

# *Invisible Wounds of War, Visible Pain and Suffering*

A paper by C. Larry Briggance

Presented to the Holland Professional Club

January 13, 2012

- \* Since midnight last night 18 U.S. soldiers have taken their own lives.
- \* Veterans are living in cars and under bridges
- \* Children are being diagnosed with "Compassionate Fatigue Syndrome."

Tonight I will address the invisible wounds of war, wounds that diminish us all.

In her poem "The Sacrifice," Nancy Meek describes the state of mind of a returning soldier. I will begin and end with her words and use lines from this poem to help define major issues in my paper.

*The soldier slides his sword into its sheath  
Having completed the missions given to him  
Grateful to be one of the few men to leave  
After hanging his life on the proverbial limb*

War is a manifestation of death and destruction, an exhibit of the negativities of life. A war is the result of the lack of peace. It eventually ends after having devoured countless resources and causing indescribable human suffering. Wars deeply impact a nation's economy and the lives of its citizens. While wars impact the battling countries, they more gravely impact those who are on the forefront. They are sure to severely affect the

true warriors, the soldiers who stake their lives to guard, defend, die and kill for their country. Wars not only impact a soldier's life but also cause serious emotional effects which alter their lives, stir their emotions and can permanently change their states of mind.

Over the history of warfare, the invisible wounds of war have been recognized. They have been referred to as "soldier's heart" or "nostalgia," during the Civil War, "shell shock" during WWI and "battle fatigue" or "combat exhaustion" during WWII.

Much has been written about the hardships of soldiering during the Civil War. However, what were the challenges when the soldier returned home after the war? Families waiting for the return of loved ones often discovered that the boy who left for war returned as a man almost unrecognizable. By the 1880's many veterans were able to reminisce about the war by writing their memoirs and regimental histories. But there was a large population in both the North and the South that drifted from soldiers' home to soldiers' home, town to town, jail to jail. A significant number of old veterans became wards of the state and many lived their last days in insane asylums. Most soldiers returned, picked up the pieces and

moved on, but others could never find peace. World War I and World War II, Korea and Vietnam wrought similar stories.

Today, many of our servicemen and women are returning home exhibiting the same characteristics and behaviors of their counterparts from previous wars. Recently, the designation of soldiers' "invisible wounds" has lost its poetic sound (soldier's heart, nostalgia), been stripped of its reference to war and battle, (shell shock, battle fatigue). The designation has become rather clinical. Men and women who are psychologically, emotionally and morally wounded as a result of their combat experiences are instead given a diagnosis of PTSD. Post Traumatic Stress Disorder, according to the National Institute of Mental Health (NIMH), is an anxiety disorder that can develop, "after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened." According to this definition, thirty to thirty five percent of veterans who have served in Vietnam, Iraq or Afghanistan are not wounded, but mentally ill.

Since 2001, over two million veterans have served in Iraq and/or Afghanistan. More than 600 thousand are suffering from PTSD, Severe

Depression or Traumatic Brain Injury (TBI). Left untreated, the ramifications of these conditions are clear: an increase in family problems, drug abuse and suicide. Problems such as unemployment and homelessness are a likely result as well.

Troops returning from combat may experience a wide range of psychological responses. The severity of symptoms vary widely between individuals. A single veteran's symptoms often fluctuate over time. When symptoms become severe or persistent they are usually diagnosed as PTSD or Major Depression. Symptoms may be reoccurring recollections of extremely traumatic or life threatening events, heightened alertness and fears, nightmares, insomnia and irritability. Major Depression can include persistent sadness or irritability, change in sleep and appetite, difficulty concentrating, lack of interest and feelings of guilt and hopelessness.

Traumatic Brain Injury (TBI) can be caused by bullets or shrapnel hitting the head or neck or by blasts from mortar attacks or roadside bombs. Closed head wounds from blasts can damage the brain without leaving an external mark (another "invisible wound"). These wounds are especially prevalent in Iraq. About 68% of the more than 35,000 wounded in action, experienced blast related injuries. As with psychological injuries,

the effects of TBI vary. Symptoms can include emotional problems, vision, hearing or speech problems, dizziness or sleep disorders. Troops exposed to multiple blasts can have accumulating TBI's leading to serious neurological problems. Often injuries are not immediately apparent. TBI's are known to increase the risk for brain disorders such as Alzheimer's and Parkinson's disease.

