2011 was a demanding year for the Australian Defence Human Research Ethics Committee with a large number of protocols presented to ADHREC for ethics consideration. The increased activity was due to a number of factors that include the increased research activity undertaken within the Defence community as well as a considerable effort to promote the roles and functions of Human Research Ethics Committees, particularly focusing on ADHREC’s role both internal and external to Defence.

The protocols presented to ADHREC have been quite varied representing the wide-ranging diversity of human research being undertaken within Defence. ADHREC considered the ethical implications of various studies being undertaken in areas as diverse as clinical outcomes and interventions, psychology, sociology, culture awareness and change, pharmacology and drug evaluation, deployment health outcomes, occupational health and safety as well as Defence chaplaincy.

As the duly constituted Human Research Ethics Committee for Defence, ADHREC operates according to the National Health and Medical Research Council Act 1992 (NHMRC Act). The NHMRC Act mandates that the National Health and Medical Research Council (NHMRC) provide guidelines in its National Statement on Ethical Conduct in Human Research for committees such as ADHREC to consider in the ethical evaluation of human research. The primary purpose of this Statement of principles and associated guidelines for research involving humans is the protection of the welfare and rights of participants in research.

The ethical and legal responsibilities, which researchers have towards participants in research, reflect basic ethical values of integrity, respect for persons, beneficence and justice. These responsibilities accord with accepted moral and scientific principles set out in declarations, conventions and guidelines agreed to by the Australian Government, the NHMRC and the Australian Research Council. The guiding value for researchers is integrity, which is expressed in a commitment to the search for knowledge, to recognised principles of research conduct and in the honest and ethical conduct of research and dissemination and communication of results.

May I also take the opportunity to thank the members of ADHREC as well as our staff for their continued commitment to this important role.¹

T.L. Smart (Deputy Chair) for
P. V. ALEXANDER
Major General
Chair,
Australian Defence Human Research Ethics Committee

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Committee Members

Composition of the Australian Defence Human Research Ethics Committee (ADHREC) is determined according to the *National Statement on Ethical Conduct in Human Research (NHMRC 2007)*, which is:

Composition of HRECs

5.1.29 The minimum membership of an HREC is eight. As far as possible:

(a) there should be equal numbers of men and women; and

(b) at least one third of the members should be from outside the institution for which the HREC is reviewing research.

5.1.30 This minimum membership is:

(a) a chairperson, with suitable experience, whose other responsibilities will not impair the HREC’s capacity to carry out its obligations under this National Statement;

(b) at least two lay people, one man and one woman, who have no affiliation with the institution and do not currently engage in medical, scientific, legal or academic work;

(c) at least one person with knowledge of, and current experience in, the professional care, counselling or treatment of people; for example, a nurse or allied health professional;

(d) at least one person who performs a pastoral care role in a community, for example, an Aboriginal elder, a minister of religion;

(e) at least one lawyer, where possible one who is not engaged to advise the institution; and

(f) at least two people with current research experience that is relevant to research proposals to be considered at the meetings they attend. These two members may be selected, according to need, from an established pool of inducted members with relevant expertise.

Additionally, ADHREC refers to Health Manual Volume 23, Chapter 3, which states that the committee must have:

(h) two health graduates from Defence (at least one being a medical graduate).
Major General (MAJGEN) Paul Alexander was the Commander Joint Health and the Surgeon General of the Australian Defence force (SGADF) to the end of 2011, during which time he had responsibility for the provision of Health Support within Australia and was the Chair of the Australian Defence Human Research Ethics Committee (ADHREC).

MAJGEN Paul Alexander joined the Army in 1976 and completed his medical training at the University of Melbourne in 1978. Following several years of clinical training in Victorian hospitals, he commenced the first of several regimental appointments as the Regimental Medical Officer (RMO) of the 3rd Battalion Royal Australian Regiment. This was followed by several years working as an RMO in Papua New Guinea with the PNG Defence Force. He then served as the RMO for the Special Air Service Regiment for three years and completed SAS selection during his tenure.

In 1988 he undertook a period of postgraduate medical training in the UK in the areas of Sports Medicine and Tropical Medicine as well as undertaking several military attachments with UK medical units. On return to Australia he was promoted to Lieutenant Colonel and appointed as Commanding Officer of 11th Field Ambulance and subsequently as Commanding Officer of 1st Military Hospital Yeronga. Three years were then spent with the US Army as the Australian Army Exchange Officer to the US Army Medical Department where he was employed in the area of Capabilities, Combat and Doctrine Development and was involved in the redevelopment of US Army battlefield hospital systems.

On return to Australia he was promoted to Colonel and posted to Headquarters 1ST Division as the Senior Medical Officer and during this period, deployed with the...
initial peacekeeping force to Bougainville on Op BEL ISI. He transferred to the Army Reserve in 1998 and subsequently assumed the position of Director Reserve Health Services for Army in Qld. During this period he deployed as the Public Health Officer to the UN Peace Keeping Force in East Timor.

He was promoted to Brigadier in January 2004 and assumed the position of Assistant Surgeon General ADF - Army. He continued to work in clinical practice and was a partner in a large group medical practice in Queensland, undertaking the duties of managing partner. He was active in primary health care policy development as the Chairman of the Redcliffe Division of General Practice.

