

Battlefield Trauma
(Exposure, Psychiatric Diagnosis and Outcomes)

Thesis submitted for the degree of
Doctor of Philosophy

By

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Appendix A

QUALITATIVE SUMMARY OF INTERVIEWS

Appendix A

“We’ve had a hundred years of psychotherapy and things are getting worse.” Saul (1997)

QUALITATIVE SUMMARY OF INTERVIEWS

Introduction

This is an army nurse’s account of an experience she had with a wounded soldier during 1969-70:

“One guy asked me, ‘Am I going to die?’ I said, ‘Do you feel like you are?’ He said, ‘Yeah, I do.’ I said, ‘Do you pray?’ He said, ‘Now I lay me down to sleep.’ I said, ‘Good that will work.’ He said, ‘Would you hold my hand?’ I said, ‘I’ll do better than that,’ and I got into bed with him. I put my arms around him and I brushed his face and brushed his hair and I kissed him on the cheek, and we said, ‘Now I lay me down to sleep,’ and he died in my arms calling me Mama.” Diana Dwan Poole, Army Nurse, South Vietnam, 1969–70 (Steinman 2000).

Despite the increasing use of ethnographic methodology in cultural research into peoples’ customs or more specifically characteristics, issues surrounding the validity and reliability are still to a large degree unresolved. With this in mind it is suggested that to minimise the chance of confusion with different types of methodologies that with regard to qualitative research ‘adequacy’ should be substituted for validity, and ‘replicability’ for reliability and finally ‘impartiality’ for objectivity (Shaughnessy & Zechmeister 1997). Reliability in quantitative methodologies is largely concerned with the amount of consistency in the observations obtained (Neuman 1991), and assumes the correctness of the scientific method as practised in the natural and social sciences. Qualitative

methodologies are instead concerned with the inter-subjective understandings of grounded events and insights that are the outcome of inductive analysis (Shaughnessy & Zechmeister 1997). This research is not purporting to present any qualitative analysis in line with the preceding brief description. Rather these notes are supplied to present a qualitative sense of individuals' current psychological states having their say some 35 years on from the battlefield with a life time of experiences and with their own language range.

Service in war zones is known to be associated with elevated levels of morbidity in the veterans of those deployments (O'Toole et al. 1998 and Kulka et al. 1990). In Vietnam veterans, post-traumatic stress disorder (PTSD) has been a particular focus of attention because it can be directly attributed to combat exposure (Van Putten & Emory 1973; and American Psychiatric Association 1994).

The morbidity effects of war service have been identified in many studies especially with Australian Vietnam War veterans (O'Toole & Nairn 1984). However, there has been modest systematic work to identify the associated health outcomes for battlefield-exposed military service personnel diagnosed in the battlefield or hospital (Burges-Watson & Daniels 2008) by a military psychiatrist in the tactical area of operational responsibility (TAOR). Research approaches have been limited due to the time delay in obtaining data of battlefield-exposed military service personnel. Often, estimating the severity and frequency of PTSD symptoms has depended on the self-report data obtained some time after the battlefield exposure. The subsequent qualitative reporting ability of the

respective research participants depends on the veracity of the individual's reported relationship to various psychosocial stimuli (O'Toole et al. 1998) and the individual seeking the information. The qualitative reporting process of a traumatic exposure can also present discrepancies with regard to the actual quantitative recorded events depending on the time between the event and the recall or recognition of the specific details affecting the individual (Herlihy et al. 2002). This may be the situation because of an individual's memory distortion, a personal agenda or that is what the exposed individual actually believes how the trauma evolved for them. It is vital to obtain as much quantitative data at the time of the exposure to ensure the qualitative responses can be identified and verified. An earlier analysis of the initial psychiatric assessment of predominantly Australian military research participants in 1969–70 established a clear, vital and uncensored foundation for this research. At the same time, it also provided a psychological assessment of military personnel suffering from battlefield traumatic exposure in the battlefield. This was a very accurate report of the battlefield exposure symptoms experienced by these military personnel in the TAOR. The self-reported assessment administered 35 years later confirmed the initial diagnosis in all Experimental group cases who agreed to participate in the ongoing research. The follow up analysis established that the overall 1969-70 psychological assessment of transient situational disturbance (TSD) in 17 of the 19 (2006-07) Experimental group participants were suffering from post-traumatic stress disorder (PTSD). The interviews with the Experimental group, and the case controlled Control research participants—and a subsequent examination of the official records maintained at the Australian War Memorial—also confirmed these intimate disclosed events from 1969–70. The

Department of Veterans' Affairs has also established through an exhaustive evaluation process the respective diagnosis of PTSD and/or a medical classification of totally and permanently incapacitated (TPI).

These data and a selection of 2007 interview case reports (the selection is based on respondent consent), also provide another source of information to validate the focused link between battlefield exposure and the current and/or delayed onset of PTSD symptoms (Amir et al. 1998). This is a particular issue of interest to veterans—even to this day. Exposure to the battlefield was found to be a major predictor of the onset of PTSD-like symptom clusters in the majority of both groups in 2006–07.

Qualitative case report summaries

These qualitative accounts below provide an insight to the horror and guilt felt by the majority of research participants.

Case 1:30

On a morning in Vietnam I should have been in an APC, a friend of mine offered to take my place because I had a bad physical condition of piles. It took the medics at the hospital half an hour to fix my problem by applying cream. When I returned to my unit I was told that the APC that I should have been in had been attacked and blown up. The APC was transporting amongst other things a box of claymore mines that had exploded when the APC was attacked. There were five KIA. I had to go and identify the bodies or the remains of my friends. I could only identify the mate who took my place, by his pistol

belt and some red velvet cloth that I knew he carried as a good luck token. I was asked to identify someone from a recovered bone (I was told it was a hip bone). I could not do it. The remaining four months of my tour in Vietnam are just a blur I cannot remember anything. I have severe flashbacks and nightmares. I asked when I came home am I going crazy or am I schizophrenic. I was told no. I feel so guilty all the time. I always feel tired and exhausted. I have been divorced twice and I am an alcoholic.

Case 2:36

This soldier was a guard on a bridge at Vung Tu which was continually attacked as it was a main arterial access point for personnel and supplies. While sharing a smoke with a black American soldier who was carrying an M79 (over/under grenade launcher) he asked the Yank to give him a look at the weapon. He then goes on to tell how while handling the weapon it discharged (accidentally) and wounded some South Vietnamese civilians. He has a continual feeling of guilt and worry about someone coming to punish him for this mistake (to this day he has not taken responsibility for the UD). Also during his service he was at the Badcoe Club (named after an Australian who received the V.C. posthumously for action in Vietnam) – an Australian military facility for soldiers to get alcohol and relax. When he came out of the Badcoe Club he accepted a lift from some Yanks back to his accommodation. He travelled back to his accommodation on the top of a number of wooden crates. They had crates he found out contained human body parts. He saw the some of the contents of these crates. He also could not confront the other main issue for him that being watching children playing in an area marked by Radiation Signs and not being able to move them on due to an order given to him. Although he did

admit that it may not have been a direct order from his superior; rather his poor interpretation of the order issued to him. It has continued to haunt him (his lack of judgement). He is isolated and has no friends. Something he said he is content with.

Case 3:74

This soldier is coping too well. He has unexpected dreams of burning. He can't handle the smell of rabbits. They remind him of the Viet Cong. The smell takes him right back to Vietnam. This occurred in the Blue Mountains and when it did he was paralysed for an extended period of time. He is a sufferer of flight or fight and is struggling with aspects of his life. He continues to be in a situation of drinking bouts, rage and lacking in motivation and energy.

Case 4:90

This soldier is a recipient of the AM award. He is a PTSD sufferer. He lives with guilt and is socially withdrawn. He avoids or attempts to control the interaction that he has with people. He is a private man. Cannot handle situations he does not feel in control of. He was kind enough to talk about his experiences in Vietnam on one condition—that being that his anonymity is and will always be maintained.

