

Australians at War Film Archive

Michael Naughton (The Man) - Transcript of interview

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Tape 1

00:30 **Okay, Michael we'll make a start now, so can you give us a brief introduction to your life story?**

Yes, well, I'll try to be brief, it's not very exciting. I was born in 1936, I was born in Manly, New South Wales. My parents, my mother originated from South Australia

01:00 and my father, I think met her there and they lived in West Wyalong for quite a while. But we were, all the children in fact were born in Manly. My mother used to come down for that momentous occasion, I don't think there were many facilities available in Western Australia, in West Wyalong. And I was educated, my primary education was at West Wyalong, but later and during the war, we came down to

01:30 Manly and I was educated there for a while. But my most important education was a Chevalier College in Bowral. And a wonderful place run by the Missionary of the Sacred Heart priests who did there best to make me into a Christian gentleman. I don't know how well they succeeded. But yeah, I then did medicine, my father had

02:00 died when I was only young. And I think that was almost certainly the result of his war, in World War II, he became quite ill as a result of that. And he died when I was only nine. And anyway, I, as I say, educated Manly and Chevalier, and then I did medicine in Sydney University. Now this was a pretty hard grind for my poor old mother

02:30 who was a young widow and she had three children, and quite determined that we'd all get a good education. It really was a battle for her. So along the line, I decided that I could help with this and I applied for a scholarship with the army. And joined the army medical undergraduate scheme, and that was a huge financial relief for my mother. That's

03:00 how I became introduced into the military. One of the things that I did do, which was I think very important in my life's development was National Service. I did the first National Service in, the first intake of 1955. And I think as far as my mother was concerned, she'd seen 18 years of careful Christian preparation disappear in three months. It really was a riot.

03:30 And at the time, I didn't think at all of how important that was going to be. Because as far as the army is concerned, they presume lots, for instance a medical officer is a medical officer. They just automatically think he knows all about the army. And in fact they don't. I had the fortune, I suppose, to have an early look at the military in National Service and learned, I was trained as an infantry soldier

04:00 13 National Service Infantry Training Battalion, I learned the elements of being a soldier. So later on, when I was in the military I did know a little bit about things that happened in the military. I never ever admitted that I was a National Serviceman and amazingly, nobody ever asked me. But I, which I thought was quite interesting.

04:30 After I graduated, I was a resident for just one year and then was posted to the recruit training battalion at, in Wagga, Kapooka. That was an interesting insight, seeing how young soldiers were inducted into the military, carefully remembering my own experience as a National Serviceman. So then I was posted to Malaya, which was a

05:00 very interesting experience. I was not posted with an Australian unit, I was actually attached to the British army medical services, and that was a fascinating experience. And one that had a very important medical happening in Kuala Lumpur where I was posted, we researched malarian situation. And it's

05:30 interesting, a figure that is prominent in all the story of the medical health services in Vietnam, one Bill Rogers, who later became a Surgeon General. Bill was posted at the same time as I was in Malaya, with an infantry battalion, 2 RAR [2nd Battalion Royal Australian Regiment] and he was up in the North of the country where they sustained very high incidence of malaria amongst the troops. And

06:00 it turned out to be the first fully researched and definitely proved incidence of Chloroquine resistant malaria, (UNCLEAR) malaria. So Bill and I had had that experience in Malaysia. And it became a, malaria was a huge problem, you know, very prominent in Vietnam. And we had that experience and we knew, for instance that in Malaysia that

06:30 there was a Chloroquine resistant malaria and not only resistant to Chloroquine, but there's also good evidence it was also resistant to a whole range of other drugs. Okay, so from Malaysia I had some experience with the confrontation that was going on against Indonesia and after that, I returned to Australia. First I should

07:00 mention that we actually made visits from Malaya to Vietnam. It was a sort of an opportunity for people to travel that short distance to have a look at what was going on in Vietnam. I suppose you'd have to say that it was an opportunity for the Australian army to get some soft intelligence. For instance, I had the task of just having a look at

07:30 the medical system that of the army, Republic Vietnam ARVN [Army of the Republic of Vietnam], had established. We had a look at some of their hospitals to see what sort of standard of medical care was available to them. It was quite a shock to the system. And was only a short trip, three weeks or something like that. But we had a look at the country, I had a really good look at the country really. Got a feeling of what was going on, due to the training team that was there.

08:00 Well aware of the fact that, became aware of the fact that the enemy was increasing its intensity of action and, yes, that was available to me and my mind and my thinking. And when I returned to Australia, I was only there for a short period of time and the Vietnam thing all started. And by accident, really, I was

08:30 involved with the first main force that went to Vietnam in 1965. So after that, I went to England, and having had a lengthy spell in Malaysia and then a year in Vietnam, the army decided in their wisdom that I should go and study tropical medicine. It seemed a little bit anomalous to me at the time but having a trip to England didn't faze me too much, so I was pretty

09:00 keen to go. And it was actually very interesting. And I didn't realise of course, that I was going back to Vietnam and that this was going to be quite a necessary study for me. So yes, went back to Australia for a year, or a bit over a year, and was then posted back to Vietnam. And the transformation was just amazing, you know, I couldn't, it was really difficult to comprehend the things that had

09:30 happened and how the people that followed me, 96 on, had done such a lot of good hard work. It was really quite impressive. I was, there was, it was a period of great upheaval and there was a lot of difficulty in manning the medical effort in Vietnam at that time. So I was sort of at the one time, ADMS [Assistant Director Medical Services], that was the senior medical officer in the force.

10:00 And then, my main objective, though, I going to Vietnam was to be the CO, Commanding Officer of the 1st Australian Field Hospital. So for a little while I was doing both jobs. And then Bill Rogers came back for his second tour, Bill became the ADMS. And I went back down to the hospital as CO [Commanding Officer]. The interesting thing was, that just as I was packing up to go home at the end of that year, I was

10:30 asked could I stay on for an additional six months and I agreed to do that. And so I was there from, oh, mid 69 to end of 70. And it was quite an interesting experience and no doubt we're going to talk about that later. When I got back to Australia, life was pretty dull actually and I studied for a while, did anaesthetics and intensive medicine. And

11:00 then I came up to Brisbane for a two year posting and that was how long I intended to be in Brisbane, but I've been here ever since, that was 1974. Something like that. Then I left the military in 79, I wanted to do general practice. I worked at Greenslopes Hospitals for a number of years, did some general practice. And then

11:30 for a long time now, I've been associated with the army again as a contracted health practitioner. And in the last few years, about 10 of them, I've been able to pursue one of the things that really is important to me and that was rehabilitation of injured and ill people who have to, you know, well hopefully to return them to their work in the military, if not, to return them to

12:00 civilian life. I've always had an interest in that, ever since Vietnam because one of the things that was really hard to accept, and I still have trouble with it, was that there was absolutely no rehabilitation service available in a formalised sense, to the Vietnam veterans. And we had a lot of people had serious physical and psychological problems and no formal rehabilitation.

12:30 I don't think Australia should be very proud of that. And we've still got the, I mean the Defence's Services are still grappling with this problem of effective rehabilitation. Yeah, so that's about my life story. I haven't mentioned the fact that I've got two sons. One of them was, joined the navy, he's done his three years, he's now

13:00 a public servant and he had two teenage children. And the other son, Philip, he's, he became a civil engineer, he lives permanently overseas in Asia. He had three children and you have a look at their photographs on the wall there. So that sums me up, mate.

Wonderful, Michael, thank you, that was great. I'd like to take you right back to the beginning and

13:30 **ask if you could tell us a little bit about what your life was like growing up in Manly with your brother and sister?**

Yeah, life was interesting. It was, we had a good relationship with each other and our mother. Life was difficult for her, I was always, you know, in later life I just realised the,

14:00 how tough a little Irish woman she was and she was tough all right. And she, I don't think I appreciated at the time, probably I disappointed her, probably I was a pretty angry sort of a kid, I don't know why, but that's why I went to Chevalier and they helped iron me out a bit.

(UNCLEAR) was part of her reason to send you there?

I think so, undoubtedly so. She was a feisty little woman, let me tell you, she was a woman who would

14:30 indicate that she was worried about security in the house and yet one time when we had a bloke actually in the house, I remember, we laughed about it for years. She chased this guy out so fiercely, I bet he didn't stop running. She really went after him. It was, when I was asleep I heard this noise and my mother called "How dare you, get out"

15:00 and the bloke fled. And my brother and I gave chase and he was, and we were pretty fit kids, too, I'll tell you. No, we couldn't get near this bloke he had the life, you know, you're scared stiff. But, no, she made a tremendous sacrifice and she worked hard and she, yeah, she got us all through university educations. Pretty good effort, really.

15:30 So, yeah, so we had a fairly humble start in our lives. The interesting thing was, my mother had come from a South Australian family and they were fairly well off, actually, and I think it was only after my father died that, you know, times became pretty hard for her. But she just accepted what was in front of her and took it.

16:00 **Do you remember the time around when your father died?**

Yeah.

And how that changed...

I was aware that at the time, that my mother and father were having difficulties and they had been apart for quite a while, actually. So when my father died, yes, I recall it quite vividly. I can, one of the things I can most vividly recall is that my brother

16:30 and I weren't allowed to go to the funeral, wasn't done in those days. And I can remember thinking, roaming around with this young brother of mine, Peter, and I didn't know what to do with him so I took him and got his hair cut. I can remember my mother came home very surprised that Peter had had a hair cut and I hadn't. But yeah, no, yes, I can recall it, it was, I think in some ways, I hope I'm not

17:00 saying anything hurtful, but I think in some ways my mother was relieved that the domestic dispute had ended. But, yeah, it was, it re-embarked them on a hard life, but not a deprived one, I mean, I don't think we ever wanted for anything. I mean we always well fed, well nourished, went to good schools. My mother had to work hard to do that.

Were you close to your father at all before he died?

17:30 Not really, I hardly knew him, he'd been away during the war. I had a fairly firm attach to him, attachment to him and he to me, rather to me specifically. Which caused a bit of domestic friction between me and, I think the rest of the family, actually. Not serious but, yeah, he certainly made preference,

18:00 preferential treatment to me in

In what way?

Well, he'd take me out when there was the dispute about custody, he wanted custody of me. My mother was not going to have any of that and he didn't succeed. But, no, generally speaking it was very happy. I think just the ordinary stresses and strains in the family.

18:30 But the enduring thing that I recall was a tough Mum, a really tough mother. And she obviously taught us that when the going's tough, the tough get going. Had a great relationship with my sister who is some seven or nine, seven years older than me. Bit of a joke about that that during The Depression, no funny business and I came as the result

19:00 of the, you know, when The Depression was ended. But, yeah, it was good having an older sister, you know, a bit like an intermediary Mum. Yeah, we had a good time.

She had a bit of time looking after you when you

Not that I'm aware of, oh yeah, she did because my mother was away working, you know. Yes, Joan did,

her name was Joan,

19:30 did the intermediary maternal work. Poor old Joan died fairly early and that was a tragedy. She died at the age of 32 from a cerebral haemorrhage after she had her second child. She actually died in hospital, and yeah, that was a bit of a tragedy. I can vividly recall how that really hammered my mother, you know, she was very, very upset about that.

20:00 And but, yeah, she got over it and yeah, we all sort of sailed along. By this time, you know, I was in, had graduated medicine, was in the army. My brother Peter had graduated in Dentistry. So, yeah, we were, and I was going overseas a fair bit with the military, so we were all doing our own things but we still remained fairly firmly attached as a family.

You mentioned before that you were

20:30 **a bit of an angry kid, or young man**

Yeah.

How did you vent it, how did you express it?

I think I was just difficult. I used to be, I managed to get into problems at school a fair bit. I used to wear glasses and so kids used to have a whack at me about being a four-eyed bloke. That used to always, anybody

21:00 wanted a fight, all they had to do was call me four-eyes and it was on. I had some difficulties with the way I perceived some of the teachers at Manly dealt with me and with my brother. My mother came to the fore on that actually, I got into a bit of strife, and not, nothing serious but as a

21:30 young man you think it's pretty serious, and I hadn't revealed this to my mother. And of course, my brother did. And while I was being hauled over the coals by the senior people at the school, I observed my mother advancing on the scene and I thought "No w I'm really in trouble". But she actually defended me very admirably. And that's how I came to go to Chevalier. And that was a turning point, the, I think probably

22:00 I was missing a father figure in hindsight. And these blokes were wonderful, you know, the Sacred Heart priests were just a different breed of people all together than the people I'd been previously taught by. I'm not going to mention them or who they were.

In what way were they different, how did they

Well, the first thing they asked me was what was my name, and I said "Naughton, sir", and he said "No, no, what's your name?", I said "Michael", he said "Well,

22:30 that's what we'll call you". You know, that was just, that small thing was remarkable. And they dealt with you in a very appropriate way, if you did something wrong they'd call you a bloody idiot, they'd mean it and they'd tell you why you're going to get a kick in the pants and you knew about it. When before, I think we used to get punished because the bloke needed some exercise. No, I really thought Chevalier was great and I really respected the

23:00 priests there, they were really good fellows. Tough, no doubt about it, tough education was what you were there for and education came first. Yes, they liked to win sport but if you didn't do your homework mate, you didn't play football on the weekend. So guess what, we used to work hard. No, they really were a very well balanced lot of people, they were very good teachers, they gave me a lot of confidence.

23:30 You know, they for instance they warned me that medicine was going to be a pretty tough grind, but if I put my head down and my backside up I could do it and, yeah, I went away, I was a reasonable student, I wasn't the best by any means. But, yeah, I did pretty well in the Leaving Certificate, which they called it in those days. It'd be grade 11, we didn't do grade 12 education then we started to get a, grade 11 and that's why

24:00 we used to go to university at such a young age. Probably a mistake, you know, I graduated in medicine, 22, something like that, a bit young. A bit young to be in the casualty department treating people with serious illnesses and problems. And it was, you know, probably in a lot of ways, you didn't have

24:30 that sort of youthful exuberance that you could just go out and do what you like without any real concern about having to work hard the next day. We, you know, at a that age, a young age, I think, had a lot of responsibility and even though we had a hell of a lot of fun, probably reflecting our emotional immaturity still, we

25:00 still had the job ahead of doing medicine. And that was pretty serious of course. And we all took it seriously.

Probably one balances the other, I guess.

Yeah, yeah.

Can you give us an example of the sort of, what sort of, what you actually did for fun?

I used to play rugby, and I used to, that, I used to enjoy that as a outlet. I was very keen on sport. Interestingly enough, I think in a lot of ways we were protected by our innocence in those

- 25:30 days. Women probably weren't all that important, I mean, yes they were noticeable, one took notice of them very carefully. But one of the big differences with young people today is that, you know, how, at what relatively young ages they become paired off, live together. We didn't think about those things until, well, we thought about them, didn't do a lot about it, till we were probably in our late teens,
- 26:00 20's. I think it's a very different thing and, oh yes, you know, the community's changed enormously, in those days. We used to go to church. You go to church these days, you don't see very many young people there, its quite noticeable. Pranks, yeah, we used to get up to pranks. I can remember vividly going to a buck's party and
- 26:30 the bridegroom was my personal friend and I was going to be his best man so I had the job of looking after this blokes interests. One of the other medicos had planned to put him in a, to get him drunk and put him in a spiker, you know, a plaster spiker that goes from chest down to about knees. And I was determined that wasn't going to happen. And
- 27:00 what did happen was, the bloke that planned this was always very outspoken about his ability to hold his grog, turned out to be about a five-pot screamer. And he actually, I couldn't believe it, he actually slid under the table. So guess who got the spiker put on. And we put him on the train, would you believe. I don't know how we got away with this, put him on a train, which went out
- 27:30 to Parramatta and there he was discovered. There was hell to pay, absolute hell to pay when he came back to the hospital. Yeah, no, that was one of the most extreme things we ever did. But playing football, playing sport was pretty important to me. Yeah.

What got you interested in medicine to start with?

Oh that I don't know. Isn't it amazing, I think that, this is going to sound strange to you, as a Catholic student we were often approached, not approached, it was done very carefully and without too heavy handed, but you were invited to consider seriously the priesthood. And I did, but didn't ever plan to go on with it. But the order of priests at

- 28:30 Chevalier was Sacred Heart missionaries and these guys had gone all over the world doing missionary work and I thought that to do medicine would be probably something I could do in that area. I didn't think seriously of being a sort of Christian, certainly not a Christian missionary, but I think I got the feeling of doing medicine at that
- 29:00 point. And I think the other thing was, that there were other boys at Chevalier who wanted to do it and they were considered to be pretty bright young blokes. And there was always that thought that they were going to sail through but Naughton was going to have to struggle. It turned out the other way, actually, just amazing isn't it. But the moment I started it I knew I
- 29:30 wanted to go on with it and yeah, it was just a very interesting experience doing that, I think. The bonds that you form are always there. I met people that I haven't seen for 30 years who are in, my wife June, and the other fellow's wife also, they just start talking as if nothing has happened, like there's been no separation.
- 30:00 And all it is is 30 years, it's amazing, we do it all the time. Yes, it's very firm bond. And I think these are pretty, a lot of them are very impressive young men, or older men now. And yes, I think we had, in our day in medicine, the sort of patriarchal senior medical practitioner
- 30:30 was there to teach you medicine. But not only to teach you medicine, was there to teach you how to behave as a doctor, professionally. And I'm not so sure that the young folk get that sort of induction now. They might, I'm not, I haven't been associated with that for a long time. But certainly all our tutors were people who behaved in a highly professional manner and they imbued us with that. And I think, yeah, it was just a wonderful learning experience.
- 31:00 But as I say, interlaced with a lot of fun.

That's what I was just going to say, I mean, as a bunch of young undergrads, were you actually open to the wisdom that they were giving you about how to behave?

Yeah, it's interesting, see, National Service kicked in at that time, that was a very wild time for us, I mean, it was where I, for instance, I was introduced to this stuff called alcohol. And, you know, much to the dismay of my mother.

- 31:30 And we became fairly rebellious as National Servicemen and we were always kicking authority, even in the hospital system. But the, it, this professional sense of proportion was always there. And, yeah, we understood that we had to conform, we had to conform with the morals of the profession and, you know, I think that's where you have the imposition of self-discipline. You know, you
- 32:00 just do what you got to do. Even if you're tired, even if you don't want to, you've got to do it and you do it. And that's, you know, that's part of the learning curve. But, oh yes, we used to get up to a lot of fun. Playing cards was an important feature, I learned that I was a lousy billiard player, never ever been

good at billiards or snooker so, tried hard enough.

32:30 **And were you betting money and**

Oh yeah, we bet money on everything. But,, you know, we were pretty poor, we didn't be a lot of money. But, yeah, a couple of things about that, I remember one bloke, won't tell you his name, he was a terrible gambler and he was a shocking gambler. He just couldn't, he just didn't have a poker face, you know, it was just awful, he used to lose all the time. And so he used to pay off his debts with markers,

33:00 and I think we always realised we were never going to get paid. And somebody said one day "Oh God, not another marker", and he said "Listen, any more talk about my markers and nobody's going to get paid". That set the scene, you know, that was the way it was. Cards, we used to play Solo and we used to play very seriously and we were pretty good at it too.

Which game is that?

Solo, Solo Whist. Bit like poor man's

33:30 Bridge. Same sort of game. We used to play it avidly, I can assure you. Some bastard trumped my Ace. "You trumped my bloody Ace you idiot", that was the sort of expression that would flow out quite easily. Cards, football, we, there used to be a bit of rivalry between the hospitals, hospital football was on. As a

34:00 matter of fact, the last time I played hospital football, I think was the first time, it was going to be my last game, I was getting on a bit. And the bloke that put his teeth into my arm was a medical bloke, and I knew him. Yeah, I couldn't believe it and

You were bitten?

Yeah, and then all of a sudden I realised why kids scream when somebody bites them, because it hurts. I yelled at this bloke

34:30 to let go and he ignored me. So in exasperation I planted him one, you know, gave him a good old whack and I got sent off. That was a memorable effort from rugby.

Got to go out with style.

But I bore the mark of that bite bruise on my arm for about, oh, eight weeks. Incredible. I didn't realise how much it hurt.

35:00 All of a sudden I had sympathy for little children who get bitten by their brothers and sisters. Yeah, it really does hurt.

Can I ask about, you mentioned earlier that you, that your dad died from World War..., well, from his time in World War II or associated illness.

Yeah, I'm not sure about what happened there because you know, I was pretty young. He came back from New Guinea and he was ill, I knew that. I can remember him being, not a, he was,

35:30 I can remember him going away as a very robust man. When he came back he was not, he was skinny and he was discoloured and frail. And I think, psychologically unwell as well. Psychologically unwell. And I think alcohol became a problem for him. In hindsight,

36:00 isn't it interesting, I've never really considered that in big detail, real detail, but this man might've had Post Traumatic Stress Disorder. And, you know, that was about the time I was aware that there was considerable disharmony in the marriage. And he died suddenly, he drowned. The verdict was that he drowned, but my mother always believed that he

36:30 had a heart attack at a very young age. But I don't really know what happened. But yeah, I was aware of the fact that, I can remember seeing him in hospital, and they used to wear those dreadful hospital uniforms. Are you aware of the things they used to wear in World War II?

No.

They used to have a white shirt with a red tie and a blue coat. Yeah. And he just stood out. I can remember thinking at the time they were gaudy, he didn't like it.

37:00 I think my father was fairly, I wouldn't say vain but he was very particular about his appearance and I know he hated that sort of thing. Yeah, but

So he was in hospital?

Yeah, he was in hospital for a fair while. And

And what was his role in World War II?

Oh, he was, you know, he was a soldier, he was in the electrical, mechanical engineers in New Guinea,

37:30 yeah. I don't think, I think Dad was one of those blokes who just did his bit. Yeah, it's a pity I don't know him, you know, I've always pondered that I really didn't know the man. You know, I look at his

photographs and I'm not anything like him, don't look anything like him at all. My brother Peter does, Peter is very much similar to my father in appearance. Tall, slim, broad shoulders,

38:00 you know, good-looking people, not like us bulky fellows. And I'm more like the Corcoran side, the Irish side. Yeah, no, I've often regretted that I didn't really know the bloke. I knew his brother better, my uncle John with whom I stayed as, for a fair while in some part of my life. I think only when I say for a fair while, it was about six months

38:30 and it was at the time there was this custody thing going on. And, yeah, I think it was pretty bitter, actually, but our good mother, as ever, shielded us from that. Yeah, you would've been interested to meet her, she really was quite a character. Tough, but very warm, generous, very feeling woman,

39:00 very, very devout Catholic, and that was the important thing in her life. Or not, we were the important things in her life but Catholicism was very important.

We'll pause there because we have to switch

Tape 2

00:30 **Yes, that's fine.**

I've just got this one bloke that's (UNCLEAR)

One thing that occurred to me, Michael, was, living in Manly, did you fit into the surf lifesaving scene?

No. I used to swim a lot, yeah, don't know why I didn't do that, I think probably because I'm fair skinned and I burn. I used to swim in the surf, but no, I was not in the

01:00 surf lifesaving scene at all. Tennis was a big thing for me as a youngster, used to play a lot of tennis. Reasonably good at it too, but, you know, just social, nothing, I didn't ever play serious competitive stuff. I used to play a lot of sport, football and cricket, tennis and swimming. But see, I left Manly when I was about,

01:30 oh, 12, 13. And I really didn't, never went back there. After Chevalier, I went to university, lived over that side of the world, adjacent to the university. And after that I was caught up in the army thing, you know, after the hospitals.

02:00 Caught up in the army, I, no, Manly wasn't really a, it was a childhood experience and finished 12.

Now you mentioned to Chris [interviewer] that you got into the army scholarship to do medicine. Was it because, as a child you were interested in medicine or just something you fell into?

Right, okay, it's a, I know about that, I can remember this quite vividly. I had done the National Service and

02:30 even though we kicked the traces around and we behaved like immature kids in the military, I realised that it wasn't a bad sort of a lifestyle. Medicine I was enjoying and financially things were becoming difficult and I was pretty much aware that this was pretty hard on my mother and I thought that it was reasonable for me to make, do

03:00 something about it. And then this army scholarship thing came around, and I applied for that. I remember going into one of my interviews wondering whether my National Service experience was going to be any barrier to my application. It was remarked upon, but nothing serious. And, yes, I did that mainly to relieve the financial burden on my mother.

03:30 I think I'd say I was, I wasn't broke but I was badly bent, so I needed to do something about it. It's not a step I've ever regretted, I've always enjoyed the military aspect of my life, and at the time it was a pretty sensible thing to do. I always, we were on a contract, and I always intended to

04:00 just serve out my contract and then go. But things changed and the thing that changed all that was Vietnam. My contract ended I think while I was there, and I didn't even think twice about not finishing my tour of duty. But in the main, financial inducements and other

04:30 aspects of it were suitable, so, yeah, I stayed on. I did 20 years, I served 20 years in the military.

Do you know if the army scholarship that was offered to young men after you did your National Service was primarily in the field of medicine or in other fields as well?

It was initially in medicine, and I think the scope was increased quite considerably now. It was, certainly it was initially in medicine because they were the people they were very short of.

05:00 Service medical officers. In fact the shortage of suitably trained medical practitioners in the defence

force has continued to this day, and it remains a considerable problem. And it was a heck of a problem in Vietnam. The undergraduate scheme now embraces nursing, certainly still medicine and I think that, you know, the, you know, things have changed

05:30 in the general community, a lot more people have got tertiary degrees and that's true in the military. I can remember when I was first in the army, if you took out the people with medical, dental, pharmacy, lawyer degrees, there were very few, if any, who had a tertiary qualification. But now, an officer is expected to have a tertiary qualification or

06:00 gain one, now most of the young folks who go to ADFA, the Australian Defence Force Academy, they come out with a degree. They're supposed to be, embrace another language, and yeah, they're a better-educated outfit these days, no doubt about it. But yes, the medical, medical undergraduate scheme is still alive and well, I know a number of young fellows and one girl or two who are doing it. And yeah.

So was, Michael,

06:30 **was the scholarship, you knew that your family was struggling financially and you thought "Well, this is offered for medicine and the army life isn't too bad, so I'll do medicine." or was there a passion for medicine?**

Oh no, I was already doing medicine. I was

At university?

Oh yes. I'm sorry, I should,

Okay, sorry.

I was doing medicine, I was in probably third year and I

07:00 was, had a job, worked as a cleaner and used to work down the Darling Harbour good yards on the holidays. And most of the blokes who joined the medical undergraduate scheme were having that sort of a battle. See, in those days, we had to pay our own fees, we had to buy our own books and look after ourselves, it was quite difficult. And

07:30 in some ways, I think, you know, the people who had financially well off parents were, you know, at an advantage. Some of the boys I can remember, I can remember one fellow with whom I was very friendly, who used to drive a taxi and he had two jobs going at once. He used to drive a taxi, and up in the Wynyard Concourse in a milk bar. And on the

08:00 Christmas holidays used to work at Darling Harbour good yards as well. And he was married and he had children. And we used to hide him in the, still a bit of a rascal even then, I'm sorry to say, we used to hide, hope the New South Wales transport department, or railways weren't too worried about this, used to hide the guy in the butter carts because they were refrigerated, used to sleep most of the day.

08:30 It didn't worry me, any of the people at Darling Harbour, because I didn't work too hard, I can tell you. In fact, we used to get in trouble for working so hard, you know, we're young and fit.

So Darling Harbour was not the entertainment Mecca it is now?

Oh no, it was one hell of a mess, it was, Darling Harbour's railway yard, yeah. It was, oh no, it was a very unattractive place, oh, we've just been down there recently and had a look, it was marvellous and went through the

09:00 museums there, it was great. It's a lovely development to what it used to be, a very ugly little scar in the middle of Sydney.

Did this guy that you're talking about, this fellow, did he graduate?

Yes, he did, he died young unfortunately. Don't know why, what he died from actually.

Overwork.

Possibly, yeah. Had three kids.

That's very sad. So do you think in a way, you were mentioning before that your brother was a dentist?

09:30 Yeah.

It seems that you rose from that, those humble beginnings, let's say, not trying to me too specific, but let's say from working class,

Yeah.

middle class through sheer work. It wasn't that your mother had the money or...

No. My brother Peter actually went to Duntroon. I don't ever think he was particularly well cut out to go there. I can remember he told me he was going,

10:00 I thought "Gee whiz, I don't think so mate". And in fact he resigned from there and did dentistry, but he also did the undergraduate thing. And he joined the army. In fact, Peter and I were in Vietnam together in the first tour and there was lots of jokes about the Naughton brothers having the professional side of things tied up, one medico, one dentist. Yeah. So, and Peter, he also stayed in the military for his

10:30 three years, that was the (UNCLEAR) period. And he, unfortunately, is not a well man, he suffered from his service there I think.

Is he still alive?

Oh yeah, Peter's alive, he's TPI [Totally and Permanently Incapacitated] pensioner down at, lives down at, oh, what's the name of the place? He used to live in Melbourne but he moved from there because it was too cold and used to have an adverse affect on his health.

11:00 So he moved up to the coastal area, mid New South Wales, I just can't think of the name of the place. Bateman's Bay, lovely place, and yeah, he's doing well there.

We'll talk later about your life after the military. But I suppose I'm curious to know that you were asked back as a health practitioner consultant with the army of the last 10 years.

Yeah.

