



Submission No 32

**Inquiry into the Care of ADF Personnel Wounded and Injured  
on Operations**

**Name:** Dr Glen D Edwards

5 February 2013

Commander J. A. Crouch, RAN

Defence Adviser

Joint Standing Committee on Foreign Affairs, Defence and Trade

R-1-115 Parliament House  
Canberra ACT 2600

Dear Commander Crouch,

**Re: Inquiry into the Care of ADF Personnel Wounded and Injured on Operations**

I am honoured to be invited to give voice for many veterans in the way of a submission to the much needed Committee on the “Inquiry into the Care of ADF Personnel Wounded and Injured on Operations” and offer the submission as a contribution for consideration by the committee.

**Submission:**

This submission will address the issues as outlined in the terms of reference. My contribution will be restricted to mental health issues.

**Relevant History of Author:**

My name is Dr Glen Edwards and I served in Vietnam as a medic. Following military service I attended university and then became Director of the Adelaide Vietnam Veterans Counselling service. During this time I was a founding member of the Australasian Society of Traumatic Stress Studies, pioneered and wrote a manual on Group Therapy for male and female veterans suffering with PTSD, was chosen to undertake a study tour of Veteran’s Administration hospitals and Vet Centers in the United States of America and provide a report to our Government. I was honoured with a Proclamation from the City Council of New York for my clinical work with veterans and their families.

Post VVCS I have worked as a visiting professor at several universities and lectured at a number of universities on the subject of Post Traumatic Stress Disorder.

I was invited by the People's Republic of China to be the International Supervisor for the Chinese National Psychosocial team that responded to the Sichuan Province earthquake that killed over 70 thousand people and Authored the Psychosocial Intervention Guidelines for the Chinese mental health team responding to the Sichuan Province earthquake. I have been a technical adviser and consultant about PTSD for the World Health Organization in China, Japan and the Philippines and have worked extensively with survivors of natural and man-made disasters most recently assisting survivors of the Great East Japan Earthquake and Tsunami.

### **Background Serving Veterans and their families:**

As Director of the VVCS in Adelaide our clinical intervention moved beyond the traditional medical model of care as PTSD was more than a medical issue; it was a psychosocial issue involving the individual, family and communities. The focus of care extended beyond the short-term course of talk therapy which is known to be effective in treating PTSD however, that is far from enough. There was a need to extend support and assistance by incorporating "Outreach" "Self Help" and "Community Participation" to help veterans and their families improve and maintain a quality of life.

I was honoured to be able to record a longitudinal record of the psychosocial aspects of veteran and their families which represent decades of my experience assisting veterans and their families. True life stories of twenty veterans along with their spouse and children totalling 38 individuals were constructed from hundreds of hours of interviews from 1986 to 2006 spanning two generations and three countries. All individuals interviewed spoke candidly highlighting the struggles they face in trying to understand and make sense of events that have impacted their lives, often in unexpected and traumatic ways. I believe the interaction with veterans clinically and socially qualifies me to echo the voice of many veterans who served in dangerous and unforgiving places and who continue to bear witness to what that commitment entails. Many continue to suffer emotionally, psychologically and physically from their service often in silence or behind closed doors. From the outset, the publication of true life stories was a medium for veterans their spouses and children to share their true raw inner feeling uncensored. It also served among other things to (a) assist military personnel and their families to navigate through their difficulties (b) to understand they are not alone in their struggles (c) to know that help is available for them and their families and (e) to serve as a resource document for mental health providers and others assisting veterans and their families and (f) to

assist the general community to better understand challenges faced by veterans and their families.

As a way of presenting the difficulties faced by veterans and their families and representing them, I have taken the opportunity to list below uncensored quotes by veterans and their families. Quotes come today 40 plus years after the veterans returned from active service ... little has changed. The quotes are not from faceless individuals, each has willingly penned his or her name to print. Each quote is the voice of the individual not simply a collection of words to fill pages. Each quote is full of meaning, pain and suffering and shows each person has a profound view of life perhaps more than the average person.