Case 5:128

This soldier experienced more than a dozen contacts during his time in Vietnam. They were all different in their own ways. A fire fight that he did share was one in which a

village was cordoned off. They moved through a rubber plantation in the low light of night into the village to catch the enemy. He remembers that when the firing started the tracer bullets from friendly fire were red whereas the enemies' (Viet Cong) tracer bullets were green. He is sure that some non combatant locals would have been injured, wounded or killed. They (Australian fighting patrol) did not enter the village until the next day and the village was deserted. Just blood stains remained. Another conflict resulted in the patrol being drawn into a mine field. Fortunately, an engineer in a bulldozer came to their assistance. Beers and laughs for everybody that day. He was also very concerned about tigers in the elephant grass whenever they went out on patrol. He told me of a quote from Audie Murphy that 'war dogs are trained to go to war and when they return home they are de-trained, humans don't get the same support' or help.

Case 6:146

A private soldier who had the primary employment function of being the point or forward scout, this being, the first person to confront the enemy at any moment and also responsible for the early warning for his mates in the patrol. As a combat position within a fighting patrols that has had an historically high fatality rate when going into battle. During a routine (if you can call it routine) search and destroy mission he claimed responsibility for leading his platoon into an enemy minefield in which a number of his mates were severely wounded. To this day he is haunted by their screams and the sight of their wounds. He suffers greatly from disproportionate outbursts of rage which he knows are wrong but claims he cannot control himself. He feels redundant in all aspects of his

life. No permanent relationships. Was married, has children but never sees any of his family and does not want to see them.

Case 7:192

Initially this veteran claimed to have not had any traumatic events during his tour of duty. Then through the course of the session he opened up to disclose the sense of hopelessness that stayed with him during his time in Vietnam and since his return to Australia. He was involved in many Dust-off operations of casualty evacuation in which his function was to separate the unused ammunition from the mutilated bodies while the medics would be trying to keep the soldiers alive. He saw a lot of mutilated bodies and death. On one occasion an ammunition dump exploded and he had to remove burnt bodies from the area of damage. He remembers the skin of the victims peeling off and sticking to his hands and parts of his body. He remembers the smell and standing there and feeling as if he was not part of what was going on around him and that it was happening really slowly. He does not go to any ANZAC marches or reunions.

Case 8:348

This veteran felt that his training and indoctrination prepared him adequately for the experiences he had in Vietnam. His function in Vietnam was to work with Combat Operations and Counter Terrorism and manipulate battlefield data to meet the political agendas. He worked with the SAS and the CIA civilian operatives. He saw dead bodies, fired his weapon at the enemy on more than one occasion. He stayed in the military for over 25 years. He then went on to disclose that his wife worked for a long time through

his life on return from Vietnam as a trauma counsellor which on reflection he now believes that his wife's support over the years has really been a comfort to him.

Case 9:369

This veteran clearly remembers being in a fire fight with an unseen enemy at night during which he runs out of ammunition and has to keep very still and quiet as the battle rages around him. He was totally vulnerable and could not cry out for help as this may have drawn the enemy to him and he had nothing to fight with. He also said he knew he could not help his mates who were wounded around him. The next day the enemy dead were just dragged to the tracks and thrown on the tracks and people just walked on them to get to a pick-up point. He has seen mass burial sites and seen many bodies without heads and missing limbs.

Case 10:202

This interview was very short. The veteran completed the research instrument with me and then concluded the interview with a statement, 'I thought that my experience in Vietnam was very exciting and I hated it. I saw my best friend killed. Please don't contact me again'.

Case 11:188

This veteran was intent on letting me know that he was a conscripted soldier. On arrival in Vietnam he felt that it was his duty to serve his nation as the national leaders directed.

It was confirmed through the interview that he was suffering with PTSD. He, as did many of the others, confirmed this information. I had the strong impression that he was faking good psychological health. He also told me that his brother was on a tank in Vietnam that blew up. His brother was killed.

Case 12:237

This veteran spoke of an experience of being involved in a fire fight that lasted for what has been reported to be between 45-60 minutes. The veteran stated that he thought that the battle had been brief; approximately 5–10 minutes. During this contact he had been wounded by an RPG. He was also involved in numerous other contacts which he explained that he believed that the contacts with the NVC enemy were short and sharp. He confirmed that he has been diagnosed with PTSD.

Case 13:254

The veteran was intimately involved with the identification of ammunition—both friendly and enemy caches. Often this ammunition was unstable and the locations that he had to travel to for the recovery tasks were often also unstable and threatening. He related the story of working with United States forces recovering ammunition along the Mekong River. This recovery action involved them moving up the Mekong River and trying to entice the enemy to fire at them at which point they would then call in air strikes on the suspected enemy positions. As he put it ‘we were the bait’.

Case 14:317

During the interview this veteran confirmed that he had completed three tours of Vietnam during which in his last tour he was locked in a confined space in a small boat when it came under attack from the enemy. This was the tactic to ensure that leaks would be managed and the boat would not sink. When he became aware of this tactic, through his own unfortunate placement on the boat, he became ill (vomiting). He now suffers from claustrophobia and cannot deal with the smell of cordite. He sustains himself with approximately four hours sleep each night.

Case 15:332

Initially this veteran spoke of how the reflection of his experiences in Vietnam caused him to feel out of control. His job was that of a clerk in which he had to compile all of the casualty reports and contact fire fight reports; also personnel replacement reports. He handled documentation for the return of the remains and personal effects of the dead soldiers. During his time in Vietnam a fellow that he knew was injured by a lightning strike. When there is a lightning storm now it really upsets him. He has found this quite disconcerting though since his time back in Australia, he is now finding it easier to deal with.

Case 16:375

This veteran was comfortable with the time he spent in Vietnam. His greatest concern was his speedy promotion in the battlefield. This he found unsettling because he really

felt a responsibility for his know charges. He is in contact with these men to this day and still feels and acts as if he is responsible for their wellbeing. He does not go to ANZAC marches. He found it difficult to adjust to civilian life when he returned to Australia.

Case 17:217

During the interview this veteran confirmed that the part of his training that he remembers more clearly than anything else was the type of indoctrination that he received about the Viet Cong being animals or subhuman. He said this was a way of insuring that if they had to kill them they were not human and consequently the associated guilt that may be attached to this act would be marginalised. He felt that the indoctrination was successful in his case. To this day he hates the Vietnamese people, 'gooks'.

Case 18:196

This soldier was 19 years old in Vietnam. He was involved with the distribution and laying of minefields, setting booby traps and the removal of bodies from the battlefield. His has been married three times. He is now single and does not want to be involved with anyone. He lacks trust of everyone; it took me almost 90 minutes on the phone to get to the stage of administering the research instrument. He also feels great guilt for his acceptance of what he was part of in Vietnam.

Case 19:235

This soldier was a corporal during 1969-70. He witnessed a collection of dead children in the surrounding minefields. The North Vietnamese children would go into the minefields surrounding the Task Force Headquarters at night and use their toes to feel through the dirt to find the mines. When they found them, they would lift the mines and wire them with an anti-tampering device and move the mine in the field. The sentry on one night was alerted to the movement in the minefield, the alarm was given and the machine guns started and kept firing for a long time. The next day this soldier was sent out to retrieve the bodies of the children. No one knew that there were children in the minefield at the time. These images and recollections haunt him to this day.

Case 20:228

This veteran saw many victims from both sides. Married twice has continual nightmares and I spent a long time talking to him about his current situation. He is suffering from PTSD and is classified as being totally and permanently incapacitated.

Case 21:307

This soldier hates Asians. He does not trust Asians—all of them—in any work, social or immigration situation. He killed Viet Cong and is proud of that. He is not married. He had a girlfriend when he left for Vietnam and while in Vietnam had Vietnamese whores. On return to Australia was not able to find a girl he wanted a relationship with. He is still very angry and very much alone.

Case 22:312

This soldier was an infantryman during his service in Vietnam. He worked on the mortar line and during a fighting patrol he fired on the enemy. When he got to the enemy position he was horrified to see that he had killed a young girl. He feels great guilt as a consequence of this outcome. He also witnessed an officer (a young lieutenant) lose part of his foot from a mine blast. He then had to, with his other fighting patrol members, retrieve this officer and get out of the minefield.

