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# Vocalizing the Vindications of Our Veterans: Evaluating the Needs of Our Returning Soldiers

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Alexandra Rawson

Dr. Hackey

American Health Care Reform

December 7, 2012

“Vocalizing the Vindications of Our Veterans”

Evaluating the Needs of Our Returning Soldiers

### **Introduction: The Background Story**

“For five months and eight days I went to bed every night thinking that I was going to die”-  
Mike Mullaly

The United States of America is founded upon the values of liberty and justice for all. Who do we call upon to secure that our freedom forever rings? Our soldiers. It is because of their commitment and bravery that we are provided with limitless opportunities for all to have and to hold. They devote their lives, families, and careers in order to fulfill their duty of protecting our rights. Let it therefore, be our duty, as grateful citizens of America, to gladly stand up to meet their needs when they return. When Johnny comes marching home again, he needs more than a hurrah; what he needs is a strong sense of continual American support. This notion to support our veterans is a bipartisan effort upon which we can all agree. As citizens of the United States, we are all connected to these soldiers, as they are the defenders of our liberty. On a more personal level, their presence in our lives is very prominent, as we are constantly in contact with veterans and aware of their situations. It is for this reason that many agree that we should take an active role in supporting our veterans, however, the problem may lie in not knowing how to facilitate their most crucial needs. My personal research has led me to propose that in order to support our veterans, there must be established policies that will accommodate for their mental health conditions as well as the required treatments that pertain to such diagnosis. I hereby recommend that the Pentagon should increase “dwell time” and mandate group treatment in between deployments as a part of a comprehensive strategy to reduce the incidence of Post Traumatic Stress Disorder among returning veterans.

### **My Personal Research-**

“We as a culture, participated in causing veterans’ suffering- we sent them to war, after all- so also we must collectively facilitate their healing and reconciliation upon retuning home.”-  
Warren Kinghorn, USA Today

I have personally taken it upon myself, as my duty to these veterans, to research their needs, and potentially use my findings to advocate on their behalf. When I began my research, I knew that I wanted to begin with the most accurate description of the needs of veterans. My initial preconception was that, in order to begin to understand this, I would have to set up an appointment to meet with a local Veterans' Association, hoping they might give me some insight. Little did I realize that the inside, real, evidence that I was looking for, was literally all around me. I had failed to see the reality that veterans are present everywhere. The deeper I looked, the more I realized the amount of people there are with personal connections to veterans. I was able to have the opportunity to meet with a local Veteran, which was the most pivotal element in my journey. While talking with him, it became quite clear to me that I had another false preconception. Initially, I had the understanding that what our veterans needed was greater medical support and compensation upon their return. However, I soon found out that there was another whole part of the story which I failed to see; a need far greater than this. The truth of the matter is that the Government does an efficient job preparing soldiers to go off to war and fight, but they do a very inadequate job preparing them and their families for the challenges they will face when they come home. Veterans receive extensive pre-mobilization training and resources; however, the veterans are returning from the war zone with physiological traumas requiring debriefing training, which the United States government has failed to mandate or compensate for. It is estimated that a total of 10%-20% of our returning combat veterans meet the criteria for PTSD (Kinghorn). As VA psychiatrist Warren Kinghorn states: "Veterans are often treated with medication and, increasingly, by short-term courses of talk therapy, which are known to be effective in reducing PTSD symptoms. That is far from enough". It was this connection that brought me to the realization of what I could personally do to fulfill my obligation to the

veterans. I have since conducted rigorous research on the mental health status of our returning soldiers, and have proposed my personal solution and advice for the services our government should provide to these American heroes.

### **The Life of a Soldier-**

“My alarm clock was the sound of kids screaming in pain.”- Mike Mullaly (Iraq Deployment)

The job description of a soldier is unlike any other. Soldier's must endure the physical, as well as the technical training. Basic and advanced training includes operating weapons, equipment, vehicles, and assuming various combat duties. In addition to this, if fighting in times of war, a soldier must always follow command, even if the order is to kill, imprison an enemy of war, or perform manual labor. A soldier must also comply with the demands of a grueling schedule, foreign physical surroundings, and constant vigilance, to ensure their safety and the safety of others in an environment far removed from his home. In addition to this, a soldier must incorporate the ability to work as team, in constant subordination of his military unit. While in this wartime environment, a soldier witnesses the harshest brutalities, as they are constantly surrounded by the presence of violence, death, and danger. These conditions become so normal, that often a soldier will become numb, and emotionless, as they have seen the very worst: “13 people died in 24 hours, this was normal” (Mullaly 2012). The danger of their occupation is also a cause for great stress, as they must always be on alert to the threat of attack and potential death. A soldier performs their job under the most extreme conditions imaginable. Data collected in 2003 revealed that 93% of Army personnel deployed in Iraq had been under fire, and 95% had seen the bodies of people killed as a result of combat (Wands 3). It is evident that a soldier must not only endure physical brutalities, but also mental travesties which consequently will have lasting effects.

