



**Submission to the Royal Commission
Into Defence & Veteran Suicide**

Winning the War Within

**Why Body-Based Trauma Recovery
is a Missing-link in Preventing
Defence & Veteran Suicide**

**Richmond Heath
National Coordinator
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April 2022

Dear Royal Commission Members,

I am a Physiotherapist with a background in Mental Health & world-leading Youth Suicide Prevention. I have been specializing in trauma recovery & prevention for the last 12 years & am the National Coordinator of TRE (Trauma Release Exercises) in Australia.

I am writing to inform you about a paradigm-changing body-based approach to early-intervention & suicide prevention that Australian Personnel & Veterans are currently being denied access to through the ADF & DVA.

“The trauma release exercises pretty much saved my life. They saved my relationship when I was struggling...& that’s been one of the greatest gifts I’ve ever had.” US Marine Veteran

“When I first learnt this technique I was convinced I needed to tell it to anyone I could ever talk to, any veteran I met that I knew who was struggling.” US Marine Veteran

Inaction by the ADF & DVA

Since introducing TRE to Australia & New Zealand in 2010, I have continually contacted staff from both the ADF & DVA in all states of Australia to request they allow Australian Personnel & Veterans to evaluate this innovative approach for themselves.

Despite my professional qualifications, a case study published in the Journal of Military & Veteran Health, a detailed submission to the 2013 Parliamentary Inquiry into the Care of ADF Personnel Wounded & Injured on Operations & a presentation at the 2020 Australasian Military Medicine Association Conference, to date I have been unable to secure a face-to-face meeting with staff from either of these organisations.

“During the last years of TRE I felt that an important aspect of my life changed. I got in touch with myself & developed a deeper understanding for stress & for myself. Through this method I am successfully able to release the daily stress & trauma stress & helps me to relax

consistently. It also helps me to be more focused on my daily routine.” Austrian Military Officer

The reason the ADF & DVA have not yet explored this approach is not due to any specific failing on their part per se, but rather a ‘catch 22’ situation where Australian Mental Health Professionals are required to only provide ‘evidence-based’ treatments from within their existing (yet limited) evidence base – inadvertently precluding the investigation of novel approaches such as TRE that fall well outside the scope of practice & personal expertise of most ‘Mental Health’ experts.

“...for us Columbians who have been through combat, it alleviates a lot of stress. The main part is that I came here heavy & I’m leaving here relaxed & energized as if I want to go & run & do something productive...the tremors are relaxing & I can feel this energy through my body.” Columbian Army Soldier

Despite the lived experience of Veterans benefiting from TRE all around the world & emerging evidence outlined elsewhere in this submission, the response I continue to receive from countless departments & staff members within the ADF & DVA is effectively; “It sounds very interesting but we need more evidence. Please send further studies once they are available.”

Personnel & Veterans however do not require ‘peer-reviewed evidence’ or decades of research in order to decide whether a technique is helpful or not – they simply need an opportunity to try it - an opportunity currently being denied to Australian Personnel & Veterans by both the ADF & DVA.

“The first time I did it I was very skeptical. You know I’d been through enough treatments that didn’t work - I was not so gullible...but it did work, it was pretty easy to learn & it had a profound impact. These simple exercises were doing wonders for me. I slept the first night I did it.” US Marine Veteran

The Aim of this Submission

The aim of this submission is not to try to prove the efficacy or scientific evidence for TRE, but to show there is enough anecdotal evidence & lived-experience from Veterans all around the world to warrant immediate pilot-trials so Australian Personnel & Veterans have the opportunity to evaluate this innovative technique for themselves.

This would allow the ADF & DVA to make an informed decision about TRE based on the direct feedback of Veterans & Frontline Personnel, rather than the opinions of Mental Health Professionals with limited professional experience or personal interest in body-based approaches to mental health & suicide prevention.

