Foreword

As a Human Research Ethics Committee registered with the National Health and Medical Research Council (NHMRC), the Australian Defence Human Research Ethics Committee (ADHREC) is responsible for providing ethical oversight and approval for human research conducted within the Australian Defence Force (ADF).

Ethics is central to good research practice and to protecting the rights and freedoms of Defence personnel. ADHREC is fortunate to have a distinguished committee with a diverse range of backgrounds. This diversity enables all aspects of research projects to be carefully considered before granting approval for the research to begin. I would like to thank all the members of ADHREC for their professionalism and dedication in considering the many research projects in 2007-8. I would also like to thank the Executive Secretariat for their hard work and dedication in the correlation of the materials relating to the research projects and the organisation of documents. This is critical to the efficient conduct of each committee meeting.

This year ADHREC has approved a wide range of research projects. These have included: physical standards, breastfeeding rates in new mothers in Defence, asthma and recruiting, various types of equipment evaluation, Chaplaincy and psychology research into trauma and stress.

ADHREC have also approved a number of research projects which are being conducted in collaboration with the Vietnamese Peoples Army and one with the United States Environment Protection Agency.

The full extent of the research is detailed in this report which I commend to its readers.

G.S. SHIRTLEY  RFD
Rear Admiral, RANR
Chair,
Australian Defence Human Research Ethics Committee

Committee members

Australian Defence Human Research Ethics Committee

Rear Admiral (RADM) Graeme Shirtley is the Surgeon General of the Australian Defence Force (SGADF). His role is to support the Head Defence Health Services in the leadership and management of the Defence Health Service Division (DHSO), chair the Australian Defence Human Research Ethics Committee (ADHREC) and advise the Head DHS and the Deputy Secretary Defence Support on all matters affecting Health Reserves. In conjunction with the Assistant Surgeons General, he facilitates outreach into the civilian health community.

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RADM Graeme Shirtley has completed 36 years of continuous service in the Australian Defence Force.

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Professor John H. Pearn, AM, RFD

Member

Professor Pearn has been a member of the Australian Defence Human Research Ethics Committee since 1990, and its Chair during 1998 until December 2000. During his service career of 35 years, Professor Pearn has served in a number of Medical Officer, command and non-regimental positions in Australia, the United Kingdom and Papua New Guinea.

He served in Papua New Guinea on operational duty during Confrontation (1966), as the physician to the Australian and New Zealand Forces during the Vietnam Campaign (1970) and with UNAMIR II as the Resuscitationist and Intensivist in the Forward Surgical Team in Rwanda (1994-1995).

He served as the Defence Platoon Commander with the Royal Green Jackets (UK); and as RMO with the 4th Battalion Parachute Regiment (UK) in 1972-1974. He commanded 2 Field Hospital (1978-1981), based in Brisbane and in 1997 was appointed the Representative Honorary Colonel of the RAAMC. In the period 1998-2000, as Major General John Pearn, he served as Surgeon General Australian Defence Force.

He has published extensively in the area of military medicine and military history. Professor Pearn is the Professor of Paediatrics and Child Health (University of Queensland) and a former Surgeon General of the Australian Defence Force. He is a Senior Paediatric Consultant at the Royal Children’s and Mater Children’s Hospitals in Brisbane and Honorary Consultant in Paediatrics and Genetics to the Royal Women’s Hospital, also in Brisbane. He is an Honorary Life Member of the Human Genetics Society of Australasia of which he is a Past President. Professor Pearn is also the Preceptor within the School of Medicine at the University of Queensland and is the Honorary Colonel of the Queensland University Regiment.

He is the author of some 500 papers on clinical medicine and medical research in the international refereed literature. He is the author of 24 books and of some 68 chapters in medical textbooks. He has a special interest in medical ethics and for his work in this field was created a Fellow of Green College, the University of Oxford.

Professor John H. Pearn, AM, RFD

Member

Colonel Warfe is a specialist public health and tropical medicine physician with significant experience in occupational and preventive medicine at national and international levels. He is an authority on military and preventive medicine, emergency health intervention strategies in responding to national disasters and implementation of humanitarian support services, and has been responsible for the operational and humanitarian health support plans for numerous successful missions. He is a Graduate of the Army’s Command and Staff College. Colonel Warfe is an Assistant Professor of Military and Emergency Medicine in the USA. He was awarded the Conspicuous Service Cross as the Senior Medical Officer, United Nations Assistance Mission to Rwanda.

Colonel Warfe was the senior consultant preventive medicine physician to the United Nations Transitional Authority East Timor. Colonel Warfe has been Director of Environmental Medicine, Occupational Health and Safety, Operational Health Policy and Development, and Clinical Policy directorates in Australian Defence Headquarters. He is the Chair of the Defence Public Health Medicine Consultative Group. Colonel Warfe is a recognised author of numerous occupational and preventive medicine publications. Colonel Warfe is a Fellow of the Faculty of Public Health Medicine, Fellow of the Australian College of Tropical Medicine, Fellow of the Australian College of Psychological Medicine, and Vocationally registered General Practitioner. He is the Director of Training and Chairman of the Medical Research Ethics Committee, St John Ambulance Australia. Colonel Warfe has been a member of the Australian Defence Human Research Ethics Committee since 1998. Colonel Warfe is currently the Managing Director of the Preventive Medicine and Rehabilitation Centre, Deakin ACT and a Consultant in Public Health Medicine to the Australian Medical Association.

He has been married to Patricia for thirty one years; they have four successful daughters.

Colonel Peter G. Warfe, CSC, CStJ

Member
Chief Justice Terence Higgins is a resident Judge of the Supreme Court of the Australian Capital Territory and a Judge of the Federal Court of Australia, being appointed on 2 July 1990. He was born in Hobart, Tasmania but was educated at St Augustine’s Christian Brothers College in Yarraville, Victoria and later, at St Edmund’s College, Canberra and the Australian National University, Canberra. He was admitted as a barrister and solicitor in the ACT in 1967 and served at the bar as Queen’s Counsel (ACT, NSW and Victoria) from 1987 to 1990. He was Vice President of the ACT Bar Association from 1988 until his judicial appointment in 1990. Chief Justice Higgins first began practicing law with J.J. O’Neill, Solicitor, in 1967 and remained there until 1971 when he became partner in the law firm Higgins, Faulks & Martin (formerly Higgins & Faulks). In 1981 that firm became Higgins Solicitors and he remained a partner until 1984 when he went to the ACT Bar. Chief Justice Higgins was until 2003 the National President of the Royal Life Saving Society of Australia (appointed 1997), Chairman of the Open Family Foundation ACT (as well as a National Board member), and Member of the Australian Academy of Forensic Sciences ACT Chapter. He was appointed Honorary Air Commodore of No. 28 (City of Canberra) Squadron on 27 June 2003. In the past, Chief Justice Higgins has been involved in many varied committees and associations including Chair of the ACT Community Law Reform Committee (1994-96), Senior Member of the ACT Gaming and Liquor Authority (1987-90) and President, Senior Common Room of the John XXIII College ANU (1993-95). Widowed, with five children and residing in the Australian Capital Territory, Chief Justice Higgins enjoys squash, chess, reading, tennis and bridge. Chief Justice Higgins was appointed to ADHREC in 1993 and has served on the Committee continuously since. He was appointed Chief Justice of the ACT on 31 January 2003. Dr Ken McAnally received a Bachelor of Science degree with honours in zoology from the University of Queensland in 1985. He received a doctorate of Philosophy in physiology and pharmacology from the University of Queensland in 1990 examining aspects of the neural basis of hearing. Dr McAnally conducted post-doctoral research on the physiology of cochlear implants at the University of Melbourne, on human auditory perception at the University of Bordeaux under a fellowship from the Centre National de la Recherche Scientifique, and on the biological basis of dyslexia at Oxford University before joining the Defence Science and Technology Organisation (DSTO) in 1996.

