

# Chapter 20

## Safety and welfare on deployment

20.1 The very nature of a peacekeeping operation brings with it increased risks to the health and safety of personnel.<sup>1</sup> In this chapter, the committee focuses on the practical measures taken to promote the health and safety of Australians when deployed on a mission. It is primarily concerned with ADF and AFP personnel and is particularly interested in:

- command structures;
- local knowledge; and
- available health care services—provisions for medical emergencies and for rest and recreational leave.

### Operational environment

20.2 On many occasions, the UN has expressed concern about the number of peacekeeping personnel who are injured or killed while serving on a peacekeeping mission. For example, in January 2005, the Special Committee on Peacekeeping Operations noted the challenge that acts of violence posed to UN field operations and called for the utmost priority to be given to enhancing the safety and security of UN personnel in the field.<sup>2</sup>

20.3 As of 31 May 2008, there had been 2,474 fatalities in UN peacekeeping operations since 1948. Thirteen Australian peacekeepers have died on peacekeeping missions while many others have experienced long-term adverse effects attributable to their service (see Appendix 6 for the names of Australians who have died on peacekeeping operations). Hostile actions, however, are not the main cause of death or injury to peacekeepers. Accidents, trauma and disease account for a significant

---

1 UN Department of Peacekeeping Operations, <http://www.un.org/Depts/dpko/fatalities/> (accessed 2 October 2007). See for example, *Challenges of Peace operations into the 21<sup>st</sup> Century*, Concluding Report 1997–2002, p. 202.

2 UN General Assembly, *Report of the Special Committee on Peacekeeping Operations and its Working Group*, A/59/19/Rev.1, 31 January–25 February 2005 and 4–8 April 2005, paragraph 57. See also UN General Assembly and Security Council, Report of the Secretary-General, *An Agenda for Peace: Preventive diplomacy, peacemaking and peace-keeping*, A/47/277–S/24111, 17 June 1992; UN Information Service, GA/PK/187, 28 February 2006; UN, *Year in Review 2005, Introduction*. Most recently, in February 2007, the Secretary-General noted the expanded activity of UN peace operations and the 'often volatile and insecure' environment in which peacekeepers operate where at times 'the presence of United Nations peacekeepers may be resisted by factions and armed groups that remain outside a peace process'. UN General Assembly, Report of the Secretary-General, *Implementation of the recommendations of the Special Committee on Peacekeeping Operations*, A/61/668, 13 February 2007, paragraph 9.

number of the serious health problems of peacekeepers.<sup>3</sup> Statistics provided by the Department of Veterans' Affairs (DVA) indicate some of the causes of the longer-term health problems that have resulted from service in peacekeeping operations. They include injury and poisoning, mental disorders, infectious and parasitic diseases and diseases of the musculoskeletal system.<sup>4</sup>

20.4 In Chapters 9 and 10, the committee noted the pre-deployment health and safety training of ADF and AFP personnel preparing to participate in a peacekeeping operation. Overall, the committee formed the view that such preparation is adequate though it did raise concerns particularly with regard to compliance with safety rules and regulations.<sup>5</sup> The committee now turns to the measures taken to minimise the risks to the physical and mental wellbeing of Australian peacekeepers on deployment.

### *Command of Australian forces*

20.5 The control and command structure of a peacekeeping operation has implications for the safety and wellbeing of peacekeepers. Mr Michael Potts, DFAT, noted that many countries place a high priority on maintaining sovereignty over their forces. He said 'most but not all countries do not want their troops deployed without some ability to say, "Not to this country or to that country"'.<sup>6</sup> Lt General Gillespie also noted that the current norm for Western nations is 'never to give away their sovereignty'.<sup>7</sup> Consistent with this view, Defence made clear that the ADF always retains national control over their personnel:

It is Australian practice to deploy a national command element to effect national command responsibilities over ADF personnel assigned to a UN operation or multinational force thereby allowing ADF personnel to remain under Australian command.<sup>8</sup>