The behaviors exhibited by returning servicemen and women suffering from PTSD, Depression and Traumatic Brain Injury have only recently been more clearly understood. Many of the symptoms and behaviors exhibited by returning servicemen and women over the past decades can now be attributed to the invisible wounds suffered during their active duty service. We now know that many of the symptoms and behaviors caused by these wounds take ten to twelve years to manifest. Research has shown that the observed symptoms and behaviors are a direct result of the experiences and events occurring during a soldier's service.

It wasn't until after the Vietnam War that Post Traumatic Stress Disorder began to gain recognition as the measurable and debilitating affliction that it is. No longer dismissed as an indicator of personal

weakness, cowardice or damaged nerves, PTSD captured the attention of the mental health community. It was officially listed in the third edition of the Diagnostic and Statistical Manual in 1980. Soon, PTSD gained the attention of the media, the Pentagon and the public at large.

A 2008 study by the Rand Center for Military Health Policy Research, estimated that 20% (more than 300,000) of soldiers returning from Middle East deployments met the screening criteria for Post Traumatic Stress Disorder and/or Major Depression, and that 320,000 had experienced a probable Traumatic Brain Injury (TBI). The Rand Study speculated that, one in three U.S. servicemen and women returned from combat duties with significant psychological problems. Worse, only half sought or received treatment for their injuries. The current wars in Iraq and Afghanistan have lasted longer than any previous war in U.S. history, WWII 45 months, Civil War 48. Fought by an all volunteer army, these current conflicts have required the multiple deployment of more than two million troops.

Wardak Province, Afghanistan.....Army Staff Sgt. Bobby Martin Jr. has been fighting insurgents in Iraq and Afghanistan longer than the entire three years the Korean War lasted.

At age 34 and finishing a fourth combat tour, he has seen five of his men killed since 2004. Four died last year, including two on his birthday in May. Thirty eight cumulative months in combat have left him with bad knees, aching shins, and recurring head aches from a roadside blast, ailments he hides from his soldiers. Out of earshot of his troops, Martin concedes, "This is a lot of wear and tear."

The cycles of combat have been so long and so frequent that nearly 13,000 soldiers now have spent three to four cumulative years at war in Iraq and Afghanistan. About 500 GIs have spent more than four years in combat.

Martin finished his fourth combat tour and rejoined his family in December. In the years away at war, Martin missed the birth of his son, Bobby Martin III, and has been away for two-thirds of the child's life.

Martin serves with the 3rd Brigade Combat Team of the 10th Mountain Division out of Fort Dunn, NY. The division's 1st Brigade Combat team deploys to Afghanistan again this spring with 20 soldiers on a fifth combat tour and five beginning a sixth deployment.

Evidence suggests that the psychological toll on these men and women is disproportionately high compared to physical injuries suffered.



Terri Danielson, co-director of the Rand Study stated: "We found that the single biggest factor of PTSD and Major Depression was exposure to trauma." "The more exposures a soldier experienced, the more likely he was to return home with psychological problems requiring treatment."

To return home is each soldier's goal. Sadly, returning home often means different battles to fight.

*He has done his duty...he has given his all  
Then to country, home and hearth he returns  
But he can not read the writing on the wall  
That the heat of battle eternally burns*

*He can put his trust in no one  
For the enemy still eats at his soul  
Caught in a hell with nowhere to run  
Believing nothing will make him whole*

The effects of war on the families of deployed and returning soldiers are serious and worthy of our attention. Sadly, at least 20,000 children have had a parent wounded in action and more than 2,300 have lost a parent in Iraq or Afghanistan. Their many sacrifices are often unacknowledged.

The stress of war affects children both mentally and physically. Problems exhibited by the children of deployed parents usually intensifies the longer a parent is absent. Children experience extreme disappointment and fear when parents are redeployed or their return is delayed. In time of war psychologists consider the children of soldiers as “uncounted casualties.” Children battle enemies they can’t see and don’t understand. Behaviors seen frequently are bed-wetting, high blood pressure, depression and isolation. Wars invade young lives in ways that experts believe to be damaging mentally and physically. Responses of children go far beyond disappointment. It’s much deeper than just missing Mom or Dad.