At DSTO, he works in Air Operations Division on aviation human factors. He has published over 50 papers in the international scientific literature in the fields of sensory physiology and experimental psychology as well as a number of DSTO reports. Dr McAnally also holds an honorary fellowship with the Department of Psychology at Melbourne University.
Mrs Hogan is an experienced registered nurse and health services executive who has worked in both the public and private health sectors in Australia and overseas. She has considerable remote and rural clinical nursing and health management experience. Mrs Hogan is a midwife with degrees in Arts (Sociology, Political Science) and Applied Science (Advanced Nursing). She is a member of the Australian Red Cross Blood Service (ARCBS) Board, Chair of the Australian Red Cross, ACT. She has previously served on the ACT Health Hospitals Board and Board Research Ethics Committee. She is currently a member of the Department of Veterans Affairs Human Ethics Committee and the ARCBS Ethics Committee.

Mrs Hogan’s ACHS surveying and consultancies have enabled a broad perspective of healthcare settings, governance arrangements, roles and achievements throughout Australia and internationally. These roles have included managing change, major redevelopment of health services; policy development and implementation; clinical role delineation and service delivery for health sectors; clinical and non-clinical risk management; service assessments and improvement recommendations and preparation of facilities for accreditation. Her management of major projects includes the transfer of postgraduate specialist nursing education to the tertiary sector and the establishment of enrolled nurse training in the TAFE system.

Mrs Hogan is a member of a number of professional organisations including the Royal College of Nursing (RCNA) on which she has served as a previous Board member. She has represented and provided professional advice to RCNA and government on nursing and health related issues and policy.

Mr Murray is the Headmaster of the Canberra Grammar School. Mr Murray has thirty three years experience in educational institutions of which seventeen have been as Headmaster of co-educational and all-boys schools. His experience includes research into teaching and learning, equity and diversity issues, pastoral care including bullying, privacy concerns and policy development of staff, ethics and values education, boys’ education, accountability to government, parents and community, and media.

Mr Murray has been a member of the Association of Heads of Independent Schools of Australia (AHISA) from 1991 to the present. He was a member of the Association of Independent Schools of Western Australia (AISWA) 1991 – 1998.

Mr Murray was formally appointed to ADHREC in October 2006.
Born in Melbourne, Chaplain (Air Commodore) O’Keefe lived the majority of his youth in Sydney attending St Joseph’s College, Hunters Hill NSW for his secondary schooling. In 1964 he felt God’s call to follow a vocation to the priesthood in the Catholic Church and commenced studies at St Columba’s College, Springwood, NSW. After four years of Humanities and Philosophical studies, he proceeded to St Patrick’s College Manly for theological studies. During this period he interrupted his seminary formation to further discern his call to ministry. In 1970 he recommenced his priestly formation at St Paul’s Seminary Kensington, NSW and was ordained Deacon in December 1971 and Priest in March 1972. He commenced ministry in the rural Diocese of Wagga Wagga in January 1972. Between 1972-1982 Chaplain O’Keefe served in a number of parish appointments and in 1978 he was appointed the Director of Youth Ministry within the Diocese. In March 1989 Chaplain O’Keefe returned to Australia with a posting to a Training Command position at RAAF Williams, Laverton, Victoria. During this posting he was involved with the Officers Training School, Point Cook and the character training of the radio mustering apprentices at Laverton, Victoria. In 1993 he returned to Air Command with a posting to RAAF Williamtown, the home of the FA-18 Fighter Aircraft. With his posting to RAAF Richmond, outside Sydney, in 1995 he assumed the position of Coordinating Chaplain at the Strategic Air Lift Group Base and was promoted to Chaplain (Wing Commander). In 1998 Chaplain O’Keefe was posted to Headquarters Air Command, RAAF Glenbrook as Command Chaplain and promoted to Chaplain (Group Captain).

In this role, he worked both within Air Force and at a tri-Service level with Headquarters Australian Theatre in the oversight of the provision of chaplaincy services to Defence operations and deployments, in particular East Timor, from September 1999 until October 2001. In October 2001, he was appointed Principal Air Chaplain Roman Catholic and posted back to RAAF Base Richmond. With this advancement and promotion to Chaplain (Air Commodore) he was appointed Vicar-General of the Catholic Military Ordinariate of Australia. In August 2002, he was appointed a Prelate of Honour by His Holiness Pope John Paul II and given the title of Monsignor.

In October 2002 he was appointed the Director-General Chaplaincy Services - Air Force and moved to Canberra. In this position he is responsible to the Chief of Air Force for the RAAF Chaplaincy program and the day to day management of the RAAF Chaplain Branch.

In June 2007 Chaplain O’keefe was honoured with the award of membership in the Order of Australia being appointed as a member of the order (AM) in the Military Division.

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Monsignor (Air Commodore)  
Peter J. O’Keefe  
Member

Lieutenant Colonel Victoria Ross  
Member

Lieutenant Colonel Ross joined the Army undergraduate scheme while completing her medical training at the University of Melbourne and the Royal Melbourne Hospital. After two years working as a medical resident at the Geelong Hospital, LTCDL Ross came into the full time Army. Lieutenant Colonel Ross has been posted to the 1st Field Hospital, Duntroon Medical Centre (now Canberra Area Medical Unit), Headquarters Logistic Command and the Defence Health Service Branch. LTCDL Ross was awarded Fellowship of the Royal Australian College of General Practitioners in 1997, and completed a Masters of Public Health (MPH) in 2003. In 2006 she was made a Fellow of the Australasian Faculty of Public Health Medicine (FAFPHM).

She was Executive Secretary of ADHREC in July 1998 to June 2000 and was appointed a member of ADHREC in 2002.
Dr Twomey holds a Bachelor of Science degree in Applied Psychology from the University of New South Wales and a Doctorate of Philosophy from the University of Wollongong. Dr Twomey helped fund his undergraduate studies through employment in a broad range of occupations that provided him with an in-depth and broad appreciation of Australian social diversity. Prior to, and during, his postgraduate studies, Dr Twomey was employed as a research assistant, tutor and lecturer. Subsequently, Dr Twomey joined Defence where he gained administrative experience before joining the psychology stream as a research psychologist. In 1997 he became Director of Psychology (Navy) and is currently responsible for all research undertaken by the Psychology Research and Technology Group within the newly formed Defence Force Psychology Organisation.

Dr Twomey’s doctoral research involved completion of a major research thesis that included both empirical and theoretical components and incorporated elements of psycholinguistics, and cross-cultural, cognitive and educational Psychology. It required the application of diverse research methods and the integration of theoretical perspective of different academic disciplines. Dr Twomey now has more than 25 years experience in undertaking research in a wide range of areas, including more than 15 years in Defence. During this time he has published in a number of journals and books and has initiated many improvements to the way in which psychological research is undertaken in Defence. Dr Twomey was formally appointed to ADHREC in January 2000.

