



INSPECTOR GENERAL AUSTRALIAN DEFENCE FORCE

INQUIRY REPORT

8246320 SIGNALLER GEFFREY PHILLIP GREGG

VERSION FOR RELEASE TO THE PUBLIC

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Introduction

1. On 2 July 2007, the Inspector General Australian Defence Force (IGADF) directed that an Inquiry be conducted into the circumstances surrounding the service of former Signaller (SIG) 8246320 Geoffrey Phillip Gregg who committed suicide in 2006. A team approach was adopted and Captain G Bairnsfather (RANR) was appointed to conduct the inquiry and lead an inquiry team consisting of Group Captain K Powell, Lieutenant Colonel D. Tyler and Wing Commander P. McKay.

2. For ease of reference SIG Gregg will, in the main, be referred to as Geff throughout this report.

3. The following documents are attached to this report:

- a. [REDACTED]
- b. [REDACTED]
- c. [REDACTED]
- d. [REDACTED]
- e. [REDACTED]

Background

4. Geff was born on 06 May 1981 and enlisted in the Army on 14 March 2000. He was discharged on medical grounds on 27 May 2004. Prior to this he was diagnosed with, and treated for Post-Traumatic Stress Disorder (PTSD), which was accepted as Service related. He took his own life on 23 September 2006.

5. The Chief of Army (CA) became aware of Geff's death in early 2007, and the matter was the subject of extensive scrutiny during Senates Estimates in May 2007, as a result of representations made by Catherine King MP, on behalf of Geff's parents. As a consequence, CA decided that further inquiry was warranted. In the interests of ensuring the independence of such an inquiry, on 15 June 2007, CA asked IGADF to inquire into certain matters concerning Geff's service ([REDACTED]).

6. The Chief of the Defence Force later endorsed the topics for the Inquiry as proposed by CA, and asked that a copy of the Inquiry Report also be forwarded to him.

7. Aspects of the IGADF report will form part of a wider review directed by Minister Billson and to be conducted by Mr Ron McLeod. This will address the management of Geff's discharge by the ADF, and his subsequent management by the Department of Veterans' Affairs (DVA) and Commonwealth Superannuation Administration (COMSUPER). DVA specific aspects are to be addressed by an inquiry conducted by Mr Chris Doogan.

8. The terms of reference (TOR) for the Inquiry () required the Inquiry to address the following aspects of Geff's service:

- a. Career management (TOR 1),
- b. Operational service (TOR 2),
- c. Medical and personal management (TOR 3); and
- d. Discharge and transition out of the Army (TOR 4).

9. While examining the decisions and actions in relation to the above matters, the Assistants-IGADF conducting the Inquiry were directed to identify the policies and practices that existed at the time, and make findings as to whether Geff was managed in accordance with those policies and practices.

10. Prior to finalising the Inquiry Directions, the IGADF met with Geff's father and mother, Mr and Mrs AlphaQuebec, his sister Ms AlphaQuebec and her partner . Noting the family's concerns about certain aspects of Geff's service, the draft TOR were amended to ensure those matters were addressed by the Inquiry.

11. The AlphaQuebec family nominated a number of witnesses who they believed would be able to assist the Inquiry. All of these were interviewed.

12. IGADF also considered meeting with Ms AlphaPapa, who was Geff's partner at the time of his death. However, when contacted by telephone, Ms AlphaPapa advised that her association with Geff began after his discharge from the Army and it was unlikely that she could assist the ADF Inquiry. Nevertheless, Ms AlphaPapa expressed a wish to be informed of the outcome.

Overview

13. Following his enlistment on 14 March 2000 Geff undertook basic training at Kapooka and completed his Initial Employment Training (IET) at the Army Communications Training Centre (ACOMMSTC) Watsonia in late 2000. He performed well on course and was very keen to serve with one of the Army's Special Forces (SF) units.

14. On completion of his IET, he was selected for posting to 152 Signal Squadron Special Air Service Regiment (152 Sig Sqn SASR), subject to being assessed psychologically suitable for that posting. Although that psychological assessment found him unsuitable for service in 152 Sig Sqn on the basis that he lacked sufficient life experience and maturity at that time, the posting went ahead, and Geff marched into his new unit at Campbell Barracks in Perth in January 2001.

15. Throughout 2001 he performed satisfactorily within the unit. In April of that year he made a formal application to undertake SAS testing and training, but was again psychologically assessed as lacking maturity and experience, and his application was unsuccessful.

16. On 29 March 2002 he deployed to Afghanistan as part of [REDACTED]. During this deployment he was selected to participate in an SAS patrol with the designated name - Redback Kilo 3 (RBK3) on an operation which took place between 14-16 May 2002. This patrol became involved in a sustained firefight during which there were a number of Afghani casualties. The patrol was successfully extracted with no Australian casualties. Accounts of this contact indicated this was a particularly harrowing experience for Geff and the other patrol members.

17. For the remainder of his deployment to Afghanistan, Geff performed satisfactorily and did not appear to have been adversely affected by his experiences on RBK3. His return to Australia in August 2002 was uneventful and he participated in the normal pre and post-return psychological screenings with no concerns being identified.

18. On 1 November 2002 Geff again applied for SAS testing and training. While his tested ability was appropriate, there were still doubts about some aspects of his personality and maturity, and the Psychologist recommended he reapply in one year.

19. In January 2003 Geff developed bilateral compartment syndrome with pressure hernia, and underwent surgery on his leg for this in February 2003. He was on sick leave until 26 March 2003.

20. Not long after the completion of his deployment in August 2002, Geff's family and friends began to notice changes in his character and behaviour, and they became increasingly concerned. However, his superiors had no inkling of Geff's psychological difficulties until he had a breakdown at work on 30 April 2003.

21. He was immediately referred to medical care, and was diagnosed with PTSD. He was given extended sick leave and treatment protocols were developed, including a period at a Psychiatric Clinic at Hollywood Private Hospital, Nedlands, WA. His recovery was complicated by his reluctance to comply with treatment regimens, and those dealing with him, including some friends and colleagues, found him difficult to engage. On 20 February 2004 the Medical Employment Classification Review Board (MECRB) found him medically unfit for further service and he was discharged from the Army on medical grounds on 27 May 2004.

22. Since he was being medically discharged, elements of Geff's transition, including compensation and superannuation, came under the authority of the DVA and COMSUPER.

23. Following Geff's suicide in September 2006, the RBK3 patrol in Afghanistan became the subject of some media attention. Notably, an article in Time Magazine alleged that the Australians had started the firefight, and it was local villagers who were involved, not Taliban extremists. The article suggested that there were irregularities with Geff's participation in the patrol. The AlphaQuebec family also raised concerns through their local member, which were aired during Senate Estimates. From this, CA noted that some matters required inquiry and explanation, and this led to the IGADF Inquiry and the broader inter-departmental review of the circumstances leading to Geff's death.

The Inquiry Process

24. In addition to the witnesses nominated by the family, the Inquiry spoke to a number of serving and former Army members who were associated with Geff during his Army career. Medical and Psychology staff who provided care for him were also interviewed. A range of Special Forces, Medical and Psychological and Administrative advice was also given by various specialists in these fields.

25. In conjunction with this Inquiry, and at the request of Geff's parents, IGADF commissioned a Consultant Psychiatrist [REDACTED] to conduct an independent review of Geff's ADF Medical and Psychological records and provide expert comment on his medical and psychological management. The Consultant Psychiatrist has [REDACTED] a long interest in Public Health Psychiatry, Medical Education, Mental Health of Medical Practitioners, Cross Cultural and Military Psychiatry. [REDACTED]

[REDACTED] His review is addressed later in this report. The Inquiry also notes that AVM Austin, Head Defence Health Services, offered to arrange a personal briefing for the AlphaQuebec family on the outcome of the Consultant Psychiatrist's [REDACTED] review.

26. The Inquiry TOR are addressed in the following paragraphs.

TOR 1 – SIG GREGG'S CAREER MANAGEMENT

TOR 1.a. SIG Gregg's recruitment into the Army, including any observations, recommendations or decisions made regarding his application and potential enlistment; including his psychological assessments on joining and throughout his service.

27. Following an application for enlistment in the Army dated 8 November 1999, Geff was tested and interviewed by a Recruiting Psychologist on 6 December of that year, with a view to enlistment as an infantry Rifleman (RFN). The testing indicated

that his aptitude was above that required for a RFN, and that he was suitable for a variety of jobs in the Army. The Psychologist concluded that he was *'a good applicant who has the ability to succeed in training and perform well on the job. He is enthusiastic about his choice of job. The only concern is his decision to leave his current employment following a decision by his employer that did not go his way.'* ().

28. Another Psychological assessment was conducted on 22 December 1999, to assess Geff's suitability for a second application for General Entry (GE) into the Army, this time as a Clerk Administrative (CLK ADMIN). Although he was recommended for GE and CLK ADMIN, the Psychologist commented *'Meets test and education requirements and capable of coping with physical and mental demands of ARTC¹. Service motivation is adequate. However, doubt exists regarding intrinsic job motivation and suitability for administrative work. Geff will probably have no difficulty at ARTC but may experience boredom or low job satisfaction in this ECN² down the track.'* ().

29. In summary, initial Psychological testing conducted on Geff indicated that his aptitude was above that required for the RFN and CLK ADMIN positions that he originally sought. In fact, there were concerns about the possibility of him being bored or unsatisfied with these jobs, given his tested abilities.

30. FINDING. The Inquiry found nothing untoward in the initial processing of Geff's application for enlistment or with Army's conclusion that he was suitable for enlistment.

TOR 1.b. SIG Gregg's performance during Initial Employment Training including any observations and recommendations that were made for subsequent employment.

31. Geff enlisted on 14 March 2000. While at recruit training, he applied for a Corps transfer to Royal Australian Signals Corps (RASigs). This application was successful and on completion of his recruit training he was posted to ACOMMSTC in Watsonia for IET. He completed this in December 2000, achieving *'overall...a very good result. He displayed a mature, positive and enthusiastic attitude throughout the course. Geff will develop into a very good operator with experience'* ().

32. In summary, the initial concerns about Geff's suitability for RFN and CLK ADMIN positions were no longer relevant after he transferred to RASigs.

33. FINDING. Geff completed his recruit and IET with very good results and displayed potential to develop into an effective Signals Corps soldier.

TOR 1.c. Career management processes, practices and decisions as they relate to SIG Gregg's career, in particular his application, assessment and selection or

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non-selection for 152 Sig Sqn and Special Forces (SF) and the weighting or otherwise given to any psychological assessments.

34. For ease of reference, the Inquiry separated TOR 1.c. into two parts. Part One addresses Geff's selection for and posting to 152 Sig Sqn. Part Two addresses his subsequent requests for SF training.

Part One – TOR 1.c. – SIG Gregg's posting to 152 Sig Sqn and whether it was managed in accordance with extant policy and practice.

35. While undergoing his training at Watsonia, Geff submitted a Soldier Development and Posting Preferences form on 25 October 2000, saying that he wished to gain as much experience as possible in his trade, travel overseas and spend a lot of time in the field. He said his main goal was to join an SF unit. His preferred posting locations were Perth (152 Sig Sqn SASR), Darwin (Norforce) and Sydney (126 Sig Sqn). His course Assessing Officer commented that Geff was '*possibly better suited to 126 Sig Sqn at this stage*' ([REDACTED]). 126 Sig Sqn supports the Commando Regiment, and a posting there arguably would have been somewhat less demanding than 152 Sig Sqn, at least in terms of operational deployments.

36. On 23 November 2000, the Soldier Career Management Agency (SCMA) raised a posting proposal for Geff to be posted to SASR, with an annotation '*To be psych tested for suitability*' ([REDACTED]). A Posting Order was then issued on 4 December 2000, posting Geff to SASR with effect 22 December 2000, with the proviso '*Posting is conditional upon favourable psychological assessment. Losing unit is to arrange for assessment at local Psych Unit. If results of assessment are not at SCMA within six weeks of the date of this message then posting will be cancelled. Losing unit is also to commence appropriate level of security clearance for gaining position prior to posting*' ([REDACTED]).

37. In response to the condition on the Posting Order, Geff was assessed by a Psychologist on 6 December 2000. At this time, the Psychological Services Manual (PSYMAN) Chapter 40 outlined the requirements for the posting of personnel to support elements within SASR and Commando units, and provided guidance for Psychologists conducting such assessments. A copy of this is at [REDACTED]. The following excerpts from the PSYMAN Chapter 40 are instructive:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

38. Paragraphs 4012-4014 inclusive then outline the Interview and Assessment procedures to be adopted, with the conclusion: [REDACTED]

39. Following the testing and assessment of Geff, the Psychologist concluded that Geff was *'Unsuitable for posting to 152 Sig Sqn' ... 'Whilst enthusiastic and motivated, Geff was assessed as lacking sufficient life experience and maturity at this time to be suitable for a posting to 152 Sig Sqn. He would benefit from an alternative first posting, before being posted to 152 Sig Sqn at a later date.'* Copies of this Report (Psychology Report - Form PS6, dated 6 December 2000) were forwarded to ACOMMSTC and SCMA ([REDACTED]).

40. The *Psychology Assessment Record – Trailer* dated 6 December 2000 ([REDACTED]), which is held on Geff's Psychology file and did not accompany the Form PS6 when it was forwarded to ACOMMSTC and SCMA, gives greater insight into the Psychologist's reasons for not supporting the posting to 152 Sig Sqn:

'Whilst Geff has some basic knowledge of SF, and is motivated to be posted to 152 Sig Sqn, there are some concerns about his suitability for such a posting at this time. Geff received a speeding fine in May 2000, and also a military offence – failure to comply with a general order (offence was not recorded), but a fine ensued... . In addition, Geff's very low scores on the Insecurity... and Guilt & Resentment... scales on the CAQ³, suggest a tendency towards

[REDACTED]

[REDACTED]

over-confidence, bordering on arrogance, and a lack of reflection and insight, and a lack of assuming responsibility for errors. These suggested tendencies were confirmed in interview. When asked about his conflict resolution style, Geff stated that he "won't start an argument unless he knows he's right". In addition, with respect to making mistakes, he claimed that he didn't make mistakes in his work. When pressed, the member used a non-work, non-error example. When further pressed, he admitted that if an error was made it would have been accidental, and so not really a mistake on his part. Emotionally, Geff presents as highly competitive, over-confident and somewhat lacking in insight. An alternate posting would be beneficial to the member at this stage, in order that further life and work experience enable some of these factors to stabilise. At present, Geff does not appear suitable for a posting to 152 Sig Sqn, however this is most likely due to factors of emotional maturity rather than personality.'

41. Defence Instruction (Army) Personnel (DI(A) PERS) 149-1 *Selection for Service in the Special Air Service Regiment*, issued 2 February 1996, outlines the conditions and procedures for selection for SASR that existed at the time Geff's posting was issued.⁴ A copy of this Instruction is at [REDACTED]. The conditions of eligibility for soldiers are outlined at paragraph 9 and (in part) state *'To be eligible for entry to SASR, a soldier must meet the following criteria...be assessed as psychologically suitable.'* While this Instruction is aimed primarily at members who apply for and attend selection boards for SASR, rather than those posted straight from IET to 152 Sig Sqn like Geff, according to LTCOL Zulu [REDACTED] the requirements also applied to those selected for service with the support squadrons of the Regiment, such as Base Squadron and 152 Sig Sqn ([REDACTED]). The Inquiry notes that later editions of this policy specifically require all support staff posted to SASR to have been assessed psychologically suitable. The current version is at [REDACTED]. This change seems to have enshrined in policy, what the actual practice had been.

42. Paragraph 32 of DI(A) PERS 149-1 outlines the responsibilities of the Psychology Unit on completion of the Psychology assessment. In essence, Form PS6 is to be completed, with a recommendation regarding the soldier's suitability for service in SASR, and forwarded to SCMA. Paragraph 29 states *'On completion of the Selection Course, SCMA is to raise Posting Orders for soldiers who have met the selection criteria and are recommended for posting to SASR.'*

43. Army records show that a copy of the Form PS6 was received at SCMA on 21 December 2000, the day before Geff's posting to 152 Sig Sqn was to take effect (see [REDACTED]). However, Geff did not graduate from his course at ACOMMSTC until 22 December 2000, and his leave records indicate that he reported on posting to 152 Sig Sqn on 08 January 2001 ([REDACTED]). As stated earlier, a copy of the form was also forwarded to Geff's losing unit, ACOMMSTC.

44. In respect of actions taken by SCMA, the Inquiry contacted MAJ AlphaAlpha who was the [REDACTED] at the time of Geff's posting ([REDACTED]). His response is at [REDACTED]. Understandably, he had no recollection of the

circumstances surrounding Geff's posting. He noted that the posting order was raised rather quickly, and while this would be unusual for soldiers already serving in units, it was not unusual for soldiers about to complete their IET. In such cases, SCMA depended heavily on staff at the ACOMMSTC to recommend soldiers for particular postings, depending on how they performed on their course. Complete course assessments were done near the end of the course, leaving little time to organise postings.

45. MAJ AlphaAlpha said that, in the case of Geff, '*...ACOMMSTC should have informed the soldier of the unfavourable psychological assessment*' and '*SCMA should have cancelled the posting order as Geff was not suitable for the posting. This responsibility would initially fall to the Posting Order section of SCMA (now called P5), who should have informed the relevant grade CM within the CM Group. The CM would then have arranged an alternative posting...*'. He added '*I suspect a break down in communication at ACOMMSTC and at SCMA (P5 and with the CM) probably occurred due to the time of year, where many personnel are either on leave and have others unfamiliar with standard processes filling in for them, or positions are gapped between outgoing and incoming postings. At this stage I don't even know if myself or the CM concerned were present at the time the psych report was received at SCMA.*' MAJ AlphaAlpha said that '*...RASigs CM cell would not send someone [to 152 Sig Sqn]...who was not deemed suitable. We would not impose such a burden on the unit and it would be unfair on the individual...it was a hard and fast rule; you had to be psych suitable to go there, regardless of manning priorities...*'

46. A former SCMA WO2, Mr AlphaBravo, was also questioned by the Inquiry. He filled the position of Career Manager (CM) for all ECN-266 (Signallers) from [REDACTED]. Noting that he was managing around 600 soldiers during this time, he was also unable to remember details of Geff's posting. However, he recalled that during this time there was '*an extreme shortage (nearly 200 positions) of ECN-266 operators and 152 Sig Sqn were (sic) unable to recruit more experienced soldiers as was their preference. The shortage of ECN-266 was spread evenly over the priority units and lower priority units carried large vacancies. All Special Forces units had no choice but to accept newly qualified IET soldiers and we increased the number of courses being run to address the problem over the longer term.*' ([REDACTED])

47. Mr AlphaBravo also said that he remembered cancelling posting orders when soldiers were found to be unsuitable. He said '*It is interesting noting the timing that this assessment was received at SCMA, as the unit would have been shut down for Christmas and if actioned, I would have assumed it would have been done...by the Duty Officer. The soldier had probably already travelled to WA.*' '*Psychiatrist (sic) assessments were always obtained and this was not something which would be overruled by the Career Managers. There were also checks and balances that were carried out by the various PM groups in SCMA to prevent this from happening. I don't know how this would have slipped through the system*'.

