

Military Health Symposium 2004

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NAVY DOES HAVE THE BEST VENUES. Saturday 9 October 2004 dawned sunny and warm with a gentle breeze caressing HMAS *Waterhen* at Sydney's Waverton — the site of the Military Health Symposium 2004. Medics, nurses, doctors and dentists almost filled the 170-seat cinema to look at the Defence Health Service from the viewpoint of patient and commander.

In opening the Symposium, Air-Vice Marshal Shepherd, Air Commander Australia, emphasised the interoperability and inter-relationship between the three Services and between the Permanent and Reserve Forces. It is this relationship that has moved DHS from a support role to a primary activity in itself.

The morning sessions revolved around the lessons learned in Vietnam, starting with Brigadier Maynard, who helped to develop the Health Directorate. He emphasised how doctrine often has no relationship to reality and thus it is always necessary to adapt. In Vietnam, battle injury was often secondary to illness; from this grew the Malaria Research Unit.

Major Morris, never a shy, retiring personality, wore his infantry rather than his medical hat for his presentation. The lessons he taught are as important today as they were 40 years ago. In Vietnam, Morris's platoon lost one in eight of its members to enemy action. Some of his important messages were:

- Waivers cause major problems and should not be accepted for the soldier in the field. The Director-General DHS, Air Commodore Austin, was forced to reply on this issue.
- Fatigue kills.
- Cleanliness in the field is an imperative. The need for personal hygiene, fitness inspections and clean water can never be over-emphasised.

A particularly strong point was made regarding the need for psychological "fitness", and he finished with his motto: "As you train, so shall you fight."

Major Jones gave the John Thomson Oration, describing the history of the stretcher bearer, later to be the Army Medic. We learned that the bronze Army statue helping to guard the Cenotaph in Martin Place is modelled on William Darby, a World War I stretcher bearer.



Brigadier Maynard, Colonel Wainwright and Colonel White outlined the need for medical officers to integrate fully with their platoons, and then rather explicitly detailed the horrific land mine incidents of 1966–1967 in Vietnam.

The session after lunch was titled "What do we do, Boss?" *Personal accounts from the sharp end.*

Captain Christian was Task Group Commander in the Arabian Gulf. He explained what he, as commander, needed from medical officers, and was not averse to ruffling feathers.

He believes that the medical officer is the individual's advocate, and should make decisions, then go to the commanding officer for veto or approval. The CO should have a more corporate view. It has been traditional for the ship's medic to present the sickbay log to the captain every night. This practice gives the CO a much better idea of problems brewing or extant, but is no longer acceptable because of privacy laws. Christian

favours the practice, whereas the Director-General espoused the opposite view.

War has been described as long periods of boredom interspersed with short periods of terror. In 2003, Wing Commander Dumbledam spent 6 months as Officer Commanding Health at Moleana, East Timor. His two major problems were the short-term specialist rotations needing a new orientation every 2 weeks, and the "groundhog day" boredom.

Squadron Leader Cook's examination of aeromedical evacuation left us feeling that Australia is not doing badly on the world stage. In his view, we need to focus more on emergency, intensive care, orthopaedic and vascular medicine, rather than traditional surgery and anaesthetics. There is need for a broad range of skills kept fully honed.

Lieutenant Colonel Farrow was recently Officer in Command of the Primary Care Reception Facility in HMAS *Manoora*, which was deployed in the Solomons. He detailed the difficulties that arose when the ship's function as a warship and its function as a hospital ship did not coincide. At times, the troops ashore felt mistreated and forgotten, while the crew aboard felt the same way.

The outgoing Surgeon General, Air Vice-Marshal Short, and Air Commodore Austin summed up the wealth of experiences. DHS is in good health itself. In closing, Wing Commander Squires suggested that our motto could very well be "Improvise, Adapt, Overcome."

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