MAJGEN Alexander has also been actively involved in risk management and legal medicine. He has completed a Masters in Legal Medicine and is a Fellow of the Australian College of Legal Medicine. He was the principal medico-legal adviser in Queensland for Medical Indemnity Protection Society (MIPS), the second largest medical indemnity organisation in Australia. He actively provided medico-legal support to all MIPS doctors throughout Queensland. MAJGEN Alexander was promoted to the rank of Major General on 25th March 2008.
Ms 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. Ms 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.

Ms 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.

Ms 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.

Ms Kaye Hogan AM, PSM

Member, National Statement category (b) at least two lay people, one man and one woman, who have no affiliation with the institution and do not currently engage in medical, scientific, legal or academic work; (NHMRC 2007)
Lindsay Roe has worked for over thirty years in the Australian Public Service, initially in the field of design and development of administrative computer systems. He was also involved in the introduction of computing to a number of areas within commonwealth departments and the training of staff in computing skills. He subsequently moved on to project management and IT audit and eventually performance audit with the Australian National Audit Office.

Lindsay received a Bachelor of Science degree from the University of Queensland in 1974 and a Master of Arts from the University of Western Sydney in 2004.

He now is a freelance consultant in the areas of Quality Assurance and workplace interactive skills.

He was appointed a member of ADHREC in June 2010.
Professor John Pearn has been a member of the ADHREC 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.
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 1983 he was commissioned as a Chaplain in the Royal Australian Air Force and posted to RAAF Base Wagga Wagga where he was employed as a Chaplain at the RAAF School of Technical Training with character development and training. In 1984 he was posted to an operational position at RAAF Darwin followed by a posting in 1986 to the Royal Malaysian Air Force (RMAF) Base, Butterworth as part of the RAAF Contingent. During this time he saw the major withdrawal of RAAF personnel from the RMAF Base. In 1986, whilst in Butterworth, he transferred out of the Diocese of Wagga Wagga and incardinated into the newly formed Military Ordinariate of Australia within the Catholic Church.

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

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

Member - National Statement category (d) at least one person who performs a pastoral care role in a community, for example, an Aboriginal elder, a minister of religion;
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.
Chief Justice Terence John Higgins is a resident Judge of the Supreme Court of the Australian Capital Territory and a Judge of the Federal Court of Australia, being so appointed on 2 July 1990. He was appointed Chief Justice on 31 January 2003. On 9 June 2008 he was appointed an Officer in the General Division of the Order of Australia. 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. After completing articles of clerkship with J J O'Neill Solicitors he was admitted as a barrister and solicitor in the ACT in 1967 and served at the bar from 1984 being appointed as Queen’s Counsel (ACT, NSW and Victoria) in 1987. He was Vice President of the ACT Bar Association from 1988 until his judicial appointment in 1990. Justice Higgins began practising law with J J O’Neill Solicitors he was admitted as a barrister and solicitor in the ACT in 1967 and served at the bar from 1984 being appointed as Queen’s Counsel (ACT, NSW and Victoria) in 1987. He was Vice President of the ACT Bar Association from 1988 until his judicial appointment in 1990. Justice Higgins began practising law with J J O’Neill, solicitor in 1967 and remained 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.

Justice Higgins is currently the National President of the Royal Life Saving Society of Australia, Chairman of Youth Care Canberra and a member of the Australian Academy of Forensic Sciences ACT Chapter. Present member of University of Canberra Faculty Board since February 2009. Patron of Reserve Forces Day Council since 2008. In the past Justice Higgins has been involved in various committees and associations including National President of the Royal Life Saving Society of Australia (1997-2003; 2009-current), Board Member Open Family Australia (1988-2010), Chair of the ACT Community Law Reform Committee (1994-96), Senior Member of the ACT Gaming and Liquor Authority (1987-90), Chairman of SEC Board 1990-2003 and President, Senior Common Room of John XXIII College ANU (1993-95). Widowed with five children. Remarried to Gayle on 6 June 2010 and residing in the Australian Capital Territory. Justice Higgins was appointed to ADHREC (Australian Defence Forces Human Research Ethics Committee) in 1993 (then called ADMEC (Australian Defence Medical Ethics Committee)) and has served on the committee ever since. On 27 June 2003 he was appointed Honorary Air Commodore of No. 28 (City of Canberra) Squadron RAAF. On 23 April 2004 the Chief Justice was inducted as Honorary Ambassador for the ACT by the Chief Minister, Mr Jon Stanhope MLA.
Dr Ken McAnally

*Member- National Statement category (f)*

at least two people with current research experience that is relevant to research proposals to be considered at the meetings they attend. These two members may be selected, according to need, from an established pool of inducted members with relevant expertise.

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.
Dr Keith Horsley has recently retired from the Australian Institute of Health and Welfare, and from the Department of Veterans’ Affairs. A graduate from Queensland University, he holds degrees in medicine and a masters degree in public administration. During the 1990s he was responsible for developing policy in relation to a number of sensitive issues, including Agent Orange and the mustard gas and malaria experiments during World War Two. As a result of his work with Agent Orange, he became interested in the health effects of dioxins and furans, and has been a consultant to a number of different areas of government in this area. He was also part of a team that undertook a major re-engineering of the compensation program of the Department of Veterans’ Affairs, which received several awards for excellence in public administration. He has researched the health of Australia’s veteran community, particularly as it relates to cancer incidence and mortality. He is also interested in military medicine, pandemics (particularly influenza) and the effects of exposure to stress. He is a member of the editorial board for the Journal of Military and Veteran Health, is an honorary Associate Professor at the Centre for Military and Veteran Health, and a tutor in medicine at the Australian National University. In his retirement he is writing a history of the 1918-19 influenza pandemic in Australia.

