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30 March 2015

Submission to the Senate Foreign Affairs Defence and Trade References Committee

Inquiry into the mental health of Australian Defence Force (ADF) personnel who have returned from combat, peacekeeping or other deployment.

Misleading Statements about the Incidence of Veteran Suicide and Post Traumatic Stress Disorder

Suicide

Statements have been made by spokespeople for the Department of Defence that, tragic as veterans' suicides are, their rate is no more than their peers in the general population.

The implication seems to be that, whatever is happening to troops in their military service including fighting the war in Afghanistan, it is not producing a higher rate of suicide than in those not experiencing military service.

Such statements are misleading.

Comparing military personnel with their peers in the general population is statistically unsound. The comparison groups are too dissimilar.

The recruiting process for the military filters out those with even a hint of physical or psychological problems. Then in recruit and further training, the filtering continues.

(If focusing on veterans of the war in Afghanistan, it should be remembered that Australia's war was fought to a large extent by Commando and SAS units. They recruited mainly from the already filtered infantry battalions then imposed yet more demanding tests.)

This filtered military group could be expected over time to have lower rates of morbidity and mortality including suicide than their peers in the general community.

This difference is a well-known statistical phenomenon known as the ‘healthy worker effect’ or ‘healthy soldier effect’.

The effect was well demonstrated in the Department of Veterans Affairs sponsored study, *Australian National Service Vietnam Veterans: Mortality and Cancer Incidence 2005* (Australian government, Department of Veterans Affairs, Australian Institute of Health Welfare)¹.

Included in the study’s objectives were to:

- “compare mortality and cancer incidence among the National Service cohort with the expected mortality and cancer incidence of the Australian community; and
- “compare mortality and cancer incidence of National Servicemen who went to Vietnam to that of National Servicemen who served only in Australia.”²

On the first of these objectives the report says:

“The study showed that as a group National Servicemen were generally healthier than the same aged Australian male population. Overall mortality was 27% lower than expected, ... For the over 60 specific causes of mortality investigated, no cause of death was significantly more common than expected within the Australian community and many were significantly less common than expected.”³ ... “Taken together, the results showed that due to the healthy worker effect [healthy soldier effect], National Servicemen as a group had lower mortality and cancer incidence rates than the general population.”⁴

Because of the expected ‘healthy soldier effect’, it was realised any results from comparing the health of National Servicemen with their peers in the general community would be meaningless. So that the Vietnam study would make sense, the second objective was included. The study compared the group of National Servicemen who fought in Vietnam with those who stayed in Australia. Of this study the report says:

“A great strength of this study is that it controls for the healthy worker or healthy soldier effect. The study compares Mortality and cancer incidence among National Servicemen with and without service in Vietnam. The two populations appear to have been very similar at the time of recruitment. Hence any differences in their mortality or cancer incidence are likely to be related to whether or not they went to Vietnam. The study approximates a natural experiment with individuals assigned to service in Vietnam essentially at random. Both groups

¹ *Australian National Service Vietnam Veterans: Mortality and Cancer Incidence 2005* (Australian government, Department of Veterans Affairs, Australian Institute of Health Welfare). See from page xvii.

Copy at

http://www.dva.gov.au/sites/default/files/files/consultation%20and%20grants/healthstudies/mortcanvietvet/national_service_report.pdf,

² *Ibid*, page xvii.

³ *Ibid*, page xx.

⁴ *Ibid*, page xx.

were composed of equally healthy, fit soldiers who at the time of entry into the study differed essentially only by their Vietnam service.”⁵

So comparing the suicide rates amongst the military with those of their peers in the general population is simply unprofessional and meaningless.

And the statement that the rate of veterans’ suicide is no greater than that of their peers in the general community is not only unprofessional and meaningless, it is mischievous. It suggests war veterans, despite their combat experience, are at no greater risk of suicide.

This is not true.

And there is well known and compelling evidence.

The above mentioned study, *Australian National Service Vietnam Veterans: Mortality and Cancer Incidence 2005* compared National Servicemen who fought in Vietnam (termed in the study, ‘veterans’) with those who stayed in Australia (termed in the study, ‘non veterans’).

Here is what the study reported:

- “National Service veterans experienced a 23% higher overall mortality than non-veterans, ...”
- “Deaths from motor vehicle accidents and suicide were significantly elevated among veterans by 31%and43%, respectively.”⁶ [Motor vehicle accidents are included here because they are often suicide attempts]

What it means is this: as a group, those who fight a war will have a higher suicide rate than a comparable group who do not.

It follows that each individual who experiences the trauma of combat has an elevated risk of suicide.

On 9 March 2015, Defence spokesperson, Commander Joint Health and Surgeon General, Rear Admiral Robyn Walker was interviewed on the TV programme, *Four Corners, Bringing the War Home*.⁷

The moderator Quinten Dempster asked Admiral Walker:

“We've heard reports, ah, of a suicide toll three times that of Australia's combat losses in Afghanistan. Um, do you think those reports are accurate?”

