

The Global War on Terrorism (GWOT) consists of Operation Enduring Freedom (OEF) which includes military operations in Afghanistan and other areas around the world and Operation Iraqi Freedom (OIF). Combined (OEF/OIF) these operations represent the most sustained ground combat operations involving American Military men and women since the Vietnam era.

From the Report of the President's Commission on Care for America's Returning Wounded Warriors, July 2007:

Number of deployments	2,200,000
Number of service members deployed	1,500,000
Wisconsin Guard/Reserve currently deployed to war zone	520

From the Office of Surgeon General Mental Health Advisory Team (MHAT) IV, Final Report, Nov 06:

“The war in Iraq remains very personal. Over 75% of Soldiers and Marines surveyed reported being in situations where they could be seriously injured or killed; 62-66% knew someone seriously injured or killed; more than on third described an event that caused them intense fear, helplessness or horror.”

Madison VA OEF/OIF Veteran's statements:

People say I've changed, I used to be social, now I'm not; I have anger management problems, I don't sleep good.

I've been home for a year and I am tired of everyone being worried about me. I get drunk often and everyone is scared.

It destroyed two marriages; I snap at family; it's better for everyone else if I just stay away.

It's pretty bad, I don't deal with my family, people...I just go with the flow. I would have rather died over there than come home to this.

What do I do if I start to cry at work?

I'm depressed about how I used to be; how I've changed.

The war is physically harsh, mentally demanding, and dangerous. There is no privacy, no alcohol, no family or non-military friends; there is chaos, destruction and death. Temperatures can reach into the 110 degree range. Any time a soldier steps out of a safe zone, s/he is in full combat gear which can weigh up to 75 pounds. The enemy wears no uniform, can be a woman or child, and strikes without warning with the intent to kill and terrorize.

I was on patrol, the next thing I knew I was at Walter Reed, hooked up to tubes, couldn't hear and my family was around the bed. My buddies said I was walking along and then down on the ground. – wounded warrior, sniper shot, Purple Heart

I was in so many IED blasts that I figured I had used up my luck and was going to die anyway, so I fought without worry – I was already dead. Purple Heart veteran

War Injuries:

Number of military members air-evacuated for illness or injuries	37,851
Wounded in action	23,270
Seriously Injured	3,082

Report of the DoD Task Force on Mental Health, June 2007

“The challenges are enormous and the consequences of non-performance are significant. Data...indicate that 38% of Soldiers and 31% of Marines report psychological symptoms. Among members of the National Guard, the figure rises to 49%.

Further, psychological concerns are significantly higher among those with repeated deployments, a rapidly growing cohort.

Psychological concerns among family members of deployed and returning OEF/OIF veterans, while yet to be fully quantified, are also an area of concern. Hundreds of thousands of children have experienced the deployment of a parent.the immediacy of these needs imparts a sense of urgency to this report.”

Report of the President’s Commission on Care for America’s Returning Wounded Warriors, July 2007

“These battlefield conditions have highlighted two particularly challenging consequences of combat:

- Post-traumatic stress disorder (PTSD) – an anxiety disorder that develops in reaction to traumatic events – and
- Traumatic brain injury (TBI) – a physical injury to the brain, often caused by exposure to one or more explosions, or other blows to the head. Injuries can be penetrating or closed, and the latter can be mild, moderate, or severe.”

Department of Defense (DoD) is currently involved in and has established many clinical protocols for evidence-based treatment for PTSD and other combat stress problems. The Army Department of Behavior Health based at Walter Reed Army Medical Center has developed a series of awareness programs for soldiers and their families entitled

Battlemind:

This program educates the soldier that battlemind skills helped them survive in battle but may cause problems if not adapted when the soldier returns home.

Buddies (cohesion) **vs.** Withdrawal

Accountability **vs.** Controlling

Targeted Aggression **vs.** Inappropriate Aggression

Tactical Awareness **vs.** Hypervigilance

Lethally Armed **vs.** “Locked and Loaded” at Home

Emotion Control **vs.** Anger/Detachment

Mission Operational Security (OPSEC) **vs.** Secretiveness

Individual Responsibility **vs.** Guilt

Non-Defensive (combat) Driving **vs.** Aggressive Driving

Discipline and Ordering **vs.** Conflict

Walter Reed Institute of Research

Department of Veterans Affairs:

VA has placed OEF/OIF veterans at highest priority for both VHA and VBA concerns.

VHA response:

Veterans of OEF/OIF are eligible for 2 years of free military service-related health care through the VHA. Enrollment in the VA health care system and immediate medical care for service related medical conditions allows for medical treatment while the veteran applies for veteran's benefits determination of service-connected claim.

