NADI Workshop
Contribution of ASEAN Centre of Military Medicine (ACMM) to Enhance Human Security
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Presentation by
Sultan Haji Hassanal Bolkiah
Institute of Defence and Strategic Studies
(SHHBIDSS)
Ministry of Defence
Brunei Darussalam

with support from
Medical Services
Combat Support Services
Royal Brunei Land Force
Ministry of Defence
Brunei Darussalam

The Importance of Military Medicine

> "To Curb the Epidemic, it is imperative that States immediately deploy civilian and military assets with expertise in biohazard containment. I call upon you to dispatch your disaster response teams, backed by the full weight of your logistical capabilities. This should be done in close collaboration with the affected countries.
>
> Without this deployment, we will never get the epidemic under control."[1]
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> Dr Joanne Liu
> Médecins Sans Frontiéres (MSF) International President

In September 2014, Dr Joanne Liu, International President of Médecins Sans Frontiéres (MSF) addressed the United Nations at a special briefing on the Ebola outbreak in West Africa. According to Dr. Liu, The MSF, also known as Doctor without Borders, had been on the front lines of the outbreak since it started, having treated more than two-thirds of the officially-declared infected patients. At the time of the statement, the MSF, an organization of 30,000 staff from 70 countries, declared that they were completely overwhelmed.

In her statement, Dr Liu pleaded to all the heads of governments present to deploy in utmost urgency:

- Fields hospitals to treat suspected and infected patients
- Isolation centres
- Mobile Laboratories for Diagnostic purpose

[1] Joanne Liu. 2014. United Nations Special Briefing on Ebola, http://www.doctorswithoutborders.org/news-stories/speechopen-letter/united-nations-special-briefing-ebola (accessed 21 May 2016)

- Air bridges to move personnel and equipment to and within West Africa

The experience of the MSF is a testament of the importance of military medicine. While Non-Governmental Organisation (NGOs) are specialists in their own right, they do not have the assets and logistical capabilities to operate in conflict or post-disaster areas. They need to work side-by-side the military to carry out their missions; the military restores order and supplements their effort to respond to the overwhelming demand for care.

ASEAN Cooperation in Military Medicine

During the ASEAN Defence Senior Officials Meeting Plus (ADSOM-Plus) Meeting in April 2011, the Expert Working Groups (EWGs) were established as a platform for "concrete and practical cooperation in addressing defence and security issues[2]". The same meeting initiated five EWGs in which one of them was EWG on Military Medicine (EWG-MM).

The Concept Paper on Establishment of the EWG ON Military Medicine states that cooperation would begin with medical support in Humanitarian Assistance and Disaster Relief (HADR)[3]. The inaugural meeting of the EWG-MM was conducted three months later.

Participants of the meeting raised a number issues with regard to providing support for disaster-torn countries:

- First, the meeting acknowledged the difficulty in finding out what the host country would need and what assisting countries should bring. There was a need to make sure that supply matched the demand and needs of the host country.
- Second, the meeting acknowledged the difficulty in knowing which country has what assets. This knowledge would enable assisting countries to rationalize their resources and make sure that adequate assets and capabilities were deployed to the host country.
- Third, all eighteen ADMM-Plus countries speak different languages, have different culture and have different ways of practicing Military of the ADMM-Plus countries.
- During the second meeting of the EWG-MM in Japan in April 2012, the meeting also discussed the difficulty in benchmarking standards of medical care to be rendered to disaster victims.[4]

It was during the second meeting of the EWG-MM that ADMM-Plus agreed on a number of initiatives to address the aforementioned concerns:

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[2] ASEAN. 2011.Annex7-*Concept Paper on Establishing an EWG,* https://admm.asean.org/index.php/component/docman/doc_download/569-2011-plus-apr-annex-7-concept-paper-on-establishing-an-ewg-html?Itemid=285(accessed in May 2016)

[3] ASEAN. 2011.Annex7-*Concept Paper of the EWG on Military Medicine,* https://admm.asean.org/index.php/component/docman/doc_download/563-2011-plus-apr-annex-12-concept-paper-of-the-ewg-on-military-medicine-singapore-japan.html?Itemid=285 (accessed 1 May 2016)

[4] ASEAN. 2012. *Co-Chairs Report of the EWG-MM in Japan, July 2012,* https://admm.asean.org/index.php/component/docman/doc/download/370-archieve-admm-plus-2012-july-report-of-the-2nd-ewg-on-mm-and-table-top-exercise-tokyo-17-20-july-2012.html?=251 (accessed 22 May 2016)

- The meeting decided to compile a register of national points of contacts to facilitate the request and offer of aid.
- An inventory of medical support capabilities would be drawn up which would list the assets that each member country has.
- Australia offered to conduct a needs assessment training and this would serve as a guide on the scope and types of medical response required during a disaster.
- A medical support SOP and HADR would serve as a common operating language for the militaries of the eighteen countries and facilities interoperability. The SOP was successfully tested during the ADMM-Plus HADR/MM exercise in June 2013 in Brunei Darussalam.