### **The Defining Elements of PTSD-**

“They walk, talk and even laugh like other men as they pretend the past is forgotten and that they are healed. But deep inside a part of them is as dead as those that returned in plastic bags, forever in the earth concealed”. –I. S. Parrish

Post Traumatic Stress Disorder (PTSD) is the most common mental health disorder experienced by veterans, and studies have confirmed that the risk of being diagnosed with this condition is becoming increasingly more frequent. Although the risk of experiencing this condition may presently be on the rise, it is important to note that the existence of this diagnosis in our country’s military services has been consistent throughout history. Evidence of PTSD can be linked as far back as the 1800’s, a time in which doctors referred to the soldiers’ stress and trauma from the battle scene as mere “exhaustion” (Parish 1). They would attempt to remedy this by bringing the soldier to the rear, and then, after little time, have him return to the frontline. In the 1900’s, during World War I, soldiers were diagnosed with “soldiers heart” or “the effort syndrome”, a condition of severe mental fatigue (Parish 1). Around the time of World War II, the soldiers’ cases of elevated stress and fatigue due to trauma were deemed by medical personnel to be “shell-shock” (Parish 2). It was not until 1980 that the official diagnosis of Post Traumatic Stress Disorder was released in The Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association (APA). The APA defined PTSD as “the stress response syndrome caused by gross stress reaction” (Parish 2). Today, the Veterans’ Association provides the following assessment of this condition: “In order to establish a service connection for PTSD, the evidence must establish that during active duty a veteran was subjected to a stressor or stressors that would cause characteristic symptoms in almost anyone. Evidence of combat or having been a prisoner of war may be accepted as conclusive evidence of a stressor incurred during active duty. Evidence of combat includes receipt of the Purple Heart, the CIB, or

other similar citation. The medical evidence must establish a clear diagnosis of PTSD and must link the current symptoms to the claimed stressor”(www.va.gov/benefits/ ptsdwhat.htm).

Due to its sheer complexity, there are a number of definitions and traits that are associated with PTSD. In order to truly gain an understanding of this condition, and to comprehend the full definition of this disorder, it is important to note the specific conditions that apply. The American Psychiatric Definition references PTSD as an occurrence caused by a persons exposure to a traumatic event in which the person experienced, witnessed, or was confronted with an event that involved actual or threatened death or serious injury. Further criteria for this condition, according to the American Psychiatric Definition, includes the continuous re-experience of this event, creating the feelings of fear, helplessness, or horror. The traumatic event is relived by the means of illusions, dreams, hallucinations, flashback episodes, and the psychological reactivity upon interaction with stimuli that symbolize the event.

When veterans recall these memories, a chemical imbalance in the brain is triggered (Parish 7). This is especially alarming in cases of untreated PTSD. This is because, in addition to constant reminders such as war buddies, smells, and movies, the brain will also unconsciously trigger this chemical imbalance when confronted with situations such as anniversaries, or familiar faces and environments. This is concerning because most often, veterans try to move on in their lives and never seek the proper treatment for this condition. While failing to recognize these unconscious symptoms; days, weeks, months, years, can elapse before veterans finally realize and accept the changes that have taken place in their lives as a result of experiencing PTSD. Researchers have therefore reported that, unlike other mental health concerns that often subside over time, soldiers with PTSD have a tendency to experience delayed onset, resulting in higher rates overall (James Martin, et al. 12).