Dr Alan Twomey
Member

Georgina joined the Department of Defence in 2001 as an Administration Officer for the Directorate of Clinical Policy. In 2003 Georgina was promoted to Research Officer in the Directorate of Clinical Policy. Some of her duties included record management, quality representation, preparing routine correspondence and maintaining the directorate’s financial budget. In May 2006 Georgina joined ADHREC on a contract and was made permanent in October 2006. Georgina is married and has a young son.

Mrs Georgina Gill
Assistant Executive Secretary

Lieutenant Colonel Landy graduated with honors from the Faculty of Dentistry, University of Melbourne in 1978. She joined the Royal Australian Army Dental Corps in 1980 after training for a year at St Vincents Hospital in oral surgery. She has served in fourteen locations throughout Australia in both clinical and Command and Staff roles. She has also served in New Zealand, where she was awarded a Graduate Diploma in Oral Surgery with distinction in 1992. Lieutenant Colonel Landy left the Regular Army in 2002, and is currently a member of the Active Army Reserve. She obtained a post graduate Diploma in Drug Evaluation and Pharmaceutical Sciences from the Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, in 2003. Lieutenant Colonel Landy is married and has two sons.

Lieutenant Colonel Rosemary A. Landy
Executive Secretary
Awareness of the importance of respect for ethical codes in research involving human participants was accelerated in response to revelations of unethical practices, particularly during World War II. In June 1964 many countries of the world met in Helsinki, Finland, and created the Declaration of Helsinki to prevent future unethical practices in human research. Over the past 38 years the declaration has been amended six times.

In Australia, the National Health and Medical Research Council (NHMRC) first published the Statement of Human Experimentation in 1966. The statement has recently undergone its third review and the NHMRC National Statement on Ethical Conduct in Human Research 2007 is now available.

The Australian Defence Medical Ethics Committee (ADMEC) was formed to ensure that the Defence Force complied with these guidelines. The Chief of the Defence Force (CDF) and the Secretary for Defence formed ADMEC as a non-statutory body in 1988.

The first meeting of ADMEC was held in November 1989. Meetings were originally held biannually or as needed, but as the amount of research conducted in Defence has grown over the years, the Committee now meets more frequently with some out of session determinations being made as required.

In June 2001 the Committee changed its name to the Australian Defence Human Research Ethics Committee (ADHREC). The Committee met eight times in the period from July 2007 to end June 2008. The 17th annual report covers the period from July 2007 to June 2008.

Committee Members

During the period July 2007 to June 2008 the committee membership remained constant. The structure of the Committee, which meets NHMRC guidelines, is detailed on page 36.

With the impending completion of appointment terms for a number of committee members, the committee has undertaken to stagger appointment terms to ensure that continuity is maintained and large losses of committee corporate knowledge in a short space of time is minimised.

The committee had one change in the July 2007 - June 2008 period with the departure of Mrs Elizabeth Grant and the appointment of her successor Mrs Kaye Hogan in May 2008.

Attendance at meetings and expenditure details are listed on pages 37-42.

New Research Projects

Considered During the Period July 2007 - June 2008

The Committee received 30 new protocols during the reporting period. These protocols are detailed on pages 18-19. There are 2 of these protocols that have been completed, 25 are in progress and 1 pending further action before ethical approval to undertake the research is granted. The status of these protocols as at 30 June 2008 is as follows:

<table>
<thead>
<tr>
<th>Protocol Status</th>
<th>Number</th>
<th>Active</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Progress (approved)</td>
<td>25</td>
<td>25</td>
<td>-</td>
</tr>
<tr>
<td>Pending Approval</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Completed</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Withdrawn by researcher</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Not Approved</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Resubmitted</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Number of New Protocols Considered by ADHREC for the Past 10 Years

![Number of New Protocols Considered by ADHREC for the Past 10 Years](chart.png)
## New Protocols Received & Considered by ADHREC
### During the Period July 2007 - June 2008

<table>
<thead>
<tr>
<th>Protocol No.</th>
<th>Research title</th>
<th>Protocol status</th>
</tr>
</thead>
<tbody>
<tr>
<td>471/07</td>
<td>Defence Force Recruiting (DFR) Study - Asthma.</td>
<td>In Progress</td>
</tr>
<tr>
<td>479/07</td>
<td>Study of the tolerability and safety of 60mg daily primaquine eradication course in Australian service personnel returning from East Timor, Papua New Guinea, Indonesia or Solomon Islands (PQ 05).</td>
<td>In Progress</td>
</tr>
<tr>
<td>488/07</td>
<td>Defence deployed Middle East Area of Operations health study – preliminary, retrospective and prospective.</td>
<td>In Progress</td>
</tr>
<tr>
<td>489/07</td>
<td>Breastfeeding rates and behaviours among women returning to work following maternity leave from the Australian Defence Force.</td>
<td>In Progress</td>
</tr>
<tr>
<td>490/07</td>
<td>Obesity, Body Mass Index and health study (BMI).</td>
<td>In Progress</td>
</tr>
<tr>
<td>491/07</td>
<td>ADF physical employment standards.</td>
<td>In Progress</td>
</tr>
<tr>
<td>492/07</td>
<td>Achieving enterprise integration of the regulatory environment: an action research approach in a military organisation.</td>
<td>In Progress</td>
</tr>
<tr>
<td>493/07</td>
<td>Disposable P2 respirator testing for DoHA.</td>
<td>Completed</td>
</tr>
<tr>
<td>494/07</td>
<td>Contact with Australian Gulf War Veterans’ Health Study participants to gain consent for continuing storage or destruction of their stored serum samples.</td>
<td>Completed</td>
</tr>
<tr>
<td>495/07</td>
<td>Cooperative ministry in Australian Defence Force Chaplaincy.</td>
<td>Pending</td>
</tr>
<tr>
<td>496/07</td>
<td>Pharmacokinetics and in vitro antimalarial pharmacodynamics of artemunate and azithromycin in healthy Vietnamese volunteers.</td>
<td>In Progress</td>
</tr>
<tr>
<td>497/07</td>
<td>Efficacy and pharmacokinetics of artemunate and azithromycin for the treatment of Plasmodium falciparum in Vietnamese subjects.</td>
<td>In Progress</td>
</tr>
<tr>
<td>498/07</td>
<td>Field evaluation of prototype hot weather combat ration pack (HWR).</td>
<td>In Progress</td>
</tr>
<tr>
<td>499/07</td>
<td>General anthropometry: generic protocol.</td>
<td>In Progress</td>
</tr>
<tr>
<td>500/07</td>
<td>An investigation into pre-trauma self-related cognitions as vulnerabilities to Post Traumatic Stress Disorder (PTSD).</td>
<td>In Progress</td>
</tr>
<tr>
<td>502/07</td>
<td>A feasibility study to assess the short-term effect of Clinical Pilates on function and pain in patients with Chronic Low Back Pain (CLBP).</td>
<td>In Progress</td>
</tr>
<tr>
<td>503/07</td>
<td>The health and economic ramifications of excessive load carriage.</td>
<td>In Progress</td>
</tr>
<tr>
<td>504/07</td>
<td>Warning Laser Investigation - testing the effectiveness of various laser-based non-lethal warning devices.</td>
<td>In Progress</td>
</tr>
<tr>
<td>505/07</td>
<td>Collection of malaria parasites during routine blood testing in Solomon Islands and Vanuatu.</td>
<td>In Progress</td>
</tr>
<tr>
<td>506/07</td>
<td>Vietnam Veterans’ Family Study.</td>
<td>In Progress</td>
</tr>
<tr>
<td>507/08</td>
<td>Comparison of the efficacy of artemisinin plus piperaquine (Artequick), artesunate plus amodiaquine (Coarsucan) and artesunate plus azithromycin for the treatment of Plasmodium falciparum malaria in Vietnam.</td>
<td>In Progress</td>
</tr>
<tr>
<td>508/08</td>
<td>Airmanship in Australian Aviation.</td>
<td>In Progress</td>
</tr>
<tr>
<td>509/08</td>
<td>An evaluation of human factors and system safety educated pilots who have graduated from the Australian Defence Force Academy.</td>
<td>In Progress</td>
</tr>
<tr>
<td>510/08</td>
<td>Teledermatology as a Defence Health Intervention: a study to identify and measure the effects of enhanced accessibility to specialist consultations for remote Australian military populations.</td>
<td>In Progress</td>
</tr>
<tr>
<td>511/08</td>
<td>The efficacy of a commercial-off-the-shelf physiological monitoring system for SOCOMD personnel during arduous, simulated and field, training activities and operations.</td>
<td>In Progress</td>
</tr>
<tr>
<td>513/08</td>
<td>The relationship between ADF service and Chondromalacia Patellae.</td>
<td>In Progress</td>
</tr>
<tr>
<td>514/08</td>
<td>Special Forces deployed physical capacity and injury study.</td>
<td>In Progress</td>
</tr>
<tr>
<td>515/08</td>
<td>Comparison of the protection factor provided to users from four respirators using a simulated battlefield protocol.</td>
<td>In Progress</td>
</tr>
<tr>
<td>516/08</td>
<td>Bio-feedback tools as an aide to teaching stress coping techniques/strategies in the context of adventurous training.</td>
<td>In Progress</td>
</tr>
<tr>
<td>519/08</td>
<td>Collaboration between U.S. EPA and the Australian Defense Department regarding human exposure to diesel exhaust and diesel fuel vapour.</td>
<td>In Progress</td>
</tr>
</tbody>
</table>
248/00 Evaluation of mefloquine for the prophylaxis of malaria in non-immune Australian soldiers

