

ASEAN Defence Ministers Meetings Plus Expert Working Group on Military Medicine And the ASEAN Centre of Military Medicine - Towards an ASEAN Military Medicine Community

Mohammad Razin Kamarulzaman, MA (Aviation Med)*, Faizal Baharuddin, MMed (Occupational Med)**, Umar Shariff, MMed (Emerg)***, Tan Hooi Mooi, MBChB****, Munir Othman, MSurg (Ortho)***, Shahrilnizam Abdul Jalil, MPH****, Shamsul Bahary Mohammad, MMed (FMed)*****, Mohamed Zaki Mokhtar, MPH *****, Nur Huda Sheikh Ali, MD**** & Mohd Amin Muslan, MMed (Occupational Med)****

* Tuanku Mizan Armed Forces Hospital, Kuala Lumpur **Armed Forces Health Training Institute, Melaka ***94 Armed Forces Hospital, Terendak Camp, Melaka ****Health Services Division, Malaysian Armed Forces Headquarters, Kuala Lumpur ***** 711 PPAT KEMANTAN, Kuala Lumpur *****2nd Infantry Division Headquarters, Pulau Pinang

ABSTRACT

The inaugural Association of South East Asian Nations (ASEAN) Defence Ministers Meeting-Plus meeting was held in Hanoi, Vietnam in 2010. The Defence Ministers of 18 countries came out with an agreement to pursue practical cooperation in five areas of defence and security which are (1) Peace-Keeping Operations, (2) Humanitarian Assistance and Disaster Relief, (3) Maritime Security, (4) Counter-Terrorism and (5) Military Medicine. Areas of Humanitarian Mine Action and Cybersecurity were added at a later stage. To facilitate for these areas of cooperation, Expert Working Groups were formed. The Malaysian Armed Forces Health Services Headquarters have been the lead agency for the EWG Military Medicine since its inception in August 2011. This paper elaborates the development, achievements and progress of the EWG on Military Medicine and ASEAN Centre in Military Medicine to date.

Keywords: South East Asian Nations Defence Ministers Meeting-Plus, Peace-Keeping Operations, Humanitarian Assistance and Disaster Relief, Maritime Security, Counter-Terrorism, Military Medicine, Expert Working Groups on Military Medicine.

INTRODUCTION

ASEAN or The Association of South East Asian Nations celebrates its 50 years of existence in 2017. The Association was formed on 08 August 1967 in Bangkok, during the period where most of the ASEAN Nations were facing the rising tide of communism. It has evolved from being a five nation ASEAN Member States (AMS) to the present ten nation AMS. The ASEAN Community is divided into three pillars that are the ASEAN Economic Community (AEC) Pillar, the ASEAN Socio-Cultural Community (ASCC) Pillar and the ASEAN Political-Security Community (APSC) Pillar.

The ASEAN Defence Ministers Meeting (ADMM) is under the ASEAN Political-Security Community (APSC) pillar ¹. The ADMM first met in Kuala Lumpur in 2006. Subsequent meetings saw the invitation of eight Dialogue Partners consisting of Australia, China, India, Japan, New Zealand, Republic of Korea,

Russia and United States.

The aim of this expanded grouping is to strengthen peace and security in the Asia-Pacific region. The grouping is known as the ADMM-Plus. The Inaugural ADMM-Plus meeting was held in Hanoi, Vietnam on 12 October 2010. The Defence Ministers of 18 countries came out with an agreement to pursue practical cooperation in five areas of defence and security which are (1) Counter-Terrorism (CT), (2) Humanitarian Assistance and Disaster Relief (HADR), (3) Maritime Security (MS), (4) Peace-Keeping Operations (PKO) and (5) Military Medicine (MM). Security areas of Humanitarian Mine Action (HMA) and Cybersecurity (CS) were added at a later stage. To facilitate for these areas of cooperation, Expert Working Groups (EWGs) were formed. Each EWG is led by a Co-Chairmanship of an AMS and a Plus country. EWGs activities were started in 2011-2013 for the first cycle and in 2014-2016 for the second cycle. The objective of this paper is to highlight the report on the progress of the EWM MM.

MILITARY MEDICINE IN MALAYSIA

The simplistic definition of Military Medicine in Malaysia as proposed by the previous Director General of the MAF Health Services (MAFHS) is "Doctors in Green". The Statutes of the International Committee on Military Medicine (ICMM) provides the definition of Military Medicine along with the similar but broader lines i.e. encompassing all healthcare workers in military uniform ².

The practice of Military Medicine in Malaysia is unique in the sense that although the health practitioner is commissioned as an army officer, he may work in the Navy or Air Force or Joint Force units. Hence, the health practitioner must be well versed in all aspects of the three services as well as joint operations for him or her to perform well.

