

VETERAN ISSUES

The wide array of issues impacting veterans and their families

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POSTTRAUMATIC STRESS – Posttraumatic Stress or Posttraumatic Stress Disorder (PTSD) is the issue that has claimed the bulk of attention in the press and by government officials due its association with a number of tragic events. It needs to be acknowledged that posttraumatic stress is a normal reaction that normal people have to abnormal events that threaten their life or the life of those dear to them, and that most people recover on their own given time and social support. PTSD is the pathological variant of this condition where an individual becomes stuck in the event and cannot move on with their life. PTSD is an extremely complex diagnosis involving several symptoms occurring in different domains of behavior and can only be diagnosed by competent mental health professionals. Unfortunately, the label of PTSD is being attached to many veterans in the process of integrating their traumatic experience in to their lives and recovering from their exposure to combat. This misdiagnosis and labeling on the part of family members, co-workers, and even the military members themselves can adversely impact the military member in terms of how they see themselves and in necessary tasks, such as finding employment.

TRANSITION – By far the most common challenge facing veterans is transition back into the day to day world. It is not easy going from being on guard to danger at every corner to functioning and acting immediately and forcefully to stay alive to a low threat peaceful environment where measured and peaceful responses are the order of the day. Even simple everyday things like green grass and neon signs can seem overwhelming after months of brown deserts and blackouts. Combat driving kills are frowned upon by local law enforcement, but they have become reflexes that are hard to suppress when reminded by some sight or sound of roadside bombs or ambushes. Family life and work life can seem mundane and the routines, policies and procedure of the civilian world leave one longing for an adrenaline rush and the immediate action that was part of military life when deployed. Emergency services personnel can have a particularly difficult time transitioning back into civilian life as so many aspects of their civilian job resemble their jobs as military members, but the combat responses required to defeat and survive

an enemy are very different from the skills necessary to deal with one's fellow citizens in an orderly society.

REINTEGRATION – Reintegration is one aspect of transition that deals with returning home to family. The veteran has been changed by their exposure to combat and having seen terrible unspeakable things. They can feel rejected when family and friends speak of wanting to have the person who left, their son or daughter, their husband or wife, back. This communicates lack of acceptance for whom the veteran is in the here and now. But even the veteran often has expectations of returning home as it was when they left forget too that their spouse, children, family and friends have also grow and changed during their separation. Reintegration requires patience and understanding. Roles and responsibilities within the family have to be renegotiated in light changes and growth that have taken place. The roles and responsibilities include intimacy, parenting, and financial management. Parents need to realize that the teenager that left hope is now an adult child wise in the ways of the world. The veteran may return to find themselves a parent and married to a spouse who is more self-sufficient than when they deployed. Reintegration is about creating a new normal in personal relationships and family roles.

EMPLOYMENT – Employment is a particularly important issue for Reserve and National Guard personnel returning from deployment. In 2007, approximately 12% of National Guard and Reserve personnel returned to find they had no employment. Though federal law guarantees return employment rights for most military members, those rights mean little if the job no longer exists. In one instance the Veterans Administration denied return rights to a chaplain who returned after being deployed as a member of the National Guard, on the basis that the law does not apply to clergy and religious professions. Even congregations within our own church body have asked their pastor/chaplain to either resign their commissions or to seek other calls. This is very much saying we have met the enemy as they is us.

HEALTH – Though PTSD garners most of the publicity, there are a number of other health issues for returning veterans. Mild Traumatic Brain Injury (MTBI) is chief among those issues for many veterans. MTBI refers to injuries suffered as the result of the concussive effects of modern munitions. These injuries are extremely hard to diagnose. One of the effects of MTBI is that lowers the ability self-regulate, meaning they lose inhibitions and often act out their thoughts without regard to consequences. Other health issues include adverse reactions to antimalarial drugs, dependence upon antidepressants to manage moods, and a variety unspecified health problems.

CHILD CUSTODY – Child custody is an often over looked issue. In a number of cases single parents have lost custody of their children as the result of their deployment. The typical scenarios looks like this: A single parent has sole or primary custody of a child after a divorce. Upon activation for military deployment, the custodial parent makes arrangement for the child to be cared for by the non-custodial parent during their deployment. Upon leaving the custodial parents leaving the country, the non-custodial parent petition the court for sole custody on the grounds of abandonment or the inability of the custodial parent to provide a stable environment for the child due to their military service and commitments. It needs to be remembered that family courts are not bound to protect the rights of the parents, but to make decisions on the basis of what they see as the best interests of the child. The issue has become so serious that at least five states have amended their family court codes to specifically

prohibit judges from make permanent custody ruling until the military member returns from deployment and can represent themselves in the hearing.

