



Australian War Memorial

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ORAL HISTORY RECORDING

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TITLE: MAJOR RALPH SADLER - OPERATION HABITAT, NORTHERN IRAQ

INTERVIEWEE: MAJOR RALPH SADLER

INTERVIEWER: DARLENE COX

RECORDING DATE: 6 MAY 1994

RECORDING LOCATION: AUSTRALIAN WAR MEMORIAL

SUMMARY: UNIT NAMED 1ST LOGISTIC SUPPORT UNIT; TOTAL STRENGTH OF 75 PERSONS; PURPOSE TO PROVIDE MEDICAL AID TO KURDISH PEOPLE IN NORTHERN IRAQ FOLLOWING UPRISING OF KURDS AGAINST IRAQI GOVERNMENT AFTER GULF WAR; UNIT UNDER OPERATIONAL COMMAND OF BRITISH FORCES; COMMUNICATIONS PROBLEMS; LANDMINE FATALITIES; OPERATIONAL EXPERIENCE AND SKILLS GAINED; IRAQI SECRET POLICE; SUCCESS OF MISSION; WITHDRAWAL OF HUMANITARIAN RELIEF OPERATION; DEALINGS WITH LOCAL KURDS; MODEL FOR CONCEPT OF CONTRIBUTING QUICK RESPONSE UNITS TO MULTINATIONAL OPERATIONS; LENGTH OF OPERATION; REASON THAT MAJOR RALPH SADLER WAS CHOSEN AS UNIT LIAISON OFFICER.

TRANSCRIBER: CHRISTOPHER SOAMES

TRANSCRIPTION DATE: MAY 1994

START OF TAPE ONE - SIDE A

Identification: This is Tape No. 1 of one tape of an interview with Major Ralph Sadler conducted by Darlene Cox, recorded on 6 May 1994 at the Australian War Memorial.

The topics covered on this tape are, role and personal experiences during Operation Habitat in northern Iraq 1991.

The unit I went to Iraq with was called the 1st Logistic Support Unit, 1LSG. It was a unit specifically designed to conduct a range of humanitarian support operations overseas in support of any military operations we may organise, or operations such as UN multinational force operations. So it was not a traditional military unit in that sense, it was configured specifically for our mission in terms of having a medical emphasis. But the LSG could just as easily been a basis for an engineering team, any other specific type of specialist team we wanted to send anywhere in the world.

For this particular operation it was configured, as I said a few moments ago, a medical team; four doctors who formed the basis of four medical teams consisting of nurses, pathologists, there was a dentist as well, a pharmacy team went over, and myself and a couple of other officers - total strength of seventy-five. We had two accredited correspondents attached to us for most of the operation, a Mr Paul Reed from AAP and a photographer from the *Sunday Telegraph* I think it was. In addition to myself, serving as a liaison officer, we had a lawyer, an army PR officer, the doctors, the dentists, and the usual sort of support staff you get at headquarters.

So, in addition, apart from being an unusual sort of military team to be sent overseas, it was also the first operation of its kind after the Cold War. If you like to think of the Gulf Crisis and the Gulf War being the last chapter in the Cold War, we saw then the major breakdown of the Cold War relationships and rivalries, and the emergence of a whole bunch of smaller powers. We were the first team to be sent overseas by Australia in this brave new world of post Cold War diplomacy.

We weren't a UN operation, we were the first of the major military operations that Australia mounted after the Cold War, but we weren't a UN operation; we were a multinational force operation that was largely triggered by the allies concerns for the Kurds.

You might recall that during the Gulf War President Bush urged the Kurds to rise against their Iraqi masters in the north, and the Shiites were urged to rise up and rebel in the south, which they both duly did, probably naively expecting western support, but that didn't happen. As a result Iraq was able to then, having been beaten in the south, turn its attention to suppressing its northern provinces.

The Kurds were, as they have been on many other occasions in the past, systematically slaughtered by the Iraqis. The situation was so bad that you might recall, in early 1991, tens of thousands of them fled into the mountains around the northern Iraqi border into Syria, Turkey and Iran. The situation was so bad - and you would recall the footage of that time -

people just dying in the open in the cold - no food, no shelter, no fuel - that the allies decided they had a moral obligation to go in and assist them. As part of that Australia offered that medical support. I believe they initially offered engineering type support as well, but it was felt that we could quickly assemble a small team of medical specialists to provide first-line medical support, that is, immediate lifesaving and resuscitation support, and make a contribution in that way, which is why we configured with four highly mobile, light medical teams to go in and provide first aid to the Kurds.

