‘THE DEVIL’S RAINBOW’
AND A HEAD JOB
By
BRIAN DIROU

In November 2022, I had major brain surgery to counter a movement disorder and Don Pollock, who is very kindly organizing a reunion for a bunch of pilot courses, has suggested I inform the fraternity regarding this medical procedure. So, herewith a somewhat lengthy expose of my military life that was causative of Deep Brain Stimulation surgery.

I applied for pilot training in 1956 and first joined the RAAF early 1957 as a trainee aircrew signaller at Ballarat Victoria where I learned to fly on Tiger Moths at own expense. After some service on Dakotas and Lincolns, I was commissioned and then underwent pilot training on Winjeels and Vampires in 1960/61.

Flew Dakotas at SAN, 38SQN (attachment), Base Squadron Darwin then Sabre OCU at Williamtown and service with 76SQN.

Mid-1966, I was offered pilot employment with 4 international airlines and opted for Qantas to crew Lockheed Electras. The local warlord at Williamtown, John Hubble, took a very dim view and grounded me to occupy mundane staff jobs at HQ 81 Wing and HQWLM Air Staff. In April 1967, I was informed if I wanted to return to flying duties, I would have to convert to Iroquois helicopters for service in Vietnam.

I served 3 separate periods of duty with No. 9 Squadron in Vietnam during 1968, 1969, 1971, **586** days overall, and was Project Officer for design and operational introduction of the Bushranger gunship. Readers may download THE BUSHRANGER STORY gratis via the following links and distribute freely: https://bit.ly/TBS-PDF; https://bit.ly/TBS-EPUB

After 4 months in Vietnam, I went down to Penang for 4 days rest and slept the clock twice around, such was my level of exhaustion. From early March 1968 to early June 1969, I flew over 1,000 hours. This was the most intense period of operations for Australian forces during 6 years of involvement.

Officers Mess Vung Tau 1968.
BD then 31 and 'decorated' by boggies.
Stuffed at the end of a busy day.

My overall Vietnam service embraced 4,360 sorties, involvement in insertion/extraction of 211 SAS patrols including leading 2 of only 4 night extractions of patrols engaged with enemy during the campaign. I participated in 50 engagements with enemy forces, 15 of those being Bushranger gunship missions. By mid-1969 I was burnt out.

I was again offered pilot employment with Qantas so left the RAAF believing that sedentary airline flying would allow the effects of combat service to dilute. However, after completing Qantas B707 training, the Air Force offered re-employment due shortage of people at my rank/experience level to sustain the Vietnam commitment, conditional upon my acceptance of further operational service. Retrenchment of 150 Qantas pilots was strongly rumoured so I accepted the RAAF offer to ensure employment and returned to Vietnam mid-1971 for further service.

Digressing to herbicide consequences.

There are multiple statistics published regarding USAF Operation RANCH HAND which liberally drenched much of the beautiful Vietnam countryside from 1961 onwards with herbicides aimed primarily at killing vegetation. The Phuoc Tuy Province AO for 1ATF was pretty tiny at about 40 by 50 kilometres and records indicate this area was saturated with at least 96,000 US tons of herbicides. Not just vegetation was affected but soil waterways wildlife and of course without any regard for effects on the resident populace which have been horrific. 1ATF elements were also impacted.

Note the areas of defoliation around the river system

Official military history records that 9SQN was involved in spraying of herbicides. When the unit first deployed to Vung Tau which was located on a somewhat swampy peninsula, a simple spraying system was developed for Bravo model Iroquois to assist with mosquito control. Subsequently, HQ 1ATF got enthused about spraying small food gardens scattered throughout the jungle with chemicals so the spraying rig was modified to suit Hotel model aircraft.

I got involved in trialling a comms system providing masks for Iroquois aircrew and recall coming back from flight trials with all flying clothing saturated in chemical spray. Alas, I did not photograph the drums of Agent Orange, Agent Double Orange and Agent Blue that we had in the hangar at that time. **THE DEVIL'S RAINBOW** by Jean R. Williams highlights the dangerous nature of these chemicals.

Note the leg deformities on this young child

See the eyes of the centre child

Our guys treating the orphanage kids

Multiple actions by 1ATF really alienated the Vietnamese populace and I felt that involving in spraying herbicides was a very futile and counterproductive exercise.

I disliked aspects of how we conducted operations but had no influence. Somewhat anomalous that most of my time in Vietnam was as a supernumerary Squadron Leader and I had no involvement in the chain of command, except when I became Gunship Flight Commander for 3 months.

After further Vietnam service in 1971, I began avoiding flying and tremors became quite noticeable. I had no fear of flying, was okay in the cockpit and while paxing. I just preferred not to perform the role any more, but was pushed back into helo flying over the next 6 years.

