

## **PRESENTATION TO NEWCASTLE BOYS HIGH OLD BOY'S ASSOCIATION**

**15<sup>TH</sup> AUGUST 2004**

### **“Waratah to Kigali - A Journey of Learning, Comradeship and Enlightenment”**

I would like to thank Peter Scaife and the committee for the invitation to address the Annual Dinner of the OB Association. I am honoured to be able to stand and speak with such a distinguished audience and meet with my old school friends after many years.

The challenge for me this evening I guess is to keep every one alert after such a good meal and a few drinks, so I will see what I can do.

After my initial chat with Peter I began to try to remember some of the characters and events that happened to me at the school which later had an influence on my adult development and how these people or events may have helped shape me as an individual, and gave me the intrinsic strength to survive some difficult and demanding workplace environments that were to become part of my life.

For reasons unknown to me these were some of my recollections:

The first was that famous Thespian and leader of men Vic Rooney. Vic in my eyes was always a kindly father figure with a booming voice and as the OIC Captain of the Cadet Detachment and leader of men, always had that turn of phrase for any battle. “Once more into the breach dear friends once more “ was believed to have been heard on several occasions as we counter-attacked Scots College in the middle of a freezing Singleton night with our state of the art 303's and WWII uniforms, ah yes! those were they days, when men were men.

I also seem to recall that the leader of the Boys High Cadet Band of whom I was a member, (whose name cannot be mentioned for security reasons) ended up as a Senior Intelligence “Spook” as they are affectionately known in military circles. I am sure that the attribute of being able to coordinate a group of tone deaf, out of step and out of tune with the rest of the world musicians stood him in good stead for future roles. Who knows, he may have even given me my security clearance.

Potsy my Science teacher and basketball coach with the trendy flick over hair-do who constantly reminded me that “ You can do better and are capable of more “ - little did he know that at an early age I had decided that surfing and women beat academia hands down. (In hindsight I wish I had paid more attention to Potsy). I do however believe that I did do better it just took me a little longer than most.

I recall incidents of lateral and creative thinking when we arrived at school to find the quadrangle outside Ben's tuckshop dammed, filled with water and the proud owner of a new rowboat, and all the schools garbage tins on the roof.

The nicknames and memories came flooding back TOC O'Connor, Goofy Goffett, Molly Hindmarsh, Sniff's O'Donohue, Lord Laffey, to name but a few and filled me with a warm sense of belonging not unlike the feeling I was to get when my career took me into the military forces.

As you have heard from Peter in his opening statements my career had followed a medical / nursing path which took me into the fields of Advanced Life Support, Forward Field Surgery and Medical Support in operational military and humanitarian settings.

So the main focus of my talk this evening is to try to give you a small insight into what it is like to work under operational conditions from a medical perspective and as a soldier, as part of a United Nations Peacekeeping (invited) or Peacemaking Force (Not invited). (Explain difference)

Australians have a long and proud history of pursuing the cause of peace on the international stage even from the early days of our history. Post WWII we have been, and still remain actively involved in the role of a peacekeeper. Currently we are involved in five UN sponsored Operations and two non-peacekeeping roles in Iraq and the Middle East.

Each UN mission has some similarity in the intent of the mission but the political circumstances, the culture of the people and the geography of the country are generally markedly different.

Often the political, law and fixed infrastructures are non-existent because of the ravages of war, and a military support force has to bring the required equipment and specialised personnel with them to ensure that law and order is maintained, and that the support structures not only support the UN Force but where possible provide aid for the civilian population.

The lead time to the initial deployment is often short and the distances long, presenting many logistic and human resource hurdles to cross. Pre-deployment training must be carried out with an emphasis on fitness, teambuilding, dissemination of intelligence, retraining in basic field craft and weapons training for the non-arms corps and briefs on the current cultural and political differences within the populations.

The legal aspects of international humanitarian work are also clearly explained and reinforced, this would include in what situations you can return fire and when it is unwise not to. This line is often blurred and a peacekeeping soldier must show great restraint even under fire. This strategy does not always auger well with the Infantry who are trained to aggressively advance and hold ground. There is also a strong focus on understanding and adherence to the humanitarian principles of the International Red Cross.

