

A VIEW FROM THE FRONT

East Timor – Personal Reflections¹

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ABSTRACT

The author, who was a Lieutenant Colonel in the Royal Australian Medical Corps (RAAMC) Reserve, and is a Thoracic and Sleep Physician in civilian life, describes his experience of a tour of duty to East Timor with the UN Military Hospital, Dili, East Timor under UNTAET (the United Nations Temporary Administration in East Timor) from May to June 2000. This was his first time on Active Service overseas. He describes his difficulties in preparation prior to deployment, his experience of East Timor and his re-adjustment to civilian life.

Key words: Military Physician, Australian Army, United Nations Temporary Administration in East Timor (UNTAET)

INTRODUCTION

ST ANDREW'S WAR MEMORIAL HOSPITAL is a private hospital in Brisbane City where I consult and is the only war memorial hospital in Brisbane. It is dedicated to the memory of the 59,342 Australian soldiers killed and 152,171 Australian soldiers wounded in the First World War, all volunteers from a population of about 5 million people; a tragic national loss far greater than that of the U.S.A. in Vietnam. Australia had the highest proportion of casualties to soldiers in the field of any in the British Empire (64.8%)¹ and was the only all volunteer army in the Great War. "St Andrews" is also a living memorial to those Australian Service Men and Women of the Second World War and subsequent conflicts. It was in this context that I present my personnel experience, which followed that of colleagues who work at this hospital and of those Medical Officers who have served in our Armed Forces in the past. Such experiences should be recorded for subsequent generations to remind them of the cost of peace.

My tour of duty in East Timor followed six months after that of Lieutenant Colonel Lindsay McDowell General Practitioner of the St Andrew's Priority Emergency Centre who served with INTERFET in the first troubled weeks of September 1999. Following Lindsay's seven weeks in Dili with 1 JSU (1st joint Support Unit) during Operation Warden, I was deployed in early May 2000 during Operation Tanager (Australian Defence Force) at the UN Military Hospital, Dili under UNTAET (United Nations Temporary Administration in East Timor). I wore the blue beret of a UN "Peace Keeper" (Resolution 1272).

I was commissioned Captain on 2nd March 1988 and had initially served in the Army Reserve from 1987 with the 2nd Field Hospital, Brisbane (now 2nd Health Support Battalion or 2 HSB). Its roots date to the beaches of Gallipoli in April 1915 when it began as the 1st Australian Casualty Clearing Station (1ACCS) and later was called the 2nd Australian Field Hospital². As a civilian, I was a Thoracic and Sleep Physician but had done a lot of intensive care work over the past twenty years.

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PREPARATION

Between my clinical work, I had frequent visits to the Gallipoli Barracks, Enoggera, for uniforms and equipment, the obligatory mountain of paperwork, wills, a power of attorney, insurance, vaccinations, arranging spare pairs of spectacles and sunglasses, obtaining records of recent optical prescriptions, giving blood samples for DNA storage, and dental checks. The Army has its own strange ways of doing things. Although I had been in the Army Reserve for years, I often felt lost and frustrated in this world of seemingly endless mazes, new contacts and dead-ends. I found the process of preparation costly in time and money as I was in full-time private practice. The gulf between the Reserve and the Regular Army that I was soon to join was wide and full of impediments.

I waited for six months to do weapons training course in the F88 Austeyr as I had originally trained with the SLR. For months, no one could tell me if I would only need a pistol or, for that matter, any weapon at all but at the last minute, I spent my week of Easter holidays set aside for time with my family before deploying, doing a weapons training course. Each day, I drove two hundred kilometres from the north coast, much to my chagrin. It did not go down well at home. On Saturday 30th April 2000, arrived in Darwin wearing a military uniform, having been a sudden metamorphosed like Alice through a looking glass, into a different world.