Dr Keith Horsley

Member, National Statement category (f) at least two people with current research experience that is relevant to research proposals to be considered at the meetings they attend. These two members may be selected, according to need, from an established pool of inducted members with relevant expertise.
Mr Tony Cotton, AM

Member, National Statement category (f) at least two people with current research experience that is relevant to research proposals to be considered at the meetings they attend. These two members may be selected, according to need, from an established pool of inducted members with relevant expertise.

Tony Cotton is a psychologist with nearly thirty years experience providing and managing a broad range of psychological services in large and complex workplaces.

He completed his undergraduate studies at Queensland University, did his M.Sc. at ANU, and has completed Army Staff College.

He spent over 20 years in the Army working as a psychologist in a wide range of recruiting, staff, and research postings finishing his career as the Director of Psychology for the Australian Defence Force (ADF). He was the inaugural Director of Mental Health for the ADF in which position he was responsible for developing and implementing the ADF Mental Health Strategy for which he was made a Member of the Order of Australia.

After leaving the ADF he spent five years as the senior psychologist in the Australian Federal Police (AFP) managing AFP Wellbeing Services, a multi-disciplinary team of psychologists, social workers and chaplains delivering comprehensive clinical, pastoral and organisational support to a highly complex workplace.

Tony is currently the Director of Human Capital Research and Analysis at the Australian Public Service (APS) Commission where he is responsible for overseeing a broad range of workplace and organisational psychology research to support the development of the APS Human Capital Framework. He is an external invited member of the NSW Ambulance Service Wellbeing and Resilience Advisory Panel, a member of the beyondblue Expert Reference Group on Workplace Mental Health, and was formerly a member of the board of the Alcohol and other Drugs Council of Australia.
Lieutenant Colonel (Dr) Victoria Ross

Member - Defence specific category: Health Manual volume 23, Chapter 3.12 National Statement category h. two health graduates from Defence (at least one being a medical graduate).

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, LTCOL 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. LTCOL 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.

Brigadier (Dr) Stephan James Rudzki, AM

Member - Defence specific category: Health Manual volume 23, Chapter 3.12 National Statement category h. two health graduates from Defence (at least one being a medical graduate).

Brigadier Rudzki joined the Army Reserve in 1975 after completing high school. He became an officer cadet in Adelaide University Regiment in 1977 while completing his medical studies, and graduated as a 2nd Lieutenant in the Royal Australian Army Infantry Corps in 1980. He joined the undergraduate scheme in his final year of medicine and on receiving his medical degree from Adelaide University in 1982 he transferred to the Royal Australian Army Medical Corps.

Brigadier Rudzki has served in a variety of junior Medical Officer postings, including the 2nd Military Hospital, Regimental Medical Officer in the 3rd Battalion (Para), 8/12 Medium Regiment (Artillery) and the 1st Recruit Training Battalion. Brigadier Rudzki took a year of leave without pay in 1986 to work with the British Army as a Senior House Officer in Rheumatology and Rehabilitation at the Queen Elizabeth Military Hospital in Woolwich.
Command and staff appointments have included SO2 Medical at Headquarters Second Military District (1988–89), Officer Commanding Medical Company and Medical Support Company 1st Field Hospital (1989–91), Officer Commanding Albury-Wodonga Medical Centre (1994–95) and Commanding Officer of Canberra Area Medical Unit (1997–99). Brigadier Rudzki served as an exchange with the United States Army at the US Army Medical Department Centre and School in San Antonio Texas (2000–01). While there he worked in the areas of Telemedicine and electronic health records.

Higher education achievements include a Graduate Diploma in Sport Science (Cumberland College 1986), Master of Public Health (Sydney University 1997), and Doctor of Philosophy (Australian national University 2009). Brigadier Rudzki has had a long standing interest in reducing injury in military recruits, and has published a number of research papers on the subject. He was awarded a Defence Force Fellowship in 1993 to document and compare Injuries in the Australian Army with Allied Forces. He was also responsible for the introduction of the Defence Injury Prevention Program in 2003, and his PhD thesis was titled “The Cost of Injury to the Australian Army”. He was awarded a foundation Fellowship of the Australasian College of Sports Physicians in 1991.

Senior staff appointments have included Director of Preventative Health, Defence Health Services Division (2003–2005), Director of Occupational Health and Safety – Army (2005–2008) and inaugural Director of Army Health (2008–09). As the inaugural Director of Occupational Health and Safety, Brigadier Rudzki was responsible for the introduction and implementation of Army’s Safety Management System and oversaw the introduction of Army’s Risk Appreciation process.


