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Editorial – Six months on ...

by
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IT IS NOW SIX MONTHS since the tragic and frightening attacks of 11 September (or 9-11 as the Americans now seem to refer to it). The new Bush government has gone from its initial unilateralist and isolationist stance to a more involved (although still often unilateral) role in world affairs. The Australian Defence Force is now actively involved in Afghanistan, the Persian Gulf and central Asia, as well as East Timor, Bougainville and the Solomon Islands, and in the seas to our north. For Navy, this has been one of the largest medical undertakings since the Vietnam War. Coupled with continued uniformed health personnel shortages, this has been a challenging time for all concerned. I have been fortunate to attend two very good but very different conferences recently. The first of these was the Asia Pacific Military Medicine Conference, which was held in Kuala Lumpur. This conference, co-hosted by the Malaysian Armed Forces and the US Army Pacific, involved an interesting array of presentations and posters. A number of key themes emerged - infectious diseases of military importance, the need for syndromic surveillance systems, and the challenges of military medical interoperability between different nations.

The second conference I attended was the Emerging Trends in Terrorism conference held in Hobart. This conference provided a fascinating review of current trends in all aspects of terrorism, from chemical and biological terrorism to animal liberation movements and cyberterrorism. The overarching theme was that this problem is not going to disappear and we must continue to prepare for it in all its malignant forms.

In this issue, we see a number of different military medical themes, including operational medicine, medical readiness, health training and history. Operationally, the challenges of providing appropriate chemoprophylaxis to aircrew, deploying a Reserve specialist to East Timor and the progress in preventing and treating malaria in the field, are all addressed. Management of malaria and post-traumatic knee defects impact directly on medical readiness while medical simulation offers a solution for resuscitation training. Finally, the challenge posed by a Private soldier who perished in World War I and the history of blood transfusion in Australia remind us of the real knowledge that comes from historical examples. As always, an excellent series of papers, which are now scanned by the National Library of Australia and are available to universities and other subscribers through the Australasian Medical Index.



Australian, New Zealand and American military delegates at APMMC Meeting, Apr 02.

The next six months promise to be as challenging as the last six months. The operational requirements will no doubt continue, uniformed shortages prevail and the shadow of the collapse of United Medical Protection hangs over all health care. At the very least, there should be a myriad of topics for future papers, reviews, editorials and letters to the Editor.

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