

PTSD: A Burning Topic

The SOUNDTRACK 

18th July 2020 Vol 1,1

Schedule 1 Saved My Life.

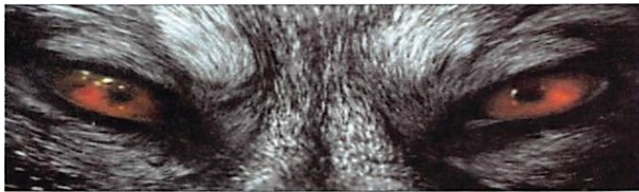
"Suicide is not chosen; it happens when pain exceeds resources for coping with pain. As in other forms of death, the victim dies if enough trauma is suffered or if life support systems are withdrawn or give out."

[Out of the Nightmare: Recovery from Depression and Suicidal Pain, David L. Conroy Ph.D.](#)

WARNING – EXPLICIT CONTENT

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*"And if thou gaze long into an abyss,
the abyss will also gaze into thee."*

[Beyond Good and Evil, Friedrich Nietzsche](#)

"Any thoughts of harming yourself?" my Psychiatrist bluntly asks me.
"Well, I didn't kill myself 3 times so far, does that count?" I reply.

Trauma and suicide

16 *Trauma exposure is a significant risk factor for suicide, independent of mental illness.*

&

18 *In relation to the Metropolitan Fire Service, we found that the rates of suicide ideation were far higher than would have been anticipated when looking only at rates of diagnosed mental illness.*

[WITNESS STATEMENT OF PROFESSOR ALEXANDER MCFARLANE AO](#)

In 2015 the SA Government rolled out a complete overhaul of WorkCover regulations and replaced it with the now Return to Work (RTW) legislation. It completely "revised" worker's rights and introduced certain, fixed time limits and "strengthened" injury definitions and compensability.

It took about 30 years of operation for WorkCover SA to accumulate it's unfunded liability; but it was only going to take some 6 or so months under the SA Government's new legislation to ["come the 1st of July next year, the unfunded liability will change from about \\$1.1 billion to zero,"](#) Rau said. And at the same time delivering a massive ["saving to registered businesses in SA would be more than \\$180 million per year."](#)

As far as the 2 year wages limit; [Rau said that 94% of workers already returned to work within that period.](#)

So obviously the remaining 6% of "seriously injured" workers and/or those with a chronic injury, including PTSD, are the ones funding the entirety of this Employer bonanza at the expense of their crippled workers' entitlements. Talk about swiping the ice cream cone from the kid in the wheelchair!

It is also worth noting that WorkCover fraud convictions were reportedly very small by comparison and could in no way account for these "savings"

Under this legislation all Frontline Defenders now, whatever colour or cut of uniform we may wear - have been targeted and are cut adrift at 3 years. This "Brand New" lifeboat has had all of the bungs pulled out of it!

I'd love to be able to tell you what the privatisation of RTW did for the lucky few insurance companies' profits and bonuses but they are not publicly reported because they're "Commercial in Confidence". We can be pretty sure however that the insurance companies aren't running at a loss. And in any event, self-funded employers are now I believe, generally more "efficient" in their "savings" since the introduction of these new SA Government legislation and injury assessments.

This legislation was clearly drafted by politicians and bean counter administrators who's greatest risk of injury ranges from a very painful papercut to an horrendous, penetrating wound to the thumb from a catastrophic misfiring of an office stapler. (The vertigo experienced by some bureaucrats has recently been found to be completely alleviated by stopping them from spinning in their office chairs whilst squealing; Wheeeeeeeee!!)

This new Rort The Worker legislation has turned a lame duck into a Golden Goose for all employers and a few lucky insurance companies. And who is the biggest "employer" of the highest risk categories of all workers for PTSD injury? The Governments! Both Federal and State. They are the biggest winners in these supposed savings gained by kicking people off RTW in 2 or three years.

Dedicated to all our Brave, Fallen Comrades. You left us far too soon. Vale - Brothers and Sisters.

In about mid 2016 I received a letter from my WorkCover Senior Case Manager telling me that under the new RTW Legislation, ALL payments for the ongoing treatment of my existing PTSD claim would soon cease and expire as at the end of June.

It meant that I would not only have to pay for ALL of my own medical treatments and expenses but also that I would NOT be entitled to any more time off for the injury, from then onwards.

I can honestly say that at that moment, I felt totally and utterly abandoned and betrayed by my MFS "family".

Over 30 years of very dangerous, highly injurious but nevertheless faithful duty on my part and I'm suddenly being taken out by just a sharpened pencil and the newly introduced SA Government "fine print"!!!

I tried to fill out a new claim form detailing the latest fatality I had attended (out of the dozens in my career so far), proving that this is what had caused my most recent epic, faceplant.

But I received a very short, sharp, curt phone call, at home at about 17:30 on 30th June (right on the knocker so to speak) telling me that according to SA Government's assessment guidelines, they had ruled that this was "just an **exacerbation**" of a pre-existing PTSD claim and that my new claim was therefore - **REJECTED !**

I didn't have the energy or the will to fight back at that stage but my Psychiatrist worked very hard to reassure me and to keep me on track.

He wrote a very extensive and no doubt appropriately priced report detailing exactly what, why and when this particular incident caused a new and separate injury.

Only then was the new claim finally accepted, on 17th October 2016, for the May incident, some 5 months earlier. I now have 2 PTSD claim numbers along with my 17 other physical injuries sustained on the job.

But of course, all this did was to simply reset a new clock on the ticking time bomb that is the relentless tune of the severely restrictive and punishing, SA Government RTW legislation deadlines.

It was obvious to me that I was just flogging a dead ass that was simply delaying the inevitable. As hard as I tried, no way could I stop myself from thinking about various "exit strategies". Considering all / some/ many of the methods that I had attended and witnessed in over 30 years of Service, there were a lot to choose from depending on which message I wanted to finally send.

On one really dark occasion, it was just because I couldn't make the very simple decision as to which building, SAFECOM or MFS HQ, that I would leave my stain in front of. You're reading this only because I didn't carry that plan through.

But the United Fire Fighters Union (UFU) were also working hard in the background, actively supporting me along the way and attending my Case Conferences with me.

They also let me know about their proposed Schedule 1 negotiations and that there was great support for it from the then MFS Chief Officer, Greg Crossman.

So I kept going, just putting one foot in front of the other, one day at a time. Not hopeful particularly, but hanging on. After all, I was also highly trained at being a Government Drone.

Then just as expected, I eventually received that dreaded RTW wage termination notice:

"As your income support (wages) entitlements have now ceased under the Return to Act 2014, I am unable to pay you any further WC wages from the 10th September 2018.

Due to high workload issues for me, I overlooked the actual cessation date of 30.06.2018 hence why I have ceased your income support wages today.