Case 23:340

This soldier during this time saw dead and mutilated bodies on a weekly and, in some periods, on a daily basis. He was, and still is, very jumpy. During his time in Vietnam he felt the enemy was all around him. While on R and R at the Rex Hotel in Saigon he remembers chicken wire fences and roofs around the beer garden. When he asked why the wire was there, he was told 'it stops the grenades being thrown from motor cycles into where the soldiers are relaxing'. During his time now he cannot control his feelings of threats from unknown sources.

Case 24:388

He hates the jungle; will never go north from Melbourne. He participated in many kills and was not happy with it but did it because of his sense of duty. He still feels as if it is

happening now. He suffers from PTSD and is classified as being totally and permanently incapacitated.

Case 25:278

This soldier's traumatic memory is of falling onto a decomposing body and being covered with the remains without being able to wash for over a week. This is all he was prepared to volunteer at the time of the interview.

Case 26:174

This soldier was wounded with a few pieces of shrapnel at which point he said that was no problem for him. Rather, it was his job in Vietnam that haunts him. He remembers having to carry a decapitated head of a soldier wrapped in a towel. He had to prepare the dead that were transported to his unit station for identification of those that knew them. Often the remains would arrive in bits swimming in a poncho. He would wash them down and try as hard as he could to prepare them for identification. After the identification process the remains were then sent back home. On one occasion he washed a body down and realised that the face was blown off. Trying to find a balance in his life is his constant concern.

Case 27:305

He will not go to any reunions. He is very angry about the war being classified as a police action. He is angry about the repatriation system to help veterans and knows what it is to

kill a person. He also wounded many of the enemy. He suffers from PTSD and is classified as being totally and permanently incapacitated.

Case 28:336

He does not spend any time reflecting back on his experience and blocks out any stimuli or any memory of the experience. He suffers from PTSD and is classified as being totally and permanently incapacitated.

Case 29:154

This soldier's job was to dig graves and go out and retrieve the remains of the dead—both own forces and that of the enemy. This was done for the enemy for the need to obtain relevant intelligence information that may help the Australian and United States forces. He was told as a young soldier not to think about what he was doing just get the job done and get home safely. He is still trying to deal with the memories of his numerous experiences.

Case 30:191

This soldier suffered from a delayed onset of the symptom clusters of PTSD. He was, and is, very disturbed from the experience of active service in Vietnam. He was comfortable to assist in the research as he stated 'it may help someone to not go through what I have gone through'.

Case 31:363

The trauma reported by this veteran was that during his time in Vietnam he saw many dead people in various stages of decomposition. He saw the results of mine blasts and gunshot wounds on a daily basis. He could not stop and relax then or now. Even today he is in a state of continual alertness.

Case 32:245

This veteran was initially a National Serviceman and converted to the Regular Army on his return from Vietnam. He felt his training and camaraderie really helped him deal with the memories of his experiences. He saw a helicopter crash and the victims being badly burnt. The Bali bombings recently brought the helicopter crash memories back as if they were happening again. He does not receive, and does not think he is entitled to, any support from the military or the Department of Veterans' Affairs. He has never sought any support or assistance from any government agency. He does not attend ANZAC day marches or reunions of any kind. He was comfortable participating in the research as he thought that it may help.

Case 33:14

This soldier had a particularly hard time in Vietnam. He is classified as being totally and permanently incapacitated and suffering from PTSD. He was involved in many contacts and fire fights of which he has vivid flashbacks. He came close to being shot by own forces when trying to rush back into the safety of a compound on return from a fighting patrol. He heard at one stage wood being chopped and then found two enemy soldiers chopping the wood. He was on his own and felt really remote and unsafe. He did not fire upon them; rather he just left them alone. He felt then and now that he was a coward and did not follow his training or obligation to his mates. He should have shot the two VC. He has never been to an ANZAC march or any reunion. During his time in Vietnam he spoke to the unit Padre and finally the Army psychiatrist. He was diagnosed with transient situational disturbance (TSD) and severe anxiety and sent back to Australia after nine months. On his return to Australia his fiancé committed suicide. He then became emotionally and physically remote to the point of being a recluse. His father then demanded he see another doctor in Australia. This doctor diagnosed him with the same conditions as the Army psychiatrist. This confirmation really helped him. He said that he still struggles to deal with the grief associated with his domestic life and the memories of the traumatic events in Vietnam. He has not married or had any relationship since Vietnam.

Case 34:66

This soldier does not feel he was damaged in any way (his words) as a consequence of his tour of Vietnam. He interrogated prisoners often and really enjoyed it. He was

involved in many contacts and believes he may have shot someone. He reported no regrets at all, 'that is war'. During his training in Australia he really wanted to get stuck into the action and he was not disappointed. Vietnam during 1969-70 was a great time of his life.

Case 35: 53

This soldier is currently going through a very hard time. He was comfortable to answer the questions from the research instrument but did not want to go on with the discussion at all. He has been diagnosed with PTSD and is classified as totally and permanently incapacitated.

Case 36:61

This soldier considers himself to be 'crackers'. He was divorced 36 years ago and has not been in another relationship since. He has difficulty trusting people. He has been diagnosed with PTSD and is classified as totally and permanently incapacitated. He has a bowel disorder and has a constant 'psych battle' going on within himself. He also suffers badly from being fatigued all the time. During my discussion with him he was open to all of the questions and invited me to phone again if he could be of any help. He does not attend any reunions or ANZAC marches.

Case 37:70

This soldier began by telling me that he had attempted suicide on more than one occasion and was involved in Vietnam with stabbing someone. He is very lonely and understands

that it is his behaviour that causes people to stay away from him. The traumatic events in Vietnam resulted in him not sleeping well and heavy drinking which he said has affected his memory. He has been married three times and is now on his own with nothing to show for his life. He feels he is a weak man. He is not totally and permanently incapacitated but has got a 100 per cent pension from DVA.

Case 38:121

During this soldier's tour of Vietnam he witnessed mates of his being killed. He saw soldiers being killed while trying to clear a minefield. He was wounded by friendly fire. He was given early discharge because his wife ran off with another soldier back in Australia. He missed his mates but had to come home to look after his daughters. He has not come to grips with all of what happened to him in Vietnam and associates his wife leaving with his Vietnam experience.

Case 39:122

This soldier still, at an advanced age, maintains monthly contact with his platoon mates from Vietnam. He is very upset with the support system in Australia for veterans. He has a Department of Veterans' Affairs 80 per cent pension. The event he remembers with great clarity is the white and grey doors in the hospital in Vung Tu. If you were ushered through the white door on admission the staff thought you had a strong chance of survival. The grey door meant that you had no real chance from the admission staff initial assessment. This is his interpretation; this was not able to be confirmed through the resource documentation.

Case 40:221

This soldier has, or claims to have, forgotten most of what happened in Vietnam. He confirms that he as a young man and the way he decided to deal with the resulting issues of what might have happened to him was and is to drink heavily. He has been classified as being totally and permanently incapacitated. He said 'drinking numbs the feelings'.

Case 41:232

This soldier just was interested to complete the questionnaire and not talk about his experiences then or now. He requested that he not be contacted in the future.

Case 42:266

This soldier has a job now that he moved into on his return from Vietnam. He intends to leave the job when he dies. It is a similar employment to that of the Army. He is in steady full-time employment. He exercises regularly and is liked by his co-workers. This is important to him. He was a conscripted soldier who experienced many contacts and saw dead bodies. He said when he returned home it took him about six years to start to feel human again. He said that he saw the United States infantry taking what he called happy pills to help them cope with the thought of going out on fighting patrols. He said he thought that it would have been great if he could have participated in a re-socialisation program when he returned home. It may have limited the re-experiencing events he suffered on his return to Australia. These events are less frequent now he informed me.

Case 43:272

This soldier just was interested to complete the questionnaire and not talk about his experiences then or now. He requested that he not be contacted in the future.

