and anticipating help offered from outside and return to normal. Focus is more on community and outside agencies.
- The *disillusionment phase*—a trough following a downward slide of disappointment, anger, frustration, disputes, red tape, loss of support and exhaustion.
- The *reconstruction phase*—another emotional peak as individuals regain a belief in themselves and their community to rebuild, after a climb past obstacles, delays, and weakening or fragmentation of temporary groups.

These phases vary between individuals in severity and duration and will be felt at different times by different sections and members within the community.

Individuals have their emotional stability disrupted by a traumatic incident. Shock and disruption is followed by dis-

belief and denial, then an emotional impact with depression, anger and anxiety. The disaster victim then works through a period of soul searching, acceptance or coming to terms, and resumption of normal reactions with situational reminders such as anniversaries, to return to a state of emotional stability. Some individuals in the community will be still emotionally affected while others regain stability.

Three members of the counselling team presented a paper on 'Recovering From the Thredbo Disaster, 1997' to the NSW Rural Mental Health conference in February 1998 (Westerway, Elias and Skelton, 1997).

Lessons learnt

The Local Displan section on Recovery will expand, utilising the experience gained.

Each emergency management area should have a recovery plan ready to implement. Recovery planning PRIOR to the next disaster, is needed at all government levels, with funding allocated to achieve it. Being rare, recovery operations are not widely understood. Information needs to be promulgated and used.

Community needs and mood swings were largely anticipated. The Disaster Recovery Manual is useful for non mental health professionals to understand the process enough to interpret what is actually happening.

The main areas of external support for this case of a whole village affected by trauma and a long rescue campaign, included emotional and financial counselling, funding assistance for community projects to provide a focus, assistance visibly being available but not intrusive, external recognition by the media and politicians and the coordination and support role, and the neutral ground, provided by the Recovery Coordination Committee.

The effectiveness of counselling is improved by being supportive rather than intrusive, and by having a dedicated team building long term trust.

The community involvement focus in the recovery process works.

The recovery process was initially aided by:

- the success and co-operative effort of the rescue operation—a foul up in the rescue operation would have made recovery more difficult
- good co-operation and information flow from the police co-ordinator
- communications *not* being the usual major foul-up
- community involvement assisting rescuers—providing food, clothing and

accommodation gave the community something to do.

Although partly involved, the local community needed more involvement in the rescue phase to aid long term recovery. This includes more involvement for the local emergency services and casual support volunteers. They tended to be pushed aside by the large numbers of visitors and by a misguided concern to protect the local people from the trauma. While some local knowledge was used, there was some more that was lost or ignored in the process that could have aided the rescue operation. For example there were equipment failures due to visitors not understanding how to work in sub-zero temperatures.

The appropriate level of involvement varies between individuals, but they should have some opportunity to contribute, to meet their natural needs to know what is happening, and to be able to feel that they are helping their friends. Artificial delay does not help the grief process.

Conclusion

The Thredbo community has been devastated by the landslide, through physical, financial and psycho-social traumas.

Without prior planning, the recovery process had to be quickly set up during the rescue phase. The focus has been on the local community helping itself to regain function and to grow with a new vision, with external support available to assist. Issues had to be resolved as quickly as possible to minimise aggravation. Information flow, co-operation and ongoing availability of counselling services have been critical to long term recovery.

Community involvement is vital in the recovery process, including the rescue phase. They need to know what is happening, how to help, and they can provide valuable local knowledge. Community projects provide valuable focus.

Mood swings continued for some time but a renewed optimism prevails since the first anniversary. Hopefully this will

survive beyond the snow season. Spring is usually a period of depression, so the next summer season will be the next indicator of how well the long recovery process is succeeding. The Recovery Co-ordination Committee has done its job as far as it can and the remaining recovery will depend largely on time and knowing that assistance is still available if needed.

References

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Observations on the Tsunami disaster in Papua New Guinea (continued)

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help arrived with relief supplies. Evacuation centres, called care camps in PNG, were established at these places as it was easier to do that than move thousands of them. By all accounts running of the care camps was quite well organised, though the affected communities could ideally have been given more control over their own management.

At present those still in care camps are very well off, to the point that it is creating tension with those villagers with whom they are co-located. For example, they are getting more to eat than they would normally.

As a result the government is cutting back the provided food and encouraging the people to start using their food gardens again. This has resulted in media reports of the government 'starving the Aitape victims'. Pro-active efforts with the media might have avoided these reports.

Many of the recovery aspects being addressed now could have been started much earlier. Authorities seemed to want to wait, either in the hope that issues would solve themselves, or in ignorance of what is involved in recovery.

Nevertheless, recovery is now very much under way, and although it is not going perfectly, there is a cooperative attitude all

round and the community itself has a significant involvement.

Partnerships

For a number of years there have been some problems with relationships between levels of government, and between NGOs and government. These problems resulted in a less than ideal relationship in the first two weeks of response. The provincial involvement was put aside by the emergency declaration and played little part in major decisions. This has not provided much foundation for future partnerships between provincial and national levels in disaster management.

There were open statements that various community-based groups would refuse to work with government response efforts, and inappropriate restrictions placed on NGOs trying to help. Consequently, there was a lack of cohesion between the various efforts to assist victims in care camps. Despite this, the community groups and NGO work has provided a solid foundation to improve the relationship between government and non-government organisations, and there is a visible and commendable level of cooperation at present.

Conclusion

It would be easy to read all the foregoing observations and conclude that the PNG

government responded poorly to a tragic and large-scale disaster. However, such a conclusion would ignore the circumstances under which this response occurred.

There is no established and working disaster management system in PNG. One exists on paper, but few know of the disaster management arrangements and responsibilities, and even fewer have had any sort of disaster management training or experience. The area affected by the tsunami is remote by any standards, and infrastructure is lacking.

Under these circumstances, I believe that the effort in response was commendable. There was a tremendous effort made by a lot of individuals in working together to deal with a momentous event. There were many problems, none of which can be ignored, but few of these have had any serious impact on the way the affected people have been cared for or managed, and cannot really be blamed on the individuals who worked in the response.

PNG is now making a serious effort to improve its disaster management capacity, and there is likely to be an AusAID funded project to develop disaster management capacity within a year.

Pending commencement of that project, a number of activities will be conducted in PNG in 1999.