Was that mainly due to your understanding of the

11:30 **men in the military?**

Well, yeah, you know, once you get into the military you become a part of it, you know, it's, even now I have a very strong affinity with all the people that I've met in the military. And I think you could say that it's a, as far as, I think it's reasonable to think that the military is a community within a community. It's got a

12:00 very special place, you know, I don't really think that the Australian average citizen has a high regard for its military. But I think the military at the same time appreciates it has a very important position. And certainly in, oh gee, in my experience, in my lifetime, the military has been, have had a very high profile, Malaysia perhaps not so much so but

12:30 certainly Vietnam. And since, you know, the military is, has been involved in one commitment after another, you know, now they're called peacekeepers and peacemakers. That's a very difficult job, people just don't understand just how difficult it is, it is really difficult. I don't think Vietnam veterans for instance, appreciate the difficulty that these young fellows, and young women,

13:00 more so now, are facing. A very difficult job indeed. And I think that as I alluded to you before, the defence health services have always been short of medical people. And, so people who have had an experience with them and understand the system, are important to them. Now the military hospital here a Yeronga, at Yeronga, it used to be at Yeronga,

13:30 that's why we're here, used to be just up the road. It's now at Yanogra, of the most of the work, the day-to-day management of the health services is done by contracted health practitioners and a fair percentage of those are ex-servicemen. I can think of, besides myself, three or four others out of a total of, five others

14:00 out of about 10.

So would it be safe to assume then that when you went into the army you became mates with the soldiers more so than other medicos because they weren't there?

Well, it's interesting isn't it, that the defence health services, an army medical officer has got a, it's an interesting position, you know, soldiers, the military has an officer system, it has a non-commissioned officer system and it has the other rank system.

14:30 And I think it's pretty fair to say the other ranks look with a little bit of circumspection at the senior people and they will often say "He's a bloody clot", and sometimes they're pretty right. Medical officers in the military were commissioned and they were expected to be officers but we also had this important association with the soldier that demanded that we be a soldier's advocate,

15:00 you know. We were there to look after their health, we were not permitted, we had the same responsibilities in privacy to a soldier that a general practitioner or any other sort of practitioner outside in the community has. Now I, and military are a very close-knot organisation, if something is going wrong with a soldier, his commanding officer still think he has and absolute right to know what's going on with that person, and he does not. And that was,

15:30 once a medical practitioner established a rapport between his soldier patient and a good working relationship with the commanding officer that did not break the confidentiality responsibility to the patient, you were made. It was pretty easy to do, really, it's

I was going to say, it's kind of like the meat in the sandwich.

No, no, well, I think if you respected that and you made the point clear that you would not discuss

- 16:00 the patient's individual problem with anybody other than the patient, or without the patient's specified permission, once you did that you were right. I mean, they all tried it on you. Today, there will be commanding officer will tell you that they have a right to read a soldier's medical file, and they do not. But they do, some of them do think that. The reason they think that is that it's a very, the hierarchy of the
- 16:30 military is very sharply defined. The commanding officer of a battalion or a hospital, and I became a commanding officer would you believe, after being a rascal National Serviceman, I eventually became a commanding officer. It's a very different perspective. They're ultimately responsible for everything that happens in that place and there's no escaping that. If an infantry battalion has a problem, the CO is the bloke who has to answer. So
- 17:00 that gives him the right to dictate the way he wants that whole place managed. Now if an individual, especially if it's an important individual in his unit, is having medical problems, he might want to know why, or can he rely on this person. Now this is a very difficult position for a medical practitioner, and I always made a practice of
- 17:30 saying "Now, you realise this is going to have some ramifications on your employability in this place. Now I might be asked to explain whether or not you can continue with the job". And I would discuss that with the patient, and I'd get the patient's permission to talk. But not to reveal his, the details of his medical condition, it would be simply to say "This man is not too deployable.
- 18:00 This man is unfit to maintain the present job, we should evacuate him back to Australia", whatever. Yeah, and generally speaking, that was always respected, I never had any difficulty with it, quite frankly. And I think once you've established the fact that you can be relied on to do that, you have a very special relationship with the soldier patient. And I very much enjoyed it, quite frankly. It was interesting having
- 18:30 said all that, we had a major problem with this in Vietnam, and it was probably, the very cause of it was the media. The, when we had a casualty wounded, in a, there was always enormous interest in the media. And it used to be like it was a race between the media getting the stuff in
- 19:00 the newspaper and the military getting enough time to warn the next of kin that this had happened. So we are obliged to send off signals, they were medical in confidence signals, but they were sent off to Australia detailing the wounds that the fellows had. Now on a number of occasions, we had a people with fairly minor wounds and the soldier wanted
- 19:30 to, didn't want his next of kin notified because he was, well, he was concerned that that would cause great anxiety with his wife or his Mum or whoever, important other they would say now. And they would say "I don't want that information transferred back to Australia". But it happened, it happened and we challenged that legally, we challenged it medico-legally, we challenged it every which way we could, but no, it was, we were overruled.
- 20:00 That was the nearest that we ever had to that, but generally speaking, the soldiers didn't care, you know, they, you know, we used to say to them "Look son, we're going to have to tell your folks exactly what's happened to you, and I'm afraid we can't do much about that". Mostly they didn't object. But when I say we had to tell them exactly, I mean exactly, we had
- 20:30 to detail each and every wound that they had. And some of these blokes were hammered with, you know, had multiple fragment wounds from mines, you know, we're talking about a list 20 long, you know, of injuries. We had to specify these, with a fair degree, well, not with a fair degree, with a high degree of accuracy. Because if we reported something incorrectly, that would cause a very unfavourable media comment.
- 21:00 This was particularly so as the war wore on a bit and we realised that really it wasn't a very popular involvement and that there was a lot of criticism, a lot of political upheaval about it. Yeah, it was important. But I'd like to stress that for me personally,
- 21:30 having that relationship with patients, whether in uniform or not, is important. Now for instance, in civilian life, when I, you know, something that might sort of give you an idea of the problem, when the oral contraceptive pill became available in Australia, mothers wanted to, often would ring up and say "Did you prescribe the pill for my daughter?" They would often do that, and I used to say "Madam, I'm not going to
- 22:00 confirm to you that your daughter has been in this practice". And they'd say "I have a right to know", they used to say exactly that, exactly like the commanding officer. And I, and after a while I got smart about it and I used to say "Why don't you talk your daughter about it?", and they would invariably say "She won't tell me anything". And I would say "I'm sorry madam, I'm not the communication gap for you". Same thing, you had to respect an individual's
- 22:30 privacy. If, for instance, they had something like a communicable disease that was important to the military community, you would have to notify that, but you would have to notify that in the civilian community. It's for the good of the population health. But even having said that, you've got to be pretty careful, I mean there are situations which would surprise you that, you know, that if you approached a,

23:00 for instance I know of one case happened in New Zealand where a medical practitioner was aware that a man who had dangerous health problems, for example, his heart, was driving a school bus. And he was concerned that this bloke was going to have a heart attack and perhaps killed a busload of kids. So he consulted with his medical senior people, his cardiologist and company, and they agreed, "Yes, we should

23:30 notify this" and they did. They were sued, successfully. He lost his job, of course, but they were sued for breach of privacy, so you have to be really, very careful.

You're damned if you do and damned if you don't.

Yeah, what would you do today. I think I'd get hold of the bloke and say "Listen mate, this is not on".

"You better quit"

"You've got to stop this". I think we've got better protection now, particularly with regard to child abuse. I mean,

24:00 when I was a young guy you had to be very circumspect about that. And interestingly enough, I just read, don't know where I read it, some article just recently, 20, no, it might've been even the Courier Mail, in a survey of child abuse, something like 20% of the doctors who were surveyed admitted that they had, for some reason or other, not revealed a situation of child abuse. Interesting isn't it?

I think it's a very hard line.

24:30 **I think, you know, sometimes it's really a subjective thing, it's up to the individual as much as there can be some form of law regarding it.**

Well, the medical practitioner, in that situation is probably going to balance, you know, he's got to keep in mind the health of the child, now. Is there a physical danger now? He's also got to work about keep in his mind the long-term health of this child in the context of the family relationship. So I can see a situation where a bloke might say, well, you know,

25:00 "Hey listen mate, this is unacceptable, you can't hit a child like that and I am suppose to report this. In this case, I think this is one off and I think you're contrite and all the rest of it and I'm not going to. But, if you break off contact with me, or if you", you know, make some conditions, "I won't do it, I won't notify you". See, it's a difficult call

25:30 because he's broken the law. He's supposed to notify them. And I've had situations where you tread a fine line. I mean, nobody would even give a second thought to a child who is systematically abused, seriously, I mean, you wouldn't give it a thought. But these cases, there are cases are not as clear-cut as that. And so it is with the military, you know, you

I'd like to

26:00 **actually, later in the day discuss perhaps, the post effects of war on returned servicemen particularly Vietnam veterans, to see if there is linkages to alcohol and abuse and of course, PTSD [Post Traumatic Stress Disorder] from a medical perspective.**

Yeah.

But before we go there, I might just ask you, two things. The first thing is that, I've been told a lot of people equate the military with

26:30 **an institution. It's kind of like marriage, it's an institution, some people thrive and some people wilt. Do you agree with that?**

Oh yeah. Look, when I was first in the service, one of the things that confronted me early was that a number of young people who came from seriously deprived families regarded the military as their new family. And they came into a new life of independence,

27:00 increasing their self-esteem, independence, and for them, the military was their family. That's, was very true in the early days, I think it's still true now. I think a lot of young people have, I saw a bloke just the other day who had a very deprived family life. I mean, he's now in his 40's,

27:30 the things that he was subjected to as a child, I mean, I'm accepting that what he's told me is truthful, and I do. That would be serious child abuse and his parent's would be prosecuted, and if I was confronted with that situation today, I'd make sure it happened. But this kid has actually gained in emotional strength and only just recently, you know, he's 40, only just recently he's confronted his parents about it,

28:00 after all this time. And their response was, "We thought we were doing the right thing", and that's what he could get out of them.

I'll just bring you back now,

It's interesting.

Yes it is.

And can I just say, I can think of a couple of young people who, well known in the military for their devotion to their duty. And one girl in particular who received an honour for her long

28:30 term of work through the military. I remember that kid as a young recruit soldier, how terrified she was, you know. And we helped her through a pretty difficult period, and she just became a wonderful and confident young woman. And I'm pretty sure that she would've always, well, I know she always regarded the military as a family. I'm sure that happens and it must still happen now.

29:00 **Okay, so where would it, I suppose cause friction for somebody, perhaps more rebellious spirit or somebody who doesn't like authority?**

Well, you know, okay, it's an important point, because, let's face it, the Australian military, through the, it's history has been notorious for not being very smart or, I mean, no that's not right, having freedom to express themselves,

29:30 the willingness to do so and the ability to do so. You know, you look at the World War I diggers, I mean these guys were just wonderful. You read some of the stories about how they behaved to their officers, wouldn't salute an officer unless they knew he was worth his salt. So that meant that if an officer from another battalion, they didn't know him, they wouldn't pay respects.

30:00 And they adamantly refused, so I'm told, I think we've overstated the inefficiency of the British soldiers, British officer, but they certainly wouldn't pay any respect to the British officers, and it used to cause a lot of friction. And it used to, and they, and, I mean, it's well stated in history that Australian soldiers are regarded as very disrespectful young people. Now, I think one of our virtues

30:30 of the military is that we allow the young folks to express their individuality. And what we're encouraging with them, or I think what the military is encouraging with it, isn't it interesting, I said "we" and I'm no longer part of it. But what's being encouraged is self-discipline, self-starting, if the boss gets knocked over, the next bloke up takes over, and they can do it. They say that was

31:00 a very marked characteristic of our great grandparents in World War I, and apparently vividly contrasted with the ability of the British or the Germans to do it. They lost their officers or senior NCOs [Non Commissioned Officers], they just became nil effective. Whereas you rely on the Australian blokes to, next bloke up would do the job. And I think that the military has a,

31:30 it's got to be disciplined, I mean, that's already mentioned to you before, commanding officers got to have absolute authority in his unit. Moved the chair, sorry. But at the same time, he's got the right to let people work in their own capacity and their own personality, individuality, and as long as they conform to his requirements, there's no problem. And I think it's one of the good things about the Australian

32:00 military. When I look at them today, I think they're more disciplined than they used to be in my time perhaps, but you still see that individuality, that cheekiness almost, good to see.

Definitely. Can I ask you about the time, just before you went to Kuala Lumpur,

32:30 **now, you were in Sydney during that time, at university weren't you?**

Yeah, no, I, before I went to Kuala Lumpur, to Malaysia, I was in, I was at Wagga, in the army at Wagga. And that was a great experience too, you know, I was at the recruit training battalion, that was my very first posting as a medical officer of the army.

Can you tell us about that time?

Yeah, it was good. The army, in fact, it's a good question.

33:00 I was quite concerned, and fairly dispirited when I first arrived at Kapooka because it was a peacetime army and it had all the hallmarks of being right run down. And it was interesting, because we got a new commanding officer while I was there, a fellow by the name of Max Simpkin. And just by some strange fortune, when I went

33:30 back to Vietnam for my second trip, Max was the commander of the Australian Logistics Support Group. So I served with Max on two occasions. He was a very experienced soldier, very wise, witty, small man, and he'd come from the parachute training school, he was senior instructor, so he knew about teaching people and motivating people and he was great. And he really

34:00 cleaned Kapooka out big time, you know, the, his view was that people who were trained soldiers should be the top shelf, not the bottom shelf. And I reckon we had a fair element of the bottom shelf at that time. He booted them out and he ensured there was a selection process and training for the Regimental Drill Instructors, the RDI's as they call them. And so

34:30 I saw him, I could see what a good commander could do, he pulled that place out of the doldrums. And I soon learned to walk into a unit that was on its knees, was easy to make it look good. Pick it up off the ground. I always felt sorry for people walked into units that were humming along at a good, you know, at a good pace. Because his job was to keep it there. But it was good

35:00 from the point of view that I saw what happened to soldiers when they first came into the military, you

know, and were trained. And how they were allocated to the various jobs.

What, Michael, what was your specific, obviously this was your first medical posting, but what was the specific job there at Kapooka?

Well, I used to, I was the RMO, Regimental Medical Officer of the recruit training battalion, 1RTB [1st Recruit Training Battalion]. And my job was to

35:30 maintain the health of the recruits and the staff. I used to do sick parades, we used to be very much involved in the physical training of these people, we had to maintain, you know, the health and hygiene of the establishment, there was a hospital there and I used to work there as well. Again, under another

36:00 bloke that I worked with later on, Bill Rogers. And yeah, we used to generally look after the health of all the people that were there. Because we were in Wagga Wagga, lovely place, hot in summer, cold in winter, but a lovely place, Bill and I were able to spend a fair amount of our spare time at the Wagga Base Hospital working there. So that added to our experience.

36:30 We were also called upon to do locums for the various GPs [General Practitioners] around the place, yeah, so we were pretty busy. We, I think Bill Rogers even landed the job of the medical officer for the racetrack.

I've got loads of questions

Yeah.

for you, you've just brought up a lot of stuff. This seems like a crazy question, and I probably is, but whilst you were there, could any of the boys, the young men,

37:00 **could they choose elective surgery if they wanted to?**

Well, okay, it's interesting, if, what you're asking is interesting. They were very carefully selected, if they had any serious medical illnesses or surgical problems, they would not have been selected. If they had, say, something simple like a hernia discovered at the recruiting inducement phase, they probably would've had to

37:30 go and get that repaired at their own expense prior to their being allowed to join the service. When they went to Kapooka they were supposed to be fit to undergo rigorous training, and it was rigorous. So no, I mean, if they had any surgical procedure that was needed, certainly, yes. I mean, you know, a kid got, if something developed while, after his training started, we were

38:00 responsible to provide that care. Whatever that was for. I mean, we used to get appendicectomies and herniorrhaphies and things like that. In those early days, the defence health services was comprehensive and it, I think it was far more comprehensive then than now. The reason for, I think probably is that all these medical procedures have become so much more expensive.

38:30 We used to do a lot of, well, when I say a lot of, we used to do a certain amount of plastic surgery for people who wanted things to make improvements.

Not in Kapooka, but later on, you mean?

Yeah.

After the war, after Vietnam?

No, no.

During Vietnam?

No, no, we wouldn't, again, we wouldn't do elective procedures in a place like Vietnam. Again, they would be carefully screened before they went there. I mean they were, before you went to Vietnam, you had to be

39:00 fit to fight.

Sure.

No, I'm talking about the peacetime thing, you know, sometimes people would say for instance, have a tattoo that was now no longer causing them pleasure, they could apply to have it removed and in those days, we'd do it. We used to get a few things like breast reconstructions, ups and downs, you know,

39:30 **Breast?**

Yeah, you know, breast surgery if the girls were, mainly we used to do procedures for girls who had larger breasts and they wanted them reduced in size because all the physical training, running around was uncomfortable for them. But, you know, every now and again you'd have a girl who had a child, fed the baby and her breast had collapsed and she was, you know, a little upset about that, emotionally disturbed by it. We would, they'd be able to have an

40:00 augmentation done.

I might have to talk to you about that later.

I don't know that the military would be as willing to cooperate with that now. Certainly I've had cases in the last year or so where we've had young ladies who required breast reductions and they've been done. For those reasons, you know, embarrassment, difficulty training, surprising, one of the thing that you often see with these girls is that they complain of back ache.

40:30 You know. And you do this thing and the first thing they tell you is the backache has gone. It's quite amazing. When you think about it, it's not too hard to work it out, they've got a few pounds hanging off the front of their chest.

It makes absolute sense.

Yeah, yeah.

We'll have to stop, Michael, and change tapes.

Tape 3

00:30 **Okay. While you were at Wagga, I just wanted to, if you could tell us a little bit about, I guess, the kind of induction that you had into army discipline as a medical officer?**

Well, as I said, I'd, my first posting was to Kapooka, and I've already indicated to you that nobody asked me had I done National Service.

01:00 And I certainly didn't tell anybody.

Why was that?

I thought "The buggers want to know, they could ask me". I don't know why, I mean, it's a curious thing, and I could talk about that later, well, now if you want, about a young medical officer who was seriously wounded in Vietnam because of a lack of military training, really annoyed the life out of me. This kid walked on a mine,

01:30 I have to be careful with the privacy on this, because he's still alive, and I won't mention his name, but he, there'd been a mine explosion and there'd been casualties taken and the minefield had been cleared so that the casualties could be evacuated. That's all happened, as I understand it. And then the commanding

02:00 officer, for some reason, I don't know, wanted to fly into the area and have a look around. Anyway, he had his doctor with him. Now this young guy had never been in a minefield or had any minefield training in his life. So the very first time he was doing this sort of thing, was live. Now when they clear a field, they don't clear it entirely, they clear tracks. Lay down tapes so that you can walk through those tracks and

02:30 get out, you know. This young guy told me that CO said "Walk in my footsteps". That was his training. And he detonated a mine, and he was horribly injured, I can still remember that, how horribly injured that kid was. His legs were both shattered, he was tattooed with mine blasts

03:00 all up his body and his eyes were knocked out, he was blinded. And I'd just come back to Vietnam for my second trip and I was on the way down to the hospital, can't remember the reason for, probably just to go down there and say hello to the people. I heard this on the air that there was Australian casualties, and they were going into the American hospital at Vung Tau, 36 evac. [Evacuation hospital] So I

03:30 asked the pilot could he just drop me of there, rather than going to our place, I'd go back later. I had a talk to this kid, that's the first time I ever met him. He had some residual sight, only just. He knew and I knew that that wasn't going to last. And yeah, so we evacuated him from that hospital at Vung Tau up to a, one of the hospitals at Long Binh, where they had an ophthalmological service.

04:00 But he had no chance of retaining his vision, he's blind, is blind. To his credit and to the credit of his family, he's a practicing psychiatrist. Got through his degrees, either by the help of his wife reading his papers or through Braille, I don't know how he did it. But what a remarkable effort. He was featured in a, one of the ABC [Australian Broadcasting Corporation] television programmes not too long ago.

04:30 So my, the point I raise here is, that for some reason the military presumes that a doctor knows about the military, and they don't. And they did some basic training, but it's quick, it's not enough, they really, it's a very strange and difficult environment in which to work first up.

So what sort of things were they actually teaching you?

05:00 Well, in National Service, the doctors did their basic training, which was good. So they did have that background. But as soon as they had satisfied the need, it was a political thing, there were a lot of young people being called up for National Service who had law degrees, pharmacy degrees, all this sort

of stuff. And for once, the army had these people in excess of their

- 05:30 requirement. So it wasn't uncommon to see young people with degrees who were infantry soldiers. So the concern was, that medical officers were going to be commissioned as captains and so there was some concern that there was, they were being treated differently. Politically they had to do something about it. So these fellows were, they did shortened basic training
- 06:00 and then they were whipped off to the school of army health where they did their induction as medical officers. So, yeah, they had some training but it was short, was only a very, I call it a primer, very basic entry. And I made a point of it, when, later on in Vietnam that when these young blokes were assigned their infantry battalions, that
- 06:30 they were taken under some care and instructed in the art of being an infantry, part of an infantry battalion. Pretty dangerous business, I mean these guys go out, an infantry battalion goes out looking for trouble, let's face it. That's their job. And the opposition is out there trying to do the same thing. So, you know, it just stands to reason that these fellows are in danger, and
- 07:00 when casualties are taken they're the people who are going to get, be around the casualties. So it's a dangerous position by definition. And I just felt it was terrible that this young bloke had not had the sort of training that he should've had. But when I look on my own situation, I had never been trained in a minefield either, in National Service or any other time. But I had enough experience
- 07:30 and I knew enough about it to say "Hey, what gives here mate?". And when I first when to Vietnam with the battalion, we had lots of stuff in mines and I made a point of finding out about it, you know, I had enough experience and confidence to approach these blokes and say "I need to know a bit more about this". And, you know, they would respond to that, but there was no acceptance of the fact that these blokes
- 08:00 needed that sort of training. In fact, I've always, one of the things I've had concern about in the military is that a regimental medical officer, a man that goes out to an infantry battalion, should not be a junior doctor. This should not be his first deployment with an army regiment. I believe that RMOs [Regimental Medical Officer] in battalions should be majors, they should be have a fair bit of
- 08:30 experience. Because the people they deal with, and give professional advice to, are all senior to them. In the military, that can put you at a disadvantage. Shouldn't, but it can, I mean if you have an overbearing major and you have a young captain medical officer, and he wants to express something forcefully, I mean, he could be commanded to hold his tongue. When I would think that most of my medical
- 09:00 colleagues would get around that, but it could happen. I believe that, I'm convinced, absolutely convinced that medical officer in a battalion needs to be on equal footing with the company commanders in rank and perhaps not in military experience, but certainly he's bringing his medical experience. He needs to be an experienced medical officer, not a junior first appointment. Okay,
- 09:30 is that practical? It's difficult to attain, no question of that. I really think that junior doctors need to work in medical units first up. Learn how things happen in the system and then gradually get out and get that sort of experience. But by the time they go to a battalion they need to know how it all works.

Yeah, no, that makes sense. Can I just ask you though, when you first signed up as an undergrad,

- 10:00 **were you expecting to end up in a war?**

No, not really, didn't know. I mean, when I went to Malaya, I didn't even give a thought to the fact that Malaysia was going to have a confrontation with Indonesia. I wouldn't say it was fun, but it didn't bother me, no. And

- 10:30 I guess that's part of the process, you clearly get (UNCLEAR) and into it. I was in Malaysia, had some little role in the confrontation thing, but I'd gone up to Vietnam. I'd seen and, I actually did observe some action there, but it was from afar and it wasn't dangerous to me, but I saw it and I knew that this was on. And

- 11:00 I talked to the Australian army training team members that I met there, didn't have any false impressions of what they were up to, it was, you know, it was on for young and old and yeah, it was dangerous.

What were you briefed about Malaya before you actually left Australia?

Well that's interesting, I was posted to, my very posting was strange. When I got my

- 11:30 posting I was posted to "Miscellaneous Detachments Far Off", and I thought "What the hell does that mean?". It meant Far East Land Force, far off, Miscellaneous detachments. It didn't tell me that that was, meant I was going to work with the British. It should've, I'd thought about it, and asked about it I could've found out. See, for instance, Bill Rogers who'd gone up there just a bit before me, he was posted to

- 12:00 2nd Battalion, Royal Australian Regiment. Now we always say 2RAR, yeah, so Bill was placed into an

Australian army unit. And those of us who were Miscellaneous Detachments Far Off were posted virtually to the British. And I went to a British military hospital in Kinrara, just outside Kuala Lumpur, and their responsibility was about 150-bed hospital, provided all services.

12:30 Their responsibility was to look after the health, what we'd call level three health, of a level three health facility. Able to do all the common and emergency medical procedures, but we'd probably have to evacuate to a major facility for other things like neurological investigations

13:00 and neurosurgery even. So that was a, I just started looking forward to that experience, because I knew I was going to be faced with a branch of medicine I'd never really done before, tropical diseases. It was in Malaysia, a strange country, I was looking forward to it enormously, immensely and I enjoyed it.

13:30 **And for you, at that stage of your career, was that something of, I guess, a step toward a specialisation?**

Yeah, I, I'm not a specialist but I, yeah, it was just, I had thought about a specialty training. And I guess that I thought that would be a valuable adjunct, yeah. I mean, not a lot of Australians even probably now have a very good knowledge of tropical medical illnesses.

14:00 I mean, if you talk to the average person about onchocerciasis, he mightn't know what you're talking about, he might think you're swearing. Yeah, no, see we did that with all sorts of, I mean tuberculosis is not a tropical illness but it's so prevalent there and, you know, I had a vast experience with that disease. Leprosy, hadn't seen a case before, saw plenty of it there.

14:30 All the tropical disorders, and, as I mentioned to you before, had this very valuable experience with malaria. Because malaria was the important disease in Vietnam. And it was a very valuable learning curve for me on that one.

So you were given the brief, so you knew in advance that that's what you were going over to do, that you were going to study up on that?

Oh yes, I started reading about malaria in a big

15:00 way before I went and all these other strange sounding diseases. The interesting thing was, I don't recall, and this is one of the things I was thinking about last night, I don't want to be too critical of my army medical directorate, but it's hard not to be at times. Nobody said "Look Mike, why don't you pull your book out and read about malaria and scrub typhus and strongyloides", you know, "these are diseases that

15:30 are prevalent and you're going to need to know about them". You know, there was no what I would call medical intelligence brief. And it's fascinating, if I could just continue this a bit,

Yeah.

because after I'd been to Vietnam with my first trip, gone to England, done tropical medicine, came back, told I was going to go up to Vietnam again, I put in a request for a briefing

16:00 on, you know, on what was going on. And to my surprise, and you know, our headquarters was in Melbourne those times, to my surprise I got the distinct impression that people thought I wanted to go down to Melbourne for a jolly. Well, you know, I didn't want to ever go to Melbourne for any reason but, no, they just felt that I was not serious. And when I got up there and found out the things that

16:30 had happened in the time that I had been away from that place, I mean, they were just so dramatically important, and yet I didn't get a briefing on them. Couldn't believe it. The first trip to Vietnam was such a hurried departure, I mean, I've often used the word shambles to describe the way it was, and it was, a shambles. The briefing was almost non-existent for that,

17:00 I mean, they really didn't know what was going on. But I got up there and, after a while we started to get the odd case of scrub typhus. So by that time, I'd discovered that there was still existing in Saigon, a French army medical unit, called De Gralle, it was right across the road from where I used to live. So I took myself across there with my lousy French and

17:30 met a medical chap with his lousy English, and I discovered that, yes, oh, yes, the French knew about the islands of scrub typhus, they, it occurs in circumscribed areas. He actually named the area that we'd been operating in. He said "Have you come from that area, the Hobo Woods?", and I said "Yes, how did you know that?", he said "Oh, well known scrub typhus area". So the intelligence was there, our problem was, it was written in French. Isn't that amazing.

18:00 Yeah, amazing and bloody stupid because it can be a dangerous disease. And not many people die from it but

(UNCLEAR) [Is it life threatening?]

Yeah, well, potentially, yeah, you can be very ill with it. And it would've been nice to know that was there in advance. I mean, there are precautions you take against it, we took none, absolutely zero. And I can remember one time, I had a fellow had scrub typhus and the same time had malaria.

18:30 That kid was very ill indeed, you know, we should've known about that.

I'd love to talk to you through your Vietnam experiences a little bit later on but...

Yeah.

if we could, if I could sort of take you back to Malaya and just get you to kind of introduce us to that and those experiences.

Well, it's interesting, Malaysia's a tropical country. At that time, and, you know, for me it was fascinating to

19:00 come into a country that had such a lot of a history. You know, our country's only got a history of a few hundred years. There's Malaysia with St Francis at Malacca and Portuguese settlements, Dutch settlements, English settlements, Chinese settlements, fantastic. And of course, a Muslim country, and I was fascinated by the Muslim faith and

19:30 it was a very gentle, relaxed faith. I think it's become more militant now. Probably not militant, militant is not the right word, it's probably become more formalised, perhaps, get the word later. But in those days it was very relaxed. Very devout people, charming people, I thought it was quite an interesting faith. They, of course, regard it as the

20:00 faith. And very much the faith. Okay, so there was that, oh it was just the adventure, you know, the advantage of, the adventure of being in a new country and having a look around. Australians didn't travel a lot in those days.

