

# Ministerium Focuses on Returning Veteran Health

by Amy Blumenshine

As Veteran's Day approaches, congregations should be aware that a small percentage of our citizenry—military personnel serving in Iraq and Afghanistan and their families—are making great sacrifices. Many soldiers are returning from the Middle East with combat stress syndrome that has the potential to impair them for life. The civilian helping network—the church especially—needs to prepare to help these soldiers and their families deal with their spiritual, moral, and psychological issues towards the aim of healing.

Plan now to attend the Joint Synod Ministerium on Thursday, January 18, to learn more about what soldiers are experiencing in their Middle Eastern deployments and how to help them recover from catastrophic war trauma.

War has always left its mark on the human spirit. Those who survive alive and without physical injury count themselves among the fortunate. Yet, returned soldiers have eloquently testified to the horror they experienced when threatened with death, when killing others, and when witnessing the destruction of homes and cities.

Veterans of recent wars, like their counterparts in WW II, Korea, and Vietnam, often prefer not to speak of those experiences. No one who has experienced combat returns to civilian life the same as when he/she left.

The Combat Stress Unit officers based at Ft. Snelling say that currently every soldier returns from deployment with combat operational stress reaction. It is not known what percentage of combat operational stress syndrome without intervention will become a problem that results in a psychiatric diagnosis. As of June, 64,000 of the 184,000 of returned soldiers from Iraq and Afghanistan seeking medical care at the VA showed symptoms of post-traumatic stress disorder (PTSD), substance abuse, or mental disorders. Depression, often as a result of losses due to amputations or aspects of service, and anxiety disorders are common post-deployment diagnoses for military personnel. Less commonly understood is the diagnosis of PTSD.

The symptoms are very similar to those of what the army terms combat operational stress. PTSD is a psychiatric diagnosis made for people who suffer clinically significant distress or impairment in social, occupational, or other important areas of functioning for at least a month after a trauma such as rape or other assault. Sufferers typically re-experience the trauma sensations, are troubled by memories, feel numb to emotions, avoid situations that might trigger painful memories and feelings, and anger or startle easily. Veterans may experience flashbacks in which they believe themselves to be in combat.

While the psychological understanding of PTSD is still evolving, some researchers maintain that after 90 days of unremitting traumatic stress, the body's limbic system is set for life in a PTSD mode. CT scan findings have shown a shrinking of the part of the brain involved in emotion and memory which corresponds with combat intensity scores. Researchers have found persistent biochemical changes connected to higher rates of cardiovascular disease and mortality, in general, in combat veterans, POWs, and Holocaust survivors.

While various treatments exist for PTSD, success generally requires effort and persistence on the part of both clients and practitioners over a period of years. The Department of



Veteran's Affairs estimates that with appropriate treatment, 30 to 50 percent of PTSD sufferers can achieve remission of symptoms while most can learn effective ways of managing their condition. Sadly, many will not be able to support themselves financially.

Unfortunately, the very symptoms of PTSD—which include angry outbursts, difficulty keeping appointments, and denial that one has a problem—can interfere with treatment. Time alone, without intervention, typically will not guide the sufferer to recovery. Instead negative coping behaviors (substance abuse, withdrawal from relationships, use of force) will become established and cause other problems. Best practice advises early intervention after the trauma to process what has happened and provide the individual with positive coping tools.

PTSD sufferers have lost their sense of invulnerability to harm in the world, their belief that the world makes sense, and their positive sense of themselves as a good person. They are likely to suffer from both secondary trauma as a consequence of their behavior and secondary wounding by people in their community who disrespect them because of their symptoms, without awareness of the nature of their disability. Hopefully, as parishioners learn more about PTSD, they will be more understanding and less hurtful.

Even those injuries which prove irreversible for the individual can with the help of a caring community become more tolerable.

**JOINT MINISTERIUM**  
January 18, 2007  
Calvary Lutheran Church of Golden Valley  
"Healing the Wounds of War"