

An Experience of War

by Major Geoff Jones

I was honoured and privileged when invited by Lieutenant Colonel Shaun Fletcher, Commanding Officer School of Administration and Health, to present a paper on my experiences in the Vietnam War to the School's students and staff at Bandiana on 11 November 2004. I was pleased at that time also to present to the School a copy of the book 'We Band of Brothers – A True Australian Adventure Story' by Brian McFarlane the former Officer Commanding C Company 6th Battalion Royal Australian Regiment under whom I had the privilege to serve in both Australia and Vietnam. Brigadier Tony Gill, RAAMC Head of Corps has further honoured me by inviting me to publish in Paulatim this edited version of my presentation entitled 'An Experience of War'.

General George S. Patton the great US Army Cavalry and World War 2 Army commander, when addressing his troops before battle said, "No bastard ever won a war by dying for his country – he won it by making the other poor dumb bastard die for his country". He also said, "When your grandson asks you what you did in the Great World War 2, you can say. Well, I didn't shovel shit in Louisiana".

Crude language to be sure but not incongruous, because war is crude; it is crude, vulgar, violent and obscene. To quote another famous US General - *War is hell!*

Throughout history the world has been in a continuous state of war and it seems there is no likelihood that this will ever change. Indeed, we are now at war against sinister and unpredictable global terrorists. In fact, in the last 3,000 years there have been only 268 years without war. Regrettably, war is part of the human condition.

Every soldier in history has asked of himself or herself the searching question, "If I am called upon to go to war, will I be up to it?"

You will know the answer to the question when you are confronted by the reality but it will only be those who are well trained and properly prepared who will answer affirmatively. And, it is even more certain that the untrained, the undisciplined, the lazy and the poorly motivated will not be up to it.

Nothing prepares you better than training – realistic training – hard training – training that gives you the knowledge, skills and attitude to survive and win on the battlefield. Patton was right – no dumb bastard ever won a war by dying for his country.

Hard physical training will reveal to you your own personal strengths and weaknesses. Through testing experience you will learn something about yourself – about your unique personal qualities – your nature – your character. Already, you will have learned some of this from the tough training you have already done. With this knowledge, you will be a reliable team member and a capable war fighter.

I joined the Army in 1964 as a 17-year-old and trained as a Medical Assistant. Two years later, aged barely 19, I was company medic of C Company 6 RAR in the Vietnam War.

My introduction to the army really began when Corporal 'Tubby' Winzar, a gnarly old Second

World War veteran with a chest full of ribbons, met our draft at Wagga Wagga Station.

"More thieves, rogues and murderers pass through the gates of Kapooka than Long Bay Gaol", he growled. As far as my platoon was concerned this proved to be right and it was then that I knew that I could trust anything the Army told me.

Twelve weeks' recruit training passed in a blur of exhausting days, physical pain, selective bastardry and the learning of new skills. I somehow survived.

But that was soon behind me and without a backward glance I bolted for Wagga Wagga Railway Station to board a train for Melbourne and the School of Army Health at Healesville where I would be trained as a medic.



17 year-old Geoff Jones ready to march out from recruit training at Kapooka

Medical Assistant training in those days was in three parts commencing with a six-week course comprised of anatomy and physiology; first aid; nursing procedures; medical documentation and preventive medicine. This was followed by six months on-the-job training before returning to the School for a further six weeks.

I have clear memories of first aid scenarios, stretcher carrying, field training, practicing ward routine, bed making and constructing improvised field hygiene appliances. I was greatly interested in first aid and field activities and I excelled in these areas. As for nursing, I didn't extend myself. I thought the Nursing Officers were too much like my mother and my sisters, all of whom were nurses

Personal Stories of Triumph and Tragedy

and who seemed always to be telling me what to do. It wasn't until later in my service that I saw at first hand the vital caring role that medics played in nursing sick and injured soldiers. But, for my part I only wanted to be a field medic.

The NCO instructors took great care to set up realistic first aid scenarios and just before lunch or knock off time was the time they most favoured. The simulations were mostly battlefield scenarios but would occasionally be road traffic crashes or snake bite or the like. Frequently, they involved punishing stretcher carries over obstacles and long distances.

Importantly, emphasis was also given to infantry minor tactics, navigation and weapon handling. These core skills for surviving and winning on the battlefield are integral to the completeness of a medic's training.

