

“It is the **military** that must make the **final call** in terms of acceptable risk.”

Members of 1st Close Support Battalion unload supplies and equipment to establish a field hospital at Mourilyan harbour during the first stage of phase three of Exercise Sea Dawn 2014.

Saab, Aspen Medical, Philips and Marshall team for JP2060

Katherine Ziesing | Canberra



With industry expecting a RfT for JP2060 Deployable Health capability sooner rather than later, the first consortium to break cover has been confirmed. Saab will prime a team consisting of Aspen Medical, Philips and Marshall.

All four companies have form in their respective areas of expertise, both in Australia and overseas.

Aspen Medical has been providing turnkey medical solutions internationally for well over a decade and working with the ASDF since its inception in 2003. Philips is a world leader in imaging and monitoring machines while Marshall will deliver the tents and other hardware associated with the program. Saab has been working in this space for over 30 years in its home market of Sweden and is a well-known systems integrator in Australia.

The Swedish Embassy hosted a Deployable Health Symposium in Canberra yesterday with speakers from both the UK and Sweden comparing lessons learned with their own deployable health capabilities.

Major General Martin Bricknell, the director of medical policy, operations and capability in the UK MoD's HQ Surgeon General office, spoke of the experience at Camp Bastion in Afghanistan over a 10-year period, which saw almost 8,000 patients come through its doors. Operation Herrick over this period saw an increase in the severity of injuries but also saw an increase in efficiency and improved patient outcomes. This was a result of lessons learned that were applied all along the patient line: at the point of injury; care in the field; and at hospitals (roles 2 and 3).

His biggest tip for the JP2060 team? You have a blank piece of paper; procure a system that was *designed* as a system that includes:

- Shelter
- Power
- Water
- Climate control
- Clinical departments as a system
- Logistics
- Paper/electronics

Dr Rickard Ånell, currently Saab's Global Medical Advisor, left the Swedish armed forces only two years ago after stints in both the Army and Air Force. In explaining the Swedish military medical system, it was clear there were vast differences to the local landscape; Sweden for many years planned on taking civilian doctors from the health industry and putting them into military hospitals as needed. This has since evolved based on operational experience. The focus was on the field care rather than hospital-based care wherever possible.

He stressed the needs versus wants when preparing operational requirements. While doctors must have a say in this process it is the military that must make the final call in terms of acceptable risk. He also spoke of the need for medical equipment and facilities to be platform agnostic, as they may have to set up in tents or a building and be transportable in all weather conditions.