The Omagh bomb, August 15, 1998:

An experience of disaster recovery work in Northern Ireland

by Sue Pittman

The incident

Omagh is a small market town serving a regional population of some 200,000. Saturday August 15th was a fine summer's day, just before school returned after the summer break. The Town was busy and made more so when police moved people from the area of the courthouse down to the end of High Street after a coded message from the IRA advising of a bomb.

When the bomb of 500lbs of explosives was detonated just after 3.00pm hundreds of people were crowded into the area of the bomb, causing 29 deaths with 2 more deaths caused indirectly by the bomb. Over 370 people were injured. About 60 people suffered major injuries.

In the months to come 11 people suicided and some of these deaths were related to the bomb. Another 300 or so people were witness to the slaughter and many more rescue workers; health professionals, army personnel and their families were affected. An almost forgotten group were those who were away on holiday at the time. Many felt they should have been there and experienced guilt about their own safety in contrast to those families directly affected.

As with most incidents like this there was a degree of confusion for some hours as people wondered if their relatives, not yet home, but travelling long distances had been caught up in the carnage. The ripple effect of the impact of the Omagh bomb did not stop there. A school group with a summer language school from Spain had crossed from the Irish republic and had visited Omagh as their day's tourist attraction. Spanish and Republican children and a teacher died.

The bomb did not appear to have been directed at one side or the other. It was indiscriminately aimed at civilians of both sides. Women and children made up 24 of the 29 deaths. The bomb was detonated in a small, peaceful country town that was proud of its tolerance, its support for one another and the strengths that allowed and encouraged the community to work towards building a strong future together. There were families that had moved to Omagh, to more peaceful environs, and away from the actively violent areas of other towns.

Omagh saw itself as distant from the more violent areas in Londonderry, Armagh, Portadown and Belfast. The impact was made worse by the fact that the coded message from the IRA was inaccurate, so the police (RUC, Royal Ulster Constabulary) moved people into the area of the bomb, rather than away from it. Buildings on both sides, and a rise in the street contained the bomb's force to the small area at the lower end of High Street. Twenty-six families were bereaved, three in the republic of Ireland, two in Spain and twenty-one locally (Bolton D. 1998).

Many people suffered minor injuries and did not seek treatment. Hundreds of people witnessed the bloodshed. Those on the street at the time of the explosion, people who came to the site to help where they could or who were looking for relatives, rescue workers and investigators, health personnel in triage and emergency departments, and staff in hospitals to which severely injured people were transferred.

The local Leisure Centre became the focus for families wanting to locate missing relatives. People sat through the night waiting for news of family. Many came simply to support and encourage friends and family members.

A temporary morgue was set up with the assistance of the British Army. Background information and details that would help identification were checked a number of times to ensure that no bereaved family needed to be exposed to more than one identification procedure. Care was taken by the police, army, coronial and social services to protect people from unnecessary trauma, but to deal with the reality with dignity and care.

The context

Omagh and its community had a number of issues already demanding attention and resources. It has the dubious distinction of the highest youth suicide rate in Europe, according to local youth workers. There is a high death rate of young people in motor vehicle accidents, and the murder of a pregnant teenage girl that involved two local school children as accomplices, had already deeply shocked the community.

One small rural community, isolated from the town, suffered multiple fatalities in the bomb, an adolescent death in a car accident, two youth suicides and a number of both young children with leukemia and young parents with life threatening cancer.

Omagh suffered with three more bomb scares and two suicides in the weeks following the bomb. A team member caught up in one of these noted the fear and terror as people dealt with retriggered memories. A delay of four hours before people could reopen shops and businesses, or simply collect their shopping and locate their cars, contributed to the ongoing burden the town will carry for some time.

Background history

After years of civil strife and a revolution during World War I, most of Ireland became free of British rule in 1921. Six counties formed the state of Northern Ireland with direct links to Westminster's British Parliament.

Relationships have been strained for centuries. Bowyer Bell notes that 'One of the most remarkable consistencies in British Affairs is a distaste for Irish matters' and with an interest 'merely to make Ireland less troublesome' (Bowyer Bell 1998).