While the instructors were hard working and well intentioned I have observed with the benefit of hindsight that the training regime had three glaring omissions. Firstly, that almost all first aid scenarios involved single casualties and secondly, they occurred only in daylight and third, no one ever died. We were not exposed to managing mass casualties, or to treating injuries by feel and touch in blackout conditions and, I cannot recall ever being told that despite my best efforts some of my casualties would die. It would not be long before I learned these lessons the hard way.

As a brand-new medic, I was posted to the 3rd Casualty Clearing Station at Wacol, Queensland where the pedestrian routine was not entirely to my liking. I seemed only to be filling in time on work details and the nearest thing to excitement was in dodging and hiding from the supervising NCOs. I found a way out of my misery when a vacancy arose at 2 RAR, then at Enoggera, a Brisbane suburb. This exciting new posting gave me my grounding as a practicing medic and in the next several months I learned much from the RMO and the senior medics with whom I worked.

In 1965, Australia committed a Battalion Group to the Vietnam War. The army was expanding, conscription was introduced and 2 RAR was split to allow the raising of the 6th Battalion to which I voluntarily transferred as a founding member.

It was at about this time when in two separate incidents I came to the notice of my Company Commander. The first was on a training exercise when a soldier broke his finger and the prospect of evacuating him would cause some logistic inconvenience. With necessity being the mother of invention I had the brainwave of constructing a splint from a ration tin using surgical scissors as tin snips. In the event, it proved to be a perfectly adequate splint and the soldier remained in the field. From that moment, my capabilities as a medic were established for all to see.

But my real test was soon to come.

Whilst inspecting a weapons' display at Enoggera during the lunch break, two soldiers were

blown up by a claymore mine. The weapon was believed to be inert but it had inexplicably exploded. As the first medic to the scene I was confronted with two seriously injured casualties. Sergeant Len Usher was laying on his back, one leg was blown off above the knee and deposited on the roof of a nearby building, his other leg was a pulpy mess, shredded by high velocity ball bearings, his trousers were blown away and his shirt was smouldering with fire – he was conscious, bleeding and in severe shock. Warrant Officer Colin Barbour was conscious and attempting to stand. He took the force of the back blast, causing severe burns to his face and torso and temporary blindness. Acting instinctively and according to my training, I set about doing what had to be done.

I quickly assessed that Sergeant Usher was the more serious of the two and I treated him while instructing another soldier how to treat and manage the warrant officer. I applied a tourniquet and shell dressing to Usher's stump and another tourniquet to his remaining leg and I treated him for shock.

The battalion Land Rover ambulance fitted with primitive stretcher frames arrived simultaneously with the RMO. Soon, both casualties were loaded and the vehicle rumbled off to Royal Brisbane Hospital with a police escort. Both casualties survived.

For my part, and all of 18 years young, my reputation as a competent medic was established and I was next day promoted to temporary corporal

This event illustrates that incidents such as this can happen unexpectedly. Secondly, this was my bleeding - the first occasion that others had looked to me to do my job. The job they expected I could do. It was my awakening; casualties do not necessarily happen singly as I had practiced in training; the sight of this living mutilated body was grotesque; and I discovered that blood is hot, 37°C hot. Initially, when I placed my hand on the bleeding stump to control Usher's bleeding my hand was automatically repelled by the unexpected heat. I also found that blood in large volume is thick and gluey, it is sticky and it has a pungent sickly odour.

I was later to treat a soldier whose leg was crushed under the track of an Armoured Personnel Carrier. This occurred at the Shoalwater Bay Training Area in Central Queensland. His grossly disfigured leg had multiple fractures and he was in severe pain and it was nearly two hours before a helicopter arrived to evacuate him to Rockhampton.

In peacetime medics were not permitted to carry morphine or similar pain relief and this became an issue for me. I asserted then, and do to this day, that when operating in remote areas medics must have the means to treat severe pain.

I soon found it ironic that in Vietnam there were no such restrictions on medics administering morphine and I had no hesitation in using it to relieve the suffering of sick and wounded soldiers. In fact, it was here that we were issued morphine for the first time ever, the RMO giving us a 'soldier's five' on how and when to use it.

Personal Stories of Triumph and Tragedy

6 RAR's introduction to the Vietnam War began with the search and destruction of the deserted Long Phuoc village; a former nest of Viet Cong and communist sympathisers. The operation was uneventful except for harassment from snipers, who fortunately proved to be poor shots, the discovery of a tunnel system and the seizure of rice, documents and weapons.