And you brought your family out with you as well, didn't you?

Yeah.

(UNCLEAR)

See, one of the things about that was that the, Malaysia,

20:30 see at that time, the Australian army was very much peacetime mode. And we owned 3 infantry battalions. 1st Battalion, 2nd and 3rd. And they used to do a rotation through Malaysia, and it was an accompany posting, took your families with you.

21:00 Absolutely wonderful experience, and I'm sure most families, not all, I was surprised that not all enjoyed it. Some hated it, couldn't believe it, but anyway, it was accompany posting, normally for two years, could've been longer and it was just a wonderful experience. The children loved it, it was you know, you always knew the misfortunate,

21:30 the unfortunate part about it was, they were so young, they wouldn't take it home. Or they'd take it home but they wouldn't remember it for long. And it was interesting that both our blokes, especially the older boy, he could speak fluent Malay, not bad Chinese, and pretty good English as well. And he hasn't got a word of any of those languages now, it's a shame, isn't it. But they went

22:00 to school, Catholic school, but with predominantly Malaysian kids and they used to play with Malay kids, Muslims and all the rest of it. And yeah, it was a great experience for them. Unfortunately, one that they wouldn't really remember in detail although the boys say they do.

What were your first impressions of the place when you got there?

Oh, just so new,

22:30 so different, exciting. We lived very well there. One of the things the Australian government was doing, was trying to assist the Malaysians get people into work, to earn a living. And so we had the situation where we had to have Amahs, which was quite an interesting experience for us. I was uncomfortable with it for a long time.

23:00 **How so?**

Didn't like having people in my house that I didn't know. But after a while they became like your family and I think the Australian egalitarian thing emerged very much. I was horrified, for instance, at the rate of pay that was given out to these people by their own, more wealthy Malays, and other countries, the British.

23:30 We paid them much more, in fact, we were criticised for doing so. Because they felt that if we paid them that sort of money, that's what they'd demand and I thought "Good enough". See, we weren't offering a lot of money, like, you know, I can't remember exactly how much, but it would've been in terms of, perhaps 120 Malay dollars a month, 40 a week. About three dollars Australian. One dollar, three dollars

24:00 Malaya is three dollars Australian, something like that. Did we have dollars then, no we didn't, we had pounds, schillings and pence still. You know, we didn't have, no we didn't have dollars until 65, six. I can remember that vividly, because we were in Vietnam. Yeah, so they weren't, we weren't offering very, oh, I didn't think it was very generous, in fact I think most of the Australians I knew used to pay more.

- 24:30 But, and I think a lot of Australian wives and the men thought this was a great opportunity to educate these people. And we made sure that our people could speak very good English. We taught, they were taught to type and things like that, you know, just to help them get a job. And I can
- 25:00 remember teaching them how to bank, and that was hilarious, it really was. Because they had no knowledge of banks and no trust of them either. Malay women for instance, used to wear all their valuables, in gold, on their wrist and often they used to get robbed. So I tried to encourage one of our Amahs to bank. No way mate, was she going to give her money to
- 25:30 anybody. So I had to open an account in her name, bank some of my money into her account because she wasn't going to give me it. And she thought I was being an idiot, and okay, with the account settled, we went to another branch, Hong Kong and Shanghai Banking Corporation. Wonderful people, wonderful organisation. And wrote out a withdrawal form and presented it without any
- 26:00 trouble, the money gets exchanged. I can still remember the look of surprise on this lady's eyes, you know. The thing that really sold it to her was the interest, says "Hey, why are they giving me that much?", I said "That's interest", you know, "You've left that money in there, they pay you interest". So she was hooked, and she taught quite a few other people to bank. Isn't it wonderful? Just simple things like that,
- 26:30 you know, yeah, they were so innocent. I really, really am, deplore the fact that we are so unfriendly to one another now. I think the Australian government have been goofy and [Former Malaysian Prime Minister] Mahatir, well, I don't know what made him do what he did. Probably we antagonised him, I mean, we do know that he was antagonised by our political people. But I think we're not held in
- 27:00 anything like the esteem that we used to be. We visit there from time to time, I, last time we were there, I mean, they were polite enough but there's not the same friendliness, I didn't feel it, and I regret it. It's, one of the reasons we go there is that a lot of the 1RAR [1st Battalion Royal Australian Regiment] dead are buried at Terendak. That was the system
- 27:30 that we used to evoke in those days, that Australian war dead were buried in the nearest friendly military cemetery and that happened to be in Malaysia at the time. It wasn't until later that they repatriated bodies for burial in Australia. So I occasionally go up there and I forget, don't know how many is there, might be 20, I suppose, Australians.

And what was your experience and knowledge of Communism around, at that time?

- 28:00 Yeah, see, that was one of the reasons we were there. The Malayan emergency had officially ended, I think, and, but we used to send a battalion up to the north of the country, trying to find out the Communist Terrorists, the CTs as they were known. I think in our time they were more properly called drug runners.
- 28:30 But that was what we were there for, to provide a level of security, and to assist in the training of the Malaysian armed forces, and one of the big things was the protection of the airbase up in Butterworth. So, yeah, I mean, that was still nominally going on, but while we were there, the break down of relationship between Malaysia
- 29:00 and Indonesia occurred and there was the confrontation. And there was an invasion of Malaysia by the Indonesians, it was pretty ineffective. But in actual fact, I was attached to a unit that was involved in the search for a number
- 29:30 of Indonesians who'd landed in the place. I didn't go to Borneo but the, that was my experience, it was interesting because it was pretty hard yakka.

Can you walk us through what your experience

Well all they were doing, it was with the Kiwis and the Australians and the Gurkhas, were trying to track down a party of Indonesians who'd landed by air. And

- 30:00 the only reason I got involved, it was only a very minor involvement, was that the RMO to the New Zealand battalion, a delightful bloke, I can't remember his name, but he was pretty old, and he was a World War II digger and he, I don't know why, but I was asked would I, they needed a replacement RMO
- 30:30 for a short period of time. And so I was seconded for a short time. And yeah, we just chased them through the jungle, it was pretty routine stuff for our people. And they eventually caught them after a fairly long time, I don't know how long, probably a couple of months. But I did most of my work in hospitals, I have to tell you, I don't want you to get the idea that I was running around the, in the Ooloo [Slang for jungle], as they used to call it, or the
- 31:00 deep J, the deep jungle, that came later.

The Vietnam War.

Got my share later, yeah.

Was there any time throughout your stay, that you actually felt that you were in personal

danger?

No. Only getting robbed by hoodlums, probably be Australian too. No, no, I never ever regarded myself in danger there. There was an enheightened security

31:30 during confrontation and the army base that we were living on was heavily patrolled, but no, I had my family there, I had no concern for them, no, I didn't feel threatened at all. I think when we went to Vietnam for that trip, people were concerned about us doing that. But, no I didn't feel terribly threatened by that. And

32:00 as a matter of fact, interestingly enough, not long after I'd gone to Vietnam with my first trip, I had to come back down to Malaysia and I called in to the Terendak garrison where I'd only just recently left, and most of my friends were still there. Of course, they wanted to know what the hell was going on. I almost missed my plane out of there. Back to Vietnam.

Were you talking or drinking?

A bit of both.

32:30 Yeah, bit of both. Yes, so,

So tell

No, Malaysia is, I'm sorry, the thing that was important in Malaysia, besides being increasing knowledge about (UNCLEAR) [tropical?] medicine, was this thing with the malaria. That was one very valuable experience. It was when the,

33:00 Bill Rogers' battalion, 2RAR was up in the north of the country patrolling, that they got this high incidence of malaria. And Bill Rogers, it's important to understand that, as far as getting malaria is concerned, there's always a violent clash of thinking in the military.

33:30 The medical people believe that malaria can be prevented by using proper health hygiene arrangements, such as personal protection at night, being dressed like am now, instead of walking around like you are with bare arms and shorts, getting, giving the mosquito a bit more skin to attack, use of repellent,

34:00 use of mosquito nets, personal protection measures. General health measures would be draining of swamps and things like that. In fact, malaria, the Romans knew how to treat it, or how to prevent it, and malaria is from the Latin, mal aria, bad air. They believed that camping along, they knew that camping along swampy areas was giving them the fevers. So, and they thought it was the bad air from the swamp

34:30 mal aria, and they used to drain the swamps, so the mosquitoes couldn't breed and that used to cut down the malaria. And we still use those measures today. However, the situation, the other thing we rely upon is drug prophylaxis, chemo prophylaxis. And a lot of the fear from malaria had diminished because a drug had been introduced called Chloroquine.

35:00 And that was considered to be a bit like penicillin, the wonder drug. Forget it, malaria's no problem, get malaria, a course of Chloroquine you're cured, no worries. Then there became the concern that there may be a Chloroquine resistant strain of malaria. And so it turned out, Bill Rogers' crowd had walked into and suffered this

35:30 Chloroquine resistant malaria. Now the medical hierarchy at first always took the stance that they always do take, is it's bad malarial discipline, not drug resistant, it's bad malarial discipline. The guys are walking around without their shirts on, they're not taking mosquito nets, they're not using insect repellent etcetera, etcetera, etcetera. But however, we were at the hospital, now Bill Rogers was in a fix, he was

36:00 and I hope, you might probably talk to Bill about this, I'd love to hear his side of the story. I spoke to him about it of course, but there'd be more, the detail would be very interesting to me. Bill was very concerned, you know, his blokes were going down in big numbers and there's always, you know, (UNCLEAR) malaria is a dangerous disease, it kills. So Bill called for help, for some professional assistance

36:30 on what, how to tackle this problem. And you'd have to ask Bill, but my understanding was that he felt he didn't get an adequate response. So he started to, we were using a drug called Paladrin for our chemo prophylaxis. The advantage of Paladrin was, it almost had no side effects. It was, could use it for children, could use it for pregnant women, could use it for whoever. The fact it didn't work was

37:00 unfortunate. So Bill decided to use Chloroquine. Now, to make a decision like that might sound to you, not very important but as far as the military is concerned, it was momentous. And Bill did it without authority, and I admire him, he stuck his neck right out, Bill's like that. You'll enjoy meeting him. So these characters were being evacuated to our hospital,

37:30 and I can remember saying to one of these blokes "Okay son, I've just had a look at your slides, you've got malaria, I'll give you some Chloroquine, you should be okay". And he looked at it and he said, "That

stuff doesn't bloody work". I said "No, no, no, you haven't had this before", he said "Bullshit", he said "it's Nilloquine isn't it?", that was the trade name. And I said "Yes", getting suspicious because I knew Bill Rogers. He said "Yeah, our doctor's been giving

38:00 us that for weeks". I thought "Oh God", you know, that's important. So I had a chat to our medical chief, one Robert Montgomery, Colonel Robert Montgomery. A Scot, wonderful bloke, and he went off like a firecracker. Because we'd been treating these guys with Chloroquine and Bill Rogers had been using it, unknown to us, as a chemo prophylaxis.

38:30 Later on, there was a bit of a witch-hunt over this and Bill Rogers looked like he was going to get in trouble. And Robert Montgomery, I think, did a lot to dissuade the army, senior army health authorities from Australia to give Bill a bad time, you know. He said "This was a young doctor in a difficult situation, called for help, didn't get it. Had to do something about it, he did it. You mightn't agree with what he did but I think it was a good decision, wise decision".

39:00 So yeah, that'll be an interesting story from Bill Rogers. From our point of view, so we had this huge problem. And so we reverted to treat them with old-fashioned drugs, Quinine. Problem, Quinine was almost not available, because it had been stopped, manufacture had been stopped. So we had a real bind. And they, and the medical supply system from British army came up with this

39:30 very quaint Quinine that looked like it was about 100 years old. And guess what, it was. Really old, it was very old. But they did, finally got around to doing an assay on it, they found that the tablets had so degraded it was about 50, 60% effective. So all we did was double the number of tablets. So we were using Quinine. Now, at the same time, this is the interesting thing, as having the problem of treating them,

40:00 there was, in Kuala Lumpur, an American organisation, the Institute of Medical Research, and they were vitally interested in this. So we started to investigate it and I, as a young doctor was just so fortunate to be there to see what went on. I mean, I'd never been involved in a serious research programme, and Doctor Isles was his name, and Robert Montgomery,

Actually, I'll just pause there, Michael, because we're just going to have to switch

40:30 **tapes, I'll get you to tell Heather [interviewer] about the trials.**

Yeah.

Tape 4

00:30 **Michael, we were just talking about malaria and obviously the different strands and tropical diseases. What was it that interested you, and we'll carry on with what you were talking to Chris, but what was it that interested you in tropical diseases? Was it because it was all new information coming out?**

Yes, it was that. It was entirely new, I mean, apart from the tropical medicine affecting Australian soldiery, we had the advantage of working in

01:00 Malaysian hospitals. And we saw strange illnesses like Diphtheria that, you know, nobody knew about in Australia because it was long since gone from our clinical panorama. But, yeah, a very real illness in Malaysia. And, yeah, we saw all those common infectious diseases that Australia had forgotten about. And on top of that, of course, there was the malaria. And,

01:30 now, I think we were talking about malaria, as you just mentioned before, you need to think about, there's various forms of it. The ones that are common in South East Asia are vivax malaria and falciparum, and falciparum malaria. And the two diseases are similar in the way they're transmitted, by mosquitos, but vivax has a very low

02:00 mortality. People who get it feel horribly ill, you know, they present with headache, terrible fever, start to feel cold, get terrible shakes, then they get violently hot, sweat, feel, and then it defeveses and after a day or so they feel better. A couple of days later, it all happens again. And, so that can go on for a while, and in fact, vivax malaria

02:30 can relapse years after you've had, you know, your original infection. Falciparum on the other hand is a dangerous disease, very dangerous disease in that it does not tend to have this relapsing course but, it hits you all at one go. And they feel dreadfully ill, the fevers that you talked about, but they can get lots of complications. And the one that we used to see most often was

03:00 cerebral malaria, where they get, you know, it was always a complication of a very severe infection. Heavy infection of the disease. And it would infect their brain, become, in a very short period of time, become unconscious, fit, die. There were other complications, one they used to call algid malaria, where they used to just collapse and die. So, yeah, potentially a very dangerous illness. And so, the

03:30 notion that the wonder drug Chloroquine was no longer going to be an effective form of treatment was

of serious concern. So, in this hospital at Kinrara, in Malaysia, we had the cooperation between the American Institute of Medical Research, a bloke by the name of Don Isles, and the senior physician at the

- 04:00 military hospital, British military hospital, Robert Montgomery. And they did all sorts of interesting things. We used to survey the soldiers until they had the sexual form of the parasite in their blood and then Don Isles would come out from Kuala Lumpur with their female, always female, nasty little anopheline mosquitoes. And they used to,
- 04:30 the volunteers, kids had to be volunteers, would then allow these insects to feed on them and when they, had got their fill of blood from the patient, he had a pretty sore leg after it, I can tell you, they used to take those mosquitoes away and they used to then expose volunteer prisoners in America,
- 05:00 to the malaria. And would try out various forms of treatment. And it was in that research that it was proved for the first time, definitively, that Chloroquine resistant malaria was present. They also indicated that other drugs, namely Paladrin, were not effective. And the other thing was, quite concerning was, that even Quinine would initially treat the patient, but they were
- 05:30 relapsing. And so we had these boys, Australians, and later the New Zealand battalion got the same experience, we had these young fellows in hospital, they'd respond to a course of Quinine, and a couple of weeks later they get it again. As they, one Maori used to say "I'm going to get the Wobblies". And yeah, so we had this experience in
- 06:00 Malaysia and it was in the back of our mind for our experience that was coming in Vietnam. At that time we didn't realise that there was going to be an Australian commitment to that country. But, yeah, we ran through the same problem in Vietnam and it was probably the most serious health problem that we experienced.

How was it trying to get the army to understand and initiate, and I suppose implement malaria pills,

06:30 **anti-malaria pills?**

Well, I mean, it's, I'm trying to be fair to the directorate here, you, in the field we tended to be somewhat cynical and critical of our bosses back in Australia. Our perspective was that we had a hell of a problem on our hands and we were the blokes trying to deal with it, and we didn't have the answers. And what we were perceiving was obstruction from them. But the facts of the matter are,

- 07:00 that, to prove that a drug doesn't work is not an easy thing to do, you've got to do all that intensive research. We, those of us who'd been there, Bill Rogers and I especially, and others, had the notion that if the illness, if this brand of malaria was available in the north of Malaysia, why wasn't it available Thailand and Indochina? And we automatic,
- 07:30 well, I mean, we had a high degree of suspicion that in fact it was. On the other hand the directorate didn't take the view, I suppose, that it had to be scientifically proved first. The problem, of course, was, with the high incidence of malaria, there was a lot of manpower wastage and the Australian army, at that stage, was very short of experienced people. They just could not afford to
- 08:00 lose all those experienced soldiers from the theatre of war. And it became quite a difficult problem. I think, do you want me to talk about Vietnam now or leave that a bit later?

You can talk about at any point because, I did have a few questions in Malay for you but if this is a particular incidence or something,

Yeah, I can, we can leave that till later, but yeah, I mean

- 08:30 the, we perhaps hastily thought "Okay, the disease at present, the drug resistance problem is present north of Malaysia", and I for one, when I had my experience with it in Vietnam, I was of the opinion, until proved otherwise, it was there. And it certainly proved to be there later on, but we had
- 09:00 a lot of, there was a lot of ill feeling and concern before we got to that position, and got to the position where we could treat the cases. We were lucky not to get more deaths, I think.

Well, I guess just while we're discussing it, did you lose many men in Vietnam to malaria?

Yeah it's interesting, I know of only, I think there were two definite cases, that I know of.

- 09:30 I know of one especially because I was, I dealt with the bloke. And I think there was one subsequently, so really, it's a very small loss, you know, in the scheme of things. Interestingly enough, there was, and this, you know, became a problem we had to grapple with later, there were complications to the drug treatment we introduced. And it, I understand that one boy died
- 10:00 back in Australia as a complication of the drugs. And we had a couple of people up in Vietnam who were, well, there was, who had complications which were very serious and life threatening but we managed not to, we managed to treat those successfully. So, again, you know, complicated, not clear cut, but the important thing was, this was a manpower waster

- 10:30 and that meant that if the manpower was down, that meant that the other troops were exposed to more danger. And particularly the people who were involved, who were catching the disease in Vietnam, were the front line troops, infantry, out in the bush. So yeah, I think, all in, and had a tremendous problem of malaria
- 11:00 at about 68, where I think they had something like 600 cases of falciparum malaria. You know, probably when I say 600 cases of falciparum malaria, there probably would've been some vivax as well, but mostly falcip. So I think that the, I wasn't there at the time, I think that the medical effort to treat those people successfully was a very good one, very big effort and
- 11:30 the people who were involved with that deserve a lot of credit and praise because 600 cases of falciparum and no deaths, very good effort, a huge problem. And of course, the wastage of manpower, enormous. Yeah, so as things evolved in Vietnam we got on top of it, but it took a while.

The falciparum malaria though, doesn't come back, is that correct?

Yeah. Once it's treated properly, it's

- 12:00 okay. Yeah, there's

They didn't find, sorry, soldiers, Australian servicemen going back to Australia and getting falciparum again, but they might get vivax again.

They might get vivax, yeah. Yeah, it's a very complicated issue. The, one of the problems we had, one of the fears I had was that we had all these people coming back to Australia on R and R [Rest and Recreation Leave]. And we were very concerned that the

- 12:30 Australian medical profession were unaware of the problem that we were experiencing. And we were very anxious that the Australian medical journals be, articles be published, you know, warning letters saying that anybody that's American on R and R, they were mainly Americans coming back to R and R in numbers your talk about, anybody who presented with a fever had to be presumed to have malaria until proved otherwise. And the only way you could
- 13:00 do that was by examining their blood slides. Yeah, we were very anxious about that, and indeed, St Vincent's Hospital in Sydney, most of the R and R types landed in Sydney and I think it's probably fair to say a fair number congregated around Kings Cross. So St Vincent's Hospital was the hospital that got them, and they had quite a lot of people who had serious illness.

I suppose the fortunate thing with malaria is that it's not contagious.

- 13:30 **I mean, you have to be in the spot to get it.**

Yeah, you have to have the mosquitoes to, you have to have an infected reservoir and you have to have the vector, and, yeah, that's right. So in Sydney the rate of, you know, the possibility of transmission from a serviceman from Vietnam to an Australian Sydneysider was pretty remote.

Do you think that the work that you did in those, in the mid 60s

- 14:00 **there, has actually influenced the military now, in regards to anti-malaria?**

Oh yes, one of the things that came out of that was, they established the Institute of Malaria Research, and it's still going, it's now regarded as a world leader, it's stationed over at Enoggera. Yeah, it's a top run unit and, oh yes, they're, see, Australia had a history of being involved in malaria research from the

- 14:30 Second World War. But, yes, no, one of the direct consequences of this was that we decided we were going to keep on top of it. And they've done sterling work with, I mean, malaria's still a problem, big problem, but they've done work from, you know, East Timor with viral insect, I'm sorry, mosquito borne infections like Dengue and Japanese Encephalitis, malaria, yeah, no that was one of
- 15:00 the things that came out of that experience.

That's a positive experience.

Positive, very much so, yeah.

Just, how does the army deal with malaria now when they send troops overseas?

Well, they've got a fairly effective chemo, excuse me, chemo prophylaxis at the moment. But see, they're always

Sorry Michael, but what does that mean to the layperson?

Well it means that they take a drug each day.

Like Chloroquine?

No. At the

- 15:30 moment, Doxycycline. One of the beauties of the Institute of Medical Research is that they keep now a

very careful watching brief, intelligence, military, medical intelligence of malaria and I have no doubt they have strong communication with the American Centre of Infectious Disease Control. So they, if they have to commit troops to a given area, they probably have a far better understanding of the malaria risk that

16:00 exists there now, and they've probably done a fair bit of research on the right type of chemo prophylaxis, the right preventative drug. And Doxycycline has been used for a fair while now, and I don't have any exact figures on this, but I don't think malaria was an important problem in terms of

16:30 manpower wastage in East Timor. I'm sure they had the odd case of it. That and Dengue, yeah. No that was, I think one of the things we can be really proud of is our IMR [Institute of Medical Research].

That's a wonderful legacy to leave behind. Now, in Malaya, when you were there, they call it the Malayan Emergency, but am I right to assume you were there at the end of that?

It was long over,

17:00 yeah.

So you'd been there, I mean, you said you didn't feel concerns for your family or anything like that.

No.

But had you been, had you met anyone who'd worked in Malaya during the emergency?

Oh yes, yes, and I'd read a fair bit about it too. (Interruption) Sorry. I'm going to have to, (off camera) Judy, will you get that mate? Is that all right? The Malayan, the emergency was

17:30 **We'll just stop for a sec.**

Okay.

During that little break then we were just talking about the Aussie irreverence to things. And I was wondering if you could tell me about how it was working in the Malaya, doing the research on malaria, and having to deal with the other, the opposition of, you know, the army?

Oh,

18:00 **The irreverence there, I suppose.**

Well, I think the Australian army were very interested, of course, in the research that was going on. And I think they were probably as worried as anybody that if Chloroquine resistance was proved, you know, the significance of that was just shattering. Yeah, I

Sorry Michael, can I quickly just ask you, interrupt you there, was there

18:30 **a university or particular laboratory you were working in tandem with on this research?**

Yes, that was the American Institute of Medical Research of Kuala Lumpur, it was a very big laboratory. And they were doing, really, the research, we were providing the access to our patients. And as I say, that was run by Don Isles, the American, I just don't know how it was funded, I don't think it was military, it was US government for sure.

19:00 Uncle Sam's everywhere. But of course, I would say, with military involvement, you know, the significance of this finding was extreme for everybody. The interesting thing of course, was here we had all these young Australians and New Zealanders in hospital for a protracted period of time and the, their attitude to that was

19:30 interesting. And the British who are far more formal and strict with their discipline, weren't quite able to cope with our blokes. We had to make all sorts of allowances and arrangements. And I can recall one occasion when we had a kid who was Aboriginal, he was a little bugger, actually, he asked, he had a, in the British hospital we had our ward which

20:00 was almost all Australian. Australian doctors, Australian nursing staff. And this kid asked the senior sister, a lady that is well known in the Australian army, Major Cavanaugh, could he go down to the local village to get his laundry, or something, you know. And of course the little bugger didn't come back. And the commanding

20:30 officer was an Englishman, was very upset to say the least. And he was going to charge this bloke and do all sorts of stuff, you know, and I can remember Sister Cav with her, with long, she had a beautiful Australian drawl, explaining to him "Oh sir, you'd be making a bad mistake with that". He said "Why", "Oh", she said "he's just gone walkabout". And so she explained to him the Australian walkabout. And

21:00 she said "If it came to a court marshal we'd have to defend him, and we'd have to talk to him about walkabout", she said "I just don't think you should go ahead with this, you're just wasting your time". The bugger bought it. And old Cav's (UNCLEAR) I think was more truthful, when we got our hands on this little monster, ring his neck, but no, that was,

That was a common thing wasn't it, in the Australian army though, blokes, particularly the country or bush

21:30 **blokes would actually be there to do the job at hand, but on leave or when they felt like it, they'd go AWOL [Absent Without Leave].**

Yeah, there was a, oh, no, I think they, see, they had fairly generous leave, they wouldn't, no, I think they, you know, that was the sort of self discipline I talk about that if they had to be there, they'd be there. Oh sure, if they wanted to go somewhere else and it was worth the risk, they'd take the risk, if they got caught they'd take it in the neck too.

22:00 Yeah, oh yeah, scallywags. I can remember when I was a National Serviceman taking a little bit of a holiday one day. We were fortunate enough to get away with it but, yeah, no. I think that, that's the thing I like about the Australian soldiers is that, when the job's to be done, they'll do it. In the meantime, yes, there's, a few latitudes will be taken.

(UNCLEAR) hear some stories, perhaps after lunch about

Yeah.

About your time in Vietnam and the

22:30 **Aussie blokes you met there.**

Oh yes. They did some funny things all right.

Can I ask you about the Malayan nightlife, while you were there, did you get, and obviously you were working, of course, but did you get to go out?

Oh, yes, I mean, as far as we were concerned, going to the hospital was a nine to five job. Except that of course, that we used to have to do our duty roster, you know, you might have to do the weekend or one night a week, something like that. Oh no, we had a wonderful social life.

23:00 We were able to belong to fashionable clubs and the nightlife was great.

And you said that you were there with your wife and your two young children. Was there somebody to baby-sit them?

Yes, the Amahs, our, you know, we had servants, these girls that used to live in the place. Yeah, they would look after, I mean after a while, when we got to know each other, we would trust these people,

23:30 you know, we wouldn't leave them for more than a short period of time, but yeah, we felt very comfortable and safe going out and leaving them in the, in the custody of these Malay ladies. I remember one night, when we first arrived we were told "Don't get the Malays, they're too lazy" and/or too other things which I'm not going to mention. Of course that could almost guaranteed, we got that advice from our British friends, could almost

24:00 guarantee that we got ourselves some Malays. And not long after, one of the things that we used to be worried about were prowlers and burglars, that used to happen a fair bit, and the houses were, you know, fortified against it. But one night I heard this noise, obviously something was wrong. I woke up, came out of the bedroom

24:30 because, you know, to head, to see how the children were, and I saw this figure in the dark flitting across the, into the children's room and I went after it quick smart. One of the girls, one of the Amahs, the first thing was protect the children and I thought "You'll do me mate", yeah. And gradually as I say, we developed a lot of confidence in them, we became very friendly and we used to go to their campon and we met their relatives and their families and we

25:00 used to eat with them and, yeah it was good. They were delightful people, the Malays, I really enjoyed them and

Did you like the food?

Yeah, very much so. I like Malay food better than any other Asian food. I, particularly the Malay curries, you know, I much prefer a Malay curry to an Indian curry which I find too hot and too uncomfortable to eat. Malay curries are very flavoursome and very pleasant. Yeah, their food's great.

And what about your wife, was she happy to be there in Malaya

25:30 **with you?**

Yes. They had a very, well, had a very relaxed social life. I mean, they had, they could go swimming, children were taken to school, it was really, I mean, the opportunity for a relaxed social life was there. Regrettably, some developed bad habits and I think there was more than one woman who learned to drink too much, and that

26:00 unfortunately happened to me, to my wife. She became an alcoholic my wife, that's my first wife, I was

married to June later.

During the Malayan time?

I think it started there. You know, I think she started it there.

Because it was cheap and available and went with the social life, do you think?

Yes, well she, these ladies had not a lot to occupy themselves. I mean, there was a lot there to do if you wanted to do it. I mean,

26:30 if you wanted to research the history of the place, it was just fascinating. But later on, when I was at Malacca, which is further South, and a historically fascinating and interesting place, I, to my horror found out that there were whole rafts of people who never ever left the containment, they were, regarded Malacca as a dirty, disinterested and filthy place,

27:00 you know, and didn't go there. Okay it was, it wasn't, I mean if you were going to go and search through an antique shop, good idea to wear your work clothes. (Interruption) Want Judy to stop? Judy, plastic bags, mate. (UNCLEAR) Yes.

Yes, thank you very much.

Go on, empty it now, quick, we're off the air, aren't we?

