

### 6RAR's Post War Scars

*Glenn Mulhall*

*CAPT Glenn Mulhall graduated Medical School at the University of Queensland in 2005. He attended Nambour Hospital for internship and residency and commenced with the Army as an RMO at 2HSB as part of the Graduate Medical Scheme. He was posted to 6RAR in 2009 and deployed to Afghanistan as RMO MTF-1 in 2010. He continues to work as the RMO at 6RAR*

Over the years war has placed a burden on Australian society and especially as a small burgeoning country being involved in most of the major conflicts from the Boer War onwards. As our commitment in Afghanistan continues and our attention is largely drawn by the media to those soldiers who are KIA and to when we may pull out, there is a rising morbidity amongst our soldiers returning from the front line.

As the RMO for 6RAR from 2009 until the present day I deployed with 6RAR as part of the MTF-1 battlegroup to Afghanistan from January to June 2010. MTF-1 was present in Afghanistan for this period and remained until October when the battle group handed over to MTF-2. During this period the soldiers of the battlegroup saw an unprecedented amount of action during a fierce fighting season and a record number of soldiers lost their lives during the campaign.

Since returning from Afghanistan I have remained as the RMO for 6RAR throughout the post-deployment period and on return to work and have had the benefit of seeing the soldiers through all of these phases. Through a chart and Health Keys audit of injuries, imaging and referrals I endeavour to provide a comprehensive picture of the burden of war on our health system, on a battalion tasked with continuing training and exercises, on our budget with claims extending into the future and on the individuals and those who support them. I have documented the post war scars of the 377 remaining MTF-1 personnel who make up approximately 56% of 6RAR.

The rates of injuries including backs, shoulders, hearing, mental health and other morbidity post-deployment requires a focused and combined multi-disciplinary approach to ensure adequate levels of care. Detection is a key focus on return from deployment through POPS campaigns and post-deployment medicals, however once injury is detected, then resources, time and appropriate services are required. On a health system that is already at its limit, this extra burden needs to be

accounted for in forward budget estimates, staffing and resourcing of post-deployment units.

**Key Words:** Post-deployment; 6RAR; morbidity; injury; Afghanistan

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### Military Colour Vision Standards - Do We Need Them?

*John Parkes*

*Captain John Parkes is an occupational and environmental physician who served in the RAN and RANR for over 30 years. He became interested in colour vision while reviewing standards in the RAN and in private practice since then has developed a comprehensive colour vision testing laboratory and sees referred cases from around Australia and occasionally overseas, particularly in relation to Defence, aviation, maritime, rail and other standards. He has been involved in colour vision standard review for Defence, rail, maritime and fire brigades. He is a member of the International Colour Vision Society. He is currently Regional Director, Naval Health Reserves for Victoria and Tasmania, and is the current Chairman of Southern Region Triumvirate.*

Colour vision standards in the Australian Defence Force using Colour Perception Categories 1, 2 and 3 were set in a past era. Since then the nature of warfare has changed, with, on the one hand, increased use of technology and less direct dependance on vision, but, on the other hand, increased use of colour in displays; there is a better understanding of the nature of colour vision with an appreciation of the rather arbitrary levels at which the current standards are set; there is an increased incidence of acquired colour vision defects in the general community; more sophisticated colour vision testing is now available; and risk assessment and risk mitigation or elimination strategies are now being employed to manage occupational risk, such as the risk to safety critical work from workers with defective colour vision.

The utility of current ADF colour vision standards is reviewed in the light of these developments and ways forward explored.

**Key Words:** colour vision, military medical standards, colour perception

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