In these early days we thought this was another exercise, albeit with higher intensity. I treated and evacuated one soldier for a head wound when sappers blew up the village chief's house and a high velocity roof tile splintered and scalped him. I also evacuated one man who had a high temperature, severe headaches and nausea. I was to learn later that he was suffering encephalitis, or cerebral malaria, from which he tragically died. This was a powerful incentive for us to take precautions against mosquito bites.

It was on this operation that my mates were highly amused at my expense in a night time incident and it is one which illustrates the difficulties when treating casualties in total darkness. Soon after 'stand down' a soldier crawled to my hutchie and hissed to me *"Doc, I've been bitten by a scorpion!"*. A scorpion!! *"Christ", I thought. How do I treat that?"* In the blackness of the night I examined him as best I could by touch and feel. Swelling on his arm was producing heat and he complained of localised pain and nausea. None of the first aid books I had read referred to scorpion bites – so what was I to do? The only solution was to get advice from the Regimental Medical Officer, which necessitated my groping and stumbling in the darkness to reach company headquarters to speak by radio. This I did and I returned to my hutchie the same way. The RMO was not particularly helpful as he suggested that I give the man pain relief and take hourly observations.

Sitting wide awake throughout the night I measured the pulse and respiration of the bitten soldier who lay in my hutchie fast asleep and sighing softly. He awoke at morning 'stand to' to announce that he felt terrific and that he had had the best sleep in ages. I felt like 'shit'. Not surprisingly, anyone subsequently bitten by a scorpion got far less sympathy from me.

Another aspect to this story was that in the darkness I could not readily distinguish the difference between my supplies of codeine for pain relief, sulphur tablets for diarrhoea and pills for treating fungal conditions, all of which were encased in identical plastic tubes. Later, I taught myself by trial and error to recognise the tablets by biting into them and identifying each by their texture and taste. It was only then that I had confidence that I was giving my sick and injured an appropriate remedy.

6 RAR, like all battalions of the day, had an RAAMC medical assistant and an infantry stretcher-bearer at rifle company headquarters and a stretcher-bearer in each platoon. I had the assistance of this quota of bearers although I frequently went on operations without one or more

of them. When they were available they were a tower of strength to me.

I will digress for a moment to relate my most fearful experience in Vietnam. My company headquarters stretcher-bearer corporal was a 'marriedy' with a couple of kids. With everything to live for he certainly didn't want to die. But die, he almost did when I accidentally fired my Owen sub-machine gun; the bullet missing his head by millimetres. He sat paralysed; and in his face, suddenly drained of blood, I saw fear and horror. I trembled uncontrollably; shocked, frightened and speechless.

I had very nearly killed my mate through inattention and too little respect for a loaded weapon. This was a salutary lesson for me, and one that I was never to repeat although others did and men were killed or severely wounded in the process. My powerful message here is to not let this happen to you. Be respectful of your weapon and concentrate always on what you are doing.

Within a few short weeks 6 Battalion lost its first man to enemy action and he was from 8 Platoon, C Company. This was a great shock to us all as to date; it all seemed like something of a game.

Gordon Knight's death in a counter ambush action by the enemy changed everything. The Viet Cong, or VC, were clearly ready and able to take us on.

I was not part of the 8 Platoon action, but it was at about this time that I saw my first dead enemy soldier. We were patrolling near the site of the counter ambush where Gordon Knight had been killed several nights before when the smell of rotting human remains was evident in the air. We searched for and found the dead VC under the cover of a banana tree where he had crawled to die of his wounds. The body was putrefied and swollen and there were maggots, ants and other insects crawling through his open mouth, teeth and eye sockets. His eyes had long been devoured. This was another sobering experience but one for which the company had the satisfaction of recording its first kill.

Our operational schedule of company and platoon sized patrols as well as battalion level operations recorded numerous contacts and short sharp fire-fights. The hot and humid climate was enervating and exhausting. As well as fighting a war we were constructing a base camp, digging weapon pits, sinking latrines, erecting barbed wire and other defences and building company boozers. It was not until three months into this punishing routine that we were granted one day's leave in Vung Tau.

We were overworked and tired. Men began to show signs of illness – niggly complaints that soon matured into debilitating conditions. 'Pyorexia of Unknown Origin', an unexplained fever with painful joints was common, as were fungal infections and respiratory conditions. Each morning after stand-to I would hold a sick parade and I would dispense the few medicines I was able to carry in the field.

Personal Stories of Triumph and Tragedy

Often, I could offer nothing but a bit of sympathy and encouragement.

On an early operation, I learned something that I had not fully realised before.