This means that you will need to access leave entitlements from the 10th September 2018 so that you are paid wages accordingly." (Personal email from SAFECOM, 10/09/18)

Clearly SAFECOM are underfunded and understaffed. It's my understanding that caseloads for the injury management staff can reach double what they should reasonably be expected to handle. Isn't it obvious to any reasonable person that very important decisions are hastily and even recklessly being made in the attempt to catch

up with those overwhelming caseloads? My case file has been shuffled around various SAFECOM case managers at least 7 times so far.

Fortunately and true to the prediction of MFS and the UFU, with their successful Enterprise Bargaining (EB) negotiations, I made my Schedule 1 application and it was finally approved on 28th December 2018. Meaning that my ongoing treatment for PTSD, medical expenses and reduced 80% income support were now again being covered and protected by SAMFS and UFU; for as long as the SA Government allows that EB arrangement to continue. A temporary reprieve, of sorts.

What is Schedule 1?

"Good people, doing Good things" Former Chief Officer Greg Crossman.

Schedule 1 is an Enterprise Bargaining (EB) agreement addendum between employees, the Union and the MFS as employer, that guarantees minimum benefits, to an approved injured worker but only after application by that injured worker, maintaining them at the reduced 2 year benefit level specified by SA Government RTW Legislation (approved medical expenses and reduced pay of only 80% for any lost time).

This is a renegotiated industrial agreement only, to be reviewed every three years. The SA Government can remove support for it at any time that they choose to. (..... and for some reason **Shared Services, another highly regarded SauGov Dept**, are paying me @ \$3 an hour less than my rank but no one can tell me why).

A Murder of Thoughts.



Artwork by Larry Vienneau

"You're nothing. You're average. You're an ordinary, fat piece of shit. You have no self-control. You're a stupid, fat, disgusting dyke. You ugly, stupid bitch".

[Unbearable Lightness, Portia De Rossi, p8](#)

The above quote comes from a very talented, acclaimed and classically beautiful actor, Portia De Rossi. She was doing her usual, gruelling workout at 04:15am one morning. When that thought suddenly swooped into her mind, that she could only allow herself 150 calories for the day and needed to take 20 laxatives. Portia was plagued with Anorexia Nervosa, a despicable disease that starkly warps and twists reality and perceptions, particularly self perceptions. So too does PTSD.

There is nothing more brutal and savage than a mind that's turned against itself.

People torture and kill themselves in their heads many times before they actually follow through with action.

The trick to surviving these relentless, black thoughts is to notice them flying in and to recognise the seemingly unstoppable, raucous chatter for what it really is, just contemptable, insidious, babble inside your head, the escape valve for a trapped mind.

'Thus quoth the Raven, "Nevermore"'
(Alan Parsons Project - Edgar Allan Poe, 1845)

'What suicidal looks like'

Wayne Schwass tells of pain of hiding mental health problems.



'Fake smile, act happy': Wayne Schwass tweeted this photo of himself celebrating North Melbourne's 1996 grand final victory. Photograph: @WayneSchwass

These [news.com.au](https://www.news.com.au) and [Mamamia](https://www.mamamia.com.au) pages on sporting great Wayne Schwass' showing his battle with depression and covering up the real toll it was taking on him, are well worth reading.

As Firies and as with all Frontline workers, we begin and are trained immediately right from recruits in the Drill Squad, to work very hard in extremely uncomfortable, dangerous and inhospitable circumstances, for very long periods of time, without flinching and **NEVER** giving up. We're taught to squash our own distress and horror, to calmly and confidently do whatever it takes to professionally get the job done for the best possible outcome in saving "[life and property](#)". We will **NEVER**

show to the victims or anyone else, the absolute horror we sometimes feel at the horrendous injuries we see as we manage very complex rescues (or body retrieval/cleanups).

There is still a persistent view of fear or weakness in some areas of the work environment as well as the community in general

"There has been some progress, but stigma, discrimination and prejudice remain pervasive influences on the lives of people living with mental illness."

[State of Victoria, Royal Commission into Victoria's Mental Health System, Interim Report, Parl Paper No. 87 \(2018-19\), Page 1](#)

"I drove home and parked the car outside my house. My fiancé was inside and I sat in the car for an hour and a half because of shame."

[WITNESS STATEMENT OF WAYNE SCHWASS](#)

For me, I knew from my own circumstances; that when I just could not get out of bed anymore that I HAD to take some time away.

I was telling everyone and hiding behind a recent arm injury sustained on the job (torn off biceps muscle) flaring up again and that, that was the reason for me needing time off. I was thinking that I wouldn't be off for long and could get away with it by hiding the real reason.

How very wrong I was. I never went back to Operations, my denial had now taken it's toll.

My eyes still sting when I think of my 30 something daughter, sad faced, saying to me one day at the park with my grandkids; "I just want my Dad back again" (what is it with this damned blurry computer screen !! ?)

Denial Is Not Just A River in Egypt!



You'd think that after over 3 years of a Behavioural Science degree (unfinished), 4 years as a Lifeline Counsellor, more than a decade as an original Peer with the MFS and about 5 years practicing in the Junior Fire Lighting Intervention Program that I'd have some better insight and more warning about my impending, epic mental breakdown.

I loved my job and role on "the trucks" and despite the great strides and changes in the recognition of the need for mental health support in the workplace, I was still worried about a negative impact. And I'm not alone. Many days I still get visits in my "office" from colleagues who ask; "Is that thing on?"; pointing to the security camera on the ceiling in State Control Centre - Fire. (I only turn it on for Major Incidents)..... And then they tell me about their experiences adding, "I'll never claim".

The contradiction of course is that denial is also an essential and sometimes useful "[survival](#)" [psychological trait](#) until it's not!

What Survival Looks Like



Emperor Penguins Huddle

"As temperatures reach 40 below even the adults' only chance of survival is to huddle together they start to waddle with a single purpose" (00:46)

"Soon, the huddle numbers thousands and still more keep coming" (01:47)

*"Those on the outside take the brunt of the cold, those on the inside take **tiny steps** that move the huddle in waves." (02:02)*

Penguins know the value to their survival and society of social support and working together for the common good.

But who knew that penguin feathers are even far more useful, practical and protective than the horse feathers and the fine cotton in the Italian suits currently being worn by our "protectors" in Australian Parliament!

On average one Police, Fire or Ambulance member in Australia takes their own life every month; or "12 per year". ([National Coronial Information System](#), [PDF Summary](#))

The Fire Services as with ALL other Frontline services have been conducting psychometric testing and psychological profiling of all applicants since well before my joining date in 1984. Current testing for MFS is done by [Converge International](#) using their world standard Safe Select programme, "[specialising in high risk work](#)".

Applications to join Frontline services are extremely competitive and ONLY the fittest and the best, both mentally and physically, are accepted. So we all come out eager, shiny, new and at our very toughest. They take us as they find us and then remake us, from there.

