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EDITORIAL Disaster Prepared...

by Andy Robertson Captain, RANR

AS WE GET THIS ISSUE TO PRINT, I am integrally involved with reviewing Disaster Preparedness and Management Plans for the WA Department of Health. Events like the Bali bombing in October 2002, the Waterfall train crash in Sydney, the recent Severe Acute Respiratory Syndrome (SARS) outbreak in Asia and Canada, and the continuing threat of terrorism, highlight that the next disaster may be just around the corner and that we need to be prepared, both in our civilian and Defence roles. Recent Defence Health Service initiatives include broadening the roles of the Chemical, Biological and Radiological Defence (CBR) Consultative Group to include disaster medicine, thus, becoming the Disaster and CBR Defence Consultative Group; Defence representation on the Australian Health Disaster Management Policy Committee and increased emphasis on training through Emergency Management Australia's Disaster Medicine Course. This course runs in November each year at Mt Macedon and Defence is usually allocated at least four positions.

The journal continues to grow and, as we enter our second decade, AMMA is keen to explore new and different ways to keep the journal vital and relevant. One suggestion is that we consider broadening the scope of the Journal to cover Disaster Medicine - in essence, making the journal into Australian Military and Disaster Medicine. This would also help to further delineate the journal from ADF Health while opening up new pastures in a related field. Any comments, on this or other suggestions, for the way ahead for the journal would be most welcome.

AMMA recently had another excellent meeting in Adelaide with a wide range of excellent papers, an entertaining virtual pool party and great opportunities to catch up with a host of colleagues both old and new. The next conference will be held in Canberra in 2004. One proposal that came from the Annual General Meeting, which will be considered formally at the next meeting in 2004, is that AMMA change its name to the Australian Military Health Association (AMHA). Again, comments on this proposal would be most welcome.

As always, we have an excellent final issue for the year, including interesting articles from the Israeli Defence Force on obstetric and gynaecological ultrasonography in a disaster setting and morphea associated with industrial solvents. Other papers look at the military significance of Japanese Encephalitis, Nomex and permethrin, Army nurse anaesthetists in World War 1 and the military history of the 303 around. Our look back ten years relates to the role of St John ambulance in emergency settings.

As most will no doubt be aware, I am in the process of transferring from the Permanent Navy to the Active Naval Reserve. I would like to thank everybody for all the best wishes I have received. I will be remaining on as the Editor and remain grateful for all the fine work done by the peer reviewers, authors and other contributors to the journal. As always, please keep the articles, book reviews, Letters to the Editor, abstracts and updates rolling in.