A View From The Front

MILITARY INCOMPETENCE: Much Ado About Nothing or The Divine Comedy? Experience of a Specialist Reserve Medical Officer in East Timor[1]

Roger Allen[2]

The author describes his personal experience with the Australian Defence Forces as a Medical Officer in the Royal Australian Army Medical Corps (RAAMC) and proposes that there should be major improvements made to facilitate deployment of Medical Officers in the field. In his experience, the systemic inefficiencies and incompetence mitigates against this and he is pessimistic that any real changes will be made because of the institutional composition of the military infrastructure. Military incompetence appears to be a sine qua non of armies. Unless changes are made, Australia with its limited manpower and resources as well as vast coastline is at serious risk of not coping with a larger conflict. As medical support remains integral to an efficient fighting force, and as most comes from Reserve Units, its efficient and speedy utilisation and mobilisation should be a high priority and backed with adequate resources. The experience in East Timor and Bougainville highlights major deficiencies in the system which is currently stretched to the limit although only a low-level peacekeeping operation and not an open conflict.

Systemic incompetence remains a flaw in the system

INTRODUCTION

May I commend to the readers the excellent publication "On the Psychology of Military Incompetence" by Dr Norman Dickson[1], a Fellow of the British Psychological Society, former Professor Emeritus of Psychology at the University College London and, for a decade, an officer in the Royal Engineers in bomb disposal. He got his hands dirty and is not an ivory tower academic. In this enlightening, somewhat depressing and certainly provocative work, with a foreword by Brigadier Shelford Bidwell, Dickson outlines a litany of military incompetence from the Boer War to the Battle of Arnhem. He also analyses the causes of such incompetence and possible remedies.

The thesis of my paper is that military incompetence prevails in the Australian Defence Force, as the underlying reasons for it remain the same. To err is human… and all organisations and human beings have the ability to fall short of perfection but I contend serious systemic problems continue to exist in the ADF and, if not corrected, put our national sovereignty ultimately in peril. I also propose that battles and wars are won by the least incompetent rather than won by the valour and blood of its soldiers. Surely Gallipoli is a poignant national example of this. My experience as a Medical Officer, now of moderately high rank (lieutenant colonel), who has been on the receiving end in both peace-time exercises and in East Timor over the past 13 years, has given me a reasonable exposure to the deficiencies of the ADF and in particular of the Medical Corps of all three Services.

In the ADF, there exists an environment alien to the free-thinking civilian physician in full-time private practice and especially for an irreverent iconoclast so epitomised in Australian folklore as integral to the ANZAC spirit. The ADF organism is essentially non-critical. Recommendations for change and discontent permeate upwards through a stultifying deep strata of

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sediment and rarely see the light of day. The desire to keep one's nose clean for promotion upwards into an increasingly small pyramid of opportunity means that those at the top have learned to keep quiet, not to send seismic ripples down to the bedrock or to the surface where the wider world breathes a different air. The talented in peacetime leave eventually to take up highly paid jobs in the private sector. A few good ones stay. Although lateral thought and imaginative thinking is taught in the pamphlets of Land Warfare, the reality is that within the Institution it is stifled. Lack of adequate training and resource management also leads to incompetence but that leads to the incompetence of the system at large.

The Principle of Dr Laurence J. Peter and Raymond Hull reigns supreme ("The Peter Principle") where everyone rises to his level of incompetence. Peter also said "If you don't know where you are going you will probably end up somewhere else"[2].

The fact that I have written this paper flies in the face of military culture and mores. I have on frequent occasions been impressed on reading publications such as Paulatum (ironically the Latin for "little by little"), ADF Health, and Australian Military Medicine, which, in my opinion, do not discuss the real problems in the system faced by the Specialist and general Medical Officers in the Reserve, the backbone of the ADF Medical Corps. These deficiencies are glaringly obvious to anyone in private enterprise who comes into the ADF as if an extraterrestrial visited our war-ravaged polluted planet for the first time. The psychology of inefficiency and incompetence is so endemic and entrenched in the ADF that it is as if one is speaking a different language. It greets the Medical Reservist with quite a culture shock and leaves one powerless about its remedy.