48. MAJ AlphaCharlie was interviewed on 18 July 2007. [REDACTED]. While it is clear that Geff's posting would have been issued while MAJ AlphaAlpha was in the job, it is highly probable that the Psychology Report arrived after MAJ AlphaAlpha had left on posting (noting that the

[REDACTED]

reduced period of activity for ADF members commences in mid-December). MAJ AlphaCharlie had no specific recollection of this matter. He said that there were staff shortages at the time and that after his arrival he undertook orientation training and was immediately heavily involved in Promotion Advisory Committee deliberations. Therefore, he believed *'This would've fallen absolutely under the radar. Absolutely under the radar...I don't think we had a sub-process to pick this up, things like this coming into the unit and we would not have gone back and done rework. If the last guy cut it [issued the posting] we would probably – we would let it stand.'*⁵

49. LTCOL AlphaDelta, [REDACTED], said his staff searched unit records covering the time in which Geff undertook training at the School. Documents linked to Geff that were located were *'exams/tests associated with his Initial Employment Training'* and a *'document that granted Geff a waiver to undertake ECN 266 training with a colour perception classification of 3'* ([REDACTED]). There is nothing on file to suggest that ACOMMSTC staff became involved in any discussions or actions, or indeed that they were even aware of the psychological report that assessed him as unsuitable for a posting to 152 Sig Sqn.

50. Further evidence to support the view that ACOMMSTC staff appear not to have noted the Psychologist's report on Geff was provided by Mr Alpha, [REDACTED], who served at various times at 152 Sig Sqn and ACOMMSTC.

[REDACTED]. As a 15 year veteran of the SASR, one of WO2 Alpha's 'secondary' duties at ACOMMSTC was the identification of soldiers who showed potential for employment in SF. In spotting talented soldiers with SF potential, he worked closely with [REDACTED] ACOMMSTC. At the time, this was SGT AlphaEcho, who also had SASR experience. MAJ AlphaCharlie confirmed that WO2 Alpha assisted SCMA by *'spotting'* the *'more mature, developed and smarter than the average soldier(s) amongst the trainees and giving advice in this regard back to the Career Management Group.'*⁶

51. WO2 Alpha looked for a range of qualities in potential SF soldiers, such as physical fitness, general aptitude, consistency in work level and competence, maturity and the ability to work alone and while under stress.⁷ While WO2 Alpha had no specific recollection of Geff from that time [although he was subsequently involved in his management at 152 Sig Sqn, as discussed later in this report], he said he would not have supported Geff's posting to 152 Sig Sqn had he been informed that the psychological assessment was unfavourable *'If someone said to me – if SCMA had've rang (sic) me and said this guy didn't pass, do you still want him, I'd say absolutely not...'*⁸ and *'As far as I was aware, he passed his psych – but I'm led to believe by you now, that he didn't, which surprises me completely because I was – you know, I – I'd had other people that would come to me that were knocked back and there was nothing – there was no entertainment about trying to...(indistinct)...we just said, no sorry, if you go for your second choice...so I find that amazing that he was not – he*

[REDACTED]

[REDACTED]

hadn't passed his – his psych at all.⁹ Given WO2 Alpha's background and role in the unit at the time, it appears highly likely that he would have been consulted if the results of Geff's Psychological assessment had been brought to light.

52. The Inquiry spoke to CPL Foxtrot, who undertook IET with Geff and was also posted to 152 Sig Sqn at the completion of this training. CPL Foxtrot [REDACTED] had served in the Army Reserve before transferring to the ARA as a SIG. During his IET, WO2 Alpha and SGT AlphaEcho approached the then-SIG Foxtrot to ask if he was interested in a posting to SF. He was not close to Geff but assumes that Geff was similarly approached. CPL Foxtrot said he undertook the required Psychological assessment, as did Geff. He was aware that he had been recommended for the posting but had no knowledge of the outcome of Geff's assessment. CPL Foxtrot felt 'privileged' to receive his posting and he knew that Geff 'looked forward to and was excited about his posting to SASR. He believed in what he was doing, and was fit and keen.' ([REDACTED]).

53. SGT AlphaEcho told the Inquiry that, [REDACTED], he recalled SIG Foxtrot and Geff. SIG Foxtrot stood out as 'exceptional' and was clearly suitable for 152 Sig Sqn. SGT AlphaEcho remembered Geff as a quiet soldier who presented no management or other problems while he was undergoing IET. As far as SGT AlphaEcho was aware, Geff had been posted to 126 Sig Sqn as recommended by himself and others at ACOMMSTC. SGT AlphaEcho believed that Geff's chances of eventually making it in the SASR would have been enhanced by some more experience and maturity. He said soldiers only get 'one shot' at SASR and sending them before they are ready was doing them a disservice. He had no recollection of Geff being psychologically tested. [REDACTED], he did not see any of the psychological assessments and he believed they went straight to SCMA ([REDACTED]).

54. MAJ Delta, [REDACTED] told the Inquiry that Psychology-in-Confidence documentation is maintained by the unit Psychologist. 152 Sig Sqn and SASR did not have access to this information ([REDACTED]). Therefore, he believes it unlikely that 152 Sig Sqn commanders were aware that Geff had been assessed as psychologically unsuitable for the posting.

55. While this might have been the case during most of Geff's posting to 152 Sig Sqn, the Inquiry heard evidence that the unfavourable psychological report did come to light later. Mr Charlie [REDACTED] who was [REDACTED] involved in the management of Geff in the latter part of Geff's career and after he was diagnosed with PTSD. Mr Charlie told the Inquiry that during an examination of Geff's Personal File,¹⁰ he found the 6 December 2000 Psychologist's assessment. He brought it to the attention of his superior, MAJ Quebec.¹¹ No action appears to have resulted from this revelation. MAJ Quebec is now out of the Service and working overseas, and could not be contacted by the Inquiry. In response to queries in respect of this evidence ([REDACTED]), MAJ Delta said:

[REDACTED]

[REDACTED]

[REDACTED]

- a. It is a SCMA responsibility to ensure that a member is psychologically suited for service with 152 Sig Sqn before issuing a posting and the unit does not get involved,*
- b. Neither MAJ Delta nor CAPT Victor [REDACTED] had any knowledge of SIG Gregg's psychological assessment coming to light at 152 Sig Sqn; and*
- c. A member's Personal File is stored in the 152 Sig Sqn Orderly Room and is generally sighted by staff including the SSM who is primarily interested in a member's disciplinary record. Since Geff came to the Sqn straight from IET, his file would not be expected to contain much information of pressing interest, other than enlistment details and training records.'*

56. Mr AlphaFoxytrot confirmed the information provided by MAJ Delta. He [REDACTED] noted that when members arrived on posting, there was an assumption that SCMA had arranged a Psychological Assessment and that the member was psychologically suitable for the posting. Mr AlphaFoxytrot confirmed that a member's Psychology File is not passed to SASR as a matter of course, and there is no way for 152 Sig Sqn to know whether a member has been favourably assessed.¹²

57. From this, the Inquiry concludes that despite the inclusion of the Psychology Assessment dated 6 December 2000 in Geff's Personal File, it was not discovered by anyone in authority until WO2 Charlie examined the documents in the latter part of Geff's career.

58. Although it is generally recognised that a soldier would benefit from field experience and maturity before being posted to a SF unit, one former member and friend of Geff, Mr Echo told the Inquiry that he was posted from IET to 152 Sig Sqn [REDACTED]. He said he was not assessed by a Psychologist before his posting.¹³ Mr Echo's records seem to confirm this. SCMA issued his posting to 152 Sig Sqn [REDACTED], and a psychology assessment was not requested ([REDACTED]).

59. Notwithstanding the evidence of Mr Echo, a number of serving and former SASR members insisted that they considered it essential for members to have a favourable Psychologist's assessment before being posted there. The tenor of PSYMAN Chapter 40 at the time Geff's posting was issued also suggests that the need for members to be properly assessed before being posted to support positions in the SASR had been recognised. The annotation on Geff's posting authority supports this contention.

[REDACTED]

60. LTCOL AlphaGolf, [REDACTED] told the Inquiry that Psychologists make recommendations in respect of members' suitability for various postings and this, combined with a range of other advice (eg, medical, operational, manning priorities, etc) then assists the decision makers to finalise postings ([REDACTED]). However, Psychology recommendations are not always accepted, particularly where manning or other Service requirements are paramount. While it is possible that this was the case with Geff's posting, it seems unlikely that the Psychological assessment would have been deliberately disregarded and the Inquiry found no evidence to support this scenario.

61. The Inquiry found no indication that Geff, or anyone else at 152 Sig Sqn, was aware that he had been assessed unsuitable for the posting prior to his deployment to Afghanistan.

62. Importantly, the requirements of DI(A) PERS 149-1 are quite clear, and it would be reasonable to assume that any decisions made by SCMA that were contrary to this Instruction would have been well documented, and made in conjunction with staff at ACOMMSTC and 152 Sig Sqn. As stated earlier, there is no evidence that ACOMMSTC and 152 Sig Sqn were involved in any such discussions. According to a Brief prepared by MAJ AlphaHotel, [REDACTED], SCMA *'There is no information stating why he was still posted to 152 Sig Sqn. There was no further correspondence from SIG Gregg or 152 Sig Sqn stating any issues due to this posting.'* ([REDACTED])

63. MAJ AlphaHotel also advised that there had been a recent case of an RASigs soldier being posted to the SF community without being psychologically assessed, and that this was *'due to poor administrative procedures'* that, interestingly, occurred over the December 2006/January 2007 period. That error has now been rectified.

64. Mr AlphaFoxtrot also told the Inquiry that during his posting to the SASR, he was aware of cases where members were posted to SASR support squadrons without having favourable psychological assessments. He said these instances occurred some years earlier and he could not recall specific cases.¹⁴

65. In summary, the outcome of the psychological assessment conducted on Geff was forwarded to SCMA in accordance with extant guidance. Since he was assessed unsuitable for SASR, staff at SCMA should have cancelled the posting, or at least discussed the matter further with the losing and gaining units. There is no evidence that this happened, nor is there any evidence that anyone in authority saw the Psychologist's report and made a judgement on whether or not he should proceed on posting.

66. The Inquiry noted, that at the time of Geff's posting, SCMA procedures were not sufficiently rigorous to prevent posting errors of this nature occurring. The fact that a similar error occurred at the end of last year indicated that this was possibly still the case. In light of this, SCMA staff were asked to advise their intent for future

[REDACTED]

[REDACTED]

postings that require psychology suitability checks. LTCOL Zulu, SCMA responded:

'SCMA has recently discussed the business process WRT the SF community/RASigs and the requirement for suitability assessments. Our initial thoughts are to table a proposal that all personnel identified for a posting that requires any form of suitability assessment will not receive a posting order as such, they will receive a 'Notice of Intention to Repost' which will detail the requirements of the position. Only when the member is found suitable and fulfils those stipulated requirements, will SCMA then raise a posting order. By doing this, no member will have the authority to move into a position/on posting without the required assessments. There will be more information on this process in the coming weeks.'

67. FINDINGS:

- a. The Psychological Assessment of Geff conducted on 6 December 2000 to assess his suitability for posting to 152 Sig Sqn was properly conducted and was administered in accordance with extant guidance,*
- b. At the time of his posting to 152 Sig Sqn Geff did not meet the psychological criteria for posting to a Special Forces support unit,*
- c. On that basis, Geff should not have been posted to 152 Sig Sqn,*
- d. There was a system failure in the processes at SCMA and at the losing unit (ACOMMSTC); and*
- e. The chain of command at 152 Sig Sqn was not aware that Geff did not meet the psychological criteria for posting to that unit.*

68. RECOMMENDATION. *That fail safe procedures be implemented as soon as possible at SCMA, ACOMMSTC and 152 Sig Sqn, and more broadly as appropriate, to ensure that the provisions of DI(A) PERS 149-1 are adhered to.*

Part Two TOR 1.c – SIG Gregg’s applications for Special Forces and whether they were processed in accordance with extant policy and practice.

69. On 10 April 2001, Geff submitted his first application for service with SF, stating his reasons *'to further my career opportunities within the SASR unit. To add more challenging duties to my current job and to open the door for the option to take aboard more courses. It is also my aim to pass the selection course and have the honour to wear the Fawn Bepee (sic).'* His Troop Commander supported his application: *'Geff is new to the Army and the Unit. He is young but keen. In his efforts so far he has shown good potential and I believe deserves a chance to prove his worth. I support his application for Barrier Test and selection if successful.'* His Commanding Officer was also supportive: *'Geff is a young soldier, but is progressing well in his trade. Recommended.'*

70. Although Geff's application was supported by his superiors, a Psychology Assessment conducted by CAPT AlphaIndia on 4 April 2001, concluded that his personality was 'unsuitable' at that time and therefore the recommendation was 'not suitable to be considered by the SF Selection Board.' The *Psychology Assessment Record – Trailer* ([REDACTED]) records the reasons for CAPT AlphaIndia's decision as follows:

'A well motivated applicant with adequate levels of knowledge regarding the SASR its role and function and training. Physical and mental preparation evident and a clearly articulated focus on achieving at an exceptional level. No reported levels of conflict but some concerns regarding maturity and a tendency to be over confident. Concerns regarding military skills due to limited service time. CAQ supportive of excessive confidence – but this may be positive if combined with skills....presenting as a person who enjoys challenges...is possibly slightly over confident and immature at this stage to cope with SASR. Concern re military skills and limited service time suggest continued service in 152 Sig Sqn may be in the member's interest.'

71. At the time CAPT AlphaIndia assessed Geff, PSYMAN Chapter 41 (AL3) ([REDACTED]) provided policy guidance for Psychologists conducting Special Forces Selection. [REDACTED]

72. FINDING: Geff's first application for Special Forces, including the Psychological Assessment conducted by CAPT AlphaIndia on 4 April 2001 was properly processed and administered in accordance with extant guidance.

73. On 1 November 2002, two months after his return from Afghanistan and now 21 years old, Geff again applied for SF. In his application he gave his reasons as 'I wish to further my career by becoming a qualified Special Forces Soldier.' CAPT Delta endorsed the application: 'SIG Gregg's application is strongly supported. During his current posting to 152 SIG SQN he has been a consistent high performer and displayed a mature and confident approach to his responsibilities. SIG Gregg has been required to operate in demanding training and operational environments and has always exercised excellent judgement and professionalism. I believe he has strong potential for service in the SF group.' ([REDACTED])

74. CAPT AlphaFoxtrot conducted the psychological assessment on Geff on this occasion and said his 'tested ability is appropriate, but doubts re some aspects of his personality and maturity – hence recommended to reapply 12/12.' ([REDACTED]) [REDACTED]

[REDACTED]

75. When questioned by the Inquiry about this assessment, Mr AlphaFoxtrot said even though Geff had by this time been on deployment to Afghanistan, he was still very young.¹⁵ The *Psychology Assessment Record – Trailer* ([REDACTED]) records CAPT AlphaFoxtrot's recommendation:

'...He has a strong recommendation from Tp Cdr. Indications are that he is competitive, bold and dominant which is consistent with martial arts achievements. Notwithstanding there is still evidence of immaturity (motivation) driving offence and charge which I think are not consistent with being qualified as an operator at this point in time. As such, I would tend to rate him not as personality unsuitable, but I think he would benefit from waiting another year prior to applying for SF...Tested ability is appropriate, but doubts re some aspects of his personality and maturity – hence recommended to reapply 12/12.'

76. Of interest, Mr AlphaFoxtrot was asked about the psychological assessment of Geff in December 1999 prior to the posting to 152 Sig Sqn, and whether he or his colleague CAPT AlphaIndia would have discussed this with command staff at 152 Sig Sqn when they later accessed the Psychology file and found documentation indicating that Geff had been assessed unsuitable for the posting. Mr AlphaFoxtrot said it was unlikely that the matter would have been raised then because at that time, Geff was performing well in the squadron, and had not come to notice for any adverse reason.¹⁶

77. FINDING. *Geff's second application for Special Forces, including the Psychological Assessment conducted by CAPT AlphaFoxtrot on 1 November 2002 was properly conducted and administered in accordance with extant guidance.*

TOR 2 – THE OPERATIONAL SERVICE OF SIG GREGG

TOR 2.a. Any observations, comments or recommendations made regarding SIG Gregg during his service at 152 SIG SQN.

78. Comment was sought on Geff's performance within 152 Sig Sqn from his superiors, officers and NCOs. The Inquiry also reviewed the formal comments and recommendations recorded by the chain of command on the two occasions that he applied for SF Selection in 2001 and 2002, discussed in earlier paragraphs.

