
Healing the Wounds of War: An Ex-Koevoet Medic Speaks Out

Sean Callaghan with Critical Health

I grew up in the eastern Cape. My perception of the world were strongly influenced by a Christian ethic. In terms of these beliefs, I abhorred violence and war. I did not want to go to the army, but I thought it right to do so. Nobody among my peers or within my family questioned the legitimacy of the call-up.

In registering for the army, one could make a choice about the particular posting one assumed in the army. I dealt with the tension between values of Christian non-violence and the idea of the call-up as an acceptable norm, by choosing to be involved in healing the wounds of war. I applied to become a medical orderly.

Initiation

As soon as we reached our first camp, we had to go through the shock of war ritual, including the signature of a secrecy document and a will sent to our parents. At seventeen, it was a rude shock to have to sign a will and consciously face the close possibility of death. The secrecy declaration also had a damaging effect. With the images of horror one saw at the hospital, you found that you needed to speak to someone close about it, but you were bound from doing so by the secrecy document. The way I found to get around this, was to telephone my mother from a civilian call box on my time off from camp. I also sent letters to her from a civilian post office.

People who came into the army as medical professionals were given a brief orientation course and then became officers. The rest of us did three months of basic military and medical training.

After further training we had a basic knowledge of pharmacology, nursing techniques and first-aid. We also learnt about weaponry and warfare. Our medical training was not very useful for the practice of patient care, and we often had to treat people who were seriously injured.

Medics

A group of us were sent to a hospital, Oshakati Casualty Evacuation Hospital 25km south of the Angola border. This hospital had 40 beds, two general wards and two



Dead SWAPO geurilla carried onto Koevoet Casspir. *Photo: Sean Callaghan*

private wards, reserved for women and for enemy casualties. The staff of the hospital were six general practitioners, ten medics, three nursing sisters, a surgeon and an anaesthetist.

It was very stressful, at the start, finding yourself suddenly playing the role of doctor with the little training you had. For example, if ten cases came in, the doctors would assess the three worst among them and the rest we had to deal with. The doctors were helpful, advising on various practical ways of handling patients and in identifying patients who should go to theatre. With the doctors, we would go into the theatre to do as much as we could, removing shrapnel, doing amputations and so on.

I was introduced to death in a terrifying and gruesome form. After our first night at the hospital we attended a music concert from which we were summoned. We were called back to the hospital to take care of casualties who had just arrived. I have a vivid memory of a case from a mortar attack, with severed arms and leg and wrapped in bloody bandages. This was petrifying, and you wondered if you would be the next to suffer in that way.

A disturbing early experience for me was having to nurse a patient, dying from burns in a land mine explosion. I knew that he would not be alive in the next few

minutes, although he spoke of going home and seeing his girlfriend. I conversed with him until he died, but I always feel that my training had not equipped me for handling a situation like that. I often feel that I should have let him know the truth of his dying state.

But this was not to be the worst of my early experiences at the hospital. Ten of our soldiers, all married and with children, had burnt to death in a military vehicle which had hit a land mine. We spent time in the mortuary trying to identify body parts and cutting contorted limbs so the bodies could fit into coffins. In the process the smell of burnt flesh got into my clothes. When I went back to my room I put on a new set of clothes and left my dirty clothes there. I woke screaming from a nightmare, with the stench lingering in my room. Despite much scrubbing and cleaning, the smell seemed to hold for days and whenever I entered the room I sprayed deodorant which had little effect in alleviating the smell. I could not sleep for almost a week.

Desensitisation

Increasingly, however, I seemed to develop a wall on feelings of sympathy and remorse towards death. There were people dying every day in the hospital. Every month, 150 to 200 casualties were flown in. Of these, 30 to 40 died monthly. Most of them were black members of 32 Battalion fighting deep within Angola. We worked hard to save lives, but the extent of our dehumanisation shows in our attitude to a patient who died at 5am on a New Years Day, hours after hard effort to save his life. We felt no remorse but fury at the patient for having 'dared' to die on us.