Case 44:158

This veteran was involved in the indoctrination of Australian soldiers and, as part of his employment in Vietnam; he was involved in winning the hearts and minds of the Vietnamese. He would often go out on patrols with the United States Forces. He is classified as being totally and permanently incapacitated and diagnosed with PTSD. He is very angry. He is still suffering physically and mentally. He does not know how to handle his life. He feels isolated and avoids most contact with people. He is in a small group of veterans who are all classified as being totally and permanently incapacitated.

Case 45:116

This soldier just was interested to complete the questionnaire and not talk about his experiences then or now. He did go on to say that he was classified as being totally and permanently incapacitated. He worked in a military hospital in Vietnam. This, he said, is what he has to cope with now. The memories still haunt him at night especially.

Case 46:211

This veteran was a tunnel rat. He was involved in clearing minefields and went on many patrols which involved close combat fighting. He is not totally and permanently incapacitated, but has great sympathy for his fellow veterans. He wanted to participate in the research project. His express purpose for participating in the research was the possibility of helping other veterans from Vietnam and the current batch of veterans now.

Case 47:182

This veteran was directly involved in psychological operations. During a leaflet drop the helicopter was attacked, he was blown up at 1800 hours and the rescue party (of predominantly American soldiers) saved him at 1900 hours. He really likes the American soldier. He is not totally and permanently incapacitated.

Case 48:142

This veteran is a very sad man. He went on many search-and-destroy patrols. During these patrols he felt isolated and not protected at all. He saw dead bodies that had been mutilated—especially by the Americans. The bodies had family photos and letters which really challenged the indoctrination he had received in Australia about the Vietnamese being ‘gooks’ (subhuman). He has attempted suicide. Three of his mates have suicided and he feels guilt for not being able to save them. He is totally and permanently incapacitated—80 per cent physical and 20 per cent psychological. It has been a long struggle for this compensation. He stressed that all he and his mates wanted were

recognition of their sacrifice and help for their respective physical and psychological conditions.

Case 49:150

His entire memory of the Vietnam deployment for 12 months is that he was scared all the time. During the interview it appeared that there was an underlying problem. He stated he would not ever recognise ANZAC day or any reunion: 'A bloody waste of time'. With this being the case he was still happy to talk and complete the research instrument as previously agreed.

Case 50:125

This veteran was a member of the patrol on 21 July 1969 in which his mate had lost his leg in a mine blast when Neil Armstrong landed on the moon. He is classified as being totally and permanently incapacitated and suffering from PTSD.

Case 51:123

This veteran is not depressed at all. He is angry about the lack of support for veterans. It struck me that he had a strong sense of duty to his mates.

Case 52:122

This veteran was very upset when I first contacted him. He was happier when I phoned back and confirmed that he often reacts to surprises like that. He completed the

questionnaire and asked to not be included in any follow-up research as he is getting old and cannot remember a lot about anything.

Case 53:336

This veteran was extremely animated about his work in Vietnam. He was directly involved in winning the hearts and minds of the local population. He advised the local people on the alternative agricultural methods for the farming sector and also the introduction of irrigation systems. He found that the Vietnamese people were and are beautiful. He confirmed that he was on the low end of a disability pension.

Case 54:291

This veteran confirmed that he felt that he is a survivor of the war. He said that the greatest deficiency he thought was the lack of support when the soldiers returned home specifically within the military. When he sought help he was told by an officer that he should not worry about it and just get on with his job. He found solace in numbing his pain by consuming alcohol. This resulted in him being hospitalised and being able to seek psychiatric assistance. Consequently he was diagnosed with anxiety and later on with PTSD. He is alone and has cut off contact with his family.

Case 55:112

This veteran works and is not classified as totally and permanently incapacitated. He completed the questionnaire and then asked not to be included in any more research. He

did confirm that he is experiencing emotional problems now and especially over the last two years. He did not want or would seek support for his current state.

Case 56:25

This soldier just was interested to complete the questionnaire and not talk about his experiences then or now. He did not want to be involved in further research.

Case 57:272

This veteran is an ex-Infantryman; a regular soldier. After having a hard time for about four years on his return from Vietnam, he was medically discharged from the Army and subsequently classified as totally and permanently incapacitated. He said that he found it hard to seek help because of the military indoctrination and conditioning: 'don't complain', 'just do your job'. He initially compartmentalised his experiences and as time goes on the problems come out of the woodwork. He is still very angry.

Case 58:238

This veteran worked in a logistics unit in the main headquarters area for the duration of his tour of Vietnam. He was conscripted and stated that he was not exposed to any traumatic, disturbing events. He is not totally and permanently incapacitated. After a time he did talk about feeling very isolated when he returned home. This feeling stayed with him for about 12 years though now he is in a stable relationship and is very content with his life.

Case 59:378

This soldier just was interested to complete the questionnaire and not talk about his experiences then or now.

Case 60:366

This veteran had a long association with the Army. He noted that upon retirement there was a coming together of his life. He had compartmentalised his life. He attends ANZAC marches and is in constant touch with his mates in and outside of the Army. Vet Affairs (DVA) is a 'shit heap'. When you retire the system, including Vet Affairs, does not want to know you. He is not totally and permanently incapacitated. He appears to be a man of tradition and honour. This man has devoted and, in a sense, sacrificed his family, civilian and individual life for the military.

Case 61:352

This veteran was involved in the armoured corps during his time in Vietnam. He saw many tragic events unfold before him. He said that the friendship he found in his mates in the Army really helped him on his return to Australia. He stayed in the military for 26 years. He is not totally and permanently incapacitated. Rather, he is on a 100 per cent disability pension.

Case 62:354

This veteran was conscripted and involved in the armoured corps. He is not totally and permanently incapacitated. He came out with an initial statement that most of what veterans suffer from is all in their heads. He then went on to say that he saw women and children killed and that did not concern him. He expected he might be killed in Vietnam and thought that would be okay as long as it was not one of his mates. He spoke of having the right or correct expectations when you go to war. He thought the training he received in Canungra and his Corps school was excellent and he really enjoyed his time all over the world. He felt he was doing the patriotic thing at the time and the demonstrators at that time could 'go to hell'.

Case 63:242

This veteran emphasised his family support throughout the interview. He knew he was in danger throughout his tour of Vietnam but just got on with the job. When he came back to Australia he felt isolated and could not speak to anyone about his experiences. He consequently moved into an employment stream that is extremely isolated. He and his wife live alone most of the year. His job in Vietnam was also isolated.

Case 64:232

This veteran is extremely distressed by his experiences in Vietnam. He was a forward scout in a fighting patrol often. He saw many ugly things that have disturbed him. His way of coping is to continually work. He is not totally and permanently incapacitated. He expressed concern about the time when he will have to stop working at his chosen job.

He is not in a relationship and has not been in one for many years. He has been on his own for a long time.

Case 65:4

This veteran is extremely traumatised and suffers greatly from flashbacks, nightmares and guilt. Initially he told the principle researcher to GET F...KED. Then he went on to speak for over an hour-and-a-half which included completing the telephone administered research instrument and clearly explain in great detail his sense of abandonment from the military and society. He is a very depressed, sad man who was thankful for the contact with the research team member and hoped that he could be of help to any suffering veterans today. He sponsors and conducts an annual remembrance day for those of his mates who fell in Vietnam. Most of his fellow unit members attend the week and camp on his property which he informed me that they find the camaraderie mentally and physically beneficial. Those who have not died attend regularly. He contacts them regularly. He is on medication and is a PTSD sufferer with a Department of Veterans' Affairs totally and permanently incapacitated pension. He is a good man with a deep sense of duty and support.

Conclusion

The bombs and booby traps have stopped exploding. The rounds of tracer—both red and green—have ceased screaming in both directions. The smell of Agent Orange and napalm has drifted well past the known horizons. But years have not arrested the nightmares,

flashbacks, vigilance, anger outbursts and social avoidance behaviours that still thunder on unrepentant; yet at time muted through medication and therapy.