It's therefore not unreasonable to conclude that Frontline Defenders, on intake are in fact far more tough and resilient than the "average" person in population. So if we, the most resilient, experience [PTSD rates up to 30+%](#) then it's indicative of the totally understated, inherent risk and extremely hazardous nature of serving in these services.

Swan Song or just a Duck Quack?

"I'm sure at the end of the four-year term there will be more than enough exciting new young talent coming through the party to replace me," [SA's Treasurer Rob Lucas 20th March 2018](#)

So [Mr Treasurer](#), let me get this right; does that mean that you are just going to squib out now for your last 2 more years, until retirement? SA's substantive issues extant and you just want to "mark time" until some "junior" puts on their "L" plates and then takes over from you, following your expert handover, providing all that you know about the RTW Legislation?

Goodonya, [Mr Treasurer](#)!

We're dying while waiting for you to get off your hands, [Mr Treasurer](#)? Not happy, [Mr Treasurer](#).

It really was particularly galling to see the unashamedly public, glib, political, weasel words of SA's [Treasurer Rob Lucas](#) in relation to work related PTSD where he categorically says; **"it's unlikely we would support it".....** and..... **"The issue is how do you ... distinguish this particular psychiatric-based claim as being caused by a work circumstances, as opposed to something else that might be going on in a person's life?"** (The Advertiser newspaper Jan 24th, 2020, P16)

True to your word, [Mr Treasurer](#), you didn't support it and **I'd suggest that it would be very easy** to distinguish between any traumas, [Mr Treasurer](#). How about you simply take the **expert medical opinion** and diagnosis as it was given about the Frontline Defender, rather than summarily **REJECTING** them just because you don't like it or don't want to pay for it?

[Mr Treasurer](#), you must also have missed the memo when [University of New South Wales \(UNSW\)](#) published it's world leading *"Expert Guidelines: Diagnosis and Treatment of Post-Traumatic Stress Disorder in Emergency Service Workers, 2015"*. Is it worth mentioning that the MFS also commissioned it's landmark *"The MFS Health and Wellbeing Study" July 2017*, no? [Mr Treasurer](#)?

Even further than that [Mr Treasurer](#), you would also know that the Government's own Legislation and injury management requirements already provides upfront, iron clad protections in Sections 32, (3) & 200, (1) of the RTW Act. All the documents sent to the worker to sign, provide that they must agree to and are liable to repay any disputed payments.

So why are you, [Mr Treasurer](#), needlessly delaying approval of the timely treatment for the very many genuine psychological injuries inflicted on Frontline Defenders, in their normal duties? You are already guaranteed protection from any non genuine application. There has already been one too many MFS on duty suicides since your callous denial/refusals of RTW reforms, recently.

Just in case you're finding it hard to remember that RTW Legislation, [Mr Treasurer](#), I can remind you;

32—[Payment of interim benefits](#)

- (1) The Corporation may, pending the final determination of a claim, make interim payments under this Part to a claimant.
- (2) The Corporation must offer to make interim payments under this section if it fails to determine the relevant claim within 10 business days after the date of receipt of the claim.
- (3) If on the final determination of a claim it appears that an amount to which the claimant was not entitled has been paid under this section, the Corporation may recover that amount as a debt in a court of competent jurisdiction.

AND

201—[Recovery of payments](#)

- (1) In addition to the other provisions of this Act, the Corporation may recover (as a debt) from a worker, an employer or any other person any payment of compensation or other amount to which the worker, employer or other person is not entitled under this Act.

I can't think of anything tighter than this guppy's cloaca, [Mr Treasurer](#)!

I'm also having another look [at Section 9 and Division 3](#) – but I'll get back to you in the next issue, [Mr Treasurer](#).

So what else could be the real purpose of your Government's hesitation, outright denial and/or delaying of early and appropriate psychological treatment for the overwhelming majority of injured Frontline Defenders seeking professional and appropriate early intervention and help for the injuries sustained as a consequence of their duties, [Mr Treasurer](#)?

All the more heartless was to see [Mr Treasurer's](#) words in that Advertiser report coming hot on the heels of the tragic death of 3 American hero Firefighters, killed in an operational [aircraft crash](#), only the [day before \(23/01/20\)](#). Bringing the Firefighter death toll at the time up to [9 firefighters killed](#), as at [4th Feb, 2020](#).

But this Government's bludging on the pain and sacrifice, the outright disregard of the needs of their Frontline Defenders is not new. More than 150 years ago, during the American Civil War;

"These psychological problems were so common that the War Department started screening recruits in an attempt to identify those who were more susceptible to psychiatric issues. By 1863, there was a public outcry for intervention and the first military hospital was opened to deal with Civil War soldiers suffering from psychiatric illness." [Post-Traumatic Stress Disorder: A Historical Perspective of an Evolving Diagnosis](#)

It completely beggars belief, [Mr Treasurer](#), that this Government has the hide to suggest and imply that ANY one, non duty trauma could be so much worse as to trump the numerous line of duty traumas we experience on the job.

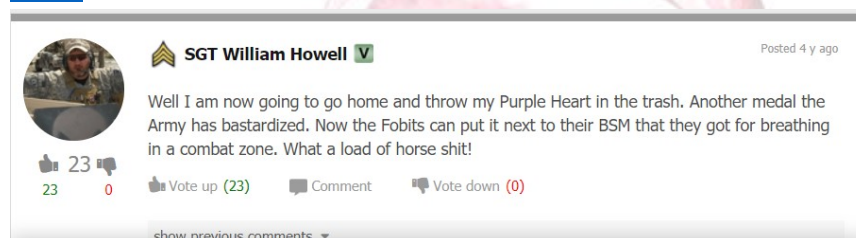
What could possibly cause a registered medical professional to collude with a fraudulent claim? [Mr Treasurer??](#)

This Government seems intent on unreasonably and liberally tarring all Frontline Defenders with the fraud brush, if we dare to seek treatment for duty related PTSD!

It's seems like the same pejorative "name calling" that the allegation of "cowardice" was and still is, in some modern quarters, currently being flung around in various services.

At a suggestion that US servicemen being PTSD injured should receive the US Purple Heart.....

[BLOG](#)



[Fobbits](#)

He should probably go dig it out of the bin just for the moment because the [US Department of Defense](#) still refuses to acknowledge PTSD as a qualifying injury.

Even Aussie troops keep copping it both ways and continue to feel the sting with;

*"Australian infantry troops are **ashamed and furious** that they are being kept from combat and **regarded as cowards** by allied troops in Iraq and Afghanistan."*

[We're not cowards say Aussie troops](#)

As opposed to the more enlightened and civilised Canadians with their [Sacrifice Medal](#).