79. During 2001 and throughout the 2002 deployment to Afghanistan Geff's duties included supporting [REDACTED]. [REDACTED], LTCOL November (then a MAJ), observed him during this period and formed a positive opinion. He described him as *'...a very professional soldier...Very forthright, very*

[REDACTED]

[REDACTED]

*diligent, work his guts out for you and, no - no, had never had cause to have any problems with him at all.*¹⁷

80. SGT () Tango recalled that Geff '*...got on pretty well with the other guys, you know, he's fine...Well...to me he was a young soldier. They're all immature as far as I was concerned but that's just because I'm an old bastard...*'¹⁸

81. CAPT Victor () recalled an incident in Brisbane during an exercise when Geff was involved in an altercation with a soldier from another unit. No charges were progressed on this occasion, but CAPT Victor noted '*After the incident in Brisbane - I don't know if it was with SGT Tango in particular, but I do remember...I did think to myself that maybe he wasn't suitable because he was a bit of a trouble-maker. He did show a degree - how can I put it? He was quite a cocky young bloke. He had a degree of arrogance about him at a very early age and I remember thinking to myself in regard to that, maybe he needed to go somewhere else before he came back later on.*'¹⁹

82. MAJ Delta () described Geff in the following terms: '*He was young. My impression was - you asked me early on did I form any strong opinions about him before we went to Afghanistan - I didn't. But I did subsequently. I felt he was insecure. He attempted to, in my mind, create a bold exterior, because I felt he was insecure. It's probably due to his youth and I'm not sure what sort of a life he had growing up, but I just felt he was - he was trying to compensate for something.* MAJ Delta went on to note that '*...he was the sort of fellow who liked to big note himself. He was, sort of, overly confident, took great care to make sure that he had all the latest gadgets and bits and pieces as part of his uniform and his equipment and his so on. And I guess after many years of service, you sort of recognise what sort of person...that is*'²⁰

83. The Inquiry noted that the personal observations made by Geff's superiors accorded with the assessments of immaturity that were formally recorded by the psychologists who assessed Geff as discussed earlier in this report.

84. Observations of Geff's performance and behaviour after his participation in SAS patrol RBK3 in May 2002, are recorded later in this report.

85. FINDINGS:

- a. ***During his time in 152 Sig Sqn Geff was regarded as a confident, competent, hard working and enthusiastic young soldier who***

[REDACTED]

[REDACTED]

exhibited some indications of overconfidence, cockiness and arrogance to some of his superiors, and

- b. The personal observations made by Geff's superiors accorded with the assessments of immaturity that were formally recorded by the Psychologists who assessed Geff for SF selection in April 2001 and November 2002.*

TOR 2b. SIG Gregg's employment in support of SF elements and his selection for and participation in the Redback Kilo 3 (RBK3) patrol, in particular the policy and practice of employing non-qualified soldiers on such patrols, the rationale for such practices, and any known consequences of this practice.

86. Geff deployed to Afghanistan as part of 3 Sqn SASR (TF64) during the period March to August 2002, providing communications support for the unit.

Background to SAS Patrol RBK3

87. On the evening of 14 May 2002 RBK3 was inserted by long range patrol vehicle into [REDACTED]. At the same time another [REDACTED] patrol was inserted [REDACTED].

88. The role of the two patrols was to clear along either side of a gorge ahead of another force that would follow up in vehicles. Late in the afternoon of 16 May RBK3 reported they were in contact with enemy forces. This contact was with approximately 6-10 enemy forces firing small arms, a machine gun and at least one rocket propelled grenade. The patrol returned fire with individual weapons. No patrol members were injured in the contact, and it was reported that two enemy were killed.

89. Following set down procedures the patrol moved away from the contact site to a pre-arranged rendezvous, and was eventually extracted by a larger force, returning some five days later to [REDACTED].

The inclusion of SIG Gregg in RBK3

90. Some six weeks into his deployment, and notwithstanding the fact that he was not SAS qualified, Geff was nominated by [REDACTED], SGT Lima, ostensibly to be patrol signaller, replacing a US Army SF soldier who had been removed from the patrol because of failure to maintain [REDACTED] communications equipment. The responsibility for approving Geff's participation in RBK3 fell to MAJ ([REDACTED]) November [REDACTED]. When interviewed by the Inquiry, LTCOL November noted that the inclusion of non-SASR qualified soldiers in patrols was an infrequent, but not uncommon practice: *'my signaller, ...when I'd go out, was a non-bereted signaller...a MEC²¹ had to go out on some vehicle patrols to provide*

[REDACTED]

[REDACTED]

*that expertise. So in other instances...non-bereted people...had gone away for their specialist skills that were required.'*²²

91. LTCOL November said the nomination by SGT Lima for Geff to be attached to RBK3 was not unanimously supported by unit staff. CAPT Delta [REDACTED] raised his concerns about Geff's suitability:

*'I represented to both of them that I didn't think he was the right person. From my observations he was young, impressionable and furthermore I had other - a couple of other signallers who I thought had actually spent some other time out in the field in other capacities. They had...I felt greater levels of maturity and they'd also had greater skills as signallers to perform the duties that might be required in a patrol. So...I represented that to the both [REDACTED] and to the OC. From there, I think they deliberated it and I did offer up some other names but the way it was explained to me was that the [REDACTED] knew Geff, he was happy with Geff, felt he...would fit into the patrol and was suitable and essentially it was the OC and the [REDACTED] decision...who should go on that patrol.'*²³

92. During an initial interview, LTCOL November said the decision to include Geff on the patrol was influenced by a number of factors, including the limited numbers of qualified soldiers available, and the overall operational requirements of the time: *'...we...have only limited manpower, we don't have spare qualified people sitting around. ...it was a decision which was mulled over for countless hours. Not one taken lightly off the top.'* He also noted that *'the circumstances were that we weren't expecting...anything significant'*²⁴ and *'there were different reservations. Different support, all the way through.'*²⁵

93. In response to a question as to whether the reservations were about Geff or about the more general question of having a non-beret qualified member, LTCOL November said it was about *'Having a non-beret. Not about Geff. And the fact that he was chosen was probably indicative of the regard in which he was held.'*²⁶

94. Notwithstanding that evidence given by LTCOL November, three members told the Inquiry that SGT Lima had other reasons for including Geff in the patrol. WO2 Tango recalls that SGT Lima told him that he wanted Geff *'to be used as a mule to carry equipment, not as a signaller,'* and that in another discussion with him SGT Lima said *'I want G because he is a good bloke on the piss.'*²⁷

95. SGT Kilo, [REDACTED], had a similar recollection of SGT Lima's motives for wanting Geff on the patrol: *'The only knowledge I had that they had a relationship together or a friendship together was that SGT Lima's statement to the words of - or effect of - he's a good bloke on drinks, so he's coming*

[REDACTED]

[REDACTED]

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██████████

on the patrol with us.²⁸ When asked as to the reasons for Geff being on the patrol, SGT Kilo responded: *'I honestly couldn't say a single particular reason other than ██████████ at the time, SGT Lima, thought he was a good bloke and he was just replacing our former American Sergeant.'*²⁹ When asked if Geff was used as a 'mule', SGT Kilo said *'No. That wouldn't be the case...the only thing he carried was his own water and food and clothing...and normal day to day survival...stuff.'*³⁰ When pressed further on what role Geff performed on the patrol, SGT Kilo replied *'Number 6 in the patrol, additional rifleman. No specific role.'* SGT Kilo's statement to this effect is at ██████████.

96. Another bereted member of RBK3, CPL India, said he, not Geff, was the patrol signaller, and noted that Geff had no specialised role in the patrol. He recalled SGT Lima saying that Geff was to accompany the patrol because *'...he had completed IMT³¹ and he had got on the piss with him in Brisbane and he was a good bloke.'* (██████████) Since CPL India was the patrol signaller, Geff was not required to carry the radio and did not do so.

97. When asked to comment on this evidence during a later email exchange, LTCOL November reiterated that SGT Lima told him that Geff was required to perform communications duties within the patrol (██████████). When re-interviewed and asked whether it might have been that SGT Lima wanted to take Geff *'along for a ride'*, LTCOL November responded *'...I would expect more of a SAS ██████████ than to think I'll take him along for a ride. ... they're trained not to make those types of judgements. It's, ... I need a person to make a set... role...maybe...he thought... he is training for selection, but that wouldn't have impacted and certainly I would've hoped...interjected...at the Headquarters level...to say well he's only being taken along to OJT,...then it wouldn't have been a consideration, it would've been definitely no go.'*³²

98. LTCOL November reflected on possible reasons for SGT Lima's request for Geff's inclusion in the patrol *'...I couldn't think why he would do it to us. Why he would actually openly lie to us, ... I look at all the evidence ... that came up out of the investigation ... you do start questioning your decision and ... was I told the whole story ... I suppose I can go down, purely a hypothetical road that it was – he's looking for some other support ... a friendship there in the squadron because he was, essentially, an outsider in the squadron...'*³³ When asked if he thought the other witnesses might be confused or not telling the truth, LTCOL November said *'No. I wouldn't ... say they would be confused or not telling the truth or anything like that...'*³⁴ *'They were there and they are on the digger level.'*³⁵ Overall, LTCOL November expressed feelings of bitter disappointment: *'But why he would take out a*

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mule when he didn't need to - no, I - I, you know, and I'd be bitterly disappointed if that was his basic intent, yes'.³⁶

99. SGT Lima has since discharged from the Army. Attempts to contact him by letter and telephone were unsuccessful, and the inquiry was unable to directly question him on his reasons for seeking to include Geff in the patrol, the reasoning he put to LTCOL November, and the actual job he allocated Geff during the patrol itself. Further, the extent to which any personal relationship influenced his decision to take Geff on patrol was also unable to be addressed with SGT Lima.

[Editorial Note: After the Inquiry had been concluded, SGT Lima made contact with IGADF and provided a statement. The statement was considered but did not alter the findings of the report.]

100. FINDINGS:

- a. It is likely that SGT Lima nominated Geff for the RBK3 patrol for reasons other than to be the patrol signaller,*
- b. SGT Lima probably misled LTCOL November when he sought approval for Geff to be included on the patrol,*
- c. LTCOL November made a conscious and deliberate decision to approve Geff's inclusion in RBK3. His decision was made in good faith, and he gave significant weight to the specific request of the [REDACTED] SGT Lima; and*
- d. Geff was not employed as the patrol signaller on RBK3.*

Employment of Non-SAS Qualified Soldiers on Patrols Following RBK3.

101. In 2002, there was no formal policy within SASR concerning the inclusion of non-SAS qualified personnel within patrols. However in February 2004, the then CO of SASR, LTCOL Sierra, issued CO Directive 02/2004 concerning the employment of non-SASR personnel on operations that are *'complex, lengthy and arduous and which therefore fit the common definition of Special Forces Operations; ie, operations beyond the range and scope of conventional forces.'* The Directive advised that Support staff were not to be employed in such roles without CO SASR authority and detailed the formal approval process necessary if such an option was being considered at the tactical level. LTCOL Sierra advised the Inquiry that the need for this Directive arose from an incident during a rehearsal prior to SASR involvement in the invasion of Iraq, and was not as a result of the inclusion of Geff in RBK3. This Directive remains extant and is at [REDACTED]. A Record of the Conversation with LTCOL Sierra is at [REDACTED].

[REDACTED]

[REDACTED]

102. FINDINGS:

- a. *At the time Geff was serving in Afghanistan, there was no formal SASR policy on the employment of non-SAS qualified soldiers on patrols; and*
- b. *A policy on the employment of non-SAS qualified soldiers on patrols was introduced in February 2004.*

103. In the period following the return of RBK3, and for the remainder of the deployment in Afghanistan, LTCOL November observed Geff's performance, and on a number of occasions reassured him that the SASR inquiry conducted into the patrol did not concern his performance or ability. This inquiry, conducted by CAPT Oscar and referred to in this report as the 'Oscar Inquiry' is addressed later. LTCOL November said that Geff '*...performed in the COMCEN. He wasn't an extroverted fellow, so he wasn't one that was going to bounce around off the ceilings. He was a quiet hard worker. ... he was cheerful ... upbeat. ... I remember a number of times we'd ... have a chat ... how are you going, no problems? Particularly when something with a patrol was going down and we went out a number of times and reassured him ... that is nothing to do with you, you're not being questioned, your actions, your ability has never been in question... we felt comfortable that he understood that.*³⁷ MAJ Delta recalls that Geff '*...did his job ... without too many dramas*' during the remainder of his deployment to Afghanistan.³⁸

104. WO2 Tango said he did not notice any big change in Geff after RBK3, only small things that did not ring any alarm bells at the time.

105. He recalled an incident where Geff displayed an apparently macabre interest in a one minute video that he had downloaded from the internet. This video showed a man being decapitated. WO2 Tango noted him watching it over and over for hours and, as he thought that this was not good for Geff, he threatened him with disciplinary action in order to put a stop to it.³⁹

106. Nevertheless, WO2 Tango said that Geff still got on well with everyone, did not become anti-social, did his normal shift rotations and that his performance did not drop off.⁴⁰

107. That Geff had an interest in such videos was recalled by another soldier. CPL Papa was an SAS qualified colleague of Geff who served with him prior to, and throughout his deployment to Afghanistan. He told the Inquiry that in late 2001 or early 2002 while they were on exercise in Brisbane and prior to deployment, he saw Geff repeatedly watching a video of a Russian soldier having his throat cut. He said the volume was high, and Geff was giggling at the time. He asked him to turn the video off, which he did ().

108. CPL Papa also observed that in Afghanistan after RBK3, Geff appeared *'...pretty shaken up, but no more than others after a contact. After the patrol he was not as gung-ho as before, but was upbeat, not withdrawn, right up to his illness.'* ([REDACTED]).

109. FINDING: No particular cause for concern was noticed in Geff's behaviour following RBK3 and for the remainder of his Afghanistan deployment

Additional issues noted by the AlphaQuebec Family

110. As noted earlier in this report, during interview with IGADF, members of the AlphaQuebec family raised matters which Geff had told them about that caused them concern. One of particular concern to Mrs AlphaQuebec was that Geff may have shot a child while on RBK3. There were also concerns that at some time, Geff had been directed to change a statement he made, and following his return from deployment, that he had been harassed, victimised and stalked. While the matter of Geff possibly shooting a child is discussed in the following paragraphs, the remaining concerns are addressed later in the report.

Family Concern that Geff may have shot a child.

111. Mrs AlphaQuebec explained that following his deployment, and whilst on leave at home, her son spoke of his time in Afghanistan. Although he was not specific in his account of this matter, she sensed that he thought he may have shot a child and explained this in the following terms: *'I mean we're not saying a little child, it could have been a teenager, big, but his view was that it was somebody's child that – and he compared that to me.'*⁴¹

112. Mr Uniform is a former Signaller who served with Geff in Afghanistan and spoke to him immediately on his return from RBK3. He recalled that Geff spoke to him about shooting a man on the patrol, but that he did not describe the individual in any way.⁴² Later though, he noted that he discussed with Geff's sister the possibility that he (Geff) killed a child: Mr Uniform said *'his sister asked about it and that was one of the things that he would say... then counter it 20 seconds after. And it was Geff, liked used to say to me,...had little brothers - no I think it was just part of his down hill run.'* According to Mr Uniform, Geff was frequently inconsistent in his recollections.⁴³

113. CPL Papa stated that Geff, in conversation after his return from the patrol *'... mentioned he shot a guy and he crawled off.'* ([REDACTED])

114. There were other instances where Geff made mention of actually shooting a person during the patrol. The first was during his psychological debrief on 30 August 2002, where LTCOL AlphaKilo recorded: *'Involved in contact – shot a man, believes killed him.'* ([REDACTED]).

[REDACTED]

[REDACTED]

115. During his psychologist interview in November 2002, as he was being assessed for SF training, the Psychologist recorded that Geff claimed to have shot a person and that there was '*. . no [negative] affect [at] interview regarding this.*' ([REDACTED]).

116. Another instance was recorded in December 2003 in a report by Professor BravoCharlie (one of Geff's treating Psychiatrists) who noted Geff saying '*...a person came at me, I shot him.*' ([REDACTED]).

117. Mr AlphaYankee is a former Signaller and close friend of Geff. The two shared rental accommodation at various times following Geff's deployment. He also said that Geff told him that '*he'd fired rounds and hit a guy in Afghanistan during the contact.*'⁴⁴

118. As part of the Oscar Inquiry into conduct by certain SASR members during the patrol, Geff was required to write a statement detailing his actions. The statement, which was retrieved from Special Operations Command archives, is unsigned ([REDACTED]). Attempts to locate an original signed statement have been unsuccessful. CAPT Oscar has sighted the unsigned document and advised via email '*...I can't be 100% sure if it is the authentic document, but I am pretty confident it is an accurate record of the events*' ([REDACTED]). When he was shown the document, LTCOL November vouched for its authenticity.⁴⁵

119. Geff's statement records that he fired at least two shots, the first directed at the feet of an approaching male, and then '*I fired a second shot on the man: he sat on his arse and slid to the side of the path, then walked away*' ([REDACTED]).

120. This account is consistent with the evidence of SGT Kilo who witnessed Geff's direct engagement with the enemy. [REDACTED]

121. When asked if Geff may have fired other shots without specific direction, SGT Kilo responded by advising that '*No, not that I'm aware of...I spent the majority of the contact in close proximity to him and I'm aware of approximately three rounds he fired.*' When asked if it was possible that Geff may have killed any enemy person, SGT Kilo responded by stating '*I would strongly suggest from what I observed, no.*'⁴⁶

[REDACTED]

[REDACTED]

122. One possible explanation for the apparent contradictions between Geff's written account of his actions on the patrol, and those statements he made to others about shooting a man, may be found in the following comments by CPL Papa: *'He was very motivated and in Afghanistan very keen to get a kill. He was influenced by people he admired and he idolised AlphaYankee'⁴⁷*. Describing Geff after RBK3 he recalled he was: *'Pretty shaken up, but no more than others after a contact. I heard he did a good job. He mentioned he shot a man and he crawled off. After the patrol he was not as gung-ho as before, but he was upbeat, not withdrawn right up to his illness.'* ()

123. It is possible to speculate that Geff spoke to his colleagues and peers about shooting a man as a way of gaining a form of operational credibility from individuals he respected. It may also be the case that Geff actually believed he had shot someone. Although it is also possible that he may have convinced himself of this, it cannot be verified by independent evidence.

124. FINDING: While it is possible that Geff did shoot someone on RBK3, as he subsequently claimed, there is no evidence that any person was killed by him.

TOR 2.c. Whether SIG Gregg contributed to the RBK3 post patrol report by making a statement, and if so, whether he was directed to change that statement.

