

# Operation Outreach Interim Report

7th October 2018

The expression “Back in the world” was used by American GI’s to describe their world of origin, while serving in South Vietnam (SVN) which was a stark reality compared to the dream like world they had come from in the United States of America. It was a phrase accepted by ANZAC troops as both appropriate and cool. Unfortunately, returning home to the world they knew, after their service ended, marked the beginning rather than the end of a number of problems for many New Zealand Vietnam veterans (NZVVets).

Subsequently, issues such as intergenerational health were identified as problems. While NZVVets have in most cases learned to cope with the physical injuries suffered on operations in Vietnam , coping with the social and psychological effects of war service in SVN and the impact of these effects on the health of families has become a major factor in post SVN war times.

This paper is written on behalf of the New Zealand Vietnam Veteran Association (NZVVA) in the writer’s capacity as a member of the NZVVA executive. The focus is on evidence compiled during meetings with NZVVets throughout 2018. The intention is that the evidence will be used to formulate and implement evidence-based practices and policies. For urgent or other special cases, solutions will be developed and implemented appropriately in consultation with approved partners. Such practices and policies may likely contribute to improved levels of support to salvage what for many NZVVets is a shattered “Back in the world” dream.

It is important to note that while references mainly relate to NZVVets, the NZVVA also wishes to be known as an inclusive organisation and promises to support any veteran and their family regardless of the country or area of operations they were involved in during active service.

The original organisation for returned Vietnam Veterans was the Ex Vietnam Service Association (EVSA), founded in the early 1970s and renamed NZVVA in 2014. Since then NZVVA has morphed into an organisation that now works in support of NZVVets and their families on holistic health, welfare and advocacy issues. Ongoing concerns relate to what many deem to be the continued violation of NZVVets rights by successive New Zealand governments. In May 2008, thirty-six years after withdrawal of New Zealand troops from Vietnam, Prime Minister Helen Clark on behalf of the crown issued an apology to New Zealand Vietnam veterans for the failure of successive governments to acknowledge NZVVets loyal service during the SVN war and their failure to address veteran concerns.

The following is an extract from the Crown apology,

*“The Crown is placing on record its respect for the service of the nearly 3,400 New Zealanders who served in Vietnam during the war between June 1964 and December 1972. We honour the 37 personnel who died on active duty, the 187 who were wounded, some very seriously, and all those who have suffered long-term effects. The service of those who fell and all who served in that conflict should now be honoured, alongside that of other brave service personnel deployed to other conflicts in the service of our country.”*

Nonetheless the deep hurt among veterans and their families continues to this day despite the apology. An environment of veteran distrust of medical researchers and other people in positions of power continues to persist and continues to be well justified. Recently, NZVVets were denied a role in forming the Honour Guard for Te Auraki on 21.08.2018. (The return home of the remains of their comrades left behind in cemeteries in South East Asia).

<http://www.nzdf.mil.nz/operations/repatriation/>

For some veterans, Te Auraki was a traumatic experience relived. Some recounted the final memories of friends as ‘lifeless bodies’ being winched out of the bush. According to (Putney & Curren, 2018) “Violator and violated have options on their behaviour, before, during and after an incident of violation”. In this instance the total lack of consideration for veterans and the key role that should have been afforded them in this ceremony, as a mark of respect and as part of their healing process did not feature. According to Sebastian Junger, “Humans don’t mind hardship, in fact they thrive on it: what they mind is not feeling necessary” (Junger, 2016, p xvii). NZVVets were made to feel unnecessary during Te Auraki. At the very least

NZVVets should have been able to honour their fallen comrades through participation in the honour guard. However, NZVVA wishes to acknowledge the support given by Air New Zealand and Airport Shuttles on the 21.8.18. They gave us strength that day.

Under the new leadership of President Andy Peters in April 2018, NZVVA went about revitalising an association that was close to folding. A NZVVA reunion was organised for June and in August Te Auraki was supported. Then “Operation Outreach” (Op Out) was launched by the NZVVA. Op Out aims to compile a NZVVA membership database and identify NZVVETS and family needs with information collated by the NZVVA executive. During OP OUT we quickly became aware of the huge legacy left behind by veterans of conflicts before Vietnam and by earlier generations of the NZVVA. A huge amount of work has been accomplished by those before us. As current NZVVA executives peeled back the layers of generations past and became more aware of veterans history we began to talk about waking the Taniwha. There is a huge task ahead of us that can only be accomplished by working together.

