Coming Home: Australia's Vietnam Veterans and the legacies of their war

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Summary: Examines the homecoming experiences and lasting impact of the Vietnam war on Australian veterans, and the challenges they faced readjusting to civilian life.

Introduction

I'm going to talk about the aftermath of war and how Australia's Vietnam veterans who survived, coped with their war experiences, the challenges they faced readjusting to civilian life and the medical legacies they continued to suffer, from either illness, injury or wounds, both physical or mental.

Much of what I'll cover comes from two main sources; *Medicine at War* by Brendan O'Keefe, published in 1994 as part of the *Official History* series, which mainly focussed on medical treatment of the troops while deployed to Vietnam. The other is an independent study, *The Long Shadow* by Peter Yule and published in 2020. This mainly focussed on the experiences of Australia's Vietnam veterans *after* the war. I worked as Research Project Officer on *The Long Shadow*, which was published in 2020.

Lasting Impact of War

So with a focus on Australia's Vietnam War, I'll discuss physical wounds, disease, exposure to chemicals, then post-war adjustment. I'll also spend some additional time on mental war wounds and try and put that in perspective for Vietnam.

Finally, I'll give a bit more detail about the book I worked on as researcher and project manager, *The Long Shadow*.

Deaths

Before I get into the aftermath of war for those servicemen and servicewomen who survived, first some figures on those who didn't make it home. The current figure we have on the Australian War Memorial's Roll of Honour is 524 deaths during or as a result of service in the Vietnam War.

Of course on our special days of commemoration (Anzac Day and Remembrance Day), we remember those who gave their lives. And we should consider the lasting impact of that loss

on comrades and especially families. For some it's on their minds more than just those two days each year.

The breakdown by service of those 524 deaths is:

- Army: 499
- RAAF: 17
- RAN: 8

- Battle deaths: 426
- Non-battle deaths 98 (a mixture of accidental deaths and died of disease)

Physical Wounds

In war the general rule of thumb is that about 25% - 33% of battle casualties are deaths, meaning three-quarters to two-thirds are wounded and survive. Wounds in Vietnam could come from a variety of sources; including bullets, fragments from explosive projectiles, or mines.

In the First World War the majority of casualties were caused by artillery. It was different in Vietnam where the enemy didn't use big guns to lay down massed artillery barrages. Instead they used rockets, mortars and RPGs to supplement their firepower. I don't have an exact breakdown of wounds for each type of weapon, but we do know that mines and booby traps accounted for 95 Australian deaths and 600 wounded. So that's about 20 percent.

Overall in the ten years Australians were in Vietnam, there were about 3,000 wounded in total.

Speedy MEDEVAC

The main reasons for those casualties who survived improving from about two thirds to three quarters were speed of medical evacuation and advancement in treatment. These were major factors in the Vietnam War. Medical Evacuation or MEDEVAC by helicopter in was generally so much faster than in previous wars. In emergency medicine, they talk about the *golden hour* – that's the period of time immediately after a traumatic wound during which there is the highest likelihood that prompt medical and surgical treatment will prevent death.

One example statistics for US Army troops where mortality from abdominal wounds in World War II was 21%, in Korea 12%, whereas in Vietnam it was only 4.5%.

Another example, more generally, is from a sample of 17,726 US soldiers wounded in Vietnam between March 1966 and July 1967. The hospital mortality rate was only 1.81%. Compared with a combat zone hospital mortality of 3.3% in World War II and 2.4% in the Korean War, it was the best in the history of military surgery.

Apart from MEDEVAC by chopper to nearby military hospitals in South Vietnam, very serious cases could even be flown home to hospital in Australia where they could get much better specialist care.

Speedy medical evacuation saved many lives that in previous wars would have died. So in the aftermath of the Vietnam War there were proportionally more wounded veterans coming home. For some, especially those who had suffered very severe wounds such as amputees, that meant living the rest of their lives with disabilities.

Disease

Until the beginning of the 20th century, disease almost always claimed many more military lives than combat – often double or more. By far the major killers of armies throughout the ages had been gastro-intestinal infections: dysentery, cholera, and enteric fever (typhoid). It was not until the Franco-Prussian War of 1870-1871 that the Prussians managed to limit deaths from disease to fewer than combat deaths. But the French and the Bavarians didn't. It took until the Russo-Japanese War of 1904–05 that *both* sides achieved fewer deaths from disease than from combat.