“The shaking of TRE really helped me overcome the stress & cope with the firefights & time overseas & all those atrocities witnessed in war....it just gave me a resource or tool I can use to fix myself & deal with these issues...it’s like the weight has been lifted off me & it seems to be getting better every time I do it.” US Marine Veteran

As the evidence-base for innovative approaches in Mental Health generally lags 10-15 years behind pioneering discoveries in the clinical setting, a recommendation by this Royal Commission for immediate pilot trials would provide the ADF & DVA with the external authority they require in order to trial a technique emerging from beyond the limitations of their existing knowledge base.

Involving Personnel & Veterans in the evaluation of TRE through pilot trials is also in direct alignment with mental health best practices & the need to *‘increase user participation in the design, delivery & evaluation of PTSD services’* as recommended by the Fearless Australia 21 Roundtable *‘When Helping Hurts: PTSD in First Responders’* Report.

“The feedback we get is that it’s life-changing for them – they feel self-empowered, they have a tool that they can use themselves instead of depending upon doctors, psychiatrists & psychologists.” Swedish Special Forces Veteran & TRE Trainer

Lived Experience of TRE

When Personnel & Veterans from other countries have been given the opportunity to try TRE, most report immediate effects & many continue to use TRE on an ongoing & regular basis. Evidenced by the lived experiences reported in this submission, Personnel & Veterans around the world like TRE because unlike most approaches to mental health, it is body-based & does not require a therapist or the need to recall or talk about past events.

“The reason this works so well with soldiers, & I’ve worked with thousands of soldiers all over the world in different countries, is because it’s an exercise routine – soldiers are very familiar & comfortable with exercise...soldiers don’t want to go to counselling in general, because in counselling they have to retell the story of something that its very disturbing for them – they would just rather figure out a way to heal.” Dr David Berceci, US Air Force Veteran & Founder of TRE

This does not mean to suggest TRE replaces existing mental health treatments or suicide prevention strategies, but by enabling the *physical* release of the effects of chronic stress & unresolved trauma, TRE supports existing approaches & empowers Personnel & Veterans to self-manage their mental health & physical wellbeing *before* escalating into acute conditions or becoming at risk of suicide.

“I would recommend it 110% to other veterans – it’s made me a better man, it’s allowed me to heal from some of the horrors associated with war – I have less flashbacks, I have less anxiety – I can go back into malls & populated areas & not have the tension & anxiety associated with PTSD.” US Marine Veteran

We Need New (Body-Based) Approaches

Despite what you are likely to hear from many Mental Health experts that we need to provide better access to ‘evidence based’ treatments, the evidence for these approaches is clear – they are simply not working for the majority of Personnel & Veterans affected by the insidious impacts of trauma.

“Individual trauma-focused psychotherapy remains the recommended first-line treatment for PTSD....[however] reviews of psychotherapy studies in military-related PTSD shows that two thirds of patients retained their diagnosis after treatment...While all treatments reduced PTSD symptoms, only 31% recovered or improved...a sobering outlook that has not changed since 2013.” Duncan Wallace, Australian Defence Force Centre for Mental Health, Australian Psychiatry, 2020, Vol 28(3) 251 – 253.

“The limited effectiveness of evidence-based psychological interventions in people with PTSD, particularly in veteran populations, highlights the need to develop biological therapies that address the underlying neurophysiological & immune dysregulation associated with PTSD.” Alexander McFarlane, Center for Traumatic Stress Studies, University of Adelaide, MJA 206 (6) – 3 April 2017

“For about 6 years I found myself in & out of therapists’ offices & counsellors’ offices to figure out what was going on & to get back to equilibrium. As we know they are really focused on the psychological component & gave me medication. I did all the things as prescribed but nothing was ever recommended for the body.” US Navy Veteran

By generating movements below the level of cognitive control, TRE specifically addresses this neurobiological component of stress & trauma in a significantly different way to most existing approaches.

“I found the exercises helpful because they relax the body. In my case...I have Post Traumatic Stress. These exercises relax the whole body, and although the legs shake a lot, it also calms the mind.” Columbian Army Soldier

Shaking Off Stress & Trauma

At the heart of TRE is the trauma-informed reframing of spontaneous involuntary shaking & trembling as an innate positive recovery response that reduces stress & relaxes the neuromuscular system after stressful or traumatic experiences.