20.6 Lt Gen Gillespie argued that Australia cannot divest itself of sovereignty interest for a number of valid reasons. He explained that if the ADF surrendered full command of its military forces, it could not control where and under what conditions they were employed, the length of the engagement, or whether, for example, they were fed properly. He explained that the ADF retains sovereignty over Australian

---

3 As an indication and based on statistics to 31 May 2008, of the 2,474 fatalities, 951 were due to accident, 664 to illness and 701 to malicious act. UN Department of Peacekeeping Operations, <http://www.un.org/Depts/dpko/fatalities/> (accessed 2 October 2007). See for example, *Challenges of Peace operations into the 21<sup>st</sup> Century*, Concluding Report 1997–2002, p. 202.

4 *Committee Hansard*, 24 July 2007, p. 30.

5 See paragraphs 9.53–9.64; and 10.51–10.71.

6 *Committee Hansard*, 13 September 2007, p. 9.

7 *Committee Hansard*, 24 July 2007, p. 15.

8 Defence, answer to written question on notice W10, 24 July 2007.

troops and allocates them under various instruments such as the rules of engagement or the memoranda of understanding.<sup>9</sup> Further:

There are some guidelines which state that I can say no or we would take the issue to our government and say, 'A unique set of circumstances have come up. They want us to do this. What do you think?' Unless you are prepared to do that or you hive off a part of the coalition area, specifically call it 'Australia land' and do it from Australia, you have to be prepared to release your troops. What we do not ever do is give full command to those people.<sup>10</sup>

20.7 Retaining control means that Australia can set and insist on its own safety standards with regard to matters such as personal safety. For example, Lt Gen Gillespie noted:

The ADF has a very strict rule, which our soldiers, sailors and airmen and airwomen really do not mind—that is, when you deploy with weapons and ammunition, there is no alcohol.<sup>11</sup>

20.8 Squadron Leader Ruth Elsley, who had national command of a contingent of Australian troops engaged in the UN mission in the Sudan under a force commander, informed the committee of a particular incident. In this case, because of health and safety reasons, she intervened to ensure that the welfare of a member under her command was not jeopardised:

...at one time I stopped the deployment of a member to a particular area in Sudan because the medical support was not there. The force commander accepted that and, when that medical support was there, they went in. Other than that, the force commander—as long as it went along with our rules of engagement et cetera and what we were sent in there to do—had full command over where they went and what they did. They still reported to me throughout the mission, but they came under a force commander.<sup>12</sup>

20.9 The only significant evidence received by the committee suggesting that the chain of command arrangements were not satisfactory related to the Australian Training Support Team East Timor (ATST-EM). Captain Wayne McInnes informed the committee that his team 'had no idea of who was the ultimate commander of ATSTEM' and further that there were no clear reporting lines.<sup>13</sup>

20.10 Another submitter, also posted to ATST-EM, similarly described the baffling command arrangements. He stated that the chain of command was 'convoluted', with

---

9 *Committee Hansard*, 24 July 2007, p. 15.

10 *Committee Hansard*, 24 July 2007, p. 15.

11 *Committee Hansard*, 24 July 2007, p. 6.

12 *Committee Hansard*, 24 July 2007, p. 14.

13 *Submission 5*, p. 1.

members of his team unaware of who was their overall commander. He stated that 'to say the chain of command was confusing at times [was] an understatement'.<sup>14</sup>

20.11 Defence explained that, although the practice was to have ADF personnel assigned to a UN deployment under Australian command, the arrangements for the training support team were separate to that of a peacekeeping operation.<sup>15</sup> It stated that the lack of a designated commanding officer for ATST-EM was 'identified early in the deployment, which may have caused some initial confusion, but was rectified'. According to Defence, 'A comprehensive command structure was put in place for the team, reinforced in a directive from the CDF and the Secretary to the team's commanding officer'.<sup>16</sup>

