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# Submission to Inquiry - Squadron Leader (Retd) Bernard Kevin Farley

## Part 1 – Name of Inquiry

**Name of Inquiry \***

Medallic recognition for service with Rifle Company Butterworth.

## Part 2 – About the Submitter

**Title or Rank \***

Squadron Leader (Retd)

**Given Names \***

Bernard Kevin

**Surname \***

Farley

**Post-nominals (if applicable)**

CSM

**Street Number and Name \***

[REDACTED]

**Suburb \***

[REDACTED]

**Postcode \***

[REDACTED]

[REDACTED]

[REDACTED]

**Email Address: \***

[REDACTED]

**Primary Contact Number \***

[REDACTED]

**Secondary Contact Number**

**Is the Submission on behalf of an organisation? If yes, please provide details:**

## Part 3 – Desired outcome

**Provide a summary of your submission:**

This submission outlines the tasking of CO No 4 RAAF Hosital Butterworth to develop a Medial Plan Annex in the Shared Defence Plan for Air Base Butterworth 1970 -1989. I further outlines and the casualty treatment capabilities of No 4 RAAF Hospital Butterworth to meet the treatment of casualties that were expected as a result of possible or likely from Communist Terrorist attacks Australian assests, service personnel and dependents at Butterworth.

## Part 4 - Your submission and Supporting Documentation

File Attached: 4RAAFHOSP-CAS-Treatment-Capability-1970-1989.pdf

## Part 5 – Consent and declaration

✓ I consent to the Defence Honours and Awards Appeals Tribunal making my submission publicly available.

✓ I also consent to the Defence Honours and Awards Appeals Tribunal:

- using information contained in my submission to conduct research;
- providing a copy of my submission to a person or organisation considered by the Tribunal to be appropriate; and
- providing a copy of my submission to a person or organisation the subject of adverse comment in the submission;
- using content in my submission in its report to Government.

**The Tribunal will decide which person or organisation is appropriate, and this may include:**

1. persons or organisations required to assist with the inquiry; and
2. persons or organisations with an interest in the inquiry.

✓ I declare that the information I have provided is correct.

**Name**

Bernard K Farley

*Squadron Leader*  
*(Retd) Bernard Kevin*  
*Farley*

01/05/2023

Signed by Squadron Leader (Retd) Bernard Kevin

Farley

Signed on: 1 May, 2023

[REDACTED]

[REDACTED]

LEGALLY SIGNED USING  
**WP**signature

[REDACTED]



[REDACTED]

*Squadron Leader (Retd)  
Bernard Kevin Farley*

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

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## No 4 RAAF Hospital Butterworth–Casualty Treatment Capacity 1970-1989 by SQNLDR Bernard Farley CSM (Retd)

1. I attended the Army Officer Cadet School in 1978, where I was trained as an infantry Platoon Commander. After being commissioned I became a RAAF Ground Defence Officer and during my career I was responsible for the training of airfield defence guards (ADG) and base combatant personnel (BCP) in the use of all infantry small arms weapons. During my career I was responsible for providing advice on the security and active defence of Air Bases ranging up from (but not restricted to) RAAF Laverton, RAAF Amberley and RAAF Tindal and this experience proved valuable at staff level during employment at Airforce Office and HQADF – Force Development Army. The mainstay of consideration on Air Base defence was always Army doctrine and the Combat Appreciation process. The mainstay of my career infantry training was attendance at all level of Army tactical training, up to Brigade Tactics. As a SQNLDR, I was qualified as a Brigade Staff Officer. During my 21 year RAAF full-time career, airbase defence was always prominent and I drew heavily on my experience at RAAF Butterworth to inform these considerations.
2. I was posted to RAAF Base Butterworth in December 1982 to January 1984 and was tasked with supervising weapons training of ADG and BCP for all RAAF personnel, in support of the Shared Defence Plan for ABB. I was also the operations officer in the Ground Defence Operations Centre (GDOC) and assisted in the annual review of the Shared Defence Plan and coordination of defensive measures undertaken by RAAF, RCB, Malaysian Armed Forces and Royal Malaysian Police Force. GDOC tasking was commanded CO BSUT, the Ground Defence Commander delegated by the OC RAAF Base Butterworth. The Shared Defence Plan for ABB was informed by Australian Government certified MCP/CTO assessed threats and the consequent risk and harm to defence personnel, their dependents and defence property.
3. I have no doubt that when considered in the context of the tasks allocated to forces, including RCB, the issued ROE that my superior officers expected Australian casualties would occur. My opinion is not only based on my experience, but also on my knowledge of the extensive arrangements that No. 4 RAAF Hospital was required to implement if an attack occurred. These arrangements were regularly tested in contingency-based exercises that required hospital staff to be involved. This contingency-based training was co-ordinated by GDOC and including the establishment of secure defensive perimeters, casualty collection points, casualty triage and subsequent evacuation to the 4 RAAF Hospital.

