

Drawdown of operations in Afghanistan

- 2.1 This chapter outlines the changing role of the Australian Defence Force (ADF) in Afghanistan. It also discusses funding issues related to the drawdown, as well as support for returning veterans.

Background

- 2.2 Australia currently provides a military contribution to the International Security Assistance Force (ISAF) in Afghanistan under Operation SLIPPER. Approximately 1,550 ADF personnel are based in Afghanistan. A further 830 personnel are located within the Middle East Area of Operations.
- 2.3 The ISAF is now in a transition phase of the operation in Afghanistan and is handing over lead responsibility for security across Afghanistan to the Afghan National Security Forces (ANSF).
- 2.4 As a part of this transition process, the current Australian operation in Afghanistan will cease at the end of December 2014.
- 2.5 In the 2011-2012 financial year, Defence spent \$1.066 billion on Operation SLIPPER.¹ In terms of future funding, for 2012-13, Operation SLIPPER is estimated to cost approximately \$1.2 billion, and this is expected to drop in the coming financial year to around \$700 million.

1 *Defence Annual Report 2011-2012*, p. 110.

Australia's mission in Afghanistan post 2014

- 2.6 Defence told the Committee that the nature of Australia's involvement in Afghanistan will change significantly after 2014, noting that:

The operation will be distinctly different post-2014 in that it will be primarily an advise, assist and train mission. To date, we have handled a lot of the combat load. That is changing now as we hand over responsibility to the ANSF. Certainly the next mission is really about advise, assist and train. Therefore, there is no combat load on the next force in a conventional sense as we have done in the past.²

- 2.7 In addition, Defence stated that Australia's mission in Afghanistan after 2014 will involve sustaining and supporting the ANSF, as well as providing ongoing development assistance.³

Sustaining and supporting the ANSF

- 2.8 Defence advised the Committee that Australian support for the ANSF after 2014 will involve training for Afghan National Army officers, stating that:

The government has already agreed and stated that we will provide trainers to the Afghan National Army Officer Academy. That is being led by the United Kingdom military forces but we will be a significant contributor to that. We will start work on that in the third quarter of this year, in August or September, and we will provide that for quite a number of years until the Afghans are ready to take over that responsibility themselves.⁴

- 2.9 The Committee queried what specific forms of training Defence will provide as part of this program. In response, Defence explained that the training will be focused on 'developing the leadership skills at the junior and mid ranking officer level.'⁵
- 2.10 Defence added that ADF personnel will continue to be embedded in the ANSF headquarters that are established and advised that 'that sort of command and control framework is being worked through at the present time.'⁶

2 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 2.

3 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 2.

4 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 2.

5 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 2.

6 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 3.

- 2.11 Further, Defence commented that the ADF may also assist with special forces operations after 2014, commenting that:

...we will look at providing assistance in the special forces operations tasks there, one of which could fall into the training of Afghan special forces, and then, if there is an appropriate mandate and a requirement to support, the government is prepared to consider providing a counter-terrorist force to continue to operate against al-Qaeda there.⁷

- 2.12 However, Defence clarified that these decisions are 'dependent on final NATO and government of Afghanistan decisions on what they typically want after 2014.'⁸

- 2.13 Australian support for the ANSF after 2014 will also include contributions to an international sustainment fund. Defence observed that:

...the government announced last year that it would provide \$100 million a year as our contribution to the sustainment of the ANSF for the first three years beyond the end of 2014. That is our contribution to an international sustainment fund of around \$4 billion a year to ensure that the ANSF has the numbers and the capability.⁹

Development assistance

- 2.14 Defence also noted that Australian development assistance to Afghanistan will increase after 2014:

...after the end of 2014, the government has announced that we will have a significant development assistance program. We have a significant development assistance program in Afghanistan now, but for the three years beyond the end of 2014 it will be in the order of \$200 million a year.¹⁰

- 2.15 Due to these changes to the Australian mission in Afghanistan, Defence advised that the number of ADF personnel in Afghanistan will be reduced, stating that:

Beyond the end of 2014, probably the major Australian interaction with Afghan civilians will be via the government's development assistance program. That is a deliberate move.¹¹

7 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 3.

8 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 3.

