

## FDI Feature Interview

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### **Operation Pakistan Assist II: “The most successful Australian deployment of a combined humanitarian task force.”**

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#### **Key Points**

- ADF involvement in overseas humanitarian assistance and disaster relief missions are forecasted to increase in frequency in the coming decades and will continue to remain integral to Australian foreign policy objectives.
- Humanitarian assistance and disaster relief operations require extensive inter-force and inter-agency cooperation, not only with different ADF force arms and coordinating Australian government agencies, but multinational institutions and foreign governments and militaries.
- The maintenance of the ADF's expeditionary capabilities will remain critical to its ability to rapidly engage in foreign humanitarian assistance and disaster relief operations.

#### **Summary**

As one of the Australian Defence Force's (ADF) few disaster relief operations in South Asia and the Indian Ocean Region, Operation Pakistan Assist II in August to October 2010 followed in the wake of a previous such ADF experience in October 2005, named Operation Pakistan Assist. According to Wing Commander Ross Wadsworth of the Royal Australian Air Force (RAAF) who commanded Operation Pakistan Assist II, the mission's key lessons continue to resonate today and well into the future.

## Analysis

### Future Directions International:

**Q: Describe the ADF's role in Operation Pakistan Assist II why was the mission important? Was the mission a success, if so, what was achieved.**

**Wing Commander Wadsworth:** Heavy rains in northern Pakistan on 27 July 2010 caused flash flooding that overwhelmed the barrages and manmade canals resulting in 160,000 square kilometres of territory being inundated. Officially 1,700 people were killed, 1.9 million homes were destroyed and approximately 21 million people were affected.

The Pakistan Government requested international assistance through the UN. Australia provided an immediate response by delivering humanitarian aid stores and a further pledge of \$35 million in humanitarian assistance.

Through negotiation and guidance from the National Disaster Management Agency (NDMA) of Pakistan, a soccer field within the Kot Addu Power Company (KAPCO) containment was assessed as the best site to establish the Australian Medical Task Force (AMTF). This area was selected because it provided good security and it had not been adversely effected by the floods, access to mains power was achievable by tapping into the power plants domestic mains power, access to a water source was available for domestic use, and access to a sewerage drain was also achievable.

Kot Addu is predominantly a rural township 66 kilometres from Multan, a major urban area in the Punjab Province, which was the most heavily affected province in the flood. The estimated population at Kot Addu is 350,000 people.

The local hospital reported treating up to a 1,000 affected people a day, which was three times higher than their normal patient presentations. Similarly, the Pakistan military unit was also treating a similar number of personnel from mobile health teams. Local health resources were overstretched and required assistance to alleviate the high demand on health services.

The 23 August 2010 signalled the commencement of the second phase of Operation Pakistan Assist II with the deployment of the advanced party of the AMTF. The mission was an AusAID led Whole of Australian Government (WoAG) response to the devastating floods affecting Pakistan.

The AMTF comprised both military and civilian personnel. The military element, Joint Task Force 636 (JTF636) comprised components from all three services of the ADF, and was responsible for providing enabling capabilities in support of AMTF. The JTF636 provided primary health care (including radiology, pathology, pharmacy and environmental health), logistics, communication and field engineering capabilities to the AMTF.

The civilian element comprised personnel from AusAID, which included state based primary health teams supplied by the Australian Medical Assistance Team (AUSMAT) and an Emergency Management Agency representative from the Attorney-General's Department. This diverse group of 140 specialists cohesively combined to form the Australian Medical Task Force (AMTF).

Over a period of two and a half months, in an ever changing environment, the AMTF treated 11,375 flood affected people, assisted in the rebuilding of a local school, provided over 3,000 families with essential relief items and supplied 1.2 million litres of purified water to the community of Kot Addu.

The ADF, AusAID, Emergency Management Agency and AUSMAT combined to provide a single mission focused flexible team which maximised all available resources to provide the much needed assistance to a grateful community and nation.

The AMTF consistently received positive comments on the quality of support and the friendly spirit in which it was provided. Particularly, the quality of individual care and the clinical and demographic reporting used by NDMA and other UN agencies to coordinate immediate and future response plans to the evolving natural disaster.

