

Major General Jeffrey Rosenfeld AM

Surgeon General Defence Health Reserves



Major General Jeffrey Victor Rosenfeld joined the Australian Defence Force in 1984 as a Direct Entry Officer. His postings have included Medical Officer to 6th Field Ambulance and 4th/19th Prince of Wales Armoured Regiment, Senior Medical Officer 4th Brigade and Officer Commanding 6th Mobile Field Surgical Troop (6MFST). He was SO1 Health Administration in RHSA Victoria 1998-2000. He attended Reserve Staff College and Army Logistic Training Centre, and has been Chair of the General Surgery Consultative Group, Consultant in Neurosurgery to the Surgeon General and Assistant Surgeon General (Army). He was appointed Adjunct Professor to the Centre for Military and Veterans' Health (CMVH), University of Queensland, in 2006 and is Chair of the Editorial Board of 'ADF Health' the journal of the Defence Health Services. He is a Board Member of the Sir Edward Weary Dunlop Medical Research Foundation and a member of the Medical Research Advisory Committee of the Defence Health Foundation.

Major General Rosenfeld was awarded the Geoffrey Harkness Medal in 2001 for outstanding service to Royal Australian Army Medical Corps (RAAMC) and the Centenary Medal of Federation. He received the AM in the General List of the 2011 Queen's Birthday Honours. He is the recipient of the Michael E DeBaakey International Military Surgeons' Award for Excellence for 2009 and was awarded a US Air Force Commendation Medal for his service in Iraq. He is one of Australia's senior military surgeons and has served on seven operations including Rwanda, Solomon Islands, East Timor, Bougainville and Iraq. He has a particular expertise in the treatment of bomb blast injury.

In his civilian work, Major General Rosenfeld is the Professor and Head of the Department of Surgery, Monash University and the Director of Neurosurgery, Alfred Hospital and is a leader in Australian neurosurgery with an international profile. He is an international leader in surgery for hypothalamic hamartoma which causes severe epilepsy in children. His particular research interest is in neurotrauma, a Principal Investigator on the Bionic Vision Project at Monash University and is leading the development of a new Institute at Monash University for Brain Development and Repair. He is Honorary Professor of Neurosurgery to the University of Papua New Guinea and Visiting Professor to the Neurosurgical Department of the Beijing Tiantan Hospital, Capital University of Medical Sciences, Beijing, China. Professor Rosenfeld has published over 220 peer reviewed articles, book chapters and a book. He is also a member of five editorial boards of international medical journals and is a member of the Ethics Committee and the Neurotrauma Committee of the World Federation of Neurosurgical Societies. He is a Paul Harris Fellow of Rotary International, was President of the United Nations Association of Australia (UNAA) Victoria and Commissioner of St John Ambulance Australia (Victoria) from December 2001 to June 2005.

Reflections

I am coming to the end of my appointment as Surgeon General Australian Defence Force-Reserves (SGADF-R) and wish to particularly thank all the Health Reservists for their service to the ADF. We continue to pass through a period of unprecedented and momentous change in the ADF with many challenges still ahead. MAJGEN Paul Alexander AO, SGADF and Commander, Joint Health (CJHLTH) has strongly led Joint Health Command through this period of change which has been made doubly challenging by the extensive savings mandated by the Strategic Reform Program (SRP). A key initiative was the move of Defence Health to VCDF Group and the formation of Joint Health Command. Health logistics has become more efficient, and Garrison Health Support has been extensively reorganized and streamlined. The E-Health system is soon to be implemented. Many other changes have been successfully implemented or are in train.

A major element of Health Service provision on ADF Operations comes from the Health Reserves and this will continue. The responsibility of the SGADF-R is to lead the Health Reserves, to ensure that they are well supported, and to represent their interests within JHC and to the senior leadership of the ADF. SGADF-R helps to ensure health capability to the ADF by promoting recruitment and retention of Health Reservists particularly medical specialists. This has proved challenging at a time when the ADF is replete with personnel, with a low attrition rate but with shortages of medical officers and other health personnel. As SGADF-R, I have continued to assist CJHLTH in forging strong links between JHC and the civilian health sector, the University sector and with the Professional Colleges. We are further developing strategic alliances at Major Teaching Hospitals/Trauma Centres in each region. I have also been active in promoting the tremendous work of our Health Reservists to the wider community both here and abroad.