So we got together fairly quickly in Sydney, at Randwick, and dispatched to northern Iraq. Now, getting there was a fairly major operation itself. We had to stage through Inshilik air base at Adana, which was about 1,000 kilometres west of northern Iraq. Our people deployed by road, about 1,000 kilometres by rusty Turkish bus, through southern Turkey, an area which is now fairly active with Kurdish rebel activity - the PKK, you might have heard of them - constantly attacked the Turkish military forces. So it was bandit country, if you like, but we were protected, both by the Turks and multinational forces.

Our medical team, the seventy-five people who went forward into northern Iraq, were stationed at a town called Girripit, which is about 15 kilometres north of Dahuk, which was the southernmost town secured by the allies. So, in terms of proximity to the Iraqi ground forces, our people were within about 20 or 30 kilometres of Iraqi troops, but north of that major town, Dahuk.

Now, Dahuk was about, probably, a ten minute flight from the Turkish air base we used as a staging area just outside of Iraq, and fairly well secured.

Girripit means, I think, place of beautiful maidens; it was also a place of lots of landmines (laughs) and booby traps, and had been systematically destroyed by the Iraqi forces. You could drive all through that area and just see where villages had been levelled by Saddam Hussein's ground troops. That really drove home the point to us that this wasn't just a war, it was, in some cases, genocide, and fairly systematic at that.

My function was that of liaison officer. I served mainly at Inshilik, the joint forces headquarters and the multinational forces headquarters. Our unit was under operational command of the British forces, and I spent most of my time in the British headquarters, but had a representative role to the headquarters that was staffed by the United States. Now, General [John Sharlik Eschvali], who is now the chairman of the joint chiefs of staff, was the commander of the operation, and we ultimately reported to him.

The interesting part - just on the command of the patrol arrangements for this operation - the interesting thing I found was that our own commanding officer had national command and control responsibilities, but he was under tactical control of the forces on the ground, and then there were other control arrangements through the various national chains, so that ultimately, whilst we had responsibility and we reported back to our national government, we also were subordinate to the British authorities for military logistics, military command and patrol issues. We basically had to depend on the British to be supplied, moved, transported, but we had our own political function as well. And this is where these sorts of operations, peacekeeping multinational force operations, can become reasonably complicated.

My own function, as I said, was representative. I had to represent the commanding officer's interests to the joint force and the multinational force commanders 1,000 kilometres to the west. You'd appreciate that can be difficult at the best of times. Our situation was made more difficult by the fact that we had problems with communications, technical problems of communications. We couldn't guarantee secure voice communications into Iraq; we'd have to arrange schedules. That meant that we had to establish a good working relationship between myself and the commanding officer. I had to be briefed on his intentions, he had to understand my problems of working in that environment as a junior officer, as the sole representative of Australia.

I tried to work around that by getting forward into Iraq at least once a week. Now, that itself was a challenge, trying to get a flight on a US Air Force aircraft into northern Iraq. It wasn't as planned as I thought it might: it really was a question of turning up on the day and taking a lucky number. There's nothing funnier than trying to get a seat on a US aircraft with a whole bunch of Americans going forward - and everybody else - trying to get a free ride into the operations area. But we managed to get forward at least once a week, and get down to the troops and just brief them on what was happening at the multinational force headquarters level, and also collect mail, do those sort of housekeeping things.

In terms of difficulties that I might have faced, I was housed in the barracks, as I said, 1,000 kilometres to the west on an air base. I didn't have the joys of living in the field in northern Iraq, but I think, frankly, it would have been healthier. I had plenty of fresh air, lots of exercise, they were certainly very well set up. The camp was pretty well prepared by the time we left. So I didn't actually have any physical, or mental, or emotional problems living on the operation, I wasn't in any physical danger at any stage.

The people in the field were, frankly, working too hard. I don't know of any direct physical threats to our people in the country, but they were certainly out and about and working with the Kurds, meeting the Kurds, and providing that medical assistance in and around the Girripit area. But in terms of the physical danger, probably the greatest risk was traffic accident and landmines. Landmines could be literally anywhere, and we saw in the first couple of days of our arrival in Turkey, and then Iraq, quite a few fatalities amongst the multinational forces due to landmines, people tripping over landmines, accidents, people walking where they shouldn't have. At least a couple of people a week were killed or injured seriously through landmine incidents whilst we were over there.