Canadian Forces veteran now helping others afflicted with PTSD

September 15, 2017 | John Jantak

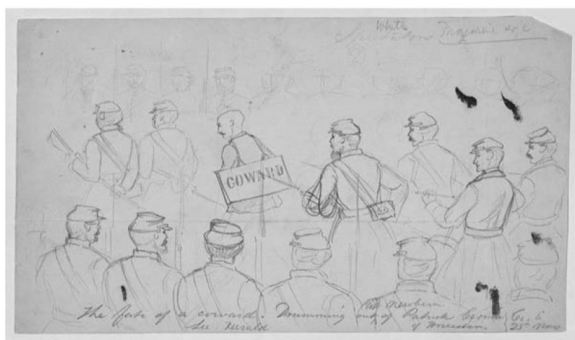


The Journal

But let's just get back to the American Civil War for a sec. Because here in Australia, that's where we still seem to be very firmly and historically stuck fast:

"It is the fear of being seen – by peers, commanders, families – as a coward that has driven many soldiers to hold fast in a battle. The shame, not the glory. Walsh tells us: "Part of the sentence of many Union soldiers found guilty of cowardice was to have accounts of their misdeeds published in their hometown newspapers."

[The Sydney Morning Herald](#)



Collection of the New-York Historical Society

and in the book itself, Walsh goes on to say;

"An 1862 sketch shows Union private Patrick Cronin of Company E of the Twenty-Fifth Massachusetts Volunteers being drummed out of service wearing a placard that reads COWARD—a common punishment."

[Cowardice: A Brief History, Chris Walsh, p55-6](#)

I "held fast" too **SPLAT!**

But there is also plenty of Australian evidence from World War 2;

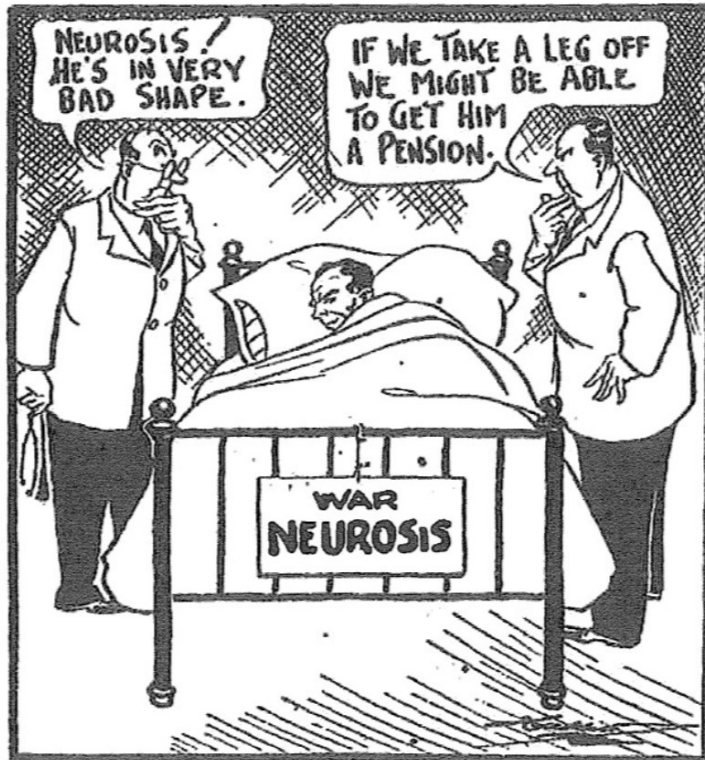
*"On 24 February 1944, a headline 'Is this Rehabilitation?' appeared in **Smith's Weekly**. It told a story of a young Queensland soldier who had joined the Australian Imperial Force (AIF) on 5 November 1941, and had served for 605 days, 445 of those in active service. In New Guinea he had*

Dedicated to all our Brave, Fallen Comrades. You left us far too soon. Vale - Brothers and Sisters.

injured his leg in an accident After a period of hospitalisation he was sent to training camp where his leg again broke down, and he was sent back to hospital. The reporter said that while he was in hospital he 'went adrift, and as far as I have been able to ascertain from him, he had no idea where he went or what he did for the fourteen days'. The soldier returned of his own accord, but to the army authorities in Queensland. This was **an act of desertion** and he was **arrested** by the provosts and charged with things of which he had no recollection, and sent to jail. In prison he turned aggressive towards his mother and **attempted suicide twice**. Consequently he was **declared insane**, a prerequisite for confinement to a mental hospital, and sent to Goodna Mental Hospital for nine months. The strain of this was too much for **his mother who died while he was there**. The young man was eventually let out on parole and started work, but his military discharge form recorded his conviction, which **'branded him as a criminal for the rest of his life', and he was sacked.**"

'Nothing New to Medical Science' The construction of war neurosis and the life course outcomes of WW2 veterans

John Raftery, 2000



And in a review of 3 books, [Hans Pols](#) quotes from John Raftery's subsequent book ["The Marks of War \(2003\)"](#): "The cartoon, which appeared in *Smith's Weekly* in 1948, displays a physician remarking about a case of war neurosis to a colleague:' (p. 121)."

There's a popular saying [Mr Treasurer](#); "Everything old is new again". But I'm sure that you don't really seek to "humiliate" South Australia's Frontline Defenders [Mr Treasurer](#). It's a no less contemptible way in which the Civil War Union Government and military commanders did with alleged "cowards"; by publishing about them "in their hometown papers".

It is a strange (I'm completely sure random) co-incidence that Boston Massachusetts had it's very own [Daily Advertiser](#) newspaper in their day.

I really am curious to see this list of fraudulent Frontline Defender PTSD claims so far detected by your Government and also any definition of trivial traumas that would NOT be classed as compensable by your Government.

Please show us your evidence or justifications, [Mr Treasurer](#), that currently drive your very serious imputations.

Please put **our** money where your mouth is, [Mr Treasurer](#)!

And if I may suggest, [Mr Treasurer](#) – please watch the Channel 7 News documentary "In the Blink of an Eye", on Tuesday night, 8:45 pm, 21/07/20. In this horrendous incident, would you kindly count how many emergency service vehicles attend this scene. Multiply that by an average of 2-4 highly trained and skilled specialists and then

double that for even more behind the scene medical staff etc and you'll get a rough idea of the enormous magnitude and impact that 1 tragic event causes. And don't forget the Call Centre and Despatch staff, taking the first, harrowing phone calls, begging for help.

This is why we need a **National Royal Commission** into Frontline Defender injury claims, assessment, management and the RTW system's current total lack of suitability and effectiveness.

A full audit of claims management, especially rejected claims with an open and public enquiry, examining serious injury and deaths both on and off duty, of Frontline Defenders is urgently needed. This Government has been sitting on it's hands for far too long. And no more ["marking your own homework"](#) thanks, SAFECOM.

In SA we managed to breeze through a Royal Commission for Footy Park lights.

It suited the Abbott Government to rush into the "pasting" of the Rudd Government over the four very tragic and unnecessary deaths due to the Pink Batts installation program.