DARWIN

In Darwin, which was steamy even by Brisbane standards, I met the new team members in an awaiting coach which took us to the Robertson Barracks on the city outskirts. This was our home for a week of preparation with yet more paperwork, lectures, briefings, quarantine, cultural and history lessons, security checks and instructions on the current rules of engagement (ROE's) with the Militia and Indonesians. With uniforms soaked in a trailer full of a milky-white solution of pyrethrum, we commenced doxycycline anti-malarial prophylaxis. I had already had seventeen inoculations in Brisbane including three lots of Japanese Encephalitis Virus. After a range practice, my second with the Steyr, and weapons proficiency test (TOET's), we were ready for the adventure in East Timor.

A large impressively sleek navy-grey catamaran, the HMAS Jervis Bay, lay at anchor at the Darwin Naval Wharf. Into its gaping open mouth with its to the reverberation of engine noise and the smell of diesel, salt and bilge water, we lugged our backpacks, bum bags, Steyrs and kit bags only to be greeted by clean airline seats arranged in rows more like a cinema than a troopship. At midday, the wharf faded silently into the distance as we sailed effortlessly at 40 knots for Dili, twelve hours sailing to the north of the island of Timor. I noticed that the ship could take 400 hundred troops was nearly empty as we sipped hot tea, coffee and ate fruitcake served at the bar at the back of the 'cinema' by a bearded seaman in dark blue and smelling of oil and tobacco.

DILI

Late that night, distant lights appeared on the port side; the Timor coast. Thoughts went through my mind of the carnage that had taken place there over the past 25 years². Captain Cook too had seen distant lights of fires along the same coast the first night he sighted Timor on his ship's ill-fated return from New Holland³. Even then, this mountainous, crocodile-shaped island had been a Portuguese colony since the early 1500's with elegant lateen-rigged caravels laden with spices and

coffee, plying the trade winds between Timor, Macau, Goa and Europe while the barren north of Australia was largely ignored.

We arrived at an oppressively humid Dili Wharf after midnight. Two Australian soldiers with two white UN Land Rovers awaited us on the wharf of floodlights and dust stirred up by forklifts noisily unloading with stop-start jerks, food, matériel and tonnes of bottled water. Tired and disorientated, we passed dark streets with row upon row of gutted buildings until we reached the UN Military Hospital, which we found out in the morning was the former Dili museum and not far from the airport.

UN MILITARY HOSPITAL, DILI

Around 0100, we were shown to our six man tent at the front of the Hospital, set up our mozzie domes to the familiar “chit-chit” sound of geckoes I knew from Brisbane, and collapsed onto squeaky, narrow stretchers. Well before dawn, at around 0400, I was aroused by the biblical crowing of local cocks, the pride of many a Timorese man who usually carried them under their arms like prized poodles. The main museum buildings had been converted into wards, accommodation, administration and field kitchen while the wards mostly under canvas or in Trelenbergs.

The heat and humidity were almost palpable. It was thick, invisible and enervating and made even more unpleasant courtesy of woollen socks, boots, long trousers, long sleeves down, especially after dark, and enhanced by the ever-present smell of insect repellent and sweat. Even coming from Brisbane, I still felt perpetually wet and languid. The notion of “going troppo” took on a new meaning. Everything took longer to do. The brain slowed down. The hectic pace of life of my private practice seemed a world away.

THE TEAM

Our medical team consisted of an anaesthetist, Group Captain Roger Capps; an orthopaedic surgeon, Wing Commander Gordon Morrison; a tropical disease and public health expert, Colonel Peter Warfe; and a general surgeon, Major Ken Hodby. I was the Intensivist and we came from Adelaide, Perth, Canberra and Brisbane. Although most of us had never met before, we soon enjoyed a great sense of camaraderie and humour. The first three veterans had served in Rwanda and Ken had just come from Bougainville. I was the novice. A young Regular Naval Lieutenant, Dr Andrew Davidson was our “registrar” who very ably ran the medical ward.