In Vietnam Australian troops were coming to a country that was one of the worst infectious disease environments in the world. They faced a multitude of gastrointestinal diseases, as well as worms, hepatitis, scrub typhus, and encephalitis. Malaria presented the biggest problem. Some strains had become resistant to chloroquine and paludrine so they introduced dapsone to combat these.

The Australian medical system in Vietnam saw nearly 1,000 hospital admissions for malaria. 1968 was the worst year when there was an epidemic of 440 cases.

Soldiers also suffered from a range of skin diseases, infections, and insect bites. As with other wars, venereal disease was another constant battle to be dealt with while soldiers were deployed. Total cases among the Australian Army in South Vietnam (both hospital admissions and out patients combined were just over 11,000 (11,384) between 1965 and 1972.

With some of these infections there was also the lingering impact which saw some veterans continue to suffer from the effects for years after. Recurrent bouts of malaria could be a problem, and some skin diseases and types of VD could be hard to be entirely rid of.

Substance Abuse

Unlike the US forces in Vietnam where hard drugs such as heroin became a serious problem especially late in the war, drug abuse among the Australians was pretty uncommon. Even the use of cannabis was much lower among Australian troops. It wasn't entirely non-existent, but the evidence I've seen seems to indicate very low cannabis use and it wasn't much of a problem.

I think much of that has to do with a variety of factors; cultural – Australian hadn't caught on to drug use as early as in the United States. And I think the culture within the Australian military and the discipline also limited drug use. Army units in Vietnam were usually about a 50-50 mix of regular soldiers and national servicemen. In the U.S. Army, especially in the latter years, there were less and less regular servicemen and a higher proportion of conscripts.

Cigarettes and Alcohol

Then there were other, more everyday substances.

While deployed in Vietnam, the availability of cheap cigarettes and alcohol (mainly beer) led some to develop lasting habits. Because alcohol couldn't be enjoyed when 'outside the wire' on patrol in hostile territory, upon return to base at Nui Dat, soldiers would often go on 'benders' – their beer rations having accumulated while they were out on patrol. The ration for each man was two cans of beer per day, while cigarettes were supplied very cheap – I think ten cents a pack, or sometimes free.

For some, and I must stress, some, not all, this became a habit hard to break even when they returned to civilian life – where reaching for cigarettes and alcohol in the immediate aftermath of a period of stress became the norm. Such habits in turn led to greatly increased risk of heart disease and cancer. Statistics for these conditions for Australian Vietnam veterans were high and have remained high especially as veterans got older and especially among those who continued such habits.

On the other hand, some veterans we interviewed for *The Long Shadow* book said they developed a smoking habit in Vietnam but quit as soon as they came home.

Exposure to chemicals

Following Australia's involvement in the Vietnam War a long-running controversy over the possible health effects of herbicides upon the troops emerged.

Another chemical factor was insecticides. They used pretty powerful ones in Vietnam around the base area at Nui Dat and other locations such as quarters at Vung Tau. This is a topic that's not been studied anywhere near as much as herbicides, but I think it probably should have been. Unlike herbicides, soldiers were exposed to insecticides far more frequently – maybe a few times a week. They would have men going around spraying the stuff everywhere around the base, even into tents. Then there would be regular aerial spraying of the Nui Dat base. I think a lot of veterans who say they were sprayed with herbicides (Agent Orange) were actually mistaken. Rather, they were regularly getting sprayed with insecticides.

Still, some veterans were convinced their health problems were caused by exposure to herbicides and that battle for recognition and compensation went on for decades and became very bitter indeed. Most scientific studies failed to find a strong link between the herbicides used in Vietnam, low levels of exposure, and the health problems claimed. Studies went on and on for decades, and eventually, both in the United States, then in Australia, governments slowly granted compensation for a small range of conditions. As time went on they relaxed the rules and granted compensation for a wider range of conditions, based on lower probabilities of causation.

Level of exposure and dosage level of the contaminant dioxin have always been the most important factors. And they've always been difficult because there was so much variation in the two.

Ultimately stalemate set it: On the one hand it could not be proved *conclusively* that Agent Orange and other herbicides caused health problems for Vietnam veterans and their families, but equally it could not be proved that it has not. Governments slowly gave ground to veterans on this issue in the form of compensation and access to free treatment, in part to try and end the bitter arguments over this very controversial issue.

Postwar Readjustment

For some Vietnam veterans, the transition from soldier back to civilian was anything but straightforward. Some found it difficult to adapt to a society that seemed indifferent, while finding meaningful employment could also be a daunting task.