All the characters in this treatise have been given code names to protect the perpetrators but the events unfortunately really did happen. The author is code named "White Rabbit" because I am always running against time. My military career will probably be in tatters like my Army Disposal Disrupted Pattern Camouflage Uniform (DPCU) singlets, which I found out were made in Pakistan. The ADF is "Wonderland" and "Alice" and the "White Rabbit" are the Reserve Medical Officer. You can only guess about the "Mad Hatter" and the "Dormouse" viz. French; *dormir* to sleep.

From the very onset of my deploying for East Timor last year, I encountered systemic incompetence, which persists to this very day as a litany of unnecessary errors and which has culminated in growing dissatisfaction and disaffection with the Armed Services in general by many of my colleagues.

I present these series of events in a humorous and satirical form for several reasons: to keep the readers interest; to show the reader that I, an Australian, have a sense of humour; and despite this, that satire is more powerful than bland, humourless criticism, which is usually met with hostility. Jonathon Swift is a good example. However, the downside is that the reader may dismiss the content as frivolous, non-threatening and not worthy of remedy. Nevertheless, in most cases the messenger is eventually shot rather than the message being received (usually without the 'coup de grace'), branded as a traitor to the cause or a whistle blower and ostracised. We have shot our "Breaker's" and the celebrated trait of intellectual and moral independence of the ANZAC soldier and disrespect for fools, including officers, appears to be mythical now.

BACKGROUND

I served in East Timor from late April until early June 2000. In early 1999, I had reactivated in the Reserve having served in 2 Field Hospital, Brisbane in the late 1980's and early 1990's when I ran its paltry Intensive Care Unit. I had left the Reserve then out of sheer frustration with the lack of equipment and major deficiencies with the system. When I joined up my CO (a long serving general practitioner) told me that I would receive a retainer of $1500 per annum for my troubles. I also had to pay a monthly mess bill for a mess at Victoria Barracks I never use and which has been privatised. I was never paid. Eighteen months later I found out when I rang the pay clerk in Melbourne that it had been unilaterally and unceremoniously discontinued. It now costs me to be in the ADF. I wanted to buy my own rifle like the Swiss Reserve but Mr. Howard put a stop to citizens being able to defend the country. You can't trust soldiers with guns.

The ADF Reserve is charitable organisation so don't expect to get paid. That is why the pay is tax-free in East Timor.

I even bought my own Summer Service Dress (an officer's suit) as I was told that only Colonels and above have it issued in Queensland as it is not cold enough in winter.

Queensland is hot in winter especially at Oakey and Toowoomba. Only Canberra is cold. Consultants don't need suits.

INTENSIVISTS

When East Timor blew up, the ADF were desperately short of Intensivists. It was I who contacted the Army to indicate that I had had intensive care experience. They did not contact me although they were at that stage contacting numerous civilian Intensivists to engender interest in the ADF. They had no record of my experience in ICU although I had done 20 years in ICU and ran a Reserve ICU for about four years.

The left hand doesn't know what the left hand is doing.

PREPARATION

After I was given a date to deploy to East Timor in September 1999, for the next six months I wasted enormous amounts of time and energy trying to organise my equipment and papers in preparation for my deployment. This took me at least twenty trips to Gallipoli Barracks, Enoggera in my own time while I was running a busy private practice in thoracic and sleep medicine. The "White Rabbit" was in "Wonderland". The ADF goes to sleep at lunchtime for an hour (the "Dormouse" Principle) and closes down after about 4pm and earlier on Fridays. The only life forms are in the respective messes and, as no one lives on base, the place is often deserted after 4 p.m. when I sometimes could get away from my rooms. Nothing moves on weekends or holidays; not even wars are allowed to happen.