125. During the interview with IGADF Mrs AlphaQuebec alleged that at some stage, Geff was directed what to write about RBK3, rather than being allowed to write what he wanted, and that a statement that he had written *'...they either ripped up or threw out and told him what to write.'*⁴⁸

126. LTCOL November described the usual after action process for an SAS patrol as involving a verbal debriefing with senior squadron staff for the whole patrol some 12-24 hours after return. Notes would be taken of this debrief, and the Patrol Commander would submit a written report that would normally represent the consolidated observations of all the patrol members.⁴⁹

127. The () report of RBK3 is a classified document that has been sighted by the Inquiry.

128. SGT Kilo recalled that *'... a detailed patrol debrief was not conducted to the best of my knowledge due to the time frame between the patrol and the return to Bagram and the subsequent matters relating to SGT Lima being raised.'* He further noted *'...All members were required to submit a contact report detailing their observations and actions during the contact (this I have a copy of). I do not have any recollection of providing any written submissions to support an official patrol report.'*

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129. CPL India could not recall making any specific report on the patrol activities, nor could he remember Geff having to make any written report ([REDACTED])

130. However, following the return of RBK3 to base, and after their operational debriefing, certain claims and counter claims were made by the SASR members of the patrol. The dominant issues of concern related to the internal leadership of the patrol, and in no way involved Geff, or his conduct during RBK3.

131. The internal dysfunction within the SASR patrol was investigated by [REDACTED], CAPT Oscar. CAPT Oscar has since left the Army and his recall of his specific requirements of Geff to contribute to his inquiry was imprecise. However LTCOL November had more detailed recall of the inquiry process. He said there was a deliberate decision by himself and CAPT Oscar to exclude Geff from the matters surrounding the leadership of the patrol as *'it was evident that he had no involvement. There was (sic) no allegations against him, or no doubting of him or anything like that.'*⁵⁰

132. Therefore, Geff was only required to give an account of the patrol. In doing so, LTCOL November stated that Geff provided one of the more balanced statements which he described as being *'very good, uncoloured and that it was used as a fair basis of the sequence of events.'*⁵¹ Geff's statement was also generally supportive of SGT Lima. The authentication of this unsigned copy of the statement has already been addressed in this report.

133. The Inquiry found no evidence to support the claim that Geff was directed what to write about RBK3. It was noted that, during the Oscar Inquiry, unlike the SASR members involved, Geff was not required to make a detailed statement about any perception of unprofessional conduct by any person. Rather he was asked to make a statement detailing his activities on the patrol. CAPT Oscar expressed a vague recollection that Geff may have also wished to make a statement in support of SGT Lima.⁵²

134. SGT Kilo noted *'I believe he made a statement in support of SGT Lima during the subsequent investigation raised by patrol members. I did not see this statement or discuss it at any time with Geff.'* ([REDACTED])

135. Mr Uniform also recalled that Geff made a statement in support of SGT Lima and passed it to him (Lima). The matter of whether any statement made by Geff was ever changed was put directly to Mr Uniform who recalled that *'... I'd heard it ... a day afterwards... G said that they wanted me to change it. And for some reason we didn't go into it anymore. So I don't know anything more about it.'*⁵³

136. Mr AlphaYankee recalled that Geff told him that he had been asked to change his statement: *'What I interpreted it, the reason why he was asked to change his*

[REDACTED]

[REDACTED]

statement would have been to implicate [REDACTED] Lima.' Mr AlphaYankee went on to state: 'I'm not aware of him changing his statement.'⁵⁴

137. While the Inquiry was unable to locate any statement that was raised specifically in support of SGT Lima, it is plausible that Geff had indicated that he intended to include comments about SGT Lima's leadership in his statement, and had been told to stick to an account of his own actions. If this is so, he might have interpreted that as an improper direction to change his statement, and that might also account for him including within his statement additional paragraphs that were supportive of SGT Lima, under the heading: 'Information irrelevant to the contact' ([REDACTED]).

138. FINDINGS:

- a. *Geff contributed one written statement following RBK3. This document was required as part of the subsequent inquiry into certain aspects of the SAS command of the patrol, and was not raised as part of the patrol debriefing process,*
- b. *Geff's statement has been authenticated as far as practicable by the officer who conducted the inquiry and by the officer who initiated the inquiry, although no signed copy was located; and*
- c. *There is no evidence to support the claim that Geff was inappropriately directed to alter his statement.*

TOR 3. – THE MEDICAL MANAGEMENT OF SIG GREGG

TOR 3.a. The circumstances relating to SIG Gregg's diagnosis and treatment for PTSD.

139. The events leading to and following Geff's diagnosis with PTSD are addressed below.

140. Geff underwent a routine medical board in March 2002 and was medically fit. He then deployed to Afghanistan from 28 March 2002 to 31 August 2002. Prior to his return to Australia, on 21 August 2002, he underwent a routine medical examination conducted by Dr AlphaJuliet, [REDACTED] noted: 'Pretty well in Afghanistan: No major illnesses, Exposed to excessive loud noise without ear protection: This was due to a contact (ambush) on May 16, Developed tinnitus and ? hearing loss: Needs Audiometry on RTA' ([REDACTED])

141. On 25 August 2002, he underwent a return to Australia (RTA) Psychological debrief with LTCOL AlphaKilo, who wrote *'Involved in contact – shot a man, believes killed him. Some "what if" reflections but no obvious trauma response. Appears fine at this stage.'* ()

142. Later, in November 2002, Geff participated in a Post Operational Psychological Screening (POPS) with LTCOL AlphaKilo, who wrote: *'Despite profile is having difficulty sleeping, occasionally wakes to sounds of screams...'* LTCOL AlphaKilo advised Geff to see CAPT AlphaFoxtrot () in one month (). As noted earlier in this report, CAPT AlphaFoxtrot assessed Geff for psychological suitability for SF earlier in that month and recommended that he reapply in 12 months time, a decision that did not please Geff. Geff did not return to see CAPT AlphaFoxtrot as directed. Possible reasons for this are discussed later in this report.

143. In January 2003, Geff developed bilateral compartment syndrome with pressure hernia and underwent surgery on his leg for this. Of interest, this surgery was conducted by Mr BravoNovember, an Orthopaedic Surgeon. Following the surgery, Geff developed an infection which was resolved with treatment. Geff then made allegations that he had received substandard care from Dr BravoNovember. The basis for this complaint appeared to be that Dr BravoNovember telephoned Geff at home to inquire about his progress following the treatment for the infection. Geff claimed that this proved that Dr BravoNovember had a guilty conscience. () (MAJ AlphaZulu) and () CAPT Delta) made inquiries about Geff's allegations. MAJ AlphaZulu advised that Mr BravoNovember (who had successfully performed a number of procedures for ADF patients) was *'a good surgeon who provided excellent treatment and follow up care to his patients'* and that it was not unusual for him to contact his patients to ensure that they were progressing well. CAPT Delta concluded that Geff made general accusations about Dr BravoNovember, which he was then reluctant to canvass with MAJ AlphaZulu and that the allegations had no substance ().

144. On 30 April 2003, Dr AlphaJuliet was called to Campbell Barracks where Geff was in an acutely distressed state. This pivotal incident is discussed in greater detail later in the report. Geff reported symptoms of anxiety, sweats and nightmares, with sleeping problems. He also reported recurring visions of the contact in Afghanistan. Dr AlphaJuliet noted *'Denies suicide risk. Although "has crossed my mind" but no action on that impulse.'* (). Dr AlphaJuliet made arrangements for Geff to be seen that afternoon by Dr BravoAlpha, a Consultant Psychiatrist. Dr BravoAlpha diagnosed PTSD with Major Depression. She recommended he take sick leave and become involved in ongoing treatment, including antidepressant medication (). Geff refused the medication and advised Dr AlphaJuliet that he did not wish to see Dr BravoAlpha again. Geff was given sick leave that day and he did not return to the workplace again.

145. Dr AlphaJuliet advised Geff's chain of command by email on 7 May 2003 and held a Case Conference concerning Geff on 8 May 2003, to explain the situation to 152 Sig Sqn staff: the Tp Cdr, SSM and RSM. In accordance with Geff's wishes, he was referred to another Psychiatrist, Dr BravoBravo.

146. Initially, Geff was happy with Dr BravoBravo and on 21 May 2003 a treatment plan was agreed. Geff would continue to see Dr BravoBravo and have weekly reviews with Dr AlphaJuliet, either at the RAP, or his Private Practice. At this time, Geff told Dr AlphaJuliet that he wished to continue with full time employment with 152 Sig Sqn *'but acknowledges that he is unwell and needs to sort himself out'*. Dr AlphaJuliet also noted *'self harm risk seems to have decreased substantially over last 1-2 weeks.'* (). Geff was medically downgraded to 'MEC3'⁵⁶ on 21 May 2003. This meant that, while he was medically unfit at the time, he was assessed as being able to regain his medical fitness within 12 months and was being medically managed towards recovery.⁵⁷

147. Dr AlphaJuliet continued to see Geff for monitoring and support until Geff's discharge from the Army. Geff regularly missed appointments with him, and on many occasions, did not return phone calls or text messages. In all, Dr AlphaJuliet saw him on 20 documented occasions between April 2003 and May 2004. He also visited the house where Geff lived when he failed to keep medical appointments *'...Because Geff, you know, Geff was difficult to pin down, you know, like he was evasive and elusive. And there were times when I'd just get fed up with him and I'd just go around to the house and, you know, say, "Look you've got to keep to this appointment. Let's keep everything going"...*⁵⁸

148. At each review, Dr AlphaJuliet recorded Geff's mental state. Geff admitted on some occasions to suicidal ideation⁵⁹, but denied any actual plans to harm himself. When asked if he ever thought Geff might actually commit suicide, Dr AlphaJuliet told the Inquiry *'No, look I - I discussed that with the psychiatrist, both Professor BravoCharlie and BravoBravo about, you know, involuntarily admitting him somewhere, you know?...But he really wasn't that bad, you know, that when I questioned him, I - you know, he never said, I'm really suicidal, I'm going to go and do something, you know. But obviously, you know, at the back of your mind, with a young guy like that, within that sort of situation, you've got to be a bit concerned about that.'*⁶⁰

149. In his clinical notes on 30 May 03, Dr AlphaJuliet recorded Geff was *'urged to start medication'* and noted that he had asked the Psychiatrist to also push for this. However he said Geff *'steadfastly refuses to take medication (despite long explanation of the benefits - conflict here with advice from girlfriend and others)'* (). Geff's reluctance to take medication was again mentioned by Dr AlphaJuliet in his clinical notes on 6 June 2003: *'Psych has tried to get Geff to accept medication for his depression - still refusing medication. Part of problem seems to be his girlfriere (naturopathy) student.'* ().

[REDACTED]

150. During the interview with IGADF, Geff's former girlfriend BravoEcho (now married and interviewed as Ms BravoEcho) confirmed that at the time she lived with Geff she was studying Naturopathy. When asked if she ever discussed Geff's medication with him, she said: *'I remember someone told me that apparently I'd said not to take it, don't ever take it, and I had never said that in my life.'*⁶¹ She added that she quit her studies *'because Geff got sick, and I was told...he needed someone – he couldn't be alone...so I quit my work and quit my school...but I had never said to him "Do not take antidepressants" because if that's what he needed to help him, I would never have stood in his way. That made me angry, because I don't actually know who said that.'*⁶²

151. In June 2003, after another long discussion with Dr AlphaJuliet about the benefits of antidepressants, Geff finally agreed to take a small dose of Prothiadin 25mg to help him sleep (). He was again advised to see CAPT AlphaFoxtrot for psychological interventions but once again he did not do so.

152. Dr AlphaJuliet recalled *'Geff was not too keen on [AlphaFoxtrot] I am not sure if this had something to do with [AlphaFoxtrot] refusing him to go on selection [for SASR]... [AlphaFoxtrot] is a very diligent and thorough psychologist.'* () For his part, Mr AlphaFoxtrot told the Inquiry that he was involved in discussions with Dr AlphaJuliet about Geff but since the latter had *'some problems'* with him, Dr AlphaJuliet decided that Geff would be managed through the RAP.⁶³ In the event, Professor BravoCharlie, the Consultant Psychiatrist who later treated Geff commented *'Counselling will need to be specialised as Mr Gregg is a complex person to engage. Therefore, counselling should be in the context of psychotherapeutic relationship. Given the risk of suicide this is probably best undertaken by a qualified psychiatrist.'* ()

153. Dr AlphaJuliet conducted additional case conferences with Geff's superiors in June and September 2003, emphasising the need for *'lots of support for Geff'* ().

154. On 4 September 2003, Dr AlphaJuliet documented there had only been marginal improvement over the previous four months *'no significant progress, certainly nowhere near a graded return to work...Still no report [from Dr BravoBravo] Need definite prognosis and management plan. I note Geff's tendency to be secretive and paranoid.'* ().

155. Dr AlphaJuliet wrote to Dr BravoBravo on 10 September 2003, advising that he believed Geff was unfit to continue with military service and that he would proceed with a Medical Fitness Board (MFB): *'He runs the risk of further exposure to traumatic events, which could worsen his condition. In addition I would not want to run the risk of him having access to firearms in case of self harm....I am endeavouring to contact Geff to explain the situation, he will be disappointed about this but I think this is in his best long-term interests. It is essential that he carry on*

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with your psychiatric care and I will endeavour to provide all the support that I can.' Dr AlphaJuliet asked Dr BravoBravo to write a report to confirm the PTSD diagnosis (██████████). That report (██████████) was also forwarded to DVA and confirmed the PTSD diagnosis. An excerpt from this report follows:

'The likely date of clinical onset established by subjective account and collateral history from his partner (whom he met since his return from Afghanistan) was within one year of the traumatic event.'

The psychiatric symptoms that Mr Gregg presents with include irritability and a tendency to outbursts of anger which have caused morale issues within the Regiment. On examination Mr Gregg presents with significant difficulties which are sufficiently severe as to impair him in major areas of functioning including relationship to others and mild cognitive difficulties with endurance and concentration. He is thus impaired for functioning in his capacity as a signalman.

Mr Gregg was initially avoidant of treatment and I note his partner is training in alternative therapy. His partner has provided emotional support and some natural and herbal remedies however more recently he has become compliant with prothiaden 150mg nocte and is attending regularly for out-patient supportive therapy.'

156. Geff continued to be non-compliant in attending his medical appointments and after three days of being unable to contact him, on 11 September 2003, Dr AlphaJuliet asked WO2 Charlie, ██████████, to visit his house and order him to report for review (██████████). Dr AlphaJuliet also sent a letter to Geff at home on 30 September 2003, asking that he contact him as soon as possible (██████████).

157. When Geff was eventually seen by Dr AlphaJuliet in October 2003, he had ceased seeing Dr BravoBravo and he was referred to a third psychiatrist, Professor BravoCharlie. All three Psychiatrists came to the same opinion – that Geff was suffering from PTSD with Major Depression, and that he should have ongoing treatment, including antidepressant medication. Professor BravoCharlie's report, dated 11 December 2003 is at ██████████. Excerpts of this report follow:

'In my opinion Mr Gregg suffers from Post Traumatic Stress Disorder. The traumatic event relates to the combat in May 2002 in Afghanistan and in particular to the occasion when Mr Gregg was faced with an enemy soldier aiming at him only a few metres away. His reaction to this and to the surrounding combat was one of intense fear...

Mr Gregg's condition is moderately severe...There is no evidence that Mr Gregg had psychiatric problems prior to his service in Afghanistan. There is no evidence for a personality disorder.

I consider the prognosis must be guarded at this point. The condition is clinically quite severe. On the positive side is that he is a relatively young

man, intelligent and fit whose (sic) is not using substances or alcohol. He has a stable relationship which is supportive.

On the negative side, the trauma was severe psychologically and Mr Gregg has completely lost confidence in himself. The appearance of depressive symptoms must be regarded with concern and I would regard the possibility of suicide of being of moderate risk...'

158. Geff was admitted to the psychiatric unit at Hollywood Hospital in Perth on 11 February 2004. Although he was reported as mildly improving and socialising well in the unit, he was discharged on 2 April 2004 after being found sneaking out of the clinic at night through a window. He was referred to continue the Mood Disorders Program at Hollywood as a day patient, with follow up by Professor BravoCharlie. His final medical board, conducted by Dr AlphaJuliet on 18 April 2004, is discussed later in this report.

159. Another peripheral matter that was raised by Mrs AlphaQuebec was that she was not informed that her son was discharged from Hollywood Hospital. Dr AlphaJuliet advised the Inquiry that he was similarly uninformed by the Hospital and that he *'never had any communication from Hollywood Hospital regarding Geff while he was in the Army.'* ()

160. FINDINGS:

- a. Following Geff's acute episode on 30 April 2003, Dr AlphaJuliet, took action that same day to refer him to a Psychiatrist who diagnosed PTSD with Major Depression,*
- b. On 30 April 2003, Dr AlphaJuliet noted Geff's suicide ideation but did not judge him to be a serious risk,*
- c. Following Geff's diagnosis with PTSD, he was seen by two other Psychiatrists,*
- d. Dr AlphaJuliet went to great lengths to monitor Geff and encourage him to comply with his medical and psychiatric therapies,*
- e. Those treating Geff found him difficult to engage and resistant to recommended treatment regimens,*
- f. Dr AlphaJuliet took appropriate and timely action to ensure that Geff's chain of command was aware of his condition; and*
- g. On 11 December 2003 Professor BravoCharlie noted Geff's depressive symptoms and assessed the possibility of suicide as moderate.*

TOR 3.b. SIG Gregg's medical management, particularly post-operational psychology support and medical administration at all levels within Army and the ADF

161. As indicated earlier in this report, IGADF engaged [REDACTED], a Consultant Psychiatrist, to review Geff's Medical and Psychological records and provide the following:

- a. An opinion as to whether, whilst a member of the Australian Defence Force, Geff received appropriate medical and psychological treatment in accordance with Australian community best practice,
- b. If Geff's treatment was not in accordance with best practice, to identify the areas of concern and make recommendations as to how the treatment could have been improved; and
- c. Any other comments regarding the health management of Geff by the ADF that the Consultant Psychiatrist [REDACTED] considered relevant.

