Practitioner Forum

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Combat Trauma: A Personal Perspective

It was 120º F with matching humidity when I arrived in Da Nang, Vietnam on November 10, 1968. Debarking from the C-130 transport plane and stepping onto the scorching tarmac was like walking into a blast furnace. The tropical air was oppressive and it felt as if a heavy weight was pressing on my chest, making breathing difficult. As I looked around hesitantly and, I must admit, with trepidation, I noticed bomb craters dotting the surrounding mountains and burnt out patches of jungle that were still smoldering from recent rocket attacks.

Da Nang was noisy with helicopters flying in and out, Howitzer canons booming out their rounds, and men yelling back and forth over the din of combat. In the midst of this pandemonium, the whirling helicopter blades were spewing out dust, grime, and dirt in every direction. After a while, though, everything became quiet.

Da Nang was a kind of staging area where the incoming marines and medical corpsmen (medics) would be assigned to the various companies. As a corpsman, I was assigned to Lima Company, Third Marine Division, Third Marine Battalion—or Lima 3/3. This was one of the infantry—or grunt—companies that had continuous operations in the jungle.

The day before leaving Da Nang for my assigned company, I saw a soldier walking slowly toward our compound. He was dirty, his camouflaged fatigues were torn, and he looked distracted and sad. It was the look in his eyes, though, that caught my attention. He had a far away, blank but intense stare, which gave the impression that he had experienced things he should not have experienced. I remember feeling sorry for this marine who looked like he had gone through hell. As we talked, however, I discovered that he was not a marine but a corpsman—just like me.

I was 21 years old at the time, which was a year or two older than many of the marines around me. I had received a month of training with the marines at Camp Lejune, NC a year earlier, but my encounter with this fellow corpsman made me begin to realize how unprepared I was for what I would encounter in this beautiful but strange and hazardous land.

In the paragraphs that follow, I will attempt to describe some of my experiences in Vietnam, which have lingered with me to this day and which shape my understanding of the profound effects of combat on a veteran. There have been many changes since the Vietnam War, such as military policies on training and debriefing, advances in the diagnosis and treatment of posttraumatic stress disorder (PTSD), and some of the circumstances U.S. soldiers face in modern combat. Nevertheless, PTSD remains a major concern among veterans returning from the latest conflicts in Iraq and Afghanistan. We still have a long way to go in terms of our understanding of how and why PTSD develops, by what criteria it should be diagnosed, how it is best treated, and how it may be prevented.

A RUDE AWAKENING

From Da Nang, my company convoyed to Quang Tri, one of the base camps of the Third Marine Division, where we remained for about a week. There, we were briefed and given supplies, ammunition, and equipment. We were also issued long range, preprocessed food packets that could be prepared by mixing the contents with water. By this time I was beginning to feel as if I had entered a sort of twilight zone. Everything was unfamiliar and a sense of uneasiness lingered just below the conscious level.

Eventually we convoyed to Con Thien, another combat base located deeper within Vietnam. It was here that I first experienced the horrible effects of an ambush. While I was lucky enough to be in the jeep that drove safely through the gates, the trucks that followed immediately afterward were ambushed on both sides by Viet Cong guerrillas.

After 36 years, the attack remains vivid in my memory. There were marines sitting on top of oil tanks, who were killed instantly. Others were able to jump off the trucks and return fire. The ambush lasted approximately 10 minutes, after which the guerrillas disappeared into the underbrush. Finally, the remaining convoy made it into the base.

Of the marines who had not been killed, many were severely wounded and crying out in pain. We treated their wounds as best as we could, but some had to be medically evacuated for surgical procedures.

There were a number of dead marines along the road who had to be put into body bags and sent back to the staging areas. Their bodies eventually were shipped home to their loved ones. I remember coming across one young marine who lay sprawled across an oil tank. He was dead, but his right hand still twitched and blood dripped off his fingertips. This was one of the many

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images that will be forever etched into my memory. It took weeks before I was able to calm down from my initiation into the inhumanity of combat.

LEARNING TO COPE

I eventually discovered that the first few months and the last few months of combat duty are the hardest to bear. During those first months, I didn't know what to expect. During the last months, I was ready to go home, hoping and praying that I would make it without being wounded or killed. For the rest of the time, I simply became numb and stoic, despite witnessing my fellow soldiers being blown apart by a mortar round or losing a limb from shrapnel.

As a medical corpsman, I had to learn to do my job without falling apart. I had to shut off every emotion while hearing a young marine crying out in pain because part of his leg was gone. It was difficult trying to control the bleeding and pain without getting emotionally involved. My fellow corpsmen and I learned to bury our emotions as a form of self-preservation to avoid succumbing to a nervous breakdown.

It was the same for the marines with whom we served. They, too, needed to become like robots, doing exactly what they were trained to do without letting feelings slip in. For all of us, it was the only way we could function—to fulfill our responsibilities to one another and to our company. The marines were trained to kill the enemy without remorse and the corpsmen were trained to save lives without crying about the blood and guts. Some of us were able to do so, while others were not.

DAY-TO-DAY DANGERS

During the days—and sometimes weeks—when we were simply waiting for orders, each platoon would go on patrol or set up night ambushes a few miles from the firebase camp. When the marines went out, so did their corpsmen. These patrols and ambush sites were not a walk in the park. There was always the distinct reality that we might not make it back to the so-called safety of the firebase.