The Kor Kesihatan DiRaja (KKD) Officers need to be able to understand the health service support concept in all three services and joint operations as well as the echelon of care from the most advance post to the rear base hospital. He or she needs to know the peculiarity of Army Medicine such as Parachute Brigade Medicine, Special Forces Medicine, Mobile Medical

Battalion and Field Hospital set-up. He or she needs to have in depth knowledge of naval surface and sub-surface medicine to support surface vessels, diving and submarine operations. He or she must have the understanding of the aero-physiological demands of flying including the operations of altitude chamber and human centrifuge.

The Academy of Medicine Malaysia in the interim period has recognized Military Medicine as a sub-discipline of Public Health practice since 2016. The Faculty of Medicine and Defence Health, National Defence University Malaysia is embarking on a four-year post-graduate program in Military Medicine in order to provide academic credentials to Military Medicine practitioners.

EXPERT WORKING GROUP ON MILITARY MEDICINE (EWG MM)

The Malaysian Armed Forces Health Services has been the lead agency for the EWG on Military Medicine since its inception. The EWG MM met for the first time on 7-10 August 2011 in Singapore. Then, Singapore and Japan were the Co-Chairs for the 2011-2013 cycles. The main project for the 2011-2013 cycles was to provide a standard operating procedure for the provision of medical assistance in disaster missions (Standard Operating Procedure on Medical Support Operations in Humanitarian Assistance and Disaster Relief).

In 2014-2016, Thailand and Russia became the Co-Chairs of the EWG MM. Key projects for these cycles were the establishment of an ASEAN Centre of Military Medicine (ACMM)^{3,4}. The ACMM was established with the long-term objective of harmonizing the AMS Military Health Services especially in medical support missions of HADR and other missions related to Non-Traditional Security Threats (NTT). The Centre is designed to be the focus of the ASEAN military medicine activities. The roles of the Plus countries are to provide assistance and expertise to the ACMM.

As of 2017-2019, the Co-Chairmanship of EWG MM has been handed over to Myanmar and India.

Expert Working Group on Military Medicine (EG MM) 2011-2013

The main project to EWG MM for this cycle was for the creation of a Standard Operating Procedure for Medical Support Operations in HADR. Representatives of the Malaysian Armed Forces (MAF) were from MAF Health Services Headquarters and from Joint Force Headquarters J9 (JFHQ J9).

The activities carried out to achieve the objective of the first EWG MM cycle of 2011-2013 were:

- a. Meetings of the EWG MM periodically throughout the 2011-2013 cycles.
- b. Establishment of a list of Point of Contacts (POC) among members of the EWG MM in 2011.

c. The planning meetings for the Field Exercises (FTX) 2011-2013.

d. A Table Top Exercise (TTX) Medical Support Operations in HADR to Member States EWG MM in Japan in July 2012.

e. A Field Training Exercise (FTX) on HADR was held in Brunei Darussalam in June 2013 involving all 18 countries EWG HADR and MM members. In the FTX, the MAF sent medical assets with a level two capability and a CBRN (Chemical, Biological, Radiological and Nuclear) team; the RMN (Royal Malaysian Navy) logistic ship; and a RMAF (Royal Malaysian Air force) Nuri for the purpose of search and rescue. There were also MAF staffs involved as Liaison Officers (LO) in the Multi-National Coordinating Centre (MNCC) as well as observer staff.

Among the recommendations highlighted by the After Action Review (AAR) team were as follows:

- a. Maintaining the list of POC for the continuation of all the members of EWG MM from 18 Countries ADMM-Plus.
- b. Streamlining the SOP of Medical Support Operations in HADR used in the FTX and made as part of the reference document in the Chapter 6 of SASOP which is Utilization of Military Assets in Disaster Response.
- c. Creating a Military Medical Coordination Centre for ASEAN and standardize the practices of medical support of ASEAN countries in HADR missions and other NTT areas. This proposal has been used as reference by the Co-Chairs of Thailand-Russia for the establishment of the ACMM.

Expert Working Group on Military Medicine (EWG MM) 2014-2016

The main project for the Co-Chairs of EWG MM Thailand-Russia was the establishment of ACMM and conducting the Joint EWG MM and HADR Field Training Exercise at the end of the three-year cycle. The exercise was named AMHEx16. The MAF was represented by MAF Health Services personnel.

The activities carried out to achieve the objectives of the second EWG MM cycle 2014-2016 were:

- a. The planning of the establishment of the ACMM started with the EWG Meeting from 25-27 October 2014 in the province of Chonburi, Thailand. The Secretariat to the establishment of the ACMM was from the Army Medical Department, Royal Thai Army (RTA AMMED).
- b. At the same time, the EWG MM was working with EWG HADR 2014-2016 who jointly chaired by Laos-Japan to prepare a draft document on Chapter VI ASEAN SASOP and also planning for Field Training Exercise known as ASEAN Military Medicine and HADR 2016 (AMHEx16).