Abstract
Objectives: To describe the tolerability of mefloquine in Australian soldiers for malaria prophylaxis, including a comparison with doxycycline.

Design: Open-label, prospective study and cross-sectional questionnaire and interview.

Setting and Participants: Two contingents of Australian soldiers, each deployed to East Timor for peacekeeping duties over a 6-month period (April 2001-October 2001 and October 2001-May 2002).

Outcome Measures: Withdrawals during the study; adverse events relating to mefloquine prophylaxis; willingness to use mefloquine again on deployment.

Results: Of 1157 soldiers starting on mefloquine, 75 (6.5%) withdrew because of adverse responses to the drug. There were three serious adverse events of a neuropsychiatric nature, possibly relating to mefloquine. Fifty-seven per cent of soldiers using mefloquine prophylaxis reported at least one adverse event, compared with 56% using doxycycline. The most commonly reported adverse effects of both drugs were sleep disturbance, headache, tiredness and nausea. Of the 968 soldiers still taking mefloquine at the end of their deployments, 94% indicated they would use mefloquine again. Of 388 soldiers taking doxycycline prophylaxis who were deployed with the first mefloquine study contingent, 89% indicated they would use doxycycline again.

Conclusions: Mefloquine was generally well tolerated by Australian soldiers and should continue to be used for those intolerant of doxycycline.

317/03 Psychophysiological effects of virtual environment

Abstract

Large wide screen displays are increasingly being used to provide information for situation awareness. They may employ virtual reality (VR) technology for moving displays that are immersive and interactive. Yet such displays have potential to cause psychophysiological side effects, including symptoms of nausea, instability and eyestrain. Symptoms may occur while viewing and may also persist for a time afterwards, raising health and safety concerns and reducing effectiveness. The incidence and severity of side effects differ between displays and VR systems, so that empirical studies are needed to develop guidelines for use of a new facility.

FOCAL (the Future Operations Centre Analysis Laboratory) at DSTO Edinburgh has been used to explore new paradigms for future command environments. It employs VR technology with a large 3.6 metre radius, 150° wide field-of-view curved screen, and projectors that display mono or stereo graphics. Previous research in the VR field found field-of-view and visual flow rate to influence the occurrence and severity of side effects from large displays, so an experimental study examined the effects of these two factors with moving 3D displays in FOCAL. Results found both incidence and overall severity of psychophysiological side effects to be high. Of the 20 participants, six experienced moderate nausea in at least one of the four experimental sessions, while only two participants consistently reported having no symptoms. Viewing the display on the full screen resulted in more severe symptoms than viewing it with the field-of-view restricted to one-third of the screen. There was no clear effect of visual flow rate. The pattern of results was complicated by order effects, where viewing the display on the full screen in the first session resulted in higher levels of side effects overall. This finding has implications for a desensitisation regime for naïve or unadapted participants before they view similar displays.

Vection and sense of presence were also measured, and both correlated with severity of psychophysiological side effects, consistent with the greater symptomatology associated with greater realism found in flight simulator studies. This has implications for the degree of realism desirable in a large moving display.
Therapeutic efficacy and tolerability of artemunate combined with high does primaquine for the treatment of plasmodium vivax in Vietnam

Summary
The standard adult treatment regimen for Plasmodium vivax malaria is chloroquine (1500mg over 3 days) plus primaquine (15 or 30 mg daily for 14 days), but patient compliance tends to be poor with the lengthy course. Preliminary observations are reported on the efficacy of a shorter treatment course – artemunate (200mg twice a day for 2 days) plus primaquine (22.5 mg base twice a day for 7 days) – given to 28 adult patients infected with P. vivax in Vietnam. All patients responded quickly to treatment with mean (SD) parasite and fever clearance times of 14.2 (4.0) and 18.6 (8.4) h, respectively. The high dose of primaquine was generally well tolerated, and only one patient (3.6%) had a recurrence of parasitaemia during 28 days of follow-up. As most patients infected with Southeast Asian strains of P. vivax have their first relapse within 28 days after treatment with rapidly eliminated blood schizonticides, the absence of parasitaemia in the remaining 27 patients suggests that this drug regimen was active against both blood and liver stages. Further studies are needed to confirm that this rapidly acting, short artemunate-primaquine regimen can result in better patient compliance and treatment outcomes than the chloroquine-primaquine regimen.

Incidence of Motion Sickness in Operational RAAF maritime aircrew

Abstract
Background: Motion sickness (MS) is a term used to describe the symptom complex which occurs when an individual is exposed to a real or apparent motion environment to which they are unadapted. The P-3 Orion maritime patrol aircraft provides a particularly provocative flight environment that anecdotally causes MS frequently in the crew. The frequency and severity of motion sickness has not been measured in this population before. It is hypothesised that the incidence of MS would be highest amongst the aircrew in the rear (“back-end”) of the aircraft, in particular airborne electronic analysts (AEA), who are sitting perpendicular to the direction of travel and who have no external visual reference. It is also hypothesised that aircrew performance may be affected by MS, and as a result mission effectiveness and flight safety may be compromised.

Methods: A cross-sectional questionnaire based survey was conducted of RAAF 92 Wing aircrew personnel who fly the P-3/C Orion maritime patrol aircraft. The questionnaire collected basic demographic information, measured a motion sickness susceptibility score (based on the Reason and Brand MSSQ), recorded symptoms that occurred during flight, and assessed perceptions of performance decrement.