Not only did we worry about being attacked by the guerrillas but we also had to contend with a host of natural dangers and annoyances. By day, we were plagued with giant biting flies; at night, the mosquitoes took over. At times, we would wake up with black, slimy leeches all over our bodies. I have seen 6-inch, multicolored, poisonous caterpillars scurrying around my feet. One night we heard apes searching for food below our camp. Following in the example of many marines and corpsmen before us, we threw rocks at them. A few minutes later, however, the apes mimicked us and actually threw rocks back at us.

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ANOTHER AMBUSH

Eventually, Lima company received orders to move out. Our mission at that time was to search part of the An Hoa Mountains for a reconnaissance team who had been killed in an ambush by the Viet Cong.

At one point, the first platoon that I was assigned to was heading down a ravine. We all sensed something was not right. The noises of the jungle ceased abruptly, and as one, we all became more alert. Suddenly, the jungle exploded with gunfire. Guerrilla hand grenades—or chi-coms—blew shrapnel near us and we heard the yak-yak sounds of their AK-47 assault rifles shooting at us from the trees and underbrush. Our platoon returned fire with their M-16s, machine guns, and hand grenades. There was a lot of yelling, screaming, and confusion at first. Young, dying men were calling for their mothers. Others were calling, "Doc, help me!" That pleading request still haunts me after all these years.

Then the order I dreaded most came bellowing from the lieutenant: "Corpsman up!" Our point man and the first machine gunner both had been killed instantly. I can still see the machine gunner lying lifeless across his weapon. I then crawled through the brush toward another wounded marine, while bullets whizzed by my head. The darn guerrillas were trying to kill me! Eventually, I was able to bandage the wounded marine and give him an injection of morphine for the pain. Another marine dragged him back to the makeshift perimeter. Off to my right was our radioman leaning against his radio but not moving. When I finally reached him, dodging more bullets on the way, he was dead.

After about 20 to 30 minutes of shear hell and fear, the fighting ended as abruptly as it had begun. Our platoon had sustained many casualties. After some time, the medical evacuation helicopters arrived and flew the wounded back for more extensive care.

We had captured one Viet Cong soldier during the fight, and he was interrogated. Later, he was put on a chopper to be sent back to the base camp. As

I watched the chopper climb about a mile up into the air, I saw something being thrown out of the door. I immediately realized it was the Viet Cong soldier.

The next day, we continued our search for the reconnaisance team. Ultimately, we found them 14 days after they had been killed.

PTSD: STILL MISUNDERSTOOD

The experiences I have described here briefly—without going into too much detail—provide a general picture of the terrible reality of combat and its physical and emotional effects. These are the types of experiences that, for many, lead to the development of PTSD.

For those of us returning from Vietnam, there were many factors that made life after combat difficult. When we returned to the United States, we were not debriefed or referred for counseling. We went straight from the jungles of Nam to the streets of home, where we were left to fend for ourselves and try to bury the trauma through which we had lived. We were also affected by the attitudes of many who opposed the war and saw the soldiers as being complicit in an undertaking they felt was wrong.

Furthermore, in the late 1960s and early 1970s, PTSD as we know it today was not understood. The fact that there is an acute stage, during which warning signs can be heeded and treated, possibly preventing progression to the more chronic, difficult-to-treat form of the disease, was not recognized. And it was not until after the Vietnam War, when it became apparent that something had to be done for the many veterans who were suffering from the after-effects of their combat trauma, that treatment approaches using psychotherapy and pharmacologic agents began to be developed widely.

Today, much of this has changed. PTSD is a recognized diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM-IV*).[1] The VA and other health care systems have established treatment and research programs to provide care for patients and to learn more about the condition. The military also has developed policies to help soldiers cope with combat experiences and return to civilian life. Despite these advances, however, PTSD remains a serious problem for today's military personnel—and controversy still surrounds the nature of the disease, its diagnosis, and its optimal treatment.

One important aspect of the continuing inadequacies of current PTSD management was discussed in a 2003 *Clinical Psychiatry News* article,[2] which indicated that many patients with traumatic disorders do not fit the criteria for PTSD established by the *DSM-IV*. Another article in the same issue describes a largely unrecognized type of "complex PTSD" that results from an accumulation of several traumatic events, rather than a single incident[3]—a rigid requirement of the *DSM-IV* criteria.[1]

According to this hypothesis, veterans with complex PTSD have experienced other forms of trauma prior to combat. These previous traumas may include physical, sexual, or sustained emotional damage or a near-death situation, as from a motor vehicle accident or a natural disaster. As a consequence of these additional traumas, the individual's resiliency may be diminished and he or she may be left unable to cope with the most recent trauma.

As clinicians who treat patients with PTSD, we must not limit our focus to patients' combat experiences but also delve into the childhood or adult stressors that may be affecting their condition and overall well-being. We must recognize, too, that psychotherapy and pharmacotherapy may need to be tailored to the individual's experience in order to be effective against complex PTSD. One treatment may not fit all. Ultimately, these patients may require more time and effort—both from their clinicians and from themselves—to improve their quality of life. ●

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