### **Future Directions International:**

***Q: How would you compare Operation Pakistan Assist II in scale and complexity to the previous ADF Humanitarian and disaster relief operations up to that time?***

**Wing Commander Wadsworth:** Each humanitarian operation has its own specific circumstances and requirements, no operation is the same and each nation's request is different in specific requirements requested. Based on the requesting nation's circumstances, the type of support will vary.

On an international scale of natural disasters, the flooding of Pakistan was one of the largest natural disasters in terms of area, population and homes affected. It has potentially affected the planting of the winter crops.

The NDMA was established following the previous Pakistan earthquakes and is responsible for the coordination of both national and international responses to natural disasters. Having an established central body to manage and coordinate both national and international responses allows national priorities to be met.

The AMTF was reliant on other agencies to provide specific effects. Availability and access to already stretched resources required significant coordination, programming and sequencing. From a security perspective, Pakistan military units provided protection for the AMTF in Kot Addu and Multan and coordinated assigned rotary wing assets in support of AMTF personnel movements.

Local contractors were used to transport logistic stores from the AMTF logistic hub at Multan to Kot Addu. The distance was 66 km between points and, due to the availability of roads and road usage, transit times were in excess of 4.5 hours during the initial establishment of the AMTF.

### **Future Directions International:**

***Q: Tell us about the challenges and difficulties you encountered throughout the operation from beginning to end? How did you manage them?***

**Wing Commander Wadsworth:** This was an integrated joint interagency WoAG response in support of a humanitarian operation. Consequently, additional planning and interdepartmental discussions were required to ensure all agencies were aware of their individual responsibilities and the types of capabilities being provide for the AMTF.

Force preparation of the civilian element was adjusted to ensure awareness of the deployed environment's austere living conditions, which included living under canvas with basic amenities and how to eat a one man ration pack. A DVD was produced and provided to the second rotation of AUSMAT personnel.

Establishment of a safe and secure environment in which to produce the directed mission effects was the most essential element in our mission's success. A safe and secure working environment is more than just maintaining a security posture, it included the establishment and maintenance of effective work practices as well.

The deployed environment was under constant threat from an operational, occupational and environmental perspective. Prior to accessing the Camp Cockatoo Health Facility every person was security screened by the local police.

Occupationally ensuring all AMTF personnel adhered to either Australian standards or best practice principles during the performance of their duties. Safety issues or concerns were raised through the established safety system.

Environmentally ensuring the AMTF personnel were protected from climatic conditions, vector and water borne diseases, endemic diseases and the establishment of waste management that would have had a direct effect on mission's success. Climatic conditions were oppressive during the first half of the deployment; maximum temperatures were around the 40-45°C and the humidity was 100 per cent. Average water consumption per person was nine litres per day which did not include other beverages. Part of the morning routine included consuming 1.5 litres of water and high manual labour tasks were performed during the cooler parts of the day, to combat environmental threats.

Vector and water borne disease was mitigated through pre-deployment inoculations of all personnel, establishment of mosquito/ fly control programs, and adhering to waste management principles.

The 140 personnel at Kot Addu were confined to the dimensions of a soccer field which became our home. To maximise the available real estate, engineers developed a plan for the establishment of Camp Cockatoo, which took into consideration the specific and functional requirements of the accommodation, domestic, and logistic areas, the headquarters and the establishment of the health facility.

The individual welfare and morale of the AMTF was of high importance. Living in confined conditions with limited avenues for personal time was difficult to manage at times, however, especially when there were limited opportunities to leave the confines of the Camp. The

AMTF was fortunate to negotiate use of the KAPCO recreation room for four hours a week to allow for a rolling rotation of personnel to use the amenities. Invitational cricket games were played between the Pakistan military's 15<sup>th</sup> Self Propelled Regiment and KAPCO, which provided a much-needed break for all AMTF personnel and facilitated social interaction between our military and civilian hosts.

Due to the AMTF's limited mobility, all methods of communication were used to inform the community of our presence and the health services the AMTF were providing. Engagement with the local community was achieved via national media, the internet, erecting signage outside the entrance to the health facility in the local language, both Urdu and English, and pamphlets were produced.