162. [REDACTED]. After examining Geff's history, the Consultant Psychiatrist [REDACTED] noted that throughout the reviews by Dr AlphaJuliet, Geff '*continued to remain depressed, with suicide ideation (but no plans) reported at times, and remained troubled with the symptoms of PTSD he first presented with in April.*' Also, during his '*sick and convalescent leave (30 April 2003 – 26 May 2004) he stayed at home, did not like going to his unit lines and was said to be angry and upset at his unit and the perceived lack of support from the Army. He was reported to have a supportive network (girlfriend and other friends).*'

163. The Consultant Psychiatrist [REDACTED] made the following comments:

'Post Traumatic Stress Disorder is an anxiety disorder, with a high rate of co morbid other psychiatric conditions. In Mr Gregg's case he had co morbid depression.

Current treatment guidelines recommend specialised treatment with a combination of psychological interventions to address the distressing symptoms and medication. Treatment of co morbid conditions is part of the guidelines. Chronic depression can worsen the symptoms of PTSD.

A problem which often occurs is the difficulty encountered (sic) engaging the patient. Avoidance and withdrawal is common and this, as well as affecting social and workplace functioning, can affect compliance with any treatment programs.

In Mr Gregg's situation, he did not follow up the advice given at his POPS interview in November 2002 by LTCOL AlphaKilo. When he presented to Dr AlphaJuliet in a distressed state, Dr AlphaJuliette appropriately referred him to a consultant psychiatrist for assessment and management. He did not really engage psychiatric treatment with either Dr BravoAlpha or Dr BravoBravo,

although appears to have done so with Professor BravoCharlie at the end of 2003. In June 2003 he did not follow Dr AlphaJuliet's referral to a psychologist.

It may well be that he did not want to see this psychologist, CAPT AlphaFoxtrot, who had conducted his assessment for the SF in November 2002 and was also a uniformed officer. It is reported in Dr BravoBravo's assessment of 25 August 2003 that he had become avoidant attending the Army Base.

It was not until his hospitalisation at the beginning of 2004 that he accepted psychological counselling. It was unfortunate that he was discharged from the inpatient program – however was offered the option of continuing treatment as a day patient.

The risk of harm in PTSD and Major Depression is always a concern. The risk was identified in Mr Gregg, as documented in his file. I note when he did admit suicidal thoughts he was questioned about whether or not he had any plans (which would mean urgent admission to hospital). As there were no plans elicited, it is a matter of clinical judgement whether to manage the patient on an outpatient basis or not. From the file notes and personal communication I have established Dr AlphaJuliet was in personal contact with each of the three psychiatrists to discuss Mr Gregg's management.

In my opinion Mr Gregg was offered appropriate medical and psychological treatment – initially as an outpatient and then an inpatient. Despite his non attendance and non compliance, his medical officer made every attempt to keep in touch with him and support him.

In hindsight, it might have been worth considering hospitalisation earlier, however, he may well not have taken up this option with his non compliance with voluntary acceptance of treatment.

I note that on discharge from the Army he was in the care of Professor BravoCharlie and the Hollywood Clinic.'

164. Dr AlphaJuliet advised the Inquiry that he continued to see Geff in his private practice after his discharge: *'Geff had my phone number from the day he got sick, I saw him three months before he died, he could've rung me any time, and he frequently did. The last time I saw him alive, he was great, you know...everything was all right, he was looking - he was getting a job, I was really happy for him and then next, you know, a couple of months later he died. I don't understand that. I'm not sure what happened there.'*⁶⁴

165. In respect of the overall medical management of Geff, the Inquiry notes that Geff fitted the profile described by the Consultant Psychiatrist [REDACTED]: he was difficult to engage, withdrew from all things military and avoided dealing with issues.

[REDACTED]

[REDACTED]

Dr AlphaJuliet's persistence in attempting to engage Geff was commendable and, noting that he appeared to have a reasonable relationship with him, the decision that Dr AlphaJuliet should be the single point of contact for Geff was sensible in all of the circumstances.

166. FINDINGS:

- a. *The Inquiry found that genuine and persistent attempts were made by medical and psychological staff to engage and assist Geff,*
- b. *The Inquiry noted the expert opinion of the Consultant Psychiatrist [REDACTED] that the medical and psychological treatment offered to Geff was appropriate; and*
- c. *Having regard to the expert opinion of the Consultant Psychiatrist [REDACTED] and the other available evidence, the Inquiry concluded that Geff's health management following his return from deployment in August 2003 until his discharge on 27 May 2004 was appropriate in the circumstances.*

167. RECOMMENDATIONS: The Inquiry recommends that:

- a. *A copy of the report by the Consultant Psychiatrist [REDACTED] be provided to the Gregg family,*
- b. *That the Head Defence Health Services be asked to arrange a personal briefing for the AlphaQuebec family on the outcome of the independent medical review and that the Consultant Psychiatrist [REDACTED] be invited to take part in this briefing; and*
- c. *That the Head Defence Health Services be asked to convey to Dr AlphaJuliet the outcome of the Consultant Psychiatrist's [REDACTED] independent medical review and the findings of this Inquiry outlined at paragraph 166 above.*

TOR 3.c. The circumstances relating to the MECRB processes and decisions leading to Geff's discharge.

168. Earlier in the report, the Inquiry noted that once Geff had been diagnosed with PTSD, Dr AlphaJuliet was obliged to conduct an evaluation of Geff's medical fitness for further service. In so doing, he was required to comply with extant policies and practices.

169. In 1997, CA initiated the Army Individual Readiness Notice (AIRN) to focus members of the Army on the need to be ready for deployment on operations. Defence Instruction (General) Personnel (DI(G) PERS) 135-2 *Army Individual Readiness Notice* ([REDACTED]) stipulates the base line for readiness standards to be achieved by

Army members and outlines the administrative requirements. One of the components of IR is Medical Fitness. Paragraph 18.c. of the instruction is relevant:

'Medical fitness. Personnel are to be periodically medically assessed in accordance with Periodic Medical Board policy and are required to meet the Medical Employment Classification (MEC) for deployment in their trade or employment category.'

170. In addition, and amongst other things, Army members are required to pass Basic Fitness Assessments twice each year and achieve a pass in respect of weapon proficiency, in accordance with the requirement of their Individual Readiness (IR) category (). After Geff was diagnosed with PTSD, he was unable to comply with these requirements. While he initially wished to stay in the Army and acknowledged to Dr AlphaJuliet the *'need to sort himself out'*, in the event he was incapable of doing so and therefore, his medical fitness for further service had to be reviewed.

171. DI(G) PERS 16-15 *Australian Defence Force Medical Employment Classification System*, dated 20 April 2000 detailed the policy for the Medical Employment Classification (MEC) System at the time Geff's situation was being considered by Dr AlphaJuliet. A copy is at (). In addition, the *Director-General Defence Health Service Health Directive No 236 (HD236) – Medical Employment Classification Procedures* dated 7 August 2001 amplified the DI(G) and provided implementation instructions for assigning a MEC to members of the ADF ().

172. Health Directive 236 (HD 236) paragraph 12, outlines the general circumstances under which a member's MEC is to be reviewed. Paragraph 13 (in part) states: *'...The MEC should be validated whenever a member becomes ill or is injured, before deploying on operations, or before undertaking physically demanding courses. These assessments, combined with review of existing MECs, preventive health assessments and periodic medical examinations, will ensure that commanders have an up-to-date picture of the deployable status of their subordinates. MO are not to delay MECR action until routine health assessment or review of the current MEC is due.'*

173. The MEC review process is further defined in HD 236, paragraphs 15-49 inclusive. In particular, the following direction as to when a Unit MEC review is to be conducted is relevant:

- 'a. at the onset of a medical condition which will render the member unfit for deployment and is anticipated to extend for the medium term, which is more than eight weeks but less than 12 months;'*

As stated earlier in this report, Dr AlphaJuliet met this requirement by downgrading Geff to MEC3 on 21 May 2003.

174. When Geff did not respond to treatment, action then had to be taken to convene a Central MECR (CMECR). HD 236 paragraphs 18 and 19 (in part) provide the following guidance:

'18. A CMECR is to be convened when Medical Classification Review Board (MECRB) consideration is required. The purpose of CMECR is to provide a full assessment of the member's capabilities and disabilities so that the MECRB can make a determination on the suitability for continued employment.

19. The following personnel will be referred to the MECRB:

- a. personnel confirmed as MEC4, that is those personnel who are medically unfit for deployment or employment in excess of twelve months;*
- b. personnel who have been classified as MEC 304 for a period of four months whose condition has not improved to the point that they will be able to return to work in any capacity within the six-month time frame; ...'*

175. Dr AlphaJuliet advised the Inquiry *'...initially what we were planning was...he was going to go on, have leave...with the idea of getting him back to work. You know, to rehabilitate him back into the workforce. But...it became apparent that he had a chronic post traumatic stress disorder that was not compatible with his ADF duties. And I really was quite fearful...I wanted him out, you know, because I thought it was in his best interests to get out of the Army...he came to the point where he said he wanted to get out...we have an administrative process to go through where...he was made MEC3, temporarily medically unfit and then...I only had six months of MEC3 before he was either medically discharged, or, you know, put somewhere else.'*⁶⁵

176. On 9 September 2003, Dr AlphaJuliet raised a *Medical Employment Classification Review Record*, classifying Geff as MEC403, that is *Medically unfit for deployment or sea-going service in the long-term...* (paragraph 7.d. DI(G) PERS 16-15 refers). Dr AlphaJuliet's Clinical Summary read as follows:

'Member became unwell 30/04/03 and has not worked since then. He has post traumatic stress disorder that is only partial (sic) treated. He is currently under specialist psychiatric care. He has an evolving psychiatric disorder that will require prolonged and intensive psychiatric care. Geff has become phobic regarding the Unit and has been on sick leave since April 03. He has not been able to return to work. He has developed paranoid tendencies and has unrealistic expectations, this is evidenced by his lack of insight into the nature of his illness. He has been difficult to engage in a therapeutic relationship and this has impeded his treatment. He is unfit psychologically to continue with military service due to PTSD and his depression with paranoid features.

Continued military service will expose him to further, potential harmful situations. He is permanently unfit to have access to weapons due to psychological instability. ([REDACTED])

177. CMDR BravoDelta, [REDACTED] confirmed Geff's MEC on 9 December 2003 ([REDACTED]) and the matter was referred for consideration by the Medical Employment Classification Review Board (MECRB).

178. The purpose of a MECRB is to consider a member's suitability for continued service and employment in the ADF based on the Defence Health Services Branch assessment of the member's medical condition (paragraphs 23-32 of DI(G) PERS 16-15 refers). The MECRB is conducted within the Department of Defence in Canberra and comprises:

- a. The Director General Career Management of the member's Service, or a delegate, who acts as a Chairman,
- b. A Career Manager from the member's Service,
- c. A Joint Health Support Agency representative,
- d. A Directorate of Entitlements representative who provides advice on compensation, superannuation and invalidity potential, etc; and
- e. A Secretary who is a member of career management staff.

179. Once the MECRB makes a determination, the decision is conveyed to the member's unit through the applicable career management agency (paragraph 29, DI(G) PERS 16-15 refers). In Geff's case, the MECRB Determination was conveyed by SCMA to CO SASR on 27 February 2004 ([REDACTED]). Geff was to be discharged 'Medically Unfit' with effect 26 May 2004 or at an earlier date if he wished. Geff was advised of this and of his right to appeal the decision within 30 days. In the event, he acknowledged receipt of the MECRB Determination, chose not to appeal the decision and accepted the proposed discharge date and his statement to this effect is at [REDACTED].

180. FINDINGS:

- a. *In relation to the medical management of Geff, the MECRB processes and decisions leading to his discharge accorded with extant policies and practices; and*
- b. *The Inquiry found no evidence to suggest that the policies and practices related to the MECRB process and the medical management of members were inadequate.*

TOR 3.a. (2) The level of post-PTSD assessment support provided to SIG Gregg by 152 Signal Squadron and SASR and whether it was, in all the circumstances, adequate and proper

181. During the initial period following his return from Afghanistan, Geff did not present with any particular issues. His enthusiasm and desire for continuing service were evidenced by his second application to undertake SAS testing and training. His application and the results of his psychological screening regarding his suitability are recorded earlier in this report.

182. However, those associated with him outside the immediate work environment began to notice changes in his behaviour. It was also during this period that the family became concerned that Geff had allegedly been accused of stealing a radio and during the interview with IGADF they cited this as an example of certain individuals treating Geff badly after his return from Afghanistan: *'... he was accused of stealing a radio and, rightly or wrongly, they firmly believed that Geff had stolen a radio. Why he'd want to steal a radio I don't know. But in the end they found out it was an accounting error and the radio was always in the vault.'*⁶⁶

183. Mr Uniform was aware of this matter and advised the Inquiry that there was an incident where a controlled cryptographic item could not be located. Geff had been associated with the issue of the radio and was closely involved in establishing its eventual whereabouts. Mr Uniform recalled that it took some eight hours of thorough searching and close checking of the control paperwork before the matter was finally resolved as an accounting error. Mr Uniform also noted that Geff *'... felt bad, and he knew he stuffed up paperwork wise, cause his paperwork was shocking...'*⁶⁷

184. FINDING: Geff did not steal a radio but appears to have been instrumental in precipitating an accounting error through incomplete paperwork.

Unit Support

185. Mr AlphaYankee said that Geff's behaviour on return from Afghanistan was *'more confrontational'*⁶⁸. He also recalled what he thought was the start of Geff's decline when *'an incident where the person he (Geff) was living with actually committed suicide and at that stage I realised he was in trouble. This was a guy he'd gone through basic training with in the Army. His name was BravoFoxtrot...I believe BravoFoxtrot and Geff were sharing a house in Perth when BravoFoxtrot topped himself.'*⁶⁹ Mr AlphaYankee said Geff told him that Mr BravoFoxtrot's girlfriend found him hanged and that: *'Geff turned up at Philips Place'⁷⁰ he was a bit shaken and explained that his friend BravoFoxtrot had committed suicide, or that was what it was being put down to, but Geff believed there was something more to it. He didn't believe it was suicide...But as a result of BravoFoxtrot's death I let him move in to Philips Place. It was only going to be a temporary arrangement but...he never got other*

*accommodation...So I was just trying to keep an eye on him during what I considered...a time of need when he needed to be ...watched a little bit more closely...help him through that.'*⁷¹ *'It stayed with him for a long time...in his immediate conscious thoughts...I'm pretty sure that that weighed heavily on his psyche and he didn't understand it and in his mind he thought there was something suspicious about the death.'*⁷²

186. Although Mr AlphaYankee was unsure of whether Mr BravoFoxtrot's suicide had occurred prior to Geff's deployment or afterwards, the Inquiry was able to ascertain that Mr BravoFoxtrot's suicide occurred on 8 January 2003. This was after Geff returned from deployment. Mr BravoFoxtrot was formerly an Army Reserve member who was discharged prior to his suicide.

187. When asked if Geff received any counselling assistance at that time, Mr AlphaYankee said he was not aware of any *'...he wouldn't be likely to either. I mean even after Afghanistan I'm not sure if he was the first one to make a move to counselling or whether it was recommended to him.'*⁷³

188. Noting that Ms BravoEcho knew Geff around this time, she was asked if she had any knowledge of Geff's housemate committing suicide. She recalled Geff speaking to her about this and thought that it had occurred before she met Geff. Her understanding of the situation was that Geff was living with BravoFoxtrot at the time, BravoFoxtrot had hanged himself and Geff had to *'cut him down'*. BravoEcho said Geff told her that BravoFoxtrot was the *'best friend he ever had'*. She believed that this had an effect on Geff, which *'didn't help'* his situation at the time. When asked if Geff had sought or received any counselling following the suicide of his friend, BravoEcho said he *'didn't receive any counselling and probably didn't ask for any either.'* A record of the conversation with Ms BravoEcho is at [REDACTED].

189. When asked whether Geff had ever spoken to him about his friend's suicide, Dr AlphaJuliet advised that he knew nothing of this matter.

190. Mr Uniform told the Inquiry that he continued his friendship with Geff after their return from Afghanistan. Early in the New Year, 2003, he began to notice personality changes particularly when Geff spoke about the contact whilst on RBK3, *'...He would say three or four different statements about the contact. And each one would contradict each other...and that's when I started thinking that his reasoning was going downhill a little bit...It wasn't so much the story, it was the fact that he would contradict himself three or four times in the same 30 second block of speech and not even blink about it.'*⁷⁴

191. A change in Geff's attitude to authority and his peers was also observed by Mr Uniform: *'...I can't put my finger on why he went down hill. Certainly his attitude changed 180 and that it was clear he was no longer interested in toeing the line -*

[REDACTED]

[REDACTED]

*meaning 152 discipline...I think he was really tossing up the dilemma of should I put my hand up and get help and forever be shunned or should I just grin and bear it.*⁷⁵

192. Also early in 2003, Mr Uniform started to drive Geff to work and did so for some weeks. When asked why this was the case, Mr Uniform said *'...because he couldn't drive...'*⁷⁶ *'He was getting very, very, very depressed. Very depressed. I was getting worried...'*⁷⁷ *'...it was an unspoken agreement that I'd go and pick him up.'*⁷⁸

193. Mr Uniform also said that Geff's then girlfriend, Ms BravoEcho *'... was trying to give me small hints. I remember once she gave me a small hint about Geoff waking up screaming, "Am I a good man?" And that kind of broke the rules a little bit, if you know what I mean.'*⁷⁹

194. When interviewed by the Inquiry, Ms BravoEcho recalled ... *'Yes, I noticed - yes, I noticed things pretty early on. I don't remember what they were, but just things like just not going out at night, and being uncomfortable in crowds, and having known what he went through overseas, I thought of just the effects of that and stuff, but - when he completely let himself go was when he had an incident at work, and that's when they sent him to the psych, and that's when he started going on psych leave.'*⁸⁰

195. Mr Uniform recounted an incident when Geff became distressed as they drove together to work, breaking down in tears just outside the front gates of Campbell Barracks. He said that they were then both late for work, and in explaining the reason for their being late, he told MAJ Delta that *'G had a bad time outside the front gate'* to which MAJ Delta replied that further instances of lateness would result in them being charged... *'I think it was his idea of tough love. Trying not to have me fall down the same weak path of trying to get the psych pension as opposed to the boss just being a bad horrible person.'*⁸¹

196. Whether this response by MAJ Delta might be construed as abrogating his duty of care towards a soldier reportedly in trouble was put to him by email. MAJ Delta was unable to properly recall the details of this discussion with SIG Uniform and said it was not his way to use threats of disciplinary action as a means of managing his soldiers. Importantly, MAJ Delta advised that this brief exchange was not sufficient to alert him to Geff's condition, nor did any of Geff's friends notify anyone in the chain of command of the situation (██████████).