Many children who have a parent with PTSD, will mimic some of the parent’s symptoms. According to psychologists, children who mimic symptoms are being empathetic. They are trying to better understand their parent’s feelings. Clinically a child must be in harm’s way to be diagnosed with PTSD. Children exhibiting symptoms secondarily are described as having “Compassion Fatigue.” The symptomatic profile is nearly identical between PTSD and Compassion Fatigue. It is, therefore, not surprising

that countless studies link depression, anxiety and emotional disorders in children to a parent's military deployment.

The rate of child abuse and neglect in military families has doubled since the widespread deployments to the Middle East began. Currently, more than 155,000 U.S. children have at least one parent serving in Iraq or Afghanistan. More than two million youngsters have a parent who has served in the war zones since the beginning of the Middle East wars.

A soldier's return from war doesn't ensure family problems will be easily resolved. At homecoming, soldiers and their children aren't always aware of just how much the war has changed and revised their relationships. Teenagers often have a difficult time when a parent returns from war. Adolescents who had taken on adult-like responsibilities during a parent's absence, frequently have trouble giving up their recent authority. Reverting to their role as a child, when Mom or Dad returns, can be challenging. Family problems often continue long after deployments end.

In a study of Iraq and Afghanistan veterans who were referred to the Veteran's Administration for a behavioral health evaluation, two thirds reported some type of family or adjustment problems. Twenty two percent of these veterans were concerned that their children "did not act warmly"

toward them or “were afraid” of them. Of married returning soldiers, who are receiving mental health support, 56% report conflicts involving shouting, pushing and shoving. The VA suggests these numbers are not representative of the military population as a whole. However, among veterans with severe mental health issues, family violence is a major concern.

Half of the men and women who have served in Iraq and Afghanistan are married. The strain on marriage is a significant problem. Deployed troops express growing concerns about infidelity and many are considering divorce. Much of the data on military divorces includes only active duty troops and not the one million Iraq and Afghanistan veterans who are no longer serving in the military. According to a Rand Study, soldiers suffering from PTSD are likely to experience “difficulties maintaining emotional intimacy” and have a “greatly elevated risk of divorce.”

To escape haunting memories, psychological injury, and daunting challenges, many returning soldiers turn to alcohol and/or drugs.

*He has seen too much...killed too many  
Propelling his god just beyond his reach  
Searching for life's true meaning, if any*

## *Soul swaying, forever standing in the breach*

The Department of Defense Health Behavior Survey completed in 2008, reports increases in prescription drugs and heavy alcohol abuse. Prescription drug abuse doubled among U.S. military personnel from 2002 to 2005. Frighteningly, it has tripled between 2005 and 2008.

Alcohol abuse is considered the most prevalent problem. It poses significant health risks. A study of Army soldiers, screened four months after returning from combat duty, showed that 27% met the criteria for alcohol abuse. They were deemed at increased risk for related harmful behavior such as drinking and driving, family violence and the use of illicit drugs.

According to an April 2011 report from the National Institute on Drug Abuse (NIDA), drug and alcohol use frequently accompanies mental health issues. Alcohol was involved in 30% of the Army's suicide deaths from 2003 to 2009. Alcohol and drugs are implicated in more than 45% of non-fatal suicide attempts. Homelessness for veterans, another tragic challenge, is often attributed to substance abuse. An alarming statistic is the disproportionately large number of homeless veterans made up of young service members between the ages of 18 and 30. Over 13,000 of

these young people are now living in cars, shelters or on the street. These figures are even more daunting given the anticipated number of new veterans returning from Iraq and Afghanistan. A recent HUD and VA study noted that while young veterans (18 to 30 years of age) make up only 5% of all service members, they constitute more than 9% of all servicemen who are homeless. The VA estimates that 45% of homeless veterans have a psychological illness, and more than 70% suffer from substance abuse.

*This sacrificed soldier will always bleed  
Whipped and tortured by the thorns of war  
Rejected and scorned by those he freed  
Stoned for his deeds on a foreign shore*

*The blood on his hands refuses to dry  
A constant reminder of where he has been  
His will to survive fights with his wish to die  
In this carnal world of throw-away men*

According to statistics compiled by Veterans for Common Sense, there have been a total of 2,293 suicides of active duty soldiers since 2001. Two hundred ninety eight of those occurred in a war zone. The number of suicides of "active" service members continues to rise and is now almost

300 each year. The data on military suicides is troubling. The Veterans Administration estimates that each year 6,500 veterans take their own lives. There are on average, eighteen suicides each day. Although veterans make up only 9% of the U.S. population, they account for more than 20% of suicides. Male veterans are twice as likely to die by suicide as men with no military service. Veterans suffering from PTSD are more than three times as likely to die by suicide as their civilian peers. Younger veterans, and white, college educated, and veterans who live in rural areas, are at the highest risk.