After 6 interstate moves in 6 years — while trying to resettle a composite family of 5 daughters after the death of my former wife in 1972 from cerebral hemorrhage — I resigned again from the Air Force in September 1978 when serving in Canberra.

I never had any prior direct contact from Personnel Branch during service before DGP telephoned me asking that I withdraw my resignation. Had he invited me over to his office for face to face dialogue, there may have been a different outcome although in hindsight, I have much regretted not quitting from Amberley a year earlier after 20 years cumulative service.

Over the next couple of decades, I progressively lodged disability claims with DVA for hearing loss, back and neck ailments, prostatitis, etcetera, ultimately achieving 100 percent disability pension entitlement. I carefully worded claims to accord with the appropriate medical Statements of Principles and had no significant difficulties with DVA administration.

Prostatitis warrants mention. Previous fighter flying hammered the prostate gland with ‘G’ forces, but helo flying was probably more detrimental. After the second tranch of 8 Hotel model Iroquois had arrived in July 1968 and Squadron manning was appropriately increased, 9SQN officially took over the primary trooplifting role for 1ATF from 01Aug68. It then became pretty frequent to occupy cockpits for up to 330 minutes with running refuels. Although I always used a thick foam cushion, I often hung from roof handholds to relieve the agony of protracted seating. Severe Prostatitis emerged necessitating 17 years of antibiotic treatment (just awful!).

From 1990, I was involved in flight operations training with several international airlines for about 10 years and ultimately retired late 1990s on medical grounds. I suffered near collapse from what was presumed to be Bronchitis when Brunei was cloaked in dense smoke for about 8 weeks from Indonesian forest fires – the local Borneo jungle mostly died through lack of sunlight. Tremors had progressively worsened and PTSD had been somewhat hidden within me until triggered by Singapore Air Force low level night operations by Iroquois helicopters over our villa, some 30 years after Vietnam service.

A local doctor recommended return to Australia for medical review and after retirement on medical grounds, I underwent comprehensive psychological evaluation, also involving my wife Diane and advantaged the excellent comprehensive services then available through the Vietnam Veteran's Counselling program conducted at Cairns. Rex Budd was then living at Mareeba so we involved in the DVA activities together before a usual Asian meal in Cairns with Diane. PTSD was duly acknowledged by DVA with subsequent award of a Special Rate Pension, also for Rex.

In recent years, tremors caused loss of handwriting ability and significant difficulties drinking and eating. Mid-1920 I was hospitalized for 3 days via Brisbane Neurology for comprehensive neurological investigation that confirmed diagnosis of severe Essential Tremor. See: https://www.svhs.org.au/focussed-ultrasound/about-tremor. But associated Brisbane Specialists then declined to perform Deep Brain Stimulation surgery to counter this movement disorder on persons older than 75 years.

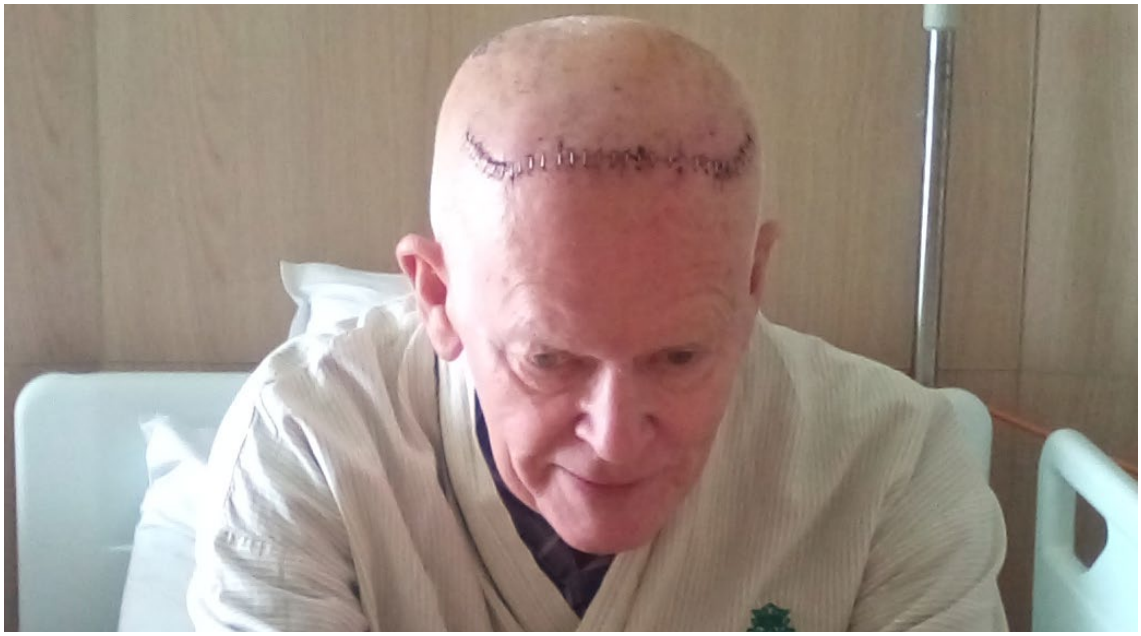
I was then referred to Central Neurosurgery at St. Vincents Hospital Sydney as a prospective candidate for non-invasive MRI focused ultrasound (Neuravive) treatment, but my skull characteristics were deemed unsuitable. However, the neurology team at SVH recommended I undergo invasive DBS with pretty low risk due to my fitness, so I welcomed the opportunity and brain surgery eventuated on 10Nov22. Here's how the procedure works.