Make it as difficult as possible for a Medical Specialist Reserve Officer to deploy so as to test his fortitude and battle readiness.

UNITS

At no stage was I given a formal unit to which I really belonged. Defence Corporate Support Office – Brisbane (DCSO-B) was my new official unit (I was once in 2 Field Hospital). However, this was a phantom unit with no one in particular that I knew or who knew of my existence. The Cheshire cat appeared. The Medical Reserve was nominally based at the Victoria Barracks, Brisbane and there was also 2 Field Hospital at Gallipoli Barracks. I was on the Active Specialist Reserve… yet somehow I fell between the cracks and appeared to be in neither unit but in this new unit of DCSO-B.
I realised what had happened. I had fallen down a tunnel and like Alice I was growing smaller. Somehow I had become invisible and no one seemed to care that I was offering my valuable time and expertise for my country and all that. I only wished I could find that potion which made me feel like a useful civilian again. To this day I do not know to which unit I belong. Help! Am I in REM sleep again and dreaming.

Do not attach the Specialist Reservist to an organised cohesive functioning unit, as this will make him feel at home, part of a team… and wanted.

MILITARY ACRONYMS

On being attached to any unit, the Army has found it important to keep changing the names of the various units and various acronyms. Everyone speaks in military acronyms and shorthand, which befuddles the "non-speaker" who is afraid to admit his ignorance of this quaint lingua franca. This is evident in the range of ever-changing names for the Medical Reserve Office in Victoria Barracks, now Health Service Army Reserve Queensland (DHSAR or was it DHARS?), and 2 Field Hospital now called the 2nd Health Support Battalion (2 HSB) as well as DCSO-B. What a busy consultant needs is to wade through the myriad of acronyms, changing phone numbers, personnel and find that usually the Reserve Office is only there on Tuesday nights like the Girl Guides.

Change the names and acronyms of units as often as possible as this creates the illusion of efficiency, money for printers and creates confusion in the mind of the enemy as to which unit the soldier belongs.

MATÉRIEL

I frequently went to Enoggera Barracks to obtain equipment. The Q-Store at DCSO-B usually had inadequate equipment, often second rate and with vital pieces of equipment missing. Even they admitted it. "Come back next week or perhaps the week after!" they would say glibly to the forlorn White Rabbit. I was then sent on a wild goose chase (the reader will excuse the change of metaphor for a White Rabbit) looking for equipment in other units e.g. the Light Horse Regiment Q-Store here and a "quack, quack there…." and bought much of my equipment out of my own pocket from a private Army Disposal store across the road outside the base. The clothing store at Enoggera often was inadequately equipped including for Army buttons and regulation Army underclothes and even on the week before deployment I was unable to obtain an identification disk (dog tag) as the papers provided by DCSO-B Q-Store provided me with an imprint of a disk but not the disk itself! I fortunately found my old identification disk in my bottom drawer at home.

Do not supply your Reserve Medical Officer with adequate clothing, as this will spoil him. The scrounging instincts so famous in the Australian Army will therefore be developed making him a far more useful officer in the field. This is also to encourage private enterprise and the development of private Army disposal and disrupted pattern camouflage uniform singlets and underpants from Pakistan. This is also helping third world countries.

TEMPUS FUGIT

Before deployment, I had to undergo a physical fitness test and trained at home for many weeks to prepare myself for this. A test was arranged at Enoggera at a set time and I raced away from my surgery to attend the test only to find that the appointment which had been made was not kept by the Army and I sat around for 3 hours until 4:30pm waiting for an extemporised PT corporal expert to examine me. This took a whole afternoon from my surgery rather than an hour or so that it was supposed to take. At $400/hour gross, it cost me about $2000 in lost earnings. I still had to see my inpatients until late that night.

