

**Order of Service  
Running Sheet**

— 3 pages.

**Welcome**

**Bill Noble**

Secretary of Museum Sub Branch VVAA

**Welcome our Keynote Speaker Dr Bob Birrell**

**The New Zealand contingent coordinated by Rion  
Gallagher and the special guest Murray Broomhall.**

**We welcome Councillor Gareth Barlow representing the Bass  
Coast Shire.**

**Our Museum Chaplain Laurie Dawson. Apart from being our Chaplain –  
Laurie was the engineering brains behind the building of the Museum. His  
technical drawings, coordination and acquisition of materials were vital  
elements to enable us to have this building.**

**Dan McCrohan and his Family – Dan, with John and Laurie put most time in to  
the building of the Museum. Dan also assisted with the accounting and ensured  
that the project was correctly accounted for. As a carpenter he was a real gun.  
We have named the Armoury after Dan as a measure of respect and thanks for  
his effort. The Dan McCrohan Armoury**

**John Thomas representing United States of America servicemen  
Visiting reps from Sub Branches**

**President of Phillip Island RSL Greg Mead**

**Welcome too to the families of our Veterans – and to members  
of the public who support us so well.**

**We also have some apologies:**

**John and Krishna Methven**

**The Mayor of the Bass Coast Shire, Councillor Neville Goodwin**

**Keynote Speaker**

**Dr Robert Birrell**

Australian Surgical Team Vietnam

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**Guest Speaker**

**Murray Broomhall**

New Zealand survivor of the Battle of  
Long Tan

**I would like to call on Rion Gallagher now to introduce Murray.**

Before I introduce Dr Birrell I would like to say that there were – and are – a number of doctors and nurses who spent time in Vietnam that have never been formally acknowledged or accepted by the Australian Government – of all persuasions. The Vietnam Veterans Association of Australia continue to lobby for their recognition and access to assistance where needed.

## Dr Bob Birrell

Dr Bob graduated in Medicine at Melbourne University in 1956. After graduation he trained at Prince Henry's, Royal Children's & Royal Women's Hospitals. He practised as a Consultant Paediatrician in Melbourne from 1962-1974 with Hospital appointments at the Royal Children's, Royal Women's & St. Vincents Hospital.

He worked as a Paediatrician in Long Xuyen in South Vietnam in 1967.

Bob has worked in the field of Child Abuse from 1958.

Awarded an OAM in 2001 for services to Medicine and to children, in identifying the existence of child abuse and raising awareness of the problem among the professionals and in the community.

Since 1974 Bob has practised in South Gippsland and raised good vealers part time.

**Museum Chaplain**

**Laurie Dawson**

**It gives me great pleasure to introduce our Museum Chaplain Laurie Dawson**

**XXXXX Laurie will announce the time and place to lay the wreaths.**

**Laying of Wreaths**

**VVAA Museum Sub Branch**

**RSL**

**New Zealand Contingent**

**Bass Coast Shire**

**Others**

**Last Post**

**Eric Cross**

**Ode**

**Bill Noble**

**Reveille**

**Eric Cross**

**National Anthem**

**Call upon Greg Mead who will advise that the RSL is hosting refreshments**

**Close of Service**

Murray Broomhall — 5 pages

1

Good Morning

Mr. President

Ladies and gentlemen, fellow Vets

Thank you for the invitation to speak

I have spent the last 3 days since Rion asked me to share my thoughts with you wondering what I could say

I have thought about the years since that day in the rubber plantation and the significance of the day in relation to all of us who served in Vietnam

It has become a rallying point and a means of expressing our identity as a finite group within society in general

I have decided that the thoughts I put on paper 7 years ago about the actual battle are still relevant and I will now relate these thoughts to you.

It began with a bit of a buzz over the mortaring the night before and the normal scuttlebutt as information slowly emerged as to damage and casualties.

Willie and I were a bit hung over. We had a party in our tent the previous night when the mess closed, and had a few over the prescribed 2 cans per day (so did the company HQ radio ops who were with us).