9 Mr Richardson, Department of Defence, *Transcript*, 15 March 2013, p. 3.

10 Mr Richardson, Department of Defence, *Transcript*, 15 March 2013, p. 3.

11 Mr Richardson, Department of Defence, *Transcript*, 15 March 2013, p. 10.

Resetting the ADF

- 2.16 The Committee queried how Australia's changing mission in Afghanistan after 2014 will affect the role and structure of the ADF. In response, Defence stated that there is a need to 'reset' the ADF post-Afghanistan:

...it is not just post-Afghanistan. Obviously, we are pretty much done and dusted in East Timor. At the moment, there is only a handful of people over there doing the last bit of admin. We will be out of the Solomon Islands in about September and... there will be a substantial reduction in numbers over the coming year or so in Afghanistan.¹²

- 2.17 Defence also highlighted the need to build on the experience gained by the ADF in Afghanistan, emphasising that:

...as we look to reset the ADF on the comeback, one thing is the absorption of the right lessons at many levels – operational and tactical level – into the ADF so that we can continue. Afghanistan is not the only war; it is a form of warfare. We need to take those lessons where appropriate, and many of them do cross over to conventional operations in a broader sense.¹³

- 2.18 In particular, Defence noted that training processes and command and control procedures are being revised to reflect the experience of the ADF in Afghanistan:

We are rethinking and resetting our training and exercise programs to get better value for money out of them and to make sure they are being conducted in the right context and the right complexity. A lot of what we have learnt about fusion of information command and control and so forth is quite transferable into that space, so we need to do that.¹⁴

- 2.19 Defence added that it is working to restore conventional capabilities that were limited by the operations in Afghanistan:

We will also obviously be concentrating on the preparedness of the ADF to ensure that, across the board, some of our particular conventional skills such as anti-submarine warfare and so forth, which, to be frank, we have taken a dip in because the particular elements have been used elsewhere – the P3s for example – and differently will be running through our design.¹⁵

12 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 3.

13 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 3.

14 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 3.

15 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 3.

2.20 The Committee also asked Defence what measures were in place to maintain force readiness and mitigate the retirement of personnel after the drawdown in Afghanistan is complete. Defence responded that there is a need to continue to develop training and education programs for personnel:

...we are looking at the construct of our employment offer to people to ensure that it reflects where we think the requirement is to attract, recruit and retrain people and also to make sure that the nature of the work they do builds on that experience – that is, if they come back and we are not training them, educating them and working them as they have seen on operations, then frankly they could say we are not serious and we will lose people.¹⁶

2.21 Also, according to Defence there may be increased opportunities for personnel to participate in activities and exercises offshore after 2014:

...we will be looking to do different types of activities with our friends throughout the region... So, there will be, I think, an increase in opportunity for people to participate in activities or exercises offshore. As we look at each of the countries that we have bilateral relationships with at the moment, we are reframing each of those relationships to make sure there is an appropriate level of interaction – discussions, talks and so forth, but also hands-on physical activities with each of those countries.¹⁷

2.22 However, Defence acknowledged that some loss of personnel will occur after the drawdown is complete:

But we will lose people – there is no doubt. We do not run wars to keep people in the Defence Force – quite the opposite; we keep them there to be ready if we need to go and do it. So we go back to where we were, in a general sense, post-Vietnam and have to really develop that training regime, the exercise regime and the professionalism in the organisation to maintain it there for the next time the ADF might be required to deploy.¹⁸

Support for veterans

2.23 An important facet of Australia's withdrawal from Afghanistan is what happens to the defence personnel upon their return. It is vital that they

16 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 3.

17 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 9.

18 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 3.

receive the proper support both in regard to transitioning from a wartime to a peacetime force, and in ensuring appropriate support for any physical or mental health issues they develop as a result of their service in Afghanistan. The care of wounded and injured soldiers is the subject of an inquiry by this Committee, and as a result this section focuses mostly on the mental health impacts on returning Defence personnel.