Bill Shorten called for a Royal Commission into Banks and apparently, according to the Federal Government, we didn't need ["one of those"](#) either. Until we actually had one and then found out what the ["Snakes in Suits"](#) were hiding. (I wonder how many suicides by bank customers there were?).

At a time when we're losing our Frontline heroes in ever increasing numbers; gammon words from the [Prime Minister](#) trying to avoid inconvenient Royal Commissions by simply saying; ["We don't need "one of those 'coz we're fixing it"](#), are very hollow at best.

Using that same exemplary [Prime Ministerial](#) lame logic, any common shoplifter simply needs to pay for their swiped loot but only if they get caught, to "fix it" and therefore avoid justice.

I am in NO DOUBT whatsoever, that every single one of our fallen heroes would have unquestionably risked their lives on the job and beyond, to have my back and yours. I'm still here so I *still* have theirs and their families' backs, especially now.

Here are some dirty pictures of my naked mind.

Please sit and stay with anyone that you share this document with, especially if they are non operational.

This section contains confronting details.

WARNING – EXPLICIT CONTENT

One of the earliest of fatalities that I still live with even today, is also why I need to be mindful of what I say here. O'Halloran Hill 421 was responded to a special incident response to provide a protection line whilst SAPOL did a body recovery of 2 victims in a Learner Driver vehicle, fitted with LPG fuel. It had been transported to Novar Gardens SAPOL facility with the bodies still in situ because of the extent of the crushed vehicle and the complex entanglement of the occupants. This small car had been squashed flat by the impact of a very large truck.

In those days SAPOL Major Crash were the combatant authority in what is now known as Road Crash incidents. So I was standing there, over the fuel tank, at the ready, on high alert for any sparks or flashes. I was 150% attentive and on task as bit by bit the car was disassembled. The fatal injuries were horrific, severe crush injuries and bodily damage causing as quick a death as you could possibly imagine. The graphic images are still so very clear in my mind some 30 years on, so much so that I'm finding it really hard to see whilst I'm typing this here. The instructor's face was very "discoloured" and with a markedly protruding tongue, due to the crush injury.

These gruesomely real images, whilst very confronting, were of a lesser effect. What got to me most; I can still vividly see the Driving Instructor's hand flop down from the door's window sill as the metal skin was cut away. In that moment, my mind imagined her seeing the huge truck barreling down on her as she vainly braced herself for the impact. In my mind, her last very brief moment of consciousness in life was her imminent/impending death.

It sounds almost weirdly surreal but I still remember the Instructor's lunchbox with her cheese sandwich and the fruit box and the \$25 cash in the young man's pocket, presumably for the lesson.

But wait there's more. A couple of years later, I was on the Committee of a charity and one of our members had some horrendous scars on her legs. I never asked but I overheard her telling someone else that she had been standing at an intersection, behind a stobie pole, when a huge truck crushing a small car, hit that [stobie pole](#) bending it over the top of her, trapping her legs. The very same incident I recount here above. I swear, Adelaide has only 1 degree of separation!

So I'm very mindful of that and balancing with telling it like it really is.

And so in no particular order other than the mental powerpoint slides now flashing through my mind, here is a small sample over my long career;

A huge hulk of a man who suicided by splashing accelerant throughout his house before turning on his bar heater and then shooting himself in the head. By the time the heater ignited the fuel, it had vapourised and caused a massive explosion, blowing all the windows out and lifting the roof up and collapsing it. The Morgue Officer unsuccessfully tried to fit his charred body into the largest body bag they had.

Responding to a "Ladder Rescue" in a block of flats to find a young man that had hanged himself from the first floor balcony using a bedsheet. His appearance reminded me of one of my sons. I can still clearly see his hand on the rolled up sheet above his head and the scuff marks on the wall at his feet, realising too late that it would hurt and that death wasn't as instant as it was in the "movies".

Watching a mother storm back and forth, angry at her son who'd been inside a crashed car driven by a drunken friend, not very far from home. We had removed his body and SAAS had transported. When news from Flinders Medical Centre came back with a death pronounced on arrival. Hearing that primal shriek from mum as she flopped to the roadway is something no caring human could never forget.

Yet another Road Crash close to home. Passenger's friend driving too fast, mounts a curb and slams sideways into a tree on passenger side, not more than 150 meters from passenger's home. Mum is there guiding us to the tree. SAAS Paramedics weren't getting life signals any more from the heart monitor so it was switched off. Light was failing so I was leaning over a still very hot bonnet, shining a torch into the crushed cabin, through it's shattered and removed windscreen so that Mum could say her agonisingly tearful goodbyes; "Oh my boy, my beautiful boy!", whilst lovingly stroking him. He was 17.

Responding to an "Assist SA Ambulance". Upon arrival seeing a 12 year old girl, the patient's daughter, pacing back and forth in the front yard, arms across her chest, self hugging with that look on her face of abject desolation that's unmistakable and only seen in the deepest of human grief. We race to the back yard and immediately take over with the chest compressions and bagging so that the Paramedics could get on with their drug interventions. Hearing the crackle and pops of the ribs and sternum as we desperately maintain a strong CPR rhythm. He had put a hose from the exhaust pipe in through the window of his parked car. The heat from the exhaust gasses meant that his body was still warm, so there was no way to tell how long he'd been in the car. So we just went full on in primary resuscitation mode for as long as it took until it was Called by Paramedics. The young girl was still pacing out the front, alone, as we left.

Responding to assist Fire Cause Investigation at a fatal housefire, the home of a senior Police officer. The job had been attended by the previous shift and we went there on changeover for overhaul and tasking for the initial investigation. He had been due to retire later that year and to watch his comrades, colleagues and workmates come by, outside the still active investigation scene, to pay their respects was heart wrenching. As was trudging through the charred remnants of his distinguished life.

I didn't respond to the bombing itself but I was called in as Peer Practitioner to conduct a "Defuse" with the First Arrival crews. We were using the Mitchel Model of intervention back then. What a total shambles! For all the reasons that this intervention model has been largely abandoned, it was almost impossible to keep focus with the high level of energy and distress of the crews. I had to call on all my old Lifeline skills just to keep on track. Hearing their terrible stories of discovering a severely blast damaged victim. The first arrival crew member described how he thought he could see some movement in the victim's abdomen and of his confusion of where on this ravaged body he could try and check for a pulse. But the damage was too great. Another crew member described how he had covered some human fingers found outside on the roadway with a road cone to "protect" them.

Responding to a “Dangerous Substance” in a block of units. Domestic Violence offender, recently released from gaol, had broken into a premise and had spread agricultural pesticide powder throughout the unit before ingesting same and dying a horrible death inside. Fortunately his intended victim had managed to escape through a window. We had to “cleanup and make safe” before Police could conduct their investigation.

