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## **Defence Health, Outreach Health and the legacy of St Luke, the physician<sup>1</sup>**

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“Take care of him, and whatsoever more thou spend,  
...I will repay thee”

The Parable of the Good Samaritan St. Luke 10:35

Australians are privileged to live in one of the freest, richest, safest and healthiest nations on earth. The common indices of health - such as infant mortality rates and life expectancy - place the collectivity of Australians amongst the fortunate few, seen in world perspective.

Australia, with its enviably high standard of living, exists in a world and specifically in a region where the contrasts of physical and social health are stark. Despite this, our national regions of interest have enjoyed relative peace; and although civil insurrection has occurred in many of the countries of South-East Asia, no country has threatened the territorial sanctity of a neighbour for three decades. It is in Australia's national pragmatic interest to maintain cordial relations with its neighbours. Such potential for peace can be promoted in many ways. One such is improved by working towards a more equitable standard of health for our near neighbours of geographic interest.

There exists, however, a stronger personal motive – one experienced by all members of the health professions, whether they be civilians or Servicemen and women. That ethic is that, from our position of privilege, there is an accepted self-imposed altruistic obligation also to reach out to help neighbours in need. In this context, a part of Australia's foreign policy has been to encourage the export of health, certainly in the form of AUSAID Health Projects; and certainly, in the promotion of civilian health projects delivered so well by non-government organisations. More than ten of these latter reach out with enthusiastic volunteer services and great generosity to help the sick and injured of developing nations.

Since 1946, Australian Servicemen and women have deployed on some 49 United Nations' Missions. Such have involved fighting in hot operations to secure a just peace; the monitoring of ceasefire lines in places of both national and international turmoil; and bringing technical aid and skills to many military-appropriate tasks ranging from biological warfare surveillance to landmine clearance.

Australia also exports Defence health. In the past decade, at least seven of the Nation's last ten overseas deployments have included medicine and health as core components of such operations. Not all have been mounted to help geographical contiguous nations at time of trouble. A number have been mounted for altruistic purposes that a stricken nation, far from Australia, might have the chance to stabilise and re-arise from natural or man made disaster. The Defence Health Service has played key roles in the Western Sahara, Somalia and Rwanda in Africa.

The role of Australian Defence Health personnel in the post-Rwandan genocide will stand as one of our nation's most significant deployments when the audit of history judges the nation's contribution to international health in the 20th century. The United Nations is often criticised for its apparent inefficiency; but those who saw the outcome of free and democratic elections in Rwanda, five years to the month from the time of the appalling

genocide (1994) in that country, will appreciate just how much good can be achieved. Australia provided the medical contingent to the 7,500 strong United Nations' force. The work of several hundred Servicemen and women – doctors, nurses, medics and other health professionals - contributed most significantly to the saving of life and the prevention of disease. More importantly, the bearing and collective persona of Australian Servicemen and women acted as role models for those who have rebuilt the health service in that nation.

Australian Servicemen and women have served on the island of Bougainville since 1997, following the nine-year devastating civil war in that troubled population. Australian Servicemen and women are unarmed on that deployment; and in the absence of any authority other than that of village law, peace is maintained by the force of personality of the uniformed Australian personnel on that island. A very important component of that force is the Combined Health Element (CHE), comprising a Forward Surgical Team, general duty medical officers, skilled nursing care and medical assistants. More than 70 per cent of that deployment has involved women and children. One in four of all adult women in that population is pregnant at any one time. The maintenance of health amongst that disadvantaged population has been one of the significant contributions to Australia's military outreach to help a neighbour.

Australia's operations in East Timor commenced on 6 September 1999 and for the first six months comprised 5,700 Service-personnel, of whom ten percent were women. Our medical teams have led the establishment of a Field Hospital there termed a Forward Surgical Team (Heavy). The military hospital in Dili is based on a team of two surgeons, an anaesthetist, an intensivist and a public health expert.

For the first six months of that deployment, Australian health personnel served with our colleagues from the Singaporean Armed Forces; and have proved the worth and the potential of such multi-national cooperative health deployments. In the first six months of that operation (until 19 February 2000) more than 1,200 victims were admitted to the ward of that hospital, some 590 of them being indigenous East Timorese, who in the post-Referendum turmoil of 1999 had no other "Level 3" sophisticated medical aid which included provisions for life support and specialised post-operative nursing for major surgery. No soldiers of the multi national force (INTERFET) were killed by enemy action in that engagement, but infectious diseases such as dengue and malaria have been a particular challenge.



Figure 1: St Luke Memorial stained glass triptych window, Soldiers' Chapel, St. Saviour's Cathedral, Goulburn, NSW. The window portrays the passage from the Gospel of St. Luke (Ch 10:30) which recounts the parable of the Good Samaritan and the ethic of best-practice, pre-hospital care. Photo by the author, July 2000.

The writer has recently taken part in an international forum with some 32 Surgeons General, representing the armed forces and the population of three-quarters of the planet's total population. With a concept of support for nations who remit is to preserve an honourable peace in the world, multinational groups whose responsibility is military health and whose ethical basis are the Geneva Conventions can be an important albeit intangible force for

the preservation of peace. In discussions among those Surgeons General, it becomes obvious that the challenges that confront individual nations such as Australia are the challenges that confront honourable nations everywhere. Such include questions of preventive medicine, keeping both the military forces and civil populations free from the scourge of tropical diseases, the skills needed for doctors and health teams to work as members of multi-national forces and the threat of potential bioterrorism.

The legacy of St. Luke, in the parable of the Good Samaritan, is the ethos which underpins much of the Australian Defence Force international outreach aid; and is one of the foundations of best-practice medical ethics in the contemporary Service context (Figure 1). A major part of that parable is that in the follow-up which occurs after emergency stabilisation and immediate life sustaining support, that many resources will be still required in the post-operation or strategic sense.

Considerable advocacy is expended to maintain and apportion sufficient resources both for national health and for health contributions to stricken nations. Such resources are apportioned by Australia's Federal Government to supply, inter alia, the medical budget needed for such humanitarian emergency deployments such as those mounted by Australia in the last decade. Not all resources can be provided from a nation with a relatively small population. Much is given by the dedicated service and altruism of the men and women who represent our nation in the health field, in the uniform of the Australian Defence Force during their overseas deployments. Extra value and the giving of extra resources consists of these non-combatant individuals nevertheless "fighting about their weight" specifically in the context of the delivery of health skills. Indeed, "whatsoever more is demanded" is given by such servicemen and women of whom our Nation can be truly proud.