I must stress here that while I refer to 'some' veterans facing these challenges in the aftermath of the war, by no means were all affected. Many returned home and picked up where they had left, or started afresh, going on to lead successful, or at least steady lives.

As for encountering hostility from civilians after returning home, while I think some of those stories have been embellished or exaggerated, I've no doubt there's some truth to them. At best was the indifference of the Australian public, their lack of knowledge and lack of appreciation, that some veterans commonly refer to. That was also a factor in readjustment.

Veterans' Organisations

To find some grounding, many joined the established veterans organisation – the RSL. There have always been stories of non-acceptance of Vietnam veterans by the RSL, and while I'm sure it was true in some cases, I believe it's one of those experiences that has been exaggerated. Indeed the RSL maintained the largest number of Vietnam veteran members.

The other smaller associations had their origins in dissatisfaction with the RSL and the Department of Veterans' Affairs – especially over a perceived lack of action on issues such as Agent Orange, psychiatric support and adequate benefits in general for Vietnam veterans. Yet in many ways I think these smaller organisations made more impact with securing benefits and treatments.

Among all the sources and research we did for the Vietnam Medical Legacies project we found both evidence of dissatisfaction among Vietnam veterans with the RSL and the Department of Veterans' Affairs, but conversely, also those whose experiences were the opposite – saying they'd had really positive experiences with these two organisations.

I think part of is a natural tradition where older veterans sometimes look down on younger ones – the First World War diggers did it to the Second World War veterans, and in turn those generations sometimes maintained that service in Vietnam was not comparable to the world wars. I think there was often a lack of understanding of each other's war experiences, and the nature of different wars over time. There were different experiences and differing types of stresses from one war to another.

I think there were three main factors for the Vietnam War which differed from the World Wars:

1. Firstly, it was a war fought among the civilian population where it was sometimes difficult to tell friend from foe.

2. Vietnam was also a war fought with no front lines – ground conquered usually wasn't held, which sometimes led to feelings of futility among the troops. And the enemy could be anywhere around you – not just in front of you, only added to uncertainty and stress.

3. And there was the matter of sharply declining support of the public at home during the Vietnam War.

These things made for different kinds of stresses and morale issues, both during and after the war.

It's also important to stress the difference for regulars and nashos – those young men conscripted under the National Service Act. For regulars, especially those who served in the Army for many years, if not decades, Vietnam was just a *part*, although a significant part, of their overall service. Also, when they came home from their tour of duty in Vietnam, regulars continued their military service in a familiar organisation and with comrades who had experienced the same.

It was a much different experience and I think a lot harder for national servicemen, who after coming home from Vietnam, suddenly found themselves back in the civilian world, alone, without much support and some found that really difficult to adapt to.

For those that did struggle, whether they were ex-regulars or nashos, the difficulties often manifested in two things; alcoholism and/or workaholism. For some that worked for a while, but ultimately led to burn-out and collapse. Mental health also suffered.

Impact on Families and Relationships

The impact of war also affected veterans' families. For many wives, mothers, and children, the war continued at home. Relationships strained under the weight of psychological trauma, physical injuries, and financial hardship. Veterans who returned with mental war wounds could seem distant or emotionally numb, leaving families to deal with a sometimes fraught home environment.

Some children grew up in households shaped by the war, where fathers were away for a while, then returned a "changed man".

As the Vietnam Veterans Family Study concluded in 2014,

'The answer to the question of whether the service of Australian men in the Vietnam War had adverse effects on the physical, mental and social health of their sons and daughters is "Yes"'.

An earlier study in 1999 had also found that children of Australian Vietnam veterans were three times more likely die by suicide than the children of non-veterans.

Mental War Wounds

So now I'd like to talk more about mental war wounds.

All wars have resulted in soldiers suffering mental wounds. It's hardly surprising really. Indications appear in records and writings going back to ancient times. As time went on more and more evidence emerged. This doesn't mean mental trauma caused by war was increasing over time – it's because there were more official records and personal accounts being created and surviving over time. Certainly by the time of the 19th century there's much more evidence, for example from the Crimean War, the American Civil War and the Russo-Japanese War at the beginning of the 20th century. This period also coincides with the advent of a new branch of medicine, called psychiatry – so more medical professionals were studying the mind and trying to figure out what was happening.