Brigadier Rudzki received a Commander Logistics Command Commendation in 1994 and was awarded membership of the Order of Australia in 2005. He later became Director General Strategic Health Coordination in Joint Health Command, and joined ADHREC in May 2010.
Air Commodore (Dr.) Tracy Smart, BMBS, DipAvmed, MPH, MA, FAsMA, FCDSS, AFACHSM, joined the RAAF as a medical undergraduate in 1985. She has served as MO/Senior MO at bases around Australia, has undertaken overseas postings with the RAF and USAF, was Chief Instructor and Commanding Officer of AVMED, and Officer Commanding Health Services Wing. She has had operational experience in Rwanda, Timor Leste, the Middle East and Lebanon, and was awarded a CAF Commendation for her role in a fatal air accident investigation in Malaysia. She attended the Centre for Defence and Strategic Studies as a student in 2008 and was promoted and posted into the dual roles of Director General Corporate Health Management and Air Force Health Services within Joint Health Command in February 2009. AIRCDRE Smart assumed the role of DG Garrison Health Operations in Feb 2010, and in this position manages health care at over 100 locations on Defence bases throughout Australia. She has authored, or co-authored, 14 published articles, and over 60 papers for presentation at scientific meetings, primarily in the areas of aviation medicine, aeromedical evacuation, and military medicine.
Ms Kerrie Griggs
Executive Secretary

Kerrie Griggs joined the Navy in 1987 as Dental Officer. She spent 8 years with the permanent Navy. She worked for 9 in clinical practice prior to obtaining a Masters degree in Arts (Ethics). From 2009-2011 she worked at the National Health Medical Research Council (NHMRC) in various areas including Health and Research Ethics. Kerrie joined Department of Defence from April to June 2011 as Executive Secretary to ADHREC.

Ms Sarah Blackledge
Executive Secretary

Sarah joined the Department of Defence in August 2011 as Executive Secretary for ADHREC. From 2009-2011 she worked at NHMRC in various areas including Health and Research Ethics. Prior to joining the public service in 2008, she worked as a teacher in South Korea from 2002-2005 and, on returning to Australia, in a variety of health-related roles. Sarah has completed a Bachelor of Arts (Anthropology) and has graduate qualifications in teaching and health sciences.
Mrs Georgina Gill
Assistant Secretary

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.

Lieutenant Elise Burnside
Assistant Secretary

Lieutenant Burnside joined the Navy in 1986 and graduated from the Australian Defence Force Academy with a Bachelor of Science in 1989. She spent 9 years with the permanent Navy before transferring to the Reserves in 1996. She has worked in a variety of positions on a part time basis before joining ADHREC in 2009 to assist with the administration of the committee.
HISTORY
Australian Defence Human Research Ethics Committee

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 now undergoes rolling review and the amended National Statement on Ethical Conduct in Human Research (NHMRC, 2007) is available online\(^2\). All Human Research Ethics Committees (HRECs) in Australia must be compliant with the guidance it provides.

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 seven times in the year 2011. The 20th Annual Report covers the period from January 2011 to December 2011.

Committee Members

The structure of the committee, which meets NHMRC guidelines, is detailed on page 29. Committee appointment terms are staggered to ensure that continuity is maintained and large losses of corporate knowledge are minimised.

After 18 years with ADHREC, 2011 was Chief Justice Higgins’ last year as he moves on to other pursuits. His service has been invaluable to the committee, and ADHREC wishes him the best for his future endeavours. Monsignor Peter O’Keefe also ended his service with the committee in November 2011, after serving as the pastoral member since 2003.

2011 was also the end of Major General Alexander’s appointment as Surgeon General of the ADF, and concurrently his last year as Chair of ADHREC. MAJGEN Alexander is returning to civilian life and clinical practice in Queensland.

Attendance at meetings and expenditure details are listed on pages 30-33 respectively.

New Research Projects

Considered During the Period 1 Jan- 31 Dec 2011

The Committee received 42 new protocols during the reporting period. These protocols are detailed on pages 13-15. There is 1 completed protocol, 29 are in progress and 8 are considered new protocols that require further action before ethical approval to undertake the research is granted. The status of these protocols as at 31 December 2011 is as follows:

<table>
<thead>
<tr>
<th>Protocol Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Progress (approved)</td>
<td>29</td>
</tr>
<tr>
<td>New Protocol</td>
<td>8</td>
</tr>
<tr>
<td>Completed</td>
<td>1</td>
</tr>
<tr>
<td>Withdrawn by researcher</td>
<td>1</td>
</tr>
<tr>
<td>Not Approved</td>
<td>3</td>
</tr>
<tr>
<td>Resubmitted</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42</strong></td>
</tr>
</tbody>
</table>
### New Protocols Received & Considered by ADHREC

**During the Period July 2009 - December 2010**

<table>
<thead>
<tr>
<th>Protocol No.</th>
<th>Research title</th>
<th>Protocol status</th>
</tr>
</thead>
<tbody>
<tr>
<td>608-11</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>609-11</td>
<td>Negotiating expectation in military education</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>610-11</td>
<td>Australian Defence Force Alcohol Management Strategy</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>611-11</td>
<td>How we do Defence Chaplaincy: Chaplaincy Provision in the Australian Defence Force</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>612-11</td>
<td>Physiological and psychological responses to RAAF environmental and combat survival training</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>613-11</td>
<td>Threat of exposure to Improvised Explosive Devices (IEDs) on mental health outcomes for deployed Australian Defence force personnel</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>614-11</td>
<td>Investigation into tuberculosis screening of Australian Defence Force personnel on deployment in the Middle East Area of Operations</td>
<td>NOT APPROVED</td>
</tr>
<tr>
<td>615-11</td>
<td>Bridging the distance: bringing military families closer through new technologies</td>
<td>IN PROGRESS</td>
</tr>
</tbody>
</table>