In providing quotes I will show how trauma of decades ago still persists today. Also, how trauma impacts the veteran and family emotionally and psychologically. Though much has been achieved in understanding issues faced by veterans, there is still much to be achieved. More of the same is not enough; we have to be creative in our service delivery to veterans and their families.

I would hope in reading this submission the committee will gain a rare insight into the lives of the people who serve their country willingly. Also, gain a greater understanding of the consequences of war on the family of veterans and the sacrifice members and their families make to ensure the freedom we all enjoy in our democracy.

### **Statement and Quotes from Beyond Dark Clouds:**

1. *There is a need to broach the divide between veterans and civilian population.*

**Veteran:** *“Veronica and I travelled to Vietnam as volunteers, 12 years ago, to assist in building playgrounds at an Australian sponsored orphanage”*

**Veteran:** *“Most of my spare time has been spent coaching little kids in sports.”*

**Wife of a veteran:** *“Never a dull moment, Peter was actively involved in so many business and community activities that he could easily have been accurately classed as a workaholic.”*

**2.** War does not finish when the veteran returns home. Emotional and psychological scars remain imprinted and are often played out in the home year after year. It is the whole family who suffers emotionally and psychologically.

**Wife of a veteran:** *“Bruce went to war for one year, I have lived, breathed, slept and relentlessly fought that war for the whole of my married life.”*

**Wife of a veteran:** *“If Doug was becoming too engrossed in his war experience and injuries, I would gently remind him that if he is “disabled” then we as a family are all “disabled.”*

**Wife of a veteran:** *“The family lifestyle was emotionally devastating and the children could not express any anger for fear of reprisal. Their self-esteem and confidence was very low and they did not make any decisions fearing the consequences if they were wrong. [My husband] believed he had been robbed of his youth during his war experience and, because of his uncompromising attitude and beliefs, I could see the same thing happening to our children. They were involved in a war with their father in their own home. The psychological “bullets” fired by [my husband] would rip at their confidence leaving them confused and traumatised; I was also a victim to this type of brutality.”*

**Daughter of a veteran:** *“There is little prospect of my being completely free from my deeply ingrained torment and I have put aside any ambition of being happy or having my needs met by anyone. Past experiences have taught me I will only be disappointed and saddened having such aspirations thus leaving me no positive expectations for the future. My hopelessness is distressing and palpable.”*

**Daughter of a veteran:** *“I felt I had to be the perfect child in order to avoid upsetting dad, because he would take his anger and frustration out on mum leaving me feeling responsible for what was happening.” I really never knew if our family differed from other families as we rarely associated with other families. At times, I would see other girls with their fathers and would notice the close relationship that they had. I wanted the same close relationship with my dad.”*

**Wife of a veteran:** *“Our life together had spanned three decades. Gerry was an honest man of high principles regardless of all his difficulties. Unfortunately, through no fault of his own, he had been hurt and damaged emotionally by war and military conditioning, and in turn, he hurt his family.”*

**Son of a veteran:** *“I am now medically retired on Social Security and live with my parents spending most of my time isolated in my room. My sleep patterns are inconsistent making me feel agitated and tired. Sometimes I stay up all night and can go*

*for a couple of days without sleep. Like my dad, crowded places and being surrounded by strangers makes me feel uncomfortable and communication with people ... or just trusting them ... makes me tense and nervous.” “I became an alcoholic at an early age, was angry and wanted to fight with people. It was as though I had a need to fight ... to prove I was someone ... to have a reason for the emotional pain I was feeling and to show my dad I was as tough as him. Perhaps it was also a way of getting his attention or total acceptance.”*

3. Most veterans suffer in silence afraid to speak out about their emotional and psychological condition in fear of contaminating their job or promotion prospects. They suffer from decades of mental torment which they have difficulty expressing and live an isolated existence. Often those who dare to speak out or challenge the system are labelled “trouble makers.” In addition stigma and prejudice associated with mental health are constant shadows for veterans of all wars and conflicts.