Admiral Walker replied:

Um, w-we've, we've heard those anecdotal reports as well. We haven't been able to confirm that data. Um, but my understanding is, ah, Department of Veterans' Affairs is, um, presently trying to, um, actually get a, um, a- a- evidence for what that might be. So anecdotally, we haven't been able to confirm those figures.

⁵ *Ibid*, page xviii.

⁶ *Ibid*, page xix/

⁷ <http://www.abc.net.au/4corners/stories/2015/03/09/4191681.htm>

Quinten Dempster then asked:

“But you'd agree that suicides from combat-related PTSD are an extremely serious problem, aren't they?”

Admiral Walker replied:

“Um, what I would say is that there are a myriad of causes of why people take their own lives. And the loss of any life is, ah, is tragic. Um, now, ah, we know that PTSD is associated with other mental health conditions. It's associated with, ah, depression, it's ov- associated with, ah, the abuse of alcohol. And, um, there are times when people with PTSD have, um, taken their own lives. So it is tragic when anyone does that.”

This answer suggested to the listener that fighting the war in Afghanistan might not have caused any elevation in suicide rate of those who fought.

What Admiral Walker should have said was something like this:

“We know having been in combat increases veterans' risk of suicide but we do not yet have an accurate number for Afghanistan veterans. The Department of Veterans Affairs is investigating.”

That would have been an accurate, direct answer.

That such accurate and direct statements are not being made by Department of Defence spokespeople is troubling.

Post Traumatic Stress Disorder

Rear Admiral Robyn Walker also appeared on the SBS TV programme *Insight, Shell Shocked* on 23 October 2012.⁸ It is a programme with a picked audience who participate.

Admiral Walker was asked a question by the moderator, Jenny Brockie:

“Would you expect it [PTSD] to be higher with troops who see active combat?”

Admiral Walker answered:

“Well, interestingly the data at this point doesn't show that and it shows that our rates of PTSD amongst the people who have deployed and those who haven't deployed, there is no significant difference.”

Whether or not this statistic was correct, it was certainly misleading. It suggested to the listener that being in or near combat during the war in Afghanistan did not elevate the rate of PTSD in that group. This was, of course, nonsense. PTSD results from the trauma of suffering a real threat to one's life or the life of a physically close comrade. Many troops fighting in Afghanistan would have suffered such traumatic situations.

⁸ SBS TV programme *Insight, Shell Shocked* on 23 October 2012

<http://www.sbs.com.au/news/insight/tvepisode/shell-shocked>

Whatever the rationale of the statistic Admiral Walker quoted, it was not that those fighting wars do not suffer an elevated risk of PTSD.⁹

Jennie Brockie asked Captain Ashley Judd, an infantry platoon commander in Afghanistan who had seen considerable action:

“8 percent, [the reported PTSD rate in the ADF] does that sound about right to you? Ash, what do you think?”

Captain Judd answered:

“I can only speak to the quite narrow sample of the guys I deployed with and my own peers, but wildly higher than that.”

Jenny Brockie then asked:

“How much wildly higher than that?”

Captain Judd answered:

“Oh, you know, looking at, looking at my own platoon of 50 guys I would conservatively say that 20 percent have had serious issues of adjustment coming home.”

The simple truth is that, as Captain Judd described, troops experiencing the trauma of combat suffer elevated rates of PTSD. But Admiral Walker made no attempt to support Captain Judd or other Afghanistan veterans in the audience making a similar point. Instead, she allowed her misleading statistical statement to hang there, casting doubt on the credibility of Captain Judd and the other veterans.

This was inexcusable because there was abundant evidence that involvement in combat causes higher rates of psychological illness.

Take the 1985 estimate of the Royal Commission on the Use and Effects of Chemical Agents on Australian Personnel in Vietnam that:

“There is a Vietnam veterans’ syndrome, broadly corresponding to PTSD. At this time about 25% of Vietnam veterans will have psychological symptoms requiring treatment, and this number may be expected to peak in 1988-89...”¹⁰

In the series of Morbidity of Vietnam Veterans studies, Volume 1: Male Vietnam Veterans Survey and Community Comparison Outcomes (Department of Veteran’s Affairs (DVA) 1998a) indicated higher rates even than those of the general community of depression and PTSD.

⁹ There are obvious possible reasons for the Admiral’s statistic.

- Dilution of the ‘deployed’ statistic because most ‘deployed’ ADF members are not involved in or close to combat.
- Increase in the statistic of those not ‘deployed’ because of dangerous training, training accidents or dangerous/distressing operations in Australia (such as those intercepting or observing asylum seekers boats).

¹⁰ Royal Commission on the Use and Effects of Chemical Agents on Australian Personnel in Vietnam, Final Report July 1985, Volume 5: Mental Well-being, page IX-163.

And the elevated rates of suicide amongst those who fought in the Vietnam War must suggest elevated rates of psychological distress including PTSD.

What Admiral Walker could and should have said was this:

Troops involved in combat will have higher rates of PTSD than troops not involved in combat or similar traumatic experiences. She could have added that groups of troops who have been in intense combat can experience very high rates of PTSD.

She could have added that the number suffering PTSD and other psychological distress is likely to climb for years after the fighting has finished because its effects are often delayed.

That she did not make such a statement is disappointing.

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