Unprecedented combat use of National Guard and Reserve troops, who receive medical care at military treatment facilities (MTF) while called up for active duty but return to civilian life as veterans following deployment, have necessitated fundamental changes in the relationship between the Guard/Reserve and the VA.

In March 2003, the VA established the Office of Seamless Transition to ensure that all wounded warriors transition from the DoD to VA as easily as possible.

VHA has established 4 Polytrauma Treatment Centers for continued care for seriously injured warriors.

March 2007 VA authorized the establishment of OEF/OIF Program Manager, Transition Patient Advocate, and Nurse and Social Work case managers for every VA treatment facility in addition to already assigned OEF/OIF assigned health care professionals.

Mental Health clinics in every facility are being tasked to provide PTSD and other mental health services for a population in acute psychological pain.

:

“Of 103,788 veterans seen at VA health care facilities, 25% received mental health diagnosis(es), 56% of whom had 2 or more distinct mental health diagnoses.

The youngest group of OEF/OIF veterans (age, 18-24 years) were at greatest risk for receiving mental health or PTSD diagnoses compared with veterans 40 years or older.”

“Bringing the War Back Home: Mental Health Disorders among 103,788 US Veterans returning from Iraq and Afghanistan seen at VA Facilities” Archives of Internal Medicine, March 2007

To date 52, 375 returnees have been seen in the VA for PTSD symptoms. A recent report indicated that when some 35,000 returnees believed to be healthy received a screening test, 10 – 20% had apparently experienced a mild TBI during deployment. Many have both PTSD and TBI.

Presidents Commission on Care for America's Wounded Warriors

VHA Madison response:

TBI screening implemented May 2007 with total 90 veterans screened positive for further evaluation.

PTSD clinic currently providing evidence-based mental health treatment.

OEF/OIF team has made contact with over 300 OEF/OIF veterans seeking care at VA Madison since March 2007

Battlemind training and information is presented to veterans and issues discussed

All treatment at MH/PTSD clinic is empirically based. Included in the treatment protocols are:

- PTSD Skills Group – teaches a variety of coping skills for all the symptoms and problems often associated with PTSD. No trauma is discussed in the group.
- Imagery Rehearsal Group Therapy – aimed at reducing nightmares through teaching a strategy for changing nightmares into less distressing dreams. No trauma is discussed in the group.
- Cognitive Processing Therapy (CPT) – veteran meets individually with a therapist once a week for 12 weeks. Veterans are asked to write about their most traumatic experiences and are taught cognitive restructuring techniques. This is the best treatment in terms of demonstrated effectiveness in reducing PTSD symptoms.
- Seeking Safety Group – a present-focused group therapy to help people attain safety from PTSD and substance abuse.
- PTSD Class for Couples – a 12 week class to help the veteran and their significant other improve their relationship and reduce the veteran's PTSD symptoms.
- Through the Women's Stress Disorder Mental Health clinic, the VA is making a concentrated effort to reach out to women veterans, many of whom have experienced a great deal of combat trauma.
- In addition, all veterans are screened for military sexual trauma (MST) and a specific treatment protocol is offered to these veterans.
- There are several effective treatments for PTSD. For more information go to www.ncptsd.va.gov

In addition to treatment, the Madison VA is currently the following research projects:

- A Short Course of Steroids for PTSD
- Acoustic Startle and PTSD
- Risperdal for PTSD
- Image Rehearsal Therapy for Nightmares
- Anger Reduction

For more information, contact Mary Mussey, RN at (608) 559-0133

We encourage you to identify OEF/OIF veterans among the clients you see. If they wish to learn more about the VA enrollment and benefits, please encourage them to contact the OEF/OIF team at the Madison VA or their nearest VA Health care facility or their County Veteran Service Officer

In addition, VetCenters across the United States provide supportive treatment services for veterans and their families.

If you choose to provide treatment for these veterans, we encourage you to use only empirically-based treatment protocols for which you have been properly educated and trained.

Please remember that many veterans have also experienced a TBI and some of their presenting problems (memory, sleep, and irritability problems to name a few) could be related to TBI.

If you have any questions or wish further information please contact the OEF/OIF team at the Wm. S. Middleton Veterans Memorial Hospital, Madison, WI
(608) 280-8025

Jennifer.jaqua@va.gov

Carolyn.myles@va.gov

Sidney.boersma@va.gov

Cari Myles, MSW, LCSW
OEF/OIF Veteran Outreach Coordinator

The VA – “to care for him who shall have borne the battle” *Abraham Lincoln*