Well recognised in animal research, common examples of these ‘neurogenic tremors’ in humans include people’s hands shaking while public speaking, or their body trembling after a car accident or major shock. No doubt the Commission will have seen many people shaking & trembling as they recount stories of unresolved trauma & overwhelming grief.

By reframing this shaking reflex as a positive recovery response & providing a simple technique to deliberately activate it in a safe & controlled way, TRE destigmatises neurogenic tremors & empowers Personnel & Veterans to deliberately use them for the self-management of their mental health & physical wellbeing.

“For the whole rest of the day I felt great – great mood, felt more energetic & felt like everything was more vibrant, the colors even, so there is something to this. Typically the only time I’m happy since being back home is here at the gym, & even my brothers, they’re the ones that are telling me I’m an angry person all the time, they were even like ‘why are you so happy dude?’ I was like, I gave this stuff a try...& it works.” US Marine Veteran

Making the Quantum Leap

With no research into the phenomenon by either the Psychology or Psychiatry professions, spontaneous shaking & trembling is currently misunderstood & pathologised by Mental Health Professionals as a ‘diagnostic symptom’ of social phobia, generalized anxiety disorder, panic attacks & PTSD. (Diagnostic & Statistical Manual of Mental Disorders DSM-V)

Of even greater concern is the current pharmaceutical treatment of ‘neurogenic tremors’ associated with anxiety & PTSD may be inadvertently reducing the likelihood of Personnel & Veterans making a full recovery due to the medical inhibition of the restorative reflex the body is seeking to activate in order to complete its healing.

“I was in Iraq 05/06 & the TRE is a great way to sort of release everything that you brought back with you, it gets it out & you don’t even know it’s leaving.” US Marine Veteran

For ADF & DVA mental health experts to make a valid assessment of TRE not only requires they make a quantum-leap beyond their existing knowledge & evidence bases, but also forces them to consider the possibility a clinical error may be inadvertently contributing to the poor mental health outcomes experienced by many of the Personnel & Veterans they are so genuinely seeking to support.

Given the lack of investigation of TRE by the ADF & DVA over the last 12 years, this leap has to date been a bridge too far, and a critical reason why an external recommendation by this Royal Commission to implement immediate pilot trials of TRE is in the best interests of Australian Personnel & Veterans.

“...Vietnam, 1968/69. I’ve found TRE to be very effective in getting to & releasing a lot of the tension & Post Traumatic Stress that I experienced back then.” US Marine Veteran

Winning the War Within

There are many factors that contribute to the development of a mental health condition & eventual progression towards suicide, such as stigma, organisational structures, workplace culture & bullying, family issues, financial pressures, moral dilemmas & difficulties transitioning to a civilian career to name just a few. No doubt these & more will be tabled & addressed elsewhere by this Royal Commission.

At the individual level however, one of the most significant yet overlooked factors is Personnel & Veterans being unable to find the *physical relief* they are looking for in order to win ‘the war within.’ This internal war is not simply a battleground in the psyche or mind of Personnel & Veterans, but is first & foremost a neurobiological process played out in the theatre of their bodies.

“A substantial & still accumulating body of evidence about the extensive psycho-physiological & somatic comorbidities of post-traumatic stress disorder suggests the need to reconceptualise PTSD as a systemic disorder rather than one confined to the mind.”

Alexander McFarlane, *Center for Traumatic Stress Studies, University of Adelaide, MJA 206 (6) – 3 April 2017*

This need for *physiological relief* in the body is also an overlooked component of ‘moral injury,’ where Personnel have witnessed events or been required to carry out tasks they are unable to integrate within their own personal values.

While ‘mental health’ treatments for moral injury focus nearly exclusively on the cognitive & psychological aspects of the condition, providing Personnel & Veterans with a way to relieve the unresolved *physiological tension* associated with guilt & shame continues to be a missing link in efforts to mitigate the negative impacts of a Military career.