Responding to the scene of yet another pedestrian vs train for a body recovery/cleanup. Bodies can get dragged over the coarse gravel of a railway track for great distances before the train eventually comes to a halt. On this occasion noticing, on the approach, birds swooping down and pecking at the stain. The last thing you want, for very many reasons, is for anyone’s Fido or Mittens to drag back an unmistakable bit of human scalp with long hair still attached. So it’s with great care that you carry out your gruesome task, to make sure every single bodypart is collected goes back with the body.

Responding as backup to Christies’ area for a 2nd alarm house fire, “Persons Reported”. The house was going “scone hot” and end to end. One child had been rescued by a neighbour through a rear window, mum was deceased in the lounge (visible from outside) but a young girl was missing, unaccounted for. I was tasked to do a Search and Rescue with a “newbie” as my partner. We did a thorough left hand sweep, looking at ALL possible hidey holes. In the beds, under the beds, behind the curtains, in the wardrobes, all cupboards. Nothing. We went back in again, shower recesses, bathtub, bathroom cupboards, still nothing. 3rd sweep, in a burning house that was hotter and flaming more than hell itself. There was ONLY one place left to look. I told my young partner to stay where he was as I went up close and personal with the horrifically charred remains of mum, still in her lounge chair, bloated from the boiling body fluids, extremities burnt off and in the classic “pugilistic position”. I had to look on, around and under her for any remains of a small skull or tiny limbs. Nothing. I almost collapsed in sobs of relief when the Police located little miss, she had been found at a school friend’s house, having a sleepover!!!!

The most desperate search some people will ever undertake in their life, is for the right silk tie for their Press Conference. It bears mentioning that 2 of the above jobs happened on the same day!

[Mr Treasurer](#), please tell me which of that small sample above are insignificant to you and that I need to stop caring about or that I need to mark as a note to self that I should just “Toughen up Princess”??

[Mr Treasurer](#), which of the above small sample of my “glorified cleaner jobs” , performed over these far too many decades of faithful Duty; do you now consider that you need to question as dodgy, immoral or illegal for a Frontline Defender to claim some time off or medical treatment for???

Should I have had to constantly relive and retell in a \$3,000+ forensic psychiatrist report for each and every traumatic job that I have attended??

What about the brutal and adversarial processes and justifications mandated by your Government through SAFECOM? How is it even remotely a proper and fair use of taxpayer funds to require a roughly \$1,800.00 psychiatric medical report, demanded by SAFECOM guidelines, to justify my pathetic claim for reimbursement of a \$250.00 medical bill for a Sleep Study to assess my relentless nightmares?

Unsurprisingly, SAFECOM Executive is roundly criticised and especially for [“marking your own homework.”](#)
And;

“Adding to questions about governance, SAFECOM does not seem to have adopted its role of enabling the emergency service agencies to do their job. There were many complaints about SAFECOM attempting to assert itself beyond its legislative remit to a more operational role.”

[\(Independent Review into South Australia's 2019-20 Bushfire Season, p7\)](#)

Seriously, [Mr Treasurer](#)??? What planet are your bean counters transmitting from?

“The prevention and management of PTSD requires a coordinated approach between employers, insurers/agents and other experts, each contributing their unique knowledge and resources.” p37

“Making a workers’ compensation claim can be a confusing and stressful experience, especially for someone with a psychological injury. However, if the process is managed well, it can provide a pillar of support to the injured worker and support recovery and return to work.” (Safe Work, Taking Action: A best practice framework 2017, p3)

And what about our heroic Soldiers, [Mr Treasurer](#)? What would you dare to tell the old Digger on the Anzac Day radio spots this year? He wept as he described being a young soldier, seeing his mate blown up by an enemy

artillery shell “We couldn’t find enough of him to bury”, he sobs? Is he still entitled to cry for his mates, [Mr Treasurer](#), even after a lifetime? Or is any more than 2 years still just simply a tort to you?

It bears repeating, [Mr Treasurer](#); SA’s [Treasurer Rob Lucas](#) in relation to work related PTSD where he says; *“The issue is how do you ... distinguish this particular psychiatric-based claim as being caused by a work circumstances, as opposed to something else that might be going on in a person’s life?”* (The Advertiser newspaper Jan 24th, 2020, p16)

I can talk to you about SEVEN SAMFS suicides, [Mr Treasurer](#). Two of them in just over the last 12 months, [Mr Treasurer](#). I think that would trump any dismay over a pet budgie dropping off its perch at home, [Mr Treasurer](#).

Your Government’s soulless, dismissive attitude and complete disregard for the reality of daily Frontline Defender duty is contributing to the dying of our Frontline members, [Mr Treasurer](#). Not to mention the shattering of their families, [Mr Treasurer](#). It’s utterly offensive, [Mr Treasurer](#).

My recountings here would come as a complete surprise to my ex partners, family and friends. I’ve never believed there was any value in “pissing on their brains”. Just like anyone’s “Pops” and his hidden war stories – I’d always protect those that I love from the horrors that Frontline Defenders witness every single day on duty.

Home needs to be a safe space, a Trauma and Trigger free zone for anyone living with PTSD.

The fact that the general public doesn’t specifically know all that we do, day in day out, is also testament to how well we do our Duty. We are trained to World Class Skill levels and practice standards, with second to none resilience and commitment! There’s no need to punish us unnecessarily by delaying desperately needed reform for the glaringly **sub standard** injury claims Legislation and management systems put in place by this Government that falls far short in adequately protecting and caring for it’s Frontline Defenders.

“Healthy citizens are the greatest asset any country can have.”

— Winston Churchill

I was having a chat recently with Detective Ian Schlein (Retired) about why we do what we do, especially when we pay such a devastatingly high price for it and he simply said *“You could put all the different uniforms out there in the same room and you’d get a whole lot of answers. But one thing would be the same”* and in his most delicate voice he added; *“We’d all look at everybody else and say “You c#nts are f#cken crazy, I wouldn’t do your job!””* (perscom, 29/06/2020).

So for all of the reasons each of us individually has for joining their chosen Services, it’s undeniable that Passion, Pride and Purpose are what keeps us energised and serving our communities and country that we proudly serve and protect.

I know that Firies are not the Governments’ favourites at the moment. Especially after some very vocal Firies’ understandable criticisms of the Federal Government during Australia’s recent catastrophic Bushfire season.