Health intelligence is vital to survival within many of these countries for it is not only weapons of war that kill soldiers. In any war or operational deployment the highest casualty rate is from disease. In Cambodia the disease rates rose rapidly with the change of seasons, peaking in the wet season, and despite the availability of modern drugs and expert professionals we all fell ill to some form of disease.

During my career I had two postings, one as the SNO to the Force Communications Unit (FCU) United Nations Transitional Authority in Cambodia (UNTAC) in 1993 and the other as the Nursing Officer and Acting SNO to the Medical Support Force (MSF) UN Assistance Mission in Rwanda. (UNAMIR II) in 1995. (You can see nicknames and acronyms were to follow me closely in my career!)

The mandate for UNTAC was to supervise a ceasefire between the warring factions within the country (this included the Khymer Rouge who had initiated the genocide under the Pol Pot regime and had killed up to two million Cambodians), disarm and demobilize the factions, supervise and rebuild the administration structures and organize and conduct free and fair elections.

To complete this monumental task the UN organised a force of 15,547 troops, 893 military observers, 3500 civilian police, 1200 UN staff and 4830 local staff, who were drawn from 47 countries.

The military commander was Lieutenant General John Sanderson who was the first Australian commander of a UN force and is currently the Governor of Western Australia.

Despite the presence of such a large force it remained a very dangerous country. Over the two year period of the mandate, 83 UN personnel were killed including 45 military and 16 civilian police. The risk was not only from the KR elements and the various factions, but from the millions of land mines indiscriminately scattered throughout the country.

A landmine is an insidious weapon made of plastic and virtually undetectable, it generally will not kill you, will shred one or two of your limbs, take out an eye or a hand on the way and require massive amounts of medical, logistic and rehabilitation support to try and get you back into the workforce if in fact you can.

Australia's main military contribution was the Force Communication Unit (FCU) of 600 mainly signals / communications personnel drawn from the Army, Air Force & Navy. The FCU's mission was to provide the communications for UNTAC throughout the country.

HQ was established in Phnom Penh, with Signals detachments placed in strategic locations throughout the country. My role of the SNO and along with the Medical Officer Captain Susan Neihhaus was to ensure best practice medical support to the Australian Defence Personnel throughout the country.

The main medical centre was situated with the HQ unit in Phnom Penh and we had established Regimental Aid Posts (RAPs) at the main communication centres throughout the country. A RAP is usually manned by medics with advanced medical skills.

Casualties requiring specialist treatment were evacuated by air back to us at the Med Centre, treated and returned to unit or evacuated back to Australia. The types of injuries we treated were from trauma (usually road accidents), general soft tissue injuries associated with a fit soldier, and a wide variety of tropical diseases which included all forms of Malaria, Meningitis, bacterial infections, and dysentery which despite all our preventive measures affected everyone.

Regular visits and inspections were made throughout the country allowing us to regularly check on the standard of health provision, which, given the circumstances, was very high. It also allowed us to see parts of the country which had been inaccessible to foreigners. One of the highlights for me was to tour the temples at Ankar Wat in Northern Cambodia, considered one of the Seven Wonders of the World, and be the only person in the area with the exception of a few limbless beggars.

The elections were successfully carried out within a tight security framework as we expected attacks even in Phnom Penh from the KR who refused to be part of the election process. We had strengthened our defences throughout the HQ and were well prepared for any attack.

This did not happen in Phnom Penh but random attacks of violence were common throughout the provinces. The elections were completed with a 95% turnout. On completion of the elections the unit was withdrawn and the communications system was handed to commercial enterprises under the control of the government.

While there was the inevitable criticism of the UN, UNTAC completed a transition that saw the restoration of civil rule after years of civil war and foreign intervention and is still considered one of the most successful UN deployments.

Ten years ago this year the UN established an international force known as the United Nations Assistance Mission for Rwanda (UNAMIR) to act as a policing force to ensure stability and security, support humanitarian assistance, clear landmines and help refugees displaced by the interethnic fighting and genocide that had taken place in the previous twelve months.

Rwanda is a landlocked country situated in central Africa and about the size of Tasmania.

At its peak UNAMIR consisted of 5500 military personnel, 90 civilian police and sixty local and international administration personnel.

After the conservative Presidents of Rwanda and Burundi were killed in a plane crash in which the circumstances are yet to be determined (UN speak for a heat seeking missile or bomb), a wave of political and ethnic killings commenced. The Prime Minister, Cabinet Ministers and UNAMIR peacekeepers were among the first victims.