Lots of different terms were used which added to the confusion and still do. Nostalgia, Soldier's Heart, Da Costa's Syndrome, Neurasthenia, Shell-shock, Malingering, Nervous, Lack of Moral Fibre, Combat Stress Reaction, Combat shock, Combat fatigue, and since 1980, Post-traumatic Stress Disorder – PTSD. All these terms, old and new refer to a range of symptoms with some commonalities. Some refer to a more immediate reaction either before, during or right after battle, while others refer to conditions that manifest much later, perhaps weeks, months or even years following a particular traumatic event.

Vietnam War

Some Australian Vietnam veterans who had also served in Korea, Malaya and Borneo found the war in Vietnam 'harder, more exacting and more of a mental strain'. This strain tended to become more apparent as troops neared the end of their year-long tour in Vietnam. Another factor was the anxiety and mental strain from the threat of booby traps and mines. You just never knew when you might be the unlucky one. Such weapons caused catastrophic wounds, especially to the lower half of the body, so the threat of these nasty weapons played on soldiers' minds.

Several veterans we spoke to recalled occasions when men in their unit had psychological break-downs in the field and had to be evacuated.

One Vietnam veteran we spoke to recalled a section commander who became unable to go out on operations again. Quote:

> "He was just a nervous wreck ... couldn't speak straight. He was shaking like a leaf. He'd just had enough. He'd reached his breaking point and it's a terrible sad thing to see, it really is. They left him out of battle for one operation thinking perhaps that he might come good, but he didn't and they sent him home.

As another example, following the Battle of Long Tan in August 1966 three soldiers had to be evacuated suffering severe battle stress. I'm surprised there weren't more after such an intense and terrifying ordeal.

Yet psychiatric problems never constituted a major issue *during* deployment. Compared to earlier wars it seemed the incidence was lower in Vietnam. There, for example, the Australian Army recorded a total of only 500 psychiatric admissions out of its more than 41,000 servicemen and women who served there between 1965 and 1972. That's an incidence rate of just 1.3%. And of those 500 psych cases, only about 100 were diagnosed as actual 'combat fatigue' – roughly the equivalent of the First World War term 'shell shock'.

But the true figure of combat fatigue or combat shock is thought to be higher. This is because different military psychiatrists had differing diagnoses and methods for dealing with psychiatric cases. Some were treated more as disciplinary cases, while others were simply moved to other units or sent home. So there was a lack of consistency there, which I think disguised the true extent of combat shock.

Later in the war it became the unofficial policy of last resort to reassign soldiers who suffered psychological problems to duties back in Australia.

But if it appeared psychological problems among soldiers were lower in the Vietnam War, it proved to be somewhat of an illusion. Apart from under-diagnosis and under-reporting, there were other factors more unique to the Vietnam War, which made it different to earlier conflicts.

These included tours of duty being limited to one year, instead of the duration of the war.

The speed of return to civilian life after deployment, and differing replacement systems. For the latter the Americans replaced individuals in units as vacancies occurred, while the Australians deployed as entire units for their year-long tours.

The other factor that must be understood regarding the Australian Army is that not everyone in a unit deployed to Vietnam *en masse* and returned home all together. For national servicemen, when their two years was up they were sent home, often before their unit's tour of duty ended. So some returned home via sea and remained with their units back in Australia – more so for regulars. Others, flew home alone and very suddenly were back on civvy street – either alone or among family and friends who had no idea of what they'd experienced. For these guys it must have been so much harder to process what they'd been through and readjust than for those who came home more slowly and together.

Also those who came home individually usually missed out on the battalion march through the streets of whichever city, when the main body of the unit returned to Australia.

So, it is thought that while these factors may have limited psychological problems during deployment, it probably just delayed them – bringing us to longer-term mental issues such as Post-Traumatic Stress Disorder – PTSD.

20 years after the war ended (1995) there were 7,135 Australian Vietnam veterans receiving benefits and treatment for mental health disorders, of those about 2,000 were diagnosed with PTSD. And that figure continued to rise over the next thirty years.

In 2023 there were 18,654 Vietnam veterans receiving treatment and/or compensation for PTSD. That's almost half of surviving Vietnam veterans. And I think it's good that today there is much better help for those suffering PTSD. There's much greater awareness and appreciation of it these days. But a continuing problem seems to be lack of psychiatric professionals – there just aren't enough of them.

On mental health, veterans today I think owe a debt of gratitude to Vietnam veterans for their campaigning and practical work in setting up and expanding these services. Starting with the Vietnam Veterans Counselling Service we now have its successor organisation, Open Arms, that's available not only to Vietnam veterans, but younger ones too, and, importantly, their families as well.