The Troubles revolve around the issue of the Catholic/ Nationalist/ Republican minority question and the legitimacy of the state. The Protestant/ Loyalist/ Unionist majority strongly defends Britain's position. In 1969 riots broke out in parts of Belfast. This sectarian violence has continued since then as both Loyalists

above: postcard showing Omagh before the bombing.

top, centre and above: the bomb site.

and Republicans formed paramilitary groups fighting each other. Significant other influences include the local police force, which has become strongly militarised, and the involvement of the British Army (Smyth 1998).

The street fighting in Belfast in 1969, with some 25 deaths, evolved into individual attacks, which were more lethal as inter- and intra-organisational violence dominated this stage of the Troubles. Catholic and Protestant terrorist groups killed and maimed as many of their own as each other, in order to maintain discipline and take revenge on informers. The next focus was on public figures such as Lord Mountbatten, and included politicians such as Margaret Thatcher in the Brighton hotel bombing, and Catholic Judges in Northern Ireland who were seen as traitors.

The focus then moved to the security forces. The Hyde Park and Deal bombings were examples of the violence that spread to the British mainland. Throughout, nuisance bombings and threats dogged London's shopping and business precincts over many years, killing and maiming some, but usually warnings allowed crowds to be moved to safer areas.

In 1994 the IRA (Irish Republican Army) declared a cease-fire, which was broken in 1996 and resumed to culminate in the Good Friday Agreement of April 1998. Northern Ireland recently formed its own Assembly with greater independence to manage its own affairs. It is a difficult task to move from terrorism to legitimate political process. It is fraught with frustration because of the entrenched fears and stakeholders whose beliefs and values range from the extreme to the mild.

By 1998 over 3,600 people had died, another 40,000 were maimed and injured, and hundreds of businesses and homes had been destroyed. In a population of about 1.5 million these losses are significant. In the Australian population of 18 million these losses would be equivalent to 43,000 deaths and close to 480,000 injuries.

The Troubles have been defined as a 'murderous dispute of sectarian violence between the English and the Irish in North Eastern Ireland' (Coogan 1996). The Troubles certainly qualify for the United Nations definition of terrorism as 'any act of force in peacetime for political ends which jeopardises innocent lives and property' (General Assembly debate UN 1986, Pockrass 1987). Terrorism has also been defined as 'an expression of political strategy or an outgrowth of cultural, political and economic marginalism of an ethnic group who adopt violent tactics' (Crenshaw 1992).

Kenyon Lischer (1999) presents the perspective that it is a 'combination of increased fear and perceived feasibility of reaching desired outcomes through violence, that motivates terrorist activity'. She describes a potent and intriguing mixture of military capability, increasing international legitimacy and false optimism (Kenyon Lischer 1999). All of these have featured in the Troubles during the last 30 years of turmoil and destruction.

It is difficult to grasp the complexity of the Troubles. In 1998 one could drive around large sections of Belfast and Londonderry and most of the high security, regular checkpoints, high fences and army uniforms on the street had gone. In some areas the high fences and screens on windows, the paintings on the walls, and, the red, white and blue or green, yellow and white painted gutters identifying Loyalist or Republican householder, left no doubt that the issues remained significant. Police stations remained fortress like constructions. Border and airport security appeared to have returned to a normal level, the British Army had all but withdrawn, and negotiations were in place for the resettlement of the terrorists held in the Maze and other prisons.

Northern Ireland had finally begun the difficult task of hearing the issues that victims and their families had carried alone for so long. Sir Kenneth Bloomfield

left and right: paintings on walls and painted gutters identifying Loyalist or Republican householder in Belfast.

had completed a report as 'Victims Commissioner' in April1998 and the Social Services Inspectorate had published 'Living with the Trauma of the Troubles' in March of the same year (Bolton 1998). The community had reached a level of commitment to peace and healing that it had never reached before. The British, Irish and American Governments had spent time, effort and money in a concerted effort to help both sides negotiate the peace.

