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Once more unto the breach…

by
Russ Schedlich

Well, we are at it again. And the greatest test in recent years of our ability to respond and maintain a credible operationally deployed health presence is ahead of us.

No one would be unaware of the recent push into East Timor by a force led by the ADF. Although it has been given little publicity, there is a significant health element involved in ensuring that our personnel, ashore and afloat, are able to quickly access high-quality health care in the event of illness of injury.

The Army is leading the push, with what will soon be an augmented Forward Surgical Troop (Heavy) - really a Field Hospital - which will include RAAF elements, providing health care to the Force. Embedded in this hospital, located in Dill, is an aeromedical evacuation capability. Amongst the deployed troops on the ground, of course, are several RAPs providing primary healthcare.

At sea, the Navy's major ships are fully staffed, with a medical officer on each, so as to allow the ships the greatest freedom to operate without interruption by medical problems.

Linking all this is a joint AME and medical regulating system to allow the smooth transfer of serious casualties, first to Dill then, if necessary, into Darwin. From there, HQ Northern Command takes over, regulating patients into the National Support Area, with strategic AME being coordinated by Air Command.

The entire health care system is the first real operational test of the gamut of capabilities that have been exercised a number of times over the last several years. Perhaps the only thing that has been missing has been the opportunity to deploy the Navy's Primary Casualty Reception Facility, which would have been an ideal means to provide surgical support prior to the full activation of the Field Hospital ashore.

There have been significant and beneficial developments in the area of Reserve conditions of service brought on by the anticipated demands of both East Timor and the ongoing commitment to Bougainville.

A Civilian Practice Allowance has been introduced to provide a financial offset against those fixed practice costs medical specialists are often required to meet, even when absent from their practices. While there are some significant constraints to the allowance, it is at least a first step towards rectifying a problem that first came to light during the Gulf War, and which has been a festering sore on the ADF's ability to achieve the assurance of Reserve specialist support for operations.

The second major change has been the introduction of a scheme to accelerate entry into the Reserves for medical specialists willing to volunteer for duty in either East Timor or Bougainville. This scheme bypasses the normal selection process, requiring simply that the specialist meets the ADF's needs and is professionally suitable, and is medically and physically fit for deployment. Entry is for the limited and specific purpose of operational deployment, but specialists who join under this scheme will have the opportunity to undertake the full selection process after deployment if they wish to continue to serve in the Reserves.

So everything looks rosy. But if we need to maintain two operational health deployments over an extended period of time, will we have the resources to maintain them?

Rotation will be a requirement for both Reserve and Permanent Forces, the rota for the Reserves obviously much more frequent than for the Permanents.

Will we see Reserve specialists doing a number of rotations because of lack of depth in numbers? - if so, what will be the effect on morale?

Will the three arms of the Defence Health Service have the range and depth of personnel to meet their rotational requirements? Clearly, there will be the ability for Navy as well as RAAF and Army health personnel to rotate into the Field Hospital, but with diminishing uniformed numbers of Permanent health personnel, the pool to draw from is not as big as it has been.

Will Defence be able to bear the cost of the necessary outsourcing caused by lack of uniformed personnel in the National Support Areas? In these times of, continuing, financial constraint, how financially healthy will the Defence Health Service remain?

We do indeed live in interesting times.