Another criteria that pertains to the description of PTSD is the avoidance of triggers associated with the traumatic event, as well as a feeling of “numbness” toward general, as well as previous responsiveness. This is exemplified by the avoidance of thoughts, feelings, and conversations, activities, places, or people that share an association to the trauma. In contrast to this, an affected individual may also portray the inability to recall important aspects of the event. Other characteristics of PTSD often exemplified include the detachment from normal ranges of emotion, participation in activities, and the companionship of others. There are also a number of side effects that include difficulty sleeping, irritability, outbursts of anger, lack of concentration, hyper-vigilance, and exaggerated startle response. When talking with Mr. Mullaly, he identified this particular symptom of an exaggerated startle response when he admitted to instantaneously taking cover beneath his kitchen table upon hearing the thundering of nearby fireworks. Risk taking behaviors are also found to closely correlate to the severity of trauma exposure and the severity of PTSD: “ A recent report from 2006 suggests that suicide is on the rise among active duty members, with the year 2006 having the highest confirmed cases since 1990” (Kenna Bolton Holz, et al. 390). In the evaluation process, the considerations detail the frequency, severity, and duration of symptoms, as well as the length of remission and the veteran’s judged capacity for adjustment.

### **Who is Most at Risk for PTSD?-**

“You want to know what frightening is? It’s a 19-year-old boy who has had a sip of that power over life and death that war gives you. It’s a boy who, despite all the things he’s been taught, knows that he likes it. It’s a 19-year-old who’s just lost a friend, and is angry and scared, and determined that someone is going to pay. To this day, the thought of that boy can wake me up from a sound sleep and leave me staring at the ceiling.”- Daniel Martynowicz, Valley Journal

In order to proactively take a stance as well as encourage further detection and treatment of PTSD, we need to acknowledge the fact that this condition has proven to be increasingly



prevalent within the ranks of our veterans. Since the start of the Iraq War, we have seen a steady increase in the instances of mental health diagnoses. Amongst these diagnoses, it has also been concluded that PTSD specifically is especially predominant: “Of 289,328 Iraq and Afghanistan veterans, 39.9% received mental health diagnosis’, 28% were diagnosed with PTSD (Seals et al. 1651). In addition to this, not only is it presently more common, but research has also proven that it is becoming increasingly detected: “The prevalence of new PTSD diagnoses increased most during the study period from .2% to 21.8%. (Seals et al. 1652). These findings suggest that this condition may be far more prevalent and pervasive than initially anticipated.

In an effort to explain the causes for this steady rise, it is imperative to identify those most at risk, and which factors in particular attribute to this. This increase in extensiveness can be attributed to circumstances of greater combat exposure. Those who experience front-line exposure, are at a higher risk because they are exposed to the constant unexpected threats of gunfire and roadside bombs. Another factor that contributes to this is the age of the soldiers on duty. It has been found that the youngest active duty members, aged 16 to 24, are placed in the highest risk category for diagnosis of PTSD, as well as related substance abuse, when compared to other active members older than 40 years (Seals et. Al. 1656). The Veterans’ Health Administration also reported that between 2005 and 2007 the suicide rate among younger veterans experienced an increase of 26% (Kenna Bolton Holz, et al. 390). This is most likely attributed to the fact they are more prone to be assigned to greater combat exposure, as they are positioned lower in rank. In regards to gender, research conducted by the American Journal of Public Health concluded that they found no evidence of gender differences in the mental or physical health symptoms or functioning of veterans (James Martin, et al. 14).

The risk for developing PTSD is also influenced by the length of one's deployment, as well as heightened media exposure. Another theory proposed for the cause of this increase among our veterans is the diminishing sense of public support and a lower sense of morale among the soldiers. Lack of such support systems have consequently left the returning veterans more vulnerable and susceptible to mental health problems, similar to the situation experienced during the Vietnam War. This further illustrates the need for consistent public support for our soldiers. It is important to evaluate and determine the characteristics and circumstances that increase the risk of PTSD in order to sufficiently prevent potential cases and treat current conditions.

### **Prevention and Treatments for PTSD-**

“Since I’ve sought treatment, I’ve been able to go to the grocery store with my kids. I can go to the swimming pool with them and let them play. And once I’ve done it, well, that’s a big deal. Because I’ve done it and I’m able to do it again. And it just becomes a non-issue.”- Katie Weber, War Veteran

As the results of numerous studies clearly indicate, the increased risk of PTSD, it is therefore inferred that greater awareness, early detection, intervention, and affective treatments for our returning veterans are very imperative. It has been noted that: “society frequently suffered from bouts of “amnesia” over the importance and prevalence of PTSD” (Sharpless 8). However, currently there seems to be an increased interest in this matter, which has given rise to the availability of numerous prevention and treatment mechanisms.