No, no, we're okay. So

27:30 **I just meant to ask you, how old were you went to Malaya with your**

Let me think, 64, 36, 28.

28. And where did you meet your first wife?

In Sydney, she was a nurse.

In Wagga Wagga?

No, in Sydney, she was a nurse in Sydney, yeah. And, yeah, we married and had these two boys. And one of them was a whole

28:00 two weeks old, when we hit Singapore. Yeah. So he was actually virtually raised and virtually, you know, the Amah, he had an Amah especially to look after him. He became very devoted and attached to her, yeah. And they were very, you know, the Amahs used to be very proud of their position and they would display the children

28:30 as if they owned them. And they used to talk them for walks, yeah, and as I say, they used to teach them how to speak Malay and we used to go to the markets with them, shopping in the Malaysian markets was fascinating. And I remember after a while we were well known there. As soon as we arrived, one bloke used to give one of the boys a crab that he tied up with a bamboo

29:00 string, you know. Live crab. So all the time you'd be shopping this bloody thing would, likely to give you a nip. That was, they love children, they love children. And they have a system of disciplining children which is remarkable, they rarely punish their children with a smack. They talk to them quietly, the children are quiet, it's amazing. You can be in a restaurant and not know that there's children there. If you're in a restaurant

29:30 with an Australian and children you'd know that within a short period of time.

They'd be running round the tables.

Well, the mother would rebuke them loudly or, Malay, no, they used to control the children, don't know how they did it. They're just such gentle people and I think gentle people behave in a gentle way and the children respond to that. And we used to learn that, try to learn that from them. How interesting, they didn't, in fact, if I'd given one of them a tap

30:00 on the backside I'd get a rebuke from one of the girls. Yeah. She'd run in and pick the kid up and walk out and say "Enough of that mister".

Isn't that very interesting. I didn't know that about

And very protective. I remember one day the little bloke, the little bugger of a kid, he used to, one of his pleasures in life was squashing ants. And he used to,

30:30 and I heard him one day laughing and going on and then there was a strange noise so I quickly looked. And on one side, he was sitting on one side of a monsoon drain, on the other side is this small snake, cobra. And not, probably capable of doing much harm, but all the snake wanted to do was go to sleep, all Phillip wanted to do was annoy it. But before I could get to the kid, the

31:00 Amah got to him and picked him up and took him out of danger. Incredible, you know, they're really part of the family almost.

And you were there for two years, did you say?

A bit more.

So how, I mean, your first wife developed a problem there with alcohol, how did that manifest itself back into Australia?

Back in Australia it just got worse, unfortunately and, yeah, steady decline in her behaviour and

31:30 she had trouble professionally, with nursing. Yeah, sad thing, she was a warm, friendly, capable, intelligent woman. Just destroyed. Alcohol is a terrible disease, it really is. And she died pretty young, she had, and she was also a heavy smoker, she died from a common case of cancer of the lung. Died very young.

Cancer of?

Of the lung.

Of the lung.

32:00 **So, were you still married when she died?**

No, we'd divorced then, yeah

And did she have custody of the boys or you did?

We never disputed that, we had equal, no, we were not unfriendly. No, by that time the boys were at boarding school, guess where, Chevalier. And, no, we had no real difficulties with that. I used to see the boys as much as she did.

32:30 **Does Chevalier boarding school, does that still exist?**

Yeah. I think it's stopped boarding, just now. In the time the second lad was there, it became co-educational, which was interesting. And while I was there, it was almost totally boarding school, very few day students, might be the

33:00 local policeman's kids or something like that. But as far as we were concerned, and then when Phillip and Andrew were there, it was more a, it was probably 50/50 boarding and gradually, see, Bowral was, when I was there, was rural. It used to take you a long time to get there by train. I can remember going through Campbelltown, you know Campbelltown?

I love Bowral, I know the area very well.

Yes. Campbelltown used to be a wooden station

33:30 with a stationmaster's box at the end, and Campbelltown was a street with some shops either side of it.

Well now you can get to Bowral in two hours from Sydney.

Yeah, I mean, that's right, it's now urban really, and Campbelltown's a city. Got a hospital, got a university, got everything. Amazing.

How was it coming back, after being away in Malaysia, or Malay as it was known then,

It was, it became Malaysia while we were there.

34:00 **Oh really?**

Yeah, they had midurkah, freedom, while we were there. And the midurkah celebrations were there and, yeah, it was a very happy time for the whole country. Didn't take long for Malaysia to go, to have difficulties, I mean Singapore had seen it from the federation fairly early. And I think there was mainly a racist, racial issue, the way

34:30 that the Singaporeans perceived that Malaysia is hounding its Chinese population. Pretty racist country, really, Mahathir, don't listen.

How was the, moving back to Australia, having been away, was that something you were looking forward to?

Yes, I was happy to come back, I was always, one thing about Australia, I was always happy to come back to it. Beautiful country, best country in the world. You know, I enjoyed Malaysia,

35:00 I went to Thailand, went to a few places, no, no place like Australia. I was very anxious to come back home and I was interested in, considered doing some study and actually started that but got a bit of an interruption. Vietnam.

What study did you start doing?

I hadn't really decided. I was happy, really, doing

35:30 general practice, I really enjoyed that. And I was fairly indifferent about what I would do, I didn't really

have any desire to do surgery. I vaguely thought about doing medicine as a specialty, and that's what I started off doing. I must tell you, I wasn't really seriously committed to it. And I just started that in Melbourne, and

36:00 that was 1960, late 1964 I got back. And of course, things started to happen early in 1965 with, as far as Vietnam was concerned.

What, sorry, so you came back from Malaya.

I went to Melbourne.

You went to Melbourne.

Yeah.

What was the feeling in Australia then about the Communist uprising that was happening over Indochina but also with the McCarthyism in

36:30 **America, were you aware of that?**

Well, yes, I was, I mean, we all read about the Domino Theory and all that. Quite frankly, I wasn't terribly impressed by it, even I thought it was political hoo ha. And you know, I'd read a fair bit about, well, when I say a fair bit, I'd read something about Vietnam, I'd read Bernard Joy [actually Bernard Fall], Street without Joy and stuff like that. And I read a bit about the French

37:00 experience in Vietnam, in Indochina. I really had the feeling that Indochina was a civil war and it was a clash, I mean, in the south there was a huge clash between the Buddhists and the Catholics. You know, there was all that political infighting over that. In the north, of course,

37:30 Ho Chi Minh, once a great friend of America, soon to become a great enemy. I think that in general, generally I didn't have a lot of sympathy with the southern Vietnamese, the way they were working, they were so corrupt, I mean, you see that in other South East Asian countries. You have these fabulously,

38:00 enormously wealthy people, you know, far richer than we even think of in Australia. And then they have this abjectly poor people, such as we don't have in Australia. Now I know we've got problems with poverty in Australia, but most of our poverty are underprivileged people with all sorts of other problems. Single parenthood being one of the most, I understand, and drugs.

38:30 But in other countries in South East Asia, they are just people who are bloody poor for no other reason that you can put your hand on. And it always dismays me when I'm in South East Asian countries to see this huge disparity. You know, enormous wealth and then abject poverty. You know, you go to the Philippines and play golf, mate, it's unbelievable.

39:00 Yeah, the wealth of some people and I don't know how they can deal with it. I mean, Australia's so lucky, we have a society, I mean, there's rich and poor in Australia too. But most of us, you get on pretty well, enjoy our lives. I mean, poverty in Australia is measured probably in 100 thousand, 200 thousand max. In the

39:30 Philippines it'd be in millions. And it's, we're lucky. And, you know, my attitude to the Vietnam thing was at that time, I hadn't thought a lot about it. To be quite honest, yeah, and I think that I had read a bit, and I'd been there, so that had started me thinking and all the rest of it. Going to Vietnam was just

40:00 an adventure. To be 100% honest, I believe that, as far as the Australian force I was going with was concerned, it was an adventure. They were looking forward to it, they'd been training for a long time to be soldiers, there was a chance to prove that's what they were.

Oh, you'd be so surprised, so many people say that. That it was an adventure.

Oh yeah, yeah.

We'll need to switch tapes, Michael.

Okay.

Tape 5

00:30 It's on now, I can see a light, can I see a light?

No.

No it's not on. It's on now, yeah, it is on.

Okay Michael, you mentioned to us this morning while you were in Malay you did your first trip to Vietnam. I was just wondering if you could tell us about that.

Righto, I don't recall about how people were selected. May even been that you had to make a request, but anyway, I wanted to go there, I wanted to have a look

- 01:00 around. So we were flown up to Saigon, to the Australian embassy, and we were sponsored by the military attaché at the embassy. And we were each, there was only one or two of us at the time, I can't remember exactly how many, that were given a project. And mine was to look at the
- 01:30 Army Republic Vietnam hospitals, and I had no idea how many there were or where they were or anything like that. I didn't know much about the country itself, actually. So I travelled up to Hue and, which is pretty close to the demilitarised zone, it was then not of course, not now there. And then just started to travel done, and go from place to place. It was really a very interesting tour, very
- 02:00 interesting holiday. You had to make your own way, you know, but that wasn't difficult to do, all you had to do was get hold of some friendly Americans and they'd fly you anywhere you wanted to go. And I actually, accidentally ran into some Australians from the training team, and yeah, my transportation was then no problem. I can remember taking out, I didn't exactly realise what I was letting myself into. There's a
- 02:30 language that is peculiar to each operation, and I wasn't au fait with this one, but they were going insert an A team, so I was interested to see what an A team was. Turned out to be sort of a fortified outpost, and actually go out there and put in a body of troops who would then, you know, very rapidly fortify it, build it up, take on anybody who wanted to have a
- 03:00 fight with them. And I went out to this place, God forsaken place, I don't even know where it is, I couldn't find it on a map of Vietnam if I look for it now, I don't think. But I can remember, the only thing that looked like a piece of civilisation, was this lovely big white refrigerator, and I was amazed that it was there. And when I had a look inside it I thought probably food, but no, some American, who
- 03:30 was an absolute dedicated idiot and a devotee of martinis, had taken his refrigerator with him and it was full of the paraphernalia to make martinis and drink them. Can you, that's how mad they were. So they're busily fortifying this damn thing and here's this bloody refrigerator, sticking out like a sore thumb. But no seriously, and the job, and it was interesting to look at the army hospitals, because
- 04:00 they were probably of a reasonably high standard as far as the country was concerned. As far as we were concerned, the standard was very poor. And

What would, what would you think, what did they have?

For a start they used to have these long pavilion type wards, which I gather was the French system. But they used to have two, sometimes three patients in one bed, you know. And the other thing, which is pretty characteristic in Asian hospitals, the victualling you know,

- 04:30 feeding was done by the relatives. So there was cooking pots all over the place and, it took me a while to find out that if you wanted to talk to medical staff, you had to do it through the mid morning, because they didn't start till around about 10 and they knocked off around about one for siesta and some, most of them didn't come back. The standard was pretty rudimentary, actually, and
- 05:00 the surgical facilities were very old, French mainly. Most of which didn't appear to work. I didn't see any, much in the way of operations going on. One of the things I did learn though, was that scattered around the country were leprosaria, run by French Catholic missions, and quite a number of the French priests were doctors, which was interesting. And they
- 05:30 were there visiting, treating their patients without ever being interfered with by the war. They stayed there right through the whole thing, which was interesting.

Was that because they were dealing with Leprosy?

Yeah. They were doing good works for the local people and so they were not interfered with. And it's interesting, even with the various aid, medical aid missions that went into the

- 06:00 country, including Australia, they were well aware of the fact that a lot of the people that were in the hospitals being treated were, you know, Viet Cong, wounded Viet Cong. When we woke up to that, we didn't want to be obtrusive about this, because we didn't want to endanger anybody, but we just accidentally, it just so happened that one of our Vietnamese interpreters got himself wounded lightly, wasn't able to work
- 06:30 in a military sense, and so he worked down the Australian aid mission as an interpreter and was also busy gathering intelligence for us. That sort of thing was interesting, and it happened, you know, and yeah, so that trip was really, it was sort of a scenic tour. One didn't realise that the opportunity to do that was evaporating while I was doing it. You know, you just couldn't do it later on,
- 07:00 it just became too dangerous.

And you weren't aware of that at the time?

I was aware that there was a certain amount of danger, I can remember being told that, you know, given

the area was insecure, I was advised on one occasion you better get moving, people had heard that I was there. Because there was some indication that there was a bit of a, more than a bit of an interest in

07:30 kidnapping medical personnel to work for the (UNCLEAR). So, yes, I wasn't too anxious to be involved in that. But apart from that, I don't think there was any serious danger. I did allude to you earlier that on one occasion I observed a bit of a battle going on, which was quite interesting. I was sitting on the top of a hotel having a quiet beer when it all started. And so we sat there and watched a sort of a, about a company sized

08:00 action taking part. And

How far away from you was it?

Only about, probably a mile, across a, there was a river separating us. So I was watching it through binoculars, but it was quite interesting to do that. That was the sort of madness that surrounded you in that place, you know, it was just funny. Yeah, and so there was unexpected things, you had to be, you know, you had to be sensible and careful about what you did, you know, you just didn't

What sort of things would you

08:30 **do or not do?**

Well, I can remember one time I wanted to go up to Tay Ninh which was in the North and the west of the place, inland, not far from the Cambodian border. And there was some medical meeting on and I wanted to go to that, and we were told the road was very insecure and we'd be unwise to do it, but we wanted to. And we did actually.

09:00 I remember we, on the way back, we were driving an Australian vehicle, but it was not marked or anything, and I'm pretty sure we drove through a Viet Cong road block without them realising that, what we were or what we were doing and I think we didn't realise what we'd done until we'd actually done it. So we sort of put the foot down and kept going.

So, obviously nobody came out to stop you. Or...

Well, they did run out as we sort of went

09:30 through. And then just down the track a bit we found four or five bodies lying on the road so, yes it was, something was going on in the area. But, you know, that was probably the only time I think I ever took a silly, well, it wasn't a silly risk, I mean, I'd gone to the intelligence folk and they said it was okay. Other people said "Gee, I'm not so sure that's right", but, you know, we went with the information we were given. On the

10:00 way, we called into a, as I said, we did a bit of sightseeing too, we called into a, I just forget the name of the religion now, it was an offshoot of Buddhism, I think up in Tay Ninh. Lovely chapel, you know, lovely building. I've never seen anything like it before.

Can you describe it?

Well, it was just a, it was unlike a Buddhist thing in that it was a colonial style French building. And it was

10:30 tall, big building, lots of windows in it as I recall, lots of opening to the outside, marble floors, very cool, very quiet, you know, very serene. It was just one of those things we had to have a look at while we were there. Yeah. But, yeah, the trip to, the trip from Malaysia to Vietnam, for that sort of a,

11:00 I think it was just to get a feel of it. I know Bill Rogers did the trip, I don't know what he was asked to do while he was there. It was just to get a feel of what was going on and clearly, you know, if we'd thought about it carefully enough and asked why we, why were they allowing this to happen, I guess even then, they were thinking about our presence in there. And that was probably October 64 that I was there.

11:30 **So given that that was your, I guess, reflective assumption, I mean, what did you think your principle aim was going there to look at all these hospital facilities to start with?**

Well, I thought it was, yeah, we were, you know, I don't whether the intelligence community would agree with the word soft intelligence but that's what I thought it was. He had to submit a report and, I mean, we were sponsored by the military attaché and their job was get

12:00 military intelligence. So, yeah, quite clearly, that's what we were there doing. But it wasn't, I mean, I can remember very distinctly the briefing we got from the military attaché was "Be careful these guys would like nothing more to roll a couple of white army officers", you know. "So be careful and don't do anything stupid", I can remember him giving us that sort of warning straight off. But even having said that, I think it was still a bit of a tourist trip.

12:30 I can remember in Saigon itself they still had the cafes, you know, the French type cafes on the street and Tudu Street was one of the main streets in town was, still had those beautiful old trees, I'm not quite sure what trees they were. It was a street they used to call the street of flowers, that's where the flower market was, just magnificent, you know. Later on, the Americans cut down all the

13:00 trees because they posed a bit of a risk. They were arcs of fire, see what was coming down the street. Made it very barren and ugly, and that was a shame, but necessity I suppose.

And how were you received, I guess, by the local South Vietnamese that first trip?

They were interested, they wanted to know, they had no it was interesting later on too, when we were there with the battalion,

13:30 they had no notion of where Australia was at all. They thought it was probably French. And yeah, I mean, they were very friendly folk. We'd see people around the place, yeah, they were interesting and they were very polite. Yeah, we got on quite well with them. But later, you know, on, as I found out, they thought we were French. Even when we were out operating in the jungle

14:00 doing a mission, and we had some prisoners, I heard these two old guys saying "Who the hell are they?". And I had a crack at it in French, and he didn't know where Australia was, so I told him, you know, "A continent way down the south of here". And he was, but the interesting thing was, in 1965,

14:30 six, they thought we were French. And so the word, what was going on in Vietnam was pretty well unknown out in the, you know, the villages, out in the country in the rural side, rural countryside, yeah. They used to call us Uc Dai Loi, 'the men from the South', or something like that, I wouldn't guarantee that being an accurate translation. Have to check up on that there's a, we've got a

15:00 friend who's got a shop down the road here, he's from Saigon, actually. I'll have to ask him what Uc Dai Loi means.

Yeah, be good

Men from the south.

And so how much of an American presence did you run into?

There?

First trip, yeah.

Well it was a very light one, they had their training, well they had their equivalent of what we call a training team. But, no, I mainly sought out Australians. Yeah, there were Americans there,

15:30 MACV, Military Assistance Command Vietnam was already established but it was pretty small at the time. There were no main force American units in the country, just this element of advisors who at that time weren't committed to fighting, they were there to train. Yeah, no, there wasn't much of a presence at all, well we did obviously run into them. They were pretty curious to know what we were doing too, yeah.

16:00 **And what did you tell them?**

I just told them I felt I needed a bit of a holiday, I can't remember what I told them to be quite honest, that was just made up. That'd be 36, seven years ago, beyond my memory span, I'm afraid. I think we probably would've said to them "We're posted Malaysia, Malaysia's close so we've been sent up to have a look around and see what's going on". Yeah we would've, they probably would've appreciated that. Because they were probably doing the same thing in Malaysia.

16:30 **Okay, so you came back to Malaysia directly after that before you returned to Australia?**

Yeah, I just came back and, yeah, everybody was curious to know what was going on. One of the interesting things, was that there was an enormous disparity between the French colonised system, the colonisation system of France and England, you know. England,

17:00 it might have its critics but they had, they set up a very sound infrastructure. Malaysia had a well-established parliamentary system, system of government, the infrastructure was very firm in that there were good roads, good water supplies, all this, rail system was in place, everything worked. Vietnam mate, nothing like it. Saigon was, by comparison with say, Kuala Lumpur or Singapore

17:30 was just dreadful, filthy. Nothing worked, garbage piled feet high in the streets, rats, probably scare the living daylights out of the average Australian cat, you know, they were really huge. That was interesting because we knew they had plague, you know, endemic plague there. And

18:00 the water was, reticulation was poor. The water was unpalatable, you couldn't drink it and, yeah, it was just nothing as organised as in Malaysia.

So how were the French colonials dealing with all that?

I think that's the way they live, I mean, when I subsequently went to France, I went to provincial France, you see, it's the way the Provincials, much the same. Not so much garbage.

18:30 But you know, I mean, I guess all their water pipes and things are so old and they've been contaminated, you don't drink water in France, out of the tap. It's just a difference in attitude I think.

The British are very much "We are British" and stand away. The French seem to integrate. This is subjective anecdotal

- 19:00 sort of observation, but the French seem to marry into the local population, whereas the British stand aside, separate. You know, very much separate. But, you know, let's face it, everybody knows there's a difference between a French person and an English person, it's just a difference in their attitude, yeah.

How did you get on with the English in Malaya?

Oh well, yeah

- 19:30 well, I mean the Brits are, they're very likeable people, they're very polite, and they're very, you know, you sometimes get a laugh at them but I guess they laughed at us too, you know, wild colonial boys, you know, they're very warm and friendly and very good at what they do, very good at medicine. I mean their army is a very proficient army and, no, we're different in a lot of ways but

- 20:00 you know, let's face it, we are of English stock and we are very much like them in a lot of ways. I think we enjoy accentuating the differences.

Part of being Australian.

Yes, very much so. One of the things that did interest me was, when I refer to Robert Montgomery, he was a fair dinkum Scot. And he used to make it known to everybody that he was a Scot and not an Englishman.

- 20:30 And, yeah, it always fascinated me that the good Colonel Montgomery was a very keen cricket fan. And at that time, Australia was giving them a good old beating so, yeah. No, they're very efficient. Let's face it, you can talk about English that are unpleasant, but you can say that about any

- 21:00 country. We've certainly got a number of Australians who behave in what you'd be, in a way that makes you cringe sometimes. No, I found them friendly. And when they discovered that you were anxious to see as much as what you could around the place, they were very generous in making sure that if it was on, you'd go. The simple reason that

- 21:30 their people didn't see being in the Far East as they call it, a real big deal. They didn't think much of it, they'd much prefer to be in merry old England or in Europe, you know, in the British army at the Rhine or something like that. So you know, they used to, if there was a job going, they used to often have a little difficulty recruiting somebody. I just made it known that if it was on, I'd be in it.

- 22:00 **Now the report that you gave back the military attaché after your visit to Vietnam, were you, not, coercion isn't the right word, but I guess, guided into observing particular things for them?**

Yeah, I was just asked to look at the medical system and I gave a pretty general report. It was only a quick look. But I think I probably confirmed to them what they already knew, that

- 22:30 the system was not well advanced, they were pretty run down establishments and didn't offer a really high standard of medicine or surgery. What would be taken away from that? We'd probably take away from that that we'd make sure that our casualties probably didn't go there, go to the more efficient facilities.

- 23:00 That's the sort of way you make up your assessment, isn't it, you find out what's available, if it doesn't work, well you've got to put in something that does. Yeah. But certainly, we didn't use that system at all for men, our people in their, with their wounds or illnesses. Not at all. We used American or Australian facilities exclusively.

- 23:30 In fact, it was interesting, one of the things that came out of Vietnam was that eventually the Americans established a prisoner of war hospital. It wasn't a prisoner of war hospital, it was an annex to one of their main hospitals. And so the wounded prisoners of war would be treated at, basically in our facility or whatever facility they were taken to.

- 24:00 And if they required ongoing treatment they would then be sent to this facility. And there was an objection by the South Vietnamese army about this, because they maintained, probably correctly, that the wounded enemy were getting better treatment than their wounded people. Interesting. I think that led to its closure, actually.

Wow.

Oh yes, you know, these political issues

- 24:30 become prominent. I think another thing that happened in Vietnam, it happened fairly early too, was that we became aware, Australians became aware that the way prisoners of war were managed and treated was something that left a lot to be desired. In fact, they were treated harshly, probably not, in many cases it might be thought they were executed. And

- 25:00 it was an Australian initiative, one that I think we can be proud of, that we insisted that something be done about this. And I think Roy Fernandez was the, gee, pull that name out somewhere, I think he was

one of the senior diplomats in the Australian mission, later became an ambassador I read somewhere. He and our legal officer did a lot of work in framing

25:30 a system of legally managing prisoners of war. And I think that was a, pretty much an Australian initiative. Certainly, when I was back on second trip, we had a responsibility to visit our prisoners of war that we treated at our facility, to make sure that we sent them, there was, not far from us in Vung Tau there was a prisoner of war

26:00 camp for the Viet Cong and the North Vietnamese army run mainly by a Korean, it was alongside a Korean hospital. But I think it was, it was run by Vietnamese, but we had a responsibility to make sure that our prisoners were properly treated. And we used to do that, we used to go across and see them regularly and inspect them, make sure everything was okay.

26:30 **Was there a difference though in, I guess, in the quality of treatment they got in a, from a, I guess, a compassionate sense?**

Well, I can tell you a story, it's interesting. In fact, it just came up recently, I hadn't thought about this for a long time, but it was announced that there's going to be a party of enemy veterans coming to Australia in the not too distant future. And I was a bit

27:00 dismayed to see that there was a lot of harsh words directed towards these fellows, you know, about they're not welcome and one bloke apparently was going to go out to the airport and shoot them, or something silly like that. And I remembered this particular bloke who, from his point of view had the terrible misfortune of being wounded twice by Australians. First wound was at, in the

27:30 Battle of Long Tan. And he sustained quite a nasty injury to his right leg, and that'd been managed in their system, you know, their enemy medical system. And the result of it was that he had a horribly, you know, badly united fracture of his right leg and it was deformed, and it must've been a hell of a trouble for him to walk on it. Here he is, out in the field mate, fighting with that leg.

28:00 How tough. And the second time our blokes really planted in and shot him in the left thigh and it was such a bad wound, we had no option other than to amputate the leg, it was pretty much amputated. And he was taciturn, wouldn't say a word, you know, tough, "No change from you thank you mate, don't even bother to ask me any questions, you're not getting any answers". Until later on, when he

28:30 wasn't feeling too well, I think, one of the nurses said something to him in English and he obeyed it instinctively, so we knew he could speak English. And not long after that he admitted he could. I guess he'd worked out that some weeks had gone by and any intelligence he had probably wasn't much use to us anyway. So here he was, amputated leg and a crook right leg and we just

29:00 decided, I don't know, I can't remember the exact thinking about it, but we had an orthopaedic surgeon there, Barry Collins, a lovely bloke. We just decided this poor bloke was, you know, severely, in a pretty desperate plight for a Vietnamese, one amputated leg and another crook leg. So we decided to do an austiotomy on it and straighten it, which we did. And he was enormously thankful for that, and we became

29:30 pretty, you know, I wouldn't say friends, but we, socially at ease with each other. And I can remember he even make a joke about he wished that, we should've shot him in the right leg twice because it wasn't much good anyway. But I remember he, the fascinating thing to watch about all that was watching that man, and the other prisoners of war, in the wards

30:00 with our own soldiers. There was no rancour, they were polite and friendly to each other. They had a communication problem, of course, but they did their best to communicate and swap stories of how people did business.

Truly?

Yeah. Yeah, they respected, our blokes respected them, I mean, they were pretty tough, good soldiers and yeah, I was a little surprised,

30:30 I thought there might've been a bit of hostility. But we, the nurses reported no difficulties. This particular bloke used to, when he got to know the boys liked a cup of tea, used to get around with his crutch and give the lads cups of tea, you know, yeah.

And so they, well, I guess they're prisoners, so they'd stay prisoners then.

Well, it's a good story and it's

31:00 one of the things we were supposed to do when we had a prisoner like that. We had to offer them "Hoi Chieu," yeah, I'm remembering these things, it was virtually, it was offering him to become a political returnee to the South, you know, to convert. And this fellow asked, you know, did he have to make a decision straight away, and we said "No, certainly not, you've got time, think about it". And he eventually told us that he was going to elect to stay

31:30 in the North Vietnamese and stay a prisoner of war. His thinking was, and how right he was, his thinking was that we were giving them a bit of a hiding at the moment, but he didn't think we were going to stay there. And he felt that even in the South Vietnamese prison system he'd probably get

reasonably humane treatment because of his wounds. And he knew that if his side won and he

32:00 was a political returnee, he would've been dealt with harshly. He reckoned they'd probably win in the long run, and he'd be a hero. So he elected to stay as a prisoner of war. I must tell you, I respected that. I made the point when this hoo ha started about the veteran prisoners of war, that, if he was one of them I'd love to go out and meet him and show him round Australia. Or, and I thought if I ever go to Vietnam I'd love to see if I could find him.

32:30 He'd probably be, we probably would've been the same age, I reckon. He'd been around for a fair while, and you'd wonder whether he'd be that hard to find, I don't know.

I find it extraordinary that there was no acts of injustice between one side and the other in there.

Yeah, they were a ruthless enemy in the field but I guess it's a

33:00 matter of fearing your enemy, not knowing your enemy. Once you get to see the human face of the person, you find that apart from the fact that he's Asian and you're not, there's not a lot of difference.

When you're wounded in bed, it's pretty much the same.

Yes.

Now Michael, after you came back from Malaya, before you went on your first tour of Vietnam, did you have, we were talking a little bit about this in our break, but did you have much of an attitude towards the Vietnam conflict as

33:30 **a whole before you went over? You**

Well, okay, that's interesting, I, as I say, having been to the country and thought about it and I had no real expectation that I was going to be involved in what happened, what followed. And in fact, if you look at the sequence of events, the announcement by the government they were going to commit a battalion was made, I think

34:00 late in April 65, we actually started to leave in June, or even before that. So I can assure you, there was not a lot of time in the actual preparation. And there was probably precious little time of me thinking about the philosophy of what was going on. And as I said before, I think most of the fellows were just simply excited at the adventure they were going to face, and

34:30 **What did they think that adventure entailed, what were they expecting?**

Oh well, I mean, you know, I was, the way I got into it was interesting, but for me, the people we were dealing with were infantry. You've got to know about infantry, they're trained to fight and that's what they wanted to do. And, you know, they thought that the opportunity to get over there, prove their metal, prove their training, prove they were as good, they were the Anzacs.

35:00 Yeah that was, I think, foremost in their mind. And even for non-infantry types, excitement, experience that you knew was going to come your way, you knew was going to be difficult, you know, I mean, at this time I felt reasonably secure about going into a thing like that, into an adventure like that. I didn't realise at that time I was going to be the senior medical officer but however.