20.12 The difficulties experienced by ATST-EM members appear to have been at the heart of their concerns about the inadequacy of force protection. As noted in Chapter 7, two members of this team suggested that they had no force protection which, in their view, placed them at extremely high risk. More generally, Mr Paul Copeland, Australian Peacekeeper and Peacemaker Veterans' Association (APPVA), drew attention to smaller contingents not directly under the command of Australian commanders:

Force protection has been there; however, the force protection goes around protecting itself, and sometimes when specialist troops are deployed in the field they are left to defend themselves. So there is a bit of a communication gap in working hand in hand with foreign forces within the United Nations.<sup>17</sup>

20.13 Clearly, the ADF needs to maintain command over its personnel to ensure that it can intervene if it believes that its members are being asked to perform or operate under circumstances that are incompatible with the mission's mandate, the rules of engagement or the principles of international law.

### ***Committee view***

20.14 The committee agrees with the ADF's insistence on retaining ultimate command over its members as a means of affording them greater protection. It notes, however, the problems experienced by members of ATST-EM where the absence of a clear and effective chain of command placed them in a difficult situation. This experience underlines the importance of ensuring that Australian peacekeepers operating outside a recognised Australian chain of command have an Australian commanding officer who is directly responsible for them and to whom they should

---

14 *Submission 7*, p. 2.

15 Defence, answer to written question on notice W10, 24 July 2007.

16 Defence, answer to written question on notice W10, 24 July 2007.

17 *Committee Hansard*, 21 August 2007, p. 42.

report. It should be noted that, according to Defence, the problem with ATST-EM was identified and rectified.

### ***Information gathering***

20.15 A critical factor underpinning the safety of peacekeeping personnel is good, sound and reliable local intelligence. Here the committee turns to explore some of the evidence received suggesting deficiencies in Australia's intelligence-gathering capacity.

20.16 The AusAID submission implied that Australia needed to improve local information gathering. It indicated that recent tensions in Fiji, East Timor, Tonga and Vanuatu 'point to the need for more effective analysis of the triggers of conflict in the region, and the grievances that underpin them'.<sup>18</sup> When asked directly by the committee about the adequacy of local information gathering, Mr David Ritchie, disagreed with AusAID's observations. Rather than answer the question, he described what he believed was 'a pretty strong diplomatic network in the Pacific':

...we look to our diplomats on the ground to understand what is happening in the countries where they are accredited and to give us constant reporting on what the security situation is going to be, for this sort of purpose but also for consular purposes...we maintain the expertise that we have here in Canberra both in DFAT and in the intelligence agencies, which are able to analyse situations on the ground in the Pacific and make the calls that we need to make almost daily in terms of the issues that we face with a huge operation like RAMSI. I think in large part it boils down to maintaining the expertise on the ground and at home, to be able to analyse the situations on the ground.<sup>19</sup>

20.17 The committee agrees that the quality of intelligence available to peacekeepers depends on the expertise on the ground and at home to assess local developments. The committee, however, was seeking to establish whether that expertise was there. Indeed, a number of other witnesses supported AusAID's concerns. Associate Professor Wainwright suggested that Australia needs to become better at recognising the warning signs when flare-ups occur.<sup>20</sup> Professor Andrew Goldsmith, Australian Research Council Linkage Project with the AFP, was of the view that Australia probably suffers 'from deficiencies in local area knowledge which undermine our efforts'.<sup>21</sup> He noted that the political deterioration leading up to the violence in Honiara in April 2006 seemed to take everyone by surprise:

No-one, from our perspective, seemed to have any prior warning. And as we have had a lot of people on the ground there since 2003, you have to ask

---

18 *Submission 26*, p. 14.

19 *Committee Hansard*, 25 July 2007, pp. 59–60.

20 *Committee Hansard*, 20 August 2007, p. 11.