Into this scenario the Omagh bomb of August 1998 was seen as 'one of the most brutal and intense attacks associated with the Troubles' (Bolton 1998). This bomb was indiscriminately destructive—Catholics, Protestants, northerners, southerners, visiting tourists, women, children and young people died and were maimed. The warning for this bomb was so inaccurate people were moved into the area of the bomb, not away from it. This bomb came at a time when people believed that the Troubles had been contained to the political arena and the peace process was well established.

Why an external service?

One week after the bomb the Centre for Crisis Management and Education (CCME) was invited to Omagh by the Western Education and Library Board (WELB). CCME was asked to develop a response program for schools to implement.

CCME had the organisational, professional and personal credibility of working with schools after catastrophic events. Over a period of some 10 years, it had responded to the shootings of Hungerford and Dunblane, the bombing of the Docklands, the Lockerbie crash and many more incidents. In addition CCME had provided seminars and workshops all over Britain for schools, agencies and social services to assist communities, and especially schools, develop disaster response plans and skills. CCME already had credibility with schools in Londonderry, Enniskillen and Omagh as they had worked with CCME to raise awareness regarding children's responses and needs in living with trauma. Schools in the Bogside, Ballymagroaty, and the Catholic maintained schools, worked to develop stress management and long term trauma programs for work in the classroom. These areas had been badly affected over the decades of The Troubles. David Bolton, the Director of Community Care for the Health and Social Care Trust, and Elizabeth Capewell had developed a respect for each other's professionalism and competence in disaster response. As a result CCME had a knowledge base, networks, credibility and support that allowed staff to work effectively during the weeks after the bomb.

Despite 30 years of sectarian violence during the Troubles In Northern Ireland the Omagh bomb was the first time that an Education Board put in place a response program based on disaster theory, and the first time the Health Services provided a Trauma Centre. Social Services had developed a response program to deal with welfare needs, and a debriefing team was made available to those at the front line of the response to the tragedy. These included the rescuers, hospital staff, leisure centre staff and social service staff who had provided immediate input at the leisure centre during the first 48 hours. As disaster theory tells us, services need to be seen as relevant, placed in obvious and easily accessible situations and have credibility (EMA 1992 & 1996). In the first weeks after the bomb the new health services were under utilised and it was assumed that the need was not great. However as the services gained credibility, and people realised that their reactions and concerns were not simply going to go away with time, the demand for services increased steadily. Perhaps it was only the strong possibility of a lasting peace that allowed the community to locate the awareness, strength and resources to seek to manage the outcome of this bomb.

The WELB chief executive officer took a considerable risk in using external help. It is difficult for an outside agency to function well in such circumstances. Particularly when, after a catastrophe or disaster, the local community pulls in very tightly, differences are minimised and energy levels are high. This time of euphoria lead people to believe they were coping and that they did not need outsiders. Insider services can be equally prevented from being effective for much the same reasons. An advantage of outside services in this case was that we could raise issues and concerns and name processes from the knowledge and experience of other events. We could step over some of the very subtle boundaries that communities establish to maintain the status quo. As they had already been breached by the event, we could manage the process more openly than would be possible by those who were familiar with the subtle limits. However, it was essential to maintain complete respect and care of the boundaries and it was a matter of ensuring a very balanced approach.

The CEO recognised that this task was too big for existing systems and procedures to handle. This was especially so considering that many staff were still away on holiday and would return to deal with their own shock, loss, distress and grief. Schools were to return within the week, so as well as returning to a new school year they had the added concern of the aftermath of the bomb and managing grieving pupils. Other staff assumed that the bomb's aftermath would not hold too many difficulties and that most people's reactions would already have passed.

Without the structure, direction and role definition of an in-place recovery plan it would have been impossible to manage the day-to-day business of WELB and combine it with the development and implementation of recovery processes. Just dealing with the added factors of international media interest, being the focus of so many visiting political dignitaries, and the already emotionally charged memorial services, this little town was swamped with demand and would be again and again. Such visits are a mixed blessing as they take resources away from the recovery process but do ensure that the local community is not forgotten or ignored.