Capacity of the ADF to support veterans

- 2.24 Defence noted that it has been doing a lot in recent years to ensure that returning soldiers receive proper support and care for any mental health issues they may develop as a result of their service:

If you look at what we have done over about the last three years in terms of programs to support wounded, injured and ill soldiers, I think we have done a very good job to put the framework into place to deal with the cases we have at hand and set ourselves up to deal with what might come in the future. I do see reports about tidal waves, or surges as you say, coming in. For post-traumatic stress disorder (PTSD), for example, we would expect the numbers to increase into the future because this syndrome takes time, for some people, to evolve. We have put resources into it. Following the Dunt review a few years back, the government put a significant amount of money into the resourcing. We have reframed the way we are regionally postured to assist people, going into much more multiskilled teams. We have established regional mental health care teams. We have instituted a lot of programs – from resilience to the other end.¹⁹

- 2.25 However, Defence noted that sometimes it is difficult to determine which individuals are suffering from the effects of PTSD and similar disorders, as there is a reticence to come forward due to perceptions it could harm career prospects. Defence told the Committee that:

As always, the issue is... that people need to come forward, and be urged and supported to come forward, to declare that they need assistance. I will say again on the public record that if people come forward and they are suffering they will be treated. There is no detriment to their career. But they need to accept their personal responsibility that they need to be able to do the job and I and their subordinates have got to have confidence in them to do the job as well. So hiding illness and putting your subordinates at risk is just as big a sin as me not providing you with the right support.

19 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 4.

And I think people need to think that through: it is not just about me, it is about what their responsibilities are. I think that is a message which probably has not gone out strongly enough. And, should there be a tidal wave, I think we have got at least the foundation in place to be able to expand to deal with it. But, at the moment, I think the framework is appropriate. Let us watch and learn as the years go by.²⁰

- 2.26 While this is an issue in society more generally, Defence stated that this reticence to come forward posed them particular difficulties in identifying sufferers of PTSD:

We often have very high-functioning people, who – not just in the military, but in all walks of life – do manage to conceal their symptoms and manage them to a point so that they continue to function. That is whether they continue to function in Afghanistan or in a high-powered civilian job. People use alcohol and people use drugs, but they hide it. What we really are trying to address is that there is an absolute responsibility for us in the health system to assist people. There is also an absolute responsibility within the command system to encourage their people, to look after their people, and to encourage them to seek help. But there is also a personal responsibility to admit that you have a problem.²¹

- 2.27 Defence also informed the Committee that it was endeavouring to train commanders and soldiers to raise awareness about how to spot personnel who are potentially suffering from mental ill-health, and provide appropriate pathways for them to seek help for themselves or their colleagues:

Again, there are a range of programs we have put in place in terms of suicide awareness training, suicide ideation and so forth. There are quite a number of 24/7 capacities for people to seek support and so forth. From our ab initio training at officer and soldier level and in our courses above that, awareness of what has happened to the force and going through the force I think is quite alive. If people front up with those sorts of issues, the capacity to move them pretty much into health care within hours exists. So I would be confident that if someone fronted up to an officer, a senior non-commissioned officer or so forth and said, "Hey, I'm suffering from this," they know what the contact points are – and if it is

20 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 4.

21 Rear Adm. Walker, Australian Defence Force, *Transcript*, 15 March 2013, p. 12.

simply just marching them over to the health centre, that is the start point.²²

- 2.28 Specifically, Defence told the Committee that it runs a number of programs in this area:

We have a number of training programs. We have some general suicide awareness training and we have some general mental health training. It is what we call the Keep Your Mates Safe Program – Keep Your Mates Safe-Alcohol and Keep Your Mates Safe-Suicide. It is about trying to give the peer group a bit more awareness about what to do. Particularly if someone is suffering a mental health condition, the individual, peers, command, and health all have a responsibility. If someone suggests that they are worried for a person's safety from a mental health condition or any condition, you do not leave them. You ring 000, you ring command or you take them to the health centre. If they do not go, you do not leave them; you get someone else to talk to command.²³

- 2.29 The Committee explored the issue of the adequacy of the post-deployment screening process, and whether this was robust enough to deal with the health issues likely to arise as Australia withdraws its presence in Afghanistan. Defence assured the Committee that it is:

...quite confident that we have invested appropriately and put in the framework to support the care and management of the wounded, injured and ill service men and women in the ADF, particularly in the mental health area. Some of our work in that space is world class. I know we all harbour concern that people can fall through the cracks or people do not identify. The framework is right. If you could get me a predictor of who will suffer mental health disorder, that would go a great way to help us probably be better than we are at the present time. But certainly we have not been sitting back to let this just develop around us... Over the last three years at least, there has been quite significant work to build that framework, looking at it on a continuum, from resilience training from day one to support and identification when you come back. The big loophole in all of that is if people do not self-identify and we cannot identify through the work environment or family reporting and so forth, they will stay out

22 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, pp. 4-5.