In an attempt to alleviate the damaging effects of PTSD, there are two approaches that have been presented as prevention mechanisms: pharmacological prevention and the psychological approach. Pharmacological approaches included the prescription of drugs; the most promising of these being propranolol, a beta blocker usually used to treat head aches, anxiety, and hypertension (Sharpless 9). However, it is important to note that in reference to

PTSD, a majority of the prescribed pharmaceuticals have shown mixed results in their stress reduction capabilities. The other prevention mechanism consists of psychological approaches. These approaches include the elicitation of emotional reactions, normalizing reactions, and preparing for PTSD responses (Sharpless 9).

The use of psychopharmacology has also been a popular treatment mechanism among veterans. Benefits of this approach include its timeliness, and its ability to be prescribed by nonmental health professionals. Also, this protocol can be administered in an active duty role, as opposed to talk therapies which require physical attendance. Most commonly, drugs are used to treat hypertension, cognitive disabilities, and to reduce the effects of nightmares as well as other sleep disturbances. The challenge of administering drugs however, is that there is little guidance in the prescription process, as well as the tracing of their effectiveness among the veterans.

Psychotherapies include a number of forms and approaches used in an attempt to alleviate the conditions of PTSD. One example of this is prolonged exposure (PE). This involves the utilization of the memory as a way in which to define the present underlying emotions. During PE, one must recount their traumatic experience, discuss this out loud, process this, and transfer these feelings to into positive actions. Another coping mechanism is exemplified by Cognitive Processing Therapy (CPT). Under this approach, a veteran will write down their traumatic event, read this account to themselves every day, and then present this to the group. The use of Virtual Reality (VR) has also been implemented, as it takes the traumatic recollections from the mind and instead exposes the soldiers to convincing visual stimuli; such as 3D images, sound, and smells. The general feeling of emersion in traumatic situations is used in an effort to cope with anxiety disorders. Other psychotherapies that have been implemented include relaxation trainings, family therapy, brain wave altering, rehab, and individual sessions.

One particular psychotherapy technique that has also been used as a treatment of PTSD is the facilitation of group assessments. Group sessions are suggested because they render the opportunity for patients to become more socially connected and trusting of others. This approach is also advantageous to the soldiers because it allows for them to normalize their current situation, as they are able to engage with others who share similar experiences and symptoms. Another beneficial aspect of this tactic is its efficiency: “Outpatient treatment settings are often under staffed and unable to provide individual treatment to each patient presenting for services. Group treatment can maximize limited staff resources” (Sloan et al. 690).

### **Lack of Care-**

“Soldiers are granted all the equipment, food, and ammo they need to go off to war. But they are given no tools for the return home.” -Mike Mullaly

It has been a very slow process to gain a true understanding of, as well as the need for treatment of PTSD amongst our soldiers. It took until September 1994 for the military to formally enact trauma relief briefings. At this time, two Field Manuals were proposed: “Combat Stress Control” and “Leaders’ Manual for Combat Stress Control” (Parish 18). However, none of this was enacted for the soldiers of WWI, WWII, Korea, Vietnam, nor the Persian Gulf or Iraq Wars. Since this time, efforts have been made to further support our Veterans that have fallen victim to the conditions of PTSD. However, this process has been rather laborious and passive.

“Although the VA’s system of disability compensation was created with good intentions, it has the problems of all programs that inadvertently reward dependency and encourage a sense of entitlement” (Mossman 47). Unfortunately, those in society who deem veterans unworthy have hindered the lack of treatment and support available for them. This notion has been based upon the presumption that our veterans are encouraged to be, or at least to appear to be, sick and

unable to work, so that they can receive extensive benefits. The insinuations that veterans are exaggerating their symptoms and physicians are over-diagnosing mental health disorders has greatly attributed to the lack of care and resources attributed to our veterans. Such accusations have greatly affected access to care for veterans because now there are greater barriers to accessing care, as the veterans must meet certain criteria: “By its own rules the VA can’t treat vets who come out with anything less than an honorable discharge.”(Cullen). This is alarming for veterans because, how can one truly distinguish one’s worthiness? Also, what about those who received a less than honorable charge as a result of their experiences in battle?