A challenge I faced in the intensive care unit was the timing of aero-medical evacuations to Darwin. Military aircraft do not run like the Swiss Railways and considerable planning and educated guess-work was needed. If you got it wrong and a casualty died before evacuation, you might expect a “ministerial” from Canberra and with the UN, the possibility of a political dimension to the incident. Evacuate too soon and you looked like dill to those in Darwin, as you had wasted a precious air resource and unnecessarily evacuated a soldier from an undermanned unit. I had to rely on sound clinical judgement, a sixth sense and sometimes flying by the seat of my pants, as there was no fresh frozen plasma, platelets and other niceties of “the big smoke”. This was particularly important with the then plethora of haemorrhagic dengue and

combined vivax and falciparum malaria, accidents from death-defying “bongo vans”, rooftops laden with Timorese, and the odd gunshot or grenade injury.

“COMS” (COMMUNICATIONS)

Because of the Telstra satellite link, I rang home almost daily. A few times I was rung about patients by nurses from St Andrew's Hospital unaware that I was away and once by the school wanting me to return some note. This produced in me a surreal feeling which was further compounded by the Internet. One day, I emailed an American cardiologist in Manhattan about an American UN civilian who had become my patient. Nevertheless, e-mail, the hospital's website and the mobile phone kept my wife and children in close contact. Separation became more bearable.

DISEASES

Dengue and malaria were the main diseases we treated. Malaria was frequently caused by both vivax and falciparum in the one patient and there had already been some deaths in soldiers from malaria. Dengue, including the haemorrhagic type was rife with up to over eighty cases treated before I had arrived. As well as a treating a range of tropical diseases, I diagnosed sleep apnoea, hypertension, pneumocystic pneumonia due to hitherto undiagnosed AIDS and many patients respiratory tract infections. I treated with the aid of the others, gunshot wounds, grenade injuries, sustained ventricular tachycardia, atrial fibrillation, heat stress and hyperthermia, and range of conditions rarely seen in Australia.

The Australian Army in East Timor had experienced an almost identical medical casualty profile of that suffered by my uncle's 2/3rd Field Regiment, 6th Division in New Guinea in 1945 with malaria, dengue and skin diseases vastly outnumbering battle trauma⁵. As in every military campaign since Napoleon and before, medical casualties out-numbered surgical battle casualties many fold. General practitioners and physicians were in their element, a lesson lost on each successive wave of military medical bureaucrats from then to now. Napoleon's Grand Army was destroyed not only by the pursuing Russians, nor by Old Man Winter, but also by typhus. Our patients were mainly UN military personnel, UN civilians and some East Timorese including Falantil guerrillas but I never saw any Militia.

THE STAFF

The Intensive Care Unit, which was three-bed in a small modular shipping container like the operating theatre. We frequently had patients in ICU with severe malaria treated with intravenous Quinine, which by virtue necessitated monitored beds. The nursing staff, mostly Reserve Officers, mostly women, upheld the proud tradition of their Corps with competence and kindness to their patients and colleagues. Many had been away from loved ones including young children for nearly six months and had already served with distinction in Rwanda.

We were confined to a few hundred square yards of the hospital, surrounded by a razor-wire fence guarded day and night by Portuguese UN soldiers armed with automatic weapons. A contingent of Egyptian doctors and medical personnel, all male, made up the other half of the hospital while triage and “re-suss” was shared by us and some Singaporeans. Because of cultural and linguistic barriers, the Egyptians led a fairly separate existence to us. They ate their different meals at separate times and their quarters were not under canvas but in a large building at the back of the compound, which had

been part of the museum. Armed with an Arabic phrase book, I set out to learn something of their language, script, customs and food and made friends with some of them. I was surprised how easily this broke down some well-entrenched misunderstanding that had existed before I arrived. Despite this and often the best of intentions from both sides, there continued to be major problems with medical sub-unit integration with the Egyptians.