35:30 Yeah. So, I mean, I think a lot of people forget that, 1RAR was really caught in a bind, one hell of a bind. I think the announcement was late April. And the preparation was furious, fast and furious.

What sort of preparation did you

36:00 **use to do?**

Well, the, you know, as I said it was peacetime army, they had three battalions, regular battalions, and they were mainly involved in the rotation through Malaysia, which was pretty gentle. I mean, if you were an infantry soldier in Malaysia and you had a medical problem, you could quite easily cope with it, thank you very much, because life was fairly gentle. On the other hand, going to a war in Vietnam, full on fight,

36:30 there was problems. Now, I was, when the announcement was made, I can remember distinctly, I was in Healesville in Victoria, helping the administration of brand new doctors who were just joining, coming into the military service as medical, you know, graduates, through the medical undergraduate scheme. And this is beside the point, one of the things that they always had difficulty with

37:00 was the pay conversion. And I was determined that this bunch of blokes weren't going to have any grievances and so I was actually doing that when I was told that there were difficulties up at Holsworthy with 1RAR and so I was to go there and assist. "But be sure you understand, Naughton, you're not going with them". And I was quite pleased to hear that, actually, I had no real desire to go

37:30 at that stage. When I got up to Holsworthy, it was just a shambles. The first thing I recognised was that a large number of the soldiers in 1RAR were, had been already classified medically unfit to be in the infantry, but had been retained in the battalion because there was a shortage of personnel in the army. And so rather than have a vacancy, they had these fellows

- 38:00 who had been with the battalion for a long period of time but they were, really, unfit to take on the task that was before us. So the job fell to me to turf them out. Not a very popular move, I can assure you. I mean a lot of these blokes, as I say, had been with the battalion for a long time and they had problems, physical problems, health problems but they were well respected, they were doing good jobs. And
- 38:30 to be chucked out of a deployment at the last minute, was not to their liking.

These were regular army fellows who'd been in the service for a while.

Yeah. Yeah. And I haven't got a figure on this, I was thinking about it the other day, but I think it might've been as high as 30%. That was an, so I was saying to the commanding officer, no, I didn't even meet the commanding officer, I was saying to his people, he was off visiting, doing something else, that we had to chuck out something like 30

- 39:00 percent of their folk. That went down like a lead balloon. And of course, the battalion that was going, was being raised, and who was going to obviously follow us was their most immediate source of infantry soldiers, so we started taking their people away from them. The thing that really surprised me, it was five battalion, the thing that really surprised me was that they did it with such good grace (UNCLEAR). I was really surprised.

- 39:30 See, the whole medical plan was a shambles. The bloke that'd been nominated as senior medical officer to the force was only young, fairly inexperienced, and I thought "Gee, if I'd had that job with that degree of experience, I would not be very happy with it". The RMO of the battalion, I didn't realise until I got there, he had done, completed his contract long before the force was announced. And he'd

- 40:00 resigned, he was on his way to a general practice. And so, immediately I realised that the whole thing wasn't going to work. And so within a very short period of time, I was told that I was the senior medical officer of the force and the bloke who'd been nominated would be the RMO to the battalion. And so that's how it happened.

What a way to get a promotion.

Well, it wasn't a promotion, it was just a new job.

- 40:30 But, you know, that put some fair to well into my life and things weren't exactly 100% right at that time. So, yeah, I had to make arrangements for my family, and quickly, you know, very short notice, probably, we're talking about two weeks. Moved them up from Melbourne to Sydney, and we were working furiously hard, getting people organised. The rest of the medical plan turned out to be a

- 41:00 failure

Sorry, Michael.

Yeah.

We'll

Tape 6

- 00:30 **Please, Michael, please continue.**

Where were we. Yeah, I was talking about

The shambles.

I was talking about the medical plan. I was told that, with the force which was going to be called 1RAR battle group, would be a component of a field ambulance, a treatment section. you know, for a facility of say, 10, 15 beds, something like that, be a short

- 01:00 holding facility. And if fact, a section of the field ambulance, 2 field ambulance, travelled up from Puckapunyal to Holsworthy. And I was delighted to see them because particularly there were a couple of senior NCOs who were really good value, good men, you know, I could see that this was going to be, their presence would be very helpful to me, as well as everybody else. But right at the last minute, I was told "No, they're not coming. So

- 01:30 I was given the job of telling the boys, "Pack up your bags and get back to Puckapunyal". And they weren't very happy about that. But I can remember the wise old Warrant Officer saying to his boys "Don't worry lads, this is not the end of this show, I can tell you". How right he was, because was up there the next year anyway. He was a delightful old chap, and mature, lots of experience. So, the plan was, because we were only a battalion group, that's

- 02:00 about, gee, I better get some (UNCLEAR)

A thousand?

Be under a thousand, I reckon. That's not a lot of people in a place like that. So we were assigned to become part of the 173 airborne brigade separate, an American brigade. They were stationed at Okinawa and they were the American army ready reaction force. So what was happening in 64,

02:30 65, was that the Viet Cong had started a really major offensive. And belted the living daylights out of the South Vietnamese army and everything was looking like it was about to collapse. And so the Americans decided to commit main force troops and they sent up a marine brigade to Da Nang.

03:00 And just before we left, the 173 air borne brigade separate, they were very proud of the separate, were sent into Bien Hoa. It was an airbase, major airbase, north and east of Saigon. And we became part of that, we became the 3rd infantry battalion of that. So, and that's why we didn't need to take our

03:30 section of the field ambulance, because the American brigade clearing station was going to handle our medical problems. So we only went up as a battalion. We had a

Sorry but were you left then with those senior NCOs not accompanying you now?

Oh yes, they returned to Puckapunyal.

They returned, so you were actually, who did you have to report to?

Okay, our staff, the staff for, now let's get this straight,

04:00 I was going up as senior medical officer, and the force was called the Australian Army Force Vietnam, AAFV. Later on, when the navy and the air force got committed, became the Australian Force Vietnam, AFV. But the initial year, AAFV. So I was the senior medical officer of that. And the battalion, battalion group, the headquarters was deployed in Saigon. The battalion group was deployed out at

04:30 Bien Hoa, on this airfield for protection. And they had, organic to their establishment, they had an RMO, a young doctor. And they had a small logistics support element, they had, eventually had a cavalry troop, armoured personnel carriers, a battery of guns and a little flight of air reconnaissance. So it was, you know, a nice little balanced battle group, they called it.

05:00 Right, so that's what was deployed, and the section of field ambulance that was going to go was sent back to Puckapunyal in Victoria. Know where Puckapunyal is?

Oh, its

Not far from Melbourne.

It's not far from, about an hour away, is it?

Something like that, yeah. And they were very disappointed, very upset, you know, they wanted to go. And the RSM, their Regimental Sergeant Major was a

05:30 lovely old bloke by the name of Col Avery and, you know, he was the bloke I particularly would liked to have had with us. I had another Warrant Officer who came with me on headquarter staff. So that's how, that's the force that went. And I was just amazed that the state of preparation was so difficult, and it was so poor. We did an exercise before we left,

06:00 I think, yeah, there was supposed to be some helicopters involved in it to teach us about helicopter war. I don't think I even saw one. So we arrived in Vietnam and the first thing we were aware of was this massive air presence. And it was just enormous. The battalion was stationed at Bien Hoa, and the circumstances out there were pretty poor. Pretty grim, in fact, and they did it pretty hard for a long time,

06:30 too long in my view. I was okay, I was very comfortably ensconced in a pub in Saigon until I went out to the battalion, a couple of days after I arrived, found that the doctor was quite ill. Seriously quite ill, and I had to send him back to Australia. And the poor bloke, I felt very sorry for him, he was really upset. He, but he

07:00 was just, he, you know, he did it in good grace, he was a lovely bloke and he just recognised he was unable to do the job. Very disappointed, very disappointed, I asked him to go back to Saigon, hold the fort for a couple of weeks. He was just so disappointed, just wanted to go home. So he did. So for a while, I'm not quite sure how long it was, probably a month, I did

07:30 both jobs. So I stayed out with the battalion, did their first few operations, and was running backwards and forwards to Saigon because there were a heck of a lot of things going on, difficulty. Until the RMO of 5 battalion was, well, 5 battalion again lost their doctor, he was sent up as the RMO of 1. Wonderful young man by the name of Peter Haslau, who's now a general practitioner in

08:00 Horsham, yes, in Victoria, yeah. And a damn good golfer I'm told. He used to be a very good card shark, very good card player, too. Yeah, Pete arrived and he was a lovely fellow, good medico and he was of Polish extraction. He had a delicate Polish skin and we found that after

08:30 operational, after an operation his skin had deteriorated certainly, and so what it meant was, we used to swap jobs. I'd do an operation, he'd hold the fort in Saigon, and we switched backward and forth.

But can I just interrupt for a second. How would his performing an operation have anything to do with his skin?

Oh sorry, an operation is a, I beg your pardon, I didn't mean an operation, a battalion operation is

Okay, sorry.

Yeah, is

09:00 an excursion where the battalion or the force is inserted into an area to take on the enemy. I beg your pardon. That's an operational, yeah, as opposed to

Well, I have heard of that of course, from doing this job, I've heard of operations. But because of you being a doctor I suddenly thought maybe you meant surgery.

I'll be careful from here on in, if I'm talking about surgical operations, I'll say so.

Thank you very much.

I beg your pardon.

No, no, that's fine.

Yeah. So in that first

09:30 year, when the battalion was deployed on an operation, the whole lock stock and barrel went. There was an element that remained in Bien Hoa, mainly to do resupply, and also to protect our campsite there. But the whole battalion left, and that included the battalion headquarters, the commanding officer and the medical officer, the RAP [Regimental Aid Post],

10:00 everybody went.

Can I just ask you, in that battalion that you came over to Vietnam with, there was under a thousand men.

Yes.

And then how many medicos would actually go out on an operation?

Only one, only one.

To cover that many men?

Yeah, only one. An infantry battalion is around about 700 fellows, they have one doctor, okay. He has a medical platoon

10:30 and they used to, used to congregate in a, what they call a regimental aid post. In the old system of warfare, if somebody was wounded in one of the forward elements of company, they would evacuate, hand carry the man back to the RAP, Regimental Aid Post, where the medical people were concentrated. They'd do what they had to do with the patient and then they sent him

11:00 back, always going backwards to the facility. All that changed in Vietnam, of course, because of the helicopter, the heli-ambulance. When we had a casualty and the situation was clear, and our people had taken action to make sure that the enemy was dispersed or

11:30 beaten or chased off or whatever, the heli-ambulances used to fly right in and pick these fellows right up, right there, and whisk them out back to our brigade clearing station, which could be 10 K's away. So that the RAP as such and the medical officer was overflowed. So there was really no tactical reason for him to be there.

I see.

He wasn't being used. The other thing was, we had a medical platoon

12:00 of, and historically, the medical platoon is the regimental band, and when they go to war they become the stretcher bearers. And one of the things I found out to my horror was that the stretcher-bearers, or the band, lovely guys, terrific musicians, but they hadn't done a first aid course even. So I had to teach them first aid up there, and

12:30 **This is for the platoon men that, the platoon of medicine.**

This is our medical platoon, yeah. About 30 blokes. We had to teach them first aid, and teach them there. And even that was difficult, but they learned fast, they were good. And they had the pressing need to know how to do this because people were already starting to get hurt. So we, the thing that became different in Vietnam in that we, the stretcher bearers

13:00 actually became medics, and they were stationed at every platoon level. The battalions got, I'm not sure

about the establishment of an infantry battalion now, four rifle companies, three platoons in each, some sections in each platoon. Each platoon should have 30 men. So 12 platoons, 30 men. There's another company, the support

13:30 company, the heavy armament, and then the administrative company. So that's basically the establishment of an infantry battalion. So we had a medic at each platoon headquarters and then we'd have a stretcher-bearer at each section, section of about eight or nine blokes. And these fellows, stretcher-bearers actually did the first initial treatment of the wounded casualty. And as far as the battalion was concerned that was probably the

14:00 only contact they would have the medical system they'd have in the battalion. Because the heli-ambulance, dust off as they were called, used to fly in, pick the guys up right at the spot and back to brigade clearing station where we had a facility of about 20 beds and we used to treat the casualties as they came in there. Is that clear?

Yes. As clear as you can get to a non-medical ignorant

14:30 **military person.**

Well, just take, just thing of 700 fellows, four rifle companies, two other companies of heavy support weapons and one administrative company. The actual fighting soldiers are in packets of seven or eight, and they're the blokes who actually used to contact the enemy. And with them would be one stretcher-bearer, trained as a medic.

15:00 So, I mean, I think I would've had a reasonable expectation that the regimental band would've already been smicked up and trained in first aid before they ever left Australia. But no. Good blokes, no first aid experience. Bit of a shock, I wasn't terribly pleased about it, I can assure you. But we trained them, Peter Haslau and I did that. And to our chagrin,

15:30 we found out that the army didn't even have a first aid manual. Perhaps I should've known that myself, but anyway, we sent off a signal to get St John's Ambulance to send up their books. And so we trained, taught them to be St John's Ambulancemen. And St John even allowed us to be, Peter Haslau and I to be medical examiners so all the blokes got themselves a St John Ambulance certificate while they were there. And they did a pretty good job, actually.

16:00 During the course of that year we had two of our boys killed, two of our stretcher-bearers, and a number lightly wounded. And yeah, we got our share of knocking around as much as the other infantry platoons.

Can I ask you, because you were around 29 when you went to Vietnam, is that right?

Yeah, I was one of the older blokes, mate.

So in infantry terms, oh, yes, that's right, you were a bit of an oldie.

16:30 Yeah.

At 29.

Absolutely.

Did the younger blokes think of you as a sort of a paternal figure?

Oh, I don't know about that. I was certainly regarded as, nobody ever said "You old bastard" to my face but they probably thought about it pretty often. I guess I did. A lot of people don't realised this, that 1RAR was, to the best of my knowledge, the only time a regular army battalion ever went to war.

17:00 I don't think it ever happened before, and it certainly hasn't happened since. Well, it has happened now within Timor and things, they're all regular army. But we had, that was completely regular army. And the age of these kids were, they were youthful. They were younger than the National Servicemen. In fact I often, one of the things I often with a bet on if I want to get a free drink is say "Now, okay, who were the

17:30 youngest, the soldiers in Gallipoli or the blokes in Vietnam?". They always say Gallipoli, but they were a fair bit older in actual fact. Average age of a Gallipoli veteran was older than the Australians in Vietnam. We were having our young blokes, having 19 and 20th birthdays in the

Is that because they were in the militia before

That was because they were regular army, yeah. They could join the regular army, I think they had to be 18 or approaching 19 before they were allowed to go on operational service.

18:00 That's (UNCLEAR) years, operational service. Yeah, they had to be, no we were having, the boys were turning 19 over there.

That's where that song comes from [I Was Only Nineteen - Redgum.]

Yeah, "Frankie walked on a mine".

So can I, with...

So they were very youthful. Yes.

So what about, did you ever have, was it on your second tour that you had the National Servicemen in your care?

Yeah. There were no National Servicemen,

18:30 the National Service had been obviously considered by the government. But in, no National Servicemen arrived in Vietnam I think until 66, late 1966. Certainly none in my time there. I met up with a National Serviceman, Nashos, as they used to call themselves, in 69 when I went back there. Yeah, so

When we were

19:00 **crossing over, Michael, tapes, you said something about the fact about the, there were politics on your first tour, of course, about Vietnam you were interested in, but because you were so busy there wasn't much concentration on your behalf there.**

Yeah.

Can you tell us about those politics involved in the first tour?

Yeah. I think the first thing was the such, I mean, the

19:30 time that they were given to get into the act was just ridiculous. I mean, you think about Peter Cosgrove's entry into East Timor. Now Peter Cosgrove obviously had that experience with Vietnam and he wasn't going to make the same mistake twice. They had a very careful lead up and build up before they went in, the same as with the Gulf War, remember how that went on for months. We were told, the country was told

20:00 late April 65 that this was on, and our blokes were up there in June. I mean, even if they were really on the pill, it was a short period of time. And they weren't on the ball, I'm sorry about that, not the pill, on the ball.

How do you know?

It was a shambles. The medical plan just fell apart, we picked it up again later on, but you know, must've had a very unsettling, I was

20:30 really concerned that it would have a very unsettling effect on the young soldiers. The thing that, see, there were other things, the organisation of the battalion had changed, commanding officer had moved on 'Lou' [I.R.L.] Brumfield who was a terrific bloke, is a terrific bloke. He'd just taken command. He had been given, I understand, a briefing that something was about to happen but he wasn't allowed to tell them where they were going or what.

21:00 Yeah, it was just, I think that was political inexcusable that they that. Their state of preparation was, I mean, they didn't do any work, training at all. When we were in Vietnam I think they were introduced to five new weapons systems they had to learn. New hand grenade, new grenade launcher, new anti-tank thing, new rifle

21:30 all sorts of stuff. And in fact, our very first casualties, I've often thought about this, was a hideous grenade accident. With the brand new grenade with which we weren't familiar. The old grenade we used to have, mills bomb, had a pin in it, you know, and the metal pin in it was so hard you really had to pull

22:00 hard like hell to get the thing out. And when you put it back in and bend it, you break your fingernails on, it's so strong, you know. The American grenade, I forget the number on it, doesn't matter, M26 perhaps, the pin was of a very malleable and soft metal. And we think what happened was that, during the day, the young

22:30 man may have taken the pin out, had not used the grenade, so he put it back in, bent her over, put it back in his basic pouch where he should. And he'd flown back to Bien Hoa from the, this is our very first deployment operation, got off the helicopters, and they used to always come back from the place, they used to call it the snake pit. Was a, where we used to assemble to get off on the

23:00 helicopters. Kid got loaded in these bloody great cattle trucks, that's what they were, about 50 or 60 blokes standing in the back of a truck, up to the, back to the battalion lines and the kids were jumping out of the truck to get a cold drink, have a shower, the bloody thing detonated. And killed him, killed the driver of the truck, a couple of other blokes got killed and a whole heap

23:30 wounded. And I've often thought if he hadn't been carrying that weapon, that probably wouldn't happen he, you know, it would, after that, they used to put a tape round the base of the grenade, the striker lever so that if the pin broke the thing wouldn't go off. You had to unwind the tape to let it go. I've often thought about that as a

24:00 consequence of our poor preparation. Maybe not a valid judgement but you know, I..., just seems unbelievable that we were using a grenade that we'd never seen before for our first operation. I mean,

doesn't seem right to me.

Was a waste of life.

Yeah. The other thing was that when we went there,

- 24:30 we had no idea how long we were going for. And while that started, was a source of amusement early, didn't last for long, I can tell you. So I remember, there was, I won't mention his name, but one of the administrative staff who was always, you know, receiving the signals from Australia and taking them to the people who need to see them,
- 25:00 was forever telling the people "We're going home at six months", then we're going home, different times. Only going to be here for three months, then it was six months, so the diggers nicknamed him wrong drum. That was the sort of thing they used to do. Then there was a controversy about the standard of equipment, the boots used to fall apart, the clothes used to fall apart. Our blokes use to look like pirates. Come
- 25:30 out of the bush and you really, they would just, I can remember coming off one operation, I had my boot held together by Elastoplast, the sole. The sole and the bottom had fallen off and I didn't want to get a new pair of boots out in the bush because they used to take a bit of time to break in. And indeed, blistered feet and skin conditions were a real pain in the neck for those kids in the first part of the
- 26:00 deployment to Vietnam. I think little things like that, the government, you know, okay they might've, they were slow, they were slow to do things. I mean, they even said that "There's going to be no new medal for this". There was controversy over everything. Then the pay, besides the medal controversy, I remember Solomon Mear was the National President of the RSL [Returned and Services League],
- 26:30 said "If the government won't give them a bloody medal, I'll make some out of jam tins". And a bit of feeling. But things like the postal service failed, wharfies went on strike, there was all sorts of things.

I've heard from one...

The boys were very angry about that, I can assure you.

Yes, and what about you, did you have your mail stopped too?

It wasn't that the mail didn't, I think don't think it

- 27:00 was stopped, I think it just didn't arrive, you know. And what we sent out used to seem to take about two years to get there. No, it just, I mean mail is important, it's a thing that the diggers look forward to, they, you know, when the mail call comes the kid that doesn't get a letter is always left out. So his mate will say "Here, read this". Mail's important, they'd like to be able to keep in touch, and it's the only way they can keep in touch. I mean, today, I
- 27:30 understand they send e-mails and can even use their mobile phones and all that stuff. But the only way we could communicate them was by mail, and the failure of mail was a problem. And there just seemed to be no political interest or determination to get it right. It really, it did bother me, one of the things that I was
- 28:00 concerned about, was that I thought there was every reason why this battalion should be pretty non-effective, you know. Inefficient, sloppy, because I'd seem that their kick off and their pre-embarkation training and everything just went, it was just all wrong. I was so wrong. Over there they were terrific, their spirit was high, their morale was great,
- 28:30 they were cheeky as anybody you like. They believed that they were far superior in performance ability over the enemy, they were convinced, you know, that the Americans were getting knocked about, we weren't. They were convinced this because they weren't game to take us on, etcetera, yeah, they really believed this. And we saw no reason not to let them think that, to continue to think that. It was good for their morale, or that's what I thought anyway. I was really
- 29:00 quite impressed. They performed beyond my expectations, and I think the reason for it was, we had a beautiful balance of experience at the top. Commanding officer had been to Korea, I think he had a bit of World War II service as well, but he'd been to Korea. Been decorated in Korea. That's Lou Brumfield.
- 29:30 The RSM had won a military medal in New Guinea. There was a whole range of senior NCO's who'd been with the battalion since it was formed from Second World War. All the company commanders had been to Malaysia, Borneo, and one of them had even been to Vietnam with the training team. John Healy, who unfortunately has now died, lovely bloke. So there was,
- 30:00 at the critical places, there were really seasoned and experienced men, and disciplined. And, you know, you said that, you know, infantry battalions are a bit mysterious to people who haven't belonged to one. Some very important personage in them, you know, the commanding officer's one, of course. But then there's a Regimental Sergeant Major, he's a very important bloke. And we had Macca Mackay,
- 30:30 he was terrific, he was really a great bloke. He's still alive, Macca, going on strong too. He was a thinking, gentlemanly sort of and RSM [Regimental Sergeant Major] for my money, he wasn't the sort of

bloke who used to yell at his soldiers. Get bloody angry, if he needed to. Had a wonderful sense of humour, whippy vernacular, you know, he could really let somebody know he was displeased. But if you're talking about father figures, I regarded him as a father figure. He was,

31:00 he had a lot to do with the good morale of the blokes, he really clicked with the soldiers, he really encouraged them, supported them, was good value. We had all sorts of interesting folks. Another one that's a stand out in my mind is Gerry Cudmore, the Catholic priest. Don't know whether you heard about Gerry. Yeah, we were, some character wrote of the Australian battalion when they were arriving in Vietnam, they were youthful, they looked like kids.

31:30 Then he said at last he saw one tough young character, he thought he'd be a pretty good soldier but he found out he was the Catholic chaplain. Gerry Cudmore, tough looking turkey but a lovely bloke. And the other minister, Padre Hoffman was a lovely bloke too. Now he'd been a motor mechanic, I think, before he took to the cloth and I remember somewhere along the line

32:00 he was in a vehicle that was in a fairly insecure area and the thing broke down. So they were all very worried about that. So Kevin, Padre Hoffman fixed it up, got the vehicle going, so they thought it was a gift from God. No, they were good blokes. But, you know, the battalion really was a class effort. And, you know, I couldn't possibly rate

32:30 their performance along the performance of other battalions, yeah, I don't know enough about that, but they were great.

Michael, it seems ironic that the government were so quick to go in to help big brother America with the war, the conflict in Vietnam, and yet they were so ill prepared for the process that that would take.

Well, you see, I think, yeah I agree with that. I think the whole point is, and I think the present

33:00 government is not making that mistake, you know, you see, how they've committed rather a large budget the outlay for future development for the defence force. I mean the defence force today is really small in size, I mean they seem to be stretched to the limit. But they're well trained and they're well equipped. That cannot be said of the force in 1965 and so politically, I think that was a failure.

Can I ask you a question that I've

33:30 **always been interested in a personal perspective, and it actually fits in here with what we're doing today, and that is, when somebody on the field is dying, and perhaps you're there at their side. When do you bring the priest, the padre, the minister, whoever it is, in? How do you know when is the right time?**

Yeah, well I can, my main experience with that of course was in the hospital, later on in 1969, 70.

34:00 I think most doctors know when somebody's dying, interesting, so do the patients usually. I can remember one or two asking for a priest, or asking for a minister. I think, I don't want you to get the idea that I'm a devout Christian, I wasn't then, I was, had apostasy stamped all over me. I had given it away, I had walked out of

34:30 Christianity.

I'm not judging you at all.

No. But I still respected this and I mean, there were times when we unfortunately could see that a kid was an extremist, was dying or was seriously ill. And we would invite the priest or minister to minister them. I think that they, in the hospital situation, they used to be immediately available.

35:00 And so they were standing around like shags on a rock with nothing to do, so we used to give them little jobs. June might be able to tell you about that later, because it was really her idea.

What would you get them do, get them to do?

Oh she used to get them to hold an oxygen mask, or something like that. So they could talk to the bloke, she could talk to you about that.

35:30 She, but, yeah, I mean, let's face it, when you're out in the field, the things that you used to see was that when, for instance, on a Sunday the Catholics would like to go to Mass, have communion. And so did the Anglicans, you know, they all would like to attend to their religious service. I think probably, when you're in a situation like that and you realise that

36:00 your days could end suddenly and in the very near future, you're probably careful about your future, you know, with your faith. And, oh yeah, the padres were very much part of the deal. And in 1RAR, with the battalion, I would've thought that there would've been absolutely no place or no availability or opportunity for a padre to minister in the field. The best place to

36:30 have the padre would've been back in the brigade clearing station. And I think there's enough respect between the medical profession and the chaplaincy to know that, when we're not going to win a battle, that young man might want to have the services of a minister. Yeah, and that's the way it works.

So they, just to get this right, that they wouldn't actually accompany the men out into the fighting arena.

No.

It would only be back at the hold bay.

Yeah, see,

37:00 the same thing happened as with the medical officer. If they were out in the periphery, they probably not be where they were most required. The best place for them to be was at the reception medical facility. And I think that worked pretty well. Certainly later on, down at Vung Tau at the hospital, yes, the ministers used to be readily available. They used to live with us and

37:30 they were always on call. And I used to, and they used to do important things like, not only minister for those who were dying but next day or the days that followed, while, after they were recovering from their wounds, they used to go along and give support to them. Perhaps write to parents, do things like that, yeah.

Were the Salvos there in Vietnam?

Yeah, we had,

38:00 1RAR had a Salvation Army officer. And to my dismay, I cannot remember his name. Aubrey. Aubrey, gee, I can't think of it. He was, I've got a photo of him, sorry, Aubrey, he's in heaven now. He was a delightful fellow and he was an old man, he was old, he had been on the Kokoda Trail. And

38:30 he came up there and, yeah, he was just a wonderful figure, always there to help the fellows. He had a little villain named Roger who was his personal protection. And he later was personal protection to Gerry Cudmore, the priest. And he used to look after him as if, you know, it was his grandad. Yeah, no, they were good. They're part of, you know, the battalion is

39:00 like a big family, you know, they stick together, like glue. Nothing like a battalion sticks together, they say.

And your two boys were in Sydney when you were deployed in 1965, is that right? With their mum?

Yeah.

So they'd been, they'd finished Chevalier?

Oh no, no, they were only little, they were

Oh, five and four or something.

Yeah, Andrew would've been,

39:30 gee, they were only little, only young, Andrew was four, five. Phillip was three. Just little tweenies.

All right, we'll stop there and change tapes, Michael.

Okay.

Tape 7

00:30 **Start with asking you about your experiences with the Americans on your first tour.**

Yeah. Actually, my experience with Americans was mainly with the American medical fraternity. And they were very generous. We had, the first major contact we had with American medical folk was with material resupply as they call it.

01:00 The, you know, I've already indicated to you that the planning in Australia was a shambles. Because of my late involvement, I had absolutely nothing to do with the packing of the medical stores that were allocated to us. And when I opened them in Vietnam, it was just pathetic, I mean it was so inadequate it didn't matter. And I can remember making some hostile comments in my initial

01:30 report back to Australia about it. I think my remark was "How anybody could consider this adequate for our job is inconceivable", I think that was almost a quote. I was really very annoyed. And the fact that that was, you know, our equipment was so poor, we would've been in really big trouble had it not been for the American supply

02:00 system. They were absolutely generous and I, we couldn't have survived without them, really, they were wonderful. Generous to a fault. Our blokes became very adept at horse-trading. A slouch hat could get you almost anything. And later on when, joy of joys, we got issued with GP [General Purpose] boots. We used to wear,

02:30 when we first there, we were wearing tropical studded boots that were manufactured in 1945. And they used to just fall apart, you know, you couldn't expect to wear them for more than two weeks. Once they got wet they just literally fall apart. And so when the GP boots arrived, they were an absolute Godsend and because the Americans didn't have them, they were a very precious commodity for swapping.

03:00 And a slouch hat and pair of GP boots, as I say, you could close a deal on anything.

So what sort of things would people actually trade them for?