According to Department of Defense figures, in the nine years from 2001 to 2009, more than 1900 members of the active duty military units took their own lives. These suicides are more than the number of soldiers who have been killed in Afghanistan since the war on terror was launched. There is a lack of clear data on veterans who have completed their active duty. As alarming as these statistics are, it is feared that the actual numbers of suicides and suicide attempts are much greater.

We have heard of the problems faced by our returning soldiers. What is being done to help them adjust upon their return home?

The armed services have made great strides in the understanding of, and treating of PTSD, Major Depression and Traumatic Brain Injury. Today initiatives taken by all branches, as well as the Department of Defense and Veterans Affairs, have dramatically altered the ways in which troops are assessed and treated during all phases of deployment and upon returning home. In 2011, the Pentagon earmarked an unprecedented \$300 million dollars for continued research on PTSD and TBI.

Improvements include:

- \*All branches of service are now making psychologists, counselors and clergy available to soldiers in hostile areas.
- \*The mental health budget has doubled since 2001.
- \*Screening methods have been improved for our returning soldiers.
- \*The VA has launched a suicide prevention hotline. It took more than 55,000 calls last year. The VA claims to have averted more than 1,200 suicides since the hotline became available.

The Iraq and Afghanistan Veterans of America (IAVA), hoping to combat stigma and ease the readjustment for service members returning home from Iraq and Afghanistan, has launched a multi-year Public Service Announcement campaign with our National Ad Council. These ads direct



troops to the website, [www.Community of Veterans.org](http://www.CommunityofVeterans.org). This website helps veterans connect with one another and links them with comprehensive services, benefits assistance, and mental health resources. A companion PSA effort recently launched, will engage the families of Iraq and Afghanistan veterans at [www.Support Your Vet.org](http://www.SupportYourVet.org).

In the Questionnaire for National Security-Question 21 caused great challenges. Question 21 asks- "Have you sought mental health care?" Since the 2008 change made by Secretary of Defense, Robert Gates, the question can now be answered "no" if the care was a direct result of service in a military combat zone and if the care was not court ordered.

In spite of the recent pro-active stance the military is taking toward the psychological health of its troops, improved methodology, funding and treatment, barriers still remain. The stigma associated with seeking mental health support is still a central issue. Although the armed services struggle to convey the message that combat stress is universal, inevitable, and not an indication of a mental disorder, the stigma remains. A big deterrent to coming forward for screening or treatment is a soldier's fear of sabotaging his or her career, forfeiting the next promotion or losing a security clearance. Services have improved, but according to many military

leaders, they are still “woefully inadequate.” Until soldiers no longer fear taunting and harassment from their colleagues and superior officers for seeking help, there is much work to be done.

The problems of life after war are overwhelming. As a nation we need to consider what we are asking of our young men and women. How close are most of us to the ramifications of our recent wars? Do we personally have sons or daughters in the fight? Do our political, financial and community leaders have their blood at risk? What are the policies, goals and outcomes that we as a nation support when we ask young people to not only die, but to kill?

Some suggest that the debilitating invisible wounds of war will continue to mount as long as we send soldiers to fight unnecessary, perhaps unjust prolonged wars. There will be unsettled, confused minds as long as we ask human beings to fight in a war where goals are undefined, in a place they couldn't locate without a map, and against people that have not caused direct harm to our country.

It's hard for a nation to justify pre-emptive strikes, regime changing, extraordinary renditions, enhanced interrogation techniques and nation building. When we can not clearly define our intentions in war, why are we

surprised when our servicemen and women come home confused, guilt ridden, and riddled with invisible wounds.

*A prisoner of the war is this sacrificed man  
Dwelling in a camp of suffering and pain  
His soul at the mercy of the great I am  
Caught in a world where nightmares reign*

*Will he ever find peace here on this earth  
Before death's fingers encircle his throat  
Or will peace remain just beyond his girth  
Abandoning him eternally to a land remote*

*Will no one heed the guttural cries  
Of this bleeding soldier swaying in the wind  
Seeing his own soul burning in demonic eyes  
Fighting eternal battles which refuse to end*