These qualitative vignettes indicate that, whatever the response, there is a clear representation of emotional distress in many of the conversations—whether through a high sense of responsibility for mates or a survival guilt sensation. For most of these veterans, the feeling of incurred injury to their ongoing physical and mental health is not tainted by seeking notoriety, mental disability treatment or compensation payments of any kind. These sentiments of wanting to help others were often strongly confirmed during the telephone interviews with the research participants—when their memories of experiences resurfaced.

This quarantine of initial source data, and the subsequent data collection, has also exposed the abyss that many of these veterans peer into every day. Emotional despair saturates the qualitative reports. Exposure to the battlefields in Vietnam has had a huge personal cost for many veterans. It has caused physical, social and mental health co-morbidities that are evident in associated symptom clusters connected with the onset of PTSD. The restrictive nature of these types of accounts is often skewed by the individual's account which is biased (Hennessey 1997). There are also important social problems, as well as substantial physical and mental health treatment obligations, that the Australian Department of Veterans' Affairs will have to continue to deal with well into the future.

From all perspectives, the continued efforts to identify and implement effective prevention and treatment programs are warranted. However, the complexity of this task should not be marginalised, curtailed or negated as a consequence of cost/benefit analysis. Research in these areas is still vital. Australian military personnel are still deployed overseas. This suggests that a clearer understanding is essential of the qualitative and quantitative indicators of the dramatic outcomes of traumatic battlefield exposure. Research studies aimed at achieving this understanding should be pushed forward unencumbered.

Appendix B

Glossary of Terms and Abbreviations

Appendix B

Glossary of Terms and Abbreviations

1 - 1RAR (Infantry)

1ALSG – First Australian Logistics Support Group, based at Vung Tau.

1ATF – First Australian Task Force, based at Nui Dat.

2 - 2RAR (Infantry)

2 AOD - 2nd Australian Ordnance Depot

2IC – Second-in-Command.

2nd Lt - Second Lieutenant.

3 - 3RAR (Infantry).

33 Dent Un - 33rd Dental Unit.

4 - 4RAR (Infantry).

4/12 - 4 is months & 12 is months of Tour of Duty.

5 - 5RAR (Infantry).

6 - 6RAR (Infantry).

7 - 7RAR (Infantry).

8 - 8RAR (Infantry).

8Fd Amb – 8th Field Ambulance (Medical).

8Fd Amb Hosp (Med) - 8th Field Ambulance Hospital (Medical).

9 - 9RAR (Infantry).

A or Reg - Member of the RAAF.

AACC - Australian Army Catering Corps.

AAMC - Australian Army Medical Corps.

AD - Accidental Discharge of a weapon.

AK-47 – Soviet or Chinese 7.62mm automatic assault rifle used by VC and NVA forces.

APC – Armoured Personnel Carrier: used as a troop carrier and fitted with heavy caliber machine-guns. Also known as tracks or just carriers.

Armalite – Lightweight 5.56mm US automatic rifle, which became standard issue to American forces. Also known as the AR-15, and later the M16 rifle.

ARVN – Army of the Republic of Vietnam.

B52, or B52 Strato fortress – Heavy US strategic bomber.

Bandolier – A shoulder-carried ammunition pouch.

Banister – Anti-personnel artillery or tank round containing fleshette or chopped steel rod.

Bird Dog – Small fixed-wing reconnaissance aircraft used for spotting for ground-attack aircraft.

Break Contact – Disengage from contact with the enemy.

BRIG – Brigadier (CO of a Brigade or a Task Force).

CAPT – Captain (2IC of an Infantry Rifle Company).

Caribou – Twin-engines light transport aircraft.

Casevac – Casualty evacuation.

CBU – Cluster Bomb Unit: a single bomb containing hundreds of smaller bombs that are armed and released during flight.

Charlie – Vietcong, also known as Victor Charlie or VC.

Chinook – Large twin-rotor helicopter (CH-47).

Claymore mine – Command-detonated explosive device loaded with C4 explosive and 700 small steel balls used to defend a position or ambush enemy.

Click – 1000 metres, 1 kilometre.

CO – Commanding Officer, the commander of the battalion (not to be confused with an OC, who commands a company within the battalion).

Colt AR-15 – See Armalite.

CPL – Corporal.

D – Divorced.

DF – Defensive Fire, a predesignated and planned fire mission to be called upon if attacked or counter-attacked.

Digger – Australian Soldier.

Dis – disorder (psychiatric term).

DSM – Diagnostic and Statistical Manual of Mental Disorders (I, II, III, IIR and IV).

Dustoff – Evacuation of the wounded.

Fire Fight – Conflict with the enemy.

FP - Field Park (Ordnance).

FSB – Fire support base, established as an artillery fire base in the field to allow for greater range during operations.

FW - Family Worries (psychiatric term).

Grunt – Affectionate term for an infantry soldier.

H and I – Harassment and Interdiction, fire from the artillery at selected likely enemy rendezvous points.

Harbour – A tactically laid-out platoon or company position, usually adopted at night to allow for all-round protection from enemy attack.

Hercules C130 – Long range heavy transport aircraft with four engines.

HMG - 50 calibre – Heavy machine-gun (Normally mounted on an APC).

Howitzer, or 105 – Artillery piece used by Australians as heavy fire support weapon. Fired a 105mm shell.

HQ 1 ATF - Headquarters 1st Australian Task Force.

Huey – Iroquois helicopter, Bell model UH-1H: used as a multipurpose aircraft in Vietnam.

I – Inpatient (Medical).

ICD – International Classification of Diseases (8, 9, 10 and 11).

IF - 1 Field Regiment (Engineer).

Inf - Infantry (refer to: RAI or RA Inf).

INTSUM – Intelligence Summary briefing sheets issued by the Task Force.

Jumping Jack – M16 AP Mine.

KIA – Killed in action.

Lambretta – Three wheeled motorbike used as a taxi.

Lay-up – Hide, observe and listen for any enemy activity while resting.

LCM – Landing Craft Medium: used for beach landings of troops, stores and equipment.

LCPL - Lance Corporal.

LO – Liaison Officer.

Locstat – Location statement: map reference indicating a position on the ground.

Looney – Lieutenant.

Lt – Lieutenant.

LTCOL – Lieutenant Colonel (CO of an Infantry Rifle Battalion).

LZ – Landing Zone for helicopters.

M – Married.

M16 AP Mine – Also known as ‘jumping jack’, an anti-personnel fragmentation mine.

M60, 7.62mm belt-fed – General purpose machine-gun (GPMG) with a cyclic rate of 550 rounds per minute; issued at section level (three per platoon).

M79 – Infantry section weapon that fired a 40mm high-explosive grenade.

MAJ – Major (OC of an Infantry Rifle Company).

Med Asst - Medical Assistant.

Medical Note Diagnosis - % Social maladjustment & manifest psychiatric

Medical Note Diagnosis - ** Combat Reaction of some kind =Psychoneurosis in which combat stress has played an important part.

Medivac – Medical evacuation from the field through illness.

MIA – Missing in action.

MID – Mentioned in Dispatches. The Victoria Cross was the only medal for heroism that could be awarded posthumously. Those killed while performing an heroic deed, if not awarded the medal, were generally MID. The MID is also recognition for an exceptionally good job.

Mortrep – Mortar report (on enemy fire).

MP – Military Police, empowered to police all military members.

Nasho – National Serviceman.

NCO – Non-commissioned officer.

Nog – Derogatory term used by Australian troops to describe the enemy. American equivalent: Gook.

NS - National Service (refer: Nasho).

NSW - New South Wales.

NT - Northern Territory.

NVA – North Vietnamese Army regular troops.

NWM - no worries mate.

O - Outpatient.

O Group – Orders Group, the Army’s method and sequence of briefing individuals and groups to ensure that no critical information is missed.

OC – Officer commanding a major unit, such as a rifle company.

OH - Outpatient Hospital.

OND - Outpatient Nui Dat.

Ord - Ordnance (refer:Royal Australian Army Ordnance Corps).

OS - Outpatient Saigon.

Owen Machine Carbine – Australian-produced 9mm submachine-gun.