**Veteran:** *“I consider it shameful that there is still deep-rooted prejudice and stigmatisation attached to depression in an advanced society in the 21<sup>st</sup> Century.”*

**Veteran:** *“Post Traumatic Stress Disorder is something I wrestle with daily in addition to negative feelings from my Vietnam experience that are becoming more intense, disturbing and realistic. Their profound effect on my mind and emotions affect me physically and psychologically. My life seems to be fading into the distance but “this stuff” is not.” It is difficult if not impossible trying to explain to people how symptoms of PTSD hold my life hostage.*

**Veteran:** *“There are times that life just seems too much to handle. I simply can’t identify with the world today. I have talked to some of the veterans who have returned from Afghanistan and Iraq and they are not doing any better than me. They told me they had six weeks of debriefing, but that all goes down the drain when they rejoin civilian life.”*

*“There is a desperate need for public education to ensure an understanding by society of the responsibility and commitment that is needed for our service men and women, past present and all year round, not just acknowledgement on a special occasion.” “... returning service men and women today are being relegated to the scrap heap. Nothing has changed when it comes to returned Diggers seeking help for war caused injuries; they have to fight for appropriate resources that wear them down and their families along with them.”*

**Veteran:** *“I fantasised about meeting another veteran and having a good talk, and my silence fuelled my anger. I didn’t hear anyone talking about veterans, or volunteering that they were one. The more I isolated myself, the crazier I felt. I wanted to talk about my feelings, but didn’t know how, or with whom to discuss them. I knew that between veterans no explanation would be necessary. On the other hand to a civilian, no explanation would ever do, and my experience was kept locked away.”*

**4. Relationships along with individuals are strained and broken by physical and "invisible" wounds. War takes a heavy toll on members of the military and ex-service community and their families.**

**Wife of a veteran:** *“Violence in our house was not something I could talk to our friends about; it is simply something I had to cover up. There were times I wish he would have broken my arm, that way the abuse could have come out in the open and people would understand how violent he was at times”.*

**Wife of a veteran:** *“I obeyed the rules to keep the physical and psychological violence to a minimum. Despite this, I always knew that the violence would not stop even though deep down I was hoping it would.”*

**Wife of a veteran:** *“I would not be honest if I denied experiencing anger toward [my husband] for the way he robbed me and my children of precious happy years. His relentless violence destroyed my trust and left me with negative images of myself. Also, I fear my children will experience emotional issues that they have not yet spoken about as they struggle through life.”*

**Son of a veteran:** *“Whilst both parents were supportive, it was mum who took complete responsibility for maintaining harmony in the family and ensuring we all had a happy life. Mum, also, picked up the pieces and held dad together after he left the military.” “Dad spoke to me of his military experience that had left him a shattered shell of a human being. He did not dwell on the traumatic experience he suffered in the military but he did divulge enough to make the injustices of it clear to me.”*

*“As I got older, I found myself getting more emotionally upset whenever there were disagreements in the house. There were times I would ask myself, “why doesn’t mum run away?” I felt helpless at not being able to do anything; at least I could try to protect mum in my thoughts. It was confusing.”*

5. It is a sad fact of life that many veterans perceive DVA as being unfairly judgemental of them or become hostile and a hindrance to their claims being approved.

**Veteran:** *“Sadly, over time, I have come to firmly believe that I have been betrayed and let down by bureaucracy. I am continually challenged, delayed and have had hurdles continually and unashamedly put in my way in my fight for justice. My battle fields are scattered with documents used in relentless paper shuffling manoeuvres. Bureaucrats engage in dishonest ways, in my view, to avoid confronting legitimate concerns presented to them. They utilise their resources wearing down and destroying the reputation and health of veterans who dare stand up to them, and challenge policy, rather than working with veterans to improve services.”*

*“The stress I have endured in fighting bureaucracy has left me plagued with depression, anxiety, disappointment, emptiness and disillusionment; the list is endless.”*  
*“My injuries have left me physically and mentally destroyed after 40 years of proud unblemished service to my country in the Navy and then the Army Reserve.”*

## **CONCLUSION:**

There is no doubt that military culture is often at odds with civilian culture at times for very good reasons. Military culture is ingrained and we should be realistic in our interventions of assisting the veterans’ reintegration back into civilian life. The transition period out of the military is critical and, new and creative ways of community-building should be given serious consideration in helping to break down the stigma that prevents smooth transition and reintegration. Those responsible for serving the veteran community can effectively contribute to the smooth transition and reintegration by promoting community awareness and educating health providers and the public of the needs of military families.

