

The Defence White Paper and its Implications for Defence Health

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Figure 1 Prime Minister Kevin Rudd, the Minister for Defence, Hon Joel Fitzgibbon MP, and the Chief of the Defence Force, Air Chief Marshal Angus Houston, AC, AFC launch the Defence White Paper 2009 onboard HMAS STUART with Service Chiefs and Defence Committee Members.



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Introduction

On 2 May 2009 the Defence White Paper 2009 (Defending Australia in the Asia Pacific Century: Force 2030) was released by the Commonwealth Government on the deck of HMAS Stuart. The Defence White Paper (DWP) outlines Australian Government defence policy for the next 20 years. It will however be revised every subsequent 5 years in the light of a preceding formal risk assessment, force structure review and independent audit of Defence enterprise¹. The first white paper was motivated by the need to develop a concept of the defence of Australia in the post-Vietnam War era. It was delivered in 1976². This was followed by 3 further defence white papers in 1987, 1994 and 2000. The last of these followed the intervention in Timor L'Este.

The Purpose of Defence White Papers

According to Leece³ there are four reasons behind releasing a public statement of Australian Government policy on defence:

1. To enlist bipartisan parliamentary support and community support for its initiatives.
2. To galvanise support for its contents within and without the ADF including relevant government departments and civilian contractors. A vast team of personnel need to comprehensively understand the policy and their role in achieving its goals.
3. To declare Australia's defence intentions to our regional and more distant neighbours in an effort to develop 'mutual confidence and collective security' in the Asia-Pacific region.
4. To clearly enunciate Australia's defence stance towards potential aggressors. It acts as a deterrent in its own right.

The present DWP, under the oversight of the National Security Committee of Cabinet, has had the benefit of wide preliminary consultation including supervision by a ministerial advisory panel, an effective process of public consultation⁴ and strong support by the Chiefs of Staff Committee (COSC).

Major Initiatives in the Defence White Paper 2009

Australia's defence strategy has several clear priorities:

- i. To deter and defeat armed attacks on Australia
- ii. To contribute to the stability and security in the South Pacific and Timor L'Este region
- iii. To contribute to military contingencies in the Asia-Pacific region as well as meeting our alliance obligations to the United States of America.
- iv. To contribute to military contingencies in the rest of the world in support of the international community.⁵

The DWP has acknowledged the need for effective maritime defence as a means of achieving the first of these aims. Navy will have its capability enhanced by the acquisition of 12 new Future class conventionally powered submarines, 3 new air warfare destroyers, 8 antisubmarine frigates, 2 landing helicopter dock (LHD) ships including expanded Primary Casualty Receiving Facilities (PCRF) or Maritime Role 2E (MR2E) which will be considerably larger than those on HMAS KANIMBLA & MANOORA, 1 strategic sealift ship, 6 heavy landing craft, 1 replenishment and logistic support ship, 20 offshore combatant vessels 24 naval combat helicopters and six MRH-90 helicopters. All these new acquisitions will require an additional 700 naval personnel.

Army will have a combined strength of 10 battalion-sized "battlegroups" consisting of three 4,000-strong combat brigades as well as two additional infantry battalions and five combat support units. It will be reequipped with 1100 new combat vehicles with enhanced protection and firepower. Thirty MRH-90 helicopters will replace the Army's Blackhawk fleet and seven Chinook medium-lift helicopters (CH47F) will improve troop

mobility. Army communications systems as well as command and control systems are scheduled for major upgrades. The air defence system will be enhanced by replacement of the current RBS-70 missile system. There will be a significant improvement to soldiers' personal protective equipment for dismounted close combat. An implementation plan to rebalance the mix of full time and part time soldiers, which is required to meet the DWP's objectives, will be developed by the end of 2009.