Results: 82 respondents completed the survey, 70.4% of whom were “back-end” aircrew. 50% of aircrew surveyed regarded themselves as susceptible to MS. 70.7% experienced MS some time during their career, 40.2% of aircrew reported some performance decrement associated with MS symptoms. Differences were found in the motion sickness experience of “flight-deck” (FD) versus “back-end” (BE) aircrew. Correlations were found between the MSSQ and occurrence of MS in operational flying, frequency of symptoms, and level of performance degradation.

Conclusions: MS is a common experience for all military maritime aircrew with few differences between occupation, which commonly leads to subjective performance impairment in this population. The MSSQ correlates well with the experience of MS and may be a useful screening tool prior to military aircrew training. Further research should address the prevention of MS as a potential flight safety hazard for operational aircrew.

A personal construct theory exploration of the impact of psychological trauma among Navy personnel

Abstract
In May 1998, a fire in HMAS Westralia, an Australian Navy ship, killed four crew members, and threatened the lives of the remaining 94 crew. Survivors were screened for PTSD four months, eleven months, and four-six years after the fire, using the Impact of Events Scale – Revised (IES-R) and the Posttraumatic stress disorder Check List – Revised (PCL-C). Survivors also completed the General Health Questionnaire (GHQ-28), and the Alcohol Use Disorders Identification Test (AUDIT). Rates of PTSD, general psychological distress and alcohol problems, and variations in rates of PTSD over time, are presented. While the sample is small, the rates of disorder are similar to those usually associated with combat, and contribute to the knowledge of traumatic stress in Navy personnel.

Special Forces deployed health & nutrition study

Final report classified RESTRICTED.

Enablers and inhibitors of learning in the Army: organisational and social analysis

Abstract
This paper describes research undertaken to contribute to an understanding of social and organisational learning in the Army and associated implications for achieving the aspirations of the Hardened and Networked Army (HNA). Two of the goals of this study were: first, to identify current organisational attributes of the Army and compare these with identified approaches for creating learning organisations; and second, to assist key Army stakeholders improve their understanding and awareness of enablers and inhibitors of learning in their organisations.

Drawing upon data collected through a series of group discussions with over 150 Army personnel, this paper reports some of the findings of DSTO research into social and organisational learning in the Army. Group discussions focused on peoples’ lived experiences of learning within a variety of settings and contexts. Analysis revealed that perceived learning opportunities were shaped by a variety of social, cultural, structural and process-related imperatives, which both enabled and constrained learning.

Social networks were viewed as being a valuable resource in terms of providing more relevant and context rich information in a timely manner. Learning by doing in ‘realistic’ environments was recognised as being a powerful vehicle for
learning in the Army. However, learning opportunities presented by making mistakes were often undermined by risk averse cultures which displayed a low tolerance for mistakes, and in the process, stifled initiative. Finally, the management of organisational knowledge, and associated issues relating to the access, perceived accuracy and distribution of information, also informed learning opportunities.

This paper concludes by arguing that achieving the aspirations of HNA will require Army to manage the social, cultural, structural and technological aspects of learning, and enable learning to occur at all levels and through different activities if it is to become a learning organisation.

447/06 Clinical Practice Guidelines – focus groups and in-depth interview protocol

Abstract not available.

456/06 2006 Department of Veterans’ Affairs (DVA) Your Lives, Your Needs Survey

Conclusion (from the survey booklet 2006, 5th Edition)

While the majority of veterans and war widows are now aged over 75 years, many report they are fit and healthy. Many also report active social lives focused around friends, family and social organizations. Levels of perceived social activity have changed little over the past 10 years. It is clear however from the survey findings that along with the ageing of the veteran and war widow community comes a series of health related issues. A large number suffer from chronic diseases that can make communication difficult and limit mobility. The biggest single health factor is problems with vision which can have broad-reaching impact on lifestyle. The relative frailty of the veteran community is also evident, with more than half reporting that they received a community service in the past six months, and one in seven having a carer.

The inclusion in the survey this year of SRCA [Safety Rehabilitation and Compensation Act 1998] payment recipients has added an extra dimension to the findings. The results demonstrate that there are many similarities between these new participants and the veteran community in terms of their lifestyle situations and needs. The study also highlights some specific differences though and gives outlines of particular areas in which the availability and supply of services and targeted assistance could be of benefit.

With this group generally being younger – aged predominately between 30 and 44 years – and more likely to be parenting young children, one of the primary issues experienced is that of dealing with their mobility problems. Perceived level of social activity is also significantly lower for this group, compared with the veteran and war widow participants, with health being the biggest barrier.

The dedication of the carers, across all groups in the survey, is evident, yet it is clear from the findings presented in this booklet that there are many aspects of veteran, war widow and SRCA client health and well-being that require continues support. The Department is committed to this and will continue to monitor the changing needs of this community.

483/06

Study into fatigue management for Military Aircraft Maintainers

Abstract

The project sought to investigate the incidence of fatigue for military aircraft maintainers and to examine the impact of fatigue on work performance in this safety-critical role. It further aimed to investigate the potential usefulness of polyphasic sleep scheduling as a fatigue management tool under drastically reduced sleep arrangements. A repeated measures design was implemented, incorporating a sleep diary, subjective fatigue measure, and a subjective performance measure. Participants consisted of 14 military aircraft maintainers whom were employed in in-barracks roles for the duration of the study. Participants completed the questionnaire once per day for a period of 28 days. Fatigue was found to be a significant predictor of three measures of performance. Furthermore, napping was found to have a small but significant moderating effect on the impact of fatigue on performance, suggesting that it may be an effective countermeasure for fatigue-related error in the workplace. It was concluded that follow up research is required with similar groups deployed to field exercise or operational locations in order to accurately investigate the effects of these variable under reduced sleep conditions.

484/06

A randomised controlled trial of a Neuromuscular control training program designed to decrease non-contact knee and ankle injury in Australian Army Recruits.

Outline

Hypotheses

‘That integration of a neuromuscular control (NMC) training program into Army basic training will reduce the incidence of knee and ankle injuries’;

The intention of this study was to examine the efficacy of a NMC physical training program that was designed to decrease non-contact lower limb injury in Australian Army recruits. The intent was based on current research, which suggests that a lack of NMC is a causal factor in lower limb injury and therefore a potentially modifiable risk factor. It was therefore determined, that a relationship between NMC and injury risk would be established if specific NMC training was observed to result in fewer injuries in an intervention group than in a control group.

Study design

The study was designed to be a rigorous intervention trial (randomized controlled trial) and was conducted at the Army Recruit Training Centre (ARTC). The intervention was a specific NMC training program and targeted neuromuscular efficiency, biomechanical skills and perceptual awareness.

Study duration

The study was conducted over the period 23 January to 10 August 2007. During this time, 18 platoons were recruited into the study.
Participants
Participant detail as follows:
• Total volunteers to participate in whole program: 881 (male 829, female 52)
• Total non volunteers: 14
• Total intervention group: 387
• Total control group: 494
• Total discharged during the program: 88
• Age range: 17 to 51 years

Analysis
Early analysis of the outcome and reasons why the program failed to find a definitive result are as follows:
12 weeks was not enough time.
The package of 5 minutes balance post warm-up was not enough (up to 225 minutes of balance).
The cutting, turning, stopping and propping lesson content was not enough.
Balance on the ground does not work as well as balance boards (most studies use balance boards).
BOSU balls don't allow for the control of movement like balance boards.
Recruit training is too robust (hard etc) to allow for the training to take effect.