We’ve all seen and heard those criticisms such as;

[Firefighter blames government for Australia’s bushfire crisis](#)

[‘I don’t really want to’](#)

[‘You’re not welcome’](#)

[‘Where’s the Prime Minister?’](#)

[Scott Morrison rejects calls for more bushfire help, saying volunteer firefighters ‘want to be there’](#)

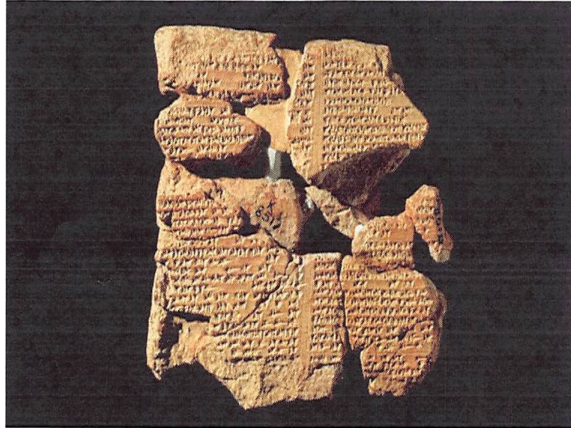
[‘Tell the PM to go and get f***ed’](#)

It still boggles my mind that [The Prime Minister](#) comes away from an absolute hammering about under-resourcing and neglecting Volunteer Brigades and still has the temerity to say that the “Volunteers don’t want it” in relation to payments!

If Volunteers really didn’t need it or want it, they are smart enough to just take it and donate it back into their local Brigades!!!! Or does this Government think our Volunteers are just plain dumb?

Whether you subscribe to the triune brain theory, fight/flight/fawn/freeze, polyvagal theory, neurochemical deficits and the list goes on and on; there is agreement that the human brain has always had this process wired into it.

"The Epic of Gilgamesh is, perhaps, the oldest written story on Earth. It comes to us from Ancient Sumeria, and was originally written on 12 clay tablets in cuneiform script. It is about the adventures of the historical King of Uruk (somewhere between 2750 and 2500 BCE)." [The Epic of Gilgamesh](#)



Various cuneiform texts uncovered from many different sites, at different times and in different languages, detail the exploits of a Sumerian King that lived in Uruk around 2600 B.C.

So why am I referring to some ancient, broken clay tablets telling the dusty war stories of some old Mesopotamian dude?

Because they also have the earliest known or discovered references to PTSD symptoms.

More than 4,500 years ago Gilgamesh described his "feelings of despair", intrusive thoughts and bad dreams...

"Gilgamesh had an inability to sleep, was angry, had terrifying memories, and had a sense of a foreshortened future. These are all characteristics of what we now recognize to be PTSD"

[Post-Traumatic Stress Disorder: A Historical Perspective of an Evolving Diagnosis](#)

History is littered with hints and references to many instances of the unmistakable symptoms of what we now describe as being symptoms of PTSD.

The above [reference](#) really is a fantastic short introduction to the subject but if you really want to hurt your head or if you are genuinely interested in the ancient references, by all means start by reading "**Chapter 1 PTSD in History: From Uruk to Baghdad**" in [Springer's Comprehensive Guide to Post-Traumatic Stress Disorder](#) ... a more than 2,300 page academic tome. (Which extensively cites the world renowned works of Adelaide's own [Professor Alexander McFarlane](#))

There you'll get a brief selection of references throughout history (mostly but not all war related) from Gilgamesh to Epizelus the blinded Athenian, Achilles and Patroclus fast forward to the Napoleonic wars with it's "cannonball wind syndrome" then to Shakespeare's many works - in particular Macbeth, then to *Traité Médico-Philosophique sur l'Aliénation Mentale*'s "frightening dreams, strong emotions for the slightest cause, and everything becomes a cause for fright and alarm" and onto the 1800s' with it's descriptions of "railroad spine" or "railway brain", suffered by victims of the horrendous railway crash tragedies of the time.

A photograph of a newspaper clipping from The Southern Enterprise, September 21, 1855, titled "CURIOUS RESULT.—A French officer, while making reconnoissance near Sebastopol, was knocked down by the wind of a cannon ball, and the shock was so severe as to cause a paralysis of his tongue, so that he could neither move it or speak. Obtaining leave of absence he returned to Marseilles and placed himself under electrical treatment. After a few shocks he could move his tongue with more facility, and at length, after an unusually powerful shock, his speech was restored, and he was fully recovered."

Excerpt from The Southern Enterprise, September 21, 1855.

Here is an example of a newspaper article in the Southern Enterprise newspaper in 1855. It clearly describes and provides a reference to "Wind of Ball Syndrome", in this case a cannonball. Wind of Ball was also used to describe similar "injuries" from musket balls.

But interestingly, here it also describes one of the treatments used on the sufferers, in this case, "electrical treatment". No doubt this was the early form of what is now known as Electroconvulsive Therapy or ECT.

In fact, it's still being used in some cases; [Treating Recalcitrant PTSD With ECT: Are We There Yet?](#)

"From Gilgamesh to the First World War, more than 3,000 years have been necessary to establish a well-structured nosology of traumatic stress. A historical survey demonstrates that, even from the beginning of Antiquity, psychological responses to extreme trauma have always been the source of phenomenological and scientific curiosity and interest." ([Springer's Comprehensive Guide to Post-Traumatic Stress Disorder](#), p15)

"Experiencing trauma is an essential part of being human; history is written in blood."

[The Black Hole of Trauma, Traumatic Stress, Bessel A. Van Der Kolk, Alexander C. McFarlane, p3](#)

I'm Fine and Neither Are You.....

..... thanks for asking!

No really, I'm doing kind of OK now. PTSD is the worst possible "mid life crisis" you'll ever live with and I'm still finding my new "normal". It's the other 30+% of Frontline Defenders that I still worry about and will continue to cover their backs.

I'm writing article this for those of you;

"that might not seek help in the face of the implication that they seek to defraud when they claim psychiatric injury, or those that ask for help only to have claims denied, or those that don't conveniently get better in the 104 weeks plus extra for being unwell enough to have income support, that's who I'm concerned for. They deserve better, these strong resilient people who have learned, been trained and worked to overcome a human tendency to run away, so that they can run towards a burning building, or a horrible accident, a bomb blast, a dangerous situation, rather than run away and avert their eyes, and in doing so see more and experience more trauma that the usual community member that they seek to serve and protect." (Unnamed passionate Frontline Defender, 17/07/20)

We are definitely not alone in fighting for the Wellbeing and Support of all of our Brothers and Sisters and neither are you.

You Have To Accept Help When It Comes.



[The Drowning Man](#)

To this the stranded man again replied, "No thanks, I'm praying to God and he is going to save me. I have faith." So the helicopter reluctantly flew away.

Soon the water rose above the rooftop and the man drowned. He went to Heaven. He finally got his chance to discuss this whole situation with God, at which point he exclaimed, "I had faith in you but you didn't save me, you let me drown. I don't understand why!"

To this God replied, "I sent you a rowboat and a motorboat and a helicopter, what more did you expect?"

Moral: Sometimes you just need to let people around you help! GET TO DA CHOPPER!!!

I can tell you that you will never know how hard certain people behind the scenes work **FOR** you. I've seen it.

It's now time for a big [Penguin Huddle](#) kids!