Well, extreme things, I mean, you could get yourself a Chevy [Chevrolet] trailer full of cement. That might be a bit extreme. But no, seriously, we got a radio for it,

03:30 and then when we complained of how the hell are we going to carry it, the bloke said "The next thing you'll want is a Jeep". We said, "Yeah, I suppose so". So we got a Jeep as well. So they really were, besides being that, they were commendable. The other thing was, we had no medical facility outside the battalion. So in the first year we were totally reliant on the American medical system. Which is

04:00 hard pressed, you know, it was not there in big numbers at that time. There was only one major hospital in the area of operations and that was in Saigon. 3 Surgical Field Hospital. Now these folks were just wonderful, they embraced us, they helped us, anything they could do, they would do. I mean they did it soberly, they did it with

04:30 common sense. If they had a need, they had to give first priority to their people, but it was unstinting, it was really great. The other contact I had with Americans, American medical thing was a very interesting unit known as the Walter Reed Army Institute of Research Vietnam. So they used to call themselves WRAIR Vietnam. Now this mob

05:00 were an independent medical authority, independent of anybody in Vietnam and they answered directly to the Walter Reed in the States. And their job was to find out what the hell was going on, if anything needed to be corrected or needed intensive research in Vietnam. And it was they who did so much work with the malaria for instance. An outstanding organisation. The colonel when I was there was a fellow by the

05:30 name of Robert Joy, wonderful bloke. And I can remember one time, observing his library with some envy and saying "Gee I'd like to get my hands on some of that stuff", and he said "Take them". And I said "Gee, just like that?", he said "Man, a book on a shelf collecting dust does nobody any good", he said "At least if it's not here, I have to presume that somebody's reading it". It's a wonderful attitude, isn't it?

That's fantastic.

06:00 We were absolutely, we were absolute novices as far as air warfare was concerned, and even now, thinking back on it, I find it sometimes very understandable that people might think that I was pulling their leg. But I remember our first operation, were the battalion was deployed, not a surgical operation. We were assembled down this

06:30 place at Bien Hoa called the snake pit, was a huge, I don't know, a couple of acres, but it was a big depression in the land. Covered with PSP [Pierced Steel Plating], you know, the pierced steel plating metal that they lock together. And the whole battalion, lock, stock and barrel. And we were divided up into little groups of people, put into different places by the Americans. And then this enormous roar of noise, this is early morning, four o'clock in the morning

07:00 or something like that. And about a stick of helicopters flew over, 50, something like that. Hadn't seen 50 helicopters in my life. It wasn't all of them, it was just one of three sticks. It was, in don't know how many, I think it was over a hundred helicopters, I'm not sure how many. But they went off in the middle distance and turned round and came back and flew up between us, in between our

07:30 rows, "On board, guys". So we got on board and the whole battalion, gone, lifted, one battalion taken off just like that. And we flew out and we were deployed somewhere in the jungle, I'm not sure where it was. And it was really our very first trip of being fully loaded with our infantry equipment and in my case, medical supplies. Probably a section in each

08:00 helicopter, if you know an Iroquois as we call them, Hueys as they call them. White knuckles, you know, fellows hanging on, because some of the blokes had to sit with their legs over the side and all this sort of thing. After a while we became too many nonchalant, you know, the boys used to lean out and (UNCLEAR) mate, no problems at all. But that was the air war, that was our introduction. And I can remember when I was in England somebody said "Well, how did

08:30 they move you like that?", and I thought, I bet you're not going to believe this, so I used to say "We used to move by helicopter". But I never told them it was in such numbers.

Incredible.

And then all of a sudden I realised that, I remember ABC group came out and filmed it, I don't know whether this film must be available, I've often wondered, I'd love to see it again. I think it was called the

Younger Generation, something like that and they actually filmed this

09:00 take off out of the snake pit and it was, it's really dramatic, if you can get hold of it have a look at it. And this film became available in England and we were asked to expose, the British couldn't believe it, you know, just so many helicopters. And that's how they used to move the whole brigade. They'd, one battalion would be assigned to do the assault, they'd go in first, get dropped off, they'd clear the area, move out, clear the, so the next battalion would come in, drop it off, it would go somewhere else,

09:30 third battalion, somewhere else. So all battalions would move out and then the guns used to come in with big heavy carrying Chinook helicopters. So the whole brigade could be inserted in a morning, it's just remarkable. And we had no notion of that, we had no experience with that at all, we were really taken by surprise. And the next thing of course, was the heli-ambulance, the dust off.

10:00 That was just sensational, you know, as I say, casualties were taken in the field and well within the hour they'd be in hospital having an operation, a surgical operation.

So you'd arrived in Vietnam with the concept of setting up RAPs and

We still had that in our mind. I have to tell you something, that before we left Australia, and we were working such long hours, almost to the point of

10:30 exhaustion. The Americans from 173rd brigade, some of them had come down to Australia to give us briefings. And these briefings used to go on at nine o'clock at night, or something like that. The blokes reckoned I used to be the first to be asleep, they reckon it used to take me something like 15 seconds to fall asleep. And I remember saying, I think it was to Gerry Cudmore, "Gee Gerry, did I miss anything important", and he said "I don't know". About three or four weeks after he got there he told me I didn't miss anything important.

11:00 Yeah, the heli-ambulances, just remarkable. And the thing I didn't realise, and I didn't later on, was that the heli-ambulances were unarmed. They never carried a weapon. And the crews used to be volunteers, and they used to fight to get into the job. And, so it was pretty remarkable. And

11:30 I think that, be interesting to find out, they often used to say part of their operating procedure was that when they were going into do a mission unarmed, they were supposed to have an escorting gunship to protect them. And the gun ship would report taking fire and the heli-ambulance, the dust off, would be indicating no such problem. You know we feel that the enemy were respecting the,

12:00 they flew with red crosses all over them, so you could see them. There were some hit and, yeah, I know for a fact some were hit. Some were shot down. But there was that indication that the enemy were respecting them, you know, because, sensibly, they probably realised that they got hammered and injured themselves and we recovered them, we could evacuate them through the same system. Possibly they recognised that, I don't

12:30 know. But, yeah, the heli-ambulance was just, it was just a wonderful surprise. And later on, when we were dealing with our own hospital, we just learned how the whole thing worked. It was really a very good system that the Americans had worked out. And regrettably, I don't think that lesson's being carried in the Australian Defence Force to this day.

Why do you think that is?

Well, I

13:00 guess we try to, well, I don't think any of the commanders are prepared to take out of their attacking force, a helicopter designated entirely for military, for heli-ambulance. I think it was pretty short sighted, myself, because, politically, if they ever got into a shooting war, they'd have to do it. And the moment they started to take serious casualties, they would have to, I mean, nobody's

13:30 going to accept a poorer standard. Now Vietnam set a very high standard in the management of casualties, and it would be very difficult to maintain that standard, but nobody's going to accept a lesser standard. Or, they would certainly not entertain a situation where they weren't even trying to achieve it. So

And was it just that, essentially, you could get casualties back into the theatre within an hour, or as close as they were to

14:00 **the hospital from the conflict, or were there other things about it that made it?**

Well, I mean, I think the first thing was the fact that the Americans had dedicated aircraft to that task. That was the first thing for sure. Second thing was the bravery of those guys going in and doing the job. There's no doubt about that. They reckoned the used to like working with Australians after a while. Initially, they used to come in to pick up our people and they couldn't see anybody and that used to bother them.

14:30 All they could see was the stretcher party and the smoke that they let go to identify them, where they were. Until we told them "Hey fellows, our guys are out in the Ooloo, or the jungle, making sure there's no buggar out there to have a crack at you". Once they got that message, they didn't mind working for

us. In fact, they used to say that we were fairly, probably, I don't what to be, yes, I think they used to say we were best organisation to work with. Because we used to protect their assets.

15:00 And, yes, I mean, I don't know what the average time between wounding and arriving in a surgical facility, but it was quick, as quick as you could get. Certainly quicker than a road accident in Australia. The other thing that people don't realise is that, I don't know whether you've ever had a ride in an ambulance, travelling fast, ought to try it sometime. It's very uncomfortable and if you've got a couple of broken legs, it would be very uncomfortable indeed.

15:30 It's not smooth, it's very rough, and you know, you've got to brake, stop, brake, stop, turn corners. Helicopter, not only is it fairly quick, but she's beautifully smooth. No bumps, no turns, they fly quickly, directly and smoothly, so it's a pretty comfortable ride. There's not much opportunity on board the aircraft that was used in Vietnam, the Huey,

16:00 the HB one, whatever, there was no, not much chance of doing any serious treatment on board. too cramped. The best you'd do would be to do first class first aid, but that's enough. And some of the people, certainly they arrived in hospital alive, where hitherto that war, they certainly would've died on the way.

16:30 And that put a lot of pressure, professional pressure on the medical system, you know, we, they were there alive, it was our job to keep them alive. And I think my experience, you know, was in accord with all the others, in the 18 months I, well, a year, over a year I was at (UNCLEAR) hospital, we had fewer than five people who arrived on the helipad alive who died later.

17:00 Fewer than five. And one of those, two of those people that we recognised weren't going to be saved. Two of them. But some of these young people were really seriously bashed around and they survived.

Just on that Michael, can you give us, I guess, an example of those five wounded, just in terms of what you saw, what their injuries were

17:30 **and how they were dealt with?**

Yeah, one lad was, it was terrible, he was in an APC, Armoured Personnel Carrier that had blown up and he ignited and he was seriously burned. We knew that he didn't have much chance. In fact, he died on the operating table, at least he was anaesthetised and didn't know what was going on. Yeah, he had no chance of

18:00 survival. Actually, two of them that were like that that were bad burns, burns can be very nasty. Had a prisoner of war who was a female, I think she was probably trying to lift a mine which exploded and she was devastated and we took one look at her and decided the best thing we could do was to

18:30 let the natural course of events take place. Yeah, had another kid that died that always did worry me. He had a, well, what you'd call a relatively minor wound in that he had a gun shot wound to the thigh. His thigh was really smashed to pieces and he developed a complication, which at that time we were recognising

19:00 but we had not got around to being able to treat. Call it shock lung, was one of the words they used to describe it. Later on we used to call it, are you ready for this one, disseminated intravascular coagulopathy. It meant that everything had gone wrong, all systems in failure.

In what way, though, for him?

Well, he had so much tissue damage and infection

19:30 that the clotting mechanism stops to work in the normal way. And they start to actual clot, internally clot, and they use up all their factors, their clotting factors and then they start to bleed. So what's the treatment for that? Treatment for that is very good, very quick wound surgery, oxygenation, treatment of infection, that sort of thing.

20:00 I think it's probably true to say that it's regrettable, but it's true to say that at war you learn lessons about medicine, and Vietnam was no different. I think that at no time before then were casualties received so quickly. As I say, this put the pressure on you as to how to deal with them properly.

20:30 And good basic wound surgery was really first up, oxygenation of tissue, see, people, the intensive care situation really started there. Oxygenation by ventilation of the lungs, we did that very early in the piece. That wasn't wide spread practice in Australia at that time.

That was something that you were feeling your way through?

There was, yeah,

21:00 there was a lot of foundation of practices, it's interesting, I go along to, I used to go along to the intensive care conferences and I used to think "Oh well, it's better than we used to do it, and the equipment's fancier but I aint different". And that was for a long time afterwards too. We had, see, one of the things that operated in our favour with these seriously wounded blokes was that they were fit. They were basically very fit.

- 21:30 No, we didn't have people who are overweight, we didn't have people who had diabetes or hypertension or asthma or anything like that, these guys were fit. And often you get them in there, they had terrible injuries and they were in lots of pain, blood pressure was as flat as a tack, give them some pain relief, give them, at the same time you'd give them a couple of litres of fluid then they
- 22:00 were looking better already. You know, we used give them plasma and then blood transfusions, do the operation quickly, and often these kids were, next day they were looking for a steak. It was incredible. But that was all down to the rapidity of evacuation, that was the thing that really put the acid on you to really perform. And I think it was interesting that the incoming surgical people,
- 22:30 you know, the specialists who were coming up to do their tour, were aware that they had this wonderful reputation to live up to. Used to put a lot of pressure on them. And, but you know, you think about it today, even today, there would be circumstances where somebody is seriously injured, taken to hospital, so they've got to get people off the golf course, this sort of thing. What happened there was, the people
- 23:00 were there waiting, you know, ready to go. And, yeah, I mean, it's possible that they were getting surgical, you know, sophisticated surgical intervention within an hour or two.

Were there times where you had to improvise?

By the time I got to my second tour in Vietnam, the amount of work that my predecessors had done was just unbelievable. And for a long

- 23:30 time I, it just didn't dawn onto me just how hard these guys had worked. Because what I walked into, let me start by saying that at the end of my tour of 1965/6, my old friend Bill Rogers arrived, and he was the commanding officer of 2nd Field Ambulance and he was going to bring into Vietnam, the first major army medical facility since World War II. And when I looked at the site that he was on, it was at Vung Tau
- 24:00 and it was just sand, mate, it was just a beach. I thought, "You poor bugger, this is going to be awful". And I can remember saying to him "Gee Bill, you're going to have your work cut out of here, mate", and he said "Yeah, it's going to be tough". And it was. But in, that was 66, I would say through the really hard work of a number of people that followed me, Bill Rogers was one, Ralph Meyer
- 24:30 and Bill Watson, Ray Hurley, they did an incredible amount of work. I mean, they had army engineers to help them, but when I arrived up there, mate, there was a full going concern. In 69, the middle of 69 they had a 110 bed hospital, air conditioned, everything was going. Facilities were right to do the job properly. But I think, it's important to understand that it took
- 25:00 from 66 to 69, three years, to get that and it should've happened quicker.

Well it leads me to one of my other questions, what, given the lack of facilities that you identified on your first trip, what resources did you actually have on hand in your first tour to deal with?

Oh, I mean, I, we set out, largely through the help of the Americans, it didn't take us long to get

- 25:30 ourselves well and truly organised. As I say, the first thing that I had to do was to make sure that the stretcher-bearers, the bandsmen, were well trained. And they took it like ducks to water, I mean, these kids were really keen to learn and they were innovative and they thought about their job and they did it very well. So all, I mean, it was pretty simple from our point of view, all we had to do was provide that standard of first aid treatment for
- 26:00 our casualties. I mean, the Americans did the rest. They used to pick up the casualties, they used to take them to American facilities. We used to help in those facilities but they were American and they provided wonderful care. The Australian air force provided the out of country evacuation through Hercules, and that was a wonderful job, they did a terrific job. I'm not sure how many people they lifted in the course of the
- 26:30 war, but they didn't have a single in-flight death, which is pretty good going. Very good going, very commendable effort, I thought. It wasn't until Bill Rogers arrived with his 2nd Field Ambulance that we actually put down a main force facility. But it took us three years to get to a position where we were able to stand-alone and deal with our own casualties. For a long time we had to depend on American hospitals to
- 27:00 do a fair bit of our work.

Now was that something that had been set up in advance by the powers that be, or was it just something that you had to rely on because you weren't well equipped?

I think it's, you know, I think the fellows worked very hard under very limited circumstances. Yeah, I'd liked to have, you know, as I say, when I got back in 69, I couldn't believe how hard these guys had worked. And I sort of felt that this had been there for, since yonks, but it wasn't, it

- 27:30 had only just been finished really. In fact, I did more work, well, when I say more work, I got permission to get the engineers in to do more work.

But when you first arrived, was there an understanding by the Americans that they were going to be looking after you to a degree?

Well, I think so, but I think they probably expected that we would be able to put in a fairly sophisticated 100-bed facility in a space of time

- 28:00 shorter than three years. For sure. Because, I mean, they were able to put down a 500-bed evacuation hospital, and have it operating in three months, you know.

Now what was the limited facilities before you had to hand them over to the Americans?

Well, you see, the, when Bill Rogers brought up 2 Field Ambulance, he didn't even have any x-ray equipment.

- 28:30 We regarded that as pretty fundamental in the assessment of the newly injured patients. Now, there's some interesting stories about how, I think, one of the X-ray equipment companies donated a piece of portable apparatus and Bill Rogers asked the blokes "Anybody interested in learning how to use this?" and one young fellow by the name of Russell Duddon
- 29:00 put his hand, you know, broke the law, never volunteer, mate. But Russell did. Russell learned through the Americans how to take X-rays, he started to use that equipment. Russell later became a radiographer and was the senior radiographer to the Australian army and, you know, that was the way things started. I'd say that we were really, the prior planning, prep, was not up to scratch. Now,
- 29:30 you've got to be fair about this, I don't want to criticise the director of general medical services. It's pretty hard to get money out of the military system for health services. And I think that, I think they went up there with the notion that we would be very reliant on the Americans. But I think it was just our national pride that we wanted to do the job ourselves. We wanted to do it well, and we believed we could,
- 30:00 and I think in the long run, we did. But I think now, the modern Australian army is, can take a facility and operate within a short space of time. We could only operate a level three facility in the field, and that's pretty good. That would mean that we would have to have available to us some plan of getting people who require
- 30:30 sophisticated medical treatment back to a level four facility. And that's a sort of a teaching hospital sort of thing. So for instance, probably in Timor, and I'm certainly no expert on what they've done there, they would probably have a level three facility in Timor and they would evacuate back to Darwin for major treatment. Yeah, no, I think we learned a lot
- 31:00 and certainly we were not, I don't think that we were properly prepared for the job that we had to do, certainly not.

And just to kind of clarify, or to get a full picture, as an SMO [Senior Medical Officer] on the first tour there, I mean, obviously apart from managing the newly trained stretcher bearers, what were you actually physically doing on a day to day basis?

Well, yeah, okay, the answer to that one

- 31:30 is what is your role as the senior medical officer of the force, and that's to advise the commander on all matters of health, first thing. Second thing is to make sure that the treatment of your casualties and your sick is up to scratch. Now that meant I was liaising with the medical, American medical authorities. And the third thing of course, was to
- 32:00 coordinate the evacuation of the patients who had to leave the country for ongoing management. Yeah, it was a busy time, and we walked into a situation where malaria got us, and it became, almost immediately it became a huge problem. And we were losing lots of people, you know, and because
- 32:30 they were getting falciparum malaria, not many of them returned to duty in the short term because it's quite a debilitating illness. You know, after recovery, you would expect that the man would have lost some stones in, you know, 20 Ks [kilograms] in weight, perhaps. They'd be anaemic, they would've lost their physical condition, they needed to have a long period of convalescence and
- 33:00 rehabilitation to get them back to full health. So they, it was a terrific drain on manpower and the, and the fact of the matter was, the people that were being caught with malaria were our field troops. Because they were out in the field. The reservoir of infection was probably our enemy. So they were the ones who were in contact with them.
- 33:30 And later on, I think we established that, we, you know, as we got more time and more experience, we actually located the whereabouts the soldiers when they contracted the malaria. And we allowed a 16 day incubation period, so take the date of illness, 16 days before, where were they, fighting in some tunnels in some prepared position etcetera, etcetera, etcetera.
- 34:00 They were in close contact with the enemy and that was the reservoir of infection. Mosquitoes were there in the wet season, you know, we used to get the big peak at the, during the wet season. Which was late in the year, October to January. Then it would tail off because the mosquito breeding became less as the dry season set in. So it was a huge problem and as I said, later on, I think it was in 1968,

- 34:30 they had an enormous problem with, I think 600 cases, 600 Australian and New Zealand troops went down with malaria. Out of a total force of 8000. That's a fair, and most of them front line troops, that's a lot of people and we were very instrumental in coming to proving the solution to it.
- 35:00 It had long been known that there were a range of drugs that had anti-malarial effects. And the sulphonamides and the sulphones were well known. Now Dapsone was used in the treatment of malaria, leprosy. And it was trialed and it was found to be an effective prophylaxis. So the Americans tried to do a trial and it was a
- 35:30 failure because their malaria discipline, as we used to call it, was so poor. You know, they, many of them just wouldn't take the drugs. So a trial was conducted around about the end of 68, I think, the people who were involved in that would be interesting to talk to too. John Talbot Dunn and Digger Jones were intimately involved in this trial. And it was set up beautifully, the force
- 36:00 had a research group there, people who were experienced in setting up trials, not necessarily medical trials, but they were aware the statistical methods and things like this to make sure that a trial was properly conducted. They did a trial with the front line troops. One group had our Paladrin drug, another group had a Paladrin drug and the new drug Dapsone.
- 36:30 And it was so effective, the people who were on the Paladrin and Dapsone immediately stopped getting malaria. And normally, you would've liked to have conducted that trial for a long period, but the commander was faced with a problem where we were having this serious loss of manpower, the threat of people dying and the indications looked like this thing was going to work. So they decided, and there was a bit of cross fire on this, I understand,
- 37:00 between the medical authorities back in Australia, who wanted the trial to continue to be more conclusive, and the commanders in the field who said "Hey, we've got no choice". So around about end of 68, they put the force onto Paladrin and Dapsone, and almost immediately, the malaria problem stopped. Okay, pure science with tell you "Hey, you can't
- 37:30 say that was all due to Dapsone, there might've been other factors". We all agree. But from the clinical point of view, we were so happy. By the time I got up there in 69, malaria had ceased to be a major problem. It still taxed our minds, very much taxed our minds, but it had ceased to be a serious clinical problem. And until, we always knew that Dapsone was a drug that's got a small incidence
- 38:00 of quite serious blood problems. And we, the Americans started to report deaths that they thought may have been due to Dapsone. And that's probably true, we

What would it do?

The most common thing it does, it impairs the production of your white cells. And, you know, that's your immune mechanism, your ability to fight infection. And so, the kid could get a

- 38:30 minor scratch, then the next thing he's got an overwhelming infection because his white cells, it's called agranular citopenia. You know, and treatment is antibiotic therapy, good clinical management and wait, stop all the drugs, and wait and see if his own white cells
- 39:00 pick up, which is invariably what happened in the cases that we dealt with. We had two cases while I was there and both survived. There was a lad who developed another blood disorder back in Australia, blood disease, who died. But you see, to say that was Dapsone induced is, you couldn't say that for sure, because leukaemias and aplastic anaemias, that
- 39:30 sort of thing, are common in that age group. But you know, I think, when you take the risk of malaria in itself causing a very serious risk to life, the tremendous waste of manpower, and the adverse effect that it has on the reduction of your fighting force, from the risk of the others. I think most people there decided that the risk from side effects of Dapsone was worth taking.
- 40:00 It was later decided, when the malaria season died down naturally, to take the force off Dapsone and only start it again when they started to get serious cases of malaria. They had a figure, I can't remember what it was now, it might've been 10 cases, in the first week, or 10 cases a week, they'd stick them back on Dapsone.

So the contraction of malaria was seasonal?

Oh yes. You need

- 40:30 the reservoir, that's the human reservoir, and you need the little mosquitoes to carry them. Now I mean, you'd be crazy to say that there were no mosquitoes around in the dry season. But they were really around, they need water to breed in, and they need still water. So, yeah, the breeding season is during the wet period.

We'll have to pause there.

Tape 8

- 00:30 **I was wondering, Michael, if you could tell us, if returning to Australia after our first tour of duty in Vietnam had changed you at all psychologically?**
- Yeah, I've often wondered about that. I think when I came home I was pretty tired. But not long after that I, we left for England and we went by ship. So six
- 01:00 weeks at sea and there were four or five of us from the battalion on board. And between us I think we did a bit of drinking, not a lot, you know. I, no, I, to the best of my knowledge, don't know that I suffered any adverse psychological effects. I think when I, when you first come back from a thing like that you are hyper aroused, you know, your level of anxiety is still fairly high.
- 01:30 And I think that's the difference between the blokes who get that nasty disease and the fellows who don't. They can settle down, they can come back to the normal state of arousal. But the people who have that Post Traumatic Stress Disorder live in that uncomfortable position for a long time. I, you know, this might be oversimplification of Post Traumatic Stress Disorder. Now, I felt really comfortable
- 02:00 pretty quickly. I felt like a caged lion for a couple of weeks, and I was very glad that when we were on the ship between Sydney and Adelaide and then to Perth, the weather was pretty crook and it was, a lot of people, most people were seasick, so I was able to walk around by myself and I think I walked the steam out. Plus I had the two blokes with me, and,
- 02:30 my boys, and it was great to be back with them. And I was aware that I needed to, you know, re-establish communication with them and I didn't want to be, didn't want to be angry or irritable with them. And quite frankly, I think I settled down fairly fast. I know other people, know other medical people who didn't. But, no, I, to the best of my knowledge,
- 03:00 I don't have any problems.
- What made you go to England after**
- That was the army's idea, God bless them. I think it was probably a bit of a reward, probably also they, unbeknown to me, they had me earmarked to go back again, to Vietnam. And they probably thought "Get this guy smicked up on tropical medicine would be a good
- 03:30 idea". So that's what I went to England for, to
- So how long was it, sorry**
- to learn tropical medicine and to also learn to command. I guess that was the role. How long was I there? Two years.
- Oh no, how long was it between coming back to Australia from your first tour of duty in Vietnam to going back?**
- Yeah, I was back in middle of 66, and I was back in,
- 04:00 back in Australia in the middle of 66, back in Vietnam in the middle of 69. Three years.
- And did your wife accompany you over to England?**
- Yeah. That's where our marriage ended. Yeah, so three years between drinks.
- Although it sounds like you might've got a few in, in between.**
- Yeah, I did actually, but it's strange, I probably
- 04:30 reduced my alcohol consumption to pretty low levels when I went back to Vietnam. It's, a lot of people were increasing their levels. No, but I think I decreased mine, quite considerably, and there was a good reason for it too. You know, I was CO of the unit and you needed to be on the ball clinically, and I was just frightened that if I was effected by alcohol I might not
- 05:00 be able to do my job as well as I should. Don't want to sound like a saint, here, I aint a saint, but, yeah, I just decided that I would cut it right down. In fact we were, you know, it was a bloody existence, we used to have, eventually we had two surgical teams, this is in 69/70. One half would be on the dry, the other half could have a few quiet drinks. That was the way we used to run it. And show you how
- 05:30 mad we were, if we had a party, we used to have it for two days.
- It'd be fair for everybody.**
- Yeah. Oh well, some of them used to get going twice. I actually started drinking water, and I used to say to the kid behind the bar "I'll just have my usual, thanks". And it was a glass of cold water with some bitters in it and
- 06:00 lemon, I think the blokes thought I was drinking gin and tonics. And it was amusing, that you'd be

standing there, getting more and more sober as the night wore on watching the other blokes becoming galoots. Quite an interesting experience. I had a fear of alcoholism too.

Because of your wife?

Yeah, that was part of it, but I also had alcohol problems in my family. So, yeah, I was a bit worried about that, yes.

06:30 But, no, to be quite honest, the real reason that I'd stopped drinking was I was concerned that you needed to be on the pill, you needed to be right on the ball for these blokes. And I didn't think it was fair. In fact, as a disciplinarian, I don't think I was very strict as a commanding officer, but the one thing I wouldn't tolerate was anybody who was going on

07:00 duty to do patient management, intoxicated. Anybody who did that knew that they were going to get it. Didn't happen very often, perhaps once. No, that, actually, as I say, I felt we had a terrific team of people, the young soldiers, the National Servicemen and the regular soldiers. I mean, they were very young to be doing such a difficult job. And

07:30 all you could say about them was that they did it very well, and they were very responsible. I mean, you can't supervise people doing everything every day, I mean, you've got to rely on them to be self disciplined, and I think that's where Australians are very good.

We'll talk a lot more about the effects that the war had on the men that were in the service,

Yeah.

later on, but I'm curious to know, in your opinion, do you think that

08:00 **that level of arousal that you're talking about, let's say over stimulation or anything like that, do you think some people are naturally drawn to being perhaps over stimulated and then put into a war like situation it's amplified and can't be helped?**

Yeah, I think so. I think, we're learning more and more about it now. It seems like people who have been abused in childhood, sexually or physically or

08:30 emotionally deprived, are probably more prone to develop chronic stress disorders. Reason? They have lost, they've never learned the ability to handle emotional stress. They react in a violent sort of way, you know, I'm not explaining this well because I'm not a psychiatrist. But I think there's fairly good evidence to suggest that

09:00 people who have that early trauma don't learn how to handle trauma properly, you know. Kid hurts himself he lets out a yell and is comforted by a caring parent. So kid knows that, he learns that "Okay, it's stress, it hurt, it's awful, but, hey, Mum and Dad have looked after me and now I feel better". So they're up and down, you know, appropriately up and appropriately down. But the poor kid who gets his bloody

09:30 living daylights socked out of him or is treated harshly and unloved, doesn't learn that, and I think they're susceptible. I mean, I was just recently involved in a trial, I don't know how it worked out, but they were actually looking for people who had been subjected to trauma, who didn't have Post Traumatic Stress Disorder.

10:00 And they're trying to find whether the genetic connection to that. I don't know if a genetic connection or it's a learned behaviour or what, but certainly, I mean, there are a lot of folk who have been subjected to lots of trauma, and don't get it. I mean, let's face it, Post Traumatic Stress Disorder is not confined to military members, it's in the everyday community. They say that something like four percent of the community

10:30 have got PTSD. You know, people are obviously who are at risk would be, well, women who are sexually assaulted, high on the list. People who are robbed, bank johnnies who get held up,

Women who've had their babies taken from them.