### Aim

4. The aim of this submission to the DHAAT RCB Recognition Inquiry is to detail the casualty handling and treatment capability of 4 RAAF Hospital Butterworth in the period 1970 – 1989 as it relates to the treatment of single or mass casualties resulting from an attack by Malaysian CTO on ABB assessed as possible or likely by Australian Government Agencies.

### Section 1. Establishment and Capability

5. In the early 1960s, as part of the British military withdrawal from the Malayan Peninsula, the British Military Hospitals at both Kinrara and Taiping closed. These facilities provided the only surgical and obstetric facilities of an appropriate 'European' standard for Australian families living in Penang, the closure of British facilities forced RAAF officials to make other arrangements for the medical treatment of service personnel and their dependants.
6. The Officer Commanding RAAF Butterworth reported to the Chief of the Air Staff in late 1961,

'the civilian facilities on the island of Penang are running down' and the standards were constantly being lowered further by the departure of British trained doctors'<sup>1</sup>

7. On 2<sup>nd</sup> March 1965 a statement by the Hon. Peter Howson, MP, Minister of Air advised that a RAAF hospital is to be established at RAAF Base, Butterworth, Malaysia.

"The facility would be known as 4 RAAF Hospital Butterworth. Mr Howson said that the decision to close down the British Military Hospital at Taiping early in 1965, it had been found necessary to provide alternative hospital facilities for RAAF, RAF, Australian and British Army personnel and their dependants in the area. It had been decided to extend the existing sick quarters at RAAF Base, Butterworth, to form a hospital, and the main extensions were expected to be completed by the end of February, 1965. Mr Howson said that the new hospital would be a RAAF unit under RAAF Command staffed jointly by RAAF, RAF and British Army personnel. The hospital would absorb the medical and dental sections of Base Squadron, Butterworth."<sup>2</sup>

8. The available ward capacity of 100 beds at 4 RAAF Hospital (4RAAFHOSP) was outlined in Matthew Radcliffe's book - *Kampong Australia*, and this publication is footnote by official Australian Government and RAAF sources. Relevant quotes on the capabilities of 4 RAAF Hospital are as follows:

'In order to cater for anticipated diversity of patients at RAAF Butterworth, initial plans for the establishment of 4 RAAF Hospital allocated beds according to race and gender. Of the eighty six beds at 4 RAAF Hospital, three separate wards, with a total of forty-eight beds at 4 RAAF Hospital, three separate wards, with a total of forty-eight beds, were nominally allocated to 'European Males', two wards, totalling twenty-four beds, were allocated to 'European women and children', whilst fourteen beds were allocated to 'Asian men, women and children' '<sup>3</sup>

'In addition to cleaners and gardeners, the RAAF hospital engaged up to thirty 'Asian nurses' as 'assistant nurses' and 'ward assistants'. 'These Asian Nurses', one report noted, 'have received 2 years training in a civilian hospital to qualify for registration as Assistant Nurses'.<sup>4</sup>

'By December 1971, a new maternity wing of twelve beds had been established alongside the existing hospital at Butterworth. Built in the shape of a "H", one arm of the building housed the admission room, examination room, labour room and delivery theatre, while the other arm of the "H" housed the recovery wards. The baby nursery was located in the middle.'<sup>5</sup>

'The Penang Health Centre (an adjunct to No. 4 RAAF Base Hospital) was located on the 1st floor (of the RAAF Hostel) and staffed 24 hours a day seven days a week. The Department of Defence assumed full responsibility for provision of health care for all service personnel and their families, and this centre provided a convenient location for Penang residents to line up for regular inoculations! Other medical