C Company was patrolling into its area of operations by stealth. Large numbers of VC, often referred to by phonetic alphabet letters as Victor Charlie but more simply as 'Charlie', were suspected in the vicinity and it was important that our approach not be detected. Any helicopter activity would alert Charlie to our presence and he would react in force.

9 Platoon reported a casualty who was suffering abdominal pain and was unable to go on. I made my way back down the dispersed column to find Corporal Neill Lindsay doubled up in pain.

I suspected appendicitis or hernia and I knew that he was fair dinkum. He was one of the toughest and best soldiers in the company and it was unlike him to drop. I reported my diagnosis to the company commander and recommended that Neill be evacuated. The boss hesitated for a few moments before calling for a Dust Off, acutely aware that our covert insertion into the Area of Operations would be compromised. Whilst I was greatly impressed that he had backed my judgement I knew his decision was also based on Neil Lindsay's reputation as a never-say-die fighting soldier. In the event, Neill was found to have a strangulated hernia which required urgent surgery.

It was this incident that made me fully realise the privileged position I held as the company medic, that my advice was important and that it was taken seriously. I knew then that I would have to live up to this responsibility and to the expectation that others had of my professional judgement and abilities.



Geoff Jones (front) with SLR and slung 'crash kit' together with Graham Spring and Brian McFarlane on operations in Phuoc Tuy Province, South Vietnam.

In the field I carried an Owen sub-machine gun – later to be replaced by an AR 15, the early Armalite rifle – which I then traded in for the robust and ever reliable SLR. My bum pack was my medical store-house containing most of my medical consumables such as morphine, anti-biotics, anti-fungal tablets and an assortment of other pills and creams. Attached to the front of my webbing was my 'crash kit' or 'Medical Haversack NCO'. This was my emergency trauma kit which contained morphine, large shell dressings and smaller field dressings, bandages, sticking plasters, instruments and the like. It hung from two clips at chest height but when laying prone it raised my body six inches above the ground when it was infinitely safer to be level with or below the ground.

After my first experience of feeling nakedly exposed to enemy fire I bodgied up the clasp so that I could quickly release one side to flick the pack under my arm and squirm as far into the ground as I could.

C Company's first major action occurred on 25 July 1966 when we contacted a reinforced enemy company.

In his book, *We Band of Brothers*, C Company commander Brian McFarlane records, *'after patrolling for about 500 metres, the leading troops approached a cleared area where the padi fields made an indent into the jungle. 7 Platoon saw two VC watching from a bamboo clump located about 60 metres out in the cleared area. Opening fire, the two VC were hit but immediately afterwards, on a front of about 125 metres, the tree line across the cleared indent erupted in a hail of fire directed at 7 Platoon.'*

The enemy advanced across the clearing in an attacking line with bugles sounding and guidons flying. Mortars slammed into our midst as we took up firing positions. We were outnumbered by three to one. For more than 30 minutes, belt after belt of machine gun fire was directed at the attacking line and our artillery fire began to cut the enemy down. The attack was beaten off but at the expense of three of our own men wounded.'

Les Prowse suffered a gun-shot wound to the head, Bill Winterford an amputated arm and Rodney Cox had a shrapnel wound to the wrist.

I went forward to the casualties. The platoon stretcher-bearer had applied a field dressing to the wound of the unconscious Prowse who was now fitting and his body jerked uncontrollably. There was nothing more that could be done for him. Bill Winterford, his arm all but severed by hot shrapnel was lying by his wrecked machine gun and cursing the 'bastards' who were shooting at us. The fact that Bill had been hit by one of our own incoming artillery rounds was not known to him or to any of us at the time. While this was our first experience of being hit by so-called friendly fire it was not to be our last.

On reaching Winterford, I applied a tourniquet to his stump and tied his amputated forearm to his remaining arm above the elbow. Knowing that he would soon be in pain, I dosed him up with

Personal Stories of Triumph and Tragedy

morphine and placed him on an improvised green nylon stretcher that I carried in my kit.



Bill Winterford (left) with Ken Wallace and Ken's sister and girlfriend at Enoggera prior to embarkation

Bill was a little bloke with a ton of guts and as I dressed his wound he quipped that he only needed one hand to hold a cigarette. I also prepared Prowse for evacuation and with a party of carriers from 7 Platoon, each with a casualty on an improvised stretcher, we began to make our way back to company headquarters.