In this day and age it is not just the men, fathers that come home from war injured, it is the women, mothers of small children. Modern wars are, in essence, being fought by families and parts of families that are involved in multiple tours of duty. With the emphasis on community-based care models, the family, “the volunteer army” are increasingly involved in the long-term rehabilitation of the veteran. This will continue to create enormous stressors for the family as they struggle to cope and adjust emotionally, economically and socially.

Many of us are in a position to assist veterans and their families. We have an opportunity to do more; we just need the commitment, creativity, will power willingness and resources to listen to the many voices crying out for support and



assistance. If we are doing enough there would be fewer tears, right now there are rivers of tears. Veterans now live a life of torment for doing what society asked them to do to ensure "our quality of life". If we fail to do all that is required to assist serving and ex-serving veterans and their families, society may well live a life of torment for not doing what they are asking us to do to ensure ... "their quality of life."

There is no argument that the Department of Veterans' Affairs, Defence Department and Ex-Service Organizations fund a range of programmes to assist veterans and military personnel and their families. However, we need to be creative and innovative in fulfilling our responsibility of reaching out to all military and ex-military personnel who for their own reason do not avail themselves to current services. We have a moral responsibility of ensuring the well being and that resources are available to improve the quality of life for them and their families within the wider community. We need to engage military and ex-military personnel and offer them support so as to encourage their participation in activities they consider helpful not simply providing more of the same. We can go some way in achieving this by listening to what veterans have said works for them and then expanding on it. The greatest difficulty faced by health providers is reaching military and ex-military personnel and their families in part due to red tape. We desperately need to be proactive not simply reactive.

Health and service providers have the opportunity to be proactive in reaching out to military and ex-military personnel and their families. With increased competition for limited health resources due in part to an ageing population, there is a rapid move toward community based care. Equally there is an ever increasing need to bring about an awareness of how we can support military and ex-military personnel and their families in their community and in their home. This will required an educative approach to their needs and understanding of the challenges faced by them in harnessing the support of the community. There is a need to inform military and ex-military personnel of how best become involved in taking added responsibility for their welfare. This can be achieved by provided positive examples from veterans and family members of how to move away from a medical model of "sickness" to a more "community model" with emphasis on self help.

It would be irresponsible of us as a society charged with looking after military and ex-military personnel and their families to throw our hands up saying 'we have limited funding,' 'we are doing all we can.' Though much has been achieved more can be done. The suicide rate is unacceptable, counting the numbers of suicide is not productive, one suicide is one too many, Warren Kinghorn, staff psychiatrist at Duham VA Medical Center in America stated "in 2012, more soldiers have died by suicide than have died by hostile fire in Afghanistan."

**In closing my submission I will use several quotes from a Vietnam veteran:**

*We now have casualties from Iraq and Afghanistan lining our hospital corridors and filling hospital beds. How many times have we all been told, "We learned our lessons from Vietnam and will not let the same thing happen again?" But it is still happening. ... "Society will be left with some middle aged people who served in a war that no one knows anything about ... Many who speak out against the war will be labelled as crazy or unpatriotic. In time, people will understand we can be patriotic and at the same time oppose war. It is not until much later, veterans themselves realise how much was taken from them, the emotional scars they bear and how little they have left."*

*When calculating the cost of war, one should not only focus on the logistic and technical costs in monetary terms, but instead, factor in the "human cost" associated with the emotional, psychological and physical damage to a generation of our most precious resource ... our youth. This includes both the warrior and families. The cost to society is immeasurable; so many young live lost and diminished. The pain and suffering festers behind closed doors of hospitals, mental institutions, family homes, prisons and homeless shelters just to name but a few."*

If you seek further information or clarification relating to this proposal please do not hesitate to contact me.

Sincerely,  
Dr Glen D. Edwards.