

Onset Disasters (SOD's), and many are the site of a rapidly emerging Non Communicable Disease (NCD) epidemic. The management of diabetes and other NCD's after a SOD is complicated not only by a lack of equipment and medications, but by a lack of baseline care for these chronic diseases. In 2013 the Philippines was struck by the catastrophic category five Typhoon Haiyan. Post this SOD the Australian Government deployed the Australian Medical Assistance Team (AusMAT) field hospital; a type 2 Emergency Medical Team (EMT) to Tacloban, Philippines. During the 23 day operational deployment; thirty-two percent of the surgical workload was diabetic limb infections, usually sepsis as a result of relatively minor injury. Many dilemmas were encountered, not limited to difficulty with timing of wound closure, an absence of pharmaceuticals for discharge, limited inpatient expertise with diabetic management and concerns about the usage of diabetic medications post discharge in a food scarce environment.

Methods: To review the clinical experience of the AusMAT during the Typhoon Haiyan response, and to chronicle the post deployment improvements in clinical pathways, pharmaceuticals, multidisciplinary team staffing and engagement with host nation Ministry of Health. The experience with diabetes has been used to address other potential NCD's post SOD.

Results: Since 2013, the AusMAT EMT has added the following aspects to its service

- (1) Increased number of and range of diabetic medications
- (2) Increase laboratory capacity to diagnose and treat the complications of diabetes
- (3) A focus on integrating internal medicine expertise in the team
- (4) Including nurses with diabetic management and education expertise
- (5) Clinical practice guidelines for surgical management of diabetic foot wounds

Conclusions: The experience of the AusMAT Type 2 EMT in Tacloban with serious diabetic foot complications from minor injuries has led to a considerable reconfiguration of the clinical service, which previously focused upon trauma and infectious diseases. This experience will be of interest to Defence assets responding to similar SOD's.

Biography

Mr David Read CSC, is a General Surgeon and the Director of Trauma & Burns at the National Critical

Care and Trauma Response Centre (NCCTRC) at the Royal Darwin Hospital. He has a very broad based surgical practice but has a particular interest in Trauma and Burns, Disaster Surgery, Surgical Oncology and Paediatric Surgery. As a Lieutenant Colonel in the Army Reserves he has deployed to East Timor, Iraq and Bali. He has been awarded the Conspicuous Service Cross for Operation Bali Assist 2002 and the Meritorious Unit Citation after Iraq. He has also been involved in the RDH response to the Bali bombings and East Timor, Ashmore Reef. He recently deployed as the General Surgeon on Team Alpha of the AusMAT Team to Tacloban, the Phillipines after Typhoon Haiyan. He is the Northern Territory representative on the Royal Australasian College of Surgeons Trauma Committee and a board member at Kidsafe NT. An enthusiastic teacher, he is an instructor on EMST, EMSB, DTSC and the Disaster Surgical AUSMAT course. He has extensive experience in Indigenous Health issues and has an interest in the delivery of specialist surgical services to remote Indigenous communities. In his spare time he does whatever his 3 and 5 year old daughters want.

The Camino - an Ancient Way Back to Veterans' Mental Health

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Abstract

In many instances, soldiers leaving the military lose their way.

Having given the best years of their lives to serve their country, often in times of conflict and traumatic stress, many undergo a vacuum of self doubt, a loss of identity and a lack of direction once they have to give up wearing uniform.

No longer part of a familiar team where they knew their role, were respected by their peers and commanders and themselves had tremendous self respect, they now find themselves having to start at the bottom of the civilian community - with little guidance and support. A fair number turn to alcohol and drugs to suppress their anger, frustration and loss of self esteem.

This paper discusses one way in which some veterans have regained their sense of self esteem and achieved a sense of self worth - by undertaking the ancient pilgrimage in Spain known as the Camino of Santiago.

Known since ancient times as The Way, for many veterans it has become The Way Back.

Biography

Major (Dr) Sanjiva Wijesinha served for 12 years as a medical officer and surgeon in the Sri Lankan army - and for the past 14 years has been a medical officer with the ADF Reserves. In civilian life he is an Associate Professor in the Faculty of Medicine at Monash University in Melbourne and practices as a Family Physician.

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The Dark Night of the Veteran's Soul – Understanding The Impact of Spiritual Wounds for Australian Veterans

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Abstract

Background: Figures from the Department of Veterans Affairs indicate there may be over 30,000 Australian veterans that have or may yet develop some form of service related mental illness. There is a growing body of evidence that there is a spiritual dimension to soldiers' wounds.

Purpose: The purpose of this paper is to understand the causes, symptoms and healing pathways for spiritual wounds.

Method and Materials: Initial exploration of the nature of veteran spirituality. Secondly, how a veteran's spirit can be wounded and what form these wounds take will need to be understood. Finally, approaches to healing these spiritual wounds.

Results: There is a strong and growing body of empirical evidence highlighting linkages between diminished spiritual functioning and mental health issues such as PTSD. Properly trained and accredited medical and psychological practitioners are required to deliver treatment in their space.

Conclusion: There is limited evidence of any spiritual institution or facility of any nature making a significant contribution in the support of veterans whose Defence service has led to mental health

issues with a spiritual or faith basis. Determining what role spiritual institutions or facilities should take will need to be a major area for further study.

Biography

Murray Davies is the CSO of Wounded Spirit. Wounded Spirit works with Australian Defence Force veterans whose Defence service may have led to mental health issues with a spiritual or faith basis. It's not just for veterans, it's also their key supporters, friends, families, and the medical, social and spiritual teams who support them. Wounded Spirit is a multi-faith non-denomination volunteer group.

A former Australian Army officer, Murray was appointed by the Chief of the Defence Force as the Australian Defence Force Research Fellow at the Australian Defence Studies Centre. During this appointment, Murray undertook a major review of change management processes within the Defence and security organisations. Murray has a strong background in organisational capability analysis and his academic credentials balance this practical experience as he holds management related Masters from Deakin University and Canberra University as well as Bachelor of Arts (Hons) from UNSW, as well as a Grad Dip in Theology from Charles Sturt University. Murray is currently completing his Masters of Theology and will commence a PhD in Veterans Spirituality in 2019.

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The Impact of Deployment on Respiratory Function of Contemporary Australian Veterans

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Abstract

Current international literature suggests a higher prevalence of respiratory conditions in military personnel during and following deployment to the Middle East, however the reasons for this are not well understood. There is little published literature relating to the respiratory health outcomes of the Australian Defence Force (ADF) members deployed