NZVVA executive identified four common issues throughout the country. Work began immediately to problem solve and address the most urgent issues identified by veterans in the “kanohi ki te kanohi”, face to face meetings held nationwide. Four factors were identified as requiring urgent action to address the recurring issues and systemic anomalies. The list at the time of writing is by no means definitive and is likely to be added to in subsequent meetings of Operation Outreach. Also included are actions which have been taken so far.

Item 1: Members requested representation for NZVVA on both VANZ and NZRSA.

Action: A NZVVA working group has had meaningful talks with the VANZ CEO and team and will soon be talking with Ron Marks Minister of Veterans Affairs. NZVVA Patron Rob Storey now occupies a position on the NZRSA.

Item 2: Representation for wives and spouses on the NZVVA executive.

Action: A job description is to be drawn up and the position advertised.

Item 3: Veterans’ affairs New Zealand (VANZ) form filling and customer service problems.

Action: Plans for internet connectivity to speed up and add accuracy to VANZ customer service. Appointing NZRSA area and local support advisors - Training and support for the new system. VANZ have been amenable to NZVVA feedback about VANZ systems.

Item 4: Intergeneration health issues.

Action: Proposals for a NZVVets intergenerational health research project is currently publicized. NZVVA intends to have meaningful input into this research project with further information and ideas from members.

While simple solutions are offered for Items 1 and 2 and some solutions have been found for Item 3, there are no quick fix solutions for Item 4.

Item 3: the following findings were discussed and to some degree problem solved. Common criticisms of the VANZ website is that NZVVets using it have difficulty navigating the website system. They need help filling out forms and sometimes have case manager problems. During OP OUT it is clear that VANZ Vet relationships and services have not worked for everybody. "Frustrating", has been a term most commonly used when describing navigating the VANZ system by phone or by internet. Supposedly VANZ case managers are more familiar with their own system than the NZVVets users. Certainly, VANZ as a Government Ministry will always require forms to be filled in. We need to flip the VANZ website on its head and empower the NZVVets to achieve the same expertise required to use the VANZ website as any of the VANZ case managers. Such a process is aimed at improved productivity and transitioning those improvements to an upskilled workforce and work management systems. This will shorten the lines of communications and enable real time work to be completed with greater accuracy.

NZVVets needs can be addressed by logging on to the VANZ website. Once forms are filled out they can be submitted for immediate processing. However, the success of this process is dependent on the veterans' access to a computer, their computer literacy capability and Wi-Fi connectivity. At all Op Out meetings there were veterans who had inadequate skills and capability in some or all areas. A range of solutions were discussed such as accessing computer support from local schools, public libraries and other community groups, to train and use available community resources. The ultimate aim of the NZVVA effort is to involve NZVVets in the problem solving process and therefore empower them and their families by providing the information and access to the resources they need. This is based on the premise that NZVVets are the ones who can best identify the issues they face. Providing reliable Wi-

Fi connection to isolated parts of NZ is paramount. As such rapid communication is essential for Health and Safety, Civil emergencies and NZDF purposes.

Information sharing also plays a pivotal role in enabling and empowering NZVVets. To this end an invitation only Vietnam Veterans Facebook page (VVFBP) was promoted. The page was already established and used by many NZVVets. However, there is resistance to using Facebook largely due to veteran concerns around confidentiality. The decision has been made to use the existing NZVVA website. NZVVA maintains that every available resource should be accessible and available to improve the lives of NZVVets and their families. This includes working across the generations as an expression of diversity thereby extracting all that is new and mixing it with the old to create new improved solutions (Weston,2006, p.7). It is important to avoid the creation of huge silos into which vast quantities of information disappear forever. What is needed are simple networks close to both the decision-making hub (VANZ) and the NZVVA website for NZVVets to access further information. This eliminates unnecessary tasks and achieves greater efficiency. The NZVVA website will eventually be interfaced with the VANZ website and capable of performing higher functions while a webmaster for the NZVVA website is currently being sought.

During OP OUT meetings the NZVVA visited the Whangarei RSA. A NZVVet is working on a map to navigate VANZ. He has based his map on personal experiences of navigating his way through VANZ to access support for medical problems. The map illustrates the collaborative approach NZVVA is attempting to foster across the Veteran community. The desire is to have a well-informed team, supported by high speed and reliable internet connectivity, with a united and shared sense of purpose. According to McChrystal (2015), "Prediction is not the only way to confront threats; developing resilience, learning how to reconfigure to confront the unknown, is a much more effective way to respond to a complex environment" (p.84).

