







When bushfires threatened Cobargo and Bermagui in 2019, Lighthouse Surgery in Narooma and general practitioner Dr Gundi Muller-Grotjan quickly became central to the disaster response.

Everything changed when the fires reached Cobargo's main street on New Year's Eve said Dr Muller-Grotjan, **"That's when we realised just how much trouble we were in.** The next two weeks were just extraordinary."

With roads cut, communications down, no power and the town isolated, the surgery was the only functioning general practice, and Dr Muller-Grotjan and a registrar the only doctors who hadn't evacuated. Dr Muller-Grotjan quickly stepped into a leadership role, shifting the surgery team's WhatsApp group from casual chatter to a critical information channel. Emergency meetings were held. Staff were asked who could stay, who would evacuate, and what roles they could take on. Some staff even slept at the surgery - a safe, fire-resistant building close to the water. A daily 9am meeting at the surgery became the anchor point for coordination.

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"For five days we were pretty much on our own."

- Dr Muller-Grotjan



"No phones, no petrol, no way out. It was about trying to deal with the disaster at hand - lots of people in town, very little resources, and no support network," Dr Muller-Grotjan said.

An evacuation centre was set up on New Year's Day and despite the chaos, those with health skills ensured the community's needs were met. Lighthouse Surgery remained open, and Dr Muller-Grotjan was on call most of the time with the support of three practice nurses.

"Our receptionists were awesome, they tried to keep notes of what was happening. **The team** spirit amongst our staff was quite amazing, we all pulled together and despite it being quite terrible, there was a very strong sense of wanting to do something good for the community"







And they did. Remarkably, no patients needed to be transported out. The collaboration between local services was so effective that even the head ambulance officer later remarked on how well they'd managed with so little.

"We were a fairly small group but from the medical point of view we worked really well. We knew each other, and who could help with what. I did have to do things that I wouldn't normally do, like stitch up injuries by torchlight, but it could have been so much worse."

A satellite phone at the nearby NSW Ambulance station ensured crucial contact with hospitals, and NSW Ambulance staff as well as local health district community health nurses assisted with the disaster effort. Dr Muller-Grotjan visited the evacuation centre each day to help the Red Cross volunteers with anything they couldn't deal with. "When the phones were working, they would call me even in the middle of the night" said Dr Muller-Grotjan.

"...we look at what we had in the disaster kit before and laugh about it because it was just so inadequate."

- Dr Muller-Grotjan

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Dr Muller-Grotjan and a local pharmacist set up an impromptu dispensary at the evacuation centre, handwriting scripts for essential medications like clozapine and risperidone. "Without those meds, people would have been pretty stuck" she said.

Before the roads closed a second time due to more bushfire threats, Moruya Hospital sent supplies such as birthing packs, IV therapy packs, surgical instruments and even a second defibrillator

"We were well stocked but terrified looking at it all and hoping we wouldn't need it."

The hospital also asked Dr Muller-Grotjan to locate people in the area on dialysis so they could be air lifted to safety. She and her team also checked on patients who had mobility issues, chronic conditions and older people who lived on the outskirts of Bermagui and Narooma.

The team's efforts extended beyond Narooma. Once access to Bermagui reopened, Dr Muller-Grotjan and a practice nurse ran a first aid clinic there as well. "Nothing fancy," she said. "But it made a big difference."

When asked what she had learned from the experience Senior Administrator at Lighthouse Surgery Sharon Young said,

"Go back to basics, remember how to do basic things and be prepared to think on your feet.

- Sharon Young









"For a couple of weeks, it was like we were on an island. The community was amazing and banded together. They brought food for us and jerry cans of fuel to try to keep the generator going."

"We really feel like we're a big step ahead of anyone that hasn't gone through a disaster of that scale. For example, we look at what we had in the disaster kit before and laugh about it because it was just so inadequate. We had a couple of torches, a couple of batteries, but in a disaster that big, you need a truckload of everything, not just the little plastic box in a cupboard. We would now ensure we have N95 masks and asthma relievers. Of course, you can't really stockpile and doomsday shop, because items go out of date. You can be as prepared as you like, but it depends on how long these events are going to last," said Sharon.

On reflection, Dr Muller-Grotjan understands why some GPs became frustrated when they weren't included in the disaster effort. "We did the best we could - and we did it extremely well. I believe that when rural GPs and practice staff see a problem, we deal with it and if there's no obvious solution, then we find one. We have skills, why not let us use them."

In the aftermath, she enrolled in an emergency management course. "It was full-on - bomb scenarios, group simulations - but I'm glad I did it. I know we'll have more disasters. I wanted to be better prepared."



The surgery now has better generators, emergency supplies, and a battery-operated radio. But financial support has been harder to come by. "We had to close for a week and we had enormous costs. Wages were paid out of someone's private pocket. Insurance took ages and didn't cover the losses, we were disappointed we couldn't get compensation."

When asked if she'd do it all again, Dr Muller-Grotjan didn't hesitate. "Yes, in a heartbeat," she said.



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