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<sup>1</sup>Monthly report by OC RAAF Butterworth to Chief of Air Staff, 7 August 1961, A1196 – 37/501/612 Part 1, NAA. Reported by - Mathew Radcliffe, , *Kampong Australia: The Colonial Reckonings of the Australian Military Community in Penang, 1955-1988*, Macquarie University, 2015, pg196 link below:  
[https://figshare.mq.edu.au/articles/thesis/Kampong\\_Australia\\_the\\_colonial\\_reckonings\\_of\\_the\\_Australian\\_military\\_community\\_in\\_Penang\\_1955-1988/19443545/1/files/34544228.pdf](https://figshare.mq.edu.au/articles/thesis/Kampong_Australia_the_colonial_reckonings_of_the_Australian_military_community_in_Penang_1955-1988/19443545/1/files/34544228.pdf)

<sup>2</sup>Hon. Peter Howson, RAAF PR 53869/65, March 1965. Link below:  
[https://parlinfo.aph.gov.au/parlInfo/download/media/pressrel/HPR10001616/upload\\_binary/HPR10001616.pdf;fileType=application%2Fpdf#search=%22media/pressrel/HPR10001616%22](https://parlinfo.aph.gov.au/parlInfo/download/media/pressrel/HPR10001616/upload_binary/HPR10001616.pdf;fileType=application%2Fpdf#search=%22media/pressrel/HPR10001616%22)

<sup>3</sup>Minute 635/2/254, 7 November 1963, A703 – 635/2/509 Part 1, NAA. Referenced in:  
Mathew Radcliffe, , *Kampong Australia*: 2015, pg196-197

<sup>4</sup>Minute 4/2/AIR/1 (94) – "Amendment to the Manning Establishment No.4 RAAF Hospital, Medical Officers". Referenced by: *Kampong Australia*, pg. 201

<sup>5</sup>RAAF News, Vol.13, No.11, December 1971 – "First Maternity Wing". Reference by: *Kampong Australia*, pg. 206



facilities included infant welfare clinic, pharmacy, dermatology clinic, ante-post natal clinic, surgical clinic, hygiene inspector and dental surgery.’<sup>6</sup>

9. The GDOC was fully briefed of 4 RAAF Hospital capability the main hospital at Butterworth, which included a general practice day clinic, supported by full radiological, pathology, pharmacy and surgical theatre capabilities. The maternity and surgical capability was augmented by RAAF Specialist Medical Reserve Physicians. These Physicians were drawn for major medical facilities in state capital cities across Australia.

#### Section 2. 4 RAAF Hospital Combat Casualty Capabilities

10. When the area was made safe the GDOC was responsible for the co-ordination of casualty clearance and this included the provision of security across the main highway to 4 RAAF Hospital on the other side of the Highway.
11. The 100 bed and surgical capability outlined in Section 1, was supported by a fleet of ambulance with two, 2WD ambulances available 24 hours at both the main Hospital at Butterworth and RAAF Centre Medical Facility in Penang. Additionally, the main hospital had another two, 4WD (Aircraft Crash Response) Ambulance at 4 RAAF Hospital Butterworth. To support maintenance and availability of the ambulance fleet, the base vehicle pool held another 3-4 ambulances of both variants and this was augmented by an Ambulance Bus with 40-50 litter capability. The pool vehicles could be activated by GDOC and driven by Motor Transport Drivers.
12. 4 RAAF Hospital’s capability was established to meet the day to day medical needs of RAAF service personnel, their families and Australian Civilians employed at Butterworth. In situations of increased CTO threat the capabilities of 4 RAAF Hospital were re-prioritised (as detailed in the Shared Defence Plan) to meet a potential mass casualties event resulting from CT threats to service personnel or dependents.
13. Appendix 4 to Annex B of OP Order 1/71 - Shared Defence Plan, directed CO 4 RAAF Hospital as follows:  
 ‘CO of 4 Hospital to implement a satisfactory medical plan within the restrictions imposed by curfews. He will:
  - a. Prepare in advance a medical plan ..... to meet the shared defence situation;
  - b. Keep the Ground Defence Commander/Deputy Ground Defence Commanders informed of any changes to his long term planning which requires co-ordination with other activities listed in this order;
  - c. If considered justified, issue a medical annex to this order; and
  - d. On declaration of Security Amber appoint an Officer responsible for close liaison with the Duty Controller GDOC. This officer will co-ordinate:
    - 1) the amendment or modification of the plan within the current restriction in force and in co-ordination with the overall GDOC Plan; and
    - 2) the day to day liaison requirements in the implementation of this plan i.e. provision of casualty collection/transport for treatment of their injured ....’<sup>7</sup>
14. The following is a transcript of AWM interviews of RAAF Nurse Patricia Furbank, who was posted to 4 RAAF Hospital on two occasions in 1970-72 and 1974-76:  
 Q. ‘What were the facilities and the equipment like (at 4 RAAF Hospital)?