When the word came though to move out it was a bit of a shambles, and as I was not packed, I decided to use a pack that Chris Cooper had left behind when he went back to the battery prior to going home.

About one hour into the patrol I found out why he had left it behind as the straps were rotten and one broke and I spent the next hour or so, trying to fix it. I gave up and made a shoulder strap from my toggle rope

(I have often wondered how I would have coped if the battle had not occurred and we had to patrol for two or three days).

The first couple of hours were uneventful. I used up about half my water, as I was not fit and also hung over.

Then a small VC patrol was sighted in a clearing, heading up into the rubber plantation. We followed them, then the first shots were fired and the radios reported a contact...and shortly after there was an enormous burst of fire and it was all on.

The next three hours are still a blur with very few clear recollections of what happened ... to myself, Willy, or Morrie.

### **Some Of The Memories I have include the following:**

\*. Harry Smith's batman and myself trying to dig a slit trench to act as coy HQ, and giving up as the rainwater filled it faster than we could dig.

\*. The tracer bullets floating through our position among the rubber trees

like lazy fireflies then seemed to suddenly accelerate and crack past us.

\*. Standing up to try and get a clear view to direct the fire from the HQ machine guns and sitting down again very quickly when the rubber tree I was standing next to suddenly shredded just above me.

\*. Helping Buddy Lea back to the Aid post and realizing that this was for real as the wounded lay in the shelter of the hollow just behind the HQ group.

- \*. The sight of a VC being lifted off the ground and standing out in the glow of a 105-mm explosion about 100 metres from our position.
- \*. Willie crouched against the base of a rubber tree relaying Morrie's orders without any mistakes and writing the fire orders down with the rain pouring down and throwing up a splash mist off the ground that almost hid him.
- \*. The roar of the APCs that seemed to go on forever; then they suddenly appeared slewing past the rubber trees.
- \*. The movement out of the Rubber then forming a hollow square of APCs and using their lights to light up the LZ for the dustoff helicopters.
- \*. The slow realisation and shock that set in as we sat around like stunned mullet on the beach (excuse the pun from a fish merchant) ... realising that so very many had died during the battle and we were still alive.
- \*. Somebody offering me a cigarette, which for the first and only time in my life I smoked.
- \*. Climbing into an APC to rest and dropping into a deep sleep for about four hours then waking with a jolt and wondering where the hell I was.

**There are other memories that keep coming back as time goes by ...**

- \*. Like not knowing up until about 12 years ago what day the battle actually took place, or realizing the very great historic significance that is now placed on it by historians.

**Our casualties on the day were heavy, 17 dead and 28 wounded about 43% of those that were in the company patrol that day**

**However, the casualties since the war have been much greater**

- \*. The effects of PTSD caused by what we saw and did
- \* The effect of the defoliants that many of us came into contact with.
- \*. The effects of the many inoculations and drugs we were ordered to take
- \*. The effect of the treatment we received from the general population when we returned home.

All these factors have resulted in many of our number suffering from a range of illnesses and psychological problems out of proportion to the general occurrence of those problems in the general population

I for one find it very demeaning, (as I am sure do others), when I have to go cap in hand and grovel to get treatment for health problems that I genuinely believe are a result of serving my country.