My best experience over there, I guess, was actually having the opportunity to represent Australia in what was a unique operation, a one off; it was very much an operation where people made up the rules as they went along; it was not a typical military operation. We had just beaten Iraq in a war, the situation was unstable. Although Iraq wasn't in a position to challenge the multinational forces militarily, they could have made life interesting. We were aware that the Iraqi secret police, the Iraqi military, were trying to infiltrate the area, and we were conscious of the fact that they were preparing themselves to move back into northern Iraq after the allies withdrew.

I've just lost my train of thought ...

You were talking about your best experience while you were over there.

Yes. So, for me, the opportunity to get over there and do briefings, attend briefings, represent the country, represent the CO, try to be that bridge between the allies, the headquarters, and the people on the ground; to use the skills I'd been taught as an intelligence officer, as a serving officer, those liaison skills, those sort of tasks, I enjoyed that. At that time I was also an intelligence officer and I got access to some of the multinational force intelligence sources and agencies, and was quite impressed by the range of assets that the allies actually have, what they could actually do with those. Professionally, that was rewarding as well.

Personally, I found it frustrating that, having come so far and prepared so much, there wasn't really that much contribution we could make. The mission was a success, there is no doubt about that. We proved that we can get people around the world quickly, could organise a professional group of people to achieve a mission, but by the time we got there the immediate lifesaving tasks, or the immediate need for lifesaving skills, was past. The allies had acted pretty quickly and basically moved the Kurds out of that immediate life threatening situation, stabilize the condition, so our people were able to provide, if you like, a second layer of medical care, almost a general practitioner type level of care. But really, it wasn't critical to the overall success of Operation Habitat.

Be that as it may, we came back with a group of medical personnel who were experienced in providing a level of care, a basic level of care, to a range of disabilities, a range of conditions you wouldn't see in this country necessarily - ballistic injuries, weapons injuries, for example, landmine accidents, bullet wounds, possibly some of the effects of chemical warfare, chemical agents, were evident as well. But the trauma and stress that these people had been through also had an impact.

So in that sense the mission was quite successful. My concern would be that the mission, having got in there and given the Kurds and expectation of medical care, raised that expectation to a point where once that medical care was withdrawn that expectation would lead to some sort of disillusionment with the west.

We got there in short order. The allies, through that arc of protection, that safe haven across northern Iraq, would ensure that the Iraqis didn't take any direct military action against us or the Kurds while we were there. But while we were there, within a couple of weeks of our arrival, we noticed things were getting back to normal, particularly when the Kurds started to shoot each other again.

There is a story of a particular village where a village headman was killed by the Muslim Kurds. The initial report suggested this was a reprisal for the fact that the Muslims stayed behind and suffered while the Christians fled to the mountains. The reality was that this was a payback for a killing that occurred thirty or forty years ago, and it was just the opportunity to pay him back. But that's when the Americans started to talk of Vietnam, and the British started to talk darkly of Northern Ireland. It was decided then to review the position and decided to commence withdrawal from northern Iraq, but to leave a residual force in place to deter the Iraqis from any action against the Kurds. And I think that force is still in place today.

Are there any Australians involved in that force?

No. I actually attended a meeting hosted by General Sharlik Eschvali - and this was probably the highlight for me, as I was saying a few moments ago. General Sharlik Eschvali asked the national representatives what each country could provide for that residual force. It was interesting to see what each nation could provide or would provide, and it was a US heavy aircraft type contribution, an air force contribution - the British made a similar contribution, I think the French made a contribution - and it was nice to be asked what we could provide, but the reality was we couldn't provide any personnel at all, and the government at the time wasn't keen to do any more than be a humanitarian operation.

It was a funny operation: it wasn't a peacekeeping operation as such, it was a humanitarian operation but we weren't there to keep the peace. The war had been won so it doesn't fit easily as a peacekeeping humanitarian operation - it was an interesting one - but our commitment was purely as a humanitarian team, a humanitarian mission of medical people to provide a limited range of medical support; we weren't there to become part of a multinational force, basically a supervisory force or a protection force, in the model of some of the other UN operations. So we passed that advice to General Sharlik Eschvali and withdrew gracefully in time.

What contact did you have with the local people?