Conclusion
Knee and ankle injury continue to be a problem and account for 24% of the injuries at ARTC (from this study). Notwithstanding the results, the literature maintains that simple balance and agility training can lower rates of injury. Therefore, further studies in this area should be pursued.

The participants reported no adverse effects as a result of participation in this study.

Findings
The total injuries by observed categories are detailed at table 1.

<table>
<thead>
<tr>
<th>No</th>
<th>Total injury by category</th>
<th>Injuries</th>
<th>Injuries</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All injury</td>
<td>279</td>
<td>64.6</td>
<td>540</td>
<td>69.3</td>
</tr>
<tr>
<td>2</td>
<td>All lower limb injury</td>
<td>179</td>
<td>41.4</td>
<td>357</td>
<td>45.8</td>
</tr>
<tr>
<td>3</td>
<td>All ankle injury</td>
<td>54</td>
<td>12.5</td>
<td>102</td>
<td>13.1</td>
</tr>
<tr>
<td>4</td>
<td>All knee injury</td>
<td>49</td>
<td>11.3</td>
<td>88</td>
<td>11.3</td>
</tr>
<tr>
<td>5</td>
<td>All knee and ankle injury combined</td>
<td>103</td>
<td>23.8</td>
<td>87</td>
<td>25.1</td>
</tr>
<tr>
<td>6</td>
<td>All ankle ligament injury</td>
<td>46</td>
<td>10.6</td>
<td>38</td>
<td>11.0</td>
</tr>
<tr>
<td>7</td>
<td>All knee ligament injury</td>
<td>7</td>
<td>1.6</td>
<td>4</td>
<td>1.2</td>
</tr>
<tr>
<td>8</td>
<td>All ankle/knee ligament injury combined</td>
<td>53</td>
<td>12.3</td>
<td>42</td>
<td>12.1</td>
</tr>
<tr>
<td>9</td>
<td>All acute ankle injury</td>
<td>48</td>
<td>11.1</td>
<td>90</td>
<td>11.6</td>
</tr>
<tr>
<td>10</td>
<td>All acute knee injury</td>
<td>29</td>
<td>6.7</td>
<td>41</td>
<td>5.3</td>
</tr>
<tr>
<td>11</td>
<td>All acute ankle and knee injury</td>
<td>77</td>
<td>17.8</td>
<td>54.0</td>
<td>15.6</td>
</tr>
</tbody>
</table>

Table 1. All observed musculi skeletal injuries

Injuries to the ankle and knee including ankle and knee ligament injuries did not show enough significance to reject the null hypotheses. By differentiating the mechanism of injury into those that had a known trauma (Table 1, No’s 9, 10 and 11) we were able to show a small difference. Acute ankle and knee injury were differentiated by eliminating those injuries that were categorized as a result of overuse or there was no known trauma identified. Based on these early statistics there is some potential in the acute injury data.

A77/07
Pilot study into neck muscle activity in simulation subjects using helmet mounted display systems at DSTO’s Air Operations Simulation Centre (AOSC).

Abstract
Many helicopter pilots have reported pain developing in the neck region after flying with helmet mounted displays (Thuresson et al. 2003; Thomae et al. 1998). Night vision goggles are display generating systems that amplify the small amount of light available at night and provide an image that pilots can use to fly by. These have a restricted field of view and thus require greater head movement by the pilot to gain the same visual coverage as when these are not worn. Although the causes of neck pain have not been identified, the additional weight and neck position and activity have been suggested as contributing factors. The increased weight carried anterior to the head alters its centre of mass requiring the muscles of the neck to produce greater forces to sustain the required head attitude. This is a study into the electromyological effects on the necks of pilots using specific helmet mounted devices in use at the Air Operations Simulation Centre (AOSC) at Defence Science Technology Organisation (DSTO) Melbourne.
Four volunteers were placed in a flight simulator and asked to follow a reticule with a helmet mounted laser sight for four 10-minute periods. These volunteers followed a set pattern of head movements typical of pilots flying a flight simulator with a field of view restricted to 40 degrees. The upper and lower trapezius and sternocleidomastoid muscles were instrumented with surface Electromyographic (sEMG) equipment and the head position and attitude recorded with a head tracker system. Subjective responses were elicited from the subjects to determine any fatigue experienced during the experiments. The experiments were performed in one day for each subject with a recovery period of two hours between them with the primary condition of helmet weight chosen from a randomised selection table. The experiment was a within-subjects design.

The frequency spectra and raw amplitude of the EMG were analysed for shifts in the median and mean spectral frequencies and gross muscle activity. No significant changes or trends were noted for the experiments conducted. Head-tracking data revealed no significant changes in head motion through the progress of the experiments, further studies with an increased number of subjects sustaining longer duration experiments is recommended.

Publication of Completed Research

It is a condition of ADHREC approval that the researchers intend to publish the results in an accessible medium, except where security implications prevent this. Research can be published in a number of formats: as a Masters thesis or Doctoral dissertation, in various medical and scientific journals, in technical reports, or as part of a presentation or poster at a seminar or conference.

The graph below represents the proportions of completed research projects that have been published. Of the protocols registered with ADHREC that have been completed, 75% have been published or are in the process of being published.

Protocol Status as at 30 June 2008

The status of all ADHREC Protocols as at 30 June 2008 is tabulated below. A total of 519 protocols are listed with ADHREC. Seventy are currently in progress and 4 are pending further action from the researcher before ethical approval to undertake the research is granted.

<table>
<thead>
<tr>
<th>Status</th>
<th>Total Status of Protocols Listed with ADHREC</th>
<th>Active</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Progress</td>
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<td>67</td>
<td>3</td>
</tr>
<tr>
<td>Pending</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Approval Withdrawn</td>
<td>11</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Completed</td>
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<td>20</td>
<td>213</td>
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<tr>
<td>Finalised/closed</td>
<td>102</td>
<td></td>
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<tr>
<td>Withdrawn</td>
<td>73</td>
<td></td>
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</tr>
<tr>
<td>Not Approved</td>
<td>21</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Not Submitted</td>
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<td></td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>519</td>
<td>89</td>
<td>430</td>
</tr>
</tbody>
</table>

Publication Status of Completed Protocols from 1998 to 30 Jun 08

Publication Media for Completed ADHREC Protocols

Journals in which ADHREC cleared research has been published include, but are not limited to, the following:

- Australian and New Zealand Journal of Surgery
- Aviation, Space and Environmental Medicine Journal
- Journal of Applied Physiology
- Journal of Clinical Infectious Diseases
- Journal of Hand Therapy
- Journal of Medical Entomology
- Medical Journal of Australia
- Military Medicine (USA)
ADHREC and the Defence Health and Human Performance Research Committee (DHHPRC) coordinate and monitor aspects of health and human performance research in Defence. The functioning of both committees is closely related, and is detailed in the Australian Defence Force Publication (ADFP) - ADFP 1.2.5.3 - Health and Human Performance Research in Defence - Manual for Researchers this manual has been revised and will become a Defence Manual Human Research in Defence - Manual for Researchers. The procedures contained in the revised manual are intended to improve the management and governance processes applying to the conduct of human research. A wider range of human research activities have been defined and the procedures will allow for greater organisational oversight in the approval process. The manual retains the extant system of ethical oversight of human research while allowing for improved administrative procedures. New protocol application procedures have been developed and work continues on developing a fully electronic submission format. The revised manual is currently undergoing final clearances before proceeding to publication. Minor amendment of DI (G) Admin 24-3 The Conduct of Human Research in Defence will also be required to reflect the changes in the manual.