Yeah, police visiting horrific road accidents, fire people especially apparently have this. So yeah, I think, but you see, it's only a small

11:00 percentage, apparently who get the disorder I don't know that they've got the solution. Certainly we haven't got the means of treating it.

So Michael, you mean four percent, it's thought four percent of the community have the stress but not necessarily the disorder?

No, they have the disorder. That's what they talk about. Might need to get some more refined information on that.

Oh look, that's fine.

But that's my understanding of it.

11:30 **But what about alcohol, sorry for interrupting,**

Well,

do you think that's genetically passed on or do you think

As far as PTSD is concerned, alcohol is a co-morbidity, they call it. It's not actually the cause of it, I don't think, it's a mechanism of trying to control their symptoms. I think a lot of these guys, and women, I think use alcohol to put out the fire. That might be an oversimplification

12:00 But they just don't have this enormous hyper arousal and now, their level is raised, they just need another little bit to push it up and they snap. Road rage, furious anger at the home, violence, drinking. But their often, I mean, some of these people are very depressed, they know that this is not right, they know that they're different and they don't like it. You know, and they become pretty depressed

12:30 So there's a lot of co-morbidities. I don't think alcoholism as such, would predispose to Post Traumatic Stress Disorder, I think it's part of the syndrome.

So it's more a symptom than the cause?

Oh yeah, I think so. Yeah, I think so.

Can we talk more about your treatment of returned vets after the war, on the next tape, because I'd just like to you back to your second tour.

13:00 **Now do you think that you had, I mean, obviously you did the course in England but do you feel like this time now, you were prepared and everyone was prepared to know what was ahead of them with your second tour, whereas the first one**

Oh yes.

wasn't like that at all?

No, I, oh it was a different situation, I mean, I didn't have a lot of time to think about going the first time, I was there, you know. And again, so busy, I don't remember really being

13:30 worried or concerned about what was going on. I thought I had the wherewithal to handle what was in front of me. Second time around, I had adequate time to prepare for it and think about it. I was very well aware of the fact that this was going to require a big effort to maintain the standard. And, but I felt pretty confident, you know, I'd been there before, knew what was going on, roughly,

14:00 didn't get that briefing.

Did people think you were crazy for saying yes to the government in going back?

Oh, I don't know what they thought, I didn't care. I really didn't care, it was something I, I was pleased to go back. I was, I regretted leaving my children, of course, and it was pretty hard on them. And I remember having a tough time explaining it to them. But I had more time to do that even in the second trip. No,

14:30 I was confident that I knew what was going on. One of the things I'd been doing before, after I came back from England, was I was CO of the hospital at Sydney, the army hospital at Sydney. And we were the hospital that received the casualties from Vietnam, so I had a pretty good look at what was happening there, I knew what was on the scene. So my preparation to go back

15:00 second time, I was, I felt fairly confident and, of my ability to handle that. I think that was probably, see, there were three of us who did that. Bill Rogers did two trips, I did two trips and Ron Gregg, who's now deceased. And I think probably, I'd be surprised if Bill wouldn't say that, Bill's a pretty confident bloke anyway, but I'd be pretty surprised if Bill didn't say that when he went back

15:30 he felt that he had the wherewithal to do it. We had wonderful, it's different when you work in a hospital, you know, you have wonderful professional association. And you know, we had surgeons, anaesthetists, pathologists, psychiatrists, physicians, nurses, you know, all professional colleagues. And they were all people, like if I wanted to I could consult with.

This is on your second tour, and what

And they were all Australian. Yeah.

16:00 **We had nurses, we had women there from the services in the second tour.**

Second trip, yeah. We had, not sure exact number, I'd say a dozen nurses. We had probably two or three Red Cross ladies and we had two New Zealand nurses. Yeah, but I mean there was a, there was a wonderful professional organisation, it was really

16:30 complete.

Was this Vung Tau or

Yeah, Vung Tau.

What did you think of the Australian nurses working with you?

Oh, gee, you know, it's hard to say enough praise. They were terrific. These kids, average working week was six days, average shift was 12 hours. That's pretty good, that's average. When we got pressure put on, we worked till the job was finished, I mean,

17:00 old Freddy here would've done a couple of stints where we did three days straight, you know.

Old Freddy being your wife?

June, yes.

For the benefit of the tape.

But, you know, that would've been a shared experience with the other girls. I remember one of the things that you have to do when you're a commanding officer, you have to think about picking out people to give awards to. And

17:30 I remember when we had an awards conference, it was a dreadful situation, I mean, there was a quota on them would you believe. And I was told that I could write up, I think they said, probably would succeed if I, might succeed with one person. And I was shattered, anyway, and I didn't know much about the awards system, it was something that I hadn't really thought too lot about, much about. But I went back to my little unit and sat down and

18:00 started to read about it and came across a decoration called the Royal Red Cross. Which is a, was a British award, we were under the Imperial System in those days, not the Australian system is now. And the Royal Red Cross was available for, it was a decoration for a nursing or medical personnel in, mainly nursing, in the field. It was supposed to be, you know, an operational, not surgical, a tactical operational

18:30 deployment, and for outstanding service in the field. So I went back to my commander, Max Simpkin and said "How about a couple of Royal Red Crosses?", he said "Yeah, I don't think they'd come into the quota". And like an idiot, I only wrote up one, I wish I'd written up about 20. I think it would be hard to pick one that didn't deserve it, quite frankly. And I remember agonising over the person that I would put up, and I think the person that we did put up,

19:00 she got it too by the way, was just a wonderful little girl. Lorraine Potts, Potts, who unfortunately is now deceased. Died from a nasty neurological disease. She was just a wonderful kid and only little, worked hard, never complained, you tell her "Pottie, I'm sorry, I'm going to have to put you there", she was there. She

19:30 was just one of those wonderful girls. But I would've thought that we should've got a lot more, actually, for the girls.

But you weren't to know until later that you could actually do that.

No, no, yeah.

Is that where you met June?

Yeah, no, I'd met her in Ingleburn before I left, and yeah, we became friends there. Became more friendly when we got back.

So you didn't actually get together in Vietnam, you got together afterwards?

Yeah.

20:00 **So that's funny, so you worked alongside each other?**

Yeah. Wouldn't have been very appropriate for me to have been running around with one person. It was the sort of position we were in. I was very friendly with her and she was, you know, we were great friends, we used to, we had, see, you're there for 365 days of the year, 24 hours a day, there's no, "Okay, better go home and see the kids", or "I'm off to have a game of golf", when you finished work you went up and had a shave and a shower and then

20:30 you went and had a meal with the rest of the people. You sit down, talk, yak, play cards, so, yeah, we used to talk a lot to each other, and it was a, you know, a fairly warm social event. One of the things that, as a hospital unit, we were picked out for was we were the only unit that had any females aboard. So there was always a fair amount of attraction for

The mess tent?

Well, there was always a

21:00 fairly steady procession of young people coming down to say, they just wanted to be with female company, it was quite nice. And, yeah, and it was interesting that the people in our unit used to insist on a proper standard of appropriate behaviour. I remember one young bloke who came down, was a bit

drunk, was rude to one of the girls. I didn't even know about this,

21:30 but they picked where you, our little officer's mess was on the top of a hill, and it used to face a sand dune. Over the sand. When he managed to claw his way back, he went over again. Got the message, just go home mate, you're not wanted. No, but it was, the girls, it was pretty tough for them, you know, it's, it was unrelenting, and it

22:00 was difficult and really I can only say that they gave us no pain at all, they were very pleasant people and they did a good job. Yeah,

Were the casualties far worse, the second time you were there?

Well, yeah, I mean they were, yes, I think the casualties from 1RAR were, there was a higher percentage of gun shot wounds

22:30 that caused serious wounds, the mines that we were running into with 1RAR were less sophisticated. They were mainly home made stuff, some Chinese mines, I mean, let's face it, they were sophisticated enough, to kill, but I don't think the severity of the wound was as bad as later on. The, by far and above the major

23:00 cause of our casualties was mine wounds. And regrettably they were our own mines that had been raised and pointed against us. And I've often thought about the mind of the man that could organise something that is designed to jump out of the ground to one and a half feet high and then explode. I'm glad I don't have that sort of an inventing mind.

Some crazy physicist.

Yeah.

23:30 Yeah, but they were, the wounds were just bloody horrendous, shattering. And

You often hear from scientists, though, that they have this curiosity for how to make it, but they don't particularly like the government implementing their designs and then their, you know, patents, because

Amen to that. Well, it's interesting, isn't it, that there's no an international movement to ban land mines. And

24:00 we're a signatory to that, I think it's a good thing. I, yeah, the wounds were really savage and caused, I don't know how many people's limbs we amputated, but a lot. I know that one of my, one of the surgeons, now deceased, Barry Collins, an orthopaedic surgeon, a lot of experience,

24:30 had worked at Concord Hospital in Sydney where he'd done a lot of that sort of work. I remember how distressed he was at, after one operative session where we just amputated so many limbs and, yeah, it was pretty distressing for everybody. And particularly for the patient. I mean there's, I don't know how many there are, there a quite a number of bilateral amputees, there's quite

25:00 a number, I would suspect, of bilateral above the knee amputees. That's a very serious, nasty disability. Retain your knee joint, you can walk pretty comfortably. Lose it, there's big problems. And some of the boys lost their limbs at high levels, you know, high, above mid thigh. And that's a very difficult proposition to use. To walk with a prosthesis and things.

25:30 **Can you though, can you walk**

Not, it's difficult with a high, with a, where they've got a very short stump. And we had one fellow, I'll never forget and, yeah, I'm a bit worried about the privacy on that, but this kid had most serious injuries and he had what they call a hindquarter amputation. Which is, virtually, he has no

26:00 remnants of his limb at all left. Serious stuff. And he survived, I mean, that wasn't his only injury, either.

Were the mines the scariest and the hairiest ones then?

I reckon, for an infantry soldier out there, that the mines must've been a really severe psychological problem. Because all you had to do was put your foot on it, mate, and you were in trouble. I mean, they became pretty good

26:30 at seeing, and they used to search them out very carefully. But they still used to be there. Dreadful, dreadful weapon. About that high, yeah.

What about for you, personally, what do you think was, as a doctor, medically the hardest war wounds you had to deal with?

Well, that one bloke I just mentioned, he

27:00 had the most horrific wounds. I remember when he came down in the helicopter, he was lying on the floor of the helicopter and it was dark. And I got a few blokes off and then I saw him, and when I looked at him I thought "Oh shit, he's dead", and why have they not covered him up. So crawled over on my

knees and I put my hand on his shoulder and the kid looked up at me and,

27:30 which surprised me. And he said "Where am I?" and I said "You're on Vampire", that was the name of our helipad. He said "Oh, thank God, I've made it". And I thought "Bugger me, we're really going to have to get going with this bloke". Had this dreadful wound of his leg, well, he didn't have a leg, his right leg was smashed up, huge wounds down the back and his belly, and he survived.

He lived?

28:00 **Brilliant job.**

Well, credit to his toughness. He was one, there was another boy I remember who, he got shot by a, wounded by a man who was in a tunnel. He actually saw the bloke coming out of the tunnel, at the same time as he,

28:30 they saw each other at the same time and they both fired at each other. And our bloke shot and killed the Viet Cong, but he got hit in his right buttock, tore up through his abdomen, up through his chest, out through his chest. Just a dreadful bloody wound and he survived. The surgeon who did that was really patient and a

29:00 good man, did a very fine operation. And right at the end of it he recognised that not only did he have this ruptured, you know, very terrible injury of his bowel, and his liver, and a bit in his lung, he also had a fragment in his heart. And I don't think he'd done any heart surgery before. But he was, put a purse string suture around it, pulled it out, closed it

29:30 up, hope for the best and he survived. So, yeah, I mean that was the sort of wounds that probably in Korea, even Malaya would never survived. They would never have survived and

Because of the medical technology?

Well, no, I think it was the speed of getting them there.

I see.

Yeah. Getting them there alive probably was the thing. And the speed of

30:00 the evacuation again, I mean that boy with that wound of his bowel, you know, he hadn't had a chance to develop major infection. Had it been four, five, six hours he probably would've had a terrible problem of infection. Getting them there quickly, and yes, the expertise of the people we had available. The ability to get this guy to the operating theatre as quickly as possible was

30:30 certainly a major factor in saving his life, for sure.

I'm not asking this for sensationalist value, but I think it's important for the archiving and I'm interested personally, did you ever come across cases whereby you knew there was nothing you could do so you just had to leave them?

Yeah.

Or what did you do, sorry, did you leave them or

Only, no, only on a couple of occasions did we decide,

31:00 and we used to make sure that we didn't do this in isolation because it's a terrible responsibility to put on one bloke. I can only remember doing it twice. And in both circumstances there was just no chance of survival and I don't regret that decision. There was one fellow, and again, I have to be careful because he might be able to, he'd certainly be able to identify himself by this description. But he had a

31:30 gun shot wound of his neck. And he, we didn't immediately recognise that, we knew he had a gun shot wound of his neck and we realised there was a high risk of him being paralysed. We didn't recognise until we resuscitated him that he could only breathe of his diaphragm, he had a high wound of his neck, he was a quadriplegic. And

32:00 somebody said, I remember somebody said "Should we resuscitate?". And the bloody kid probably even heard that, he was awake. And I'd made up my mind that it was not our job to decide that, you know, we had to do what we had to do and we did it. Interestingly enough, when we finished the procedure, well, what we had to do, you know, clean up the wound and get him stabilised,

32:30 the surgeon who was there, Peter Grant, who dobbled me in for this by the way, his brother was a surgeon at the spinal unit at North Shore Hospital in Sydney. Peter said "We need to talk to him and see what we should do with this bloke". So we rang him, I can remember, you could see the telephone system we had there,

33:00 it was one of these things were you wind it, wind it up, pick the phone up and our first switchboard was in the, we used to go through a series of switchboards, and our first switchboard was at Vung Tau and it was called Emu. So this kid answered the phone and said "Emu", and I said, he knew where I was ringing from. I said "I'd like to put a call through to North Shore Hospital in Sydney". And this little pause, he said "You're serious, aren't you?", and I said "Absolutely", "Ring you back mate",

33:30 and he did, only a few minutes later, it seemed like, we were talking to North Shore Hospital and we told him what we had. And he said "Look there could be a high chance that some of the fractured vertebrae were compressing his spinal cord and relieving the pressure might have a beneficial effect on this bloke", and he said, and I remember he made the point that he regretted that we wouldn't be able to get him down for a long time and I said "I'm not so sure about that,

34:00 ring you back". So we put the hard word on the air force, they responded, they had a Herc was that I think, a Hercules that was, I don't know where it was, but it was made available to us. And it landed at Vung Tau quick smart time, we had the kid over there and it turned around, direct flight into Sydney, so he was down there next morning.

Did he live?

Yep, and he sure did, and the,

34:30 they collected him from the airfield, yeah, they operated on him and he's quadriparetic, he's got some use. And he's told us that he agreed with our decision to do what we had to do and to resuscitate him properly, so it was nice to know. You often hear people say "I wouldn't have liked to have lived if I had that injury", and you can understand them thinking that. But not our job to make judgements like that, I don't think.

35:00 **No.**

I certainly wouldn't have done that.

And living is the ever important

Well, I think the kid has indicated he's enjoying his life, you know, it's a difficult life, no doubt. But he's, he gets around in his motorised chair, I think he's been an author, yeah, you know. One of the girls, one of the nursing sisters kept in touch with him and, yeah, she reports his

35:30 you know, I would hesitate to say he's enjoying, but he's living and he feels productive and worthwhile. But you never know how you're going to face a disability like that until you've got it.

No.

And you see people who are quadriplegic and these guys paint with their mouths and paint with their feet and they do all sorts of things and, you know, they don't let tell you that they're sorry for themselves. So there, not our

36:00 business is it,

No.

to make that decision. Or I don't think it's our business to make that decision.

What about the two blokes that you just had to let go?

One of them was a female, one of them was that, she was Vietnamese. We didn't do anything for her, we didn't have to. She was virtually dying before our eyes. She wasn't in any pain or didn't express any pain. And same with the

36:30 other bloke, as I say, we got him into the operating theatre and he died on the table very quickly. We, I don't know what we were ever going to do with him to be quite honest, I think we were just going to clean up as much of the wounds as we could but he didn't survive long enough to do that so I think it was a merciful death.

Gun wound?

No, burn.

Burn, right.

They were just major burns.

37:00 Yes, burns were a problem because they were so extensive and, you know, you used to see them from helicopter crashes. We had one young bloke, I wasn't around for this one, but I heard about it. Those tents that we used to live in, after a while they'd become very light and dry and they just burst, you know, they can burst into flames. This kid apparently was caught inside

37:30 one of these tent fires and was severely burned. Now, the Americans, they were tremendous they, he was evacuated up from our hospital to Saigon, they had a renal unit, because he went into renal failure pretty quickly. And they evacuated him by big C141 that they had organised into an intensive care unit, flew him out to the burns unit in Japan, but he died there. Yeah,

38:00 I mean there's sometimes you just, you know, you try your best but you always realise that it's not going to work out and there's not much you can do about it except accept it.

How would you deal with it then on that day?

We'd be depressed about it and we'd talk about it. I think that was the thing that used to help

38:30 everybody. We'd been through that before, you see, you have to remember that most of us, in our professional life in Civilian Street had met up with severe casualties and, that didn't have a chance of survival. The people that probably felt it most were the young medical assistants, you know, we haven't talked about them, I'd like to.

Yeah, sure.

Yeah, these were young guys, some of them were National Servicemen and

39:00 in the space of being called up and trained, here they were in Vietnam acting as operating theatre technicians. Now, the operating theatre June will tell you about, but just suffice it for me to say that one nursing sister and her operating theatre technicians was the staff in the operating theatre. In a modern operating theatre, if you went into

39:30 a facility like that you'd find 12, 13, 14 nursing sisters. There's this girl and these theatre techs. Now the regular army theatre, operating theatre technicians had been, had a longer experience of training and they had seen a lot, some of them probably had worked in the operating theatres back in Australia on the Vietnam casualties, so they had some indication

40:00 of what was going on. A National Service boy was in their day novel, that was his first experience, and mate, that was a big jump. No, and they used to, they, and we now know too that they have emotionally suffered. And I'm not surprised at that to be quite honest. Yeah, that was, that would've been very hard and we were aware that their, they were, they

40:30 felt, they had grief. And no, you know, used to talk to them, get them to explain their feelings, tell them, you know, "That our job was to do the best we could" and you know, "we did our best and we didn't succeed, you can't do better than that lad" and etcetera, etcetera. But words are not enough sometimes and there have been quite a number, I understand of the operating technicians and I'm sure the med assists otherwise too

41:00 were, who have emotionally suffered. I wouldn't be surprised, I mean, I know a couple of surgeons who had the same problem.

We'll need to switch tapes, Michael.

Okay.

Tape 9

00:30 **Okay, you were just chatting with Heather at the end of the last tape about the stress on some of the younger surgeons in the, or the younger medicos, medical staff in the field.**

Yeah. I think

How?

Well, the, I mean, it's always difficult to know, and I think we read it pretty badly, I feel I read it pretty badly. That

01:00 who, of a group of people who are observing the same stress orders, why do some people subsequently develop Post Traumatic Stress Disorder and others don't. I don't really, you know, we're searching for those answers, we've already talked a bit about that. But I think that, you know, it's understandable, I think for people who are

01:30 suddenly confronted with something as bad as that for the first time. I would expect those people to have a higher chance of suffering chronic stress disorders later on. Now, I've mentioned the fact that medical practitioners and nursing staff who are used to working in surgical operating theatres, they have sort of become accustomed to seeing serious

02:00 surgical cases, and so they're immune with that a little bit. And so when they were confronted with another thing that sort of was another escalation in stress they probably already had really good coping mechanisms established. The people that I think were particularly vulnerable were the younger people who had not had that sort of pre-Vietnam exposure and experience

02:30 who were confronted, day novo, you know, almost on the same day with horrific injuries. And I think besides the horrific injury, there were other factors. You see, they, these kids may have felt, "Well I'm fairly secure down here at Vung Tau, at night I sleep with, in a hut. If it rains like hell the rain doesn't wet me. Tomorrow morning I can get up and have a shower, put on some

03:00 clean clothes". They felt that they weren't really putting in like the poor kid who was out in the infantry who could go for days without a shower, stink like a polecat. Everyday living the chance of detonating a mine or confronting an enemy who was intent to kill him, and that sort of thing. So I think there was some of that

03:30 about it.

And how would that stress manifest itself?

Well, at the time, we used to, you know, tearfulness, statements like "God, what's that kid going to be like later on", you know. I guess they might've translated the fear of what they saw to themselves as well. You know, how would I cope with that. Yeah, it's a pretty complex thing and as I say, I'm not

04:00 expert on the matter. But things I've learned about it, is it is a chronic disorder, you know, and it can destroy some people's life. The treatment facilities are probably much better than they used to be, probably still inappropriate, I mean, not in the standard of the service but in the availability of them. And probably those young people, well even when they get old people, probably never the same

04:30 as they were prior to that experience. But they learned to live with it, mostly, I think. But there are many who don't, and they suffer I think for the rest of their lives.

Did you ever come across any cases, in the field, of soldiers who were suffering?

Actually there?

Yeah.

No, and it was an interesting thing. You know, when I go back to my first experience with 1RAR, I was really concerned about this and was looking for the people, and I didn't see much evidence for it.

05:00 In fact, I was so concerned about it that I got hold of a psychiatrist who was researching for the Walter Reed Vietnam team. He came out and stayed with the battalion for a little while, a few days and I presented a few cases of people who had had experiences and who probably might've had other things like relationship difficulties back in Australia, Dear John letters, something like that.

05:30 And he took the view, he agreed with me that the morale of our unit was as high as anybody's. Probably better than most. He introduced them to my thinking that he was, we at this time were getting to the end of our tour, and he's seen the sort of, he called it the run down, the down hill syndrome, he called it. Where they were fatigued and when you're thinking about

06:00 "It's time I looked after myself, make sure I don't get knocked off in the last couple of months". But as far as overt psychiatry disorders are concerned, there weren't many. And I'd be fascinated to what psychiatrist that served there, has got to say about that now. They'd be getting on a bit. But Maurice Sainsbury was a very good psychiatrist that we had in Vung Tau when I was there,

06:30 be interested to hear what Maurice would say today after all the information that's come to him through research, you know, through the years of research.

What about dependencies like, I mean, I've heard that quite a bit of alcohol was consumed on part of the soldiers to come to terms with where they were.

Yeah, yeah.

And the Americans, it was true.

Well, that's interesting and it's pretty, I think, agree, accurate. The

07:00 American hierarchy, and I'm talking about the senior people, that was General Creighton Abrams, actually grabbed me and asked me about this. I guess he was trying to answer to his political masters, what was the difference? Why were the Americans into all the drugs and heroin and stuff, which was freely available, I mean, our blokes could've got it if they wanted to. And why weren't the Australians? I guess we were just 30 years

07:30 behind the American way of life. I mean, is there much difference now? Probably not in our community. But our blokes used to drink, mate, they used to drink very hard. I can remember saying to him that "I think our addiction is contained in a green can, sir". That was VB [Victoria Bitter] that was the popular beer. And the boys used to really sock it away. I think there was a study done on the amount of alcohol that was being consumed in Vietnam. And it was so high

08:00 I don't think the figures were ever published. Yeah, I, in my own unit down at the field hospital, I put an embargo on these young guys drinking hard liquor. You know, they could buy a 40-ounce bottle of Scotch for just a couple of dollars. And I thought 19, 20 year old kids trying to knock that over, it's crazy. And, yeah, I was pretty unpopular for

08:30 doing it but I said "Beer and beer only and the cans get opened on the desk, you don't take them home and hoard them fellows". And after a month of grousing and going crook at me, when we had a talk about it to see whether we'd change things they didn't want to. They were happy. So, the democracy in the military, mate.

Don't let that out.

Oh, I'm not ashamed of that. But alcohol consumption was high

09:00 you know, really high level and

And did people do themselves serious damage to it?

I think there would be a sizeable number of casualties that were alcohol related. I know of one, I know of a death that occurred.

Can you tell us about that without mentioning any names?

Yes. A couple of kids came back from leave somewhere, Vung Tau and they were drunk and they manhandled an M60 that went off and fired into one kid and killed him.

09:30 But there would be others, I'm sure. You know, I think that probably some of the road accidents that we had might've been alcohol related. I mean, there was just so much drinking. And there was not, I mean, there was no way you could really stop it. I think in my own outfit,

10:00 I think we had a reasonable control of it. I think everybody embraced the idea that you had to go on your job sober and we wanted six hours no alcohol intake before going on duty. And they, I think they mainly adhered to that. So I think we were doing a pretty reasonable job with that. I did other things like try to get our unit sports mad, which wasn't too

10:30 hard. We trained for rugby, and we had a rugby competition in Vietnam, which we won, might tell you. Much against the odds. Little old hospital with only 159 people taking on the might of Nui Dat, we beat them. But, no, we did, we really pushed hard on sport. We had, you know, films and things like that, we'd try to divert them from the

11:00 alcohol. But they did their bit, they did their share.

And Michael, was there a difference in, I guess, the attitude of some of the soldiers there from the first tour to the second tour with all the, I guess, stuff that was happening back home and the sort of dissention against the war?

Yeah, well the 1RAR fellows were pinged off enough with, not first of all knowing how long they're gong to be there, I don't think we found out

11:30 until we'd been there six or seven months we were going to stay there for a year. Took them that long to decide the length of the tour. And that was a bit slow, quite frankly. But I mean, everybody was aware that the thing had become politically very nasty back in Australia. And there were stories about soldiers being reviled back in Australia

12:00 and being shunned even by the W W II veterans, that, the reports of that. I think my dismay was that federal politicians in opposition could advocate civil disobedience. I was really pissed off about that, let me tell you. I was also very angry with the trade unions who

12:30 decided to deprive our people of their services. And I remember a magnificent campaign, I don't know whether you can recall this, the topographical survey people print maps and things, or they printed envelopes to send back to Australia. And they printed on it "Punch a postie", do you remember that? What a wonderful thing, "Wallop a wharfie". So this mail

13:00 was flooding back and by the time the mail was working this stuff was flooding back and the posties were reading it "Punch a postie", "Wallop a wharfie", it had a pretty good effect, I think. And I think the boys were showing their muscle, they were showing their extreme displeasure. And, yeah, and I think the other thing that really got to me was, we had a stream of politicians used to come up to do the rounds of the force,

13:30 they used to always come to the hospital, regrettably. We had a technique of, I used to make sure I could see as few of them as possible. And the thing that used to get me, you know, here we were wrestling with serious problems with injuries and malaria, what did they want to know about? Venereal disease. Dickheads. And

14:00 I used to take great pleasure in, I had a graph made, actually, of the rate of VD [Venereal Disease] in Vietnam, which was insignificant, it really was. As far as a clinical problem, loss of man-days, insignificant, totally. And I had this other graph that used to be up like that, and they'd say "Well what are the VD figures?", and I'd say "Well, they're the figures in Vietnam, as you can see, inconsequential, no loss of man days, not a problem", "What's that other figure?", I used to say "Oh that's the rate in Liverpool in Sydney".

14:30 So I loved doing that. I remember one senior bloke came up and he told me he had the solution for the Vietnam problem, I said "Oh yeah, what's that?". And he said "We're going to get the people, the people should grow wheat", I said "Wheat. Are you serious?", I mean, I knew a bit about wheat. In his pocket he had some bloody wheat, would you believe. I said, "Do you realise this was, this country

- 15:00 was a, had a very good export in rice", you know, "It's a hot humid climate, rice grows beautifully". I said "Don't you think wheat would get into trouble up here?". But one of the best ones I recall, I had a great deal of pleasure with this. This bloke actually wanted, he specified he wanted to speak to a wounded National Serviceman. Not a regular soldier, had to be a wounded National Serviceman
- 15:30 who came from Bullamakanka, I forget where he comes from, but I was about to say "Oh ping off". When one of my, he was a National Serviceman, actually, an adjutant, Bob Manning, Butch Manning said "Yes sir, we've got a bloke from Bullamakanka". I immediately realised that Bob was, what he was on about. I said "What was his name?", he said "Oh God, I can't remember that, but he's in the hospital". So off he goes, this bloke with his photographer, looking for the bloke from
- 16:00 Bullamakanka. Well about 100 beds later, he was getting the message that he'd been had. I thought it was a wonderful little thing to do. And I eternally thank Bob Manning for that one, that was a beauty. But I, no, as the thing wore on we realised that we weren't going to stay there, we were going to abandon these people. I mean, already I was being asked

16:30 things like who could be give the hospital to. And

How far into the second tour were you being asked this?

This was 1970, end of 1970. And, so we knew that they were trying to bug out quickly as they could. And, so I used to see these kids still coming in and think, thankfully the number of casualties started to dry up a bit, but

- 17:00 they were still coming in. And I used to, I found myself becoming more and more angry when I saw these poor young buggers. And I found it more and more distasteful to have to go over to the mortuary and do the things we had to do over there, you know, be, examine the bodies and assist in their identification. And, yeah, I found that that was getting to me a bit and I was really,
- 17:30 I don't think I would've been violent to one of my political masters, but I certainly would've had a few things to say if there was anybody around that was, couldn't away from my verbiage. Yeah, no, and I think that's a pretty common feeling, I think there was distress that this was not going to achieve any worthwhile ambition. And I think it hasn't changed much,
- 18:00 and I think I was saying to you earlier that I was talking to a young lad that served in Somalia. And I was, you know, and as I pointed out he was same battalion, 1 RAR, that's how I came to meet the kid. And I asked him "What was it like? What was the job like", and he said "Oh, they weren't serious", he said "We went over there, they got the pictures, and we came home". A sadly cynical statement of the truth.