197. Geff's condition worsened in early 2003 and although it was noticeable to those close to him, it was not obvious to the leadership of his unit. He did not seek help and later told Professor BravoCharlie that *'he was reluctant to admit to himself that he had any symptoms or to tell others about them because he was wanting to do*

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the selection course for the SAS. It was only when he couldn't do this because of having to have some surgery to the calf muscle fascia that he felt his emotional symptoms were getting the better of him and that he had to ask for help. (██████████)

198. Mr Uniform recalled Geff telling him that, at a psych test which was 'for group research...one to three weeks before he finally fell ill' Geff 'just went out and told the whole truth and I was so happy. And I kept waiting and waiting and waiting...I thought...hey it's all fixed now because Geff will say about his – and they'll come screaming down...But yes, nothing ever happened.'⁸² The Inquiry was unable to find any record of this Psychology testing on Geff's file and noted that the last recorded Psychology Assessment of Geff was conducted on 21 November 2002.

199. Mr AlphaFoxtrot advised the Inquiry that while he was at the Regiment he initiated a piece of research which was part of the Human Dimensions of Operations and consisted of administration of a Unit Climate Profile, which was essentially a survey conducted at the squadron level to measure "unit climate". This was conducted on an anonymous basis and the results were used to back brief sub unit and unit command. Mr AlphaFoxtrot confirmed that, because this testing was anonymous, it would not have picked up that an individual was having any problems 'unless he wrote something really alarming in the comments section as it had a blank section which I did encourage them to fill out.' (██████████).

200. The turning point came on 30 April 2003 when Geff suffered what Dr AlphaJuliet would later describe as 'an acute crisis' (██████████). Mr Uniform was near a locker room where Geff was changing after a PT session. He said Geff 'just snapped...going nuts...I heard a lot of banging and clashing'.⁸³ SGT Tango was called to the scene soon after. 'So I went in there and he's just curled up in the corner crying and stuff So I rang the RAP to get the doctor up and the doctor came up and he took him away'.⁸⁴ Mr Uniform recalled being relieved that Geff's problem was finally out in the open '...I didn't want to go anywhere near him because I wanted it to become official after that...'.⁸⁵

201. From that point on, Geff came under the care of Dr AlphaJuliet who arranged for him to see a psychiatrist, Dr BravoAlpha, that same day. As noted earlier, Dr AlphaJuliet also moved quickly to inform Geff's chain of command about Geff's situation once he realised that the problem would not resolve quickly after an initial period of sick leave. His email advice to CAPT Delta dated 7 May 2003 is at ██████████ and he held a case conference with those in Geff's chain of command the following day.

202. Earlier in this report, Geff's medical management, and the independent review of it conducted by the Consultant Psychiatrist ██████████ has been discussed. However it is relevant to recall here, that Geff was a challenging patient right from the start. He refused to take the medication Dr BravoAlpha prescribed, declined to see

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her again and wanted another psychiatrist, a request which was granted, and failed to appear at the RAP on the Monday morning after his breakdown in spite of Dr AlphaJuliet's efforts to contact him.

203. From the day of the acute crisis, Geff was on convalescence leave and effectively never worked as a soldier again.

204. Although Geff was under the care of Dr AlphaJuliet, he was still a member of 152 Sig Sqn and ultimate responsibility lay with the unit to administer him. A number of case management meetings were held involving Dr AlphaJuliet and the senior SASR leadership, and there was at least a tacit understanding that Dr AlphaJuliet would take on principal responsibility for Geff's management. Dr AlphaJuliet was keen to ensure the unit was aware of the seriousness of Geff's condition, and would not do anything to exacerbate that condition.⁸⁶

205. Although Geff was ill, the unit still had to discharge the normal duty of care responsibilities and help with non-medical aspects such as trying to get him to comply with his rehabilitation, and ensuring that contact was maintained. This was a difficult balancing act, and became more so as time went on. On one hand the unit had a responsibility to monitor the welfare of its member, but on the other, Dr AlphaJuliet made it clear that such contact could put extra pressure on Geff, who was suffering from a serious psychological condition.

206. The task of negotiating this narrow path fell largely to [REDACTED] WO2 Charlie. In an attempt to make keeping in touch easier, Geff was given a unit mobile phone. Its use became contentious and this is addressed later in the report. In addition the contact between the unit and Geff was to become a significant source of concern for both Geff and those close to him, and ultimately gave rise to allegations of harassment and other unacceptable behaviour. Those matters are also discussed later.

207. Mr Charlie is no longer in the Service but he agreed to speak to the Inquiry. He recalled making offers to have Geff picked up by a unit vehicle and taken to his medical appointments, but *'He never took advantage of that transport that ...was offered to him by myself as the [REDACTED] at that time...'*⁸⁷

208. In summary, within the work environment of 152 Sig Sqn in the months immediately following his return from Afghanistan – and before his mental breakdown in April 2003, Geff presented as a normal soldier, keen to continue his career within SF. Only those associated with him outside the work environment, began to notice aspects of character change that tended to increase over time.

209. There were some warning signs, such as Geff becoming tearful at the gates to the barracks, but in the main they were invisible to the leadership of the unit.

210. Before 30 April 2003, there appeared to have been no aspect of his demeanour

[REDACTED]

[REDACTED]

or work practices that might have raised serious doubts in the minds of the unit leadership about his ability to cope. Furthermore, none of his peers formally reported their observations of his increasing troubles to the command.

211. FINDINGS:

- a. Following his return from Afghanistan and prior to 30 April 2003, there were indications that Geff was experiencing problems outside the workplace but these were not reported to the Chain of Command,*
- b. Geff experienced a further traumatic event in January 2003 when his close friend, BravoFoxtrot committed suicide,*
- c. The Chain of Command was not aware of Geff's problems until the acute episode occurred on 30 April 2003 and they were advised that he had been granted sick leave by Dr AlphaJuliet,*
- d. Following the incident on 30 April 2003 and once the Chain of Command became aware of the problem, the squadron leadership took into account medical advice about the need to be considerate of Geff's psychological state,*
- e. Given Geff's medical condition, it was appropriate for those in his chain of command to allow Dr AlphaJuliet to assume primary responsibility for his care; and*
- f. The support provided by the unit was appropriate in the circumstances.*

Support to Geff's family during his hospitalisation

212. During Geff's hospitalisation in Hollywood Hospital, [REDACTED], WO2 Hotel became involved in his management. One of the concerns raised with IGADF by the AlphaQuebec family was the response to their request to travel to visit their son in hospital, from their home in Ballarat. This was arranged by WO2 Hotel through the Defence Community Organisation (DCO) under the 'Australians Dangerously Ill (AUSDIL) Scheme' (DI(G) PERS 11-1 'Defence Force sponsored visits to Service members suffering serious illness or injury – The Australians Dangerously Ill Scheme' refers) ([REDACTED]). The substance of the AlphaQuebec's complaint was that, initially, approval was given for travel for Mrs AlphaQuebec only, although this was later changed to include Mr AlphaQuebec, at Mrs AlphaQuebec's request. In addition, the AlphaQuebec family complained that the motel accommodation they were given was about the standard of a Salvation Army hostel, although they did concede that at least it was close to the hospital. The AlphaQuebecs say their son was distressed that they were treated in this way and they moved to a serviced apartment in Mounts Bay Road at their own expense.

213. DI(G) PERS 11-1, paragraph 7 () lists the 'Persons eligible to visit hospitalised members. In part, this states:

- '7. An eligible person or persons under the AUSDIL Scheme are (sic):*
- b. the member's mother and father'*

In respect of accommodation, paragraph 16 is relevant:

'Accommodation is to be provided at public expense for the approved visit duration. Care is to be taken that the accommodation provided is the most economic available within reasonable proximity to the hospital...'

214. Paragraph 22 addresses reception and accommodation as follows:

'The CO of the destination unit, in conjunction with the DCO where available, is to ensure that suitable arrangements for the reception, accommodation, subsistence and transport of the visiting person have been made.'

215. When asked about this, WO2 Hotel advised that DCO initially would only pay for one parent to travel to Perth but eventually agreed to cover the travel costs of both parents.⁸⁸ He also said that the SASR proposed that the accommodation opposite Hollywood Hospital be used by the family and the DCO Military Support Officer agreed that it was suitable.⁸⁹ However, the accommodation and other arrangements were later reviewed, and WO2 Hotel agreed the accommodation was *'probably substandard'*. Ultimately, Defence met the costs of the accommodation in Mounts Bay Road and Mr and Mrs AlphaQuebec were not 'out of pocket'. DCO records indicate that Mr and Mrs AlphaQuebec were paid meal allowances. A hire car was also provided for the family at their request. This was funded by the SASR and not the DCO.⁹⁰

216. Given the seriousness of Geff's illness, it would have been reasonable to offer both Mr and Mrs AlphaQuebec travel to Perth to visit him, rather than have Mrs AlphaQuebec request this. While it appears that Mr and Mrs AlphaQuebec did eventually receive appropriate entitlements during their visit to Perth, the fact that these arrangements were initially found wanting caused additional stress for Geff and his parents. While the staff who originally handled this matter are no longer in the DCO Office, existing staff have reviewed the files and confirmed that the AUSDIL requirements were not followed in this instance.

217. FINDINGS:

- a. The management of Mr and Mrs AlphaQuebec's travel, accommodation and transport arrangements to visit their son under the AUSDIL Scheme was not initially in accordance with Defence*

policy and Instructions. This was rectified upon the request of Geff's parents,

- b. Following representations, satisfactory accommodation and travel arrangements were made for Mr and Mrs AlphaQuebec; and*
- c. SASR funded a hire car for Mr and Mrs AlphaQuebec while they were visiting their son in Hollywood Hospital.*

Geff's Allowances During his Sick Leave

218. A peripheral matter that was raised by WO2 Hotel during the course of the Inquiry was that Geff had continued to receive the relevant part of Special Action Forces (SAF) Allowance⁹¹ when the entitlement no longer existed due to his medical condition. WO2 Hotel said the decision to allow the payments to continue was made by MAJ Quebec based on 'duty of care' considerations and the fact that the SASR wanted to do 'whatever it could to assist SIG Gregg.'⁹² As this matter is outside the Inquiry guidelines, and in the absence of any personal gain by MAJ Quebec who has since left the Army and resides overseas, the matter has not been pursued.

219. FINDINGS:

- a. Geff continued to receive the relevant part of Special Action Forces Allowance although he was not entitled to do so following the diagnosis of his medical condition; and*
- b. The decision to allow Geff to continue to receive this allowance was based on perceived duty of care considerations by his chain of command in an effort to avoid exacerbating Geff's medical condition.*

TOR 3.b. (2) Whether SIG Gregg was harassed or victimised as a result of his selection for deployment and participation in RBK3, or because he was diagnosed with PTSD or for any other reason.

220. The allegation that Geff was harassed and victimised, came primarily from his family, Ms BravoEcho, Mr Bravo, a former Signaller and friend of Geff and Mr AlphaYankee.

221. Mr AlphaYankee alleged that Geff had problems with those managing him from the time he arrived at 152 Sig Sqn⁹³, that post-Afghanistan this continued and that Geff was also a victim of 'petty jealousy' because of his operational experience.⁹⁴ He also alleged that Geff was 'pushed over the edge' because he was the subject of

discrimination and victimisation and that this caused him to commit suicide.⁹⁵ As noted earlier in this report, Mr AlphaYankee and Geff shared a house for a period following Geff's deployment. Both were being medically treated by Dr AlphaJuliet who visited the house on various occasions. Dr AlphaJuliet advised the Inquiry that this accommodation arrangement was not ideal since the pair were *'feeding off one another'* (). Mr AlphaYankee acknowledged as much during his interview and said he moved out of an apartment they later shared for this reason.⁹⁶

222. Against this background the Inquiry noted that Mr AlphaYankee's evidence, particularly in respect of Geff's service before his deployment, was at variance with that provided by other witnesses and that Mr AlphaYankee was unable to give any examples of alleged victimisation or discriminatory treatment towards Geff. In the absence of corroboration by other witnesses, or specific allegations that could be investigated, the Inquiry had no alternative but to conclude that there was no substance to Mr AlphaYankee's allegations.

223. The harassment claims made by other witnesses appear to have arisen from two types of events, namely visits to Geff's home by senior unit personnel, and allegations that someone from the unit had been stalking him at his home.

Home Visits

224. While it is clear there were a number of visits by unit members to Geff's home while he was on sick leave, and that he felt that at least some of them amounted to harassment, there is disagreement about the details. Mrs AlphaQuebec recounted that her son had spoken about WO2 Victor who he accused of ... *'Just harassing him, and told him he wasn't allowed to leave the house, coming around to his private residence, harassing him and stalking him....'*⁹⁷

225. Geff's home was visited variously by WO2 Victor, CAPT Alpha, and WO2 Charlie. It appears that only one of the visits was documented, and that was one by WO2 Victor () and CAPT Alpha on 7 November 2003. A Record of Conversation () indicated that the purpose of the visit was to talk with Geff about his use of the mobile phone which had been provided for his use in January 2003. A routine audit revealed he had run up bills of nearly three thousand dollars in the period January to August 2003, averaging about \$350 per month, much of it non-Defence related, and this had been brought to the attention of 152 Sig Sqn. WO2 Victor explained to Geff that he would have to pay for the private calls, and he noted that Geff was *'very understanding and cooperative in dealing with the matter and at no time indicated he would not pay the amount owing.'*

226. After that visit to his home, during a consultation with Dr AlphaJuliet on 18 November 2003, Geff raised the issue of his excessive telephone bills. Dr AlphaJuliet recorded that he *'spent most of the interview being vague and defensive.'* () Dr AlphaJuliet came to Geff's rescue by writing to CAPT

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Alpha and supporting the view that at least some of his calls to his Doctor, mother and girlfriend were necessary for psychological support and therefore should be considered official. Dr AlphaJuliet said that the rest of the phone calls were Geff's responsibility ([REDACTED]). The account was adjusted accordingly.

227. The visit that seems to have caused the greatest angst was one on 3 September 2003, that began while Geff was away from the house picking up Bravo from the airport. According to Ms BravoEcho⁹⁸ '*...these ...two middle aged guys banging on the door...it wasn't just a knock, it was a bang*'. She opened the door and the men, who were not in uniform, asked if Geff was home. '*They were really aggressive, and when I said he wasn't home..... they started saying ... "Well he's not meant to leave the house"*'.

228. She said one of the men identified himself as '*BravoGolf*' which was WO2 Victor's nickname. Ms BravoEcho said '*BravoGolf*' was really aggressive and '*...I was shaking, that's how scary they were to me then, so I closed the door and I went to ring Geff*'. Before she could complete the call, Geff and Mr Bravo had pulled into the driveway. According to Ms BravoEcho, Geff told the men he would talk to them provided they left the property, '*...because he saw how shaken up I was.*'

229. The conversation continued on the roadside. She said '*They weren't there to see how he was going, they were there to accuse him...I don't remember the whole thing, I just remember them coming over, they were yelling at him...they were accusing him of not being there, and also not being sick*'.

230. At interview, CAPT Victor recalled no such incident, although as noted previously, he did remember visiting Geff's home with [REDACTED], CAPT Alpha. '*I went out on one occasion with Alpha to meet him at his home because he wasn't answering our calls.*⁹⁹ CAPT Victor said people kept telling him they could not get hold of Geff.... '*he wasn't turning up for psychiatric appointments, so I kept trying to ring him.*¹⁰⁰

231. In spite of Ms BravoEcho's account of the confrontation on that day, evidence from CAPT Victor, Mr Bravo, and Mr Charlie indicated that she might have confused one of the other visits by WO2 Victor and CAPT Alpha, with one by [REDACTED], WO2 Charlie.

232. Both Mr Bravo's and Mr Charlie's accounts of that visit are broadly consistent, although there are differences in the interpretation of what went on, and there seems to be little doubt that this is the confrontation to which Ms BravoEcho referred, and which she mistakenly thought had involved WO2 Victor.

233. Mr Bravo said it was immediately apparent to him that there was a problem as soon as he and Geff arrived at the house. He said Ms BravoEcho "*...was frazzled.....this guy's at the door just wanting to know who lives there, who owns the*

[REDACTED]

[REDACTED]

place, who else lives there, how many army guys visit, you know, this and that....and I could see this was totally inappropriate".¹⁰¹

234. Mr Bravo confirmed that then-WO2 Charlie was alone at the time, although there was a female Sergeant or Warrant Officer in the car. There is no evidence that she was involved in the confrontation. It seems the interchange between Mr Bravo and WO2 Charlie, whose attitude Mr Bravo described as "total arrogance"¹⁰², became heated, and Mr Bravo said "I simply told him that if he didn't leave he'd be arrested...I'd get the police".¹⁰³ Mr Bravo was not only an ex-soldier, but also an ex-police officer, a fact known to WO2 Charlie at the time.

235. During the interview with Mr Charlie, this confrontation with Geff and Mr Bravo was explored in some detail. The basic fact of the visit was not disputed, but Mr Charlie denied that he had harassed Ms BravoEcho, and said he had simply asked when Geff was coming home ... 'We'd like to see him.... that sort of thing...but she wasn't hassled...it was nice and polite'.¹⁰⁴ Mr Charlie said the purpose of his visit was to try to get Geff to understand that he needed to return calls, and keep his medical appointments. It is worth noting that on 11 September 2003, just a few days after WO2 Charlie's visit, Dr AlphaJuliet wrote on Geff's outpatient record, 'Unable to contact Gregg for 3 days via phone ... I have asked [redacted] (Charlie) to contact Gregg and ordered (sic) him to see me ASAP' ([redacted]). On the same page, Dr AlphaJuliet also observed, interalia that Geff had '...become phobic toward the military and his prognosis for further service is very poor'.