Papasan, mamas an, babysan – Father, mother and baby.

PF – Provincial Force: South Vietnamese troops from within a particular province.

Piquet – Sentry duty.

Pl Comd - Platoon Commander (2nd Lt or Lt).

POW – Prisoner of War.

Prop – To stop (when on patrol).

PT - Previous Tour.

PTE – Private.

Punji Pit – Pit containing sharpened stakes.

QLD – Queensland.

QM - Quarter Master (CAPT in a Logistic Unit or Logistic Support Role).

QSM – Quarter Master Sergeant (SSGT or WO2 in a Logistic Unit or Logistic Support Role).

R&R - Rest and Recreation.

RA - Regular Army.

RA Inf - Royal Australian Infantry.

RA Sigs - Royal Australian Signals Corps.

RAA - Royal Australian Artillery Corps.

RAAC - Royal Australian Armoured Corps.

RAAF - Royal Australian Airforce.

RAAMC – Royal Australia Army Medical Corps.

RAAOC - Royal Australian Army Ordnance Corps.

RAASC - Royal Australian Army Service Corps.

RAE - Royal Australian Army Engineers.

RAEME - Royal Australian Electrical and Mechanical Engineers.

RAI – Royal Australian Infantry.

RAI or RA Inf - Royal Australian Infantry.

RAN - Royal Australian Navy.

RAP – Regimental Aid Post.

RAR – Battalions of the Royal Australian Regiment (Infantry).

Recce – Reconnaissance to survey or prove an area for enemy presence.

Re-entrant – A gully or creek line running from high ground to low.

RF – Regional Force: South Vietnamese troops from within a particular region.

RP – Regimental Police: soldiers within the battalion empowered by the CO to police members of that battalion only.

RPG – Rocket-propelled grenade carried by the enemy, fired from a shoulder-supported launcher.

RSL – Returned Services League.

RSM - Regimental Sergeant Major (rank:Warrant Officer Class One).

RTA - Return to Australia.

RTU - Return to Unit.

RV – Rendezvous point where soldiers met during patrols or after action.

S – Single person(not married).

S/SGT - Staff Sergeant.

S3 = Sergeant (United States military rank level)

SA - South Australia.

Sapper – A soldier in the Royal Australian Engineers Corps (RAE).

SAS – Special Air Service.

Sect - Section (sub unit of 10 Men of an in Infantry Platoon 30+ Men).

SGT – Sergeant.

SH Dist 307 - Saigon Hospital District 307.

Sioux – A light utility helicopter.

Sitrep – Situation report.

Slick – A group of helicopters.

SLR – 7.62mm semi-automatic self-loading rifle, the standard infantry weapon issued to Australian troops.

SM - Sergeant Major(rank:Warrant Officer Class One or Two).

SP – Separated(A soldier that is married but is legally separated).

SPR - Sapper (PTE equivalent in RAE).

TAOR – Tactical area of operational responsibility.

TAS – Tasmania.

The “J” – The jungle.

TIC - Time in Country.

TPR - Trooper (PTE equivalent in RAAC).

Tracer – A round or bullet with a red or green glow at the rear to enable soldiers to see its trajectory.

UD – Unlawful Discharge of a weapon.

V.C. Victoria Cross – The highest British award for military bravery.

VC – Vietcong. (see Charlie).

VIC – Victoria.

WA - Western Australia.

Web Belt – A belt from which a soldier hangs water bottles and ammunition pouches.

WHO – World Health Organization.

WIA – Wounded in Action.

WO1 - Warrant Officer Class One.

WO2 - Warrant Officer Class Two.

Zippo – Cigarette lighter, ubiquitous in the war.

Appendix C

Information Sheet for Research Participants

Appendix C

Information Sheet for Research Participants



Professor Alexander McFarlane
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FRANZCP-Research Supervisor.
Mr Robert Coxon MA (Hons),
Research Interviewer
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Centre for Military and Veterans Health
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AUSTRALIA

Information Sheet The Impact of Battlefield Trauma, Presented Acute Stress Symptoms, Subsequent Treatment Programs and Current Situations

Dear Sir,

As presented and discussed inletter, we are contacting you now, to invite you to participate in a research project that we believe is really important. However, before you decide whether or not to participate, we need to be sure that you understand any personal information provided during the study will not be made available to the Department of Veterans' Affairs. It is also essential that you take time to appreciate the reasons why we are doing this work and what would be involved if you agreed to participate in the ongoing study.

This study is an examination of the possible effects of acute combat stress reactions on the health and wellbeing of military personnel who served in Vietnam during 1969/70 and their current health conditions and situations.

Purpose of the study: As part of a team of Adelaide University researchers we are looking at the current health and wellbeing of Veterans who served in Vietnam during 1969 and 1970. A part of this study is to examine the long-term effects on the health and wellbeing of those Veterans who were exposed to the battlefields in Vietnam. A medical assessment of a large number of serving members of the Australian Task Force serving in Vietnam was conducted during 1969 and 1970. You may have participated in that initial examination during your tour of duty in Vietnam. Irrespective of your possible involvement in that initial examination, as an individual who has also been involved in a battlefield situation it is really important that you be given this information sheet so that you will be properly informed about the examination we intend to conduct, before being asked personally to take part in this research. Please read the sheet carefully. This information sheet remains your property.

Apart from your service within the military during your tour of Vietnam, a number of other life experiences may have been affected by your memories of the events that took place in Vietnam. We are specifically interested in how these memories of these experiences of military service in Vietnam have impacted on your wellbeing and general health up until today. Even if you know that your life is and has been satisfying and your general health has been good, we are still keen to learn and know your unique story.

The benefits: This research will provide an opportunity for a detailed look at a soldier's life experiences and wellbeing at the time of service in Vietnam and then after thirty five odd years of individual life experiences. The impact that military service in Vietnam may have had on an individual's wellbeing and health will also be looked at in detail. It is hoped that the discoveries made as a result of this type of study will assist us in gaining a better understanding of the needs of military personnel who have had to cope with the pressure and stress of battlefield exposure and how these needs can be attended to

effectively. Quite apart from the impact of the exposure to the battlefield, this study provides us all with a special chance to explore the wellbeing and health of military personnel who have returned from battle and have had to continue a life as a civilian in an ever-changing Australia.

Although you may feel this study may not have any specific benefits for you, it does provide an opportunity for you to tell your story in a confidential and anonymous way. The results will hopefully assist us in understanding the emotional and physical needs of military personnel, especially those that have been exposed to battlefield experiences. It may also, in the future, help military trainers, health support staff, and researchers to more fully understand the long-term effects on an individual who has been exposed to battlefield situations. The outcomes of this study will also help in assessing the impact on the general health of military personnel exposed to the traumatic events of life in general.

What will the study involve: From the beginning it has to be stated that all of the information obtained from your participation in this study will remain strictly confidential, classified secret and securely stored at the University of Adelaide in accordance with the legal parameters governing the protocol requirements of collected data. All of your personal details have been coded and disguised, thereby ensuring the total anonymity of everyone involved in the study. This study will take place over the period of 2006-2008. A researcher will interview you once, in most cases we will wish to speak to you over the phone. However, to the extent that our budget allows, we will conduct face-to-face interviews. The selection process for the face-to-face interview will be based on random selection and your permission. These interviews will involve a structured interview. Interview sessions may take between 60 to 90 minutes.

You should be aware that, “The Australian Electoral Commission (AEC) has provided address information for this medical research study in conformity with Item 2 of subsection 90B (4) of the Commonwealth Electoral Act 1918 and regulation 10(1) of the Electoral and Referendum Regulations 1940.”

Should you wish to speak confidentially to a person in relation to matters concerning policies, information about the conduct of the study or your rights as a participant, you may contact Professor Alexander C. McFarlane, Head of the University of Adelaide Node of the Centre of Military and Veterans' Health and Medicine or Mr Robert A. Coxon the Principal Researcher for this study programme on (0415) 111200.

