

SUBMISSION TO FOREIGN AFFAIRS, DEFENCE AND TRADE REFERENCES SENATE COMMITTEE ON VETERAN SUICIDES

May I respectfully thank the Senate and especially Senator Lambie for undertaking this enquiry. The Commonwealth clearly has a duty of care for those people who have served their country in dangerous situations and clearly the system is failing a large number of them.

I am 79 years of age, served 20 years in the ARA and a further 13 years in the Army Reserve. I was a professional officer and commanded the Kuamut Detachment of 7th Field Squadron [64 men] in a very remote and inaccessible location in Borneo during Confrontation in 1964. In 1970 I commanded the 17th Construction Squadron in Vietnam, the largest unit ever commanded by a Major in the Australian Army. The unit was spread over many work sites and it was probably the only unit in the theatre where many soldiers lived constantly in the local villages or on remote work sites. Both of these commands were very stressful. I did experience subsequent symptoms related to living in the tropics or related to the stresses of command of these two units on operations. I had one man under my command killed in Vietnam and one in peace time army construction work. I personally experienced little of the sights and sounds normally associated with PTSD. On return to Australia I suffered mild depression [not reported, and could possibly be more attributed to my new civilian occupation], headaches, a temporary loss of libido and a number of physical symptoms [skin irritations, haemorrhoids etc]. All of these have either gradually disappeared over the years of I have learned to live with them. At no time did I contemplate suicide.

Over the years I have kept in close contact with my colleagues who were in my class at Duntroon, and I have also kept a close eye on a group of SAS soldiers who served with a close relative in East Timor, Afghanistan and Iraq. There have been no suicides in either group and as the suicide problem has worsened over the years I have given some thought as to why these two groups have survived so well.

- Many members of both groups have been in the thick of battles and have experienced things which might be expected to trigger PTSD or suicidal tendencies.**
- Both groups have good levels of intelligence, physical abilities and during the selection process have been psychologically tested to a higher standard than the average Infantry rifleman.**
- Both groups have been made to feel “special”, elite.**
- Both groups had intensive and demanding training which served to establish life-long bonds but also equipped them with physical and mental toughness.**
- Both groups have retained the bonds that held them together during the times of stress. My Duntroon mates are held together by one colleague who has taken it**

upon himself to keep us all in touch, to organise reunions every few years and to properly observe the death of colleagues and their wives. My younger ex-SAS friends do likewise and they retain their bonds, their friendship and their shared experiences even more intensely.

The contrast between these two groups on the one hand and the group in which suicides occur has led me to a number of observations and conclusions, none of which have I statistically tested.

RECRUITMENT. It must surely be possible by now to identify psychological markers which in later life could trigger suicidal tendencies. Surely a standard test could with some certainty identify those at risk and those who should be placed in less vulnerable services, corps and trades.

TRAINING. Recruits are taught how to kill, how not to be killed, how to obey orders and how not to catch VD. They are not taught how to deal with the trauma of actually killing another human, of seeing a mate blown to pieces. The first body that most see is on the battlefield. Today most youths have never even killed a chook! Why not visit a morgue, why not spend a day at the abattoirs seeing animals die? Some form of desensitising training has to precede battlefield exposure.

OPERATIONS. I came under fire on my first day in Vietnam; there were no casualties but it took some time [and some alcohol] before I stopped shaking. On another occasion a young National Service second lieutenant from my unit was flown directly back to my base from his attachment as the Australian Liaison Officer at the headquarters of an allied formation. That headquarters had been almost annihilated and the General that he was accompanying was killed. Our young man was slightly wounded in the hand; but he was so “hyped up” and emotional that I and two of my officers spent two hours de-briefing him again and again till he became rational. Whether this was correct procedure psychologically I do not know, as I had received no training on how to deal with such a situation. I believe that we did achieve a good result that I hope saved him from nightmares etc in later life. I conclude from these experience that officers and NCOs need to be taught how to handle men that have had very traumatic battle field experiences, and it should be standard operational procedure that soldiers who have had such traumatic experience should be removed from the field as soon as the tactical situation permits and should be debriefed by a padre, MO or somebody with appropriate training. In today’s warfare there is no rear or safe area. IEDs are everywhere and mortaring of the most secure bases occurs. Locals who are inside the base for domestic duties or for training cannot be trusted despite good vetting and apparent friendship. Consequently there is a constant tension and there is no place to escape from that stress other than in alcohol and, regrettably, drugs. In Borneo and Vietnam R&R was given after six months.

That was too infrequent. It is costly to fly combatants home every three months but the consequences of not giving frequent breaks, psychological and financial, may only become evident much later.

RETURNING HOME. When we returned from Borneo we were treated with complete indifference by the government, the media and therefore the public. Nobody expected a hero's welcome or the keys to the city; but we did expect some recognition, some thanks for doing a difficult and dangerous job. When we returned from Vietnam we were treated with insults and hostility by the government and the media and therefore by the public. Some troops were spat upon. When one has faced death daily for a whole year on behalf of your fellow countrymen, and half of us had no choice about being there; is it any wonder that the lack of respect and the lack of recognition and the lack of thanks started many on the downwards spiral of sleeplessness, alcohol, depression, drugs, family breakup and ultimately suicide? The disgraceful behaviour of the government and the media is a basic cause of today's problems. Love, respect and status are basic ingredients of the well adjusted person, one who does not contemplate suicide. The people who constitute the media and the people who are press secretaries and spin doctors to ministers were once trained on the job by their elders who had a grasp of Australian and traditional values. These newer generation media people are trained at university where sensation and political correctness is more important than upholding national values. Is it too much to ask that every "media studies" department in every university might include in their curriculum a compulsory subject which requires some self analysis of the role of the media during and after Vietnam? Any profession that moulds public opinion to hate the soldiers rather than the government for prosecuting an unpopular war needs to re-examine its basic goals.