23 Rear Adm. Walker, Australian Defence Force, *Transcript*, 15 March 2013, p. 13.

there until they either decide to do that, or they take some other sort of action.²⁴

- 2.30 Defence elaborated on the difficulties of using a pre-deployment screening process, and discussed the need to conduct regular screenings both during and after deployments:

We do have those screening tools in place, but what we know from the evidence is that screening people prior to going on deployment is not beneficial. If they want to go, people will answer the questions because they want to go. What evidence does support is that when people return and we do that screening prior to them leaving the area of operation four to six months later, is that that is the time when people will be honest and tell us. That is why we have a screening program that is done post-deployment rather than pre-deployment. Every military in the world will say that the evidence of doing pre-deployment screening is not worth the paper that it is written on.²⁵

- 2.31 Then, Defence discussed the range of preparatory work it does with personnel to ensure, insofar as it is possible, that they are prepared for the situation that they will face on deployment:

First of all, we screen people coming into the military. We do resilience training that starts off in the recruit schools and the initial officer school. It is about teaching people how to deal with stressful situations—how to manage them and how to react. In the beginning, it is about how you deal with leaving civilian life and coming into the military, coming into recruit school. It is testing and adjusting, discovering what tools are needed to adjust to that stressful situation.

Then we do training pre-deployment. That is more about how you test and adjust in a stressful warlike combat operation. It is like a continuum. You are doing it through the different stages of a military career. It is also about trying to prepare people for what will happen on deployment. In the military there will be people who will see things and experience things that will affect not only their physical health but also their mental health.²⁶

- 2.32 Defence then informed the Committee of what it was doing in terms of post-deployment screening:

24 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, pp. 7-8.

25 Rear Adm. Walker, Australian Defence Force, *Transcript*, 15 March 2013, p. 8.

26 Rear Adm. Walker, Australian Defence Force, *Transcript*, 15 March 2013, p. 8.

The screening tools that we do post-deployment, the RtAPS and the POPS – Return to Australia Psychological Screening and Post-Operational Psychological Screen – are administered by psychologists. There is a scoring system, so if you meet the cut-off then either you go on for a medium assessment or early assessment or we will review you in a period of time. Then what we would do is consider whether they are put in to clinical psychologists for review or whether they are seen by the general practitioner for ongoing monitoring. There may be a decision for a psychiatric review, or there may be ongoing monitoring by the general practitioner. Again, because there is a spectrum of disorder and a spectrum of how people present, there are different ways that we will manage them.²⁷

Cooperation with the Department of Veterans Affairs

2.33 A central part in providing appropriate care for the veterans of the conflict in Afghanistan is played by the Department of Veterans Affairs (DVA). As such, Defence discussed a recent memorandum of understanding (MOU) it has signed with DVA which is designed to ensure that appropriate care and support is given to returned soldiers long term:

What we are trying to do with DVA is ensure that there is a continuum in how we support people while they are currently serving and then, if they leave the military and they have a medical condition, when and how they transition. It is about ensuring that we have got our processes and our procedures all aligned. For example, there could be someone with a medical condition – and it is often mental health because that is often a little bit more difficult. It is about how we identify someone with that condition and give them appropriate treatment. They have a rehabilitation case manager in Defence appointed with the aim of either getting them back to work or into a different job that is still within the military or transitioning out because they are no longer available.²⁸

2.34 Alignment of goals for and programs of support between Defence and DVA is a central part of this MOU and of improving the continuity of care and support offered to veterans as they transition out of the ADF. Defence elaborated on this aspect at a public hearing:

27 Rear Adm. Walker, Australian Defence Force, *Transcript*, 15 March 2013, p. 13.

28 Rear Adm. Walker, Australian Defence Force, *Transcript*, 15 March 2013, p. 8.

If we are going to transition them, it is about looking at what we need to have in place as they transition. It is about ensuring that their DVA claim has been put in and is managed and in most cases accepted prior to discharge. It is about putting in place the medical support, so there has to be a case handover. If possible, we will hand over from the same treating person that they have had in Defence and that will continue once they leave, but if it is not possible then we make sure that handover is a positive handover of the facts to the new treating health provider. It is about looking at what are the rehabilitation goals, needs and programs that we might then transition. Perhaps previously we were a bit disjointed; it was what we did and then what DVA did, but they were not all aligned up. What we are trying to do now is for it to be all aligned as we move forward. So the patient or the member does not really see anything different. They are just going on their treatment program; it is just that one day they are in the military and the next day they have been discharged, but they have the same support, the same mechanisms, the same health support and the same rehab requirements and providers that they did when they were in the military.²⁹

- 2.35 In regard to the potential for individual veterans suffering from physical injuries or mental ill health to ‘slip through the cracks’ of the post-deployment screening processes, Defence noted that it was attempting to use every opportunity to prevent this from happening, stating:

We also use every engagement – if you go to medical for a vaccination or if you go for your annual medical. We use all of those opportunities to ask people how they are going. In the medicals, we look at alcohol screening and stress levels. We do give people the opportunities to engage... there is a personal responsibility for people to tell us there is a problem, and then we can help in the mental health space. I have said before that it is really hard to hide a broken leg, but it is easier to hide mental health conditions.³⁰

Care of ADF personnel wounded or injured on operations

- 2.36 Concurrent with this review of the *Defence Annual Report 2011-2012*, the Committee has conducted an Inquiry into the Care of ADF Personnel Wounded and Injured on Operations. For a deeper analysis of the issue of

29 Rear Adm. Walker, Australian Defence Force, *Transcript*, 15 March 2013, p. 8.

30 Rear Adm. Walker, Australian Defence Force, *Transcript*, 15 March 2013, p. 11.

support for veterans and the capacity of the ADF and DVA to support them, see the Inquiry report.³¹

Defence materiel and equipment

- 2.37 One of the major questions facing Defence during the withdrawal from Afghanistan is what to do with the important capabilities and materiel currently stationed in Afghanistan. The Committee questioned Defence as to what would happen to the equipment:

If it is in workable order and so forth and repairable and maintainable back here in Australia we will bring it all back. So there is a massive effort in planning at the present time in terms of collapsing that camp and bringing everything back – from ammunition to vehicles, equipment and so forth. I anticipate that we will leave very little behind. Indeed, from the ISAF perspective and with the government of Afghanistan, we need to be very careful that we do not leave stuff behind that could be used with ill intent or leave kit behind for the Afghans which they simply cannot maintain. So our intent would be to bring everything back if we can.³²

Committee comment

- 2.38 It is important that, as Australia withdraws its combat presence in Afghanistan, the legacy of Australia's presence there be appropriately dealt with. In the Committee's view, there are several aspects to this.
- 2.39 First, the Committee believes it is important that the ANSF be provided with the appropriate support and assistance they need to maintain security in Afghanistan. This will require ongoing engagement from partner nations, including Australia, both in terms of training assistance, defence materiel and development assistance. The Committee is satisfied that Defence has a plan in this regard, and that this plan is as robust as possible.
- 2.40 Second, it is vital that the transition of the ADF from a wartime force to a peacetime force be handled with as little disruption as possible. At the same time, it is important that the operational readiness of the ADF be
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31 Joint Standing Committee on Foreign Affairs, Defence and Trade, *Care of ADF Personnel Wounded and Injured on Operations*, June 2013.

32 Gen. Hurley, Australian Defence Force, *Transcript*, 15 March 2013, p. 3.

maintained to the highest extent possible. While the Committee is concerned at the potential for the loss of personnel once Australia's presence in Afghanistan has been drawn down, it is confident that Defence is aware of the potential issues in this area and has a plan to manage these issues.

- 2.41 Third, given the large number of uniformed personnel who have served on active duty in Afghanistan, one of the main challenges Defence will face over the next decade is making sure these veterans receive appropriate assistance and care. The Committee examines this matter further in its report for the inquiry into the care of soldiers wounded and injured on operations.