Sadly, one serious repercussion of PTSD is elevated risk of suicide.

Suicide

After the war the Agent Orange Royal Commission found that suicide rates among Vietnam veterans were lower than for Australian males of the same age. This was despite anecdotal evidence both among veterans and in the media that the rate was alarmingly high. But reliable figures were hard to find. This was in the mid-1980s.

However, later mortality studies conducted by DVA, determined that between 1973 and 1995, 241 Australian Army Vietnam veterans had committed suicide which was about 14% *higher* than the general population. This raised number was entirely among army veterans, with the figures for navy and air force veterans being the same as for the general population.

Perhaps the most alarming finding was another study's findings that children of veterans were three times more likely die by suicide than the children of non-veterans. This is part of what's referred to as 'intergenerational trauma'.

Suicide among veterans has continued to be a problem in Australia, including those who have served in more recent conflicts. I really hope the recent Royal Commission will bring some lasting improvements and real solutions.

The Long Shadow

Methodology, Approach, Sources

- The Australian War Memorial fully funded the project.

- We engaged an independent historian with some experience of researching and writing about both medical history and military history. Dr Peter Yule.

- The Memorial employed a Research Project Officer whose job it was to provide project administration as well as assisting Dr Yule with the research. That was my role.

- We engaged an epidemiologist to examine the scientific reports and literature over the years and provide an assessment.

- We had access to a wealth of records held by DVA as well as those at the National Library, the National Archives and the Australian War Memorial.

- We talked to about 100 Vietnam veterans from all three services. That number of veterans is not statistically significant, but that wasn't our purpose – that's where the various DVA studies which have surveyed many more veterans come into their own. Our purpose was to add some voices of personal experience to this newer history and get some general impressions.

- Overall it took nearly five years of work between the beginning of 2016 and when the book was published in October 2020.

- While dissatisfaction among some Vietnam veterans with portions of the medical volume of the Official History was a major factor in the Memorial's decision to commission a new independent history, *The Long Shadow* would not be part of the Official History series, nor was it a "re-write" of parts of the earlier medical volume from that series. It was truly an *independent* study.

- I can also say with hand on heart that the Memorial did not interfere nor try to influence what was published. Dr Yule's findings were his own.

Central Finding

The central finding from *The Long Shadow* was that the mental and physical health of Vietnam veterans is significantly worse than for other Australians of the same age group.

About 60,000 men and women are listed on the nominal roll as Vietnam veterans. About 20,000 have died, and of the remainder, over 47,000, have a disability accepted for compensation, with most having multiple disabilities. The most common of these are hearing loss (22,030), PTSD (18,402), tinnitus – persistent ringing in the ears (11,353) and alcohol

dependence and abuse (6276).[1] Cancer incidence among Vietnam veterans is also between 6% and 15% higher than for the general population.

Mental Health

Veterans suffer a higher incidence of many mental illnesses than other Australians of the same age. PTSD is the most common illness, but anxiety, depression and alcohol dependence are also common. Our impression from talking with veterans is that for many of them the lack of purpose for the war, the belief that their efforts were wasted, and the sense of rejection they felt when they arrived home have been greater factors in their mental health problems than combat trauma.

Physical Health

Debate over the causes of the poor physical health of many Vietnam veterans. Is it due to post-war lifestyle factors such as high rates of alcohol abuse and smoking, along with poor diet and lack of exercise, or exposure to Agent Orange, and/or other herbicides or pesticides in Vietnam?

Consequences of the Agent Orange controversy for veterans' welfare.

Whatever the scientific rights and wrongs of the Agent Orange controversy, the campaign ended up being enormously beneficial to Vietnam veterans. Without the emotional appeal and media attention gained by Agent Orange, Vietnam veterans would have been ignored and marginalised, much like Korean War veterans. The Agent Orange campaign led to the establishment of the Vietnam Veterans' Counselling Service (est. January 1982), the granting of free treatment for all cancers, and the acceptance of an increasing number medical conditions as war-caused, including such relatively common illnesses as diabetes, prostate cancer and Parkinson's disease.

The cost of the war and the cost of caring for veterans.

[1] Sept 2018 figures. March 2019 figures made it into the final version of the book which are slightly higher, but the variance is < 0.5%.