A TRIP TO OCUSI

One day our laconic Commanding Officer, Wing Commander Peter Clarke, interrupted the endemic boredom, by asking me to fly at short notice with some Nursing Officers to Ocussi, the enclave in West Timor, to pick up some civilian casualties. I was met at the front of the hospital by an UN ambulance in which sat two RAAF Nursing Officers I knew. The air was stifling. In the windowless heat of the ambulance, they wore Kevlar flak jackets and helmets and, as for all such retrievals, we took webbing, bum bag, a ration pack, rifle and ammunition.

We avoided Indonesian airspace by flying out to sea where occasionally I spotted a pod of whales off the deep ocean trench. Ocussi, an hour's flight away had mountainous spurs extending right down to the sea and with very little habitable coastal plain. A few days before, we had evacuated a Timorese woman who had a 10kg mass, the size of a bowling ball, which had been present on her neck for 25 years. It turned out to be a benign pleomorphic, salivary adenoma when our surgeons and anaesthetist together skilfully separated the poor soul from her miserable burden. It was a major operation, and a challenge for all and would not have been possible had we not been there. On our return, an Army ambulance awaited us at the Komoro airfield where Hercules and Caribou taxied endlessly amidst deafening noise while dark-green airfield tents with sandbags covered beneath camouflage nets and fine red dust.

MONOTONY

Monotony was a large problem. Mail was infrequent, weeks old but keenly sought each day Trevor the Traction Engine, a treasure of my three year old son, was unwrapped and sat on my "dresser", cardboard carton sitting side on, next to my stretcher. He eventually returned home to the delight of his young master. Mum's fruit cake was an unexpected treat. I am sure it must have reminded her of the War when she cooked such "indestructibles" for her brothers on Active Service. My wife, Linda, sent two generous boxes of "goodies" I shared around, as our taste buds craved any deviation from ADF doctrine. I felt sorry for our cooks who laboured from cock's crow until late at night in the humidity of the steam and fatty fumes of the field kitchen.

The quality of the rations had deteriorated after INTERFET pulled out. The UN seem to tender to the lowest bidder. Australian orange juice became sour German grape-fruit juice. The fruit deteriorated in quality and bottled water which had come from Darwin became Indonesian. On one occasion, the coliform count was so high that tonnes of pallets of bottled water had to be discarded. Ironically for a few weeks after, we were put on water restrictions of 2.5 litres of bottled water per day per person; a challenge for any healthy tropical nephron. Not long after RAAF personnel received an order from Canberra on the new "official" way to lace up boots. Fortunately this innovation was impossible with my new Army boots.

In the late afternoon, when it became a little cooler, really a euphemism, we were unleashed in groups in PT gear and rifle, much to the mirth of the local children, for a pleasant stroll or jog of eight kilometres around the dusty Komoro Airfield, a few “clicks” west down the main road. As a special treat, we sometimes swam in the surf off the beach of coarse sand and large black volcanic pebbles at the end of the airfield. One of us always stood on lookout with our rifle ready for sharks or crocodiles and aware of the treacherous rip which swept west along the coast. On a clear day, from this peaceful paradise of coconut palms, surf, and sand, distant mountainous islands loomed and disappeared like grey ghosts through the sea haze.

The offer of a trip to town to the Australian Army Frontline Store, a modern “PX” of World War Two days, was never knocked back. Just to get out of the compound was a relief. We bought soft drinks and ice-blocks from home like kids on an illicit outing to the lolly shop to cash in some soft-drink bottles. Each time I was driven into Dili, I felt the bad “karma”; the atrocities, the hate, the intimidation, burning, pillaging and worse^{7,8}. Block by block... it had been systematically destroyed leaving gutted shells of buildings, rubbish, and burnt, twisted rusting galvanised-iron sheeting which some brave souls had in some places transformed into roadside stalls and shanty huts. The city’s infrastructure had been destroyed; electricity, water, banking, postal services - everything we took for granted. The only service station had been “trashed” and people made do by selling small but dangerous plastic containers of petrol by the roadside from their humpies and stalls.