“Since being medically discharged from the Australian Airforce with PTSD & Major Depression, TRE has transformed my life. The shaking allowed me to regulate my thoughts & sleep patterns & gave me insight into the shame & guilt that had been stuck in a loop inside my nervous system. It also helped alleviate some of the chronic stress I had been carrying so I could integrate my experience with more clarity & self-empowerment.” Australian Airforce Veteran

Given the ineffectiveness of current treatments to resolve these body-based impacts of post-traumatic stress & moral injury, it is no surprise many Personnel & Veterans turn to alcohol, gambling & substance abuse to help them endure the unresolved battle that continues on inside them.

When these coping strategies further disrupt their mental health & create even greater chaos in their lives, it is no surprise yet sadly all too common the only option left for many to win the war within is to end it.

“I’d just like to say that as everyone looks forward to Christmas we don’t get to do that anymore.” Nikki Jamieson, Royal Commission Hearing, Brisbane

As outlined repeatedly by Veterans throughout this submission, it is this *physical relief* from unresolved trauma carried in the neuromuscular structure of the body that is central to the paradigm-changing benefits of TRE & a missing-link in our current approaches to preventing Defence & Veteran suicide.

“I remember having a sense of release from my chest after the first time I’d done TRE...I felt I could breathe again – like someone had taken their size 12 foot off my chest for the first time in about 8 years.” UK Royal Air Force Veteran

Performance Enhancing & Stigma Free

In Australia, TRE & other similar ‘tremoring’ techniques are already being used by elite athletes including AFL Footballers, Professional Surfers & Olympic Medalists. This makes TRE attractive to Military Personnel & Veterans as it reinforces their culture of elite performance rather than being stigmatised as a ‘mental health’ practice.

“Having been an Australian Military Physiotherapist for 9 years I understand the performance requirements needed in different parts of the Defence Force. Now I’m also a TRE Practitioner I believe the potential benefits of serving members being taught TRE for improved performance & self-regulation of their Mental Health are immense.” Ex-Australian Military Physiotherapist & TRE Provider

As TRE requires no equipment it can be used anywhere at any time - including in the field while on deployment. This provides Personnel with a simple tool to improve their recovery & performance, at the same time as helping to maintain their mental health & physical wellbeing across their life-span.

“I like to use TRE exercises for a great recovery program that I use after I run or after I lift weights. It really works well to just make everything go back to normal & if you’re never tried them, you’ve got to check it out.” Former US Navy Seal & Fitness Instructor

While decision makers within the ADF & DVA are requesting more research before trialing TRE, elite athletes can't afford to wait for the science to catch up. With escalating levels of mental health & suicide amongst Australian Personnel & Veterans & devastating impacts upon their families, I trust you will recognise neither can we.

"I've been doing TRE now for 3 months & for the first time in my life all the bad stuff & trauma that I went through I can say has now finally left me. I would recommend this to anybody that's got any kind of military service or Police background or even Emergency Services & stuff like that. This is absolutely fantastic – thankyou TRE." Retired South African Police Officer

Peer to Peer Training

Around the world, many Veterans who have learnt TRE have dedicated themselves to sharing the technique with their colleagues, not because of its research base, but because they have experienced the process & found it to be profoundly beneficial.

"At the barracks I use TRE in Leadership Education Courses & I see people from the TRE groups take peace of mind & an inner strength with them. In the end they are stronger & more calm." Austrian Military Officer

Able to be performed alone or in groups, TRE is easily integrated into resilience training & recovery routines to help create a culture of elite *recovery*, in addition to elite performance. As TRE is not a 'therapeutic treatment' but rather an exercise-based technique, the training can be effectively provided by health & fitness staff within the ADF & DVA with a small amount of additional training.

"I've incorporated TRE into our core principles & system for non-pharmaceutical hormonal decompression. I use it after any workout & before any real stressful event. It's been instrumental in keeping me balanced & injury free, stress related & otherwise." US Veteran & Founder of VitalWarrior.Org

Emerging Evidence

Around the world, evidence for this novel approach is emerging.

In 2010, the US Military Centre for Excellence for Psychological Health & Traumatic Brain Injury identified TRE as one of the 5 most promising mind-body techniques to regulate arousal & calm the autonomic nervous system. It is currently being introduced in some areas of the US Military as part of 'performance under stress' & 'combat operational' training.