236. Mr Charlie described Geff as 'very quiet'¹⁰⁵ at the time of his 3 September 2003 visit, and it was later that the accusation was made that he (Charlie) had harassed Ms BravoEcho. According to Mr Charlie, Mr Bravo, told him that 'This has got the ability to hurt the Regiment' and he responded by saying 'Hang on, you don't know how much we're trying to do for the guy'.¹⁰⁶

237. WO2 Charlie had not met Geff before that day, and there is some evidence to suggest that he might have been taken aback by Geff's apparent high spirits. [redacted] he had come into contact with a number of soldiers who had problems such as injuries or illnesses. 'They were quite often down in the dumps because they ...missed what they were doing and also because they were too (sic) discharged on medical grounds....when SIG Gregg got out of the car he was someone who's bright-eyed and bushy tailed'.¹⁰⁷ This might have had a jarring effect on WO2 Charlie who made two other references during the interview to his perception of Geff that day... 'a young person in shorts, nice shorts, nice shirt, blondish coloured hair...like any modern young man, bubbly, everything'.¹⁰⁸ And 'you wouldn't know there's anything wrong

[redacted]

[redacted]

with SIG Gregg. He was definitely, I'm not saying high, he was definitely like any other yahoo, get down, trendy shorts'.¹⁰⁹

238. WO2 Charlie's irritation with Geff's refusal to return calls from the unit and his non-compliance with his medical program was obvious ... *'It's frustrating at times, yes, when you are trying to do so much for people, either through the courses you can get them on or, you know, to, to attend, as is in this case, his appointments'*¹¹⁰ ...coupled with a possible expectation that he would find Geff dispirited, and obviously ill, might have manifested in the sort of aggressive attitude described by both Ms BravoEcho and Mr Bravo.

239. **FINDINGS:**

- a. *While on sick leave Geff was difficult to reach and avoided contact with his unit,*
- b. *Visits were made to Geff's home by CAPT Alpha, WO2 Charlie and WO2 Victor,*
- c. *Although there were legitimate purposes for these visits, there was scope for at least one of them to be misinterpreted by Ms BravoEcho; and*
- d. *There is insufficient evidence to substantiate the allegations that members of Geff's unit visited his house with any intent to harass or victimise him.*

Stalking/Drive By

240. The Inquiry could find little evidence to substantiate claims by both Ms BravoEcho, and Mr Bravo, that Geff had been stalked by unit members, or that they had subjected his home to some form of surveillance. Ms BravoEcho said Geff and Bravo were good friends, and Bravo had told her that *'BravoGolf and this other guy were sitting in a car round the corner.....Geff felt like he was being watched'*.¹¹¹ Mr Bravo described one occasion *'...I was at the residence one day when there was a very obvious drive-by by a military vehicle... I don't know who was in it'*.¹¹² It is a fact that there were a number of visits to Geff's home by various members of the unit who were trying to keep in contact with him. Mr Charlie remembers one such occasion when he had knocked on the door and had no response. As he drove out *'there was a car coming this way and I recognised someone in the car'*.¹¹³ This event, or a similar one might account for the perception of a 'drive-by'.

[REDACTED]

[REDACTED]

241. In any event, there is little doubt that Geff, who had been diagnosed as suffering from a psychological condition that included paranoia, genuinely believed he was being watched and conveyed that belief to his family and friends.

242. **FINDING:** *There is insufficient evidence to substantiate the allegations that members of Geff's unit drove by his house with any intent to harass or intimidate him.*

Alleged Professional Jealousy

243. The AlphaQuebec family raised the issue of professional jealousy during their interview, suggesting that others might have been envious because of Geff's operational experience. Ms AlphaQuebec said '*..And Geff told me too that all the grunts over in Afghanistan all loved him; like, they all respected him and – so I know that there was jealousy because of that as well; spite and jealousy towards him*'.¹¹⁴ How this alleged jealousy manifested was not explained.

244. The view was also strongly advocated by Mr AlphaYankee '*...what happened to Geff is the same thing that happened to me following my deployment to Afghanistan. There was discrimination linked to petty jealousy about the action that we got into*'.¹¹⁵ Mr AlphaYankee was unable to give examples of the alleged discrimination.

245. Mr Uniform also advised the Inquiry that AlphaYankee's involvement in '*large contact with 1 Squadron ...caused no end of jealousy and problems when he got back*', although he did not provide the details of this. He said that Geff was '*tarrerred with the same brush*'.¹¹⁶ When asked if there was any jealousy or envy towards Geff, Mr Uniform replied '*I'll say yes. Obviously no one can prove it but I'll say yes in a heartbeat*'.¹¹⁷ When pressed for evidence of this, Mr Uniform said '*I don't think social interaction is categorical enough for me to say this...I felt it and I believe it*'.¹¹⁸

246. This issue was put to CAPT Victor, who said it was the first he had heard of it. '*...Amongst the guys, the diggers themselves, there may have been, but it certainly didn't come from my level. I mean crikey most of us had been to Afghanistan by that stage anyway.... or done tours of Timor*'¹¹⁹ and: '*...if there was a degree if jealousy, it would have to have been at the peer level because it certainly wouldn't have been at the headquarters level because to us it was just – it's another operation, and it's another patrol*'¹²⁰ and: '*...Everyone was getting away on different operations...I would say that if anything that would come from a peer level only*'.¹²¹

247. SGT Tango was of a similar view that jealousy was not an issue.... 'He's not the first and he won't be the last. More junior guys have been sent overseas on operations.'¹²² He believed Geff was one of many with operational experience, and not an outstanding case in that regard. '...he wasn't on his own with what he did. I mean, I had other non-beret qualified guys do exactly the same as what he did, so, he wasn't a one off'¹²³.

248. The Inquiry also spoke to one of Geff's former peers at 152 Sig Sqn, CPL Foxtrot. As stated earlier, CPL Foxtrot undertook IET with Geff, was posted with him to 152 Sig Sqn and deployed to Afghanistan immediately after Geff. When asked if he observed any jealousy towards Geff because of his operational experience, CPL Foxtrot said '...there was always jealousy, as it was a competitive environment, but it was professional. At times people did not get along, but this is hardly surprising as the place was full of strong individuals and outspoken characters. There was always banter between those beret qualified and those who were not, "black hats" – 152 Sqn had a mixture of both' ()¹²⁴. When asked what he knew of RBK3 CPL Foxtrot advised that he knew very little until he attended Geff's funeral and the matter was discussed there.¹²⁵ He cited security as a possible reason for him being unaware of the details of the patrol. It is possible that Geff's other peers at 152 Sig Sqn might have been similarly unaware of RBK3.

249. **FINDING:** *While it is plausible that some individuals might have been envious of Geff's operational experience, the Inquiry found no evidence that this translated into, or was a catalyst for any specific adverse behaviour directed at Geff.*

TOR 4. SIG GREGG'S DISCHARGE AND TRANSITION OUT OF THE ARMY

250. Geff discharged from the Army on 27 May 2004. TOR 4 required information on the following

- a. The manner in which his transition from the Regular Army was managed;
- b. Whether any assessment was made as to his capacity to comprehend the circumstances of his discharge ;
- c. Whether proper and sufficient documentation was provided to DVA ;
- d. The assistance provided to Geff regarding the completion of documentation during the discharge process; and

- e. The adequacy of current ADF transition management procedures for personnel discharged on medical grounds.

251. Each of the foregoing TOR are addressed in turn with the exception of TOR 4.a. and 4.d. These two are addressed together as the management of the transition process and the assistance provided to Geff are interrelated, and do not readily lend themselves to separation.

TOR 4.a. The manner in which SIG Gregg's transition from the Regular Army was managed and whether this was in accordance with extant policies and practices; and

TOR 4.d. The assistance provided to SIG Gregg regarding the completion of documentation during the discharge process and whether or not this was in accordance with extant policies and practices.

252. The administrative processes for Geff's discharge commenced once the MECRB decided that he should be discharged on medical grounds. As noted earlier, this decision was conveyed by letter from SCMA to CO SASR on 27 February 2004. Once this decision was made, actions of a routine administrative nature began that involved the active participation of SASR and the ADF Transition Centre (ADFTC) at Leeuwin Barracks.

253. The SCMA letter, which was received at SASR when Geff was in Hollywood Hospital, advised that Geff should contact the ADFTC, where he would be assisted with counselling and referral on such matters as financial planning, superannuation, transition adjustment, the finalisation of post discharge documentation, entitlements and benefits and military discharge administration.

254. CO SASR directed [REDACTED], WO2 Hotel to visit the hospital and inform Geff of the MECRB decision. When he did so WO2 Hotel found Geff sombre, unreceptive and uninterested in anything he had to say about the MECRB determination. WO2 Hotel explained that Geff could discharge earlier than 26 May 2004 if he so desired, although he strongly advised him to stay until the date nominated by SCMA, to allow all discharge administration to be completed, including the submission of compensation claims through the DVA and the Military Compensation and Rehabilitation Scheme (MCRS). Geff acknowledged this advice but did not appear receptive. Having been asked to leave by Geff as he was feeling unwell, WO2 Hotel did so, while promising to return and go through the matter with Geff again. WO2 Hotel's email advice concerning the above is at [REDACTED].

255. Following Geff's discharge from the hospital WO2 Hotel visited him at home, and again explained the MECRB decision. Initially, Geff would not sign the MECRB acknowledgement but as noted earlier, he did so after further explanation, accepting the proposed discharge date, 26 May 2004.

[REDACTED]

256. In accordance with normal procedures, on 16 March 2004, SCMA advised SASR and ADFTC Leeuwin that the discharge administration for Geff was to commence () and Geff was asked to contact ADFTC Leeuwin. On 18 May 2004, SCMA issued a follow up message, giving the reason for discharge and confirming the discharge date as 26 May 2004 ().

257. At this point Geff's transition from the Army became the responsibility of the Transition Coordinator at Leeuwin Barracks, Mr BravoIndia. Mr BravoIndia provides administrative assistance to regular Army personnel who are discharging from the Western Region, and has done so since 1999.

258. Under normal circumstances, the Transition Coordinator is formally involved with the discharge process once SCMA advises that discharge administration is to start, and is the last point of contact at discharge. His role is to provide information to discharging soldiers on their obligations, benefits and entitlements including final pay, dental and medical requirements. While there is no single overarching Defence policy document that addresses all the disparate processes, the overall intent is to ensure that members who are being discharged are appropriately managed and directed to the various agencies that will continue assistance after their discharge.

259. Mr BravoIndia observed that discharges on medical grounds are in some cases more complex and need careful management.¹²⁶ To facilitate better handling of such cases, once he became aware of a pending medical discharge, Mr BravoIndia would contact the member's unit and obtain relevant background information. This would identify any particular physical or mental conditions that might determine the level of assistance needed. It should be noted that privacy considerations are such that Mr BravoIndia is not privy to the detailed circumstances that lead to each discharge.

260. In Mr BravoIndia's experience, there were occasions when he was advised that he should not approach certain members who were being medically discharged because this might aggravate their condition. In these cases, he worked through the member's unit or an Advocate¹²⁷ who liaised with the member.¹²⁸ Nevertheless, he ensured that an information pack, which included an ADF Transition Handbook, DVA information, other benefit details and a list of Advocates was posted to each member. He also met regularly with a DVA representative to discuss likely medical discharges. Of interest, he said that DVA was normally aware of medical cases before he was, and that even in 2004, DVA was very proactive.¹²⁹

261. Once SCMA has notified the ADFTC that discharge administration is to commence, the Transition Coordinator contacts the member in writing with a standard letter, providing a brief summary of entitlements and member obligations in the form of a transition checklist. Where appropriate, this letter is simplified as much as possible to avoid overwhelming the recipient.¹³⁰ Typically, the letter includes

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information relating to medical, dental, pay, leave, superannuation, unit clearances, compensation, resettlement counselling, security and removals. A sample letter is at [REDACTED].

262. Once SCMA releases the discharge order the Transition Coordinator usually meets the discharging member in order to ensure that all administrative obligations have been completed.¹³¹ This process includes the issue of a discharge certificate, information on career transition entitlements, superannuation, civil accreditation, compensation claims, housing, Medicare card, final pay and any other related matters. This finalises the transition process from the perspective of the ADFTC.

263. Mr BravoIndia had a good recollection of Geff's discharge and was aware that SASR was having difficulties getting Geff to comply. It was agreed that all discharge related documentation would be passed to WO2 Hotel for hand delivery to Geff at home.¹³² Mr BravoIndia did not meet Geff, having been advised by the SASR that he was not to approach him because he was ill and would not come to a military establishment.¹³³

264. On one occasion, in order to assist Geff, WO2 Hotel offered to drive him from his home to the ADFTC. Despite an earlier indication from Geff that he would do this, on the day that WO2 Hotel arrived at his house to pick him up, Geff was still in bed. He got up, but then said he did not feel like going, and WO2 Hotel left. The appointment was not rescheduled and Geff did not attend ADFTC during his discharge process.

265. From Mr BravoIndia's perspective, Geff was non-compliant with his transition administration in the following areas:

- a. he did not complete the requisite unit clearances,
- b. he did not complete the '*Declaration of Secrecy on Cessation of Duties*' pro forma,
- c. he did not reply to correspondence relating to his discharge,
- d. he did not attend any of the discharge interviews that he was asked to attend; and
- e. he did not sign his Discharge Certificate, which was forwarded to his home address with a letter asking that he sign and return it.

266. Once Geff's final Medical Board had been conducted and the discharge order had been signed by the Delegate, Mr BravoIndia was satisfied that all SCMA requirements had been met. He therefore discharged Geff *in absentia* and finalised his

[REDACTED]

[REDACTED]

pay.¹³⁴ Mr BravoIndia said he had encountered similar problems with members in the past but normally an Advocate would bring them to the ADFTC at the last minute. This was not the case for Geff.¹³⁵ Overall, Mr BravoIndia believed that the SASR staff had gone out of their way for Geff and expended considerable resources trying to help him and that everything that reasonably could have been done, had been done.¹³⁶

267. In summary, Geff's medical condition was such that he did not wish to have any involvement with military establishments or military staff. This meant that those involved found it difficult to engage him in the discharge and transition processes. Nevertheless various staff members made extensive efforts to provide assistance and the discharge processes were eventually completed in accordance with extant guidance and largely without Geff's cooperation.

268. A peripheral issue noted by the Inquiry was that some of the local Transition Coordinator's records relating to Geff's discharge procedures were not retained, although Mr BravoIndia had a good recollection of the case. Noting that it would have been difficult for the Inquiry to ascertain facts of this matter had he no longer been in his position, the Inquiry believes that clear direction on the longer term management and storage of transition documentation, in accordance with the requirements of the *Defence Records Management Policy Manual - POL MAN 3, Chapter 3, Records Management and Responsibilities*, is necessary given the inevitability of personnel changes over time.

269. FINDINGS:

- a. *Geff's transition from the Army and his discharge in absentia were managed in accordance with the relevant policies and practices at the time,*
- b. *The actions taken by personnel involved in facilitating Geff's transition from the Service, including attempts to assist him to complete relevant documentation were reasonable in the circumstances; and*
- c. *Local practice was such that a full documentary record of Geff's transition was not retained at ADFTC.*

270. RECOMMENDATION. *The management of Discharge Records at the ADFTC should be reviewed to ensure compliance with extant policy.*

TOR 4.b. - Whether any assessment was made as to SIG Gregg's capacity to comprehend the circumstances of his discharge.

271. WO2 Hotel was asked whether he considered Geff capable of fully comprehending the circumstances of his discharge. He said that when he visited Geff

at home to have him sign the MECRB acknowledgement, he appeared coherent and capable of making decisions. WO2 Hotel thought this was evidenced by Geff's decision not to appeal the MECRB determination and accept discharge (). Later, when visiting Geff in hospital, WO2 Hotel noted *'He was – when Geff wanted to be, he was very acutely involved in the conversations when he was interested in them.'*¹³⁷

272. WO2 Hotel's observations that Geff appeared capable of understanding the situation, are similar to those of Dr AlphaJuliet who told the Inquiry that he went to great lengths to explain to Geff the circumstances of his discharge, and that he had 'no worries' in this regard. Dr AlphaJuliet also met with the AlphaQuebec family and Ms BravoEcho to explain the discharge process and to discuss the reasons why Geff could not stay in the Army. Dr AlphaJuliet's email advice to this effect is at (). The Inquiry also noted a letter on Geff's medical file in which Dr AlphaJuliet advised Ms BravoOscar of the Medical & Dental Services WA that he *'spent a great deal of time with him [SIG Gregg] explaining the MEC Process. I emphasised the importance of his member's health statement and he acknowledged this. Hopefully he will send these forms to you soon.'* ()

273. FINDING: Geff was assessed as having the necessary capacity to comprehend the circumstances of his discharge and the attendant administrative requirements.

TOR 4.c. Whether proper and sufficient documentation was provided to DVA

274. As noted earlier, Geff was advised by SCMA to contact the DVA Transition Management Service (TMS), and was given a DVA telephone contact number () to facilitate this. While SCMA was finalising Geff's MECRB determination, and before formal discharge notification was provided, WO2 Hotel attempted to assist Geff with DVA-related matters, although this was not a Defence responsibility and the onus is generally on the member to ensure that DVA requirements are met. The manner in which DVA assists in this regard is outlined below.

275. When the DVA TMS is advised by Defence of an impending discharge, the following action is taken:

- a. The member is contacted to confirm that they have been notified of their discharge and ascertain whether they would like to meet with someone from TMS.
- b. If the member agrees to meet with a TMS adviser, they are advised what they need to do to prepare for their discharge, such as submitting claims with DVA, applying for a Medicare card, looking at their Defence Superannuation issues by having a medical doctor send the details to COMSUPER, etc. The time taken for each of these processes is also discussed as this allows the member to choose an appropriate

discharge date so that all processes are complete when the discharge takes place.

276. Once this is done, the TMS staff will do all they can to ensure documents are completed and submitted by keeping regular contact with the discharging member. However, DVA staff advise that they are unable to force anyone to do anything in relation to completing DVA or any other documentation and ultimately the onus is on the member discharging to complete the documentation.