Another concern for the veterans, in addition to the lack of care, is the lack of appropriate and effective care. VA psychiatrist, Warren Kinghorn, in regards to returning soldiers of Afghanistan and Iraq combat states: When these veterans come to the VA or other medical providers, they are often treated with medication and increasingly, by short term courses of talk therapy, which are known to be effective in reducing PTSD symptoms. This is far from enough”. A major issue at hand, is that many fail to see that the veteran struggles not only with what has happened to them, but with what they have had to do to carry out their duties. Veterans are currently suffering from moral injury, and are in need of intervention for this issue . Another contention is that these circumstances of veterans’ mental suffering are seen as a technical problem that can be fixed with the simple remedy of medication. This notion is problematic because, in simply trying to fix the problem, we may be undermining the veteran as we fail to give them the opportunity to share the stories they need to tell. With this said, rather than always trying to treat these conditions in technical terms, perhaps all of society needs offer a better sense of care for our veterans. Often, what the veterans really need is the assistance of communities and individuals who will hear their stories, and offer them a sense of confession, repentance, and

forgiveness. As the veterans have made it their duty to serve us, we as a nation, should be able to make it our duty to serve them by providing the adequate treatment and support they need.

### **How Much the VA and Pentagon Have Done-**

“In this country we take care of our own -- especially our veterans who have served so bravely and sacrificed so selflessly in our name. And we carry on, knowing that our best days always lie ahead.”-President Obama , the White House July 26, 2012

As our soldiers are returning from combat zones with increasing physical as well as mental injuries, our government has had to compensate for the much needed services and programs. In January of 2008, Congress made a VA policy change that has extended free military service- related health care to 5 years, which will likely result in greater detection and more opportunities for our current soldiers to engage in treatments (Seal et al. 1656). After this period, the veteran has the ability to continue to use the VA for services without charge, or pay a nominal copayment based upon their income. In addition to this, veterans have the choice of selecting insurance policies outside the VA in their communities.

In regards to PTSD specifically, the VA has implemented a number of treatment programs. Currently, the VA provides a network of over 100 specialized programs for veterans with PTSD (Parish 21). These programs provide the veterans with education, evaluation, and treatments conducted specifically by mental health professionals. Outpatient PTSD programs provide the veterans with the opportunity to meet with specialists on a regular basis by means of scheduled appointments. There are also day hospital PTSD programs, which offer social, recreational, and vocational activities that can be attended several times a week. In addition to this, inpatient PTSD programs provide trauma focused evaluations, education, psychotherapy, and counseling on a 24 hour basis. In addition to these general programs, there are a number of other programs that are structured to specific needs. Also, the VA continuously provides the

veterans with various resources in an effort to expand their knowledge on this condition; this includes information centers, brochures, videos, hotlines, etc.

### **Why The Veterans Are Not Seeking Treatment-**

“Finding veterans with PTSD is one problem; persuading them to be treated is another. As many as seven in 10 veterans refuse mental-health treatment even when it is offered.” - Study by the RAND Corporation, 2008

The fact that the veterans are not attaining the necessary treatments and services for their PTSD conditions is attributed both to the veterans themselves, as well as the Pentagon and society as a whole. Delayed mental health diagnoses includes the stigma that a mental illness implies, as many veterans fear, that this will result in: “Potential response bias because of concern about discrimination associated with admitting mental health or substance use problems” James Martin, et al. 17). Many veterans are worried about the stereotypes that mental health conditions create, and they do not want to appear to be weak or conflicted. It is therefore evident that veterans’ strong sense of pride causes them to not accept the fact that they need training for the psychological effects of war. Veterans are also reluctant to report their symptoms, because they worry that further mental health evaluation would delay their return home.

Upon arrival at home, the veterans desperately want the ability to re-enter the work force, and they fear that the admittance of having PTSD would greatly complicate this: “30% of the soldiers are out of work. While some vets have mental issues, the main issue is finding a job, the sense of self- worth that comes with that” (Cullen). The veterans fear that by admitting to having and experiencing the symptoms of PTSD, their job opportunities will be affected, as employers may see this as a burden. Many employers are apprehensive to hire military personal because of their leave time as well as the need to comply with treatment schedules. Their careers are a major

concern for the soldiers because not only do they need financial support, they also need a sense of self-fulfillment.

The most obvious reason why the veterans are not seeking treatment is primarily that it is not mandated. This is a process of self- advocacy, meaning it's all about what the veterans, individually, are willing to push for. If a veteran is in need of services, they need to take it upon themselves to attain them, because treatments are not mandated; it is all on an individuals basis of need. The reason that these programs are not mandated is that too many need treatment and there simply are not enough trained personnel to facilitate this. Therefore, although the Veteran's Administration presents all the resources available, they have not mandated that the soldiers utilize them. This means that, although a soldier may need assessment and treatments, if he/she is unwilling to accept this, they will therefore go untreated.