**Number of New Protocols Considered by ADHREC for the past 10 Years**

![Bar Chart](chart.png)
<table>
<thead>
<tr>
<th>Protocol No.</th>
<th>Research title</th>
<th>Protocol status</th>
</tr>
</thead>
<tbody>
<tr>
<td>616-11</td>
<td>What are the personality characteristics and values of lawyers in different specialisations and how do these relate to their perceived job satisfaction?</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>617-11</td>
<td>Relationship between nutritional knowledge and eating behaviour in military personnel</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>618-11</td>
<td>Impact of psychological climate on the wellbeing of ADF personnel</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>619-11</td>
<td>A prospective study of risk factors for lower limb injuries: the influence of hip and lumbopelvic muscle strength and control</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>620-11</td>
<td>Evaluation of the New Generation Navy leadership and ethics project</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>621-11</td>
<td>Australian Gulf War veterans’ health study – 2011 follow-up</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>622-11</td>
<td>Interview of Serving ADF Personnel with ADFA Service for Archival Record Collection (ADFA History Fellowship)</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>623-11</td>
<td>ADF Transition Study - third location decompression evaluation</td>
<td>NEW PROTOCOL</td>
</tr>
<tr>
<td>624-11</td>
<td>Inspector-General ADF military justice surveys</td>
<td>COMPLETED</td>
</tr>
<tr>
<td>625-11</td>
<td>A needs assessment of soldiers serving in a Reserve Brigade of the Australian Army</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>626-11</td>
<td>An exploration of the lived experiences of Australian Defence Force Nursing Officers and their role in a military trauma/resuscitation team</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>627-11</td>
<td>Anthropology and civil-military relations for counterinsurgency, stabilisation, peace-building and conflict prevention</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>628-11</td>
<td>Musculoskeletal injuries to Australian soldiers in the 16th Air Defence Regiment</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>629-11</td>
<td>Online Survey for social media review</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>630-11</td>
<td>Impact of Charles F. Adams Class Guided Missile Destroyers on the Royal Australian Navy 1959-1999</td>
<td>NEW PROTOCOL</td>
</tr>
<tr>
<td>631-11</td>
<td>Occupational loss of hearing in ADF Musicians due to noise exposure</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>632-11</td>
<td>Improving the effectiveness of Defence logistics contracts</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>633-11</td>
<td>Special Operations personnel physical ability, conditioning and injury research.</td>
<td>WITHDRAWN</td>
</tr>
<tr>
<td>634-11</td>
<td>Exploring future service needs of Australian Defence Force reservists: A pilot study.</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>635-11</td>
<td>Prevalence of serum 25(OH)D deficiency in military recruits and relationship to musculoskeletal injury</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>Protocol No.</td>
<td>Research title</td>
<td>Protocol status</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>636-11</td>
<td>Frontline religion: an investigation of Australian Defence Force Chaplaincy (ADFC)</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>637-11</td>
<td>The Defence Intelligence and Security (I&amp;S) Group psychological research project</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>638-11</td>
<td>The possible benefits to Australian Defence Force (ADF) personnel in the use of ergogenic substances in combat situations.</td>
<td>NOT APPROVED</td>
</tr>
<tr>
<td>639-11</td>
<td>The potential benefits to the Australian Defence Force educational curricula of the inclusion of indigenous knowledge systems.</td>
<td>NOT APPROVED</td>
</tr>
<tr>
<td>640-11</td>
<td>Managing victim care in a criminal investigation within the Australian Defence Force</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>641-11</td>
<td>An injury prevention program delivered during pre-week of ADF Infantry training will lead to a decrease in preventable injuries amongst trainees: an experimental study.</td>
<td>NEW PROTOCOL</td>
</tr>
<tr>
<td>642-11</td>
<td>Joint Logistics Command (JLC) and UNSW@ADFA academic research engagement and evaluation of the Defence Strategic Logistics Reform Program (DSLRP).</td>
<td>NEW PROTOCOL</td>
</tr>
<tr>
<td>643-11</td>
<td>ADF Cadet study survey 2012.</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>644-11</td>
<td>Reanalysis of serum samples containing primaquine or tafenoquine previously collected from ADF personnel. (Related protocols 165-98 and 479-07)</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>645-11</td>
<td>Back-Casting Applicant and Recruit Standards from Job Related Physical Employment Standards for Incumbents</td>
<td>NEW PROTOCOL</td>
</tr>
<tr>
<td>646-11</td>
<td>Examination of microscopic gas emboli in blast trauma</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>647-11</td>
<td>An investigation into factors associated with injury during a period of arduous physical activity through four separate student investigations.</td>
<td>NEW PROTOCOL</td>
</tr>
<tr>
<td>648-11</td>
<td>Review into the Treatment of Women in the Australian Defence Force (Broderick Review Phase 2)</td>
<td>IN PROGRESS</td>
</tr>
<tr>
<td>649-11</td>
<td>Pharmacokinetics and ex vivo antimalarial activity of methylene blue combined with artesunate and amodiaquine in healthy Vietnamese volunteers.</td>
<td>NEW PROTOCOL</td>
</tr>
</tbody>
</table>
324-03

The adjustment and reintegration experience of army reserve personnel following full time service: A longitudinal case study.

