

# Hidden Wounds

by Jacqueline Chartier

It's been two and half years since Canadian troops assumed an active combat role in war ravaged southern Afghanistan; as soldiers in a theatre of war, they are required to function in a volatile and relentlessly unforgiving environment. Growing evidence shows the mission is beginning to take both a physical and psychological toll.

To date, nearly 90 Canadians have lost their lives fighting to bring peace, stability and fundamental democracy to the Afghan people, however, the exact number of wounded is a subject of dispute. At least one military analyst asserts that as many as 600 Canadian soldiers have been physically wounded. As sobering as these figures are, they don't fully reflect the human cost of the war or the significant psychological impact that it is having on our men and women in uniform. Health care professionals and military doctors are just beginning to grasp the numbers of those who may bear invisible psychological scars as a result of their tour of duty. The Canadian Forces says that one in seven soldiers arrive home suffering from debilitating mental conditions.

Many return from Kandahar displaying psychological symptoms including depression, flashbacks, angry outbursts and sleep disorders; sometimes alcoholism or drug use occur in conjunction with these. If such symptoms are severe, and persist for over a month, the individual is said to be suffering from post-traumatic stress disorder, or PTSD. This condition did not formally exist until 1980, when the American Psychiatric Association recognized it as a combat-related illness. Of course, the truth is that soldiers have always returned home from battle with pent-up rage and haunting nightmares. Unfortunately, until the 1980s, and the era of the Vietnam veteran, it had always been dismissed – those suffering were generally stigmatized with terms such as “low moral fibre” or “shell shock.”



PHOTO BY MCR/L. BRUNO TURCOTTE, PROTECTION FORCE PATROL IN PASHAUL REGION, AFGHANISTAN



As one would expect, today's Canadian Forces officially recognizes psychological injuries and devotes significant resources to supporting the mental health of soldiers returning from deployments such as Afghanistan. "PTSD, one of the operational stress injuries, is a legitimate medical condition, like any other affecting the human body," states a DND backgrounder. "It is considered a mental illness and is caused or aggravated by psychological trauma. Mental health problems are no less real or legitimate than physical health problems."

Psychologists have long acknowledged that an individual can experience an event that is so unexpected and so shattering that it continues to have a profound effect on them, long after any physical danger has passed. Violent personal assaults (such as a

armoured vehicles, uncertain about when an insurgent might use a cell phone to detonate a bomb as they drive by.

Within the Canadian military the term operational stress injury (OSI) has been coined to describe post-traumatic stress disorder and other related mental health problems. An operational stress injury is defined as any persistent psychological difficulty that a military member has acquired as a result of performing operational duties. OSI is a more comprehensive term than PTSD; it is best described as an umbrella description—for PTSD, other anxiety disorders and depression. OSI is not recognized as a legal or medical term. Unlike post-traumatic stress disorder, it is an exclusively military term, used by Canada and NATO.

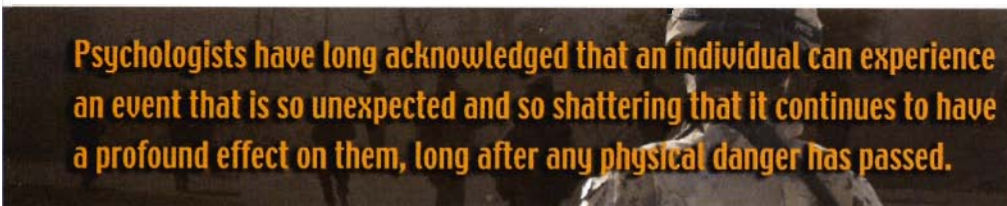
Calgary. Their newest facility opened in May 2008 in Fredericton. Budget 2007 provided enough funding to expand the number of clinics to 10, and for increased services designed for military families who may have to deal with a loved one suffering from a stress associated psychological condition.