#### **Why Treatment Needs to be Mandated-**

“Approximately 19,196,000 veterans are still living. This means that 3,838,200 veterans suffer from PTSD. These numbers indicate that only 1.3% of those veterans are being treated and only 3% of those being treated are receiving disability compensation”. –Parish

It is imperative that it be mandated that all veterans receive proper care for diagnosed cases of PTSD not only for the veterans personally, but for others as well. The effects of PTSD can take months or even years to develop. These conditions can, and will go unnoticed if the soldiers do not take the time necessary to properly learn how to control and treat this diagnosis. Often, returning soldiers fail to recognize the symptoms of this condition, causing them to further escalate, as they fail to seek treatment. Those who are divorced, widowed, or separated are especially in need of incentives to seek evaluation. This is because they greatly lack social support, and may experience difficulty developing close relationships; which makes them a greater risk for developing mental health conditions. Journalist Gregg Zoroya of USA Today conducted research on the prevalence and causes of suicide rates for active- duty forces across



the military. His research reveals that suicidal incidents are closely linked to personal relationships of the soldiers: “ among nearly 85% there were failed relationships, something linked to frequent separations” (Zoroya). For this reason, it should be mandated that all soldiers, especially those who lack personal support, have no choice but to undergo PTSD screening.

Veterans also need PTSD prevention and treatment methods to be mandated because it is becoming increasingly difficult for them to reintegrate into society when they return. When the veterans come home to resume the life they lived prior to their service, they aspire to resume their normal lives and social roles. The soldier therefore must disassociate themselves from their military identity in order to define their role with family, friends, and society. However, this is not an easy transition because often, changes have occurred at home while the soldier was away on duty. Veterans return from war and expect to rejoin their families, however, this sudden return home can cause for family members to feel undermined or underappreciated. The extreme shift from life in the warzone to life at home, is also difficult for the soldiers as they search for a sense of self-fulfillment with themselves and the relationships they share with others. A veteran will struggle to evaluate their self worth in reference to societal standards because the public’s opinion of the war causes the soldiers to experience a sense of public rejection. As the veterans strive to assume lives of normalcy, instead they are greeted with the feelings of confusion, frustration, and betrayal, as they struggle through the process of reintegration.

Another factor that we must consider when evaluating the necessity of mental health treatment is the effect that physical injuries have upon the soldiers. As warfare technologies have continuously advanced, so too have the severity and amount of service related injuries. According to the January 2010 Armed Forces Health Surveillance Center’s Monthly Report,

almost 30,000 troops have suffered a Traumatic Brain Injury since January 2003 (Wands 4). Soldiers that suffer from TBI, like those diagnosed with PTSD, will often experience feelings of withdrawal, depression, and barriers to successful reintegration. It is for these similarities that soldiers that have endured a TBI will often screen positive for PTSD as well. Other frequent categories that have been closely related to mental disorders include amputations, musculoskeletal diseases, and connective system diseases. The physical injuries of the soldiers are often difficult to accept and cope with, which will greatly affect their mental health: “Readjusting to community living is even more challenging for veterans who sustain deployment-related injuries because it may be complicated, the co-occurrence of physical injuries and postwar adjustment difficulties” (Resnik 991). As the injured soldiers must learn to accept the newest challenges of their injuries, it is imperative that they also receive mental health care and the necessary treatments as a part of their rehabilitation process.

Often, the concentration of health services are focused on the physical injuries that soldiers have endured, however, we must equally consider that the veterans need support with the reintegration into their lives at home. The soldiers are apprehensive to open up to family and friends because they feel that their loved ones are unable to relate to their experiences while on duty. In addition to this, the soldiers struggle to communicate their feelings with others because they fear the possibility of being judged for their actions and experiences while on duty. It is therefore inferred that the veterans returning home are faced with a number of new struggles and challenges, many of which are combined with, or even more debilitating than physical health complications. When the veterans fail to prepare for this transition process by use of proper training and treatments, their symptoms of PTSD will further develop. The escalation of these

PTSD symptoms supports the need for a mandated process of assistance because when the soldiers struggle with this transition process, their mental health is greatly impacted.