Several publications arose from this research, including:


4. European Conference on Traumatic Stress (ECOTS) 2009, poster presentation; and,


514-08

Special Forces deployed physical capacity and injury study.


596-10

Vocational education and learning in the military context.


511-08

The efficacy of a commercial-off-the-shelf physiological monitoring system for SOCOMD personnel during arduous, simulated and field, training activities and operations.


561-09

An Exploration of the criterion validity of resilience

Australian Defence Human Research Ethics Committee

557-09

The effect of individual variables on perceptual distortion in combat.


566-09

Service Police Investigative Culture within the ADF. (Ethnographical exploration of Sydney: Establishing and maintaining a visionary tri-Service investigative policing culture within the ADF Investigative Service (ADFIS).)


490-07

Obesity, Body Mass Index and Health Study (BMI)


560-10

Thought suppression as a means of coping: Exploring ego depletion and ironic rebound as explanatory theories.


533-08

Validation of the Traumatic Stress Exposure Scale - Revised (TSES-R).


479-07

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)


496-07

Pharmacokinetics and in vitro antimalarial pharmacodynamics of artesunate and azithromycin in healthy Vietnamese volunteers.

Protocol Status as at 31 December 2011

The status of all ADHREC protocols as at 31 Dec 2011 is tabulated below. A total of 547 protocols are listed with ADHREC and of these 81 are currently in progress.

<table>
<thead>
<tr>
<th>Status</th>
<th>Total Status of Protocols Listed with ADHREC</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Progress</td>
<td>81</td>
</tr>
<tr>
<td>Pending</td>
<td>-</td>
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<tr>
<td>Approval Withdrawn</td>
<td>22</td>
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<tr>
<td>Completed</td>
<td>295</td>
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<tr>
<td>Withdrawn</td>
<td>130</td>
</tr>
<tr>
<td>Not Approved</td>
<td>19</td>
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<tr>
<td>Total</td>
<td>547</td>
</tr>
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</table>

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.

<table>
<thead>
<tr>
<th>Publication Status of Completed Protocols from 1996 to 31 Dec 2011</th>
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<tbody>
<tr>
<td>SUMMARY</td>
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<tr>
<td>Did Not Proceed</td>
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<tr>
<td>Not Published</td>
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<tr>
<td>Published</td>
</tr>
<tr>
<td>Pending</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>
Activities & Initiatives

Human Research in Defence - Instructions for Researchers

ADHREC monitors aspects of health and human performance research in Defence. The functioning is detailed in the Health Manual, Volume 23 Human Research in Defence—Instructions for Researchers. The procedures contained in this manual are intended to improve the management and governance processes applying to the conduct of human research. A wide range of human research activities have been defined and the procedures allow for 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.

Audit of Research

In 1999, arising from the release of the National Statement on Ethical Conduct in Research Involving Humans (NHMRC, 1999; now superseded), 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.

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 (eg medications - both vaccines and oral medicines, and insect repellents) or physical means (eg bed nets, 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 (DSPPR).**
  PRTG’s main tasks comprise the assessment of the human factors of Defence, the development of selection techniques, eg: 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 Defence on matters of selection, training and retention of staff.
DSPPR provides Defence with a consolidated person cellular research capability to support strategic work force planning and strategic personnel planning. DSPPR also provides advice and assistance in relation to the evaluation of personnel management policies and practices.

• 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.

Researchers Registered with ADHREC

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

<table>
<thead>
<tr>
<th>Research conducted by:</th>
<th>Number of Protocols</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defence Science and Technology Organisation (DSTO)</td>
<td>129</td>
</tr>
<tr>
<td>Army Malaria Institute (AMI)</td>
<td>71</td>
</tr>
<tr>
<td>Universities (non student)</td>
<td>94</td>
</tr>
<tr>
<td>Individuals conducting research for their Masters thesis or Doctoral dissertation</td>
<td>103</td>
</tr>
<tr>
<td>Defence psychology</td>
<td>34</td>
</tr>
<tr>
<td>Centre for Military and Veterans Health (CMVH)</td>
<td>27</td>
</tr>
<tr>
<td>Army</td>
<td>13</td>
</tr>
<tr>
<td>Navy</td>
<td>12</td>
</tr>
<tr>
<td>AVMED</td>
<td>16</td>
</tr>
<tr>
<td>Defence (not otherwise listed)</td>
<td>6</td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td>6</td>
</tr>
<tr>
<td>Prevmed</td>
<td>6</td>
</tr>
<tr>
<td>RAAF</td>
<td>6</td>
</tr>
<tr>
<td>Hospitals</td>
<td>5</td>
</tr>
<tr>
<td>Australian Defence Force Academy (ADFA)</td>
<td>2</td>
</tr>
<tr>
<td>Submarine and Underwater Medical Unit (SUMU)</td>
<td>7</td>
</tr>
<tr>
<td>Pharmaceutical Companies</td>
<td>10</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>547</strong></td>
</tr>
</tbody>
</table>
ADHREC’s Approach to Research Protocols

ADHREC’s primary function is to assess all submitted protocols to determine whether that research is ethical. ADHREC applies the Privacy Principles to each protocol. The Committee pays particular attention to the issues of informed consent, quantification of risk, voluntary participation and that there be no detriment to the careers or medical care of volunteers whether they choose to participate or withdraw from the project. There are a number of reasons why a protocol may not be approved.