When appointments are made by the Army, ensure that the Medical Officer is kept waiting as long as possible and inconvenienced to the uttermost extent to show him that he is part of an efficient fighting unit recognising his busy clinical demands.

THE GETTING OF WISDOM

Having had a tiny cusp of my lower wisdom tooth appearing for the last twenty years with no trouble or caries, I was confronted with the need for removal of my wisdom teeth by the Dental Corps before deployment. They recommended I have an "alveolar split operation", an outmoded operation that may have left me with a lingual nerve palsy (numb face) as well as considerable swelling of my face for several weeks before deployment as well as other complications. If I were off work after the operation for weeks, I would bear the cost. By then the White Rabbit was getting smarter. He smelled a rat so to speak and everyone knows that rabbits need wisdom teeth to chew things over. The opinion of a maxillo-facial surgeon friend was sought who agreed that I did not require extraction of this determined tooth from my precious lower jaw for such a short deployment. I had seen him professionally at my own expense but it still took numerous phone calls to the Dental Corps to try to obtain a waiver for this unnecessary operation. To cap it off, I then had to have a filling done by the Army for a suspected caries, which my own experienced dentist had not found on a visit just before. O me miserum. The filling done by the Army fell out one week later (clearly a case of rejection) and I had to have yet a third trip back to the Dental Corps for another amalgam.

Ensure that your Medical Officer has unnecessary dental extractions to inconvenience him to the utmost before deployment, to incapacitate him wherever possible and provide poor quality dental work for added inconvenience. This is also to test the mettle of the officer before deployment and to test if he really flosses his teeth. Underlying this moral truth is a deep metaphysical concept: that the Army is held together by a loose amalgam of units and corps.

The famous Colonel T.E. Lawrence (El Lawrence) who had also a healthy disrespect for the Army and as an excellent lateral thinker and strategist and with impeccable molars from all that camel's cheese, wrote about this curious tendency of the Army in his famous Army dental Bible, "The Seven Pullers of Wisdom".

ON KILLING PEOPLE

The *credo* of the ADF is to press with the enemy and kill him. Weapons' training is an essential part of deployment. After all, doctors need to know how to kill and maim with automatic weapons so that the medical team on deployment gets lots of practice on the survivors. For six months I had asked the ADF, particularly Land Command which I think is located in a Fuhrerbunker in Sydney (that birthplace of the Australian military, the Rum Rebellion) for conversion from the SLR (the rifle we used in Vietnam) to the Austeyr-88 (a 30 round automatic rifle made of plastic parts, deficient in design but with telescopic sights 1.5x and meant to misfire accidentally with uncanny precision and kill you or your friends but not the enemy). For the uninitiated reader, it is worth stating the maxim that the weapon you bear is the end result of a tender by the lowest bidder.

The Army's need for me to do such training vacillated for the whole six months of my deployment including during the Christmas holidays where I could have easily done such training with the least inconvenience. But Wonderland was asleep. The Mad Hatter and the Dormouse were in hibernation even during a Brisbane summer. As short as a week before deployment, I was told that I may not even require a weapon but that no one in Timor carried a 9mm Browning pistol except the good General (I later found this to be totally incorrect). As an aside, the Browning is traditionally thrown at the enemy when at close quarters and is useful for cracking walnuts with the butt.

I had already planned to take the week after Easter (immediately before deployment) for a holiday with my family. I was then told immediately before Easter 2000 that I should do a weapons training course with the Austeyr-88 and that this would take three days. I then spent three days of my holidays with my family (I had not taken a holiday for over six months) travelling to and from Montville and Brisbane (over 200km round trip) on three consecutive days. The memory of that Easter holiday has for evermore left a psychic scar in my wife's unconscious, which is not bad for a psychiatrist. Even the Easter Bunny's persona has taken on Jekyl and Hyde connotations for my beloved offspring.

Do weapons training at the last minute, as this will keep the officer at the utmost efficiency, and try to do it at the most inconvenient time possible, as this will heighten his aggression on the battlefield.