Military frontline trauma surgery is quite different from and more challenging than civilian trauma surgery because of the greater magnitude and scope of the injuries sustained from bomb blast, the unique structure of the military trauma system and the austere environment of the forward surgical units and combat support hospitals. Although we have the excellent Definitive Surgery Trauma Course (DSTC) and a one day

Military Module, these are arguably no longer sufficient to prepare our surgeons for war surgery. Currently, we are unable to replicate the more extensive US or British War Surgery courses. We should explore ways of further expanding our courses or securing places for our general surgeons on to the US or UK courses. A rapidly evolving evidence-based military surgical, anaesthetic and intensive care practice has emanated from the vast experience of our surgeons and our allies in Iraq and Afghanistan. We need to ensure our specialists are abreast of this information and that they can be seamlessly and confidently embedded into allied field hospitals.

Even if we are not deploying our military hospital to an operation, we could embed small numbers of our personnel and individual specialists to supplement allied surgical hospitals. This has worked very well in Iraq and enables our troops to be treated by Australians and at the same time helps to deploy our superb health personnel who are highly regarded by our allies and who are keen to contribute. We also need to maintain the experience of our people in war trauma surgery and medical care but we also need to be prepared for Humanitarian Aid and Disaster Relief missions.

A team of Reserve specialists able to deploy at short notice is soon to be established at the Royal Brisbane Hospital (RBH). By being embedded at the RBH, the military surgical team will remain current with trauma surgery and working as a team will be an advantage when they deploy. It should be emphasized that the ADF will still require its Specialist Reservists who are not part of these special teams to continue to staff the ongoing rotations of the future missions. Professor Michael Reade, the inaugural Professor of Military Medicine and Surgery and an active Reservist has been appointed at the University of Queensland. I wish him every success. His appointment augers well for the development of a research program in military trauma and all the national and international links and academic collaborations this will foster. The civilian disaster teams set up by each State and Territory might seem to be competing with the Reserves for members. I regard these teams as being complementary to the Reserves. Clearly, some Humanitarian Assistance missions will not require uniformed personnel. Some of our reservists will join these civilian teams and will be valued members because of their military experience.

The Consultative Groups continue to provide Specialist advice to Joint Health Command on many issues of interest to

Defence. They are made up mainly of Reservists and reflect contemporary practice in the civilian and academic health sector. We need to ensure that they are well supported to do this important work. The Reserves will continue to have a regional focus and require regional support. The regional Triumvirates with leadership from the three services strongly support the Health Reserves in each region. The Triumvirates and their staff will increasingly integrate within the new regional Defence Health Structures. Although the single services manage their own health personnel there will be more tri-service integration of personnel for Garrison health support and on operations in the future.

Reservists will continue to be involved in the delivery of Mental Health Services and Rehabilitation in the ADF. Reserve dentists, nurses and nurse practitioners, radiographers, physiotherapists, pharmacists, preventive medicine personnel and pathology technicians continue to make a major contribution to our overall capability and I thank them all for their service. In the future there will likely be a role for civilian paramedics to serve as Army medics.

I am very proud of the Health Reservists who selflessly and repeatedly give of their time and expertise when called upon. I am particularly proud of the Reservists who help to train our deploying frontline troops in Tactical Combat Casualty Care in our Mission Rehearsal Exercises. I am sure this preparation of our Soldiers and Combat Medics is saving lives and achieving better outcomes for our injured personnel. I am also very proud of our specialists and other health professionals from the Reserves who care so diligently for our injured warriors in Afghanistan and following their return to Australia and for the support the Reserves provide to the other ADF Operations. Thank you for the superb service you all do for your single Services, the ADF and Australia.

It has been an enormous privilege and honour to serve the ADF as the SGADF-R. I acknowledge the great work of my immediate predecessors, MAJGEN J Pearn AO, AVM B Short AM, and RADM G Shirtley AM, RANR. I wish my successor AVM Hugh Bartholomeusz OAM and the incoming CJHLTH, RADM Robyn Walker AM and her staff every success for their appointments and wish Joint Health Command and all Defence Health personnel well for the future. There is a strong history and foundation from which to build.



HMAS STIRLING
Dental Officer, Commander Mark Brazier, conducts a routine check up on a patient with Able Seaman Dental Assistant Katrina Martin in the Fleet Base West Dental Department at HMAS Stirling.