The response

Information management is one of the most important factors in recovery management (EMA 1992 & 1996, Raphael 1986, Hodgekinson & Stewart 1991). The dissemination of information is critical. It needs to be the right information, at the right time, to the right person and in the right amount. Too much information swamps people and they are unable to assess and use it effectively. However, too little information creates anxiety, dependency and is disempowering.

Prior to the team's arrival in Northern Ireland, information on the services CCME could provide was faxed to WELB. Basic material, that allowed teachers to assess their own class's vulnerability, allowed an immediate assessment of need. Information packs were also provided to all schools, which helped staff manage some of the reactions of students and their families and which affirmed good coping skills (Capewell & Pittman 1998).

The work was legitimised through the approval and support of the Board of Governors and key managers. The development of internal liaison and coordination was enhanced by the appointment of a senior officer to act as liaison and logistics organiser. This ensured timely feedback to the CEO, key personnel in management and with field staff and schools and gave the team legitimacy and validation of their roles.

These processes established an information flow supported by senior management, and allowed CCME to assess strengths, coping skills, needs, and vulnerability blocks as well as any difficulties. It also established a model for open, careful communication.

The most outstanding and productive feature of CCME's approach was the establishment of many networks combined with a process that valued and evaluated all information. This was an ongoing process because new information constantly needed consideration and assessment. Action was based on this and carefully reviewed for effectiveness. It informed the team's practice and allowed timely adjustments to the delivery of services. In addition it contributed to the daily reports to the CEO. These meetings provided a problem solving opportunity that allowed the organisation to anticipate some of the developing issues and problems, as well as to simply respond to what was occurring. The internal liaison and coordination meant that all schools, youth groups, libraries and services were identified and meetings with staff were established quickly. When this was combined with needs assessments, the team was able to identify the most vulnerable areas and direct resources and services appropriately (Capewell & Pittman 1998).

Effective information management is complex. The material emerged in an irregular and disorganised manner as normal functioning was overloaded. The usual consultative procedures were abandoned and time scales were reduced to provide quick, appropriate responses in order to prevent other problems from developing. Networking was broad. Conversations with people in shops, with parents, voluntary agencies, government services, support workers, bus and taxi drivers, small business owners, media and contacts from education services in the Republic all contributed to the picture (Capewell & Pittman 1998).

It was a very vulnerable time and the team remained very flexible responding first, hour by hour and then day by day until the situation stabilised. The information assessment, action, review loop allowed constant, purposeful evaluation

above: The first Trauma Centre.

above: Offers of help on boarded up shops.

above: Tony Blair was only one of many political dignitaries who visited Omagh in the aftermath of the bombing.

and flexible, easily changed plans so that new needs could emerge without constraint. Rumours could be identified and tested for reality, and effectiveness of the team's input could be checked without burdening children and affected families (Capewell & Pittman 1998).

The combination of a planned, flexible, open response with preventive education, modelling and the ability to meet urgent needs is a difficult balance to establish and maintain. It allowed the team to attend to group and individual professional needs, and develop strategic planning so that the work could be sustained. It also ensured that the recovery process in which WELB was engaged was co-ordinated with the recovery program in health and social services. The content of material provided for schools focused on enhancing coping skills, aimed at reducing existing problems, and preventing the intrusion of unnecessary stress (Capewell & Pittman 1998).

CCME had a small team and, in order to be as effective as possible, it was useful to identify and mobilise local support and strength, connecting with effective organisational processes and avoiding obstructions and overlaps. An example of this was the students' return to school. The likelihood that the media would want to use the personal stories of children facing the loss and injury of peers had the potential of making the return to school more stressful than necessary. WELB was advised to release a Press statement that requested media cooperation in preventing possible retraumatisation. The media's full cooperation in this matter was of immense value. It prevented schools from being distracted from the tasks of supporting, informing, normalising, enhancing, coping and identifying those in need of extra support.

CCME addressed the support of the networks of welfare officers, psychologists, school advisors, school nurses, principals and class teachers. Youth services and libraries had different needs and foci and were equally affected by the deaths and injuries. Addressing staff needs provided modelling for their approaches and support where it was needed e.g. in their own families, with colleagues and friends and in their work. The dissemination of information at every level ensured a common understanding (Capewell & Pittman 1998).