BRIEFING

Despite the fact that I had six months to prepare for East Timor, I was not given any information about the equipment required or any intelligence or psychological briefing but was told by DCSO-B Q-Store that I could take an Army trunk and pack everything in this. I packed my pack and the Army trunk with equipment, only to be told the day before deployment that I could not take a trunk as I was only staying for five weeks. I received an email from Timor just before departure, which told me almost nothing useful and I would have emailed earlier had I known of the existence of email and the UN Hospital website.

Tell the Medical Officer what is required only at the last minute as this will throw him off balance and prevent him taking excessive amounts of equipment on deployment and save on RAAF or Naval fuel. Don't tell him too much, as this will make him worry.

PSYCHOLOGY

It was not until I reached Darwin, a few days before deploying in East Timor, that I was given a whole range of psychological pamphlets and information for my family on how to prepare for the months before deployment. This gave me great insight into the psychological process affecting my family on my being uprooted from my civilian life (e.g. anger, frustration,

grieving, etc, etc.) over the preceding six months. They had no support structure like a unit or regiment to which to relate. Had this information been given to me six months before I think this may have helped? It was too late for my wife and family to read this and for me to discuss it with them. No other psychological preparation was given.

Do not provide Medical Officer with psychological pamphlets or information to assist in preparation for deployment until the last minute as this may make him neurotic.

INCOME

As I was in full-time private practice and would not receive any income other than that from the Army while away, my private practice still had to be supported (e.g. secretaries, rooms, cars, sleep and respiratory laboratories and other staff) not to mention my family who needed to eat. I was told by Land Command (Medicalubersturmbahnfuhrerbunker in Sydney) that I would be paid a private practice support allowance as well as my Army pay, which may help to cover some of these costs. It cost me between $30,000 – $40,000 out of pocket for the period of seven weeks that I was away from my practice (One week before deployment during weapons training and a week recovering on return.) I purposely checked with the pay master three times at DCSO-B who assured me that both my tax free Army pay and my private practice support allowance would be paid promptly while I was in East Timor, the latter of which has since been reduced by the Army to a single lower sum regardless of one's specialty.

After a month in East Timor my wife rang up saying that she had amounted practice debts of over $10,000.00 and had received no money. After numerous phone calls from Dili to Canberra, Land Command in Sydney, etc, etc., I duly found out that the private practice allowance for Operation Tanager had not been ratified for payment unlike previous Operation Warden (INTERFET). I was the first MO to find this out in the 4 months of this "oversight". For those readers who are bird watchers, Tanager was probably named by some erudite Army ornithologist and is the name of a South American bird of the genus Tanagra, of the passerine family, viz. sparrows and probably also the twit. Its relevance to East Timor remains a mystery to me to this day. It then took further phone calls at an extremely high level to a variety of Fuhrerbunkers in Canberra and Sydney to obtain results. It was not until after I returned from East Timor several months later that any money appeared. By that time my debts were extremely high, my overdraft at bursting point and my practice referrals, which had dropped off considerably for many months, aggravated my financial woes further.

Ensure that promised private practice allowance and pay is delayed as much as possible as all doctors are "fat cats" (or rabbits) and such fiscal chastising encourages the doctor to work harder when he returns. This also encourages Medical Officers to volunteer for further deployments overseas. The AASM awarded for such endeavour has an ironic red stripe through it symbolic of "overdraft" (vide infra). The ADF, especially the pay section, has its clocks calibrated to Mercury's time system, as this planet is unique in that its day is longer than its year. This accounts for the different temporal expectations between civilian soldiers like me and the ADF. Mercury (i.e. quick silver) is not to be confused with quick cash.

PAY OFFICE

At the end of last year I received my ADF group certificate, which stated that I had paid more tax than I had earned. I tried to explain to my accountant that the ADF had a revolutionary mathematical system and cipher and that they could work out the square root of negative numbers and all sorts of things beyond most mortals. He looked sceptical and unconvinced. My accounting fees nevertheless escalated dramatically and I noted on the account some mention in small print about the reasons for the increase this year including the GST and my "Army Pay".

