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Editorial

by
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As 1998 draws to a close, it is time to reflect on the past year. It has been a year full of challenge and change, triumph and tragedy.

As a result of the Navy's worst peace-time disaster since the loss of HMAS Voyager in 1964, your erstwhile Editor spent a considerable part of the year on the Board of Inquiry into the fire in HMAS Westralia. The results of that inquiry have yet to be announced. But alongside the heroes of the firefighting effort stood the toil of the medical teams rendering appropriate treatment to the injured, and preparing for the possible resuscitation needs of the missing, who sadly had perished before they could be reached.

The provision of medical support to Operation *Bel Isi* in Bougainville continued, with health personnel from all three Services contributing throughout the year. Sterling work, both to the Peace Monitoring Group and, on occasions, locals, was performed by the team, staffed largely with Permanent Forces personnel but with Reserve specialists providing those skills not otherwise available.

The response of the Defence Health Service to the tsunami disaster in Papua New Guinea was superb, showing yet again our willingness to respond in very short order with very effective health support. Graphic media reporting showed the trials and tribulations of medical teams working in extremely demanding circumstances to almost overwhelming number of casualties.

Last summer, during Southern Ocean patrols, Navy mounted major operations to recover severely ill and injured personnel from ships many thousands of miles from port. In one case, this required the short notice deployment of a frigate with a medical team embarked (including a RAAF anaesthetist), and a long, overwater, helicopter medevac between the two ships in mid-ocean.

Only a few months ago, the RAAF despatched, at only hours' notice, a P3 Orion with intensive care team embarked to Manila to retrieve a critically ill Navy member to Sydney. And this came only a few days after a C130 had been flown to the same city to return one seriously ill and two other personnel from the Navy Task Group.

No doubt there have been many other medical operations of similar dimensions through the year. What do they all tell us?

We are going through, as the Chinese say, interesting times. We have a dramatically re-cast Defence Health Service, joint and, at the strategic and management level, integrated. It is much flatter and smaller at the top than it was. We have a senior management Board consisting largely of Reservists. These changes have not been without pain and disruption, some of which is likely to continue, although hopefully lessen as we all adapt to the new arrangements.

At the end of the day, however, the examples of medical operations cited above demonstrate, firstly, what we are all about, and, secondly, how well we are able to respond and perform in difficult

circumstances. It is these efforts by which we will be judged, both by our patients and, more importantly, by our leaders. It is these tasks at which we must not fail because failure will bring well-deserved opprobrium, and lead inevitably to questions of our worth to the ADF.

So our overriding task is to ensure we are well trained and well prepared for the provision of operational health care in all the environments in which we work. We must all work towards achieving these continuing aims in the new Defence Health Service. It is a challenge that faces us all, Permanent, Reserve and civilian. We must not fail.

The Editor and his Team wish all our readers a safe and happy Christmas and New Year.