Liaison with Children's Health, Mental Health and Social Serves helped to prevent overlap. This also allowed CCME to provide feedback about especially vulnerable groups such as those going away to college and university, friends of those who had recently suicided or died in MVA's, and one school where only 2 months earlier there had been a murder involving young people who had been charged by police.

Into the midst of the response and recovery services, and with the continuing clean up and investigation, visiting dignitaries distracted both the community as a whole and the direction of the recovery program. Many days were spent simply planning how to put children back on the street in a crowd in a way that did not threaten or seem to be repeating Saturday's event. As there had been more bomb scares in the weeks following the bomb the community was very alert and vulnerable. (These were not publicised but we did not want to run the risk of bomb scares on the day of the visits).

Cultural factors

Northern Ireland has experienced over 30 years of The Troubles and part of the response to that has been denial at all levels. Post Traumatic Stress Disorder (PTSD) (American Psychiatric Association 1994 & WHO 1992) is only just being recognised as a legitimate aftermath of the killings, wounding, burning, bombing and disappearances. Three generations of children have kept the family secrets. Children go to school on Monday after the death of, or injuries to, a close family member. Nothing is said. No one acknowledges or recognises what has happened over the weekend and the community is expected 'to get on'. Many families don't know that Dad or Mum is a police officer or prison guard or that father and brothers and sisters are active in the IRA (Smyth 1998). The father of a fourteen-year-old, killed in the violence, asked his youth officer 'Please tell me he wasn't active (in a terrorist group)'. The youth officer could not answer and the father had his answer.

Introducing a service into such a culture is interesting. Often the events and the processes are not named. I made the 'mistake' of making very direct comments, as being Australian allowed me to say things others could not. At one meeting of professional staff I raised the issue of 'Managing the Horror'. I was referring to the silent young people, those who had seen the most appalling carnage but were not themselves injured and who, after the bomb, did not feel they could ask for help because there were others worse off. They carried their burdens silently. The reaction was immediate and many comments were made about the strength of my statement, and the inaccuracy of such a comment. Interestingly, youth workers grasped this material like a lifeline because they had been dealing with the horror over many years and in isolation. It was an unsupported and unrecognised part of their work and for the first time someone was naming it. The fact that we were outsiders was more valuable and useful in situations such as this.

Although our focus had been on the Omagh bomb, we recognised that this event could and would trigger other events not yet resolved. There were obvious ones of other bombs in other areas that did not have the benefit of interventions, the acknowledgement of the UK government

nor visits by the American President. This kind of focus on one part of the community and not others contributes to divisions, that are difficult to heal. There was also the murder that had occurred some months before. Many people were horribly shocked that those who participated could sit quietly in school for six weeks without indicating that they were involved. However, from an outsider's perspective, it was not surprising that the youngsters could continue at schools as this fits perfectly with the culture of secret keeping in Northern Ireland.

Additionally, terminal illnesses of children and young parents, suicides and less often, Motor Vehicle Accidents (MVA) were mentioned. There seems to be an acceptance of MVAs as a major cause of death (Cairns & Wilson 1993). However, some of these MVA's may be masked suicides. Durkheim (1951) in his study on suicide found that suicide rates fall in wartime. However, suicide was high amongst Vietnam Veterans and found to be especially high in young people in civil war in Northern Sri Lanka (Somasundaram 1993). More deaths have occurred through motor vehicle accidents and general accidents than the sectarian violence. However, in catastrophes the 'deliberate' nature of the political violence is often perceived as worse than an 'accident'.

While I have focused on denial as significant in Northern Ireland it must be recognised that most nations use this defence in the face of such events. It took the Israeli's 20 years to hear the holocaust survivors, it took Australia and the US 20 years to hear the Vietnam Veterans, it took 20 years for South Africa to start to hear its ethnic populations suffering and Britain still doesn't hear its POWs from the Far East in World War 2 (Zahava 1995, Ofri, Zahava, & Dasberg 1995, Silove & Schweitzer 1993, Williams 1987, Smith 1992, Holden 1998 & Babington 1997).

