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Humanitarian assistance by military forces

THE PROVISION OF HUMANITARIAN ASSISTANCE by military forces is controversial.¹ In the Australian Defence Force, humanitarian assistance has traditionally been secondary to the primary military mission. However, in the past 10 years, the ADF has conducted an increasing number of primarily humanitarian missions. These include drought relief operations and medical assistance following the 1998 tsunami in Papua New Guinea, and cyclone relief operations in other areas of the South Pacific. In the past 2 years, Australian forces have conducted major humanitarian assistance operations in Banda Aceh, following the December 2004 tsunami, and in Pakistan, following the earthquake near Muzaffarabad in November 2005. This change of mission type presents new challenges to ADF health professionals, who are being called on to diagnose and treat a far wider range of medical conditions, especially in the areas of women's and children's health. This has implications for appropriation of ADF medical equipment and training.

In December 2005, President George W Bush issued a Presidential Directive aimed at "reconstruction and stabilization assistance for foreign states and regions at risk of, in, or in transition from conflict or civil strife".² One immediate consequence of that dramatic shift towards humanitarian assistance has been the current 6-month deployment of USNS *Mercy* to South-East Asia³ — a deployment in which ADF health professionals participated. United States military aid to underdeveloped countries includes preventive health education, building of public health infrastructure, provision of thousands of reading glasses, and surgery for a range of easily correctable conditions such as cataracts, cleft lip, thyroid tumours and pelvic tumours.

There are palpable gains in foreign relations to be made by providing such humanitarian assistance. For example, in Pakistan in December 2005, the US relief to earthquake-torn Muzaffarabad resulted in a doubling of favourable Pakistani public opinion towards the US. In this issue, Brigadier von Bertele RAMC describes the United Kingdom's doctrine on humanitarian assistance (*page 56*).

We have two articles on nursing by ADF members who served in Iraq (*page 83 and 87*): both provide valuable insights into the challenges of nursing in a combat hospital. Readers will find a continuation of the debate on post-traumatic stress disorder by Professors McFarlane and Creamer (*page 78*) and a further letter by another Vietnam veteran (*page 58*). There is a new clinical quiz by Peter Leggatt, which we hope will become a regular feature of the Journal, and the popular Warrant Officer's column continues. Greig (*page 59*) and Milton (*page 62*) have written complementary articles on terrorism and its psychological sequelae. Gulam and O'Connor (*page 68*) use the recent court martial of a Royal Air Force medical officer as a starting point for discussing the issue of selective conscientious objection.

Finally, we wish to congratulate those members of the Defence Health Service who were honoured in the recent Queen's Birthday Honours List, including Lieutenant Colonel G Whelan AM and Colonel F Lang OAM. Readers will recall Captain L Poidevin MID MD MS FRCOG, who wrote an account of his service as a surgeon in Java in World War II.⁴ He received an OAM posthumously.

Commander Mike O'Connor

Editor, *ADF Health*



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