THE ASEAN CENTRE OF MILITARY MEDICINE (ACMM)

The Concept Paper of ACMM was presented by the Secretariat of the ACMM at the ASEAN Defence Senior Officials Meetings Plus (ADSOM-Plus) in Feb 2015 in Johor Bharu, Malaysia 3. It was endorsed by the ADMM-Plus in Langkawi in March 2015. The Terms of Reference (TOR) of the ACMM was agreed by ADSOM-Plus in Laos in Feb 2016 (ACMM, 2016) and was endorsed by ADMM-Plus in Laos in March 2016.

The ACMM was officially launched on 07 April 2016 and is located at the Royal Thai Army, Army Medical Department building in Bangkok, Thailand.

The main objective of ACMM is to harmonize the practice of Military Medicine among AMS. The activities carried out are in line with the strategic guidance from the ADMM-Plus forum. Among the planned activities are to:

- a. Reconcile the capabilities of the AMS Military Medical assets for the purpose of HADR deployments.
- b. Publish the related reference medical support documents in all aspects of Non-Traditional Threats (NTT).
- c. Standardize the practice of general medicine and military medicine among ASEAN countries.
- d. Hold multilateral training, seminars, workshops and joint exercises.
- e. Conduct joint research in areas of common interest.

The ACMM Organizational Structure

The organization structure of the ACMM is in accordance with the TOR endorsed by the ADMM-Plus 4. In general, the ACMM structure is listed below:

- a. The Board of Directors. The ACMM is guided by a Board of Directors (BOD) consisting of representatives of the ASEAN Military Medical Services. The Chairman of the Board is a Military Medical Officer from the ASEAN Chairman country and is rotated annually. The Chairman of the ACMM BOD of 2016-2017 is Laos and will be handed over to the Philippines in 2017-2018. The BOD will meet in ACMM minimum once a year depending on requirements. The Plus country members become advisors to the BOD of ACMM.
- b. The Secretariat to the ACMM. To execute the daily operations of the ACMM, a Secretariat is created. Currently, in the interim period, the head of the Secretariat and the sections under the Secretariat is managed by the AMMED RTA. The Secretariat will be open to be filled by representatives from the ASEAN countries starting from 2018. The Secretariat consists of:

- (1) Head of Secretariat
- (2) Deputy Head

- (3) Operation Section
- (4) Information Section
- (5) Coordination Section
- (6) Administration
- (7) Logistics

c. The Military Medical Liaison Officer (MLO). The MLO positions are available for the ADMM-Plus in the ACMM organizational structure. The MLO acts as intermediary between the ACMM Secretariat and the Multi-National Coordinating Centre (MNCC) as well as the National Defence Operations Centre of AMS respectively in the event of complex disasters or other complex NTT. In addition, members of the ACMM MLO are tasked with formulating position papers, conduct surveys, guidelines, training and research. The positions are to be filled by the MLO of every ASEAN countries starting from 2018 to ensure the continuity of ACMM.

ACMM Activities

The ACMM activities will be coordinated through:

- a. BOD meetings at the ACMM held once a year.
- b. The MLO meetings held twice a year.
- c. Seminar/workshop/training at least three times a year.

Among the activities that have been carried out by the ACMM up to 2016 were:

- a. Developing a group e-mail on the development of current health problems in the ASEAN region and the world on Apr 2016.
- b. Organizing the inaugural ACMM BOD Meeting on 1-5 August 2016.
- c. Activating the ACMM during AMHEX16 on 1-12 Sep 16 with the aim of co-ordinating the distribution of the Military Medical assets of ASEAN countries
- d. Organizing a workshop on infectious diseases in Nov 2016.

BENEFITS OF EXPERT WORKING GROUP ON MILITARY MEDICINE (EWG MM) AND ASEAN CENTRE OF MILITARY MEDICINE (ACMM)

The benefits of MAFHS participation in EWG MM and ACMM are:

- a. Show commitment towards the ASEAN Community.
- b. Increase defence diplomacy.
- c. Increase military cooperation.

d. Provides an opportunity for knowledge enhancement.

CONCLUSION

The formation of EWG MM and the ACMM has put this branch of medical practice to the forefront. These platforms provide avenues for present and future development of Military Medicine in AMS which in turn will contribute towards a peaceful and safe ASEAN community.

REFERENCES

1. ADMM and ADMM-Plus formation. www.ASEAN.org website downloaded on 24 Apr 2017.
2. ICMM Statutes. Downloaded from www.icmm.org website on 24 Apr 2017.
3. ACMM Concept Paper 2015. Colonel Peter Piyalarp RTA. Personal communication.
4. ACMM Term of Reference 2016. Colonel Peter Piyalarp RTA. Personal communication.

Correspondence: Brigadier General Dato' (Dr) Mohammad Razin Kamarulzaman. Department of Military Medicine, Tuanku Mizan Armed Forces Hospital, Kuala Lumpur. Tel: +6019386384. Email: razin@mod.gov.my