RECURRING DEPLOYMENTS – If these challenges were not enough, most military members face multiple deployments. Even Reserve and National Guard personnel, who comprise approximately 47% of the military forces in Iraq and Afghanistan, are in their second or third deployment. This means that health, transition, and family issues are further complicated by the cumulative effects of combat stress, family separation, and continuous transitions to and from the wartime and peacetime environments.

GRIEF & LOSS – Grief and loss are also recurring themes faces by veterans. It is not only the loss of comrades in battle, but it is also losses stemming from having missed important family events, such as the birth of a child, birthdays, anniversaries, graduations, first steps, etc... There is also the lose of innocence that comes from leaving the safe and peaceful environment of home and being thrust into the chaos and evil of war. Also one other significant loss is often over looked, which is the loss of the strong bonds and camaraderie that develops among close knit combat units, bonds that can be stronger than blood or marriage because they daily place their life in each others hands.

REHABILITATION – The good news among the many issues facing veterans is that casualties that would have bled to death on the battlefield even 10 years age are being saved as the result of advances in military medicine. But this also means that many more veterans are returning who have lost limbs and bear physical scars of battle. The veterans and their families need special assistance in reintegrating and transitioning back into civilian life. It is interesting to note that advances in the science of prosthetics have enabled some veterans actually to return to military service and finish out their careers.

SUICIDE – Suicide is an especially significant issue. The Army in particular has seen a sharp increase in suicides and the numbers could be underestimated as it is harder to track suicide among the reserve component (Reserve and National Guard). Inability to effectively to deal with any issues discussed can contribute to suicidal ideation or acts. The important thing to note concerning suicide is that asking the question is not going to put the idea into a person's mind and may evening shock them in to seeking help. Ask the question in a straight forward manner," Are you thinking about committing suicide?" If the answer is yes make immediate referral to a license mental health provider or encourage them to come with you to an emergency room. It is appropriate to ask if they have a plan and if they have the means to carrying out the plan. If the answer to these two questions is yes, it is advisable to physically hand off the suicidal person to mental health or medical care givers.

ISOLATION – It is not uncommon for veterans to withdraw and isolate themselves because they feel misunderstood, have difficulty with transition, or are haunted by memories of their wartime experience. Though common this is not helpful. Research has shown that strong social support (family and friends), good self care (sleep, diet, exercise), and spiritual belief systems (belief in God or a higher power) are the most powerful factors in helping people recover from traumatic events. Isolating one self unfortunately is also one of the common reactions to trauma. It is important to allow the veteran adequate space and time to deal with their experience, but the greater the degree of isolation the more serious their problems can become.

SUBSTANCE ABUSE – Some argue that combat trauma is essentially a moral and spiritual wounding of the soul. This can produce tremendous psychological and emotional pain. As common form of attempt to cope with this pain is self-medication, using alcohol or other substances to numb and avoid the pain. This can lead to serious problems of substance abuse and addiction. It is important to recognize that self-medication does not always involve substances, but can also involve behaviors such as engaging in high risk behaviors for the adrenaline rush, or sexual activities to produce dopamine for its pleasurable effects. Whether the substance is introduced externally or internally or through specific behaviors it can have serious life altering consequences.

SEXUAL ASSAULT – Sexual assault is another serious issue that tends to impact female military members. Approximately 20% of military personnel are female and serve in all branches, career fields, and ranks of the military. Though sexual discrimination, harassment, and assault are all crimes under the UCMJ (Uniformed Code of Military Justice) they do unfortunately occur. Sexual assault can be particularly devastating when the perpetrator is a fellow service member. Military members place their life and safety in each others hands on a daily basis, which adds an additional element of betrayal to this violation. The military has a unique sexual assault program that allows victims to choose either to report the offense or not to report the offense formally and still receive care and support. It is important that any victim of sexual assault talk with the specially trained sexual assault counselors that are available for each branch of services to be informed of their options and decide the course they would like to follow in responding to the assault. Some members choose to seek treatment outside of military channels, but this can result in mandatory reporting law enforcement depending on state statues governing sexual assault.

INFIDELITY – Long periods of separation and high amounts of stress can result in strong feelings of loneliness and longing for physical and emotional support. Unfortunately, this can lead to seeking that support in relationships outside of marriage and other exclusive relationship. When this occurs it is an additional stressor on the veteran and their significant other that needs to be addressed as part of the reintegration and transition process through counseling and other means.