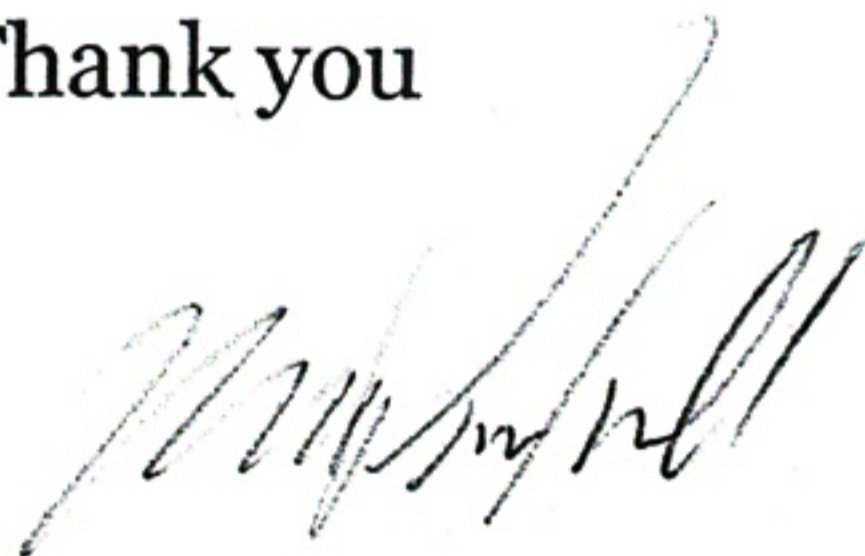
This treatment should be provided without question and the presumption that the problem is a result of service

I also find it unacceptable that the families of criminals are treated better in financial terms (for their trauma and suffering) than are the families and, in particular the children of veterans, who in many cases have suffered in silence for many years, as a result of their fathers problems resulting from war service which had not been diagnosed or treated correctly

It is my belief that unless more is done to provide support both financially, and with appropriate health care for the veterans of all conflicts and their families, then society as a whole, will continue to fail in their obligation to support the armed forces of today.

Just as the majority of Vietnam veterans believe that we have never been adequately supported or recognized for the problems that we have as a result of our service.

Thank you

A handwritten signature in black ink, appearing to read "Murray Broomhall". The signature is written in a cursive style with a large, sweeping initial "M".

**Best regards**  
**Murray Broomhall**

Dr Robert Birrell OAM

4 pages.

Thank you most sincerely for the privilege of addressing a very special group in our Society. A group that has been through an incredible hell in so many ways, over the past 40 years.

In 1962 the Australian Government was asked by the USA to supply not only an Army training team but also surgical service and medical care to the South Vietnamese people and the large refugee population moving south from North Vietnam.

Civilian Surgical/Medical teams, established at Long Xuyen, Ba Ria, Bien Hoa and Vung Tau, were therefore part of the Australian Government's SEATO contingency planning for South Vietnam.

The teams were raised from the major teaching hospitals around the country. The first team from the Royal Melbourne Hospital was sent to Long Xuyen on its "hearts and minds" mission in 1964.

445 Surgeons, Physicians and trained Nurses including only 2 Paediatricians, of which I was one, served in South Vietnam from 64 – 72.

172 Civilian Nurses were members of the SEATO Surgical/Medical teams. Following their service in Vietnam, which varied from 6 – 18 months, compared to the Medical peoples' 3 – 4 month tours, these women suffer the same health problems as do their military counterparts. They too have been sprayed with Agent Orange, Blue and White and have drunk the contaminated water and eaten the local produce grown in the contaminated soil.

Some have already died from Sarcoma, lymphangioma myotosis and Leukaemia. Others are battling conditions recognized by the VEA such as Non Hodgkins lymphoma, breast cancer, deafness, PTSD and a full range of cancers, yet have to fight Comcare for assistance and support.

Many have been judged by the 1933 Safety Rehabilitation and Compensation Act which was in force during the Vietnam conflict, that CONVENIENTLY does not recognize these conditions.

Women in trouble with failing health, curtailed careers plus often financial difficulties, if they do get Comcare, find that it ceases at pensionable age.

Over the years members of our teams, like ADF Veterans and others, have fought the Ministers of Veterans Affairs, as they came and went, trying to gain recognition that it has a duty of care towards civilians they asked to go into a war zone as part of their SEATO commitment.

If members of the SEATO civilians S/M teams are not eligible for Veteran entitlements under the VEA (as they are not ADF) then the current Safety Rehabilitation and Compensation Act 1988 needs to be changed to adequately cover civilians who suffer war related problems. Minister Billson has consistently knocked us back. We have gained some traction we feel with the Veterans Affairs Advisor to the Shadow Minister Alan Griffin.

The way I finished up in South Vietnam at Long Xuyen in 1967 varies markedly from your story of conscription – no choice!