The official monetary cost to Australia of the Vietnam War between 1962 and March 1972 was $218 million. At 2018 prices this would be about $2.6 billion. The cost of caring for those who served in the war is already many times more than the cost of fighting the war, and it will continue for many years to come. The cost in human suffering cannot be measured but is none the less real.

The experience of Vietnam shows that a high proportion of soldiers return home permanently damaged by war service. The cost of caring for them must be factored into politicians' calculations when they choose to send our armed forces to fight.

Conclusion

To conclude, the aftermath of the Vietnam War and its legacies for surviving Australian veterans is varied and complex.

While some went on to lead successful, happy lives after the war, some didn't. For them the legacies of that brutal and controversial war lingered. For some it's physical wounds or health problems. For others it can also be the psychological scars that remain.

As I mentioned earlier, In 2023, there were nearly 48,000 Vietnam War veterans with a condition accepted by the Department of Veterans' Affairs, for which they were receiving treatment and/or compensation. Of those, 18,654, or 39 percent had PTSD. A few thousand more had conditions such as alcohol dependence, depression or anxiety.

The central finding of the Memorial's Vietnam Medical Legacies Project, which resulted in the book, *The Long Shadow*, was that overall, the mental and physical health of our Vietnam veterans is significantly worse than for other Australians of the same age group. And ultimately, that is the personal price they have paid for their service.

That said, while some struggled to process and reconcile their service in Vietnam in the years immediately after coming home, in time many came to terms with it. The Welcome Home Parade in 1987 especially helped many to come around to feeling proud of their service. And for some, after trying to ignore or bury their feelings for too long, finally getting some help from mental health professionals, no doubt made a positive contribution too.

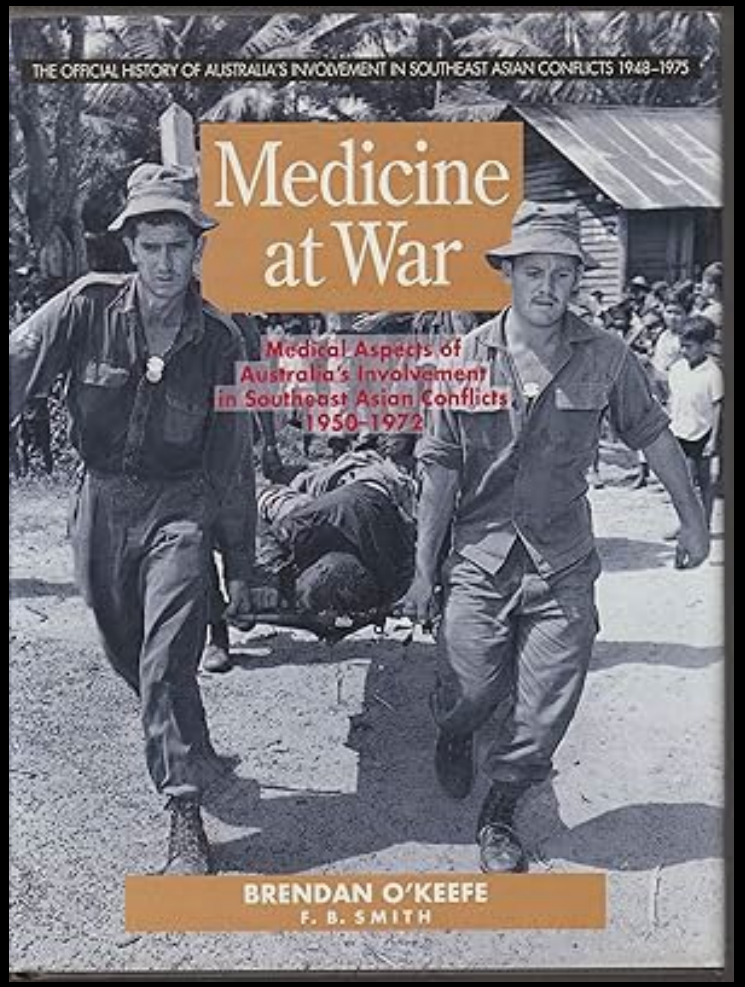
Australia's Vietnam veterans deserve our respect for their service in that terrible, long war. They did what their country asked of them and they served with distinction and honour. And some came home bearing the scars, both physical and mental, sometimes facing indifference and scorn. Some carried that weight for years to come.