If the ADF can do the impossible with your pay, they will. It is never in your favour and rarely synchronised with Earth time. Einstein's theories come to life as time stands still.

INSURANCE

The current insurance system for Medical Officers deploying in the field is inadequate. I was fortunate in having a codicil to my own civilian private practice sickness and accident policy to cover my deployment in East Timor. However, I was the only medical practitioner in the ADF where this occurred (Australian Casualty Company). In general, Reserve Medical Officers are not covered for in the event of illness or serious mishap on returning to Australia and the Army pay, which would continue, would be totally inadequate to meet their costs. Many would go bankrupt. I also took out Army insurance for 'body parts' insurance at a cost of $500.00, which covers me up to $100,000.00 in the event of loss of a limb, but this did not cover illness. The most common cause of casualties in East Timor to date have been malaria and dengue and, for a non-combatant, disease is far more likely than trauma.

Do not provide medical officers with adequate insurance cover for their practices in case of illness as this may encourage malingerers.

PATHOLOGY AND VACCINATIONS

On deployment to East Timor, vials of blood are taken for DNA analysis, serology, etc. On three occasions the blood they had taken was lost as I am sure it was because I had no defined unit to which it was sent. Most of my vaccinations I arranged myself, as I could not trust the ADF to get it right. This included vaccination for Japanese Encephalitis virus. No post deployment blood was taken to check whether I had had a rise in dengue titres. I did this at my own expense out of interest in view of the possibility of further deployment. I arranged my own chest x-ray on return as I had seen a lot of tuberculosis.

Where possible lose blood for DNA analysis in case the officer goes missing, as this will reduce pension claims from his widow and delay vaccinations to the very last minute as they can all be given through the same hole.

DARWIN

After laborious and frequent visits to Enoggera and eventually to the Field Hospital where countless amounts of paper work were done as well as powers of attorney, etc., we were finally deployed in Darwin for a week of pre-deployment checks. This was a considerable waste of time as most of the information had already been done and this could have been cut down to a few days at most. Even more weapons tests were done despite my having done them the week before. One of our contingent, a 60 year old surgeon from Perth who had been asked to go to East Timor was inconvenienced to such an extent that even on the day that we left (we were about to embark on the HMAS JERVIS BAY), he was asked to disembark from the ship as there was still some doubt whether he could be deployed because of his short-sightedness despite a deployment in Bougainville only a few months before.

Where possible reduplicate all services on deployment, as this is a double check just in case further military incompetence occurs. "Stuff around" specialists as much as possible.

FOOD AND WATER

In East Timor, the United Nations decided that they would start buying their supplies, including water, from Indonesia as this was much cheaper than the supplies from Darwin, which came over while INTERFET was there. I casually observed to one of my medical colleagues when we were drinking Indonesian bottled water, that I would not be surprised if this had a high coliform count. A week later the water was found undrinkable (for the ADF, unpotable meaning that it should not be put in pots) and a hazard to health. Consequently, tonnes of bottled water were destroyed in our hospital and I am sure elsewhere as well. When in Darwin we had been given a lecture on the need for "mass hydration" while in Timor (curious concept for a Queenslander) and now the CO's daily Routine Orders had us restricted to 2.5 litres of drinking water a day. It used to be 36 degrees and 80% humidity in the ICU tent at 8 am. We started drinking our own urine but no one noticed the difference. The quality of food arriving also fell while I was present. We were even importing juice and other products from as far away as Germany.

Where possible, buy provisions and water supplies locally as this will ensure a more speedy resolution to the conflict. Always buy food and water from the cheapest bidder because the food will be so bad that your troops will eat less and the middleman gets a bigger slice of the pie.