21 *Committee Hansard*, 20 August 2007, p. 48.

if we have good enough intelligence and what can be done to improve the situation.<sup>22</sup>

20.18 With regard to this incident, the AFP explained that 'Information processes were in place, and were robust. However, no credible intelligence emerged either before or after the event that there was any identifiable threat to public safety on 18 April 2006'.<sup>23</sup>

20.19 The AFP informed the committee that intelligence support to the mission was reviewed following the April 2006 riots. The review 'identified the need to establish a centralised analytical capability within the mission to improve both coordination and RAMSI's force protection needs'. According to the AFP, it is funding the Coordinator's position within the new organisation structure to better manage the information process and to enhance the analytical capability. Furthermore, it indicated that recruitment of identified staffing expertise required by the organisation is being addressed along with other agencies. Additionally, there is 'an enhanced focus towards improving the Solomon Islands Police Force's intelligence capability'.<sup>24</sup>

### ***Committee view***

20.20 The committee notes the suggestions raised by a number of witnesses about the need to improve the gathering and analysis of local information. It therefore urges agencies engaged in missions to examine closely the ways that local knowledge and information can be gathered during the conduct of missions. It considers the possession of this knowledge to be of vital concern to the success of any peacekeeping operation. The committee also notes the measures taken by the AFP, following the Honiara riots, to improve local intelligence gathering in Solomon Islands and its analysis. This response indicates the AFP's readiness to learn lessons from particular incidents. Even so, the outbreak of violence in both Timor-Leste and Solomon Islands in mid-2006 caught Australian forces unaware. Lapses of this kind are of great concern to the committee since they may threaten both the safety of Australian personnel and perhaps, ultimately, the success of the operations.

20.21 In the following section, the committee considers the medical care and assistance available to ADF and AFP personnel on deployment.

### ***Medical care of Australian peacekeeping personnel***

#### ***ADF***

20.22 As noted earlier, the ADF has a deployment culture and has long been accustomed to providing the full range of medical services to its forces on overseas

---

22 AFP, answer to written question on notice 5, 25 July 2007.

23 AFP, answer to written question on notice 5, 25 July 2007.

24 AFP, answer to written question on notice 5, 25 July 2007.

service. Access to mental health support is provided during deployment through 'embedded assets, fly-in capabilities or coalition forces'.<sup>25</sup> Medical and psychological personnel, chaplaincy and command provide immediate and ongoing support in garrison together with the Defence Community Organisation and the Veterans and Veterans Families Counselling Service.<sup>26</sup>

20.23 The only significant criticism of the provision of medical services to ADF peacekeepers came from the APPVA. Mr Paul Copeland was of the view that medical evacuation procedures for Australian troops have at times been very poor. Although noting that medical evacuation plans (MEDEVAC) must be firmly in place prior to deployment, the APPVA maintained:

Past experiences has seen seriously injured ADF members been repatriated by civilian aircraft, without the company of a medic or nurse. This places serious risk to the ADF member. Another experience was the ADF arguing over the repatriation of a soldier in a serious condition, risking the loss of his right leg, as to who was going to pay for the C-130 Hercules MEDEVAC mission—the UN or the ADF. The result was that the MEDEVAC Crew arrived five days after the request. The latency of the MEDEVAC response could have jeopardised the soldier's life.<sup>27</sup>

20.24 Apart from APPVA's suggestion that the ADF's medical evacuation procedures have on occasion fallen short of acceptable standards, the committee received no evidence to suggest that there were any systemic problems with the provision of medical services on peacekeeping deployments. ATST-EM, however, once again raised concerns about the conditions under which its members were deployed.