We are well overdue and deserving of a **National Royal Commission!!!**

I have been fortunate to watch and benefit as our MFS has totally geared up in the most compassionate and understanding way towards PTSD. It now proactively tackles our very unique mental health challenges and needs that we face, every day in doing our duty. The MFS has also very deservedly won awards for their flagship Mental Health First Aid programme (special shoutout to S/O Brian "Butch" Moon).

I have to say that the MFS have also very actively supported, enabled and contributed to my own personal recovery and ongoing journey back from the brink and in welcoming me back to the "family".

Right down to taking a punt on letting me attend [Petrea King's Quest for Life](#) residential intervention program in Bundanoon, NSW. That course really was a big turning point for me for quite a few reasons.

The MFS has some very remarkable and at the same time very compassionate, caring support staff. We are **REALLY FORTUNATE** to have some non uniformed but very highly skilled and passionate, injury management specialists (they won't even try to "take a leg off" anymore!).

The flurry of activity in HQ from top to bottom is remarkable, when any "one of us" is in strife. And most of us will never see it or even know it happened. Just like the uniforms at the coalface, they will furiously chip away, even with soup spoons for us if they have to. (I'm glad I didn't leave "my stain" out the front of HQ now).

SAFECOM administrative procedures and governance, especially SAFECOM Executive; seem to cop a thorough bagging from ALL quarters. But I have to say that as a "dead man walking" I was very lucky to have at my back, a couple of really "good eggs" at the working level, who knew the "old ropes" who looked after me when I just couldn't anymore. You know who you are. XXX.

It's the ill-conceived and mindlessly applied Government Legislation, rules and guidelines that are designed to screw us over, it would seem, that's unnecessarily causing far more pain and cost to the taxpayer and Frontline Defender health that it needs to.

I know for a fact that there have been more than a couple of times when the "Executives", MFS vs SAFECOM, have had "robust" discussions about a SAFECOM "REJECTED" claim. I am not aware of ANY case where MFS have challenged an accepted SAFECOM claim. What does that say to any reasonable mind?

I also believe that there have been instances where our support staff have "sparred" with some SAFECOM decisions, to the extent that it actually ends up in real tears, for one side or another.

Goodonya, SA Legislators! [Mensa](#) must be very proud of you!

So if you happen to have a claim rejected because ["Computer says No"](#)

..... Ask for specifics, Appeal, then Appeal again, then take it to the Tribunal.



[The Hon Frank Pangallo](#), can we make the shameful dawdling at least somewhat fruitful?

Will you join me/us in calling for a **Royal Commission** as well as extending the definition of “First Responder” in [your Bill](#) to include any person that could be regarded as a Good Samaritan, as defined in [Section 74 of the CIVIL LIABILITY ACT 1936](#) ?

“I rests me case, m’lud.”

Great book and highly recommended;

“Get yourself to a position where you know that ‘I’m absolutely normal, the way things happen’. If you experienced trauma and it broke your heart, and it gives you nightmares, and you burst into tears, it’s because you’ve got a flippin’ heart mate” [The GOOD NEWS About PTSD, Dion Jensen, 2016](#)



If this article has raised any concerns for you or someone you know contact;

- [Lifeline](#) on 13 11 14
- [Kids Helpline](#) on 1800 551 800
- [MensLine Australia](#) on 1300 789 978
- [Suicide Call Back Service](#) on 1300 659 467
- [Beyond Blue](#) on 1300 22 46 36
- [Headspace](#) on 1800 650 890

Contact your Employee Support Officer or use your Employee Assistance Program

MFS Employee Support Coordinator
Email: [Employee Support Coordinator](#) Phone: 8204 3650
MFS EAP provider is [COGNITION](#): 08 8373 2688



You wake up every morning to fight the same demons that left you so tired the night before, and that, my love, is bravery.



I am a Senior Firefighter with the SA Metropolitan Fire Service. I joined Drill Squad 5 on the 20th February 1984.

I graduated and came on duty on A Shift in the old Headquarters building whilst the current building was still being finished.

I was on the relieving trail for quite a while, serving at most metropolitan stations at the time.

I finally settled in at O'Halloran Station until I earned my stripes and came back to HQ.

I also did about 3 years all up in the Communications Centre as a Communications Operator.

I then returned to O'Halloran Hill until my descent into the Abyss.

I eventually emerged and I am now in the State Control Centre – Fire (SCCF) conducting a complete refurbishing and upgrading of all the equipment.

S/F Frank Matzka

Please report any broken links or to be notified of any updates to links;

Email: PTSDaBurningTopic@mistyfarm.com.au

Dedicated to all our Brave, Fallen Comrades. You left us far too soon. Vale - Brothers and Sisters.

16 NEWS

Push to bolster PTSD support

ELIZABETH HENSON
POLITICAL REPORTER

EMERGENCY services workers suffering post-traumatic stress disorder would be able to more easily access support and assistance, under new legislation set to be introduced to State Parliament by SA Best.

Under the Bill, it would be presumed that a first responder's PTSD was work related. That would put the onus on their employer to prove otherwise – rather than the other way around, as it currently stands.

SA Best MLC Frank Pangallo said the legislation aimed to help first responders, including paramedics, police, MFS, CFS and SES personnel, as well as doctors and nurses, gain access to the help they needed to deal with PTSD.

"Research indicates our first responders are twice as likely to suffer from suicidal thoughts than civilians," he said.

"We must break down barriers that prevent first responders from getting the assistance they need to deal with the stress and trauma they face, day in, day out, and to make the claims process easier in the event of a diagnosis of PTSD."

Mr Pangallo, pictured, said the Bill, which he planned to introduce next month, would be retrospective.

"There are provisions within the Bill to ensure that any claims initiated before the commencement of the amendments will be included, unless that claim has been finalised and all rights of review and appeal in relation to determination have been exhausted," he said.

An Adelaide paramedic, who wished to remain anonymous, said he "jumped through hoops" before it was formally acknowledged his PTSD was work related.

"If this (legislation) breaks down that barrier and this gives people the confidence to put their hand up without feeling like they're going to be challenged, so they can get the help they need then that is a good thing," he said.

Police Association president Mark Carroll said his union supported the Bill.

"The association has previously urged politicians to consider these changes," Mr Carroll said. "This is very significant legislation which, if passed, will greatly assist members recovering from PTSD."

"The Bill has our full backing and I will be writing to all politicians urging them to support it."

Ambulance Employees Association state secretary Phil Palmer described the legislation as "long overdue".

"We're very concerned about our members' mental health and this is a huge step in the right direction," he said.

"Our members are at much greater risk than the ordinary population of not just PTSD, but also stress-related (problems)."

Treasurer Rob Lucas said the State Government would consider the Bill but "it's unlikely we would support it".

"The issue is how do you distinguish this particular psychiatric-based claim as being caused by a work circumstance, as opposed to something else that might be going on in a person's life?" he said.