"Of all the techniques that we introduce to US Army Soldiers as part of our resilience training programs, one of the ones they like best & keep coming back to is the tremors." Private Resilience Trainer to US Department of Defence

In 2014, peer-reviewed research in the journal 'Global Advances in Health & Medicine' reported a significant impact on quality of life, positive emotions & greater confidence in dealing with adversity amongst non-professional care-givers.

In 2018, research in the primary care setting in Brazil reported TRE improved family relationships, reduced conflicts & domestic violence, & helped to *reduce mental health disorders*.

Most recently, a study by US Veterans Affairs in 2021 reported TRE as having 'similar positive effects on PTSD as Yoga, but with additional cognitive benefits.' This finding is highly significant as Yoga has been shown to be 'more effective for PTSD than any medicine studied up to now' & while not curing PTSD, makes a 'substantial difference in the right direction.' (Bessel van der Kolk, Medical Director of the Trauma Centre, Boston)

While most research in the mental health field remains heavily biased towards treatments for pathologies 'after the fact,' the primary value of TRE is as a prevention & early-intervention strategy to support Personnel & Veterans to self-manage their mental health at subsyndromal levels *before* escalating into an acute condition or becoming at risk of suicide.

“I preferred my lectures with a lot of [TRE] exercises in it. They were excited & asking if we could do it again, so we will definitely repeat it. TRE helps people with physical stress to be more relaxed - they enjoyed it.” Austrian Military Officer

Evaluations of TRE in Australia

In Australia, evaluations of TRE by Frontline Health Workers & Survivors of Natural Disasters consistently report the same positive results – people find TRE immediately effective & highly recommend it for others effected by stress & trauma.

In 2017 & 2018, 19 out of 20 Northern Territory Frontline Health Workers (including Correctional Services Staff) reported they were *‘significantly to extremely more calm’* by the end of TRE Training. All 20 stated they were *‘extremely likely’* to continue using the technique & that it would be *‘extremely useful’* for other staff in their organizations. Of the 16 who had previously received other forms of resilience training, all 16 reported TRE was *‘extremely more effective’* than the resilience training they had previously done.

In 2013, nearly identical results were reported by survivors of the Black Saturday Bushfires, with 28 out of 30 reporting they were *‘immediately more calm’* & 29 out of 30 *‘extremely likely’* to continue using TRE following the training. All 30 *‘extremely agreed’* that other areas affected by natural disasters would benefit from TRE & that it was *‘extremely effective’* use of community recovery grants. In the 5-year follow up to Black Saturday, the Victorian Government’s Hubbard Report noted TRE *‘played a positive role in individual & community wellbeing.’*

This is not to suggest TRE is a silver-bullet that will prevent all mental health conditions or Defence & Veteran suicides, but while individual results vary, the lived experience of Personnel & Veterans around the world show TRE is consistently well liked & for many, has been as effective (if not more effective) than the *‘evidence based’* approaches they have previously received.

“I wasted the last 20 years of my life trying to get help from DVA. After the first session of TRE I could immediately feel the difference. After one session per week for six weeks I am sleeping better & feel like I am coming back into myself. My wife says I am thawing & she loves to see my soft side.” Australian Veteran

Supporting Partners & Families

While this submission is primarily focused upon the mental health of Personnel & Veterans, it is important to note their unresolved trauma has a significant flow on effect upon other members of their families as well.

Offering TRE to Partners & Families not only provides them with a stigma-free, biological understanding of the health & behaviour of their loved one, but empowers them with the use of TRE for their own mental health & wellbeing as well

“The pressures of dealing with someone impacted by their service is taxing, so you often get to the point where you feel like you are about to explode and there’s no way out. Being able to fall into the shaking calms my nervous system.” Wife of Australian Navy Senior Sailor

When this training is provided to Personnel or Veterans & their Partners *together at the same time*, there is also an opportunity to create a supportive community environment essential to trauma recovery (especially moral injury) & a shared experience critical to relational healing & support.

