

As the load master of the Royal Australian Air force C130 Hercules raises the ramp and prepares the aircraft for take off, we bid our families and loved ones a teary farewell. So begins an epic journey for the members of the Holsworthy based 1st Health Support Battalion. The 60 man contingent, which is made up of Nurses, Medical Assistants (Medics), and Logistic Support staff, faces a 10 hour flight north to Dili East Timor as the 6th rotation of Australia's contribution to the United Nations Military Hospital for the next 6 months.

For some, this is a return to a familiar land having deployed as part of the International Force East Timor (INTERFET) in 1999 – 2000. For others, this is their first deployment overseas on Operational Service. The thought of a real threat to local and personal security, carrying a loaded weapon 24 hours a day in an urban environment combined with working in a hospital, is a not so subtle reminder that East Timor is still a troubled country to this very day.

Our somewhat bumpy (however normal) arrival at Comoro airport, Dili, marks the arrival of Australian Contingent 6 (ASC6) United Nations Military Hospital (UNMILHOSP), and the start of our 6 month rotation. The thick, humid and steamy tropical air is often the first memory or the first reminder most will recall of this tour of duty.

Without fanfare or ceremony, we step foot upon East Timor soil, and into the Theatre of Operations for the first time. Arriving unarmed, and being met at the airport by armed soldiers again reminds us that this is in fact a war like situation and everything about security and personal protection is taken seriously, as a life and death issue. A short vehicle trip in convoy to the UNMILHOSP, located in an abandoned museum on the outskirts of Dili sees us delivered to our new home. Firstly, we are each issued our weapon; the F88 Steyr rifle or 9mm pistol, with either 150 or 26 rounds of live ammunition respectively. Doctor, Nurse, Medic; everyone is required to be armed for the duration of this mission. Next a quick tour including ablutions, accommodation, work place locations, and security strong points should they need to be manned to defend our new home.

After breaking off to our respective workplaces, our opposite numbers from the Australian Contingent 5 (ASC5), greet us. A Royal Australian Air Force (RAAF) contingent from 6 RAAF Hospital in Melbourne, they are delighted to see us, as we are their meal ticket home, marking the completion of their 6 month rotation in East Timor, having been in country for Christmas.

Commanded by Lieutenant Colonel Reg Crawford, a non medically trained General Service Officer (GSO), ASC6 was slowly, over a 4 day period, handed over the care and the responsibilities of the UNMILHOSP6, at which point, we began to wave our predecessors from ASC5 farewell. We were keen to discover what we could from them including, "What's it like..." "What do you do if..." and "Have you seen any..."

In addition to the clinical team we require an enormous amount of logistic support for such necessities as power, water, sullage, waste disposal, resupply, meals, mortuary services and transport to name a few. Without timely and efficient logistical support, the UNMILHOSP, or any military medical facility for that fact, would soon experience great difficulty in meeting its mandate. We owe them a great deal of gratitude for their efforts during our deployment.

The UNMILHOSP is and has been an Australian led hospital, sometimes joined by other nations such as Singapore and Egypt, comprises of the following departments:

Department	Officers	Soldiers
Operating Theatre	2 RN Nursing Offices	2 Operating Theatre Technicians
Intensive Care Unit	3 RN Nursing Officers	1 Medical Assistant
Primary Health Care Team/Evacuation Section	1 Medical Officer 1 RN Nursing Officer	1 Senior Medical Assistant 4 Medical Assistants
Pathology	1 Scientific Officer	1 Senior Pathology Technician 1 Junior Pathology Technician
Ward	1 RN Senior Nursing Officer 2 RN Nursing Officers day shift 1 RN Nursing officer night shift	3 Medical Assistants day shift 1 Medical Assistant night shift
Environmental Health	1 Environmental Health Officer	1 Senior Environmental Health Assistant 2 Junior Health Assistants
Resuscitation Section	1 Medical Officer 1 RN Nursing Officer	1 Senior Medical Assistant 2 Medical Assistants
X-Ray	1 Radiographer Officer	1 Senior Radiographer
Physiotherapy	1 Physiotherapist	
Headquarters/Logistic Support	1 Commanding Officer 1 Operations/Logistics Officer 1 Executive Officer 1 Pharmacist 1 Projects Officer	1 Senior Regimental Soldier 1 Senior Quartermaster 4 Stores personnel 1 Transport Supervisor 2 Trades personnel (1 Medical/Dental Technician and 1 x Electrician)
Dental Section	1 Dental Officer	1 Senior Dental Technician 1 Dental Assistant

Table demonstrating Structure and Distribution of Personnel within UNMILHOSP 6

The UNMILHOSP is open 24 hours a day, 7 days a week. We provide level 3 medical and surgical support to the United Nations, its staff, the Troop Contributing Nations (TCN's) that have been deployed here. We also have the capability, if required, to cater for other UN support staff, such as officials, and in the event of a life threatening emergency we may provide treatment or support for local East Timorese people.