20.25 Captain Wayne McInnes argued that the health of ADF personnel serving with ATST-EM was put at risk because of inadequate medical services. Referring to his experiences while serving with the mission, he stated:

We should have had guaranteed medical support. We are all trained in basic first aid and we did some triage training before we left Metinaro, to the degree where we practised how to cannulate and so on. But you need a trained medic in that particular incident, because we were four hours from Dili in an isolated location in the mountains, in atrocious conditions...once we arrived at Los Palos we found that something like 150 of the soldiers had fairly severe symptoms of malaria. We had a huge outbreak of diarrhoea.<sup>28</sup>

---

25 Defence, answer to written question on notice 25, 24 July 2007.

26 Defence, answer to written question on notice 25, 24 July 2007.

27 *Submission 16*, paragraph 8.5.

28 *Committee Hansard*, 21 August 2007, p. 56.

20.26 The committee has already noted the circumstances of ATST-EM and has suggested that the ADF use the experiences of this small unit as a case study for future reference.

### *AFP*

20.27 The AFP has in some instances relied on the ADF to supply medical services. For example, in Timor-Leste in 2006, where the environment was at times dangerous, the ADF provided the medical capability in case of severe or serious injury to AFP officers.<sup>29</sup>

20.28 Assistant Commissioner Walters explained that the AFP prefers to engage contractors, such as Patrick Defence Logistics (PDL), to provide that support so that the AFP does not have to build that level of capability within the IDG.<sup>30</sup> He said:

The medical services in the Solomon Islands are provided through a contractor, so probably the best medical facilities there are provided within GBR [the RAMSI headquarters]. If there is any doubt about a member's health, we repatriate them back to Australia for further tests and medical services, depending on what the situation is. We think that we provide a fairly robust support network for our members offshore and for their families back here as well.<sup>31</sup>

20.29 It was similar in Timor-Leste, where PDL was contracted to 'find sufficient accommodation for 200 police officers and provide the food, security, transport and medical support that was necessary'.<sup>32</sup> The committee received no evidence indicating shortcomings in the medical and health care arrangements for AFP officers deployed on peacekeeping operations.

## **Rest and recreation**

### *Leave and redeployment*

20.30 The Regular Defence Force Welfare Association noted that 'both the ADF and the AFP have policies that specify a minimum of twelve months in Australia before being deployed again but in both organizations these policies can be reviewed for exceptional circumstances'.<sup>33</sup> It stated:

---

29 *Committee Hansard*, 25 July 2007, p. 16.

30 *Committee Hansard*, 25 July 2007, pp. 16 and 17.

31 *Committee Hansard*, 25 July 2007, p. 15.

32 *Committee Hansard*, 25 July 2007, p. 17.

33 *Submission 8*, Annex C, p. 6.



Due to shortages of ADF personnel, entitled leave may not be able to be taken on return from peacekeeping deployments, which impacts on the health and wellbeing of service personnel and their families.<sup>34</sup>

20.31 The committee did not receive evidence suggesting that the rest and recreation period between deployments has caused problems for ADF or AFP personnel. It is nonetheless an important consideration for the health and wellbeing of Australians serving on peacekeeping operations. The policies in place to ensure that personnel have adequate breaks in overseas deployments should be observed. This comment is made in light of the difficulties facing the ADF and the AFP in recruiting and retaining skilled personnel and the recent increase in demand for peacekeeping operations in the region.

## Conclusion

20.32 The committee briefly looked at the measures taken to minimise the risks to the health and safety of Australian ADF and AFP personnel while on deployment. The evidence did not indicate any systematic problems with the health services and medical practices provided to Australian peacekeepers on deployment. ATST-EM, however, shows that there are always exceptions that underline the importance of learning and capturing lessons from any lapses or failings in the system. The committee has made a recommendation with regard to a review of ATST-EM (see Recommendation 4).

20.33 The following chapter continues the committee's consideration of these measures by looking at post-deployment health practices and procedures.

---

34 *Submission 8*, p. 2. The Australian Veterans and Defence Services Council Incorporated (AVADSC) recommended that 'Member not to be re-deployed until leave granted is taken in full and he has another three months before being re-deployed at home'. *Submission 10*, p. 4.