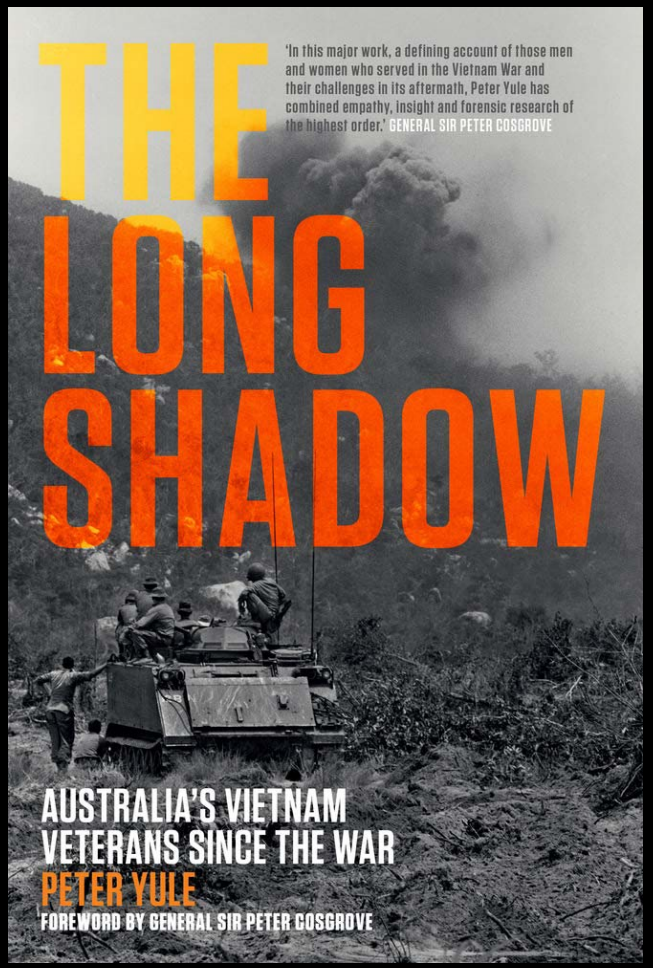
It is a shame they were not shown more respect and appreciation sooner.

Thank you.

Coming Home: Australia's Vietnam veterans and the legacies of their war

Craig Tibbitts
Australian War Memorial
17 May 2026


THE OFFICIAL HISTORY OF AUSTRALIA'S INVOLVEMENT IN SOUTHEAST ASIAN CONFLICTS 1948–1975
Medicine at War
Medical Aspects of Australia's Involvement in Southeast Asian Conflicts 1950–1972
BRENDAN O'KEEFE
F. B. SMITH


THE LONG SHADOW
'In this major work, a defining account of those men and women who served in the Vietnam War and their challenges in its aftermath, Peter Yule has combined empathy, insight and forensic research of the highest order.' GENERAL SIR PETER COSGROVE
AUSTRALIA'S VIETNAM VETERANS SINCE THE WAR
PETER YULE
FOREWORD BY GENERAL SIR PETER COSGROVE

Physical Wounds

‘Dustoff’
Medical Evacuation
(MEDEVAC)

Illness & Accidents

Smokes ‘n’ Booze

Members of Support Company 2RAR at a unit BBQ after returning to Nui Dat following operations in the field, April 1971. AWM, P02319.031

Chemicals: spraying
herbicides and insecticides

The 1987 welcome home parade in Sydney helped many to ‘turn a page’ in their postwar lives. Finally shown some respect and appreciation, many also reconnected with old comrades and learned of shared experiences following the war. They were not alone…