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Appendix D

Self Completion Questionnaire for Research Participants

Appendix D

Self Completion Questionnaire for Research Participants



***Australian Vietnam Veterans
Health Study***

***Centre for Military and Veterans Health.
Faculty of Health Sciences***

Self Completion Questionnaire

INSTRUCTIONS: Thank you for agreeing to complete this questionnaire. It contains items that are drawn from standardised health questionnaires that are in use all over the world. This set of questions asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer: Every question by marking the answer as indicated. If you are unsure about how to answer a question please give the best answer you can. Your answers will be added together with those of other veterans and a picture of the whole veteran community will emerge.

Please complete the questionnaire before you have an interview with a Study Interviewer. Your privacy is protected by the absence of identifying details. PLEASE DO NOT WRITE YOUR NAME ON THE QUESTIONNAIRE.

Please answer every question. There are no right or wrong answers. If you feel that the answers provided are not *exactly* appropriate for you, please select the one that is **closest** to the appropriate answer.

The questions can be answered by placing a tick in the box or a circle around your answer. e.g. 1 , 2 , 3 , 4 , 5 , 6 , 7 , 8 , 9 , 10 , or 11 a, 12 b, 13 c, 14 d, 15e, 16 f, 17 g, 18 h, 19 i, 20 j, 21 k, 22 l, 23 m, 24 n, 25 o, 26 p, 27 q, 28 r, 29 s, 30 t.

1. In general, would you say your health is: (Please tick **one** box.)

Excellent
Very Good
Good
Fair
Poor

2. Compared to one year ago, how would you rate your health in general now? (Please tick **one** box.)

Much better than one year ago
Somewhat better now than one year ago
About the same as one year ago
Somewhat worse now than one year ago
Much worse now than one year ago

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, then: How much? **(Please circle one number on each line.)**

Activities	Yes, Limited A Lot	Yes, Limited A Little	Not Limited At All
3(a) Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports.	1	2	3
3(b) Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	1	2	3
3(c) Light activities , such as lifting or carrying groceries.	1	2	3
3(d) Climbing several flights of stairs.	1	2	3
3(e) Climbing one flight of stairs.	1	2	3
3(f) Bending, kneeling, or stooping.	1	2	3
3(g) Walking more than a mile .	1	2	3
3(h) Walking several blocks .	1	2	3
3(i) Walking one block .	1	2	3
3(j) Bathing or dressing yourself.	1	2	3

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? **(Please circle one number on each line.) Yes or No.**

Problems with work or daily activities as result of physical health.	YES	NO
4(a) Cut down on the amount of time you spent on work or other activities.	1	2
4(b) Accomplished less than you would like.	1	2
4(c) Were limited in the kind of work or other activities.	1	2
4(d) Had difficulty performing the work or other activities (for example, it took extra effort).	1	2

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (e.g. feeling depressed or anxious)? **(Please circle one number on each line.) Yes or No.**

Problems with your work or other regular daily activities as a result of any emotional problems	YES	NO
5(a) Cut down on the amount of time you spent on work or other activities.	1	2
5(b) Accomplished less than you would like.	1	2
5(c) Didn't do work or other activities as carefully as usual.	1	2

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups? (Please tick **one** box.)

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

7. How much physical pain have you had during the past 4 weeks? (Please tick **one** box.)

- None
- Very mild
- Mild
- Moderate
- Severe
- Very Severe

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Please tick **one** box.)

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

9. These questions are about how you feel and how things have been with you during the past 4 weeks. Please give the one answer that is closest to the way you have been feeling for each item. **(Please circle one number on each line.)**

How you feel and how things have been with you during the past 4 weeks.	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
9(a) Did you feel full of life?	1	2	3	4	5	6
9(b) Have you been a very nervous person?	1	2	3	4	5	6
9(c) Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
9(d) Have you felt calm and peaceful?	1	2	3	4	5	6
9(e) Did you have a lot of energy?	1	2	3	4	5	6
9(f) Have you felt downhearted and blue?	1	2	3	4	5	6
9(g) Did you feel worn out?	1	2	3	4	5	6
9(h) Have you been a happy person?	1	2	3	4	5	6
9(i) Did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives etc.) **(Please tick one box.)**

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

11. How TRUE or FALSE is each of the following statements for you? **(Please circle one number on each line.)**

How TRUE or FALSE is each of the following statements for you?	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
11(a) I seem to get sick a little easier than other people	1	2	3	4	5
11(b) I am as healthy as anybody I know	1	2	3	4	5
11(c) I expect my health to get worse	1	2	3	4	5
11(d) My health is excellent	1	2	3	4	5

12. Circle the score (0, 1, 2 or 3) for each statement that best describes how often you felt this way during the past week. **(Please circle one number on each line.)**

How often you felt this way during the last week	Rarely or none of the time (< 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
12(a) I was bothered by things that usually don't bother me	0	1	2	3
12(b) I did not feel like eating; my appetite was poor	0	1	2	3
12(c) I felt that I could not shake off the blues even with help from my family and friends	0	1	2	3
12(d) I felt that I was just as good as other people	3	2	1	0
12(e) I had trouble keeping my mind on what I was doing	0	1	2	3
12(f) I felt depressed	0	1	2	3
12(g) I felt like everything I did was an effort	0	1	2	3
12(h) I felt hopeful about the future	3	2	1	0
12(i) I thought my life had been a failure	0	1	2	3
12(j) I felt fearful	0	1	2	3
12(k) My sleep was restless	0	1	2	3
12(l) I was happy	3	2	1	0
12(m) I talked less than usual	0	1	2	3
12(n) I felt lonely	0	1	2	3
12(o) People were unfriendly	0	1	2	3
12(p) I enjoyed life	3	2	1	0
12(q) I had crying spells	0	1	2	3
12(r) I felt sad	0	1	2	3
12(s) I felt that people disliked me	0	1	2	3
12(t) I could not 'get going'	0	1	2	3

13. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. **(Please circle one number on each line.)**

Extent of agreement or disagreement between you and your partner	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
13(a) Handling Family Finances	5	4	3	2	1	0
13(b) Matters of recreation	5	4	3	2	1	0
13(c) Religious matters	5	4	3	2	1	0
13(d) Demonstrations of affection	5	4	3	2	1	0
13(e) Friends	5	4	3	2	1	0
13(f) Sex relations	5	4	3	2	1	0
13(g) Conventionality (correct or proper behaviour)	5	4	3	2	1	0
13(h) Philosophy of life	5	4	3	2	1	0
13(i) Ways of dealing with parents or in-laws	5	4	3	2	1	0
13(j) Aims, goals, and things believed important	5	4	3	2	1	0
13(k) Amount of time spent together	5	4	3	2	1	0
13(l) Making major decisions	5	4	3	2	1	0
13(m) Household tasks	5	4	3	2	1	0
13(n) Leisure time interests and activities	5	4	3	2	1	0
13(o) Career decisions	5	4	3	2	1	0
13(p) How often do you discuss or have you considered divorce, separation, or terminating your relationship?	0	1	2	3	4	5
13(q) How often do you or your mate leave the house after a fight?	0	1	2	3	4	5
13(r) In general, how often do you think that things between you and your partner are going well?	5	4	3	2	1	0
13(s) Do you confide in your mate?	5	4	3	2	1	0
13(t) Do you ever regret that you married or lived together?	0	1	2	3	4	5
13(u) How often do you and your partner quarrel?	0	1	2	3	4	5
13(v) How often do you and your mate "get on each other's nerves?"	0	1	2	3	4	5

14. Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the last month. **(Please circle one number on each line.)**

Veterans Stressful Military Experiences	Not at all	A little bit	Moderately	Quite a bit	Extremely
14(a) Repeated, disturbing memories, thoughts, or images of a stressful military experience?	1	2	3	4	5
14(b) Repeated disturbing dreams of a stressful military experience?	1	2	3	4	5
14(c) Suddenly acting or feeling as if a stressful military experience or experiences were happening again (as if you were reliving it)?	1	2	3	4	5
14(d) Feeling very upset when something reminded you of a stressful military experience?	1	2	3	4	5
14(e) Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful military experience?	1	2	3	4	5
14(f) Avoiding thinking about or talking about a stressful military experience or avoiding having feelings related to it?	1	2	3	4	5
14(g) Avoiding activities or situations because they reminded you of a stressful military experience?	1	2	3	4	5
14(h) Trouble remembering important parts of a stressful military experience?	1	2	3	4	5
14(i) Loss of interest in activities that you used to enjoy?	1	2	3	4	5
14(j) Feeling distant or cut off from other people?	1	2	3	4	5
14(k) Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
14(l) Feeling as if your future somehow will be cut short?	1	2	3	4	5
14(m) Trouble falling or staying asleep?	1	2	3	4	5
14(n) Feeling irritable or having angry outbursts?	1	2	3	4	5
14(o) Having difficulty concentrating?	1	2	3	4	5
14(p) Being “super alert” or watchful or on guard?	1	2	3	4	5
14(q) Feeling jumpy or easily startled?	1	2	3	4	5

15. Below are some questions about any involvement in combat or combat situations that might have happened to you while you were in Vietnam. We are asking these questions of all of the veterans we are interviewing for the study. Some of the questions may be hard to answer: please try your best to remember as well as you can.

