CHAPTER 25

Posttraumatic Stress Syndromes among British Veterans of the Falklands War

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Background to Military Engagement in the South Atlantic

Great Britain laid claim to the Falkland Islands Group, which includes the Falkland Islands and South Georgia, some 150 years ago. In recent times, the larger islands have been settled by a small number of expatriate United Kingdom citizens renowned for their strong sense of loyalty to the British Crown. The Head of State was represented by a Governor General and a defense force consisting of a Company of Royal Marines garrisoned on 6-month tours of duty. On South Georgia Island, seasonal industrial activity centered on a whaling station at Grytviken. Permanent habitation was established in 1982 by 30 members of the British Antarctic Survey.

Being situated in the South Atlantic more than 18,000 kilometers from the United Kingdom but only 650 kilometers due east of Southern Argentina, the islands have for long been the subject of recurrent controversy not only between the Argentine and British Governments but also the Government of the United States. Argentina's claims to the Falkland Islands are made on the strength of its having controlled the offshore land mass from the time of the breakup of the Spanish Empire in the early nineteenth century. A colony had been established from 1826 to 1831, but the USS Lexington destroyed this in a local dispute centered on fishing rights.

British Argentine talks about the islands never progressed significantly toward a negotiated settlement, and it now appears that the ruling junta of General Galtieri started planning an occupation in 1981. A public and diplomatic furor followed a report in March, 1982 that a group of Argentine scrap metal merchants had landed in South Georgia where they set about dismantling the whaling station. Whether this action was a planned pretext for escalation of tension is uncertain, but Argentine forces successfully invaded South Georgia and the Falkland Islands during two days of the first week of April, 1982.

Diplomatic initiatives centered on the United Nations could not resolve conflicts of interest by peaceful means. A Task Force of troops and ships with the Royal Air Force in support had sailed from England by April 9th and reached its destination at San Carlos Water some weeks later. Sea, air, and land engagements occurred during a 74-day period. The land campaign lasted 25 days, culminating in Argentine surrender at Port Stanley on June 16, 1982.

British troops returned to the United Kingdom during the summer months in a phased operation that ensured a time gap of several weeks between military engagement and being reunited with the civilian population at home. Exceptions were made when a prompt return was indicated for medical, logistic, or other pressing reasons. Every returning war veteran able to walk was given a hero's welcome with street parties being held all over the United Kingdom to mark the conclusion of a successful military campaign.
Background to Current Survey

The South Atlantic engagement was small in scale and short in duration compared to other recent wars, and achieved its intended objectives for Britain. Casualty statistics bear witness to the costs of modern warfare: 237 British soldiers killed, 777 wounded out of which 446 received significant hospital treatment as a consequence of injuries sustained (Price, 1984). The rate of evacuated psychiatric casualties was 2% of all wounded, being the 16 personnel who received treatment on the hospital ship *Uganda*. Such a low rate of psychiatric morbidity has its parallel in early American studies from the Vietnam War era which suggested psychiatric morbidity in Stateside forces exceeded those reported among troops stationed in Southeast Asia. By the time United States military engagement in Vietnam was finally terminated in March, 1973, the overall psychiatric casualty rate for all branches was reported as 12/1,000 as compared to 37/1,000 in the Korean War and 101/1,000 during World War II (Bourne, 1970).

Throughout the 1970s and 1980s, the limitations inherent in such statistics have become apparent. Increasing numbers of Vietnam War veterans reported distressing psychological reactions and adjustment problems related to their war experiences some time after removal from the combat setting or even after returning to a civilian environment (Figley, 1978). Shatan (1973) described a not untypical scenario of symptom onset occurring between 9 and 30 months after returning to civilian life when the person has to come to terms with the unconsummated grief of soldiers who by their training and war experiences find civilian existence utterly deprived of meaning. Other studies have comprehensively documented the longer-term prevalence of adjustment difficulties among Vietnam War veterans (Kulka et al., 1988). Public and professional recognition of these difficulties was slow in coming with Neff (1975) describing veterans as "invisible patients" in the sense that their presentations involving intense chronic psychological and somatic problems failed to conform to distinct diagnostic categories. From a social adaptation point of view, Yankelovich (1974) found Vietnam veterans to have double the unemployment rate of same-age cohorts. Lower morale, more prevalent pessimism about their future, and feelings of estrangement from society in general were other frequently reported complaints.

Against this background of growing international recognition that the psychological and social consequences of modern warfare are long term and usually not amenable to categorization using conventional psychiatric nomenclature, I was surprised to establish that by 1985 only one paper had been published addressing the psychological and psychiatric morbidity arising from the Falklands War (Price, 1984). This chapter deals exclusively with morbidity during the war itself. Further enquiries consolidated the impression that information pertaining to possible long-term traumatic stress reactions in Falklands War veterans was either not being gathered of kept from public knowledge. Such lack of response and concern from the research and caring professionals was astounding, so a decision was made in the spring of 1986 to carry out a long overdue survey among ex-servicemen who are veterans of the Falklands War.

Review of Literature on PTSD among Falklands War Veterans

In April, 1989, a computer search using posttraumatic stress disorder (PTSD) and Falklands War veterans as keywords identified only two publications concerned with this problem. These are the journal article by Price (1984) on psychiatric casualties during the war plus a speculative and anecdotal report (Jones & Lovett, 1987) of three young men known to staff at a psychiatric outpatient clinic having in common a period of service in the South Atlantic during the Falklands War.

Price (1984) examined factors assumed to account for the low reported rate of psychiatric casualties among British servicemen involved in the recapture of the Falkland Islands. Particular importance was attributed to early psychiatric screening of personnel by trained staff deployed in frontline units. The brief intermittent nature of combat engagements interspersed with more prolonged periods of indirect fire was noted, as was the use of elite units trained for warfare under arctic and subarctic conditions. Price concluded that experiences gained in the South Atlantic offer a unique perspective on how well military personnel can, in fact, function in a combat situation when the total scenario incorporates a constellation of factors known to reduce psychiatric morbidity.

An early indication that delayed traumatic stress reactions were being experienced by Falklands War veterans was suggested in a subsequent paper by Jones and Lovett (1987). Three case studies were presented giving details of their patients’ war experiences and subsequent psychological adjustment difficulties. These include excessive drinking, social isolation, panic attacks, intrusive reexperiencing, guilt, depression, marital friction, and deterioration in work performance. No attempt at formal diagnosis of PTSD was made, reference being made instead to “a neurotic disorder with many features in common, coming on six months or more after an unusually severe life threatening stress.” Having come upon these three veterans by chance Jones and Lovett speculate about their being “the tip of an iceberg.” The authors suggested that veterans’ home communities successfully contain traumatized servicemen who consequently do not come to the attention of the National Health Service. It is interesting that in none of the cases reported did the opportunity arise to implement the complete treatment program! Jones and Lovett ended with a plea for the need to establish by comprehensive epidemiological studies the true prevalence of the psychological, social, and adjustment problems experienced by Falklands War veterans. A newspaper article subsequently quoted the estimate of a naval psychiatrist of a one in eight prevalence of PTSD among naval personnel who had returned form the South Atlantic, and Orner (1988) presented a preliminary analysis of the survey data that is the subject of this chapter to the First European Conference on Traumatic Stress.

In 1991, O’Brien and Hughes reported a 5-year follow-up of currently serving paratroopers who fought in the South Atlantic. Twenty-two percent met diagnostic criteria for PTSD: chronic subtype. Only 29% of the whole veteran group reported no symptoms at all. Another interesting aspect of this study is the comparative