The overall process takes about 5 hours floating in and out of anaesthesia. About 10 persons in theatre, maybe half doctors. First, a head shave then some unconsciousness while 4 small holes are drilled in the skull to affix a frame to hold the head very rigid. Then a scan so the surgeons can plan how to navigate the insertion of probes deep into the brain.

When conscious, I heard the surgeon say 'How is blood pressure?' and the anaesthetist responded 'Excellent'. I then felt the surgeon create an incision just above my forehead to almost above ears.

For some reason, it is necessary to remain conscious while holes are being very noisily drilled in your skull to insert the electrodes which are plastic-coated wire with little sensor segments on the end. They can apparently position these with about half a millimetre accuracy.

I recall being conscious to perform a simple exercise for one of the doctors. Perhaps much later, I felt my scalp being very forcefully dragged forward assuming it had been retracted for hole drilling - the anaesthesia may have got a bit out of phase. The scalp wound is then closed with about 35 staple like clips, a special healing ointment applied and a narrow covering dressing.



The head job leaves 3 bumps on the skull, 2 where probes are inserted and another for a terminal block to connect wiring. Wiring is somehow routed beneath skin behind my right ear to a small computer mouse size device they insert beneath the skin just below the right collarbone.

Just one day in intensive care post-surgery and clips removed from the wound after 4 days. Then they teach you how to play with 2 little mobile phone style devices to adjust therapy settings and turn the battery off at night and on again after sleep. 8 days hospitalization overall plus a couple of days rest to allow any air bubbles within the skull to be absorbed before flying back to Rockhampton.

The options are for a rechargeable battery in the subcutaneous device or non-rechargeable as in my case, predicted to last about 11 years if turned off at night. Turning the therapy device back on again daily is like a head to toe orgasm so the temptation must be resisted to operate for pleasuring!

So, I am now somewhat bionic with restrictions on use of some airport scanners and MRI machines. The system provides very low level electrical stimulation to targeted parts of the brain to counter other impulses causing tremors. It works fine in my case with no encumbering side effects and I feel good enough to recommence life's journey all over again; except that a vital bit of plumbing no longer works as it once did!

Why was this surgery necessary? To allow me normal quality of life in twilight time rather than becoming a burden on family and expiring prematurely. I was perhaps the oldest candidate for this procedure in Australia at 85 years. Neurological science is advancing rapidly and DBS is now being more frequently performed to alleviate tremors associated with Parkinson's Disease.

Coincident with neurological investigations, an Iranian respiratory specialist established that I have Bronchiectasis although it does not greatly affect me at this stage. See: https://www.healthdirect.gov.au/bronchiectasis. Sometimes, an obvious cause cannot be found and the cause of Essential Tremor is also not yet known.

During dry seasons in Vietnam, we operated Iroquois in clouds of red dust that had been contaminated with herbicides and had the skin pallor of North American Indians for a few months. Iroquois cockpits were cloaked in red dust and we were often blowing mud out of noses.

USAF defoliation and land clearing by US Army in 1ATF AO.
This a wet season image and the soil is red when dry.
Clouds of contaminated dust in dry season helo operations.

It is indisputable that the chemical agents splashed about in Vietnam had multiple medical consequences and I believe my lungs and nervous system were adversely affected. Canberra has soft-pedalled this aspect of Vietnam operations to avoid the financial implications if the extent of associated health issues were adequately recognized before most Vietnam veterans leave the planet.

I am of course grateful to receive a Special Rate Pension and gratis treatment for all medical conditions. But there are many who have probably suffered immeasurably through childbirth abnormalities and other causes not adequately recognized.

The militaristic posture propagated by Canberra over decades is the root cause of much suffering by veterans and their families.

Keep well and be happy,

BD
Tele: 07 4819 1513