It is a conservative estimate that in a three month period over 500,000 people out of a population of 7 million had been murdered by the Hutu extremists; these people in most circumstances were left to rot on the streets, in their houses and churches as the world stood by and watched. This scene was to greet the advance party and first contingent on their arrival in Rwanda. President Bill Clinton in his recent biography stated that one of his greatest failures in foreign policy was not to send American support to the country when they knew the atrocities were being committed.

The Tutsi minority who suffered the brunt of the genocide already had a well organised force of troops known as the Rwandese Patriotic Front (RPF) who had based themselves in Uganda. They attacked the predominately Hutu armed forces, soundly defeated them and set up their own interim then established government.

Australia sent a Medical Support Force which consisted of a Tri-Service Medical Company which had a surgical support capability, a Company of Infantry for protection and Logistic support and Engineering element to help build new infrastructure and defuse the munitions and anti-personnel mines spread throughout the country.

Our main role was to support the UN Force and the local population with any spare reserve. As there was a ceasefire and relative stability in the country much of our focus turned to humanitarian support.

We took over a part of Kigali Hospital, which was a burnt out shell ravaged by war and still containing the decomposing bodies of patients and staff who had been murdered in the genocide, turning it into a highly efficient field hospital.

The hospital was cleaned up allowing primary surgical and medical care to be given. My role was as the Nursing Officer in the Operating Theatre and an acting role as the Senior Nursing Officer. We treated many non-military patients and saw a variety of medical diseases unheard of in Australia due to our rigid health structure and immunisation policies. Surgical cases varied from war wounds including mine injuries, gunshot wounds, blast injuries from grenades and machete wounds from the genocide. Trauma from road accidents and work place injuries also were a common part of our busy daily workload.

There was also an ever present danger to surgical staff as it was estimated that over 50% of our patients had Aids or HIV and infection control was utmost in our mind.

A strong focus was providing medical and surgical support to children as by now there were over 80,000 orphans in the country. This care was provided through in-patient services, external medical clinics and orphanages. It gave us all great pleasure to see the smile on a child who you have treated and cured, who has no parents and no family support and now had a little hope of survival for the future.

We were witness to another tragedy at a refugee camp near the southern town of Kibeho, this time perpetrated by the RPF. The RPF opened fire on a consolidated mass of over 100,000 refugees who included Hutu extremists. In one action over 4000 people were killed and 8000 wounded. The carnage defied belief to our western eyes and we provided medical support where best we could forward in the field, and at Kigali hospital where we operated for 48hrs non-stop as the casualties flowed in.

A highlight for me in this sad country was to travel to Ruengerri in the north of the country, climb ten thousand feet up a mountain and sit in the jungle with a family group of mountain gorillas. You quickly find out that a charging Five Hundred Pound Silver back male gorilla rules the roost and cowering with fear and not looking him in the eye is always the best option and does not reflect on your manhood but rather your survival ability.

Rwanda was a difficult mission and affected us all by what we saw and were involved in day to day. UNAMIR has the notoriety as the UN mission with the highest PTSD of any UN deployment. Over 30% of the force has been diagnosed with PTSD, and we all carry a little bit of the Rwanda baggage with us. I recently had a situation (Oliver).(Hotel California Syndrome).

While I was not consciously aware of the environmental influences acting on me during my school days, in hindsight I can see that Captain Vic Rooney et al demonstrated and reinforced the model behaviours of humanity, honesty, leadership, academia, discipline, teamwork and esprit de corp.

We were taught how we should act in life and conversely how we should act towards others. These basic principles were to be reinforced in my military career and I now use them to coach and support our new and emerging leaders.

I believe we are a still a country that believes in giving people "A Fair Go" and subsequently will actively defend the democratic rights of individuals. I also believe that if we do not continue to instil these principles in our children which includes that sense of fair play and a preparedness to stand up and be counted, then in our increasingly complex world this task will become much more difficult. If we do not keep this focus then the peace we have fought so hard for in our country will be eroded away.

Gentlemen, in conclusion may I say that I am very proud to call myself a Newcastle Boys High Old Boy, and I thank you for allowing me to address you all this evening.

Thank You.

Lew MacLeod

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