The lack of treatment for this condition is also a major concern for the public as well. This is because a number of the side effects that are common with this condition can have serious affects upon society as well: “These findings hold significant public health implications. Research has demonstrated the negative-long term health consequences associated with alcohol misuse, risky sexual behavior, and use of weapons. The present findings also raise concerns regarding potential for motor vehicle accidents because of driving related anger and risky driving behaviors” (Kenna Bolton Holz, et al. 394). Many veterans will often drive in a thrill-seeking manner, driving too fast or drinking, thus creating the risk of accidents, deaths, and legal problems. Clinicians have reported that veterans with PTSD experience great discomfort when in traffic because they don’t like being hemmed-in, as it is frightening to them. In addition to this, veterans often experience heighten levels of anxiety while driving because they perceive objects to be more harmful than they really are; often trashcans are misidentified as an IED. Mandated PTSD treatments are clearly necessary for returning veterans because their readjustment into the community can have great ramifications on the community as a whole.

“When a soldier leaves for war the whole family is deployed” Mike Mullaly. The family of a war veteran must also face the many difficulties of a soldier who has returned from the battle scene. When family functions are proposed, veterans will often shy away because they do not like to feel crowded in small spaces. In addition to this, often, veterans no longer feel comfortable around their own families because they believe that only their wartime friends can understand them. The family dynamic suffers; parents may have sudden outbursts toward their

children or spouse: “Problems with anger and irritability can impact how they interact with their children, and the presence of depression and anxiety can limit them from doing things together” (Resnik 1000). The relationship between spouses is especially strained, as there is often a break down in communication, which often leads to divorce and separation. PTSD treatments would help to relieve this stress placed upon the family structure because, when the veterans receive the proper care, these circumstances would be less severe and detrimental.

### **What I Want to See Happen-**

“I call for the Vocalizing of the Vindications of Our Veterans”- Alexandra Rawson

I believe that as a society, we all must unite and devise a comprehensive strategy of support for our veterans. I hereby call for the modification of policies, as well as the allocation of resources, so that more funding can be appropriately and rightfully designated for the mental health care of our returning soldiers. Journalist Kevin Cullen brings to our attention that: “\$2 billion has been spent on the presidential campaigns”. Personally, I believe that this represents the ideal instance in which our leaders and politicians fail to exercise logical perspective as they become blinded by personal aspirations. Rather than endorsing such petty factions, we need to designate a greater amount of our assets to the mandating of mental health care for our veterans. The facts are out, our soldiers are not mandated to receive training on the prevention, evaluation, and treatment of PTSD. The main reason for not mandating this is that there is not enough money, personnel, or facilities to adequately accommodate the vast needs of our increasingly diagnosed veterans. I therefore request that we reevaluate our current spending, and designate more funding for this necessity. This request is quite realistic given the fact that Veterans Affairs will see a 3.6% boost in its discretionary funding for fiscal 2012 (Shane III). This indicates that nearly \$3 billion is designated for the veterans of the Iraq and Afghanistan Wars. This money has

been provided for the research and treatment programs for our soldiers. I propose that this money be directly used for mandating the cases, and treatment of PTSD. I also would like to see this money used for the training and education of nurses and physicians in PTSD specifically. In addition to this, I believe that we need to further research the various conditions and treatments of this diagnosis. Ultimately, I ask that we devise a better spending strategy, so that our veterans can receive the best-mandated mental health care that they deserve.

As a part of our comprehensive strategy, I ask that we invest our resources more appropriately and justifiably. What we need to invest in is the future of our returning soldiers. Businesses need to be more accepting and willing to help veterans. Veterans develop highly qualified skills. They have gained a great deal of experience, and they deserve the opportunity to utilize their skills and prove that they can be great team players and are highly motivated. They can apply their skills of leadership, integrity, responsibility, and dedication to the civilian work place. Our fiscal budget has attributed \$4.9 billion for programs to help homeless veterans (Shane III). I would like to see that some of this money be invested in educational opportunities for our veterans. I believe that we could better invest this money in scholarship programs. In this way, the soldiers can become more self-sufficient. These programs would not only provide a better future for our veterans, but is would also work as an imperative element of the veterans healing process. Veterans diagnosed with mental health disorder, more specifically PTSD, experience a great desire of self--fulfillment and personal achievement. If we could better allocate our funds so that our veterans could attain careers and further education, this would be very advantageous to their recovery progression.