THE EAST TIMORESE

The people looked surprisingly happy to be free. Perhaps it was wishful thinking on my behalf, a sort of projection to help me cope with the awfulness of it all. They had begun the slow rebuilding of their shattered society. I felt as an Australian that we and not just Indonesians shared in the guilt of what had happened over the past twenty-five years⁷. We were not the knights in shining armour we thought many thought we were. We had come too late. They impressed me with their graciousness, long-suffering, and charm. They were a proud but humble; God-fearing with a respect for their elders, families and ancestors. Collectively, they reminded me of the nature of Nelson Mandela. We had much to learn. Perhaps I was idealising them.

THE ORPHANAGE

Our hospital had supported an orphanage, which I also visited regularly with others to provide English lessons, material support and medical assistance to the children and nuns. I was once asked to see a young nun who lay on her low wooden bunk in a bare room with a clean white tiled floor so often seen in Timor. She was burning up. There was not even a paracetamol in the house. I gave the nuns a card of them I carried in my breast pocket and arranged admission to the UN Hospital. It was, I thought; dengue.

I always felt too big and awkward wearing boots, camouflage uniform, Steyr and stethoscope amongst diminutive nuns and shy little children... a bit like Alice after the potion that made her too big. The children were mostly six year olds but no bigger than my three year old. I wondered about their future mental health...

One East Timorese interpreter attached to us supported his family, brother and his children on his salary of \$6 US a day. He was hoping to study at a university somewhere one day. He was relieved be among the lucky few who were employed.

The brand new, white UN four wheel drives vehicles driven hither and thither by UN civilians stood in stark contrast like their colour, to the deplorable conditions of locals. UN civilians from all corners of the globe who ventured every morning from their quarters in the multi-storied air-conditioned “love-boat” in Dili harbour were, in general, resented by the Timorese unlike other agencies like the ICRC (Red Cross) and Médecins Sans Frontières. Not much money was sticking locally and most was going back overseas as wages.

THE ICRC HOSPITAL

Hurting along the poor Rafferty’s roads around Dili and environs were numerous dilapidated “bongo vans” (mini-vans) which acted as taxis and which often had dozens of people both inside and out, including many two or three deep in the front seat and up to a dozen on the roof. Traffic accidents were a frequent source of work for the Red Cross (ICRC) Hospital in Dili. I visited the Hospital on several occasions and befriended the doctors who worked there; mainly young European doctors and one young Australian anaesthetist from Brisbane, Dr Lisa Bennett, who worked tirelessly under trying conditions. She was doing over a dozen operations a day. On one of my visits, she told me that they had only a few ampoules of morphine left for several hundred patients including children with the all too common kerosene burns from stoves. I was appalled to see things I had only seen in textbooks like a poor young boy with paraplegia from spinal tuberculosis.

EXTRACTION

“Extraction” time eventually came. All our equipment had to be steam cleaned before leaving and run the gauntlet of the Australian Quarantine Inspection Service, who went through everything with a fine tooth comb looking particularly for grass seeds. After we had handed in our weapons and ammunition, I felt strangely uneasy without them for a few days. At Komoro Airport, a UN Hercules awaited us. Darwin appeared below an hour and a half later. On walking onto the hot glary tarmac of the Darwin Airfield, I felt a strange sense of relief and of letting my guard down. I felt like kissing the ground like I had seen the Pope do. It was not that I had been in any terrible danger but things just felt different here. On arrival at the RAAF base, we were each given a room in the mostly deserted Officers’ Quarters. It was early Saturday afternoon. I opened up the masonite door, and the louvres of my stuffy room, unpacked my some kit, ran a hot bath and lay there submerged in thought until my toes went wrinkly and the water went cold.

A few of us, who had to wait for flights the next day, went into Darwin for a seafood meal at the wharf. By good fortune, the assistance of a very obliging Captain from 6RAR and about four hours of phone calls to several head quarters across Australia, I managed to secure passage on a charter flight which had been arranged already for some from 6RAR going home to Brisbane on leave. We took off at 0200 on Sunday morning, a day before I was due to leave officially.