<sup>6</sup> RAAF School Penang, History Memorabilia website - <https://raafschoolenang.com/photopages/raafclub.htm>

<sup>7</sup> OP Order No. 1/71, Legal Aspect of A Shared Defence Situation in the Defence of Air Base Butterworth, 5<sup>th</sup> September 1971

A. Excellent, we were very well equipped. As I said, we had intensive care for patients. We had two major operating theatres. We had a casualty, a minor operating theatre, very well equipped and several ambulances there.’<sup>8</sup>

**15. RAAF News – August 1968:**

‘Sixteen of the 18 Malaysian policeman wounded in an ambush by Communist terrorists on the Malaya-Thai border on Jun 17 were flown by RMAF helicopter to No 4 RAAF Hospital at Butterworth. Teams of doctors and nursing sisters worked all day receiving the wounded and assessing their injuries. The wounded were flown to Butterworth the day after the ambush. Later all but five of the patients were flown to hospitals at Ipoh, Kuala Lumpur and Penang.’<sup>9</sup>

16. It is the belief of the writer that 4 RAAF Hospital retained its full 100 bed capacity and surgical capabilities in 1982-83 and the Shared Defence Plan of that period contained a Medial Plan similar to that outlined OP Order 1/71 outlined at paragraph 8, above.

17. In the late 1980s, with the Australian presence in Penang winding down, a RAAF News article in July 1987 noted:

‘the disbandment of No.4 RAAF Hospital, a small medical flight was being formed to provide out-patient care to the small number of Australian servicemen and their families remaining at Butterworth. Henceforth, the article continued, serious medical cases among the Australians remaining at Butterworth will be sent to local civilian medical facilities on Penang Island...’<sup>10</sup>

**Section 3. Conclusion**

18. 4 RAAF Hospital Butterworth was established primarily because the British were withdrawing from Malaya and the British hospital facilities that provided medical treatment began to close in 1965.

19. OP 01/71 - Shared Defence Plan responded to the 1971 threat scenarios identified by Australian Government Agencies and CO 4 RAAF Hospital was directed to prepare casualty ‘evacuation’ and treatment plans to meet the possibility of casualties from CT threats to ABB. By 1975, JIO 13/75 confirmed the threats from CT to ABB had increased and direct threats to families were rated as possible. Base Squadron Butterworth Unit History Sheets from 1977-78 indicate numerous increased security period and the DHAAT Panel has heard testimony from GPCAPT Coopes during the April 2023 hearings, also spoke of the heightened threat levels in 1977-78. The Medical Plan included in the 1982-83 versions of the Shared Defence Plan responded to the threats outline above and left no doubt that OC Air Base Butterworth was fully prepared for the treatment of casualties that could or would result for a likely CT attack on ABB.

20. The information contained in the paper is intended to confirm that 4 RAAF Hospital Butterworth had the capability to meeting the type of mass casualty events resulting from indirect fire, IED or direct attack on RAAF assets, personnel and dependents in Malaysia. In OP Order 1/71, OC RAAF Butterworth directed CO 4 RAAF Hospital to prepare a medical plan to meet the shared defence situation.



Bernard K. Farley CSM  
SQNLDR (Retd)

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<sup>8</sup> Patricia Furbank, Transcript of Interview, University of NSW, Canberra, Australian at War Film Archive, 25<sup>th</sup> March 2004, Tape 3, 16.00 <https://australiansatwarfilmarchive.unsw.edu.au/archive/htmlTranscript/1656>

<sup>9</sup> RAAF News, August 1968 edition, pg. 3 <https://trove.nla.gov.au/newspaper/article/259003064>

<sup>10</sup> RAAF News, July 1987, Vol.29, No.6 – ‘Butterworth – Down to the Basics’ Referenced by: Kampong Australia, pg210