STRAIGHT-LACED

One day we received a written directive from Canberra how we should lace up our boots (I kept it as a lasting souvenir of East Timor and shall frame it along with the "Water Orders"). The method prescribed was not possible with the new ADF boot.

By rearranging the deck chairs on the Titanic, the impression of enlightened efficiency is conveyed as a control of the minutiae in one's life. The reader will be reassured that no direction was given about how to drink tea or crack open a boiled egg (viz. Gulliver's Travels).

THE TOWER OF BABEL

The UN Military Hospital, Dili consisted of a combined force of Australian, Egyptian and Singaporean Medical Units[3]. The Egyptian contingent never integrated well with the Australian contingent having come from a different linguistic, religious and cultural background and also with disparities in training, cultural mores and incompatible equipment. They did not think that women should go running around in gym shorts and sweaty tight T-shirts and share sleeping quarters in the same rooms as men. Although they had regular prayers, I never saw an ADF Chaplain at the Hospital in the time I was there and no church services occurred on Sunday. I was left with the impression that the ADF was a secular organisation of a country nominally Christian in a post-Christian era.

Where possible combine different sub-units from widely diverse cultural and linguistic backgrounds, providing an SBS/multicultural flavour for the medical officer tourist. This will greatly enrich his experience on his overseas paid holiday with the ADF. This is affectionately called, by UN military apparatchiks, the "Tower of Babel" concept of military planning.

MANPOWER

The pool of Medical Officers required for East Timor is quite small with a growing demand on it with some officers doing as many as three rotations in one year.

A small cohesive force of Medical Officers, rather than a large pool with younger medical officers coming through, provides a tight clique and discourages involvement from younger members and keeps out the "riff raff". This also rewards the "gong-collectors" who compete at dining-in nights and Consultants' Dinners for the most asymmetric mess dress (For the novice, "gong" is the affectionate term for a medal).

EXTRACTION

On "extraction" (an ADF term not to be confused with wisdom) from East Timor, I returned soon after to a busy private practice feeling dysthymic, tired, worn out and culturally maladjusted for some weeks. At no stage upon return was there any physical, psychological or other follow-up of any medical officers. Not even a chest x-ray or a dengue titre. The promised post deployment check-up did not come. I had done my bit. The Service was rendered like a stud bull and forgotten until next time the sacred cow is in season.

As soon as the Medical Officer has done his "thing", forget about him until he is needed next time. This helps his integration/insertion back into civilian life.

WHAT'S IN A NAME?

Nearly a year after returning from East Timor I received a letter from Health Services, presumably in Sydney (exact address not stated), stating that an update of all my personal details and Army training was required for a new database. However, this had been sent to my address from seven years ago (two houses ago) and it finally reached me by serendipity and the goodwill of a kindly postman. On ringing up to inquire about this, I found out that none of the copious information I had provided to the ADF on deployment to East Timor had reached the central

Health Services Section Fuhrerbunkernerfecenter (I still don't know on what part of the planet it is located). My name was spelled incorrectly, the address wrong and my Army details inaccurate.

Where possible send correspondence to the Medical Officer's former addresses, usually two addresses ago and at least seven years out of date to confuse the enemy in case of mobilisation in the event of the "W" word. Never use a telephone book or the White Pages on the Internet, as it may be inaccurate. We all know that medical practitioners hide their practice addresses and phone numbers from their patients. This is a job for covert operations or Military Intelligence.

THE "GONG"

I waited for nearly a year to receive my Australian Active Service Medal. In October, six months after returning to Australia, I wrote to Victoria Barracks, Brisbane inquiring about the medal as some others had already received it. I received a reply in March five months later saying that it would arrive in two weeks. Initially, they said they had no record of my having served in East Timor. In June 2001, I found out from two personnel in the Medals Section, Melbourne that a large batch of medals had been sent to 1 Royal Australian Regiment in Townsville, mine included irrespective of whether you lived in Townsville or Bourke. Excited at this news, like a beagle (or White Rabbit) sniffing a new lead, I made inquiries via the Regimental Sergeant Major at 1RAR who dutifully readdressed the medals to the respective units (the Good Lord is two ranks below an RSM). However, no one in 1RAR had taken the trouble of writing down where the respective medals were sent. Mine has never been seen again but I am sure will be found by archaeologists before the next glaciation.

