2022 ANNUAL CONFERENCE OF THE AUSTRALASIAN MILITARY MEDICINE ASSOCIATION OPENING ADDRESS BY HER EXCELLENCY THE HONOURABLE BARBARA BAKER AC, GOVERNOR OF TASMANIA HOTEL GRAND CHANCELLOR, 7 OCTOBER 2022

Good morning and a very warm welcome to our island State as we begin the Australasian Military Medicine Association Annual Conference.

I pay my respects to the traditional and original owners of this land: the palawa people. I acknowledge the contemporary Tasmanian Aboriginal community and recognise their enduring culture and continued connection to land, sea, and culture. I recognise a history of truth, which acknowledges the impacts of colonisation upon our First People. I commit to a future that listens to and respects Aboriginal stories, culture and history.

I also acknowledge amongst us:

- President, Group Captain Geoff Robinson
- Keynote speaker, Dr Brendan Nelson
- Uncle Dougie Mansell and
- Presenters of sessions over the next two days.

As Governor of Tasmania, I would like to briefly share with you some innovations of Tasmanians in the medical field.

Obstetrician, Dr William McIntyre, in 1944, invented the infant respirator, a humidicrib prototype providing a safe environment for sick or premature babies.

Later, in 1977, Dr Jim Frost designed a cot monitor to check on the breathing patterns of infants thought to be susceptible to Sudden Infant Death Syndrome.

In 1995, our University of Tasmania's Menzies Institute for Medical Research identified for the first time a baby's sleeping position as a major contributing cause of Sudden Infant Death Syndrome.

Our Menzies Institute has other significant medical breakthroughs to its credit including that:

- genetic markers are linked to men's risk of developing prostate cancer;

- higher vitamin D levels are associated with a lower relapse risk in multiple sclerosis;
- nerve cells in undamaged parts of the brain can remodel themselves in response to acquired brain injury;
- platelets found in the blood kill the malaria parasite during the early stages of a malarial infection; and
- risk algorithms for prediction of heart failure, and risk assessment for hospital re-admission in patients with heart failure.

So, your conference may be in Australia's smallest capital city but one that has a significant and rich track record in medical science and research.

Your program indicates that military medicine is a distinct and complex field of practice based on a foundation of the skills of general practice.[1]

Defence Force personnel need to maintain their physical and psychological health, not only to undertake their operational duties in defence of our Nation, but also in the provision of critical support to communities in need, both at home and overseas.

Defence Force personnel have very different needs to the general population. The medical issues arising for GPs serving in the ADF are therefore different. ADF GPs are likely to be treating younger patients than in the general population and also in difficult environments.

We know our Defence personnel perform their roles in difficult and hazardous environments — from submariners to infantry soldiers, undertaking jungle or mountainous operations, to military aviators undertaking low level formation flying at night. So, ADF GPs working in difficult environments require a broad range of skills to provide quality care.

Many military platforms use hazardous materials and exposures may be significant. As we learned from the witness testimony to the Royal Commission into Defence and Veterans' Suicide, in many cases, personnel will operate under great physiological and psychological stress from cumulative fatigue and continuous threat. GPs serving in the ADF are, therefore, also likely to manage service-related mental health issues, such as depression, anxiety, stress and grief reactions and post-traumatic stress disorder.[2]

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[1] https://www.racgp.org.au/education/education-providers/curriculum/2016-curriculum/contextual-units/populations/mm16-military-medicine accessed 3 Oct 22

[2] Ibid.

Military medicine may require those involved undertaking mass casualty triaging in war zones and disaster recovery environments, including aero-medical evacuations. I note that wellbeing and resilience of personnel feature in your conference program. It is apposite that ADF GPs working in such stressful environments on military deployment, access "mentoring, debriefing and support."[3]

Preventive health practice is a major part of military general practice. This includes environmental health risk assessments to minimise the risk of airborne, waterborne and vector-borne diseases; immunisation; health education and chemoprophylaxis programs. These are all important components of preventive healthcare to preserve combat capability.[4]

ADF general practice also requires familiarity with military culture and the specific responsibilities applicable to the military working environment and command structure.

That is an enormous breadth of practice with a significant body of knowledge required.

Your conference program reflects the breadth of practice. Your sessions will address aural barotrauma to pelvic health and pregnancy, from aero-medical evacuations in uncertain or hostile environments to haemostatic resuscitation on the battlefield; and, from biofeedback in extended reality systems to veterans' homelessness.[5]

May I conclude by congratulating the organisers for choosing Hobart as your venue for this year's conference. Tasmania is particularly beautiful at this time of year. I hope that you will have the opportunity to look around and enjoy our clean air, food and parks that are on offer.

May I also wish all the best to those presenting posters and look forward to hearing of your successes in the AMMA Awards Ceremony on Saturday night.

Thank you all for all your work that in your practice of Military medicine. I wish you all the best for the Conference, which I now have great pleasure in declaring officially open.

Thank you.

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[3] Ibid.
[4] Ibid.
[5] https://2022.amma.asn.au/program/ accessed 3 Oct 22