AUSTRALIAN WAR MEMORIAL PAIU1987/249.35

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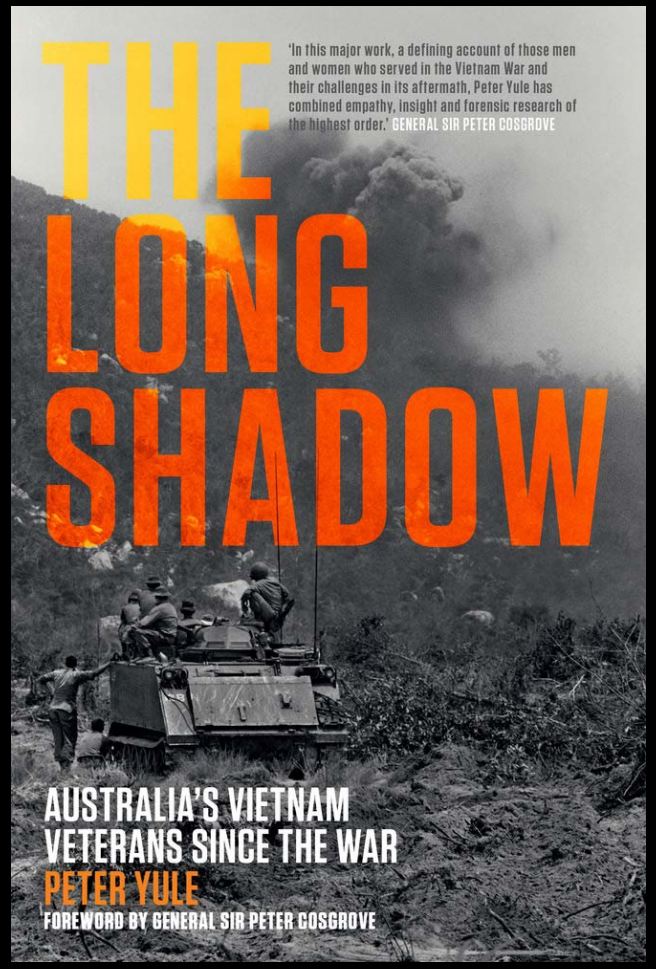
Postwar Readjustment

VVCS

OPEN ARMS
Veterans & Families Counselling

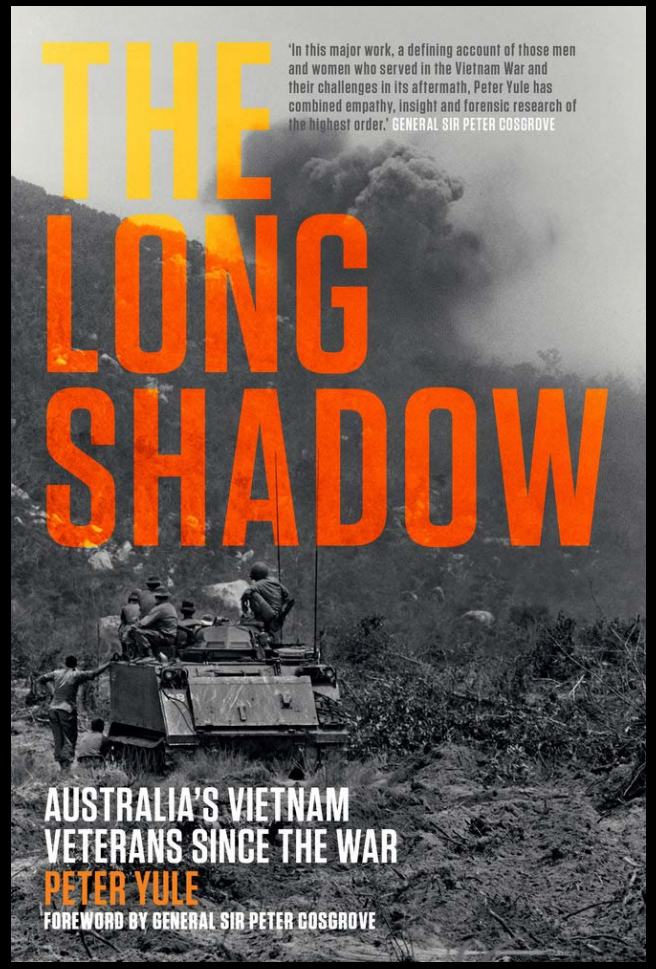
Mental War Wounds: PTSD and counselling services



- Written by independent historian Dr Peter Yule
- Assisted by Research Project Officer and Epidemiologist
- Access to Official Records
- Interviewed veterans and officials
- 2016-2020
- Funded by AWM but independent study

In this major work, a defining account of those men and women who served in the Vietnam War and their challenges in its aftermath, Peter Yule has combined empathy, insight and forensic research of the highest order.

General Sir Peter Cosgrove



- 'The reaction we got when we came back was pretty bad, so you just repressed everything, but over the years, especially in the last ten years or maybe 15 years I've become really proud of what I did'.

  Robert Bail, A Sqn, 1 Armoured Regt LAD, 1970

- 'I'm never going to be notorious, I'm just one of many who did a job, and I would hope that we're remembered as doing the job we were asked to do and doing it to the best of our ability'.

  David Beasley, 1ARU, 6RAR, 2RAR, 1967-68.

- 'I've nothing to hide. I'm proud of what I did, I'm proud of the mates that I was with'.

  Graham Chandler, 1ARU, 5RAR, 1969.