Audit of Research
In 1999, the Committee decided to conduct audits of researchers’ files and practices, as an additional means of facilitating and improving ADHREC’s monitoring of Defence research. This has become a regular activity of ADHREC.

The use of audits to monitor ADHREC approved research has proven to be most beneficial in clarifying with researchers what is required of them as part of ADHREC approval. ADHREC will continue to conduct audits of approved research as standard monitoring procedure, ensuring the continued compliance of Defence research with the NHMRC guidelines.

Activities & Initiatives
ADFP 1.2.5.3 - Health and Human Performance Research in the Australian Defence Organisation Manual for Researchers

ADFP 1.2.5.3 - Health and Human Performance Research in Defence - Manual for Researchers

Army Malaria Institute (AMI)
Areas of research include prevention and treatment of vector borne disease through pharmacological agents (e.g. medications - both vaccines and oral medicines, and insect repellents) or physical means such as bed nets and protective clothing.

Royal Australian Air Force Institute of Aviation Medicine (RAAF AVMED)
Both AVMED and individuals with an interest in Aviation Medicine have studied various effects of hypoxia (diminished availability of oxygen to body tissues) and gravitational forces (+Gz) on aircrew, their physiology and performance.

Defence Science and Technology Organisation (DSTO)
Various departments within DSTO have been researching the physiological responses of soldiers under different climatic and work conditions, evaluating equipment for use in the field and investigating options for optimum nutrition of soldiers.

Directorate of Mental Health (DMH), Psychology Research Technology Group (PRTG) and the Directorate of Strategic Personnel Planning and Research (DSSPR).
PRTG’s main tasks comprise the assessment of the human factors of the ADO, the development of selection techniques, for example psychometric or aptitude tests, and the evaluation of the utility and validity of psychological tests. PRTG also acts as a consultant to other areas of the ADO on matters of selection, training and retention of staff.

Other
The majority of other researchers have been individuals completing Masters thesis or Doctoral dissertations, and practicing clinicians or epidemiologists with a special interest in the area researched. All research involving Defence personnel, as either researchers or subjects, that are brought forward for consideration by ADHREC must have some benefit to Defence. The development and management of the Defence Health and Human Performance Master Plan makes this benefit more transparent.

Major Researchers in Defence
Major researchers within Defence who have had protocols considered by ADHREC include:

Army Malaria Institute (AMI)
Areas of research include prevention and treatment of vector borne disease through pharmacological agents (e.g. medications - both vaccines and oral medicines, and insect repellents) or physical means such as bed nets and protective clothing.

Royal Australian Air Force Institute of Aviation Medicine (RAAF AVMED)
Both AVMED and individuals with an interest in Aviation Medicine have studied various effects of hypoxia (diminished availability of oxygen to body tissues) and gravitational forces (+Gz) on aircrew, their physiology and performance.

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CSIR Defence and Security (DSTO)
The CSIR Defence and Security Division’s main function is to provide scientific and technical advice and assistance to the Defence organisation. DSTO provides the Defence Organisation with a consolidated personnel research capability to support strategic work force planning and strategic personnel planning. DSSPR also provides advice and assistance in relation to the evaluation of personnel management policies and practices.
Researchers Registered with ADHREC

This graph displays the various organisations that have conducted research monitored by ADHREC since 1998.

Defence psychology and the RAAF Aviation Medicine Unit at RAAF Base Edinburgh, South Australia. To date, lesser amounts of research have been conducted by a variety of organisations, including Centre for Military and Veterans Health (CMVH), Army, Navy, hospitals, Department of Veterans Affairs, other RAAF units, and Submarine and Underwater Medical Unit (SUMU).

An indication of the areas being researched in Defence is given in the graph below.

Areas of Research in Defence

The Defence Science and Technology Organisation (DSTO) form the largest group, followed closely by individuals conducting research for their Masters thesis or Doctoral dissertation and the Army Malaria Institute (AMI). The next largest groups are researchers affiliated with Australian university departments, military careers. Similarly, where a researcher requests access to records maintained by Defence (eg medical documents), ADHREC pays particular attention to Section 95 of the Privacy Act 1988.

If ADHREC determines that the benefit of the research does not outweigh privacy considerations, then the protocol will not be approved. Australian Defence Force personnel are in a unique position of receiving and following orders and as such they can be considered a ‘captive audience’. ADHREC is very sensitive to the relationship and importance of the functioning of the Commanding Officer, and the responsibilities associated with both duty and command. ADHREC balances this relationship with its awareness of the Defence population being a potentially ‘captive audience’, and the potential this has for impacting on research in the Defence environment.

ADHREC recognises the operational imperative for Defence to conduct health surveillance and assessment of efficacy of health protocols in an operational environment.
Number of Meetings
ADHREC conducted eight meetings in period from July 2007 to June 2008 and has planned eight meetings to occur in the period of July 2008 to June 2009.

Researcher Audits
The Committee plans to conduct further audits of approved protocols. Auditing facilitates and improves ADHREC's monitoring of Defence research, in accordance with NHMRC guidelines.

Compliance with the National Statement on Ethical Conduct in Research Involving Humans - National Health and Medical Research Council (NHMRC).
In 1999, the NHMRC issued the ‘National Statement on Ethical Conduct in Research Involving Humans’ (the National Statement) made in accordance with the National Health and Medical Research Council Act 1992. In 2007 NHMRC released an updated version of the National Statement. The National Statement combined a number of previously separately published documents, outlining comprehensively the membership and operations of HRECs, guidelines on the storage, handling and privacy of information held by HRECs, and on various components of health and medical research. It provides guidelines about maintaining the privacy and confidentiality of personal information or material of research participants. ADHREC has been formed in accordance with the National Statement, and functions in compliance with the guidelines. ADHREC will continue to maintain its compliance with the National Statement, ensuring that ADHREC undertakes best-practice ethical review.

ADHREC has developed mechanisms for receiving complaints or comments regarding both the considerations and conduct of the committee.

Structure as at June 2008

<table>
<thead>
<tr>
<th>Membership Appointment</th>
<th>Description</th>
<th>Name</th>
<th>Appointment Tenure</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Chair</td>
<td>Surgeon General Australian Defence Force SGADF</td>
<td>RADM Graeme Shirtley RFD</td>
<td>June 2005 – End of period as SGADF</td>
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<td>Member</td>
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<td>Mrs K. Hogan, AM PSM</td>
<td>31 May 2008 - 31 May 2013</td>
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<td>Member</td>
<td>A layman not associated with the ADF</td>
<td>Mr A. S. Murray</td>
<td>9 Oct 2006 - Oct 2011</td>
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<td>31 May 2008 - 31 May 2011</td>
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<td>Member</td>
<td>A member with knowledge of, and current experience in, the areas of research that are regularly considered by ADHREC</td>
<td>Dr A. Twomey</td>
<td>1 Jan 2000 - 9 Jan 2010</td>
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<td>Dr Ken McAnally</td>
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<td>Member</td>
<td>A member with knowledge of, and current experience in, the professional care, counseling or treatment of people</td>
<td>Prof. J.H. Pearn, AM, RFD</td>
<td>1 Jan 2001 - 9 Jan 2011</td>
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<td>Member</td>
<td>A health graduate from Defence (one of two, one of who is to be a medical graduate)</td>
<td>COL P.G. Warfe, CSC, CStJ</td>
<td>1 Dec 1998 - Nov 2008</td>
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<td>Member</td>
<td>A health graduate from Defence</td>
<td>LTCOL V. Ross</td>
<td>25 Nov 2002 - 25 Nov 2007</td>
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<td>A staff officer Nominated by DGDHS</td>
<td>LTCOL R.A. Landy</td>
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<td>Assistant Executive Secretary</td>
<td>A staff officer Nominated by DGDHS</td>
<td>Mrs Georgina Gill</td>
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Attendances 2007/2008
Australian Defence Human Research Ethics Committee