Another proposal that I firmly believe in, is the implementation of increased dwell time. The purpose of dwell time, is for troops to have the opportunity to de-stress in a safe and

comfortable environment. They also use this time to receive the necessary care and treatments available to them. Often, veterans will receive deployment papers before their dwell time is complete, causing them to feel stressed and anxious. This affects their treatment process, as they cannot fully recuperate because they already start to worry about their next deployment. The Lack of adequate dwell time may prevent the service member from fully recovering from the first deployment: “A longer dwell time relative to first deployment length, was associated with a significantly lower rate of PTSD diagnosis only 0.9% versus 1.8% and PTSD with other mental health disorder 0.5% versus 1.0% when compared to a shorter dwell time” (MacGregor 57). This further proves that veterans need an extended amount of time in remission to debrief. In doing so, the returned soldiers can take the necessary time to receive adequate care, which will help to reduce the occurrence of PTSD.

Increased dwell time is especially imperative for our injured soldiers. The Department of Defense has calculated that “over 38,000 service personnel have been wounded on duty since 2001 in the OEF/OIF as of July 2010. Of these soldiers, more than 20,000 returned to duty within 72 hours” (Wands 4). I do not believe that this grants the soldier enough time to truly recuperate from their injury, either mentally or physically. I think that soldiers need time to fully heal, as well as receive proper education and information regarding their injury. In addition to this, with increased dwell time, the soldier would have the opportunity to designate greater efforts to their mental health care. I am very passionate about this because often, soldiers that experience physical injuries, will consequently suffer from mental health conditions as well. If a soldier returns to duty too quickly after their injury, I fear that they will never properly heal physically, or mentally, because they have not taken the time to adjust to, or treat this now permanent challenge.

A last initiative that I would like to see greater support for is the integration of mandatory group sessions. I think that group sessions would be advantageous because they would solve our dilemma of not having adequate space or personnel to treat veterans. I feel that group treatment sessions would be economically pleasing, because they would require less personnel to lead the session, which could save money, and consequently be implemented more regularly. I also find this arrangement to be promising because it solves the issue of not having enough resources for our increasingly diagnosed veterans with mental health conditions. In a group session, we would be able to treat and provide necessary resources to a greater amount of veterans simultaneously. I would also suggest a group session to our soldiers because the environment of this treatment mechanism would be especially productive. In a group setting, a soldier will not feel alone, but rather surrounded by others who could relate to the same experiences and emotions. Also, this creates a greater network of support, as the troops have the opportunity to meet and assist one another. I believe that group sessions would create the ideal environment of acceptance and comfort, which are very imperative in the healing process of any mental health condition, especially that of PTSD.

### **Conclusion: The Truth.**

The question that I have been asked is “What do you want to see changed?” I have provided you with ways in which we can better provide for our veterans suffering from PTSD. However, what I really want to see changed, is society’s lack of concern for our veterans in all aspects. If our mindset does not change, then realistically, my propositions mean nothing. This is because my suggestions, as well as those of others, do not matter without the support of our nation as a whole. It is outrageous that federally funded abortion was recently a more pivotal campaign issue than adequate services for our veterans! So when I am asked what I want to see changed, I emphatically urge that the citizens of the United States proudly stand up, and do what

is right by our veterans and our patriotism. I want for you to walk beside our wounded warriors and let them know that it is our turn to serve them. Let us now endure boot camp on the home front by strenuously exerting ourselves in the advocacy of our veteran's rights and needs. Let us not forget that there are things worth fighting for, and our veterans began defending them from the moment they first put on their uniforms. They put Country first, risking their lives, their health, and the comfort and security of their families. We, as a country, need to be less concerned with the funding of entitlement programs, and more concerned with supporting those men and women who have made this Democracy continue to exist. The government makes the decisions that generate and drive the military process, but it is also their responsibility to acknowledge, recognize, and compensate those who risk it all to carry out these decisions. Everyone is eager to be proud of a free nation, but those who defend this freedom have taken a backseat. To even consider putting any other programs before establishing a strong comprehensive Veteran's Bureau is both hypocritical and immoral. As a nation, it is time that we shift our national priorities drastically, by showing respect for those who have served our country. They deserve consideration and support far more than those who have taken advantage of it.

Education can also play a vital role in the rekindling of national pride and understanding of what it is that our soldiers are fighting to preserve. For this reason, I also propose that while taking a serious look at the strengths and weaknesses of our educational system, that we also ignite an impetus toward reinstating the mandatory study of United States History in our schools, grades K-12. Education is a key factor in establishing the importance of our military, and if we want our society to respect our soldiers, then this understanding must begin with the youngest members of our society, until this respect becomes obvious and routine. A true "Rock Star" isn't a foul-mouthed rapper, nor should it be. A war hero is a real "Rock Star."



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