A further means of assisting Vets is the plan by NZRSA supported by NZVVA to provide local support advisors (LSA's) in each area or club. Appropriate personnel will be trained by NZRSA and VANZ to assist Vets in form filling, navigating the VANZ website, accessing government entitlements as well as other identified support and advocacy issues. This support will be positive in re-connecting and supporting New Zealand Veterans who have over the years become isolated. It is also hoped that relationships will flourish and become more resilient with stronger bonds across all groups, i.e. VANZ/NZVVets/RSA.

As a well-functioning and collaborative group other issues pertaining to the social needs of Vets and their families may well be addressed with greater success. A prerequisite for good health is a healthy home. Looking after one another is another key to optimum health. NZVVA believes that a collaborative partnership approach to solving common problems and the co design of structures will best suit collective needs. Effort will be put into healthy housing and supporting one another.

Item 4: Pertains to intergenerational health issues. A common symptom of war is the resulting effects of Veteran trauma. A well-documented and proven fact is that, “after trauma, the individual/group is never the same again, although post traumatic growth is possible” (Pudney & Curren, 2018). At best, coping strategies are found that can be used to reduce stress resulting from trauma. According to Judith Herman, those “who recover the best are the ones that discover some meaning in their experiences that transcends the limit of personal tragedy” (2000). Some NZVVets have become ministers of the church while others seek the ancient Maori teachings or the wisdom of the Universal world. Alternately others express themselves through writing about concepts such as ‘*mamae*’, collective anguish, (Himona, 2018) or another returns to New Zealand to take up the fight to repatriate his brother’s remains from Malaysia. It is a story that has it all. It is one of human failings, adversity, tragedy, promises made and kept, taking on the system, unconditional commitment by warrior brothers, resilience and betrayal. It is a story about *aroha* (love), a son’s *aroha* for his mother and his whanau (family), it is a very beautiful, almost impossible story. Except it is a true account of a journey which unfolded in front of us. Everyone including the NZVVets should and do take strength from what Paul Thomas achieved.

All the above are ways that Vets have found or chosen to live with traumatic experiences. Perhaps as former soldiers they have an innate belief in their ability to sort their own problems. However not all NZVVets have been able to do this. What else sets the two groups apart? According to (Gonzalez Goeppinger & Lorig, 1990, p.133), “Self-efficacy is a perceived belief by a person that they understand and have the ability to organize the resources to overcome problems”. Finding the correct strategy for dealing or coping with a second hurdle could be the problem. (Lazarus & Folkman 1987) define coping as “the persons ever changing responses to perceptions that internal and external problems are beyond their personal

boundaries". In short what these two psychosocial theories are telling us is to define the problem, find the solution(s) for the problem then implement the best solution.

NZVVets probably do not view themselves as practicing psychosocial theories. However by definition and through the many roles they have undertaken since returning home there is evidence to show they are. Some are coping well, or at least better than most. The situation is not the same for everybody. There are variances in personal factors which are the life experiences a person has and includes situational factors which are to do with the physical, social and environment factors (Gonzalez Goepfinger and Lorig, 1990, p.146). It is possible to use our social environment to change things to our advantage, for example, education may be used to better understand a problem and therefore make better decisions. It is possible to use the same type of social formula to influence genetics and increase or reach our genetic potential.

As time goes by the medical envelope surrounding Vets continues to be drawn tighter, although there are still NZVVets health issues to be sorted. As NZVVets age, thoughts are turning to legacies they will leave. Uppermost on the list are health issues that could be passed on intergenerationally. The intergenerational health effects of Post-Traumatic Stress Disorder or exposure to Dioxin have not been discussed in this report. To discuss these subjects further would not serve any purpose at this stage, although the presumptive list is well known. Schedule 2A Accepted late-onset conditions <http://www.legislation.govt.nz/regulation/public/2014/0369/52.0/DLM6689101.html#DLM6689101> are not.

During Op Out so far it is obvious that many NZVVets have researched and are well informed on the interlocking subjects of Genetics, Epigenetics, the Gnome Project, Heritability and social construction. We should base our hopes for best outcomes for future generation health on something constructive. The advancing science of genetics provides that solid foundation on which to build an intergenerational community health project for NZVVets and families. Genetic research continues to reveal new evidence such as "strong emotional and/or environment actions particularly in social engagement can produce neurotransmitters that can influence genes to switch on and off producing a type of genetic memory" (O'Brien, 2007).