I had enjoyed time at that famed holiday resort Puckapunyal in 1947 as a snotty nosed school cadet – balliasses, troops for the use of!

I also spent 3 ½ months there in 1952, aged 19, in the first intake of Natives – the first instalment. We completed 6 months with a CMF Unit assaulting the jungles of Site 17 Seymour on frequent occasions.

Barry Heard's story of the crazy angry instructors you had to cope with was not the case in that era. We struck an odd one like Sergeant Quie a Pommie, who some of you may have come up against. He was crazy, if not angry. I know Gary McKay spoke of him in his history of his service.

In my time at Pucka, with a couple of stripes from an NCO's course in the first weeks, I found myself doing most of the drill and weapons instruction of our platoon, as the WW2 Sergeant instructors were very happy to unload the job. We were NOT, I stress, being trained for war even though Korea was on the boil. A WW1 Western front Dad talked hard at me that I was in a reserved occupation and was not, as a Medical Student, entitled to go to Korea. My brother John failed his 2<sup>nd</sup> year Medicine in 1943 as the only way he could join his mates in New Guinea, restarting his course when de-mobbed in 1946.

I received a phone call from a P.H.H. surgeon asking me if I would like to join his Surgical/Medical team to Long Xuyen in early '67, as the Paediatrician. I said I would come but my wife was expecting our 4<sup>th</sup> child.

"When did you want me?"

"Mid January" was the reply.

I stammered a bit that I could have troubles as the babe was due right then.

"Oh you could come a bit later" was the response.

WW1 Dad, with two older brothers in WW2, I had to go. I had missed Korea.

I arrived in Long Xuyen mid – Feb. I was to care for a 30 bed children's ward, taking over from an American GP, who had done the job for 2 months, with basically no interest in Paediatrics, and it certainly showed.

There were 16 patients in the Ward initially and by showing a preparedness to give a 24 hour 7 day a week service, as I felt required to do, the number rose to 60 in 30 beds and we rarely had less than 45.

The Pathology service was primitive, the Radiology was adequate, but coping with the French "shot gun" medicine practiced by the Vietnamese Doctors was a big problem. Often children, sent in from the hamlets, having been seen by a Doctor were on 6 – 8 or more drugs when one or two PLUS fluids may have been all that was required.

Patients were brought long distances. Often receiving Chinese medicine, bruising and cupping techniques etc. before coming down the Bassac River from wherever. Frequent extremely late presentations of children, dehydrated or with advanced diseases, such as Dengue Fever or combinations of Malaria plus one of the dysenteries inevitably led to me losing many children, with what I had to treat them with and the fact that their disease had gone too far. I had to make up my own IV fluids, as adult strength saline etc., was all that was available.

I could lose 5 or 6 children per week. Also if the family perceived their child may die they preferred to "ESCAPE", the term used by the Vietnamese hospital staff, for religious reasons to allow the child to die at home.

Night phone calls referred to the patient in trouble being either "TIRED" which meant "very crook" or very tired which meant "BND".

The families were superb with Grandparents, parents or siblings carrying out feeding and the general 24 hour a day care of patients. At the Royal Children's Hospital at that time, the visiting hours were still limited and rigid. We have caught up in modern times but the Vietnamese were then ahead in that area certainly.

The pressure certainly impacted on me and I did use Budweiser, perhaps a couple of cans at night, it wasn't appropriate to use more however.

I had no fear regarding my safety. My insurance agent, I reckon, followed <sup>me around</sup> saying "Don't shoot him he's too expensive!" My safety reflected so starkly with yours, when any Vietnamese could have been a VC or a collaborator.

Returning to Australia to my practice, I found it impossible to cope with Toorak or South Yarra mothers, who came with their mothercraft nurses, knowing absolutely nothing about their own child's illness. I lost at least one Group of G.P. referring Doctors by giving the mother a serve!

At my public hospitals, the Children's and the Women's, I received similar reactions to the type that greeted you.