277. While WO2 Hotel strongly advised Geff to speak with DVA in order to commence compensation claims for his illness, Geff reportedly showed no interest in doing so (). WO2 Hotel spoke to Mr BravoJuliet, and asked him to go to the Hollywood Hospital and talk to Geff. Mr BravoJuliet did so on 27 February 2004 and, in the presence of Ms BravoEcho, provided a step by step explanation of the DVA forms. Mr BravoJuliet also had an understanding of COMSUPER and while it was not his job, he talked Geff through that documentation.¹³⁸

278. WO2 Hotel observed that during meetings with him, Geff would look away, and would not pay attention to what was being said. He also cut an interview short by saying 'leave it with me, I'll have a look at it later and I'll get back to you'.¹³⁹ Notwithstanding Geff's lack of attention in matters such as his discharge, WO2 Hotel believed that Geff was capable of being acutely involved in conversations that interested him.¹⁴⁰ In all, WO2 Hotel said that 'a couple of meetings' were conducted with Mr BravoJuliet and he believed that Mr BravoJuliet may have continued contact with Geff on an ad hoc basis.¹⁴¹ Overall, DVA records indicate that Mr BravoJuliet tried to contact Geff five times without success. All these attempts were by telephone; two were through WO2 Hotel, two were direct to Geff and one was through Mr BravoIndia ().

279. Mr BravoJuliet recalled:

'From my recollection of the specific visit, and in line with my general routine when first meeting with potential medical discharges during my period as TMC Co-ordinator, I would have presented, explained and left for completion the following forms:

- *Claim for Compensation under the Safety, Rehabilitation and Compensation Act 1988 (SRCA)*
- *Claim for Disability Pension and/or claim for Increase in DP (VEA)*
- *Members Claim for Superannuation DM40.*

In addition with respect to my visit to Mr Gregg in hospital I completed and he signed, a Discharge Impact Statement – Copy forwarded to SCMA, contemporaneously.

Normally I would have spent a considerable amount of time, either at the preliminary or second meeting, discussing and completing a Transition Action Plan pro-forma. At my only meeting with Mr Gregg, I did not consider it appropriate to spend the required time discussing such transition issues as I believed he was unable to take in the required level of detail.'

Although Mr BravoJuliet asked Geff to meet with him again, this did not eventuate ().

280. Eventually WO2 Hotel reached the point where he believed that he had done all he could for Geff, but he made one final approach to Ms BravoEcho with the aim of having her impress on Geff the importance of his completion of the DVA forms. To his knowledge Geff did not complete the DVA documentation.¹⁴² It appears that Mr BravoJuliet also reached a point where he too, believed he could do no more.¹⁴³

281. DVA advised the Inquiry that Geff '*completed the claim for Compensation under SRCA (3 separate forms were received by DVA on 22 June 2004) and the Claim for Disability Pension and/or claims for Increase in DP (VEA) was received by DVA on 22 June 2004.*' ()

282. For their part, COMSUPER advised: '*Our records show that a ComSuper case officer forwarded a copy of the M40 to Mr Gregg for completion on 6 October 2004. The completed M40 was received on 30 November 2004.*' ()

283. FINDINGS:

- a. The onus was on Geff to complete DVA and COMSUPER documentation. This was not a Defence responsibility,**
- b. Geff was offered assistance by SASR staff, the ADF Transition Centre and DVA staff and was encouraged to complete his discharge and transition documentation,**
- c. Geff was unwilling or unable to cope with completing the discharge and transition documentation required by Army; and**
- d. At the time of his discharge Geff had not completed the necessary DVA and COMSUPER forms.**

DVA Access to SIG Gregg's Medical File

284. During discussions with DVA, the Inquiry was asked to ascertain whether, following Geff's discharge, his complete Medical File was made available to DVA. On 11 September 2007, The Regional Records Manager Army Health Records (AHR) advised '*AHR have evidence that DVA requested and obtained information relating to SIG Gregg's claims for compensation in July 2003, and then again June September and December 2004. AHR (through a medical practitioner) provided interpretation of sick leave and other information. DVA was in possession of the full CMR¹⁴⁴ between August 2003 and July 2004, and then again from January 2005 until April 2007.*' (██████████). AHR documentation, confirming the movement of Geff's CMR to DVA and the DVA request/transit note showing receipt of the file at DVA is attached at ██████████.

TOR 4.e. The adequacy of current ADF transition management procedures for personnel discharged on medical grounds.

285. The Inquiry was also directed to examine the adequacy of current ADF transition management procedures for personnel discharged on medical grounds. Noting that all inquiry activities were focused on the case of Geff and his unique circumstances, the Inquiry is conscious that not all findings under this Direction would necessarily apply to all ADF medical-related discharges. However Geff's case shows there is potential for significant problems at the working level for medical-related discharges, particularly for those whose illness diminishes their ability to comply with administrative requirements. Several witnesses opined that the process is too complicated and laborious. Examples of these are outlined in the following paragraphs.

286. Mr Echo is a former Signaller who was discharged on medical grounds prior to Geff being discharged. He was a friend of Geff and spoke of being called on by the family to provide support for Geff at times during his illness. He also helped him with the DVA process because '*He was so overwhelmed with what you have to go through, both medically and then...the compensation side of things...he wanted to know what it was all about and where he was going to end up and what was going to happen to him...it is an overwhelming process...You have to report to three different agencies plus the ADF and you have to do most of it on your own without any sort of assistance.*'¹⁴⁵ Having been through the same processes, Mr Echo said that being unwell and losing your career in the Army '*was a pretty tough gig*' and the processes that you then had to go through to get financial benefits '*make it extremely worse.*'¹⁴⁶ He added that during the processing of his discharge he was '*humiliated and embarrassed by the whole thing...They don't just send you to one specialist...I ended up seeing four*'¹⁴⁷ and when he was finally discharged he had no financial support at all. Mr Echo was unsure of whether Geff's DVA claims were finalised.

287. Dr AlphaJuliet provided a Brief () for the Inquiry listing general comments on his experience in medical practice and Army Reserve MO for the last 10 years. Some of Dr AlphaJuliet's observations are listed below:

- a. DVA and MCRS processes are exceptionally complicated and not user friendly and hence very difficult to deal with,
- b. The required paperwork appears to be repetitious,
- c. The Acts of Parliament that govern DVA/MCRS are complicated and difficult to understand
- d. It is difficult for people who are injured or psychiatrically disturbed to find their way around the maze of paperwork that is required.
- e. Advocates who help Veterans can vary in their competence, skill levels, attitude and consistency,
- f. DVA Case Managers also vary in their interpersonal skills, level of diligence and attention to detail.
- g. It becomes a 'nightmare' for a Veteran if he has an incompetent Advocate and an indifferent Case Manager.
- h. Lack of communication at all levels is a significant problem.

288. Another MO who has been at Campbell Barracks for over 25 years, Dr BravoKilo, echoed Dr AlphaJuliet's comments. The Inquiry also supports the observations made by Dr AlphaJuliet and it notes that the use of voluntary Advocates to assist members being discharged is an unprofessional way of administering a very important issue.

289. Mr BravoLima spoke in similar terms about the complexity of the multi faceted DVA/COMSUPER requirements and the challenges that these present for men and women being discharged. He advised the Inquiry that he *'tried to help Geff when he came to me in 2005 and having reviewed his case to enable me to help him through the mine field of dealing with multiple agencies I was appalled at the little knowledge he had regards (sic) his entitlements for Disability Pension support and his entitlement to Rehabilitation as limited as it may have been.'* Mr BravoLima's statement is at .

290. During the course of the Inquiry, IGADF became aware that the adequacy of existing ADF transition arrangements is presently being addressed through the Ministerial-directed ADF Integrated People Support Strategy. Announced by Minister Billson on 27 August 2007 (), this is a joint Defence and DVA initiative, aimed at improving and streamlining support for ADF members and their families through and beyond their Service life. The Personnel Services Division (PSD) within

the Defence Support Group is in the process of scoping and developing a draft dedicated case manager system for all members transitioning from the ADF. ([REDACTED])

291. Although PSD is still working through the details with each of the key areas of responsibility including DVA, the management of non-compliant medical-related discharges is a particular area of interest, and the Inquiry understands it will be workshopped in detail. PSD will consult Veterans, along with the Veterans Family Counselling Service, the Defence Community Organisation, Defence Health Services and the ADF Rehabilitation Program in order to develop and implement improved procedures in the coming months. Although PSD has not provided a timeframe for the intended workshop, the Inquiry notes that the ADF Integrated People Support Strategy was scheduled to be piloted at two Defence sites in October 2007.

292. Based on the advice provided by PSD, it appears that the planned case management system will improve the management processes for cases similar to that of Geff. Noting the work already being done in this area, the Inquiry will not provide further comment on the adequacy of current ADF transition management procedures.

293. FINDINGS:

- a. *The Inquiry found anecdotal evidence that existing ADF transition arrangements are regarded as complicated, tedious, repetitious and unnecessarily difficult; and*
- b. *These perceived difficulties are being addressed through a joint Defence/DVA initiative aimed at improving and streamlining support for ADF members and their families.*

Other Systemic Issues

294. During the conduct of this Inquiry a number of issues were noted that had longer term implications beyond the scope of the formal TORs. These issues are identified with the view to alerting authorities so that appropriate action may be considered.

295. **Inclusion of non-SAS qualified members on SAS patrols.** This matter is addressed in the report. The CO SASR Directive which remains in force, would appear to recognise the need for a degree of flexibility in this matter as determined by operational requirements, and placing the authority to approve any such instances at CO SASR level seems reasonable. Whether similar conditions apply to Commando units considering the inclusion of non- SF trained individuals in training and operations is not known, but should be developed if not already in place. Consideration should be given to publishing any such policies as a DI(A) or similar universal document, rather than as individual unit CO Directives.

296. RECOMMENDATION: *The Inquiry recommends that SASR or SF Directives dealing with the inclusion of non SF qualified members on SF patrols be*

issued as Defence Instructions (Army), or higher echelon Directives, rather than at individual unit level.

297. **Infantry Skills for SF Support Staff.** Two former 'non-beret qualified' members of SF support units remarked that they believed their basic infantry skill levels were not of a standard suited to the environment in Afghanistan when on SF operations. This concern was echoed by a member of their chain of command. The Inquiry did not pursue this matter, because it was outside the TOR and the expertise of the Assistants IGADF. However, CA may wish to consider these comments, drawing on the continuing experiences in Afghanistan and Iraq.

298. RECOMMENDATION: *The Inquiry recommends that the infantry skill levels required for 'non beret' qualified SF support unit members be reviewed.*

299. **The Medical Officer/Psychologist professional Interface.** The Inquiry observed the successful professional interface between the unit Medical Officer and Psychologist at Campbell Barracks during Geff's treatment. However, it noted that the Medical Officer did not have the benefit of access to Geff's Psychological assessments and more generally, it became aware of significant undertones of disquiet about the apparent separation of these two important health providers - particularly in the area of information sharing. A consistent theme presented to the Inquiry was the apparent inability of Medical Officers to have open and ready access to Psychology Assessments that would assist and better inform them in the development of the most appropriate treatment protocols for a patient.

300. In the lay opinion of the Inquiry, an 'all of one company' approach by the various ADF health professionals would seem an important aspect in the efficient management of the health (including the mental health) and well being of ADF members. CA may care to refer this observation to the Head Defence Health Services for further consideration.

301. RECOMMENDATION: *The Inquiry recommends that an 'all of one company' approach be taken by ADF health professionals in the interests of providing efficient and effective health management for ADF members.*

303. **PTSD Awareness.** The Inquiry noted the efforts in place to identify individuals with potential to be affected by PTSD and other mental illnesses after operational service and that these have improved in recent years. It was also evident that serving members had a fair, if basic understanding of PTSD. However, it was noted that for Geff, the first indications that he was having difficulties after his return from Afghanistan were noted by his family, friends and peers, and were manifest in the environment away from the workplace. These observations were not formally reported to any person in the chain of command.

304. It is not surprising that relatives, friends and peers would hesitate before intervening in delicate matters relating to mental health. However, it is possible that an education program provided to members, their families and friends might assist in building confidence in these individuals that they can, and should, alert authorities

when they observe a member displaying behaviour that might be indicative of developing PTSD or another mental health problem.

305. Raising the awareness levels of PTSD is likely to also assist in reducing instances where individuals suffering obvious symptoms of this affliction are met with disbelief, ridicule and sometimes isolation from their peers. On the one hand, some members spoke of others abusing the system in an attempt to be discharged on medical grounds to obtain lucrative benefits. On the other hand, a former member told the Inquiry that it is *'a tough gig to lose your lifelong career...you fight the system...you get a measly amount of compensation...and after they write these medical reports about you...you never get another government job or a service job for the rest of your life...it is disheartening.'*¹⁴⁸

306. The Inquiry detected overtones of such responses being not uncommon, particularly at the junior rank level. Such negative reactions are considered likely to influence a member affected by PTSD deciding not to seek treatment from ADF medical resources.

307. With ADF operational deployments likely to continue for years, the potential is that many individuals will be susceptible to mental health issues related to such service. Geff's case highlights the need for continuing efforts to enable members, their families and friends to have the confidence and the means of alerting Defence authorities when they suspect a member might be suffering psychological problems.

308. The Inquiry does not underestimate the sensitivities of those situations, and difficulties they can present, but a key element in making this connection might be a broad awareness, particularly among non-Defence people associated with ADF members of how and where they can access the 'system'. They also need a confidence that by doing so, they are helping the member concerned.

309. RECOMMENDATION: *The Inquiry recommends that efforts be made to raise the awareness of PTSD amongst colleagues, families and friends of SASR and other ADF members and to publicise the assistance that can be made available.*

310. **Lack of Dedicated Support Staff.** The Inquiry was advised that, following the Defence Efficiency Review of the mid 1990s, many positions dedicated to the administrative and personal support of members being discharged were disestablished. The Inquiry noted with concern the reliance that units and individuals now have to place on volunteers, mainly from ex-Service Associations, to assist them in difficult periods such as the medical discharge process, particularly when complex DVA and COMSUPER matters of very real importance to the member's future need to be properly addressed. Anecdotal evidence was heard about the extraordinary efforts and rates of 'burn-out' of volunteers, and the attendant loss of corporate knowledge and support.

311. Complementing these observations about lack of appropriate support staff was a consistent theme noted by individuals who had needed to access DVA support, or

who were associated with assisting members obtain such support. The overly complex and at times, seemingly adversarial nature of DVA was mentioned. Instances of having to go to several specialists for assessment of the same matter were quoted, as was disappointment that ADF specialists and their assessments were often discounted or overridden by 'their', that is DVA - specialists, usually perceived fairly or unfairly, to be to the detriment of the member.

312. **Management of Non-Compliant Members** The Inquiry has noted that one particular manifestation of Geff's PTSD was his increasing non-compliance with both his health management and administrative requirements. It is understood that instances of non-compliance, be it wilful or because of inability to comply because of illness, are not uncommon. Commanding Officers and those in positions of Duty of Care are in need of formal guidance on their authority to affect compliance by members, and provided with techniques and strategies to do so.

313. This matter is equally applicable once a member is discharged and falls under the ambit of DVA and COMSUPER, but without any clear understanding of who, if anyone, has a formal duty of care. It is hoped that this matter will be addressed in the broader joint Defence/DVA review noted in the report.

314. **RECOMMENDATIONS: The Inquiry recommends that:**

- a. *The observations in respect of the lack of support provided for members being discharged be referred to the Head Defence Personnel Executive and to the joint Defence/DVA review that is underway,*
- b. *Mandatory and standardised training be provided for Advocates and that regular updates on changes to legislation be provided; and*
- c. *Consideration be given to reviewing the role of Advocates with a view to Departmental acceptance of responsibility for them and the functions they perform.*

Concluding Remarks

315 Geff Gregg was a soldier for only a short time during which he experienced the highs and lows of a young man who had achieved many of his goals, but who also suffered disappointments in life. In some respects his was an enigmatic personality. On one hand he was frequently described as being confident to the point of occasional cockiness, while on the other he was usually quiet and reserved without the brashness and bravado often associated with over-confidence.

316. Sadly, although his lack of maturity and preparedness for service with Special Forces was recognised and formally documented in a psychological assessment while he was at the School of Signals, a simple administrative failure saw him sent to serve with the SASR when in fact his posting should have been revoked. Nevertheless, he did have many of the qualities required, and his natural abilities allowed him to

perform well in his unit, quickly earning a reputation as a reliable and able soldier. Though there was much soul searching about whether to include an unqualified soldier in the RBK3 patrol, it was Geff's good standing that paved the way for inclusion in what was expected to be a routine, and not especially demanding activity by SF standards. There is no doubt he was eager to go, and proud to have been chosen for what was for him, a major step towards to his dream of becoming a "beret qualified" SASR trooper. But it was not to be an ordinary patrol, and Geff found himself in a crucible of intense danger where the stark realities of war came into sharp and terrifying focus. Despite his lack of experience and SF training, he acquitted himself well, and no criticism was levelled at his efforts as part of the patrol.

317. The events of those days were clearly traumatic for Geff, and although he soldiered on for some months, he ultimately began a downward spiral that was noticed by those closest to him, but largely invisible to his chain of command before his psychological breakdown at work in April 2003. Geff's illness increasingly took hold of his life, and he withdrew from many of those who cared about him. Viewed through the prism of his fear and paranoia, he believed he was being stalked and harassed, and understandably this notion took root in the minds of his family and some close friends, who accepted Geff's sinister interpretation of usually innocent events. This inquiry was struck by the number of people, beyond his family, who cared about Geff and tried very hard to help him in the period up to his discharge from the Army. Both Dr. AlphaJuliet and Geff's girlfriend Ms BravoEcho were particularly supportive. Dr AlphaJuliet went well beyond the mere discharge of his medical duties. His compassion for Geff's plight was real, and clearly expressed in the extra effort he made to help a very ill young man, often in trying circumstances where his efforts were not always welcomed by his patient. There were other friends who took an active interest in Geff's well being, and kept in contact with both him and his family.

318. The events that led to his death were complex and the Inquiry found no reason to make any adverse finding about any of the individuals that were subjects of the Inquiry. The Inquiry has identified a range of systemic issues that in some cases were clearly unsatisfactory and others that are worthy of review.

INSPECTOR GENERAL AUSTRALIAN DEFENCE FORCE

26 October 2007

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Transcripts of Interviews

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