Airforce will benefit from the purchase of 100 F-35 Lightning II Joint Strike Fighter aircraft as well as 24 F/A 18 Block II Super Hornet jets. Air to air refuelling capability will be enhanced by five new KC-30A Multi-Role Tanker Transports and surveillance, command and control functions will be improved with the purchase of six Wedgetail Airborne Early Warning and Control aircraft. A fleet of eight new Maritime Patrol aircraft will replace the current AP-3C Orions and they will be complemented by seven high altitude Uninhabited Aerial Vehicles. The existing fleet of C-130J Hercules aircraft will be expanded to 14 by the purchase of two new aircraft and the Caribou aircraft will be replaced by 10 new tactical battlefield airlifters. Airforce will receive new systems to enhance air surveillance, air traffic control, navigation and communication.

This is a very positive outcome for the ADF and for the defence of Australia over the medium to long term. It has also been delivered in a climate of fiscal challenge.

Funding DWP acquisitions: the Strategic Reform Program (SRP)

The Strategic Reform Program accompanies the White Paper. It is a far-reaching program which will develop fundamental reforms in the way Defence carries out its activities. It requires efficiencies in all aspects of Defence business and reorganisation and restructuring of the Defence organisation as a whole. This process is now well underway and will certainly have a major effect on the delivery of Health Services in the ADF. Until 2017/18 the Defence Budget will continue to increase in real terms by 3 per cent per annum⁶. Thereafter until 2030 it will increase by 2.2 per cent annually. The shortfall in expenditure on new acquisitions is to be provided by planned savings under the Strategic Reform Program of \$20 billion over the next 10 years.

The accountability for Defence expenditure is to be carefully scrutinised. Almost every aspect of Defence is to be analysed for potential savings. However the DWP makes it clear that operational capability and quality and safety in support areas is not to be compromised. Improving efficiency, eliminating waste and increasing productivity are the key strategies for cost reductions⁷. All members of Defence are responsible and accountable for implementing the SRP. Joint Health Command and Defence Health are actively engaged in the SRP process. There is significant scope to improve health service delivery efficiencies while providing best practice and quality care

Implications for ADF Reservists

The philosophy of Reserve service is changing from that of a contingency resource to a fully integrated component of the total workforce of the ADF. This change has been referred to as the difference between a "just in case" to a "just in time" concept⁸. The increasing demand for rapid deployment of

Reserves using increasingly complex systems and equipment will mean that they will need enhanced levels of training⁹. Once implemented; this will ensure that Reservists are better integrated into all three Services as well as into joint operations and those with our Coalition partners. In addition there will be increased expectations on Reservists to make themselves available for voluntary service in support the ADF's operational capability.

*'Operational deployment at some stage of an individual's career will be expected as a natural consequence of part-time service in the ADF'*¹⁰

Where this is most likely to occur is in prolonged deployments ('the long war') requiring regular rotations of personnel. The longer lead times of replacement rotations provide distinct advantages to part-time ADF members.

It is likely that the trend for Reservists to move between full-time and part-time service will increase. Such transitions might occur several times during their professional lives. This varied experience is viewed as beneficial for the ADF and industry. MAJGEN Melick, the Head of the ADF Reserves, refers to a new 'whole-of-career' employment approach whereby the ADF provides a more flexible range of opportunities to personnel in order to become a 'competitive employer of choice in the wider marketplace'¹¹.

Clearly the Reserves are already contributing significantly to the ADF full time workforce: 1700 man years in the last financial year (FY). Over the past 3 years 7000 Reserves have served on domestic and off-shore operations and in the 2007/8 financial year 8,400 Reservists have each delivered more than 50 days of part time service¹². In the Navy Health Service Reservists on Continuous Full Time Service (CFTS) render an average of 5% of PNF workforce requirements (with up to 10% being provided in some categories). Since the beginning of the Financial Year (FY) 2009/2010, 156 Reserve Health Service Personnel have been posted to work a total of 2414 days over the FY. By the end of the year, it is expected that Reserve Health Service Personnel will contribute over 5000 days during the FY. This represents almost 10% of the total health service provided by Navy.

It is intended that the ADF recruit more women and citizens from a greater variety of ethnic groups including indigenous Australians. This will better reflect the diversity of Australian society.