ADHREC does not grant retrospective ethics approval. The Committee is also reluctant to allow Defence personnel to participate in the collection of safety data for new drugs (pharmaceuticals) or participate in drug trials where there is no clear benefit to the individual or to Defence. The Committee does not approve protocols which have an inadequate study design, would not produce scientifically valid results, or projects that are likely to have adverse outcomes to the volunteers or their 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.

Future Activities

• Number of Meetings
ADHREC conducted seven meetings in period from January 2011 to December 2011 and has planned eight meetings to occur in the period of January 2012 to December 2012.

• 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 Human Research - 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 document, the ‘National Statement on Ethical Conduct in Human Research’.

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 December 2011
Australian Defence Human Research Ethics Committee

<table>
<thead>
<tr>
<th>Membership Appointment</th>
<th>Description</th>
<th>Name</th>
<th>Appointment Tenure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>A laywoman not associated with the ADF</td>
<td>Mrs K. Hogan, AM PSM</td>
<td>31 May 2008 - 31 May 2013</td>
</tr>
<tr>
<td>Member</td>
<td>A layman not associated with the ADF</td>
<td>Mr L. Roe</td>
<td>31 May 2010 - 31 May 2015</td>
</tr>
<tr>
<td>Member</td>
<td>A layman not associated with the ADF</td>
<td>Mr Simon Murray</td>
<td>9 Oct 2006 - Feb 2010</td>
</tr>
<tr>
<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 K. McAnally</td>
<td>17 Mar 2008 - 17 Mar 2013</td>
</tr>
<tr>
<td>Member</td>
<td>A member with knowledge of, and current experience in, the professional care, counseling or treatment of people</td>
<td>Professor J.H. Pearn AM, RFD</td>
<td>1 Jan 2001 - 9 Jan 2011</td>
</tr>
<tr>
<td>Member</td>
<td>A health graduate from Defence (one of two, one of who is to be a medical graduate)</td>
<td>BRIG S. Rudzki AM</td>
<td>31 May 2010 - 31 May 2015</td>
</tr>
<tr>
<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 Keith Horsely</td>
<td>22 June 2009 - 22 June 2014</td>
</tr>
</tbody>
</table>
Membership  
Appointment  
Description  
Name  
Appointment Tenure

<table>
<thead>
<tr>
<th>Membership</th>
<th>Description</th>
<th>Name</th>
<th>Appointment Tenure</th>
</tr>
</thead>
<tbody>
<tr>
<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>Mr T.Cotton</td>
<td>22 June 2009 – June 2014</td>
</tr>
<tr>
<td>Member</td>
<td>A health graduate from Defence</td>
<td>AIRCDRE T.Smart</td>
<td>22 June 2009 – June 2014</td>
</tr>
<tr>
<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 K.Horsley</td>
<td>22 June 2009 – June 2014</td>
</tr>
<tr>
<td>Executive Secretary</td>
<td>A staff officer nominated by JHC</td>
<td>Ms Kerrie Griggs</td>
<td>May- July 2011 From August 2011</td>
</tr>
<tr>
<td>Assistant Executive Secretary</td>
<td>A staff officer nominated by JHC</td>
<td>Mrs Georgina Gill</td>
<td>N/A</td>
</tr>
<tr>
<td>Assistant Executive Secretary</td>
<td>A staff officer nominated by JHC</td>
<td>LEUT Elise Burnside</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Attendances 2011  
Australian Defence Human Research Ethics Committee

MONDAY 21 FEBRUARY 2011 - 1630 HOURS

Present:
MAJGEN Paul Alexander Chair
BRIG Stephan Rudzki
Chief Justice Terence Higgins
Mr Tony Cotton
Mrs Kaye Hogan
Dr Keith Horsley
Dr Ken McAnally
Professor John Pearn
Monsignor Peter O’Keefe
Mr Lindsay Roe
LTCOL Vicki Ross Executive Secretary
Mrs Kaycee Law Minute Secretary

Apologies:
AIRCDRE Tracy Smart
MONDAY 04 APRIL 2011 - 1630 HOURS

Present:
AIRCDRE Tracy Smart Chair
Chief Justice Terence Higgins
Mr Tony Cotton
Mrs Kaye Hogan
Dr Keith Horsley
Dr Ken McAnally
Professor John Pearn
Mr Lindsay Roe
Dr Victoria Ross Executive Secretary

Apologies:
MAJGEN Paul Alexander
Monsignor Peter O’Keefe
BRIG Stephan Rudzki

MONDAY 16 MAY 2011 1630HRS

Present:
MAJGEN Paul Alexander Chair
BRIG Stephan Rudzki Health Professional
AIRCDRE Tracy Smart Health Professional
Chief Justice Terence Higgins Lawyer
Dr Keith Horsley Researcher
Dr Ken McAnally Researcher
Professor John Pearn Researcher
Monsignor Peter O’Keefe Pastoral Care
Mr Lindsay Roe Lay person
LTCOL Vicki Ross Executive Secretary
Ms Kerrie Griggs Minute Secretary

