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Defence Honours and Awards Appeals Tribunal  
Floor 1, 5 Tennant Street  
Fyshwick  
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Canberra BC ACT 2610

Re Medallic Recognition Hearing into Rifle Company Butterworth

To Mr Skehill,

I watched with great interest the broadcast hearing on Nov 23<sup>rd</sup>, and towards the end of the day, you discussed the importance of “Expectation of casualties”, and asked all parties to produce evidence or otherwise, to assist in the deliberation of just where the “Expectation of casualties” falls within the three tiers of nature of service, for the RCB.

I repeat for your information below, parts of the introduction in my submission to your panel, and would like to draw your attention to the paragraph below, highlighted in red.

I have a clear recollection of the discussions I had with the RMO, and he made it clear that there was a danger of contact with the CT's, in the jungle, and that under those circumstances, **Casualties were Expected.**

He went on to advise me of my options should that contact occur and what my options were. :-

*“It was common knowledge, prior to our going to the Thai border region, for pre build up and participation in the Bursadu Padu masquerade, that the CT's (Communist Terrorists) were well and truly there, in the same area. The following newspaper articles are just some of what's available, and it came as no real surprise when we were briefed in the ABB (Air Base Butterworth) Auditorium about their presence. The Auditorium briefing was conducted by Intelligence officers and quite a few senior RAAF & Army officers were present.*

*The context of the briefing went as follows :-*

*“In the Butterworth auditorium, we were warned and told that there had been recent CT activity in the region we were going to, and there was a possibility that the CT's could contact us. We were also told, that if we were contacted, then we would be resupplied within 20 minutes, and the reason we were going to the border region was “To be seen to be present as a deterrent to the CT's”.”*

*I am not strictly RCB, but I was with 1RAR Jan 1970 to May 1971 in Singapore and travelled to Malaysia on many occasions as a Rifleman/Trained Medic with different companies and support groups and moved in and out of Butterworth many times. My submission revolves primarily around my Malaysian Thai/Border service between Jan 70 and Nov 70, which was prior to the first rotation of RCB by C Coy, Nov 70 whilst I was with 1 RAR.*

*When I was in Malaysia, pre Nov 1970, which was the precursor to the RCB rotations, the principle important difference is that we spent all our time north of ABB, in the jungle near the border, and not in the base itself. We were unprotected and a long way from support. We were moved often by British Wessex helicopters, up and down the border region to maximise the “Deterrent” theme and “To be seen to be present”, well outside of the Bursadu Padu grid square area shown on Map 6.b.*

*I know this because on several occasions I accompanied injured soldiers back to base as Medivacs in the Wessex's and was told by the pilots these facts.*

*When 1RAR arrived in Singapore late Dec 1969 from their Malaysian base at Terendak, The RMO Capt. Jefferies had no RAAMC trained Medics, and none were available from Australia. The CO, Lt Col Trennery and Capt. Jefferies, decided to run a "Two week Field Medicine Course" from the rifleman ranks. I joined 1RAR as a National Serviceman weeks later in Jan 1970 as a Rifleman. I was asked, did the course, and ended up being one of five, similarly trained medics working for the RMO at the RAP.*

*My Regimental Medical Officer (RMO) Capt. Jefferies, appointed me to do the Malaysian tours as the support Medic, and after he discussed with me about the inherent dangers, of serving in the border region, amongst the ongoing Insurgency War, instructed me what to do in case of a CT contact, and any medical ramifications from that. Firstly, I was to administer all possible assistance to the injured, in line with the training he had given me, and was to use the radio system (If working), ask for Medivacs and rely on verbal support from medical staff if necessary and available. I suppose, in today's world, that would be equivalent to dialling 000.*

*He approved that I carried Morphine and other severe trauma equipment, in view of the above. As far as I was aware, I was the only Medic that regularly travelled to Malaysia out of the five medics in 1 RAR at the time. It was a heavy responsibility to be the Medic for large numbers of men at that time, and in such remote and obviously dangerous circumstances, knowing that potentially we could be ambushed at any time by the CT's, who were experts at ambushing.*

*I recall on one occasion when I organised a Medivac for a soldier suffering from severe Heatstroke and the group I was with could not wait with me. They cleared an area for the Medivac pickup by Chopper, then left me with the critically ill soldier, on our own in the jungle near the border. I was not a Sargent so had no ammunition to protect the soldier and or myself from CT's or Tiger attack. In those days, there were reported to be one Tiger per square kilometre and they grew to 1.7m long. I still recall the thoughts I had of this situation being extremely dangerous. This extreme responsibility thrust on me as a twenty year old National Serviceman, with minimal training, led to severe anxiety which still haunts me to this very day."*



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