Culture and disaster planning

The UK is recognised as a 'warrior nation' (Turnbull G. 1999, & Turnbull &Van der Kolk B. 1998). It has been involved in wars named as emergencies or the Troubles for some 200 years with a week or two off. As a result, and like other warrior nations such as Germany and Japan, it has difficulty acknowledging the associated suffering of its soldiers and their families. It was surprising to discover that there is no government department to support returned servicemen and the families of those who died. Rather, it is left to charities to support and resource those who need help (Stevenson 1993). The focus seems to be that their needs are neither greater nor any different from the rest of the population. This denies the unique suffering of individuals and groups and encourages them to ignore and minimise on the one hand or to become entrenched in the need to be heard and acknowledged. PTSD has been identified as a legitimate disorder for many years and was thoroughly tested for cultural differences before being accepted by the World Health Organisation (WHO 1992). In Britain, people often have to prove in a court of law and on an individual basis that PTSD exists.

When a government and country send a person to war or peacekeeping, it is reassuring to know they will be recognised, accepted and supported on their return by the government and country that sent them. Certainly, charities do a wonderful job, but they are often unaware of the resources they can use, unaware of the implications and meaning of symptoms, and unaware of the extent of the problem. The fact that standards and availability of services differ markedly across the country means that it is often a matter of luck that locates assistance and services, or not. Some charities, known nationally, are simply swamped and under resourced. A number of private services are available but once again it is an ad hoc process and there are no standards of service delivery (Stevenson 1993 & Orner 1993).

It is interesting to discover that the UK has no overall recovery plan. In 1989 The Home Office set up The Disasters Working Party as a result of the disasters of Hillsborough, the sinking of the 'Marchioness', floods and the Gulf War. The task was to identify what guidance was needed for social and psychological needs after disasters. In late 1998 and early 1999 these documents were out of print and it was unknown when, or if, they would be reprinted. I was surprised to find that many of those working in disaster response (social services and health services) were unaware that this material existed. Part 1 and Part 2 of this working party's material, which is soundly based and well re searched, makes a wonderful basis for good disaster recovery planning. For some reason it got no further and it seems that the British public are totally reliant on their local area for disaster recovery. This means that knowledge, experience and skills are not shared or valued as much as they could be and each area 'reinvents the wheel'.

Agencies such as CCME, local social services and health agencies actually end up being the holders of this valuable knowledge, experience and skill, but it is unrecognised and undervalued. In fact it is often denigrated by comments that such services 'parachute in' and leave.

There is a gulf between research and clinical service delivery. This is common in many countries and unfortunately has the effect of creating inter-faction rivalry, rather than cooperation. Much of the research is not linked to those who do respond to the disasters—local government, social services, health and education as well as churches and community groups etc. It leaves one to wonder if this research is actually studying the right thing or the right people, and if it is ethical to open the wounds without providing clinical backup and resources to help those who are badly affected. Cairns and Wilson (1985) question the validity of examining figures of psychiatric treatment as the measure of reaction to the Troubles and suggest that other coping mechanisms may be relevant including community wide denial.

Recommendations

Northern Ireland is an emerging nation. It has a great many tasks ahead of it to establish itself in a stable, secure and peaceful way and this process is already under threat. It is likely that a major focus on recovery will not be high on the list of priorities, although Social Services are well aware of the need. Recently, politicians from Britain and the new Assembly launched a book that tells the stories of

above: postcard campaign to upgrade the Omagh hospital. The back reads: 'A stamp will save your hospital'—it is addressed to The Rt. Hon. Tony Blair.

victims and names all those who have died.