Apologies:
Mr Tony Cotton Psychologist
Mrs Kaye Hogan Lay person
MONDAY 27 June 2011 - 1630 HOURS

Present:
MAJGEN Paul Alexander Chair/ Health Professional
BRIG Stephan Rudzki Health Professional
AIRCDRE Tracy Smart Health Professional
Chief Justice Terence Higgins Lawyer
Dr Keith Horsley Researcher
Dr Ken McAnally Researcher
Professor John Pearn Professional Carer
LT COL Vicki Ross Executive Secretary
Ms Kerrie Griggs Staff Officer ADHREC
Ms Sarah Blackledge Incoming Staff Officer ADHREC

Apologies:
Mrs Kaye Hogan Lay person
Mr Lindsay Roe Lay person
Mr Tony Cotton Researcher
Monsignor Peter O’Keefe Pastoral Care

MONDAY 8 AUGUST 2011

Present:
MAJGEN Paul Alexander Chair/ Health Professional
BRIG Stephan Rudzki Health Professional
AIRCDRE Tracy Smart Health Professional
Chief Justice Terence Higgins Lawyer
Dr Keith Horsley Researcher
Dr Ken McAnally Researcher
Professor John Pearn Professional Carer
Mrs Kaye Hogan Lay person
Mr Tony Cotton Researcher
LT COL Vicki Ross Executive Secretary/ Health Professional

Apologies:
Mr Lindsay Roe Lay person
Monsignor Peter O’Keefe Pastoral Care

Observers:
Ms Sarah Blackledge Incoming Staff Officer ADHREC
MONDAY 19 SEPTEMBER 2011 - 1630 HOURS

Present:
MAJGEN Paul Alexander Chair/ Health Professional
BRIG Stephan Rudzki Health Professional
Chief Justice Terence Higgins Lawyer
Mr Lindsay Roe Lay person
Monsignor Peter O’Keefe Pastoral Care
Dr Keith Horsley Researcher
Dr Ken McAnally Researcher
Mrs Kaye Hogan Lay person
Mr Tony Cotton Researcher
LTCOL Vicki Ross Executive Secretary

Apologies:
AIRCDRE Tracy Smart Health Professional
Professor John Pearn Professional Carer
Ms Sarah Blackledge Staff Officer ADHREC

MONDAY 19 NOVEMBER 2011 - 1630 HOURS

Present:
AIRCDRE Tracy Smart Chair/Health Professional
BRIG Stephan Rudzki Health Professional
Professor John Pearn Professional Carer
Chief Justice Terence Higgins Lawyer
Mr Lindsay Roe Lay person
Dr Keith Horsley Researcher
Dr Ken McAnally Researcher
Mr Tony Cotton Researcher
LTCOL Vicki Ross Executive Secretary
Ms Sarah Blackledge Staff Officer ADHREC

Apologies:
MAJGEN Paul Alexander Chair/ Health Professional
Monsignor Peter O’Keefe Pastoral Care
Mrs Kaye Hogan Lay person

35
## Expenses 2011
### Australian Defence Human Research Ethics Committee

<table>
<thead>
<tr>
<th>Meeting</th>
<th>FEB</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>AUG</th>
<th>SEP</th>
<th>NOV</th>
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<td>Mrs Hogan</td>
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<td>250.00</td>
<td></td>
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<td>Chief Justice Higgins</td>
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<td>Other Flights</td>
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<td>Pearn Accomodation</td>
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<td>Pearn Flights</td>
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<td>Pearn Cab charge</td>
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<td><strong>TOTAL</strong></td>
<td>2631.45</td>
<td>2443.35</td>
<td>1600.24</td>
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<td>3525.69</td>
<td>1328.90</td>
<td>2301.71</td>
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</table>
The Australian Defence Human Research Ethics Committee (ADHREC) was established in 1989. As the Human Research Ethics Committee for Defence, ADHREC is committed to the creation and maintenance of an environment in which research on humans is conducted both professionally and ethically. The Committee generally meets eight times a year and considers all proposed human research projects undertaken on Australian Defence Force (ADF) personnel, by ADF personnel, or on Defence property, as per National Health and Medical Research Council (NHMRC) guidelines.

If you are interested in knowing more about ADHREC, their contact details are below:

**Contacts/Information**

**Australian Defence Human Research Ethics Committee**

**Contact Details**

Contact details for ADHREC are as follows:

Secretary  
Australian Defence Human Research Ethics Committee  
CP3 - 6 - 036  
Department of Defence  
CANBERRA ACT 2600

Ph: +61 2 6266 3837  
Fax: +61 2 6266 3072  
E-Mail: ADHREC@defence.gov.au

**More Information**

The ADHREC Intranet web site can be accessed at http://intranet.defence.gov.au/vcdf/sites/Research/ComWeb.asp?page=38869. 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 http://www.defence.gov.au/health/research/adhrec/i-adhrec.htm. This site shows the history of ADHREC, its members and the steps required to fill out and submit an application.