

Dear Senators,

I would like to make a submission expressing my dissatisfaction with the DVA treatment of Veterans, in particular, those suffering from PTSD.

I am a former Regular Army Officer who served over three years in Vietnam. 18 months with the Australian Army Training Team as Senior Advisor to the I Corps Commander for the Vietnamese Volunteer Hamlet Militia, also known as the Popular Forces, and an additional role as Political Warfare Advisor for the Regional Forces/Popular Forces at I Corps. I applied to remain in Vietnam to Aust Army HQ, but my request was refused so I submitted my resignation and was recruited by the US. The remainder of the time I spent in VN after I resigned from the Aust Army was as a US contractor in the position of Field Director for Military Region 1 for a USAID/CORDS (Civilian Operations and Revolutionary Development) program. A major part of the program was as Paymaster (the majority of their pay was given in Food) for the Popular Forces, Civic Action Programs for Free World Military Forces housing, feeding and re-settling some 600,000 displaced persons. In addition I held a number of appointments to VN Government Committees and Boards such as the Anti-Corruption Committee; VN government Contract Board; President's National Reconstruction Committee; various Government School Boards, Catholic School Board and Chinese School Board.

From the beginning of 1966 through to the end of 1968 I took part in every major ARVN, US Marine, US Army and Korean Marine operations and battles as well as weekly skirmishes with VC and NVA with my Militia soldiers monthly incidents of being mistakenly engaged by 'friendly troops' in particular the Marines who regarded anyone who was armed but not in uniform as the enemy. I also survived innumerable assassination attempts by the 'official' enemy who had a \$10,000 reward on my head, as well as corrupt VN Government officers and officials and VN, Chinese, and Corsican, organized crime gangs.

In the I Corps area of the 5 most Northern Provinces, the Militia suffered 80% of casualties of all VN forces engaged during the war. In a quiet week, I would suffer 40 dead and in the worst week 500 dead. We were confronting some 30,000 Main Force and Local VC as well as up to 10 North Vietnamese Divisions sitting astride the borders of North Vietnam and Laos. The Militia did not normally take any prisoners and the fact that they received a larger bonus for a dead VC than a captured one only encouraged such an approach. Robust interrogations tended to take place in situ. Retaliation for VC atrocities perpetrated against Village and Hamlet officials, school teachers, medics and Militia families tended to be taken personally, were seldom pleasant and were more reliant on the Biblical interpretation of such actions rather than those of the current UN Human Rights Conventions.

I was involved with close combat during the TET Offensive in Saigon and DaNang, was the first person into the besieged Advisors Compound in Hue a day ahead of the US Marine rescue column, was at Khe Sanh during the siege, took part in a number of ground incursions into North Vietnam and Laos as well as 2 unsuccessful air rescue missions deep into North Vietnam. I had 650 accredited hours of Combat Assault for Helicopters. Prior to the end of 1966, due largely to my vociferous efforts to allow the Militia to be treated in Military Hospitals, my soldiers were not eligible for medical treatment or evacuation. The wounded were carted off the field of battle in handcarts and I often had to assist in amputations and major medical operations on them without anesthetic or antibiotic by having the wounded bite on a bamboo pole while a local butcher or traditional medicine man sawed off a limb under candle light.

Yet despite all of this the Department of Vet Affairs is reluctant to admit that I do suffer from PTSD and if I do, it is mild.

It was 25 years after I left Vietnam that I first approached the Department of Vet Affairs (around 2004) and it has been a long ongoing struggle ever since. Even though different Psychiatrists have diagnosed me with Major PTSD symptoms and only one, 'tame' Department Psychiatrist disagreed they have consistently fought every inch of the way. In Oct 2013 my current Psychiatrist recommended that I stop work (20 hours per week) as a teacher as if was contributing to my stress, the Department disallowed my claim to increase my disability status by stating without interview or any contrary medical advice that the real reason I stopped work was not because of the Medical directive but because of my age.

When I sought a hearing before the Review Board they were hostile from the moment I entered the room and threatened me by saying that if they heard my appeal they would wind back my disability from the present 85% awarded by the Appeals Tribunal to zero. In the face of those threats and hostility, I withdrew my appeal.

The Department's grounds seem based on the fact that I am not lying prone on a couch, stupefied by alcohol, drugs either prescribed or obtained on the underground market, am able to read and write reasonably coherently, and have held down senior and responsible jobs since leaving the Services. As a casual observer of many of the proceedings, it appears that they should undergo a name change from the DVA to the DAV – (Department Against Veterans).

As a former Public Servant, I can detect hints that Senior Members of the Department are most likely on KPI (Key Performance Indicators) that are based on the number of cases they refuse, not the number of Diggers assisted. No doubt these are tied to bonuses in salary, promotions and ultimately a handsome Superannuation.

My dissatisfaction is directed to the Senior Ranks of this Department, not those manning the desks at the various City offices who are polite and helpful nor those who actually process the payment of Medical Bills and Supplies.

Members of Parliament must include not only the price of 'Boots and Bullets' in the Cost of War when they so readily dispatch young men and women off to fight but the long term costs of rehabilitation and ongoing treatment for the Mental Wounds that close combat inflicts on those who participate in it.

PTSD is not a one size fits all. It is not just the classic 'Shell Shock' definition first used in WW1 but a much misunderstood and varied medical condition. As a person whose job it was to turn 'Choir Boys into Killers' (General Abrams, the US Commander after Westmorland is quoted as saying the Militia were the most 'Cost Effective Killing Machine of the War'), I am an advocate that all personnel involved in combat should undergo a compulsory deradicalization program for 6-8 weeks prior to discharge to help them adjust to Civilian Life. There should also be a follow-up program over three years which includes spouses. Brain Imaging Scans should be conducted prior to Active Service and discharge to note in more scientific manner changes that occur in 'Combat Exposed Brains'.

This is the type of programs the DVA should be investigating and initiating not persecuting ex-diggers.

All combat Veterans should be instantly eligible for a Gold Card on discharge. Put this cost into the War Budget.

Yours Sincerely