Challenges

Co-Chairs Singapore and Japan have established a firm foundation for the region to further cooperation in the next cycle 2014-2016. Co-Chairs of the second cycle, Thailand and Russia, saw it fitting to set up the ASEAN Military Medicine Coordination Centre (AMMCC). The name AMMCC was change to the ASEAN Centre of Military Medicine (ACMM) because it would assume task beyond mere coordination, such as research work and support for policy making[5]. The ACMM, which was officially launched in April 2016, marked an important milestone as it serves as a platform to centralize regional cooperation in military medicine.

There remain some challenges that the EWG-MM would need to look into. Current ongoing discussions are focused on the contributions of each ASEAN Member State to the ACMM fund, as well as the issue of Customs, Immigration and Quarantine (CIQ), which concerns the entry and exit of assisting personnel and assets.

Another is the issue of force protection of military medical personnel. The aftermath of disasters could be prone to instability and violence as demonstrated in post-earthquake Haiti in 2010. The shortage of food and water caused frustration and anger, and people resorted to looting, violence and even killings. In times like this, military medical personnel are particularly vulnerable because they carry supplies. Protection of the personnel is important so that they could focus on their missions in the field.

The ACMM could also draw lessons from the ADMM-Plus HADR/MM Exercise in June 2013. During the exercise, it was found that some participants lacked understanding of exercise concepts because they were not involved during the Initial, Middle and/or Final Planning Exercise. This could be attributed to the lack of dissemination or sharing of information with personnel working on the operational level.

The post-mortem of the exercise also reported that OPERA terminals were congested and there were not enough radio sets in the Multi-National Coordination Centre (MNCC), the Incident Command Centre (ICC) and the Ops rooms in the medical facilities. The ICC and the Ops rooms were also inadequately manned.

Practical engagements such as this exercise allow the military to identify gaps in coordination although in a real post-disaster scenario, the situation would be more chaotic and high-tempo. For this reason, it is important for member states to take seriously the shortcomings of the exercise.

[5] ASEAN. 2012.*Annex 6: Conclusion of the Senior Medical Planner Workshop, Fifth EGW on MM in Pattaya, Thailand, October 2014,* https://admm.asean.org/index.php/2012-12-05-19-05-19/admm1/admm-joint-declaration/doc_download/1472-2014-5th-ewg-on-mm-and-smp-chonburi-annex-6-conclusions-of-the-smps.html (accessed by 12 May 2016)

Additionally, the ACMM could learn from the experience of its member countries. In the case of Brunei, the Royal Brunei Forces (RBAF) dispatched a medical team to Nepal in April 2015 after it was hit by a 7.8 magnitude earthquake. The Brunei Medical Team (BMT) reported that "access to the most affected communities in very remote mountainside villages remains the single biggest challenge"[6].

In its report, the BMT explained that these areas were only reachable by 4-wheel drive vehicles and that time, most of these were rented from locals. Helicopters were another option but there were doubts on the safety of the helicopters. There were also no suitable landing site in the villages. Given that one of the ACMM's mandates is to undertake research work, it could learn from the more experienced countries and conduct a study on mobilization and transportation solutions in a disaster site.

Way Forward

While much has been achieved in the current regional cooperation in military medicine, there remains a lot to do. For one, the ADMM-Plus HADR/MM exercise in June 2013 was a military-only exercise. Amidst the destruction of a disaster, the role of civilian agencies and NGO's are crucial. In the future, THE EGW-MM could look into Civil-Military Cooperation (CIMIC) and involve the civilian sector in field exercise. Particularly important also is the need to build capacity to respond to Pandemics. Especially with the emergence of large scale outbreaks in recent years, such as a SARS in 2013, H1N1 in 2009, Ebola in 2014 and Zika in 2015.

[6] Dr Muhammad Hizawardy bin Haji Abdul Halim. 2015. Report on Brunei Medical Team Deployment to Provide Humanitarian Aid and Disaster Relief for the Nepal Earthquake from 29th April to 12th May 2015 –Ops Kukri.