



Issue 471  
February 2008

The official newsletter of the Highgate (WA) Sub-Branch of the Returned & Services League of Australia

**President**  
Ian Mulholland  
Telephone: 9572 2632

**Senior Vice President**  
Roger Tingley  
Telephone: 9586 8271  
Email: tangothree@bigpond.com

**Junior Vice President**  
Martyn Thompson  
Telephone: 9383 2681

**Treasurer**  
Richard Adams  
PO Box 7146  
PERTH WA 6850  
Telephone: 9284 6288  
Email: rp-adams@westnet.com.au

**Immediate Past President**  
Norm Manners  
Telephone: 9405 2421

**Secretary**  
Bob Bunney  
5 Jasmine Loop  
WILLETTON WA 6166  
Telephone: 9332 5937  
Email: bunney@aapt.net.au

**Editor**  
Bob Arnold  
6 Curralong Road  
DUNCRAIG WA 6023  
Telephone 9448 2757  
Email: arnold@wn.com.au

**Pensions Officer**  
Jim Eayrs  
Telephone: 9341 2979

**Cadet Liaison**  
Leon Griffiths  
Telephone 9450 3036

**Welfare Officers (ex officio)**  
Clare & John Curtis  
Telephone: 9271 4520  
Email: curtisJ@bigpond.net.au

## MONTHLY LUNCHEON

Monday 18 February 2008

**Venue:** Gallipoli Room  
**Time:** 1130 hrs — Fellowship, 1215 hrs — Luncheon  
**Guest Speaker:** Dr. Leo Laden  
**Topic:** "A funny thing happened on the way to the Clinic."

Dr Laden is a well known public speaker, raconteur and bon vivant; who has addressed our members previously ; in what, it is said " to have been one of Highgate's most enjoyable guest presentations."

## **President's Report**

I wish you and your families all the best for 2008 and onwards.

### **Membership Subscriptions for 2008**

The membership fees have been rolling in to the Treasurer and there are around 40 outstanding at this stage.

I want to reiterate that the fees need to be paid to our Treasurer not ANZAC House. If you pay ANZAC House we do not get the \$10.00 for the Newsletter which is important as the Newsletter is our means of communication and our single largest expense. Even if many of you get the Newsletter by email there is still an expense involved in keeping the computer and software up to date as well as the still significant number of Newsletters distributed by mail.

### **Change to Luncheon Format as from February 2008 Meeting**

*The committee being cognisant of costs to members has taken steps to retain the Luncheon price of \$35.00.*

*Wine and soft drink is no longer included in the Luncheon price and supplied to your table.*

*Members wishing to avail themselves of table wines and soft drinks are to purchase wine or soft drink from the bar downstairs and to take the wine upstairs to their table. I am aware that this may be an impost to members, however, the decision has been taken with a view to retaining costs at the present level.*

### **Gunfire Breakfast – ANZAC Day**

As you may be aware the WA Club sold the building and have contracted their operations to one floor, the ground Floor. New offices etc are to be built and the Naval Military and Air Force Club are to have the basement. Our Gunfire

*(Continued on page 2)*

## FORTHCOMING MEETINGS

**Committee:** 10th March 2008  
**Monthly Luncheon:** 17th March 2008

**PENSION OFFICERS REPORT**

When a veteran submits a claim to the Department of Veteran's Affairs (DVA) for compensation for a war caused or defence caused injury the Department will assess the veteran's degree of incapacity from the injury using a document known as the Guide to the Assessment of Rates of Veteran's Pensions (GARP). If the veteran is quite elderly when the claim is submitted, the result, when GARP is applied, can be less than what the veteran considers to be a fair thing. This is because an age adjustment may have been applied by the DVA to the veteran's disability. The result is a lower points score that the veteran may have received had he/she applied for compensation at an earlier age. Here are a few examples.

A veteran has a shoulder injury which resulted from war or defence service. Say the veteran is 82 years of age when he/she applies for compensation to DVA. A significant injury may result in DVA awarding an impairment rating of 30 points based on the appropriate tables in GARP. But now the score has to be subject to an age adjustment rating table in GARP which takes into account the measured loss of musculoskeletal function due to age, and this could bring the score down to 21 points.

Another example is if the same 82 year old veteran claims for hearing loss as a result of his/her service. Say the resultant impairment rating from GARP is 18 points. This score is now compared against another table in GARP, the table for presbycusis, which takes into account the normal loss of hearing which accompanies aging. The final score for hearing loss could now be reduced to 9 points.

The spine and limbs age adjustment table commences from age 36. The one for presbycusis from age 60 years. Clearly it is in the veteran's interest to present his/her claim to the DVA at the earliest age possible. Don't wait. See your friendly pension officer for more information if necessary.

*Jim Eayrs*



**Christmas at the "Top Table".**

(Photo specially chosen by the editor as the best he has seen of himself for a long time) That's him at the far end.  
N.B. the generous supply of wine - soon to be curtailed.



**The Three Gentlemen of Highgate RSL**  
Enjoying Christmas Luncheon in the Gallipoli Room.

**(Continued from page 1) President's Report**

Breakfast will be held in the Dining Room on the Ground Floor the room can hold around 70, which will suit us with the numbers we have at meetings these days.

The conduct and operation of the breakfast is similar to past years with a registration table followed by the Coffee Royal setup in the bar alcove then move into the Dining Room and your table.

**Sub-Branch Auditor**

We are still to appoint an Auditor for our accounts 1 July 2007 to 30 June 2008, if any member can suggest or assist in the appointment of an Auditor please let me know.

**The Quiet Lions**

"The Quiet Lions", a 52 minute DVD detailing the lives of Weary Dunlop and Thai River Trader Boon Pong and other incidents of the remarkable story of his incarceration will be screened from 11.30 am immediately before our next luncheon on 18 February 2008

*Ian Mulholland*

**STATE CONGRESS — 2008**

Items for inclusion on the agenda to be considered by State Congress should be forwarded to: Jim Eayrs at jimandkathyeayrs@bigpond.com or by post to 49 Dunrossil Place, Wembley Downs 6018 by no later than 31 March 2008.

**RSL DISCOUNT BOOKS & MEMBERSHIP CARDS**

RSL Discount Books and RSL Membership Cards will be available for collection by members at the upcoming luncheon on 18 February 2008



## SUB WARDENS DUTIES

### Wreath Laying Services currently scheduled at the State War Memorial Kings Park

Sunday 10 February 2008 — 1030 hrs for 1100 hrs — Women's Royal Australian Army Corps Association (WA)

Thursday 14 February 2008 — 0945 hrs for 1000 hrs — National Servicemen's Association

Friday 29 February 2008 — 0915 hrs for 0930 hrs — Re-dedication of HMAS Perth and USS Houston plaques.

Sunday 2 March 2008 — 0930 hrs for 1000 hrs — 2AOD Vietnam Veterans' Reunion

### From the Pen of the Senior Vice President

#### GUEST SPEAKERS

The issue of Guest Speakers has arisen more often of late and it is very noticeable that whilst members' expectations remain high in this regard there is significantly little proactive input, by non committee members, towards the identification and/or encouragement of potential Guest Speakers

Finding potential Guest Speakers (as such) is not difficult; however selecting a Guest Speaker who is not otherwise heavily committed; who is prepared to encapsulate his/her address into a 20 minute timeframe; AND, whose theme will meet member interests can narrow choices.

Feedback from members is generally minor, sporadic and after the event. The number of people who can and will speak on topics directly or indirectly related to the era(s) of older members' military and/or community/professional service, without any repetition, is now becoming extremely limited.

I ask that each member now consider the whole concept of The Guest Speaker carefully and then respond the brief questionnaire attached to this Newsletter.

It's your sub branch, so please contribute, even if it's only your opinion. Your responses may be given or posted to any committee member and/or delivered to the JVP at the February or March luncheons.

#### THE WA ARMY MUSEUM

The WA Army Museum will recommence the Annual series of 'Back to Barracks' lectures on 28th February, by acknowledging that this year marks the 40th Anniversary of the 1968 TET Offensive in Vietnam.

The Guest Speaker will cover the background history of the Lunar TET Festival, the impact of the approaching TET on the Australian Task Force and, from a first hand perspective, The Battle for Baria - probably the first significant "multi storey, 'hard wall' street fighting involving Australian Armour since WW2.

### WE HONOUR THEM

On the night of the 12<sup>th</sup> February 1942 the small coastal vessel, *Vyner Brooke*, slipped out of Singapore Harbour bound for Fremantle via Sumatra and Java. Normally able to cater for 12 passengers there were 300 men, women and children aboard, including Australian Army Nursing Sisters from the 2/10, 2/13 Australian General Hospitals and the 2/4 Casualty Clearing Station who had been ordered out.

Two days later the ship was discovered and bombed by Japanese aircraft and the *Vyner Brooke* sank some ten miles off Bangka Island in the Bangka Strait.

A number of Sisters were lost in the struggle to get ashore.

Following a period of rest, a party, led by one of the ship's officers, set off to make contact with the local people.

They returned some hours later led by a Japanese Officer and immediately they herded all the men around a small promontory and bayoneted them.

Walking back along the beach they laughed as they cleaned their bayonets.

Reaching the Nursing Sisters they pushed them in to an extended line facing the sea and with their bayonets prodded them forward.

When the water reached their waists the silence was shattered by the roar of automatic weapons and the water around them was lashed into white foam as the metallic hammering of breech blocks continued, unabated, until 22 bodies floated gently on the swell. Sister Vivian Bullwinkel, playing dead, was the only survivor who lived to tell the story.

*On Saturday the 16<sup>th</sup> February 2008 a special service will be held in May Circle, May Drive, Kings Park at 0930 by the Highgate RSL Sub-Branch Honour Avenues Group to honour 5 Western Australian women who lost their lives that day. The story of the Vyner Brook will be unveiled by the State President and relatives will be given Honour plaques to place at the base of five newly planted trees. All members are invited to attend with their families, medals and decorations to be worn.*

### LEST WE FORGET



### — LAST POST —

W.G. (Bill) Stamps - Sir Charles Court AK KCMG OBE - Douglas E Job

LEST WE FORGET



## WHEN THE WAR IS OVER

(With thanks to Ashlea Hatcher—Marketing and PR Co-ordinator—Ramsay Health Care WA)

***Our war veterans serve a very special place in our history, but with war service comes a great deal of sacrifice, including long term health. Director of Medical Administration Dr Margaret Sturdy looks at our veterans ongoing health problems that are an unfortunate legacy of war service.***

While Hollywood Private Hospital is now a modern, state-of-the-art private health care facility, it has a proud history that dates back to the Second World War.

Hollywood was originally built during World War II by the Commonwealth Government and opened in 1942 as the 500-bed Australian General Hospital (also known as 110 Military Hospital) and provided care for service men and women.

Under an agreement with the Department of Veterans' Affairs, Hollywood has continued to be the principal provider of inpatient hospital services for veterans in Western Australia. Over the past 12 months Hollywood has provided over 10,000 inpatient services for veterans and over 5,000 day case services for veterans.

Although there are no longer any veterans of 'the great war' alive in Western Australia, Hollywood still sees many of the thousands of World War II veterans as well as veterans of the Korea War, the Vietnam War, the Malayan Emergency, Gulf War 1 and 2, the war on terror, and the many peace-keeping missions, both past and current.

The vast majority of Australia's ex-service personnel are World War II veterans, and most of these are now in their 80s. As well as the health problems normally associated with ageing, many of the veterans carry health scars from their service days and of these there are a few obvious ones of course. Many of Australia's servicemen carry 'shrapnel' - pieces of metal resulting from fragmented bullets or from other sources. Hearing is an enormous problem for artillery men (and indeed infantry who were in close

proximity to the firing of the heavy guns). Many of our ex-service people are afflicted with joint problems, resulting from traumas of battle.

Tobacco was issued as part of 'ration packs' to all of our service personnel. Many young men and women started smoking as a result of this, and continued the habit for many years, often for the rest of their lives. The adverse health effects of tobacco were not as well known at that time as they are now - the tobacco was provided as a well-intentioned treat and a little luxury.

The link between cardiovascular disease and tobacco smoking is well known.

Smokers have a higher incidence of cancers of all kinds, particularly lung, stomach and bowel.

Chronic lung disease is a common condition in the ex-service community. This is partly related to smoking, but also the effect of inhalation of dust, gas, fumes and chemicals. People with chronic obstructive pulmonary disease typically have shortness of breath, and persistent cough and phlegm. They are prone to recurrent infections, including bronchitis and pneumonia.

While many of our service men and women were exposed to atrocities which are beyond the imagination of most people, the condition of Post-traumatic Stress Disorder (or PTSD) was not formally recognised by the Department of Veterans' Affairs until the early 1980s.

Many of the WWII veterans returned from war zones or internment camps with significant psychological conditions. At the time many people just got on with their lives, but were never able to access adequate treatment programs which addressed their problem. Many of these men and women carried the scars of their condition for the remainder of their lives.

The Vietnam War was something different! It was clear that many of the servicemen and women returning home from Vietnam had severe psychological issues. These took the form of vivid nightmares, flashbacks to traumatic

events, severe and incapacitating anxiety and difficulty returning to mainstream living in the 'lucky country'.

The Vietnam War also saw the introduction of widespread environmental use of defoliants and other poisonous chemicals, with widespread, accidental exposure of our troops and the introduction of the term 'friendly fire'.

The PTSD program which is conducted in The Hollywood Clinic, on-site at Hollywood Private Hospital, is a program that endeavours to provide PTSD sufferers with insight about their condition, and offers strategies to manage some of the worse features, including the associated use of alcohol and other drugs. One of the most helpful aspects of Hollywood's PTSD program has been the insight the participants have been able to gain into the condition. The program recognises that every individual's trauma and their reaction to it is unique. Many sufferers of PTSD have never spoken about their pain or the destructive nature of their stress, and some have harboured a long held belief that they are the only one with a problem. To be in a group of people who have shared similar traumatic experiences and have suffered from similar disabling symptoms for many years has been very healing for many of these men.

There is also mounting evidence that the children of Vietnam Veterans have a number of health issues. There are claims that they experience a higher rate of congenital abnormalities, ranging from the very trivial to the very severe.

There would also appear to be a higher overall death rate from suicide and accidents in the children of Vietnam Veterans than in a comparable general population whose parents were not involved in the war. The reasons for this are unknown, however many theories have been put forward. At this stage there are no studies into the health of the grandchildren of Vietnam Veterans.