Where possible send medals of Medical Officers to another State or unit so as to keep them in suspense and to confuse the enemy. This also encourages them to seek another medal and another foreign battlefield and to encourage the black market in second hand replica medals and miniatures (made in Indonesia).

MEDAL PRESENTATION

Several of my Medical Officer colleagues who have served in East Timor have had their medals sent to their home address or a pigeonhole at Enoggera. No ceremonial presentation was done, as this appeared a complete waste of time. I was asked if I wanted it sent to my home address.

Devalue the Australian Active Service Medal and the sacrifice made by the Medical Officer and his family as much as possible. Presentation of medals on ceremonial occasions is bad for the ego and only encourages pride in one's achievement and recognition of the service rendered by the reserve Medical Officer.

TRAINING

When I was in East Timor, one RAAF Medical Officer was surprised that I had not done a course in Aero-medical Evacuation (AME) or Emergency Medicine (EMST) by the ADF. I have never been asked and I know of one officer who had to pay for his own airfares to Richmond to attend one. I had been in the ADF reserve since 1998. I pay to go to trauma and military medicine conferences myself

Don't provide any military medical training. You will just have to make do. If you are keen pay for yourself as the ADF Reserve is a charitable institution.

JOURNALS AND ADDRESSES

I recently asked to receive the free ADF Health, a journal. I was told they did not have my address. I told them a RAAF Reserve Specialist across the corridor from me wanted it too and had given them his address. They sent the details of the subscription to me, and one for him and asked me to give it to him, as they did not have his address although he had just come back from a tour of duty in Bougainville. I suggested they even try the phone book, Internet White Pages again or ASIO (we have all had ASIO security clearances).

The ADF has too many disparate arms like a psychotic octopus strangling itself in paper. Commonsense is in short supply. A problem solved in five minutes in civilian life takes forever in the ADF and is worse in the Reserve.

CONCLUSION

I have since been asked to go to East Timor but I am presently unenthusiastic despite the ability of the Army to make ease of deployment verging on an art form. The transition from a busy private practice into the "Alice in Wonderland" world of the ADF is not easy and I believe there is much to be done by the ADF to ensure that Medical Officers do not become disaffected. I believe that military incompetence in the ADF is alive and well and that my entreaties for change by letters sent through the chain of command have, as expected, fallen on deaf ears and will continue to do so. We need enlightened lateral thinking individuals at all levels, especially at the top, to institute change and also a systematic and cultural shift to an efficient, "smart" and innovative ADF for this "lucky" country languishing perilously beneath the Pacific "ring of fire". Re-arranging the deck chairs on the Titanic is not enough; the " *plus ça change, plus ça la même chose*" mentality. As the promotional methods, the personality types who find the services attractive and the current military culture preclude critical innovation, I doubt that any systemic change will occur. However, if it does not, the "Clever Country" may not be so lucky in a larger or unpredictable conflict as occurred on 11th September 2001 and subsequently.

To quote a Latin maxim:
"Si vis pacem, Para bellum".
"If you want peace, prepare for war".

LEGAL DISCLAIMER:

The characters in this paper are purely fictional and any resemblance to any rabbit in real life is purely coincidental. In order to protect the aforementioned innocents, the Royal Australian Legal and Veterinary Corps have subpoenaed and thoroughly perused the above document and have concluded that no rabbits, rodents or avian species have been defamed, and nor can the above said author or White Rabbit be sued under Common Law, tried by a Court Marshall or by the Court of the Queen of Hearts for matters raised in this document.

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