Implications for Defence Health

In a document as far reaching as the DWP it is hardly surprising that Defence Health details are not extensive¹³. However, well before the release of the DWP, in March 2008, the current Commander of Joint Health Command, was commissioned to undertake a review of Australian Defence Health Services. The Alexander Report, focussed on the restructure of Defence Health Services Division to develop a Joint Health Command (JHC). It included ten major recommendations for reform and was accepted by the Chiefs of Staff Committee (COSC) in August 2008. Four of those recommendations have already been implemented. These include the appointment of a Commander of Joint Health Command (CJHC) and Surgeon General ADF (MAJGEN Paul Alexander), the transfer of Joint Health Command (JHC) to the Vice Chief of the Defence

Force (VCDF) Group, the appointment of a third one star officer (RAAF) to JHC and the establishment of Service Level agreements.

The remaining six recommendations are in the process of implementation:

- The appointment of Regional Health Directors.
- The centralisation and consolidation of Garrison Health Support.
- The transfer of authority and responsibility for Defence Health Materiel (equipment, pharmaceutical supplies etc) to CJHC.
- The introduction of electronic health records (eHealth) for ADF members.
- A reorganisation of Area Health Services.
- A revision of operational health support (Op Concept or OPCON). This has been informed by the changing scope of injuries and illness encountered in recent deployments. It forms part of the JP 2060 and seeks to enhance the Australian Defence Force's deployable health capability to provide medical and dental care and services for deployed forces. JP2060 is a joint project which aims to provide equipment and systems that will enhance an ADF-wide capability. This involves discrete critical elements within each of Army, Navy and Air Force.

New alliances with State government health services and that from private institutions are envisaged such as that already in place at the Navy ward within St Vincent's Hospital in Sydney. This model will allow Defence Health personnel to train and work within major university teaching hospitals. It will enhance research collaborations and multidisciplinary care of ADF personnel and will aid the recruitment of specialists and other health professionals into the ADF. Selected specialist reservists will form teams within these major hospitals and will be available to deploy on ADF operations at short notice thus improving the Defence Health capability.

There is a commitment in the DWP to improve the delivery of mental health services by implementing the Dunt Review's recommendations (see editorial comment in Orme in this edition). This will involve 'workforce changes to ensure that the ADF has an effective structure to deliver physical and mental health initiatives and services'. Recruitment of additional psychologists is already underway. Eighty three million dollars will be spent over four years to improve mental health services in the ADF.

Clearly this is a major and comprehensive reform program. It is proceeding rapidly and will produce efficient and effective health support and health capability for the ADF. Along with the reforms in mental health recommended by the Dunt Report, the establishment of strategic alliances with major civilian teaching hospitals, and a re-invigoration of the Reserve health force we are on the verge of a complete restructure which aligns Defence Health very strongly to the SRP. Members of the Joint Health Command and health professionals throughout the ADF will continue to be challenged by this exciting and rapidly changing environment. In particular all ADF health

professionals have a part to play in delivering on these reforms. They must at the same time maintain excellent health care throughout the ADF.

The Defence White Paper, SRP and JHC Reform initiatives of the *Alexander Review* are all key components in a revitalised Defence Health Service. Twenty billion dollars of savings are expected from the Strategic Reform Program and they will be achieved by improving Defence accountability, planning and productivity. Those savings are crucial to the ability of Government to finance the acquisitions forecast in the Defence White Paper.

Concluding Remarks

The DWP is fundamentally a blueprint for a highly efficient Australian Defence Force equipped with the most modern armament and better able to respond to threats to our own security as well as that of our regional neighbours and distant allies. By improving efficiency and eliminating waste, by better utilising our current resources including Reservists, the ADF will emerge from the Strategic Reform Program *mutatis mutandis* as a leaner more cost effective and powerful potential deterrent. In Defence Health the DWP offers improvements in mental health care. Other innovations such as E-health and promising partnerships with civilian institutions will flow from the *Alexander Review*. The restructure of Defence Health will ensure that health dollars are spent on our core business: the health of Defence members.

Acknowledgment

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