Our mandate is to provide limited level 3 surgery/resuscitation services for those we support. Depending on the specialties of the individual specialists (surgeons, anaesthetists and intensivists), who spend on average 4 weeks rotation here (due to their commitments in the private and public health care systems), this then may affect, in a small number of cases, the surgery that we perform. An example of this may be a general surgeon doing an external fixation of a fractured tibia, or an orthopaedic surgeon removing an appendix. All specialists that deploy to East Timor are Army, Navy or Air Force Reserve Officers. We do not perform internal fixation of fractures, instead, externally fixing and possibly evacuating back to Australia or their home country if warranted. We can do abdominal, thoracic, plastics, limited neurosurgery, and most other general surgery. We have a 29 day holding policy for ward patients and a 72 hour holding policy for ICU patients but this is flexible given the complexities of providing health care under such conditions and the tyranny of distance.

We often work in close proximity of an Aero Medical Evacuation Team (AME), provided by the RAAF, who up until recently have been collocated with us in the compound. The task of the AME team is to conduct retrievals of those patients seriously ill to either the UNMILHOSP or the Dili National Hospital.

Our little compound measure 480 meters in diameter, which is just big enough to be able to run around with out getting dizzy. With strong points guarding each corner and wire mesh acting as rocket and petrol bomb protection, provides a pretty scary insight as to what we may face in the event of violence erupting once again. We do get trips out of the compound, but strict guidelines necessitate the requirement to be armed, in uniform and restricted to travelling to, or visiting certain areas. We have a curfew of 11pm (2300 hours) and must sign in and out of a log book, which tells where we are going, who with, contact numbers and estimated time of return.

Malaria and Dengue Fever are still a real threat here and probably will always remain so. We are required to take Doxycillin daily, use repellent, and must wear long sleeve shirts and trousers from 6pm (1800) until 7am (0700) the next morning. We sleep in a mossy dome, a fly screen affair over our beds to prevent being bitten by mosquitos during the night. Accommodation is the portable ATCO hut style, single rooms each measuring approximately 2 meters by 4, air conditioned, though not luxurious, still greatly appreciated as your own private little get away place.

We have e-mail access, Telstra has a mobile phone network setup over here so we can SMS and phone home regularly. Unfortunately, there is no subsidy for phone calls, but we are thankful for the ability to call home whenever we choose. We also have access to a satellite phone for "welfare calls home." With this phone, we are permitted 1x 10 minute phone call home to a home phone number free per week. We have a little social cub set up named the Dili Sands Golf Club (unofficial) with all the modern conveniences of home where we all like to meet occasionally to relax and wind down during the quite spells.

We have established a number of professional committees such as infection control, OH & S, and are also conducting training on a reciprocal basis with the Dili National Hospital, particularly with my department (Theatre), as well as other programs being conducted by Physio, the ward and Medical Officers. Regular visits to the Theatres of Dili National Hospital based on a mutually beneficial programme of education and cultural experiences occur twice weekly.

Sadly, (gladly), our time here is rapidly coming to an end. Personally, having deployed here on the 15th of February 2002, after leaving my family behind in Sydney, and having seen the birth of East Timor as a new nation on the 20th of May this year, we will all take home with us a little piece of Timor and memories of its people whom we came to help.

At the time we deployed to East Timor on the 15th of February 2002, the UN mission was named the United Nations Transitional Administration East Timor or UNTAET. After the 20th of May 2002 independence, the UN mission and mandate were changed and retitled United Nations Mission of Support in East Timor or UNMISSET.

We will soon be awarded our medals on a parade where we will be presented with the Australian Active Service Medal (AASM), awarded for service in a war like environment such as here in East Timor. We will also be receiving the United Nations Medal for deployment on either Operation TANAGER up to the 20th of May, or Operation CITADEL for deployment after the 20th of May.

We have worked closely with troops from other nations including Egypt, Portugal, Slovakia, Brazil, NZ, Pakistan, India, Bangladesh, Thailand, Singapore and East Timor. Personally and professionally it has been a rewarding and enlightening experience coming to this country, one that my colleagues and I will relive to our grandchildren and families in the years to come.

Lieutenant (LT) William Alexander is a Registered Nurse serving with the 1st Health Support Battalion in Holsworthy Sydney NSW. LT Alexander enlisted into the Army in Adelaide in 1980, and progressed through the ranks to his current position as the Nursing Officer in Charge of Theatre of the Forward Surgical Team – Light (Parachute) out of the 1st Health Support Battalion in Holsworthy Sydney.

LT Alexander has served in Malaysia, Singapore and Borneo in 1994, the UK and Europe and in 1995 in. In 1998 LT Alexander deployed to Papua New Guinea to provide emergency support to the victims of the Tidal wave in 1998.

LT Alexander holds civilian casual positions in the Emergency Department and Operating Theatres of Liverpool Hospital in Sydney's South Western suburbs.

LT Alexander holds has a Bachelor of Nursing, Diploma in Anaesthetics and is currently completing a Post Graduate Certificate in Perioperative Nursing through the NSW College of Nursing. Lieutenant Alexander is the Military Liaison Officer for the Australasian Society of Anaesthesia Technicians. LT Alexander may be contacted on 0413 386 740 or e-mail lexand@bigpond.com.