“Finding & learning TRE was a big turning point for me because it helped me support my husband & deal with the things that were happening. Some days it was the only way I could breathe without having a panic attack.” Wife of Australian Navy Senior Sailor (as above)

Cost Benefits

Cost-effectively learnt in group training with additional support able to be provided online, TRE provides Personnel & Veterans with a practical life-long skill. It does not require the

mental focus of mindfulness nor the physical effort of Yoga, weight training or general exercise. This makes TRE particularly attractive as a 'go to' recovery technique when Personnel & Veterans are most stressed, most fatigued & least likely to use more demanding self-care practices.

"When I was done I was incredibly relaxed – I had some of the best sleep I've ever had" US Marine Veteran

Due to its ease of use & help with 'switching off' & 'letting go,' TRE is commonly used by Personnel & Veterans to help them get to sleep - as shown by many of the lived experiences outlined in this submission. Improvement in sleep quality is one of the most commonly reported benefits of TRE & one of the most significant factors in maintaining mental health & physical wellbeing across the life-span.

"I was Afghanistan in 05, Iraq 06/07 & TRE has helped me acknowledge & release that trouble that has been really getting me the last few years. I'm sleeping a lot better now." US Marine Veteran

While this Commission is primarily focused upon mental health & suicide, it is worth noting the leading causes of disease & death in developed nations, such as heart disease, obesity, dementia, diabetes & cancer, all have recognised causal links to a lack of sleep. (Matthew Walker, Why We Sleep)

"I was waking up at night, swinging, [punches] jumping out of bed, things that aren't normal in sleep...we went to a class and ever since then I've done TRE. I see the added value – some of the best sleep I've ever had, I'm more energetic, I look at things completely different, I'm a lot calmer when certain situations arise." US Airforce Veteran

With the Australian Rehabilitation Compensation Commission estimating the costs of health cover & a disability pension for a Veteran across their lifespan at 1 ½ million dollars, & Suicide Prevention Australia also estimating the economic cost of an individual suicide at

more than 1 ½ million dollars, the cost of pilot trials to evaluate TRE at approximately \$300 per person are almost inconsequential.

When considering the costs to Personnel & Veterans affected by poor mental health or lost to suicide & the unending impacts upon their families, the potential cost-benefits of introducing TRE to Australian Personnel & Veterans are significant & substantial.

Estimated Uptake

Having trained approximately 5000 people in TRE over the last 12 years & correlated with the experiences of my colleagues overseas, my professional opinion is that with well supported training approximately one third of Veterans who learn TRE would continue to use it on an ongoing & regular basis.

“I have been utilising TRE 3-4 times per week after the training...on completing TRE I am deeply relaxed, calm and have the ability to focus, rest & sleep without needing any pain relief or pharmaceutical medications.” Former Australian Soldier

“My first experience of TRE was about 2 weeks ago...I felt better almost immediately...I went home and was able to do the exercises. Every day for the last 2 weeks I tried to get at least one session in. I am sleeping better, I have noticed my digestive system is working better, over-all just better mood, able to mitigate stress a lot better. I recommend it for anyone who has a little bit more stress in their life than they’d like.” US Marine Veteran

While not practicing TRE on a consistent basis, a further third of Veterans would be likely to retain the technique & use it ‘at call’ to help them recover from periods of acute stress or extreme trauma.

“Veterans, I would highly recommend get on this - especially the guys who have deployed overseas as I have, coming home a little bit irritable, little bit of a hard time re-adjusting, definitely helps you to relax, take your time, transition the way you need to. I think I’ll be doing it for the rest of my life.” US Marine Veteran

“The exercises felt really relaxing for the whole body, especially the legs. It is a very good exercise to release stress. It is clear I will keep doing them because it feels so good.”

Columbian Army Soldier

While some Veterans may not deliberately use TRE at all following the training, they still benefit from the trauma-informed reframing of shakes & tremors so they do not suppress this natural recovery response should it occur in themselves or others spontaneously after an acute shock or overwhelming trauma.

