

## Royal Australian Navy medical team: HMAS Darwin

ROYAL AUSTRALIAN NAVY SHIPS are like small communities or towns that can be self-sufficient to some degree. The make-up of this community is a mix of people of differing qualifications and capabilities. They include senior executives (Commanding Officer, Executive Officer), engineers (Marine Engineering Officers and sailors — mechanical, and Weapons Electrical Officers and sailors — electrical), and warfare personnel (Navigator, Warfare Officers, Electronic Warfare). Other capabilities required to complete this small community are hospitality and catering (Cooks, Stewards, Stores, Writers), communications (Communication Information Systems, Communications Systems Operator), seamanship (Bosun Mate — gunnery, force protection), aviation (Pilots and maintainers), and medical.

The medical department on RAN ships is called a sick bay. The medical team on HMAS *Darwin* who deployed for Operation Catalyst consisted of Lieutenant Stephen Lawson, Medical Officer (MO), Petty Officer Medic Steven Carroll (POMED), and Leading Seaman Medic Kenny “Mac” McCormack (LSMED).

HMAS *Darwin* is designated as a Guided Missile Frigate, more commonly known as an FFG. In the RAN, there are currently six ships of this class. The normal complement consists of 190 personnel — a mix of officers and sailors. The normal non-operational billeted medical complement for an FFG is a POMED, and a LSMED/ABMED.

All RAN ships have personnel who provide additional or supplementary medical support to the health professionals; these form the Ship Medical Emergency Team (SMET). A SMET undergoes a 2-week course to enable them to provide assistance in an emergency or mass casualty situation, especially in disaster areas. The role of SMET members is supplementary to their normal role on a ship. Their main SMET role is to provide reassurance, bandage or splint wounds, monitor and record a casualty's vital signs, and maintain patient records.

To enable HMAS *Darwin* to perform her role in the Middle East Area of Operations (MEAO), the crew increased to about 225. On 28 December 2004, the ship departed for a 6-month deployment to the MEAO.

The experiences of HMAS *Darwin*'s medical department during Operation Catalyst highlight the important role that health services provide in an operational environment. The ability for RAN, United States Navy (USN) and Royal Navy medical teams to operate as partners in delivering health services to both military and civilian personnel has been tested and proven extremely effective. In addition, the medical assistance given to local civilians and merchant sailors has served to strengthen the positive regard in which the RAN is held within the MEAO region.



HMAS Darwin

A couple of incidents demonstrate the interoperability and fostering of good relations. On one patrol, HMAS *Darwin* received a distress call from an Iraqi fishing dhow. A 27-year-old Iraqi man had progressed from having a headache to unconsciousness. On arrival at the scene, the boarding party conducted a security sweep of the dhow, ensuring that the vessel was safe for the MO and LSMED to board and attend to the patient. The man was stabilised, and the MO decided to transport the patient back to the sick bay on HMAS *Darwin* for further assessment and observation. The patient was treated for dehydration and a migraine, and placed under observation in the sick bay overnight. By the next morning, he was fully conscious, and was returned to his dhow with a recommendation for non-urgent follow-up in Iraq.

During another patrol, HMAS *Darwin* received a call from merchant vessel *Lady Nuhad*. The vessel's shipmaster was concerned that a crew member had suffered a heart attack or angina. The boarding party was immediately dispatched, with



*Iraqi patient receiving treatment on his dhow*

the MO and LSMED, and appropriate drugs and equipment. The boarding party swept the vessel for safety, and then the medical staff embarked, finding a 40-year-old obese Syrian man. After medical assessment, including a history taken through an interpreter, the patient was diagnosed with gastro-oesophageal reflux and ulceration.

In both these incidents, HMAS *Darwin* medical personnel were able to liaise with senior USN medical staff to discuss the treatment and management of the patients. Options for transport and specific health facilities and capabilities were discussed during both events.

In addition to treating civilian casualties, the medical staff from HMAS *Darwin* visited US health facilities (Camp Doha and Camp Arifjan) in Kuwait. This sort of visit reinforces the close ties between coalition partners. The range of USN medical services able to be accessed by the RAN significantly increased the level of health care available to RAN personnel.

Within the ship itself, some elective minor operations were performed, as well as annual health and dental assessments (with the assistance of the USN). Some personnel required specialist appointments, and these were completed during port visits to Dubai. During the deployment, five members of the ship's company were returned to Australia for medical reasons, with another two returned for compassionate reasons.

In summary, HMAS *Darwin*'s medical department played an important role during their deployment. They continued to provide a high standard of health care, and fostered excellent relationships with our coalition partners and local communities.



*Syrian sailor receiving treatment in the main café of Lady Nuhad*



*Intensive care unit, Camp Arifjan Hospital — US Base, Kuwait*



**Warrant Officer Medical  
Lorraine A Grey**

Hospital Patients Divisional Officer,  
Balmoral Naval Hospital  
HMAS *Penguin*, Mosman, NSW.

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