For example, “in North Karelia Finland, a health program was started to counter the effects of the regions high Coronary Heart Disease (CHD) Heart disease mortality and high gene frequency Hypercholesterolemia in an intensive programme of community initiatives focusing on good nutrition and abstinence of smoking over 20 to 25 years. Mortality from Cardiovascular disease decreased by 61%, CHD by 73% and lung cancer mortality for men by 71%. Many other community people with genetic dispositions to CHD had negative progression of the disease proper by participation in this environmental and behavioural programme” (Ryff & Singer, 2005).

Epigenetic solutions, may provide the tools for intergenerational health issues for NZVVets and their families. There is evidence to show epigenetic solutions can be effective and will continue to improve as more genetic discoveries are made. According to Bird (2007) “ This type of epigenetics has caught the imagination because in principle, it is stable but potentially affected by the environment”. It is also important not to neglect the social side of medical health care and to plan for changing circumstances. Some thought needs to be given to providing medical cover for NZVVets as well as medical insurance for grandchildren and future generations. Ensuring environmental and behavioural health solutions, healthy housing and empowering people to take charge of their own health and ensuring connectivity are critical factors.

Families must be prepared and ready for change. Changes now occur rapidly and we need to be continually thinking about what the future will bring. The need to adapt is more critical now than ever. Some question the need for change, however the present way of doing things is no longer working. Most of the NZVVets who attended meetings for OP OUT understand that the job is not yet finished. There is a quiet dignity about them. They work away at what they do best, contributing where they can. They have managed to find some meaning and fulfillment in working for others. For them relationships matter. Maybe the answer is in the legacy that they will leave with the Taniwha.

## References

Bird, A. (2007). Perceptions of epigenetics. *Nature*, 447(7143), 396-398.

doi:10.1038/nature05913

Gonzalez, V. M., Goepfinger, J., & Lorig, K. (1990). Four psychosocial theories and their application to patient education and clinical practice. *Arthritis Care & Research*, 3(3), 132-143. doi:10.1002/art.1790030305

Folkman, S., & Lazarus, R. S. (1987). Transactional theory and research on emotions and coping. *European Journal of Personality*, 1(1), 141-169. doi:10.1037/t07639-000

Herman, J. (2000, September 20). Judith Herman | Conversations with History [Video file]. Retrieved from [https://conversations.berkeley.edu/herman\\_2000](https://conversations.berkeley.edu/herman_2000)

Himona, R. (2018, September 23). Vietnam War | Te Putatara :: Contemporary & Opinion for the Kumara Vine. Retrieved from <https://putatara.net/agent-orange/>

Junger, S., & CloudLibrary. (2016). *Tribe: On Homecoming and Belonging*. NY: Hachette Book Group.

McChrystal, S. A. (2015). *Team of teams: New rules of engagement for a complex world*. U.K: Penguin Random House.

New Zealand Defence Force. (2014, August 4). Extract from Crown Apology. Retrieved from <https://vietnamwar.govt.nz/video/crown-apology-nz-vietnam-veterans>

New Zealand Defence Force. (2018, August 21). Te Auraki. Retrieved from <https://www.nzdf.mil.nz/operations/repatriation/>

New Zealand Legislation. (2015, December 7). Veterans' Support Regulations 2014. Retrieved from <http://www.legislation.govt.nz/regulation/public/2014/0369/52.0/DLM6689101.html#DLM6689101>

O'Brien, K. (2007). The uncounted casualties of war: epigenetics and the intergenerational transference of PTSD symptoms among children and grandchildren of Vietnam veterans in Australia (Published doctoral dissertation). Queensland University of Technology, Brisbane.

Pudney, W., & Curren, H. (2018, September). *Comh 801. notes*. Auckland University of Technology: Auckland.

Ryff, C. D., & Singer, B. H. (2005). Social Environments and the Genetics of Aging: Advancing Knowledge of Protective Health Mechanisms. *The Journals of Gerontology: Series B*, 60(Special\_Issue\_1), 12-23. doi:10.1093/geronb/60.special\_issue\_1.12

Weston, M. J. (2007). Integrating Generational Perspectives in Nursing. *The online Journal of Issues in Nursing*, 11(2), 205-206. doi:10.3912/OJIN