The Senior Physician I worked with resented my going to Vietnam as it had inconvenienced him. Snide comments about the war and my involvement were frequent. Like you, I felt the "Leper Syndrome" – I call it.

I was one of only two Paediatricians prepared to go from the RCH medical population of 80 Doctors. The role returned to U.S. Doctors. My mate and I were saddened to find that result. We changed hospitals for a week, mid tour, so I got a chance to work in Bien Hoa in a hospital close to the big U.S. Air Base.

At the Women's hospital, where I had a Neonatal (newborn) Physician appointment, the Obstetricians were inclined to say they couldn't afford to be away from their practice for 3 – 4 months. They were rewarded for their services infinitely, better than the Paediatricians. That was a joke!

Finally I would like to say that I feel great empathy with you all, particularly in the manifestations of PTS which you inevitably suffered so acutely following your war experiences in Vietnam and on returning to Australia.

I worked initially, after completing my intern years and a Senior degree, in the field of neonatal paediatrics, neonatology, principally out of the Women's Hospital as well as holding appointments at the Children's Hospital and St. Vincent's.

There were only 6 - 8 Paeds with experience in that area and the Obstetricians had recently given up the care of babes over their first 6 weeks of life.

Newborns in a range of private hospitals all over Melbourne, who were in trouble, became our "lot".

I had up to 30 babes in perhaps 6 or more different hospitals over Greater Melbourne. One was working on call 7 days a week 24 hours a day. There were not enough of us to share the load or get any more than 2 – 3 weeks off/ year.

The Honorary system of that era had me working unsalaried 20 or more hours/week at the Women's, Children's and St. Vincents.

Inevitably one was chronically sleep deprived and depressed as a consequence and the odd wrong decision was made. I lost two babes and one prem., 675 gm., was blinded by too much oxygen. I should have sent her to the Children's.

These little ones haunted me day and night thereafter. After 12 years I could not continue despite resigning from both the RWH and St V's.

My incredible caring wife, seeing my state emotionally put the house on the market. I resigned from the Senior Staff at the RCH aged 41 and took my nightmares to a little farm at Stony Creek where I raised vealers and practiced part-time out of 3 South Gippsland Hospitals.

During my intern time at the RCH in 1958 I had admitted a grossly physically and obviously emotionally abused 2 year-old boy, frostbite of toes, ears and lips, multiple fractures – he had the lot. Within just on 2 years, with only 3 months at home in that time, the parents killed him, literally!

At that time there was no protocol at the hospital to cope with child abuse, investigation or management. The problem was never discussed really anywhere in the community.

I involved my Police Surgeon brother John and in 1966 we wrote a paper for the Medical Journal of Australia, pointing to the existence of the problem of child abuse in the Australian Society, asking for Mandatory Reporting and a Central Register, the development of children's rights etc.

At the RCH, where I had run a survey of Child Abuse, I was able to produce a list of 42 babes suffering unarguable abuse, fractured skulls, intracranial haemorrhages etc. in hospital in-patients over a 36 month period. The survey appeared in the MJA in 1968.

After both papers the Victorian Government's Cruelty Committee, set up to examine our claims, and my RCH colleagues were extraordinarily sceptical of what they obviously saw as a "non-issue".

The "Leper Syndrome" was starkly evident again. The snide comments etc. I offered to run a Protection Unit and the Medical Director asked "What would we want that for?".

Adding this experience to 7 days a week newborn work and a trip to South Vietnam, I was in such a state that I tried desperately not to answer phones or leave the farm, the paddocks were great sanctuaries, but I had to earn a living. I rarely journeyed to Melbourne.

My family listened to me for hour upon hour. I was a shocking Dad and husband and anguished that I couldn't do better. It was twenty years or more before I started to come good. These days I can get stuck into the Repat Dept for their disgraceful treatment of War Widows. That Advocacy role in Legacy has certainly helped me a lot.

I do understand your emotionally traumatic backgrounds. I believe I understand better than most in this community, and greatly admire the way you have come through facing up to your problems as bonded brothers.

Thank you for having me.