CIVILIAN LIFE. While in the services each person has a built-in support network: officers, NCOs, mates and the back-up medical system. If a person is not coping, it will be noticed, it will be noticed by people who have had similar experiences and something will be done. This is not so in civilian life. Unless there is the support of a loving and understanding wife/family or close mate then there is nobody to recognise the tell-tale signs, nobody to encourage the person to seek help. Most civilians and families have no concept of the battles that can rage in the mind of a veteran who has experienced the horrors of combat. Nobody holds their hand. So, to obtain treatment the veteran must firstly recognise that he has a problem; he must be articulate enough and motivated enough to seek help and then he must PROVE that he has a problem and then he must fight to have his problem recognised. The system is too daunting for many. I myself gave up on three serious claims because of the adversarial attitude and procedures of the Department of Veterans Affairs. How much better would it be if a "Case Manager" system was used? Imagine that for every 20 veterans a case manager was appointed to visit the veteran, explain his

entitlements, and help him claim those entitlements. Be his point of contact over the difficult years, be his friend. Imagine how much better still the system would be if the case managers were themselves veterans who understood something about the conditions in the service and on operations. The RSL may have once fulfilled this role but it seems to have moved on to different agenda.

Keeping in touch is one of the key elements in helping those who might start down the slippery road to suicide. I have mentioned how well it works in my own Duntroon class and in the SAS group that I know. The people who take the initiative and put out newsletters and perform pastoral and social work among their cohorts need to be encouraged. People who organise unit re-unions put in a lot of effort and some little cost with very little reward. These are all valuable tools to keep veterans as part of a group or team, to feel a part. They offer a hand of friendship and an opportunity to steer those in difficulty on to the correct path. I do not know how these activities could be officially encouraged and how any financial support could be administered. Suffice to say that the system needs to somehow keep in touch with EVERY veteran, to look for the signs and to be ready to offer all the help that is needed.

APPLYING FOR HELP. In the unlikely event that a veteran recognises that he has a serious problem and works up the courage to ask for help...the fight has only just begun. I mentioned the adversarial role that the Department plays; fighting to save money rather than striving to help the digger. The other problem is the Statements of Principles. The legislation clearly states that a claim must be assessed against a standard of proof of "Reasonable Hypothesis". Not "On the Balance of Probabilities", not "Beyond Reasonable Doubt", but a much lower standard of proof. In reality they are assessed against The Statements of Principle which do not allow for any hypothetical explanation of the injury or illness, reasonable or otherwise; only that which the eminent specialists deem would establish that the illness or injury was caused by the person's war service. An absolute standard of proof is required. More demanding than is required for a criminal conviction. By way of example, I postulated that my tension headaches were caused by the stresses of command in a very difficult situation and that I did not seek medical attention during operational service [which is the one requirement in the Statement of Principle] but instead self-medicated. I did so because, as a career officer it would be a career termination to be sent home because I was medically unable to withstand the rigours of command. The public servants assessing the claim and the appeal tribunals had no flexibility to accept that explanation because they are absolutely bound by the Statement of Principle and there is, contrary to law, no flexibility to consider any other hypothesis, reasonable or otherwise. I experienced two other rejected claims of similar validity, AS HAVE MANY OTHER APPLICANTS. The youth, lack of understanding of the conduct of operations and the legalistic approach of the assessment and the appeals personnel all leave the veteran to despair of the system and to perhaps turn to alcohol or drugs.

RECOMMENDATIONS:

- That the psychological testing of recruits and the process of allocation to trade/corps be reviewed in order to better identify those unsuitable for combat roles.
- That training of servicemen should include some exposure and desensitising to death and injury.
- That it become standard procedure for officers and NCOs to debrief/counsel soldiers after any battlefield encounter and to remove them for professional help if appropriate. Officers and NCOs need to be trained to recognise symptoms and to deal with them at the immediate level of help.
- That R&R be more flexibly used for troops who have been subjected to traumatic experiences.
- That the universities that specialise in media studies be invited to reflect upon the damage that they did during and after the Vietnam campaign with a view to reconsidering their attitude and techniques for reporting on operations.
- That recognition be given to the great service performed by those who keep in touch with other members of their unit, produce newsletters, organise reunions etc. and by so doing provide an informal support and referral system.
- That the Department of Veterans Affairs completely restructure their organisation and processes so as to focus on helping the veterans receive the benefits that the legislation provides rather than as currently focussed on adversarial denial of the available benefits.
- That as part of a re-focus, the Department investigate the possibility of using case managers to assist the veterans know their entitlements and to obtain them.
- That the Statements of Principles be re-named as Guidelines, with an appropriate introduction in bold print to every Statement to the effect that they are **GUIDELINES ONLY** and that any reasonable hypothesis, any believable and feasible explanation is equally acceptable.

Thank you for this opportunity to make a submission on this most serious matter.

Kenneth E Park