I stared out the aircraft window into the darkness of the night sky, my thoughts full of what I had experienced and of my wife and children still asleep back home. Two fixed bright lights appeared in the east. At first I thought it was another plane. But I knew them...Jupiter and Saturn, in the dark eastern sky. We were on a south-easterly heading for Brisbane.

HOME

We touched down on a cold, winter's morning, at 0600 on 4th June, a shock after the tropics. It was the coldest winter on record for Brisbane. I was later to find the short days and bleak light hard to adjust to; perhaps a mild dose of seasonal affective disorder?

On disembarkation from the plane, the weary young men in DPCUs from 6RAR were hugged and kissed by girlfriends and wives. I looked around... no-one. I went downstairs to collect my gear from the carousel along with the hundreds of others and waited out front in the cold. My jumper was my kitbag somewhere. By then, there were about a dozen of us standing forlornly near the taxi rank. One perceptive young soldier was heard to say to his mate as he passed by us with his girlfriend arm in arm, "Oh, those blokes are the married men!" Linda had the children to attend to before leaving and was a little late. I was met by my tired but relieved wife who gave me a big hug and a kiss. I was in one piece. I unloaded the trolley of its generous pile of webbing and kit into the back of the van and she drove me home, a little lost for words. We were glad to be together again on a cold, Sunday Brisbane morning. Life as a couple had begun again.

EPILOGUE

On returning from five weeks away and a total of seven weeks from my practice, I suffered from some culture and climate shock as well as the effects of two weeks of post-deployment malaria and worming prophylaxis. I had a good dose of the "blues" which also affected others too. It took me about three months before I felt normal. I had underestimated the cultural, social, environmental and emotional impact of even a brief stay of five weeks.

United Nations deployments may be even more stress-inducing because of the counter-intuitive Rules of Engagement, which set up the perfect climate for post-traumatic stress disorder^{9,10}. I had no post-deployment debriefing or follow-up by the ADE. As I continued to lose weight and had seen a lot of patients with tuberculosis in Timor, I arranged my own chest x-ray as well as my own malaria screen and dengue serology to see if I had seroconverted. I had disappeared back into the anonymity of civilian life.

Not long after my return, I was followed by Major Peter Lavercombe, Intensivist at St. Andrew's who went to East Timor also as an Intensivist having been "invited" only last year to join the Army Reserve because of ICU skills were in short supply. Flight Lieutenant Andrew Bryant, visiting Gastro-enterologist at St Andrew's, served for five weeks with our peace-keeping force in Bougainville in December 2000.

I came back 6kg lighter and nearly a year later, had not regained that weight and was \$40,000 lighter in my back pocket. My wife, Linda, a psychiatrist, had just started some sessional work, was caring for our three children including a daughter aged 15 months, a son aged three, who missed me terribly, and a daughter aged 9. She found my absence a strain especially as she still had to run my affairs of my quiescent practice. This was compounded by the Army's failure to pay me the vital private practice allowance and salary even months after my return despite reassurance to the contrary I had even used up my long service leave and holiday leave at the Redcliffe Hospital to help pay for the deployment.

I feel proud to have been part of this team and to have contributed to the military traditions of the St Andrew's War Memorial Hospital, the Royal Australian Army Medical Corps and the Australian Defence Force. I believe that we should support not only those who are on medical deployment but also their families. Unfortunately, Specialist Reserve Medical Officers often operate independently from the Regular Army, all too often in a vacuum and without the support of a unit. The largest cost is still borne by our families. More can be done. I resigned my commission on 21 March 2003 after long-standing disillusionment about the current lack of support of Reserve Specialists in ADF Health and also because of Australia's invasion of Iraq without the mandate of the United Nations. I dedicate this paper to my wife, Linda and my seven children.



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