(Please circle one number on each line.)

Veterans Combat Exposure	Never	Rarely (once)	Occasionally (2 – 5 times)	Often (6– 10 times)	Very often (11+ times)
15(a). How often did you make contact with the enemy? (How often were you in a contact?)	0	1	2	3	4
15(b). How often did you fire your weapon at the enemy?	0	1	2	3	4
15(c). How often did you see a Vietnamese actually being killed? (whether civilian or military, armed or unarmed, uniformed or not, friend or enemy)	0	1	2	3	4
15(d). How often did you see one of our men actually being killed?	0	1	2	3	4
15(e). How often did you see enemy wounded?	0	1	2	3	4
15(f). How often did you see our men wounded?	0	1	2	3	4
15(g). How often did you see dead enemy?	0	1	2	3	4
15(h). How often did you kill the enemy?	0	1	2	3	4
15(i). How often did you see dead Vietnamese civilians?	0	1	2	3	4
15(j). How often did you see our own dead?	0	1	2	3	4
15(k). How often did you find yourself in a combat situation in which you thought you would never survive?	0	1	2	3	4
15(l). How often did you participate in a body count of enemy dead?	0	1	2	3	4
15(m). How often were you involved as a participant in hurting Vietnamese?	0	1	2	3	4
15(n). How often were you involved in the burning or destruction of Vietnamese houses or villages?	0	1	2	3	4
15(o). How often were you indirectly involved as an observer in killing Vietnamese? (but not actually doing it yourself.)	0	1	2	3	4
15(p). In your opinion, how often were you in danger of being killed or wounded in Vietnam?	0	1	2	3	4
15(q). How often did you see our men wounded by anti-personnel devices (booby traps, trip wires, mines, etc)?	0	1	2	3	4

Veterans Combat Exposure	Never	Rarely (once)	Occasionally (2 – 5 times)	Often (6– 10 times)	Very often (11+ times)
15(r). How often were you directly involved as a participant in killing Vietnamese?	0	1	2	3	4
15(s). How often were you indirectly involved as an observer in hurting Vietnamese?	0	1	2	3	4
15(t). How often were you directly involved in mutilating bodies of Vietnamese (e.g. in burial parties, cutting off body parts, placing bodies in grotesque positions)?	0	1	2	3	4
15(u). How often were you indirectly involved as an observer of the mutilation of bodies of Vietnamese?	0	1	2	3	4

**THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.
PLEASE PLACE IT IN THE REPLY-PAID ENVELOPE PROVIDED.**

**IF YOU HAVE ANY COMMENTS TO MAKE ON ANY ASPECT OF THE
STUDY OR ON THE QUESTIONNAIRE PLEASE CONTACT THE STUDY
INTERVIEWER ON (0415)111200 OR WRITE THEM ON THE
QUESTIONNAIRE OR PUT IN EXTRA PAGES.**

Appendix E

Research Contact Form for Research Participants

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Research Contact Form

1. I, the undersigned .
.....
Have been notified of the full extent of the research project titled:
*A longitudinal study into battlefield trauma exposure,
(TAOR Diagnosis, Symptoms, and Long Term Outcomes)*
2. I have read the information sheet, and I understand the reasons for this study.
3. I understand that the purpose of this research project is to improve the quality of medical care, but my involvement may not be of direct benefit to me.
4. I also understand that information about my medical history and my identity will be encrypted and kept confidential at all times (at no time will this information be made available to the Department of Veterans' Affairs), and nothing will ever be published which could possibly reveal my identity.
5. My involvement in the project is totally confidential and consequently can not affect my relationship with my medical advisers or the Department of Veterans' Affairs, now or in the future.
6. The most convenient time to contact me to arrange a personal interview or phone interview is (please circle):
 - a. during the mornings between 0900-1130hrs.
 - b. during the afternoons between 1230-1630hrs.
 - c. during the evenings between 1830-1930hrs.
7. The best phone number to contact me on is -----.

Appendix F
The original diagnostic criteria for
Post-traumatic Stress Disorder
(1980)

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The original diagnostic criteria for Post-traumatic Stress Disorder (1980)

A	Existence of a recognizable stressor that would evoke significant symptoms of distress in almost everyone.
B	Re-experiencing of the trauma as evidenced by at least one of the following: (1) Recurrent and intrusive recollections of the event. (2) Recurrent dreams of the event. (3) Sudden acting or feeling as if the traumatic event was recurring, because of an association with an environmental or ideational stimulus.
C	Numbing of responsive to, or reduced involvement with, the external world, beginning some time after the trauma, as shown by at least one of the following: (1) Markedly diminished interest in one or more significant activities. (2) Feeling of detachment or estrangement from others. (3) Constricted affect.
D	At least two of the following symptoms that were not present before the trauma: (1) Hyper alertness or exaggerated startle response. (2) Sleep disturbance. (3) Guilt about surviving while others have not, or about behaviour required for survival. (4) Memory impairment or trouble concentrating. (5) Avoidance of activities that arouse recollection of the traumatic event. (6) Intensification of symptoms by exposure to events that symbolize or resemble the traumatic event.

Appendix G

The DSM-IV: Diagnostic criteria for

Post-traumatic Stress Disorder (PTSD), 309.81. (1994)

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The DSM-IV: Diagnostic criteria for

Post-traumatic Stress Disorder (PTSD), 309.81. (1994)

A	<p>The person has been exposed to a traumatic event in which both of the following were present:</p> <ol style="list-style-type: none"> (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. (2) The person's response involved intense fear, helplessness or horror. Note: In children, this may be expressed instead by disorganised or agitated behaviour.
B	<p>The traumatic event is persistently re-experienced in one (or more) of the following ways:</p> <ol style="list-style-type: none"> (1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed. (2) Recurrent distressing dreams of the event. Note: In Children, there may be frightening dreams without recognisable content. (3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific re-enactment may occur. (4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. (5) Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
C	<p>Persistent avoidance of stimuli associated with the trauma and numbing or general responsiveness (not present before the trauma), as indicated by three (or more) of the following:</p> <ol style="list-style-type: none"> (1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma. (2) Efforts to avoid activities, places, or people that arouse recollections of the trauma. (3) Inability to recall an important aspect of the trauma. (4) Markedly diminished interest or participation in significant activities. (5) Feeling of detachment or estrangement from others. (6) Restricted range of affect (e.g. unable to have loving feelings). (7) Sense of a foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span).
D	<p>Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:</p> <ol style="list-style-type: none"> (1) Difficulty falling or staying asleep. (2) Irritability or outbursts of anger. (3) Difficulty concentrating. (4) Hyper-vigilance. (5) Exaggerated startle response.
E	<p>Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.</p>
F	<p>The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>

Specify if:

Acute: If duration of symptoms is less than three months.

Chronic: If duration of symptoms is three months or more.

With Delayed Onset: If onset of symptoms is at least six months after the stressor.