Our rearward movement was quickly aborted when heavy firing recommenced and mortar bombs were dropped on and around us. The carriers scurried back to their sections and I remained with the casualties in no man's land between 7 Platoon and the relative safety of company headquarters.

As the enemy force was beaten off a Dust Off helicopter, circling overhead, was brought in and our two men were evacuated. Despite his wound, Rodney Cox was determined to remain in the field so I cleaned and dressed his wound and we hoped for the best. Les Prowse died of his wounds and gutsy Bill Winterford was awarded the Military Medal for his actions before he was wounded.

This was my first experience of intense sustained combat – on the one hand it was exhilarating and on the other very sobering. With my work done I suddenly felt an immediate and overwhelming urgency in my bowel and to my surprise, I passed its contents in an explosive stream the consistency of water.

The loss of Prowse affected me badly as I could not conceive of any of my casualties dying. In training, no one ever died of wounds. I felt very flat.

The following day I was fortunate to run into Captain Don Parsons, our Regimental Signals Officer, a veteran of the Second World War and the Korean War. He understood how I felt and he talked to me about the reality of the situation. This old soldier's wisdom and encouragement made me feel better and I was able to lift my head and move on. These days such a talk might be called counselling; in those days, it was called leadership. Give me good leadership any day.

Three weeks later the Battle of Long Tan erupted.

As C Company medic I played no part in the battle. It was a D company show with A Company and elements of B Company reinforcing Delta.

The battle was fought over three hours on 18 August 1966 in a rubber plantation in a deluge of monsoonal rain. Delta Company fought for their lives, outnumbered 25 to 1. Had they not fought so gallantly the way was open for the enemy to overrun the Australian Task Force base at Nui Dat, then only lightly defended by my company, C Company.



Corporal Phil Dobson, MID, D Coy Medic

Over 3,000 artillery rounds were fired during the battle and a courageous ammunition resupply was flown by two RAAF helicopters at the height of the action. D Company lost 17 men killed in action and 24 wounded. An APC crew commander, transporting A Company, later died of his wounds. Corporal Phil Dobson was the D Company Medic and he was Mentioned-in-Dispatches for his outstanding work during the fierce fighting. Phil became my hero as did A Company's Peter Short who was later to become RSM of the School of Army Health at Healesville and Portsea. They are my heroes to this day.

The enemy broke contact as darkness fell leaving 245 of their dead littering the battlefield. Many other dead and wounded were dragged away during and after the battle. The Australians withdrew to a secure harbour some distance from the carnage to evacuate their wounded and it was here at first light the next day that C Company married up with D Company.

We advanced into the battlefield in a high state of alertness and not a little trepidation. D and C Companies led the battalion assault to destroy the remaining enemy and to search for our missing comrades. The enemy had long gone, but miraculously two of our men survived the night, separate and alone and with severe wounds. They were overjoyed to be rescued.

Personal Stories of Triumph and Tragedy

The battlefield was like a charnel house. The force of high explosive and fleschette fire had blown off the crowns of rubber trees, and tree trunks everywhere were weeping rubber sap. As we approached I saw a figure seated with his back to a rubber tree his hand raised as if waving. As we drew closer I could see it was an enemy soldier – or his remains at least - his head and left shoulder and arm were scythed off, a victim of one or more of the artillery rounds that blew him and his mates to kingdom come. Within a few metres were more, and yet more bodies; most grossly disfigured from shrapnel and machine gun fire. Strangely, they looked like oversized porcelain dolls, white and waxy, washed of blood by the raging monsoonal storm.

D Coy's 'Sting' Hornet pointed out to me a dead enemy sniper hanging upside down in a rubber tree. He told me that he had shot the sniper when the VC had shot and killed Maxy Wales moments before. *"The bastard was a medic"* Sting said. Sure enough, at the base of the tree was a tin, much like a biscuit tin, containing a few medical instruments and bandages, the contents stained with blood.

Our job was to clear the battlefield and to bury the enemy dead. We carried out this grim task with respect for a gallant enemy and for the sake of our sanity with occasional black humour. It was a confronting sight of violence unleashed and of wholesale death and destruction. Our mood was sombre to say the least.

Our respectful intentions were soon strained as digging in the wet clay soil with an entrenching tool was very hard going. The first bodies to be interred were buried singly but the remainder were brought together and buried in pairs or even threes and fours and these in shallow graves. When we patrolled through the area a few days later the remains were exposed; heads, arms and legs had broken through the ground and were pointed stiffly to the sky. Wild animals had begun to devour many of them.

It was about this time when tension was at its height that we experienced a joy of mateship and humour.

The enemy was lurking nearby and the darkness was as black as pitch. The only light from fire-flies – strangely, looking like tracer bullets. The company occupied a perimeter of about 50 metres radius. Platoon machine gunners manned their posts and peered into the blackness, alert and suspicious of every sound, their nerves taut. A radio operator in the centre of the perimeter was sending reports to battalion headquarters in a hushed tone. 100 men lying on the wet ground under nylon hutchies – trying to settle down but with nerves like strained fencing wire.

The American comedian, Stan Freberg had a comedy routine in the 1960's that featured two lovers - John and Marsha. Big John Winstone, a first class soldier who kept us amused with his ready wit and irreverence for all things army had by



John Winstone and Marsha at Enoggera prior to embarkation

coincidence, a girlfriend at home in Australia named Marsha.

John was hutchied up with another bloke who in the tension of the night and with a whispered rising inflection called out, *"John?"* Thinking of home perhaps, John answered *"Marsha!"* This was picked up by the blokes in the next hutchie, *"John" – "Marsha"* and onwards around the perimeter; *"Johhnn" – "Maarsha"*. As it was passed on so did an erotic inflection of *"Johhhnnn" – "Maaarrshha"*. This built to a crescendo of erotic fantasy. We started to giggle, stifling it at first but then not able to contain ourselves. We laughed and giggled and for a few minutes we forgot the dangers of 'Charlie' lurking in the dark. The tension was broken and with sentries posted we settled down for a good sleep.

In the morning there was no sign of the enemy. They withdrew in the night, perhaps in the belief they had been subjected to a new form of psychological warfare.

Returning briefly to the privilege a medic enjoys in an infantry company, or any regimental unit for that matter, I briefly mention the bond that develops between a medic and the men he cares for. One should not assume that a bond of closeness would automatically exist, as it is something that is earned and will only come about through trust and mutual respect. This has been the case at least since Gallipoli when A.G. Butler the official historian wrote on the death of Simpson. *'..... Conduct such as his, and the high standard set from the first in the rescue of wounded, gained for the stretcher-bearers what they desired – not a halo of sentimental eulogy, but the confidence of the men who fought and comradeship on terms of equality with them'.*

A good medic will gain the confidence and respect of commanders and the men. He or she will frequently be confided in; for explanation of medical matters and even to discuss the most personal of matters. A medic's advice or opinion will often be sought before that of a padre.

Acceptance on equal terms does not come without a medic at all times demonstrating – courage, dependability, integrity, and discretion.

Personal Stories of Triumph and Tragedy

An enduring and prominent feature in any war is that given to misconception or mistaken belief. In World War 2 there was a misconception that Japanese soldiers couldn't fight, that they were bandy-legged, squinty-eyed and couldn't see in the dark. The Vietnam War produced its own misconceptions; one being that anyone dressed in black pyjamas was Viet Cong and should be shot on sight. To our surprise we found that most Vietnamese dressed this way.

A second misconception was that from the time of wounding on the Vietnam battlefield a soldier would be transported to hospital by helicopter and be on the operating table in less than 30 minutes. This may have been statistically correct but there were exceptions. Such an exception occurred on 10 September 1966.

C Company was leading the battalion's upward advance on the precipitous slopes of the 2,000 foot Nui Dinh Mountains. It was head down and bum up for us all while at the same time we were watchful of our arc to warn of enemy ambush. We were at the halt and brewing up when it happened; incoming machine gun and small arms fire ripped into 9 Platoon, the hard cracking sound of AK47s being unmistakable.

Bob 'Vic' Morrow was hit and a call for "medic" was shouted from the front, about 100 metres distant.

The incoming fire was intense and 9 Platoon's return fire gave the impression that this was a significant contact. The platoon was without a stretcher-bearer so on hearing the call I went forward ducking and weaving downhill from tree cover to tree cover, all the while searching for the casualty. I was within metres of him and separated only by a large fallen tree when the direction and intensity of enemy fire increased and seeing bullets striking the ground nearby I felt that every shot was aimed at me. Having the choice of diving under the fallen tree or going over the top I chose the former and self-preservation. While tangled in branches and struggling to go forward I encountered Alan Kunde who had crawled over to assist me. Telling me that Vic's arm was shot away I passed to Alan a tourniquet with instructions to put it on him while I extricated myself.



L to R. Rick Bensley, Harry Prosser, Bob 'Vic' Morrow on the leave truck at Nui Dat – August 1966

No sooner had I done this than 22 year-old Sergeant Phil Crossingham leapt over the tree trunk and scooped Vic up throwing him over his shoulder. In the midst of incoming fire he called for me to cover him and we took off by a different route for the top of the hill and the safety of its reverse slope. His actions were the bravest thing I ever saw.



Sgt Phil Crossingham (front) and Lt Eric Andrews on leave at the Australian Rest and Convalescence Centre - Vung Tau, South Vietnam, August 1966

Reaching safety, I checked Vic's wounded arm to find the whole of his triceps muscle shot away. He asked for water, which I gave him – and then to my horror – I heard a whistling sucking sound. Ripping his shirt open I found a massive wound in his chest – so large I could put my fist into it.

The shell dressing I applied was of little help initially but when I packed the hole with my sweat rag and applied the dressing over it I achieved a better result. Vic's colour was ashen and he had clearly lost a lot of blood. With the help of others I propped him forward to search for the entrance wound which I found as a neat hole below his shoulder blade and steadily seeping blood. Closing this wound was a challenge but I managed to do so with a dressing and length of Elastoplast that extended around his body from his chest to his back. Despite his extensive wounds Vic was cheerful but he complained of pain and thirst. He was in bad shape and in need of immediate evacuation. I thought, one of those 30 minute helicopters would do the job!!!

It's all in the book – *We Band of Brothers – A True Australian Adventure Story* written by Brian McFarlane, Officer Commanding C Company who describes the scene this way:

'it was obvious that we would never clear a landing zone where we were but Major Harry Smith of D Coy came on the air and told me that he had a spot and would go for it with everything he had. Corporal Jones then told me that Morrow's condition was now very grave so I got on the radio and told Harry of my fears for Private Morrow's life and asked him to do his best with the LZ. Quite properly, Colonel Townsend (the CO) came up on the net and essentially told me to shut up, though

Personal Stories of Triumph and Tragedy

in more polite terms. 'Three, this is niner, from Sunray for Sunray, please address the matter through this callsign, out'.

So, not only did we not have a Dust Off helicopter we did not have an LZ, at least for the next couple of hours.

I continued to nurse my wounded soldier taking regular observations and checking dressings and because he was in considerable pain I administered a standard dose of morphine, which seemed to help. He was greatly comforted by my close attention and the encouragement of his mates. I was very scared that he would die and the longer we waited for his evacuation the more certain that appeared to be. Whenever he closed his eyes I would awaken him so anxious was I that he would give up the fight.

With the LZ now ready Major McFarlane gave me the command to move and he allotted two sections of 8 Platoon, one to carry Vic on an improvised stretcher and the other to protect our evacuation party from any lurking enemy.

In the book *We Band of Brothers* I describe the rigours of the next hour. *'It seemed a lifetime before we started to stretcher him down to D Coy and the LZ. I was very worried about his condition. The stretcher carry was a long distance over very rough ground and I stopped the party every few minutes to give Vic a break as much as the carriers. We were also concerned about being bumped by the enemy along the way so we could not linger for too long. Vic stood up to the rigours very stoically but much of the time he drifted in and out of consciousness. When we got to the LZ I was pleased to see our Medical Officer, Captain Vic Bampton and Padre Les Thompson. The RMO administered plasma to Vic and he rallied a little but he was still gravely ill'.*

But, Vic's ordeal was not yet over. As the Dust Off helicopter rose from the LZ it thrashed its way through tree foliage to exit the tiny hole that D Coy had hacked out of the jungle and in doing so severely damaged its rotor blades. The aircraft could barely maintain height and as it hugged the mountain side its fuselage was raked by enemy fire. Unable to land at the US 36th Evacuation Hospital helipad, because he would be unable to take off again, the pilot put down on the Vung Tau airstrip. Vic was then transported to the hospital by ambulance.

I had watched in awe as a US Dust Off helicopter had landed under machine gun and mortar fire to evacuate Prowse and Winterford several weeks earlier and I was to witness a similar feat of courage on this occasion. I have the greatest admiration for these anonymous American pilots who put their own lives on the line for us Australians.

Within a few days I received a letter from Vic Morrow written in painfully tortured handwriting. It read in part.

Jonesy, and all in 9 Platoon

I hope you can read this, my writing arm is a bit tied up. I want to thank you for the job you did on me the other day.

I don't know whether you know what was the matter with me but I had three broken ribs, a hole in my lung, a hole in the liver and a hole in my diaphragm and the muscle in my arm blown out so I was pretty crook.

I used 44 pints of blood before I stopped leaking, that is the hospital record. They nearly cut me in half to fix my insides up, it goes about two inches below my tit and goes to the back of my shoulder blade.

According to the doctor I should have been dead. He reckoned he aged four years in one night.

I am going home tomorrow and I will write now and again so watch out for the Charlies if you are looking for a homer don't try this one. It will get you home alright but by hell it's a bloody hard way to go about it.

(Signed) Vic

These recollections describe my early experiences as a medic and some of 6th Battalion's first three months at war. Was I ever scared? Yes I was; and I was frequently bloody terrified.

General William Sherman was right when he said – War is Hell! I can only add that in my experience it is also violent, crude and obscene. But, for me as a well trained and fit young man it was also an adventure – an adventure I would not have wanted to miss and it was an experience that has shaped my life. Nonetheless, it has left me with a strong distaste of war but paradoxically, I have no regrets.



Cpl Geoff Jones, C Coy 6 RAR Medic (AWM photo) 1966

Personal Stories of Triumph and Tragedy

As a medic I learned many things along the way; but these points stand out.

1. Some casualties may die despite your best efforts.
2. Hard realistic training in all conditions by day and by night gives the best preparation for war.
3. Infantry skills are as vital as medical skills.
4. Medics in remote areas must have the means to treat severe pain. Serious injury and even death can happen in training accidents.
5. Tourniquets save lives.
6. The human body has the capacity to absorb big hits and still survive.
7. Medics hold a privileged position.
8. The combination of inattention and a loaded weapon can be deadly.
9. Old soldiers give leadership and wisdom to young soldiers.
10. Australian soldiers are tough and courageous and so are American Dust Off pilots.

This paper would be incomplete without further mention of my comrades-in-arms for whom I have unlimited respect and affection.

- As a double amputee Len Usher couldn't go to Vietnam. He retrained as a clerk and remained in the army for several more years. Len was a grandfather and hobby farmer at Gin Gin in Queensland. He succumbed to cancer in 2015 (updated).
- Bill Winterford still needs only one hand to smoke. He lives in the Clare Valley, South Australia where he is known to enjoy a good red.
- Rodney Cox is a retired businessman and lives at Ganmain in the NSW Riverina.
- Neill Lindsay passed away from liver cancer – a fighter to the end.
- Don Parsons, an outstanding soldier, confidant and mentor, lived to 91 years before passing away in March 2017 (updated).
- Within weeks of returning to Australia in 1967 brave Phil Crossingham and his wife and two children, were tragically killed in a car accident at Caboolture, Queensland.
- John Winstone married Marsha and he now lives on the Sunshine Coast. His humour is as rich as ever and he continues to amuse us.
- Phil Dobson, D Company's heroic medic at the Battle of Long Tan suffered a massive stroke and passed away in 2016 (updated).
- Vic Morrow is happily retired in Toowoomba.



L to R. Rodney Cox, Tony Wynd, Geoff Jones, Bob 'Vic' Morrow at the June 2005 6 RAR reunion

Major Geoff Jones enlisted in the Australian Regular Army on 15 January 1964. He trained as a Medical Assistant and subsequently as a Clerk Admin. He served in Vietnam in 1966 as a Medic in C Company 6 RAR and in 1970-71 as Chief Clerk and medical liaison NCO in the office of the Assistant Director Medical Services, Headquarters Australian Force, Vietnam.

In 1975 he was commissioned as an Administrative and Technical Officer and in 1980 was categorised as a General Service Officer. He was promoted to Major in 1984.

In 1986 Major Jones attended long term schooling at the US Army Academy of Health Sciences in San Antonio, Texas USA and the Canadian Forces Medical Services School in Borden, Ontario. He retired from the Regular Army in 1989 as Senior Instructor Advanced Training at the School of Army Health, Portsea, Victoria.

Since 1989 Major Jones has held a variety of appointments as a General Reservist including Staff Officer to the RAAMC Head of Corps.

In 2001 Major Jones was admitted in the Order of St John of Jerusalem and in 2003 he was Queensland's Colonel John Thomson Orator and Medal winner. In civilian life, Major Jones retired as the Queensland Manager of Medical Indemnity Protection Society Ltd.

In 1967, Corporal Jones married Private Pamela Brown and they have three sons, all of whom served in the Australian Army as infantrymen.

From 2003, Major Jones has been Editor of Paulatim, the Magazine of the Royal Australian Army Medical Corps.