This process of dehumanisation or what seemed a blanket insensitivity towards fellow human beings was intensified in the time I left the hospital and joined Koevoet patrols as a medic. We would go, fifty in a team of five casspirs, on the trail of SWAPO guerrillas. We were paid R1 000 if we brought back a body dead or alive, and between R500 and R750 for captured AK-47s. Large weapons like rockets or mortar tubes were worth more than the bodies we brought in. Every time we returned from the kill we would strap bodies to the mudguard or on the side of casspirs. It was an appalling sight after driving through the dense Namibian bush, the bodies were so ravaged in the process that there was hardly any skin left on them. We tried to have these bodies identified once we were back at base.

A scoreboard was kept at base to mark the killing record of each group. When we were off camp we would check score to see how we were doing against our competitors. One thing I often did was to speak to my mother for an hour every week, telling her about things that happened. I also told her about our scores, and it seems, she became increasingly worried about the changes I was going through.



Sean tending a wounded geurilla. *Photo: Koevoet*

I received a devastating emotional shock when she came to meet me at the airport and withdraw from me when she saw how dirty and unshaven I was.

Stress

Some of the few white casualties we had, died accidentally or by suicide. There was almost total lack of emotional support and counselling for us. In the area of my Koevoet camp, over the time of Christmas and New Year of the first year that I was there, ten guys shot themselves with R-4 rifles.

I suppose what these signs of emotional trauma among soldiers shows is that the dehumanising process is never absolute. I remember my first contact with a SWAPO person, a captured unit commander whom they chained to his bed. In conversation, he demonstrated a strong command of various languages, and he enjoyed reading *Huisgenoot*. He could also name a few eastern Cape towns that I had grown up in. I realised from this encounter that the enemy were also human and not the stupid, unreasonable fiends we were taught to believe they were.

Later, after my first round of military service, I suffered nightmares. One source of my nightmares was the merciless killing of one of my patients, a captured guerrilla, by my unit commander.

It was on one of these expeditions of trailing after SWAPO guerrillas that the first signs of what a psychologist later diagnosed in me as post traumatic stress showed.

When our casspir detected the footprints of a guerrilla, we would follow that for days. The whole process is so tense, you are never sure of what's ahead and you're always worried that he might have a rocket launcher or is leading you into an ambush. When the person was cornered it was such a relief to kill him.

On one occasion a SWAPO rocket went through our engine stopping us dead in our tracks. It was about twilight, and all we could hear were shots and there were light flashes all over. It was so frightening. When it was over there was a corpse of a guerrilla before us. I felt so relieved to be alive, yet I was so angry that the corpse before us had tried to kill me, I just kept firing at it. I soon felt so sick I just puked and puked. It was a feeling of nausea which had little to do with the gory state of the corpse. I could not understand why it was happening. There was just a feeling of almost total emotional numbness, too much seemed to be going on, it was too much to cope with, everything just seemed to close down on me.

When I returned home I spoke openly about my adventures in the army and showed friends some pictures of corpses. However, openly relating to others my experiences in the army was not sufficient to keep the nightmares at bay. The latter were always triggered by the images of war that I saw in films. These brought back in vivid detail the experience that I had during national service. I would hear sounds and see images that were not there and behaved with ultra-vigilance in re-enacted scenarios of war. I found difficulty distinguishing between reality and the film imagery of war. It would often take me a week before I could function normally.

These, however, passed. But in 1991, the nightmares returned. This time they were triggered by another call-up. Nobody suggested therapy to me, but I approached a psychiatrist who diagnosed me to have post traumatic stress disorder (PTSD). I was sent to a psychiatric ward, and was told I could stay for as long as it took to recover. A doctor there, who saw me for about three hours, decided that I did not have PTSD which he said I had healed myself through speaking about my war experience to friends. He suggested that it was okay for me to do a camp. I am thankful that was the last camp I had to do.

At present I do reconciliation work, and I cannot imagine going to the army ever again. I bemoan the lack of support that soldiers receive in the army, and I would like to set up a support group to assist ex-soldiers find their bearings in an environment outside of the military.

Sean Callaghan now works for the Initiative for Reconciliation