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Tradition and transformation

WE MOURN THE PASSING of Her Majesty Queen Elizabeth The Queen Mother on Easter Sunday, 31 March, who was the Colonel-in-Chief of the Royal Australian Army Medical Corps, and also the passing of Mr Alec Campbell, the last Anzac Gallipoli veteran, at the age of 103 on 16 May, 2002. Although our direct links with the two world wars are fading, young Australians are embracing Anzac Day and visiting the battlefields of World War One in greater numbers each year. They yearn to understand the quintessential Australian identity and desire to appreciate the courageous deeds of our forebears in the name of the free world.

The nature of warfare has changed dramatically since World War Two. Currently, the war against terrorism in Afghanistan is being waged against widely scattered, but relatively well organised, clandestine guerillas in remote and hostile environments. Although there are still "conventional" ground wars, it is low-level operations by special forces and peacekeeping operations that include humanitarian support functions which have become the major focus of recent ADF deployments. The ADF Health Service must be able to adapt rapidly to a wide range of operational scenarios in a joint (tri-service) operational environment to comply with the commander's intent and provide quality frontline healthcare to our troops and civilians if called upon. Whatever the scenario or the environment, the ADF Health Service must work seamlessly in joint operations, be able to provide rapid and effective treatment for war wounds, be able to respond to a mass civilian or military casualty situation and be able to sustain the operational support to an extended deployment overseas.

Minimising the number of "friendly" soldiers and civilians killed on the battlefield is one of the cardinal goals of modern warfare. The general public and politicians will not continue to support a war effort where significant numbers of Australian soldiers and local civilians are being killed in battle. It is therefore imperative that well equipped and well trained Health Service personnel are strategically placed in the Area of Operation, starting with the medics in the field, and going on to include military doctors, nurses, preventive medicine and dental personnel. We need to improve the training of the non-medic soldier in relevant advanced first aid and "buddy" care. ADF reservists will continue to be an integral component of the Health Service personnel who deploy, and they will also be the educators who train the next generation.

Whatever form war assumes in the future, there will still be a requirement for the military Levels of Health Support (Levels I-V), with the appropriate distribution, strength and mobility of the health elements. *Plus ça change, plus c'est la même chose*. While we in the ADF Health Service must embrace change and confidently engage with the future mode of war fighting, we must also cherish the traditions and history of our respective Corps and retain the vital elements of military healthcare delivery learnt over many years. Let us celebrate the Centenary of the RAAMC in July 2003 and the many achievements of our forebears and then move confidently into the future.

Lieutenant Colonel Jeffrey V Rosenfeld, RAAMC

Assistant Editor, *ADF Health*