18:30 Yeah.

So how was that affecting the morale of our, say, the front line troops and

Well, I can only say it must've had an adverse effect on them. At that time I wasn't in a position to really judge that. But we were not seeing many psychiatry casualties. It would be very good to get hold of one of our psychiatrists and sort of review that sort of situation with them.

- 19:00 Maurie Sainsbury's around, I'd certainly talk to him. And Griff Spragg is another bloke, he's also from Sydney. It must've had an adverse effect on them. But still, I mean, the kids were, the young soldiers were doing their job. I think possibly it was the fact that I was getting tired of myself, I don't know. The, I'd been
- 19:30 there for 18 months at that stage. And yeah, I knew I was tired and I was really looking forward to going home, but I was certainly embittered that we weren't being supported, or didn't seem to be supported. We had the political opposition advocating civil disobedience, which I think is a disgrace.

Do you remember the specifics of that?

Oh yeah, do you want me to say the bloke's name?

Yeah.

Jim Cairns was

And what did he say?

- 20:00 shouting, well, I can't quote him but I still find it difficult to hear them lauding the position that he took about that. I think it's, I think even if an opposition disagrees with a political stance made by a government, they've got no right to demonise or withdraw support from the people who
- 20:30 they've sent overseas to do the job. I think that's morally indefensible and quite disgusting. Now, if you think I've ever voted for Labor since then, mate, there's no way in the world I would. I'd rather vote informal, informally. You know, I was, I mean, perhaps we weren't getting the true story, but what I've read, what I've heard since leads me to that decision. And I must
- 21:00 say I admire Simon Crean for what he has done, and what he has said. I think he said it with some conviction, I was very, I thought his speech in front of Mister Bush was excellent. He stated his

opposition but he stated his support. That's as it should be and I don't think the opposition of the day did that, not for sure. I'm sure they didn't. You know,

21:30 **It seems crazy that they were so unwise not to just attack the opposition, the oppositional government in power, but actually take it out on the troops.**

I don't have much, you know, I don't think I've got a lot of warm feelings towards Mister Menzies, either for this. I mean, the way it was announced, it was announced in, late at night when there was hardly anybody in the house,

22:00 he introduced National Service without putting it to the people. I mean, he knew damn well that Australia had always opposed conscription. We'd done it twice in World War I and I think that should've gone to the people, frankly. I mean, it's okay to be wise after the event, but

22:30 I don't think the Vietnam commitment achieved a lot. And, you know, I mean, I've already said to you earlier that we all went there for the adventure. Having said that, I think it's an axiomatic belief or you're entitled to think that the reason you are going is based on good, sound, political common sense. I don't think that was the case when, Vietnam is now firmly in the hands

23:00 of the Communists. I don't know that there's been any threat on Cambodia or Thailand. I mean, let's face it, some people might say they went into Cambodia and saved it from total annihilation. And then left. So politically, that might be a bit naïve, but that's the way I feel about it.

And how about when you came back, Michael, and I guess your subsequent experience, I mean what sort of effects have the Vietnam War on

23:30 **the boys that served there, have you seen?**

Well, the, I was shattered to find out that 15% of 1RAR apparently are posted as having Post Traumatic Stress Disorder. We didn't recognise that there, I mean, we looked for it. I've often, you know, wondered, and it's not trying to allay my

24:00 guilt or anything, but I've often wondered whether the way they were received back in Australia had any effect on that. Probably not, I don't know. But certainly, when 1RAR actually came back to Australia, they were fairly warmly welcomed, you know. The only mishap was a lady decided to, with red paint all over her, decided to grab hold of the CO.

24:30 I think that was the only thing that I observed that was untoward. We were warned that it was likely to be demonstrations. We were asked to maintain our dignity and not break ranks and go out and sock a few jaws. And the blokes didn't, you know, there was a little bit of nonsense but I wouldn't have regarded that as, what I saw was certainly not serious. The only incident we had was

25:00 the red paint episode. But, yeah, later on, you'd be asked to go to a meeting to describe medical aspects of things and "Oh, please, by the way, don't wear your uniform, we wouldn't like you to do that".

Why?

Well because, you know, you're identified as a bloody soldier, I used to say "Get stuffed, I won't be there". Didn't happen very often, but did once or twice.

25:30 And I didn't have, myself, I didn't have any really overt criticism levelled at me or anything of that kind, but a lot of the soldiers were reporting it. I mean, the minister for the army at one time forbade some soldiers to pay their respects to their dead in Adelaide, I think it

26:00 was. On the pain of being charged if they turned up in uniform. So guess what they did, they turned up in uniform, God bless them. And that told the minister for the army to go and shove it, mate.

Did you have any hassles settling down at all?

No. No, I don't think so. You stirred me up a bit and I'm getting a bit, still remembering my anger. But, no, I don't feel, I don't ever have any

26:30 dreams or anything like that. Interestingly enough, I was talking to a boy the other day who's got the nasty Post Traumatic Stress Disorder and we were talking about his flashbacks, which he has. And I said to him "Do you have bad dreams?", he said "No, not often, I have more daymares than nightmares". Now, I haven't heard anybody say that before, a daymare.

27:00 Not bad description, really. And some of these kids will tell you, I feel particularly for the young guys who are the peacekeepers, peacemakers now. They've had a very difficult situation. I think the Rwandan situation must've been the most trying and difficult thing that Australian soldiers have faced for a very long time. And you see, they saw society

27:30 turned on its head, you know, where they were genocidal. And so the victims that the perpetrators were aiming at were children and child bearing women, the very people that in our society we protect. So they saw their societal morays just turned over the top, you know, and they saw children who, you know, slashed to death with machetes. I think it's been very tough for these kids,

- 28:00 and you ask them, you know, what precipitates their flashback, and they'll say "To hear a child cry", "Seeing black people". And there are a lot of black people around now, which is great, I don't have a problem with that, but this is what the blokes are flashback on some of these kids. And the part that really gives me the pips is that in some
- 28:30 circles in the Department of Veterans Affairs, I think they don't think these kids are seriously ill. And they are, you know, I think that, I think they're starting to realise that the, to have a young person of 25 to 30 years of age declared TPI is, if they have a lot of that, there's going to be a, down the track
- 29:00 there's going to be an enormous economic burden. And so they're doing there utmost to make sure that the young bloke doesn't get marked as a TPI at an early age. I've got no problem with not marking a non-deserving case down, but I think a kid who's really got severe disease has got to be looked after. And they deserve to be looked after. It's only recently the Department of Veterans Affairs have introduced
- 29:30 anything in the form of vocational rehabilitation for these people. You know, it's, the Veterans Vocational Rehabilitation Service would not be five years old. It's a system where they're trying to attract the young TPI to attempt to get back to work. And the deal is that if the kid or young person does get to work and starts to earn income, as his income
- 30:00 goes up his TPI rate will fall. I think it's fair enough. If the kid crashes and burns later on he's immediately, he's still a TPI, his TPI status is maintained. That's all good in theory, but I think we need to get really fair dinkum about what they're offering in the way of rehabilitation service. I mean, it's all very well to say it's there, but when they go along and say "Well, what are you going to help give me?", they don't want to give them much at all.
- 30:30 You know, a bit of money upfront could save the crown, the Commonwealth, a hell of a lot of money down the track. And I just believe that they need to be, they government needs to review the situation, they need to be more generous and proactive and really going out and getting hold of these kids, give them a hand. Some of these young, I've seen young men only 25 years of age who are really
- 31:00 seriously disabled.

What's the worst case that you've ever seen?

Oh, of Post Traumatic Stress Disorder? It's hard to say, that's a hard question. One, I can see one young fellow in my mind who, this kid is trying so hard to get his life back in order. He's, when I first met him, he had massive anger, it was just unbelievable. Fortunately in a very short period of time he

- 31:30 lost his licence, was just a matter of time he was going to kill himself or somebody else. I was very pleased that they did him, because he was driving like a maniac. And he had this furious anger and now, he's a TPI still and, but I was talking to him the other day, he's been working voluntarily in a nursing, aged home. And he said he's been, just
- 32:00 recently he had a situation where he was severely provoked and he was able to contain it. Didn't lose his anger, didn't swear, just said "I don't wish to talk about that, thank you very much, and I refuse to talk about it". Person that was provoking him, did not realise, five years ago he probably would've ripped his throat out and chucked him out of a building.

Literally.

Literally. So, I mean, this kid is really trying very hard, and

- 32:30 that person, I believe, we're going to talk pretty soon about him going to VVRS [Veterans Vocational Rehabilitation Service] to see what, this rehabilitation service, to see what they'll offer him in the way of some training. He's got some ideas, he's not unintelligent, in fact he's quite intelligent. I think his chances of succeeding in what he's talking about doing are slim. You know, he wants to do a tertiary
- 33:00 qualification. I don't know that he'd be able to concentrate well enough, now try and talk him into achieving something not quite so complicated. Kids like that don't need to start something and fail, they need to do something and succeed. So if we can, and if VVRS are compassionate, and that's the word we need. If they're compassionate they'll help this young bloke make a few
- 33:30 dodgy steps and perhaps let him fall over a few times and pick himself up again. If he can achieve something at a lower level, perhaps in a few more years he might be able to get something better. I mean, this kid is really very, he's a wonderful bloke and I admire him enormously for his willingness to get better. He's probably the most remarkable bloke I've seen in that, actually. He's got a burning ambition to succeed and he tries very hard.
- 34:00 Sorry about that.

No, no, no that's fantastic. What about the, I guess, the daymares versus the nightmares, I mean, how, are they, is it kind of like a literal flashback or

Yeah, it's interesting to talk to them about this. Again, I'd like you to speak to a proper specialist.

Oh yeah, we're okay.

But, yeah, they can be, I was talking to a kid the other day, and I'd finished with him and then

34:30 I walked out and he was sitting there, staring into space. And I said to him "Hey, mate are you all right?" and he sort of looked at me and said "Oh, sorry, I was just", you know, "I was just visualising something that happened in Rwanda". And I said to him "What happened? What provoked that?", and it was a kid crying. Yeah, there was a kid crying somewhere down the corridor and all of a sudden he was there, you know, and it's real, he was pale,

35:00 sweaty, shaking, you know. It's real, it's you know, I find it very difficult when I'm talking to people they say it's all bullshit. And some people do, some people will argue there's no such entity. Well, the only think I can say about that is probably "Fellows, wake up, I disagree with you", I think it's a very real entity. The wives of these blokes, if they stick with them are saints because they get put through the eye of a needle. You know, they're angry, they're

35:30 prone to aggression, they drink, at night time apparently they have nightmares, they shout out. Quite a common story is, these kids won't sleep at night, they prowls around the house, on guard, looking for somebody, waiting for something to happen.

Do they end up being incredibly sleep deprived as well?

Well, then they sleep during the day. Yeah. Yeah, that's not an

36:00 uncommon, I know a couple of kids who do that. This high level of anxiety thing is quite real, you know, I think it's got a tendency to dampen down as the years go by. But some of them will tell you that, and you'll notice that when they're in a room, they like to sit so they can see the doors, they like to sit so they've got an escape route if they need it, yeah.

36:30 No it's, yeah.

We've only got a few minutes left, I was just wondering if we could end on what you think in your estimation, would be the best thing that you could do by way of offering or helping x amount of people?

These fellows, yeah, I think,

Men and women, yeah.

Pardon?

Men and women, I guess.

Yes. Well, I mean, we've got, yeah, there are women who have had Post Traumatic Stress Disorder. I know of a couple from Vietnam, and I know a couple

37:00 from, who have been in Rwanda. The Rwandan thing was predominately a health venture, it was armed, they had protection from the infantry but, yeah, a lot of health people have suffered enormously. I think, I don't wish to be absurdly critical here, I don't believe the government have provided enough treatment facilities.

37:30 You know, there are good facilities available, but they're overstressed, you know, they can't take the workload. And I think that the government, the system needs to try harder to form some form of rehabilitation for these people. I think being able to get a job and being effective in the community is a very

38:00 beneficial thing to these blokes. It increases their, they feel like they're doing something productive and worthwhile. I just feel that the whole rehabilitation thing is undernourished, it's too defensive, and it's not being efficient in its attitude. And I really think we need to address that. I mean, I think it's an indictment on the system to say that

38:30 the Veterans Affairs have only introduced a rehabilitation programme, such as it is, in the last five years. I'd love to hear somebody defend that.

What would you say to a young fellow who came up to you, I guess tomorrow and sort of said, you know "I'm hearing about all these sort of conflicts, I want to join the army and go over and give it a go"?

Yeah. I'd tell them, I would say to them that, you know,

39:00 it's wrong, I heard a soldier, an officer who had been in the service for a long period of time and he was retiring and he was preparing his retirement speech. And he was aware that in his, in the retirement audience were a whole lot of young people who were shining bright and they were looking forward to a profitable future in the services.

39:30 And when he told me what he was going to say I said to him I felt that was disgraceful. I didn't feel he had the right to project such venom. I mean, his own situation I felt he had self-created to a degree. And I didn't think he had the right to say the things that he intended to say. And I told him that if he did I

would be disgusted with him. And he did water it down a fair bit. Okay, does that answer the question? I would say

- 40:00 to these kids, you know, "What you're doing I admire you for. You've got to look at it very carefully, this is a situation that could lead to a lot of grief for you, even ill health". But hey, listen, young kids of 18 and 19 are fire proof, mate, they don't want to hear that, they don't listen to that.
- 40:30 I think that we'd have to be honest with them and say that, you know, "You're going to be asked to do some pretty dirty jobs". I would think that, you know, in the future for the peacekeepers and the peacemakers going in and trying to help these social disasters that exist in certain countries, that we need to very much more carefully brief these kids with what they're going to face when they get there. And perhaps to try to often them some way of managing it.
- 41:00 And I would think, be very honest with them, you know, say "Hey, listen you blokes, this might amount to you doing exhumation of human remains that we suspect were the victims of genocide or some form of antisocial behaviour", you know. A lot of people don't even think that they do this but it's not an uncommon theme
- 41:30 with these peacemakers that have got problems, and they've been doing exactly that. They've been involved in human rights investigations of crime, and so they've been around when human remains have been exhumed. Very unpleasant stuff that. I just wonder whether they knew that was likely to happen, whether they'd have been willing to do it. I don't frankly think it's the job for a soldier, you know, I think that's a job for specialist people.

INTERVIEW ENDS

NB. This transcript is of an interview filmed for the television series, Australians at War in 1999-2000. It was incorporated into the Archive in 2008.

Tape 10

- 00:16 Well during the conduct of the 1RAR operations they came into contact with tunnel complexes ...
- 00:40 I was asked to go to the Tan Son Nhut Mortuary to investigate the cause of death and to identify the remains of Sapper Bowtell who was asphyxiated while they were searching a tunnel complex. And I understand that the problem was that they had been using fires and making smoke to demonstrate where the openings to the tunnel were and
- 01:10 of course this introduced a lethal concentration of carbon monoxide. So Sapper Bowtell actually died from carbon monoxide poisoning. That was clinically obvious when inspecting his body because he had the typical carbon monoxide pink staining that is always characteristic of that insult.

And just talk about maybe the dangers of going down with

- 01:40 **this?**

Well the problem with the tunnels of course were that our men were physically much larger than the enemy. They were very small people by comparison with ours. Some of them were not bigger than children. So men who were as big as Bowtell obviously had difficulty, physical difficulty, physical difficulty in negotiating these narrow tunnel complexes. And as I understand it when he became asphyxiated and

- 02:10 was not responding to the signals from the surface it was very difficult to extract him because he was such a big man.

Talk to me about mine victims and what you observed?

Well mine victims, the weapons of the war...

- 02:40 Well towards the middle of 1969/1970 we had a very large influx of casualties that had been injured by mine explosions and mine explosions were a devastating injury. The particular weapon that was being used was one of our own and it was called a Jumping Jack mine and was designed to, on its first
- 03:10 explosion to leap out of the ground and then to explode at around about knee height and inflict an enormous amount of damage on their body. So we used to see young soldiers who were dreadfully traumatised. You know the multiple wounds of their limbs and indeed any body cavity. So these men had, as I say multiple wounds. They were
- 03:40 large nasty infected ...-

During the period of 1969/1970 there was a large influx of our men who were wounded by mine explosions. A particular weapon was the Jumping Jack mine. It was one of our own weapons which was

being used

- 04:10 against our personnel and it was designed when it was triggered to leap out of the ground and then explode at around about knee height. The injuries that resulted from these mines were really gross and multiple and could affect all the limbs, the body cavities, abdomen and chest. Strangely not very many in my experience anyway, not many people were injured in the eyes which I continually expected
- 04:40 to occur but it didn't, not very often. So these young men would be really devastated. Huge, huge wounds and multiple. The basic, the first problem when they arrived at the hospital was to rapidly assess them and resuscitate them. Now they were such large wounds, a lot of bleeding and these men were generally always pretty severely shocked. So that was a bit of a challenge
- 05:10 for the medical people to deal with these severely shocked people who probably in previous wars would not even have been alive. They would have, you know by virtue of the helicopter they arrived at the hospital in a pretty damaged state but still alive. And that was our challenge that we had to do something about it and do it well. So I think probably one of the first lessons we learned was how to resuscitate these people. So it was
- 05:40 massive transfusions of fluids, plasma, blood while we hastily prepared them for surgery. If they had chest wounds of course we would put in chest tubes and ventilate them etc. So the wounds, the actual surgery involved determining first
- 06:10 what was the wound that had to be treated first, which was the one that was going to cause this young man ...

Tape 11

- 00:47 Right, yes that's an interesting question. I think my first reaction to this problem of dealing with such severely injured people was, as a doctor a clinical challenge
- 01:00 that really was very frightening. You know I don't think that, it's hard to explain. We were, it was a tremendous clinical problem to do the, do this job efficiently and to do it as well as we wanted to do it and I guess my first emotional reaction was one of professional apprehension, were we good enough to do the job well and I think that was experienced by all my colleagues. I think every one of my colleagues along the lines
- 01:30 would admit that somewhere. As we became better at it and more experienced I think I became more emotional about it. I was really very upset to see these young guys suffer like this. It was awful. And later on when we realised that, well my view anyway was that we weren't going to see this out but we were going to be called back to Australia before the job was done. I just became
- 02:00 more and more angry that these young men were being suffered, were being virtually sacrificed, their health and for no appreciable gain as far as I could see. But always was the fact that at that time I was commanding officer of the hospital so I had to give a good example of how one should behave. So yes even though I felt this I tried my best not to show it
- 02:30 and tried to encourage the team to do a really good job and I must say in my opinion they did a beautiful job, a wonderful job. It was, I think the other thing that I was aware of was that this was a very trying time for a lot of the personnel, a lot of my men and women. I was very aware of the fact that a lot of the medical assistants and theatre technicians
- 03:00 were young national servicemen and had been hastily trained to do this job inside of one year. You know they could have come from any walk in life, universities or labourers, anything and were trained to be medical assistants and theatre technicians and were thrown into this hurly burly and I was aware that this was a very big task for them and
- 03:30 it was a very, I think it really drained them emotionally. I was always aware that after a long heavy session in the operating theatre that besides being physically drained we were emotionally drained and yeah there were tears. I can remember pretty hardened surgeons who were supposed to be experienced with all this sort of trauma
- 04:00 weeping about the fact that we were forced to amputate so many limbs at a given session. You know I can remember one man particularly who was very difficult to console. Yeah I think that it was really difficult but particularly I think it was difficult for the younger inexperienced soldier who was really thrust into this and without much choice I would have thought. I would
- 04:30 also like to say that it was very tough on the nursing staff, you know young women who were required to work very long shifts. I think in the month of April and May of '69 and then into '70 there would have been many sessions that would have lasted all night. Probably in a month we may have been called on to do six or seven of those all night sessions

- 05:00 and we had a very limited staff so it meant that the nursing staff and, male and female had to work twelve hour shifts and as the days wore on you could just see these people getting tired and tired and yeah it was a pretty emotional drain, a heavy physical and emotional drain. The older surgeons of course I had to look after them as well because my mind goes to one in particular
- 05:30 who was a bit older than the rest of us and he used to become very fatigued and so I used to try to get him to leave the operating theatre for a couple of hours and have a rest and have a sleep but it was pretty difficult to force him to do it. But yeah, and we almost used to have to escort him to his bed and I was told no sooner had the old gent put his head on the pillow than he was sound asleep but sure enough three or four hours later
- 06:00 he'd be back bright eyed and bushy tailed ready to go again. Yeah so, I think it really was a very psychologically demanding activity for all the people who were concerned in the hospital.
- Yes well my experience with the national...
- 06:30 My experience with the national servicemen was an interesting one. I found them a very interesting bunch of young people. On my first tour to Vietnam in 1965/6 there were no national servicemen. It was, we were rather proud of this, we were the first and only regular army battalion ever to go a field. On my return in 1969 of course the national servicemen were well and truly in evidence in the units. Now these young
- 07:00 blokes were young, they were all nineteen and twenty or twenty years of age and pretty eager. I didn't meet a national serviceman who was in Vietnam against his wishes. And one had to remember that these young people were conscripted into the army against their will perhaps or without any volition and then were subjected to a hurly burly of a training program. Now
- 07:30 for medical assistants or people who were in the medical corps they like everybody else had to do their basic training at one of the training battalions in infantry minor tactics to be able to look like a soldier, behave like a soldier and defend himself. And then they were selected to join the medical corps so they went to the, from there, from the training battalions they would then go to the school of army health
- 08:00 and/or equivalent training establishments to be trained initially as a medical orderly and then that's a fairly brief period say six weeks something like that. And then they were trained, a higher degree of training as a medical assistant about twelve weeks. Some of these people were selected then for training as operating theatre technicians, again another period
- 08:30 of training probably, I would think from memory around about twelve weeks again. So when you consider it their training was hectic and a lot of work was done inside of one year remembering that these young blokes had to serve in Vietnam for a year. So it was a pretty big demand on them. I'm sure there were demands on
- 09:00 members of other corps but I think the medical people had the biggest demand. Anyway so they would arrive in Vietnam and they were then expected to stand beside the nursing and medical staff and assist and experience what was presented from the battlefield. And I always thought that for a national serviceman
- 09:30 this was physically and psychologically demanding. A very big effort was required by them and from my point of view the national servicemen rose to the occasion. They were really wonderful young blokes, did the job well and quite efficiently. I think that the national servicemen were interesting in that they had come from a, perhaps a broader selection
- 10:00 of lifestyles from the average regular soldier. Some of them were university students, some of them had done other forms of training, some of them were graduates in various disciplines so the national servicemen tended to be perhaps slightly more academically trained, I won't say more intelligent, but perhaps you know he had a better education but certainly was more prepared to state his case
- 10:30 and speak out. It was interesting to see the broad spectrum of talents that these young fellows brought into the army and I think the army benefited from that influx of information and training but as far as the national servicemen were concerned in our hospital they really weren't identified as that. I'd like to make that point
- 11:00 because as far as we were concerned they were all soldiers, we were all wearing the same uniform, I hesitate to say de-personalised but yeah they were all in the same uniform. We did not make any separation between them, between the regular soldiers and the national servicemen but national servicemen were fond of pointing out that they were Nashed and yes you know to, it was all a bit friendly rivalry and in good humour and good spirit.
- 11:30 But yes fellows were good Australians. They really did a great job. I was very proud of them and I hope they are proud of the job they did too. Working in the field was a very interesting experience of course. For me it occurred in
- 12:00 1965/1966 when I was serving with 1st Battalion Royal Australian Regiment, 1RAR. And when we arrived things were fairly chaotic and not long after we got there we assembled our medical platoon who consisted of medics, Royal Australian Army Medical Corps Personnel who were assigned and

attached to the infantry battalion.

- 12:30 But the bulk of the platoon were made up of the band and these young blokes were the regimental band and very proud of their musicianship, but when I asked them about their medical training I was shocked to hear that they had none. And this caused a fair bit of concern because these young people were officially going to be the stretcher bearers. Now it turned out that by the way, the
- 13:00 conduct of this war occurred these men actually became really medics, field medics, so they had to be very proficient in first aid. The reason they became medics was that there was a wonderful introduction into the medical evacuation system known as the helicopter. Here we had, in the conventional war situation that we'd been trained in and thought about casualties were always
- 13:30 evacuated from the front line by stretcher bearers back to the regimental aid post still in the battalion lines and then probably by road, by a field ambulance back to a dressing station. Now in Vietnam of course this did not occur. The helicopter was the angel of mercy that would sweep in wherever they were and pick the casualty up, almost at the point where they were wounded and so
- 14:00 were evacuated immediately back to a medical facility. This meant that the regimental aid post, perhaps the battalion doctor was immediately cut out of the evacuation chain. So what we required from the stretcher bearers was a very high standard of surgical dressing first aid, not stretcher bearing. Stretcher bearing did not occur in Vietnam well certainly not to a
- 14:30 great degree. So this was the first challenge and I was rather dismayed that the medical platoon had virtually no training at all. So we then applied to St John's Ambulance in Australia for the use of their first aid training manuals and Doctor Peter Haslow, who was the other medical officer and I were both appointed as
- 15:00 instructors and examiners and we actually conducted a St John's Ambulance First Aid Course with our medical platoon. So these fellows became very experienced with treating first aid, rendering first aid and we used a few new little techniques that enhanced, I think the quality of the first aid. They were, one of the things we used was a
- 15:30 new medic air splint, where you'd, it was a plastic dressing which you could wrap around the damaged limb and then inflate it with mouth pressure and that would form a very comfortable splint and also would do something about arresting the bleeding. So it was an interesting quick lesson we had to learn there that you did not have, the doctor, the regimental battalion doctor did not do,
- 16:00 did not take much part in the management of casualties at the first, point of wounding. It was done mainly by the stretcher bearers.

Just tell me about, I just need a summing up that this was an era, that you'd stay alive for fifteen minutes...?

- 16:30 **So we're talking about more that you observed and stitch yourself into that?**

Well the helicopter was really a most amazing piece of kit as far as we were concerned. We virtually had no training with them, had no training with them as far as I was concerned. And so we had a machine that could whip in, pick up casualties quickly and then transport them rapidly and I think almost as importantly as the speed was the

- 17:00 smoothness of the transit to a regular medical facility where surgical treatment was available to casualty in some spaces, in some occasions in as short a period as twenty minutes. And so the casualties, it became, as the war wore on casualties realised that if they were badly hurt and they could survive till they got to our pad at the hospital
- 17:30 which was known as 'Vampire' for some strange reason, if they could make Vampire they reckoned they had a pretty good chance of surviving. And I think probably that must have had a very good effect on the morale of the soldiers to know that, first of all they were going to be very rapidly evacuated and then they were going to be dealt with efficiently. And in fact I, from my memory of my time at the hospital at Vung Tau for
- 18:00 a period of eighteen or fifteen months, I think only five people who arrived alive or in some way of living did not survive, out of all the casualties we had which I think was a pretty fair indication of how effective the combination of rapid transport and efficient medical treatment was.

If you can just for me

- 18:30 **because you were there, if you can say that once we get a severely soldier in there, I mean you probably would have seen...?**

I can remember one young man who was shot by a sniper. He had an abdominal wound which involved his liver and he was really seriously injured and he kept saying, "I've had it mate." and

- 19:00 I realised he was pretty badly injured but I think I said something to him along the lines, "I don't know you could be worse off, somebody could give you a jab in the eye with a sharp stick." sort of colloquial English that we used to use to one another. This young bloke was loaded into a chopper. He was given

first aid on board and was rapidly evacuated to a hospital where he underwent

- 19:30 emergency surgery within minutes. On another occasion I can recall a soldier who was probably one of the most severely injured men I've ever seen in my life, really shattered and when the helicopter landed on our pad I was directing the disposal to the triage area and I saw this young bloke just lying on the floor on a
- 20:00 stretcher and I thought, 'He's, this young bloke surely can't survive.' And I put my hand on his shoulder. I can still remember, he turned around and said to me and this is above the roar of the helicopter, "Where am I?" and I said, "You're at Vampire." and he said, "Thank God, I've bloody made it." So yeah it was really a very interesting experience and surely you know when he said that to me
- 20:30 I realised yeah, well, you've made it now we've got to do our bit. This kid really was just unbelievably damaged. He had a, his leg was almost entirely not present, one leg. He had wounds in his abdomen and chest and yeah, he survived. He did well and I've seen him back in Australia giving cheek as he was that day on the helipad.
- 21:00 Yes, sorry about that, I can remember an occasion where we were transporting casualties in a helicopter. We landed to pick up the wounded and it was amazing how quickly they were loaded on and how quickly we turned around and got out. But this one young fellow who was really, you know fairly seriously
- 21:30 injured and he kept saying that he, you know he thought he was in trouble and we just said to him, "Look boy, hang in there, you can make it, everything's going to be fine. You know you're not too bad, this is okay and this ride is going to be short, sharp and sweet." And it was and yeah, oh it was really very important to have these little twenty minute journeys where you could get from the battlefield right to the guts of a hospital.

INTERVIEW ENDS