Northern Ireland needs more than a recognition of the costs to individuals and the community. It also needs planned, national recovery services that are accessible to all, have a recognised legitimacy, are long term and flexible to meet changing needs, are cooperative and are valued by the community. In developing its own model for healing, Northern Ireland is in a unique position. It has a very strongly independent nature which has meant that international aid agencies have not flooded it with humanitarian aid despite such events as the destruction of over 1,000 homes in just one bomb in Belfast in 1992 (Gibson 1997).
(The equivalent destruction in Australia's population would be in the region of 12,000 homes) Northern Ireland has also managed to maintain it's infra-structure throughout the 30 years of the Troubles. Its population of some 1.5 million is small enough to tackle the task of recovery on a national basis.

The advantages of such an approach are that:

- resources can be more evenly distributed
- users are clearer about what services are available
- it does not depend only on local area, national data can be more easily collected to determine those areas of need
- those people who moved from a troubled area to a more peaceful location do not miss out on being able to access services
- there is a greater opportunity to educate the whole community to an increased understanding of the impact and cost
- it can make it easier to ensure a standard of service
- it provides a balance for the secret keeping and denial which have featured so far
- it engages most of the population in a greater awareness of risk

While Northern Ireland could take this task on alone and would, I am sure, succeed, it would perhaps be better served by using knowledge, experience and skill in recovery from around the world. America faced a large, scattered population of affected veterans after the Vietnam war, Israel faced a very traumatised and silenced population of holocaust survivors, Australia has to manage its 'tyranny of distance' in any recovery service delivery and the UK has a scattered population of talented and skilled clinicians.

Harnessing this experience and knowledge would save the task of creating it all from the ground up.

Observing Northern Ireland's capacity to make use of international advice but not let the very powerful nations of America, Great Britain and the Irish Republic take over, suggests it is in a good position not to allow itself to be taken over in the recovery processes and hopefully, it has the judgement not to sabotage itself. A well structured, community based service focused on enhancing coping strategies rather than pathologising survivors would serve this strong independent community well. Using effective community education such as Australia's successful 'slip slop slap' campaign (to raise awareness about the dangers of skin cancer and mechanisms to protect children and adults alike) has the potential to reach the majority of the population. Like this campaign, it would need monitoring for effectiveness and appropriate adjustments would have to be made as people start to take it for granted.

I believe Northern Ireland has many people working in education, the social sciences, medical services and local community services who have a wealth of untapped resources in terms of their skill, knowledge and experience. Combining these with a structured plan, and input from countries that have successfully managed some parts of the recovery process, would give Northern Ireland a unique opportunity to create a new model of recovery aid.

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Sue Pittman has had the privilege of working with people who have been traumatised in many events both individuals and communities in Australia and the UK.

The retirement of Alan Hodges

After six and a half years as the Director General of Emergency Management Australia, Alan Hodges retired on 31 May 2000. During his time in the position initially as a military officer and, subsequently as a civilian, Alan provided outstanding leadership to the emergency management community both nationally and internationally. The respect with which he was held was acknowledged at his farewell dinner in Canberra which was attended by representatives from the emergency management communities in all States and Territories.

Alan's outstanding achievements were acknowledged in a Commendation from the Secretary of the Department of Defence, Dr Allan Hawke. The citation reads,'

'This commendation recognises your outstanding achievements as Director General Emergency Management Australia during the period January 1994 to May 2000.

You have contributed significantly to the development of Australia's emergency management capabilities in many ways. Of particular note is your chairmanship of the National Emergency Management Committee where you have been able to achieve consensus among States and Territories on a range of diverse issues; your leadership of the Australian International Decade for Natural Disaster Reduction Committee which received a prestigious Sasakawa Award for its efforts in advancing the goals of the program; and your sponsorship and personal involvement with the professional development of emergency managers across the nation.

Your achievements within the international emergency management community are also most noteworthy. These include formation of strategic partnerships between Emergency Management Australia and a number of institutions within the region; development of closer ties with the New Zealand Ministry for Emergency Management; and support for the South Pacific Disaster Reduction Program.

Your initiative, commitment and dedication have ensured that Australia is recognised as a world leader in emergency management. You can be truly proud of your efforts in seeking to enhance community safety nationally and internationally.'

Alan and his wife, Beryl, plan to remain in Canberra. He says that he is not retiring but rather having a change of career direction.