### **Future Directions International:**

***Q: What were the key take away lessons for the ADF from Operation Pakistan Assist 2? How are they likely to be relevant now and in future?***

**Wing Commander Wadsworth:** This was the most successful Australian deployment of a combined military and civilian humanitarian task force in response to a humanitarian disaster. This model could be used in future humanitarian operations or combined exercises. However, shared training opportunities need to be considered to further develop the interdepartmental interoperability.

The AMTF was commanded under a diarchy arrangement which ensured a unity in decision making, promoted a united front and allowed both the ADF and AusAID to take the respective lead on their collective and individual areas of responsibility.

Ensuring all AMTF personnel both civilian and military were aware of their individual responsibilities for ensuring the full range of force protection measures were in place. This led to the effective establishment of a safe and secure environment in which to deliver humanitarian assistance and disaster relief activities, this was the central focus in the AMTF operational rhythm.

Ensuring cultural sensitives were at the forefront of all AMTF engagement. Despite the various challenges placed on the AMTF in the execution of the humanitarian mission, the single determinant in the success of Operation Pakistan Assist II was the professionalism, good humour and flexibility displayed by all members of the AMTF.

Not only did the AMTF achieve its mission, but it did so in a way that won the admiration, respect and friendship of those people and organisations with whom it came in contact including: flood affected locals, the KAPCO management and their staff, the Pakistan Military (GHQ, 2 Corp, I Armoured Division, 15<sup>th</sup> Self Propelled Regiment and 8<sup>th</sup> Cavalry Regiment), the Provincial and national government agencies, particularly the NDMA, and other Non Government Agencies.

The development of a Patient Care Card was invaluable in providing specific health and demographic data which provided quantifiable and qualitative data to satisfy the information requirements of the Pakistan Government and international agencies. This information ensured effective deployment and allocation of resources to areas of need.

The ability to effectively communicate with agencies, local contractors and locals was directly related to achieving the mission's success. While military interpreters were

deployed, the employment of local interpreters was also critical in providing effective health care.

How you act and behave is important. Cultural awareness is an essential consideration in all engagements. Consideration of the potential implications of your actions and how they will be perceived is fundamental to establishing effective relationships. The AMTF deployed during Ramadan (the Islamic month of fasting) and, as a group, we did not eat or drink in public view and joined in *Eid* celebrations at the end of Ramadan.

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**Biography:** *Following a 10 year civilian nursing career, WGCDR Wadsworth was commissioned as a FLGOFF in the Air Force in 1990, where he was posted to 3 RAAF Hospital. He was subsequently posted as a FLTLT to Operational Health Support and Training Flight in 1993 and instructed on aero-medical evacuations courses and was responsible for the management and deployment of RAAF operational health assets.*

*In January 1996, he was posted to 323 Air Base Wing Health Services Flight as the senior nursing officer and was appointed as the Townsville Base occupational health and safety advisor. In the same year, I deployed with an ADF health contingent on OP SHEPHERD to the Solomon Islands – another different operational environment. WGCDR Wadsworth completed the RAAF Basic Staff Course in 1998 prior to promotion to SQNLDR and posting to Defence Health Services Branch in Canberra in 1999. In the same year, he completed the Joint Health Planning Course which prepared him for the latter part of his career. He was posted as a staff officer to Headquarters 395 Expeditionary Combat Support Wing in Townsville in 2000.*

*As CSG's operational health capability developed, he was posted to Headquarters Health Services Wing in 2004 as Staff Officer Health Operations where his responsibilities included health planning and resource management of Wing capabilities in support of Operations. He was subsequently posted as the Chief of Staff and/ Staff Officer Base Health Services at Headquarters Health Services Wing where his primary role was developing and implementing clinical governance policy across the Wing. In early 2010 WGCDR Wadsworth was posted as CO 1 Expeditionary Health Squadron responsible for the delivery of health services at Amberley and Townsville and the generation of operational health capability in direct support of operations and exercises. He deployed as the JTF636 Commander OP PAKISTAN ASSIST II from 20 August to 8 November 2010. He is a recipient of the Conspicuous Service Medal.*

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