Four newly funded VA clinics will be opening over the next couple of years in Ottawa, Edmonton, Vancouver and a yet undisclosed location. Each of the clinics brings together a team of highly trained health professionals including psychiatrists, psychologists, social workers, nurses and other specialists as required. Collectively they provide assessment, psycho-education therapy, group and individual therapy, as well as spiritual and pastoral support.

"Our clinics complement DND's Operational Trauma and Stress Support Centres which are located in Halifax, Valcartier, Ottawa, Edmonton and Esquimalt," said Summerby. "In theory, our clinics look after veterans and families and the DND Centres look after CF members, although we are able to help each other's clients where there is need."

Although most of the CF's resources currently go toward treating operational stress injuries, there are efforts at prevention. For personnel deploying on stressful operations such as Afghanistan, good mission preparation and training is a top priority. This includes education on stress coping skills and the potential affects of stress. Senior officers also work to encourage unit cohesion and social support within the ranks prior to deployment. Before leaving Canada for Afghanistan, all personnel must undergo a mental health screening as part of their pre-deployment physical assessment.

Technically modern air travel allows troops returning to Canada to set foot on Canadian soil within hours of being in a theatre of war. The human brain was never designed to make such a rapid adjustment, and that is why returning soldiers are required to experience a five-day decompression stop on the way home. At the third location decompression (TLD) site, each CF member has the opportunity to speak with a mental health professional privately and raise any concerns that they might have. During decompression, soldiers are provided with information about home, work and community life back in Canada in order to make reintegration less stressful.



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rape or mugging), car or plane accidents, industrial accidents, and natural disasters such as earthquakes and hurricanes, have all been associated with PTSD in the civilian population.

Likewise, Canadian Forces personnel confront distinct triggers when deployed on both combat and peacekeeping missions. As a case in point, far from home and loved ones when deployed to Afghanistan, CF members are isolated from their normal personal support systems and must face an unfamiliar population and climate. In addition, they may witness terrible human tragedy, at times being so close to danger that they too may be injured or killed.

Furthermore, the nature of warfare in Afghanistan means that Canadian soldiers must deal with psychological uncertainty and high levels of frustration that contribute to stress. In most circumstances they aren't facing a visible enemy. Our troops go on patrols not knowing where the Taliban insurgency might be lurking or what form the enemy might take. In Afghanistan, teenage boys strap explosives to their bodies and blow you up, villagers may seem friendly, but are sometimes being coerced into collaborating with the Taliban. Meanwhile, Canadian troops in convoys are packed tightly inside light

The latest figures released by Veterans Affairs Canada indicate that the number of former soldiers suffering from operational stress has more than tripled since Canada first deployed to Afghanistan. "Five years ago the number of clients living with an operational stress injury totaled 3,500. Today there are more than 11,000 such clients, including veterans and current CF members," says Veterans Affairs spokesperson, Janice Summerby. Officials at Veterans Affairs refuse to estimate how much of this increase is directly due to the mission in Afghanistan. "People can apply for disability benefits at any time, even for conditions stemming back decades, so the new clients aren't necessarily young veterans," explains Summerby.

The Harper government responded to the rising tide of operational stress injuries and other mental health issues within the Canadian Forces in its 2007 federal budget. The budget set aside \$9 million, allowing both Veterans Affairs and the Department of National Defence to deal more effectively with the number of soldiers needing help for stress-related mental health problems. For instance, Veterans Affairs currently has six Operational Stress Injury Clinics up and running – located in Quebec City, Montreal, London, Winnipeg and



Despite all that is being done to address mental health within the Canadian Forces and all that is in place to assist soldiers with psychological injuries, there are still many who claim that in the instance of Afghanistan it might not be enough. A chronic lack of health care professionals means that some soldiers are waiting for months before they are diagnosed and receive treatment. Dr Mark Zamorski, who is in charge of the post-deployment health of Canada's soldiers, recently told the media that he isn't surprised by reports of delays. "Often there are waits longer than I would like," he said. "I've heard of stories of soldiers having to wait 10 weeks for an assessment."

There is presently at least one high profile case involving a soldier returning from Afghanistan with PTSD and allegedly not being able to access proper treatment for his condition. