

The endless battle

- Nick McKenzie

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Ben Millmann. Photo: *Michael Chambers*

HE COULD almost taste the asphalt and dirt as he slid on his stomach through the bomb site. One wrong move and Tony Gilchrist would be blown to bits. Just hours before, a colleague had suffered that fate, triggering an improvised explosive device that tore his body apart. Gilchrist's colleague was lucky because he was still breathing; four US soldiers had been killed when the first device had exploded.

Now Gilchrist was looking for bomb No. 3, breathing slowly, sweating and inching forward, fingertips raking the dirt. His thoughts often turned to his family in Australia. They, like the public, knew little of his team's work in Baghdad, the carnage and risks faced by the soldiers who would serve more missions than perhaps any other Australians in Iraq. Nor would the public learn much when Gilchrist finally got home. In fact, no one would be waiting for him at Sydney Airport. That would be the second time the Australian Defence Force would fail him; he had already tried once to seek help in Iraq but been disappointed. His need for support was confirmed on his first night back home, when he woke up drenched in sweat, vomiting and reliving the horror of bomb scene after bomb scene — a total of 102 scenes of fire, death and danger.

Gilchrist felt alone, but he is one of many serving and former Australian soldiers suffering an intense psychological reaction to the trauma of war. Up to 10 per cent of troops returning from Iraq and Afghanistan will have long-term mental health problems, including post-traumatic stress disorder, according to the Australian Centre for Post-Traumatic Mental Health.

Last year, the Government acknowledged fears that the mental health system for soldiers and veterans was failing, and commissioned two confidential inquiries. The findings are still secret, but with the conflict in Afghanistan raging and the prospect of Australia being asked

by the US to send more troops, expectations are high. Already, many soldiers and veterans tell of their struggle to find help.

Now, Tony Gilchrist is one of them. But, lying face-down in the Baghdad dirt in mid-2005, he thought nothing of his future or the unrelenting images that would haunt him. Searching for clues to the bomb's location, he held his breath and slid forward, waiting for something to go wrong.

For Joe Day, one image stands above the rest. It is of a small Iraqi girl at a roadblock, wearing a white dress dotted with pink flowers, as if she is going to a party. But in her cheek is a chunk of shrapnel, surrounded by bruising. "The rest of her face and some of her hair is burnt, and part of her dress melted to her body. I looked in the girl's eyes, these pretty little brown eyes, but the pupils were just still," Day recalls. He broke the rules that day. He ignored orders and let the girl and her family past the roadblock. It is one of several decisions that sustain him as he relives the Iraq war back in Australia, searching for redemption. Day says he is "75 per cent" redeemed and the rest may come only "after I'm gone".

The Australian Army warrant officer was posted with US forces commanding a Marine platoon on two historic occasions: the 2003 invasion of Iraq and the 2004 battle of Fallujah. Before Iraq, the laconic Bendigo-born career soldier had served since 1985 in a mostly peacetime army. It was only in the 1990s that the operational tempo lifted, leaving a defence and veterans' support system unused to troops who have killed in war. On day 11 of the Iraq war, Day found nothing prepares a soldier for the reality of killing. He gave the order to fire at a car hurtling towards a checkpoint. When the machine-guns stopped, a uniformed Iraqi soldier sat dying alongside his badly injured comrades.

"You can see straight into their eyes, and you see the fear in their eyes, and they're just lying there and they're — with their eyes — they're begging you to let them live," says Day. "In the end, I think all they were trying to do was get home, that's all they were trying to do. And we'd shot them up." Day speaks slowly, every sentence considered. "Your mood changes after that point. You're unclean from then on."

Later, Day was accused over the alleged murder of unarmed men during what he describes as a bloody firefight on a riverbank. "It was watching people being mutilated right in front of your eyes. I thought I was a goner ... I'm going to be hanging out to dry (over the accusation) because it's easier to massacre a foreigner (an Australian soldier in the US) than it is one of their own."

As pressure grew, Day was partly sustained by a US defence mental health support system that he believes is more proactive than Australia's. Up to an estimated 20 per cent of US soldiers who serve in Iraq have post-traumatic stress disorder, a condition whose sufferers may experience flashbacks, emotional numbness and hyper-vigilance. The initial comfort Day found with the help of his platoon's psychiatrist ended when the psychiatrist was killed, but for Day, rock-bottom would come later, when he returned to Australia.

The director of the Australian Centre for Post-Traumatic Mental Health, Professor Mark Creamer, says problems with the support services are due largely to severe underfunding.

"This makes it less likely that those with mental health problems will be recognised or that they will have an appropriate place to go if they put their hand up and ask for help."

Day was later cleared over the riverbank killing, when video footage backed his claim the men he had shot were armed. But the incident highlighted the soldier's dilemma in Iraq and Afghanistan — the difficulty of knowing friend from foe, insurgent from civilian. The uncertainty leaves soldiers feeling constantly under threat and facing the question of when to fire. After taking a civilian life, no matter what the circumstances, how do you live with it?

Private Ben Millmann coped by avoiding questions.

"The first question anyone asks you is, 'Did you shoot anybody?' I'd lie and say 'no' because I'd rather people think I didn't shoot anyone than think that I shot a woman and child." Millmann can't forget the aftermath of the shooting near the Australian embassy in Baghdad in February 2005 — the "bucket of blood" covering the occupants of the car that had failed to heed warnings to stop from Millmann's patrol, the screams of "Why? Why? Why?"

The realisation that he had shot a woman in the face, blinding her and her young son. The 20-year old "instantly felt like shit", and then increasingly ostracised.

In a clumsy and unnecessary attempt at a cover-up, Millmann says an Australian sniper falsely claimed the family in the car had been transporting weapons.

Along with other soldiers, Millmann was later asked to donate money to the injured woman, and then ordered to their family house as senior officers went inside.

As Millmann stood outside, young family members offered him a soft drink, not knowing he was the man who had injured their relatives. Millmann drank it, not wanting to be rude. "I didn't know we were going there. I didn't want to be there."

The only mental health support he got after the shooting was from an army chaplain who told him to fill out a psychological assessment form.

"I filled out the form and then he said that it'll go in the bin."

Back in Australia, Millmann spiralled further downward. On his first night back, he downed a bottle of vodka and passed out. His family saw the change: the cheeky, grinning young man was gone.

Other bad memories dogged Millmann. He constantly thought back to Australia Day 2005, when he was manning a machine-gun on an armoured vehicle blown up by a suicide bomber. After initially thinking he was badly injured, Millmann gave first aid to a fellow soldier and rushed him to hospital. The award he received for his actions — which described his "exemplary selflessness and consideration for a mate in the face of further attacks" — was given in a rushed ceremony with no family or friends present.

Increasingly irate and agitated, he turned to an army psychologist. At the second appointment, he found the psychologist had been posted elsewhere. "You sit down and pour out your heart to one person and then they are gone the next week."

When help finally came, Millmann says, it was unbalanced: too long with a GP, but hurried monthly appointments with his psychologist. In the 18 months he was on stress leave, no one called his family to ask how they were going. His partner, Tara Bermingham, was left guessing what was wrong and how to deal with it.

Says Bermingham: "Because something is wrong with him, he was no longer useful, no longer part of the army, that's how it felt. That he was an inconvenience to be there." In late 2007, Millmann was discharged, suffering post-traumatic stress disorder.

Professor Creamer says that while the stigma is breaking down in the ADF, major changes are needed to ensure PTSD sufferers receive effective treatment. He nominates a new Defence office to oversee more specialists in the field, including in remote cities where army bases are located. "Unless there is adequate resourcing, it is hard to do anything in terms of meaningful intervention that will make a difference," he says.

Joe Day offers his own suggestion: greater involvement of families in the mental health support system, from enlistment to discharge and into civilian life. "We've lost our way with the ... families. The spouses are not just a checklist for some social welfare person to ring up once a month," says Day, who spent hours in his army office, door locked and staring at the wall, after returning from Iraq.

Several colleagues suggested he get help, which ultimately led to his diagnosis with PTSD and a medical discharge, which he describes as "undignified" and part of a system that spits out soldiers with mental problems because they are unfit to deploy.

"I'm a 100 per cent functioning human being. I train people in leadership ... (But) in the end I gave up to the system. I didn't want to go for a two-year-long battle to fight for my right to stay in the army."

Day found himself having to chase his own Veterans Affairs case-worker and navigate a complex and unfriendly benefits system, an experience shared by Millmann.

Lawyer Greg Isolani, who handles many veterans' claims, says problems with the transition and benefits system often aggravate mental health problems, leaving veterans "more traumatised than when they started". Day agrees, but is moving on. "It makes you think, 'Why bother?' And I'm not bothering. I'm not going to bother with chasing welfare. I've got a life to live."

Gayle Gilchrist is used to living with secrets. Even after operational secrecy didn't apply, she would catch glimpses of the unspeakable experiences that haunt her man. Often it's at night, when Tony Gilchrist wakes, gasping for air.

"He can't breathe and he has to run to the toilet and vomit and vomit and vomit."

The soldiers who visit their Townsville home, often from overseas, sometimes tell her things when Gilchrist leaves the room. An army medic turned up suddenly after a phone call from the Australian Army ordinance expert. He told Gayle that he could "just hear in Tony's voice that he needed someone who would understand".

"When Tony wasn't in the room, he said to me: 'He's such a brave man. You just don't realise what he's done.' "

Whenever an improvised explosive device exploded in Baghdad, Gilchrist and the other Australian, US and British members of the Coalition Explosives Exploitation Cell would head into the carnage, looking for clues to identify those making the bombs and warn soldiers about the evolving design of devices. Severed arms of suicide bombers provided a fingerprint, as would a bomb part lodged in a corpse.

A verbal countdown took place at each scene. "In five to 10 minutes you could receive small arms fire, within 10 to 20 minutes you could receive mortar fire. If you were there for longer than 30 minutes, you could expect an RPG (rocket propelled grenade) attack, a vehicle-borne IED attack," says Gilchrist.

The risk posed by hidden bombs at the scene of a blast was driven home when one of the cell's British members, Captain Peter Norton, was blown up, losing limbs but surviving. It was at that scene, in July 2005, that Gilchrist drew the short straw. He had to find another hidden bomb.

At Sydney's Randwick Barracks this month, soldiers set to deploy to the Middle East were warned about home-made bombs and booby traps during a psychological briefing. The briefing was part of what Defence says is a comprehensive and improving mental health support system, including a post-deployment debriefing, resilience training, psychologists in the field, and the breaking down of stigma.

Lieutenant-Colonel Brian Johnstone, who heads the army's 1st psych unit, says the training equips soldiers to deal with trauma and cope with its aftermath, so they can be redeployed.

"(It's about) having people around who will understand what happened, acquiring the tools to be able to manage the symptoms they are experiencing with a view to them returning to full functioning," he says.

This has a hollow ring for Gilchrist. Almost every night, he relives it ... those few minutes of crawling in the dirt, until he spied a short pink detonating cord poking through the earth. Watching from a safe distance was another Australian soldier, Andrew Street, Gilchrist's intelligence officer. It was Street who had discovered that a third bomb was buried at the scene. He just didn't know where.

As Gilchrist brushed dirt away from the pink cord, he realised it ran directly underneath him, connecting a piece of tin on his right to a buried bomb on his left. If the tin were pressed, the bomb would go off.

After the bomb was defused, Gilchrist asked for his team to get some leave, but was denied. He later briefed army psychologists about the carnage he had seen but nothing happened. He says that because he doesn't drink and is able to control his temper, it was assumed he was fine. He didn't push the issue too hard because he feared being discharged. When he left Defence of his own accord in 2007, no one asked how his time in Iraq was affecting him. Gilchrist still can't sleep properly, switch off the images in his head, or forget the smell of burning bodies. When he drives around Townsville, he still scans the road for IEDs.

He is also frustrated that his Australian team members have never been recognised as a group — at least two have been discharged suffering PTSD — nor properly supported for the trauma they encountered. (His US and British colleagues have been awarded the highest recognition their nations offer). Aside from his family, his only other source of support is Street, who also left the army disillusioned.

Says Gilchrist's wife, Gayle: "You think somebody would've debriefed (Tony) when he came home ... got some psychiatrist and psychologist to help him straight away to deal with what was going on in his head. Is there something that helps get rid of this smell? Is there something that helps get rid of the films running through his head? There must be something that they can do to help."

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