I didn't have much at all. As I said, I was dealing more at that higher level, political type function; but the doctors dealt daily with the Kurds. The statistics are phenomenal: I think the doctor pulled more teeth over there in two or three weeks than he'll ever pull in his life; the medical people treated hundreds of people through a range of illnesses, diseases, or the effects of previous injuries. So they were dealing with them on a daily basis. We had translators provided, I think, on an ad hoc basis, and there certainly was some UN High Commission for Refugee people in and around that area, but most of the time they had to make do with sign language. If a fellow has got a broken leg it's pretty easy to see what the problem is. So whilst I didn't have much to do with them, certainly our medical teams were in daily contact.

There was, of course, the big cricket match in the middle of Kurdish village at the end of the trip where the Kurds were presented with all the cricket gear, and they couldn't understand why all these people were playing sport in the middle of a war zone that probably hadn't been cleared of mines (laughs), so that bemused them.

Is there anything else you'd like to mention?

Only that this sort of operation became the model for subsequent operations mounted by the Australian Defence Force into places like western Sahara, Cambodia; it was the model looked at for deployments to Bosnia, Yugoslavia, and fortunately we didn't do into those. But the concept of having a small core unit, such as the Logistics Support Unit, around which a specific force could be tailored for a specific type of mission, whilst not new, hadn't been tried basically since the days of Vietnam. So at the time it was the largest force to be deployed on operations outside of Australia since Vietnam, but it was rapidly superseded by western Sahara, then Cambodia, then Somalia; each one of those successively was a larger force.

So it gave us experience in putting together, at short notice, a team of medical people, and getting them around the world, and fitting them in to other countries' command and control arrangements, so it was a good test of that.

The other operations I've spoken about - Cambodia, Somalia, western Sahara - were longstanding commitments so we had plenty of time to prepare and plan for those, but this was a very good practice run for those operations. It gave us, as I said, experience of getting people - logistically - the logistic challenge of getting people together, trained, equipped, and overseas. Perhaps as important for UN operations and peacekeeping operations was that it exposed us to the realities of conducting these operations.

So Operation Habitat was successful in that it got people, overseas, it got us, as part of the Western Alliance, into a unique multinational force operation in a part of the world that's absolutely critical, strategically, to the west and to us. Habitat allowed us to play our part in that alliance and be seen to be playing that part, and gave some of us that experience which we then brought back to Australia, and which I used in subsequent appointments in [Land] Command in Sydney to help plan and prepare other people to go overseas.

For how long were you over there?

It was a very short operation. The initial warning we had, the initial advice we had, was we could be there for three months to six months. In actual fact, I think it was eight weeks from start to finish.

The original picture that was painted of the Kurdish situation was one of great suffering, great hardship, that would require months of assistance to overcome. As it turned out it was solved fairly quickly: the Kurds were rehabilitated and then repatriated back to their homes in northern Iraq. The west was conscious of not getting involved in a prolonged, sustained, heavy commitment in a part of the world that is difficult to reach, and which is a nightmare in political terms - wedged between Turkey, Syria, Iran and Iraq, it's a pretty tense place to be at the best of times.

So we got in there; from go to woe it took us about a week to get from Australia to actually in country on operations, and then another week to extract ourselves; so we were effectively on the ground for about six weeks.

Why did you go, personally?

I'd had some contact with the Gulf Crisis from the year before; I was working on an analysis team within the Defence Intelligence Organisation, so I had a background to the problem. I was on standby to go to the Gulf War as an intelligence analyst; that didn't happen, and I spent the war back here, again, in an analytical role monitoring the conduct of the war. So I was selected as a liaison officer to go across to support the commanding officer; because of that background, that contact, I had an understanding of the problem, I had an understanding of some of the intelligence and operations mechanisms that we might need to tap into.

The best thing that I could bring to the operation was that I could walk into the United States facilities with the appropriate clearances and access, and get some information, provide some support, that we may not otherwise have had. So we had that mix of professional medical people, a lawyer, a public relations officer, and an intelligence officer, which gave us access to a number of different things. So I believe that was why I was sent, because of that background I had and the access I had.

Before we finish is there anything else that you'd like to include?

I can't think of anything right now; I'm sure it'll come to me at two o'clock tomorrow morning (laughs).

Well, thank you very much for your time, Ralph. I hope the future brings good things for you.

END OF TAPE ONE - SIDE A - END OF INTERVIEW