“This has been one of the greatest tools I have because I do it whenever I need to” US

Marine Veteran

While these estimations are based upon Veterans living in the community outside the supportive structure of the ADF, the up-take & ongoing use by active Personnel is likely to be substantially higher – especially if TRE is introduced at induction training, integrated into recovery routines, & reinforced at critical times throughout the career such as pre-deployment, post-deployment & transition back to civilian life.

This would be in direct alignment with recommendations from the ‘When Helping Hurts: PTSD in First Responders’ Report to ‘provide training on trauma-related stress & calming techniques at recruitment & regularly refurbished throughout the first-responder career.’

“If I would have known TRE in Kosovo or in Afghanistan, if my team had have known it when we were deployed, we could use it once a week, once every second day, to discharge that stress instead of growing a bit numb & taking bigger risks” Swedish Special Forces Veteran

Letting Australian Personnel & Veterans Decide

Despite the best efforts of the ADF & DVA over the last decade, the need for this Royal Commission is a clear indicator current approaches to mental health & suicide prevention are not working for far too many Australian Personnel & Veterans – innovation is necessary & change is desperately required.

“Good luck on moving forward with this - the Military are very resistant to anything outside ‘standard medical practice’.” US Air Force Veteran & TRE Founder Dr David Berceli

With an emerging evidence base, consistently positive evaluations by Frontline Workers within Australia & benefits reported by Personnel & Veterans all around the world, I trust this submission has shown there is substantial ‘action research’ behind TRE & more than enough lived experience to warrant immediate action by the ADF & DVA.

“I will do everything I can do to make sure the military look at this, studies it, evaluates it & inculcates it into our warriorship. It’s a missing component, it’s a missing link to completing the cycle of warriorship - so you can own your experience & it doesn’t own you.” US Marine Veteran

To this end I request the Royal Commission make a specific recommendation that both the ADF & DVA fund wide-scale pilot trials to enable Australian Veterans & Personnel at various stages of their careers to experience TRE & evaluate it for themselves.

Such a recommendation would remove the current ‘lack of evidence-base’ barrier preventing the ADF & DVA from trialing TRE & provide an immediate pathway for Australian Personnel & Veterans to access this potentially life-saving technique.

Thank you for considering my submission. I would welcome an opportunity to present at the hearing in Melbourne & if possible, to include TRE Founder Dr David Berceli via online link given his extensive experience training Veterans & Military Personnel all around the world.

Regards,

A handwritten signature in blue ink, appearing to read 'Richmond Heath', with a long horizontal flourish extending to the right.

Richmond Heath

TRE Australia

Additional Information & Resources

- The lived experiences reported by Australian Personnel & Veterans in this submission are from personal correspondence. The lived experiences reported by overseas Personnel & Veterans are from video testimonials on TRE Founder Dr David Berceli's youtube channel at <https://www.youtube.com/user/davidberceli/videos>
- For a 2-minute video explaining TRE for Veterans & Military Personnel please view 'What is TRE?' - <https://vimeo.com/445052974>
- For videos of Military Personnel & Veteran using TRE please visit 'TRE for Veterans & Defence Personnel' on the TRE Australia website - <https://www.treaustralia.com/for-veterans-defence-personnel/>
- My 'Case Report of a Former Soldier using TRE (Tension/Trauma Release Exercises for Post Traumatic Stress Disorder Self-Care' published in the Journal of Military & Veteran Health in 2019 is available here- <https://jmvh.org/article/case-report-of-a-former-soldier-using-tre-tension-trauma-releasing-exercises-for-posttraumatic-stress-disorder-self-care/>
- My 15 minute video presentation to the 2020 Australasian Military Medicine Association Conference 'TRE Resilience Training: Preventing Trauma, Enhancing Performance & Optimising Wellbeing' is available here - <https://www.treaustralia.com/product/tre-training-neurobiological-resilience-amma-conference-2020/>
- My submission to the 2013 Parliamentary Inquiry into the Care of ADF Personnel Wounded & Injured on Operations 'The Use of Trauma Release Exercises for Resilience Training & Early Intervention in the Australian Defence Force' is available under 'Publications: TRE Frameworks & Methods' on the research page of the Global TRE website here - <https://traumaprevention.com/research/>