Monday 23 July 2007 at 1630 hours
Present:
Rear Admiral Graeme Shirtley
Doctor Rosemary Landy
Colonel Peter Warfe
Lieutenant Colonel Vicki Ross
Professor John Pearn
Mr Simon Murray
Dr Alan Twomey
Monsignor (Air Commodore) Peter O'Keefe
Chief Justice Terence Higgins
Mrs Georgina Gill
Chair
Executive Secretary
Assistant Executive Secretary
Apologies:
Mrs Elizabeth Grant
Guest:
Brigadier Jeffrey Rosenfeld

Monday 27 August 2007 at 1630 hours
Present:
Rear Admiral Graeme Shirtley
Doctor Rosemary Landy
Colonel Peter Warfe
Lieutenant Colonel Vicki Ross
Professor John Pearn
Mr Simon Murray
Mrs Elizabeth Grant
Dr Alan Twomey
Monsignor (Air Commodore) Peter O'Keefe
Chief Justice Terence Higgins
Mrs Georgina Gill
Chair
Executive Secretary
Assistant Executive Secretary
Apologies:
Wing Commander John Hatfield
Guest:
Brigadier Jeffrey Rosenfeld

Monday 23 July 2007 at 1630 hours
Present:
Rear Admiral Graeme Shirtley
Doctor Rosemary Landy
Colonel Peter Warfe
Lieutenant Colonel Vicki Ross
Professor John Pearn
Mr Simon Murray
Dr Alan Twomey
Monsignor (Air Commodore) Peter O'Keefe
Chief Justice Terence Higgins
Mrs Georgina Gill
Chair
Executive Secretary
Assistant Executive Secretary
Apologies:
Mrs Elizabeth Grant

Monday 27 August 2007 at 1630 hours
Present:
Rear Admiral Graeme Shirtley
Doctor Rosemary Landy
Colonel Peter Warfe
Lieutenant Colonel Vicki Ross
Professor John Pearn
Mr Simon Murray
Mrs Elizabeth Grant
Dr Alan Twomey
Monsignor (Air Commodore) Peter O'Keefe
Chief Justice Terence Higgins
Mrs Georgina Gill
Chair
Executive Secretary
Assistant Executive Secretary
Apologies:
Wing Commander John Hatfield
Guest:
Brigadier Jeffrey Rosenfeld

Attendances 2007/2008
Australian Defence Human Research Ethics Committee
Monday 15 October 2007 at 1630 hours

Present:
Rear Admiral Graeme Shirtley
Doctor Rosemary Landy
Colonel Peter Warfe
Lieutenant Colonel Vicki Ross
Professor John Pearn
Mr Simon Murray
Mrs Elizabeth Grant
Dr Alan Twomey
Monsignor (Air Commodore) Peter O’Keefe
Chief Justice Terence Higgins
Mrs Georgina Gill

Chair
Executive Secretary
Assistant Executive Secretary

Apologies:
Wing Commander John Hatfield

Monday 26 November 2007 at 1630 hours

Present:
Rear Admiral Graeme Shirtley
Doctor Rosemary Landy
Colonel Peter Warfe
Lieutenant Colonel Vicki Ross
Professor John Pearn
Mr Simon Murray
Mrs Elizabeth Grant
Dr Alan Twomey
Monsignor (Air Commodore) Peter O’Keefe
Chief Justice Terence Higgins
Mrs Georgina Gill

Chair
Executive Secretary
Assistant Executive Secretary

Observer:
Dr Tin French
Head Human Sciences Division,
Defence Science and Technology Organisation (DSTO)
Wing Commander John Hatfield

Monday 4 February 2008 at 1630 hours

Present:
Rear Admiral Graeme Shirtley
Doctor Rosemary Landy
Colonel Peter Warfe
Lieutenant Colonel Vicki Ross
Professor John Pearn
Mr Simon Murray
Mrs Elizabeth Grant
Dr Alan Twomey
Monsignor (Air Commodore) Peter O’Keefe
Chief Justice Terence Higgins

Chair
Executive Secretary

Observer:
Wing Commander John Hatfield
Dr Ken McAnally

Apologies:
Rear Admiral Graeme Shirtley
Mrs Elizabeth Grant

Monday 17 March 2008 at 1630 hours

Present:
Doctor Rosemary Landy
Colonel Peter Warfe
Lieutenant Colonel Vicki Ross
Professor John Pearn
Mr Simon Murray
Dr Alan Twomey
Monsignor (Air Commodore) Peter O’Keefe
Chief Justice Terence Higgins

Chair
Executive Secretary

Observer:
Wing Commander John Hatfield

Apologies:
Mrs Georgina Gill

Monday 17 March 2008 at 1630 hours

Present:
Doctor Rosemary Landy
Colonel Peter Warfe
Lieutenant Colonel Vicki Ross
Professor John Pearn
Mr Simon Murray
Dr Alan Twomey
Monsignor (Air Commodore) Peter O’Keefe
Chief Justice Terence Higgins

Chair
Executive Secretary

Observer:
Wing Commander John Hatfield
Dr Ken McAnally

Apologies:
Rear Admiral Graeme Shirtley
Mrs Elizabeth Grant
Monday 28 April 2008 at 1630 hours

Present:
Rear Admiral Graeme Shirtley
Lieutenant Colonel Rosemary Landy
Dr Ken McAnally
Mr Simon Murray
Professor John Pearn
Lieutenant Colonel Vicki Ross
Colonel Peter Warfe

Observer:
Wing Commander John Hatfield

Apologies:
Mrs Elizabeth Grant
Chief Justice Terence Higgins
Monsignor (Air Commodore) Peter O’Keefe
Dr Alan Twomey


Monday 2 June 2008 at 1630 hours

Present:
Rear Admiral Graeme Shirtley
Lieutenant Colonel Rosemary Landy
Chief Justice Terence Higgins
Dr Ken McAnally
Mr Simon Murray
Monsignor (Air Commodore) Peter O’Keefe
Dr Alan Twomey
Colonel Peter Warfe
Mrs Denise Ingram

Observer:
Mrs Kaye Hogan

Apologies:
Professor John Pearn
Lieutenant Colonel Vicki Ross
Wing Commander John Hatfield

Expenses 2007/2008

Australian Defence Human Research Ethics Committee

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Contacts/Information
Australian Defence Human Research Ethics Committee

Contact Details

Contact details for ADHREC are as follows:

Executive Secretary
Australian Defence Human Research Ethics Committee
CP2 - 6 - 104
Department of Defence
CANBERRA ACT 2600

Phone: +61 2 62663837
Fax: +61 2 62663881
E-mail: ADHREC@defence.gov.au

More Information

The ADHREC intranet web site can be accessed at
At this site, the ADHREC Researchers Guidelines, ADHREC’s Guidelines for Volunteers as well as information on all the committee members can be accessed.

DHS has developed an internet site at
This site shows the history of ADHREC, its members and the steps required to fill out and submit an application.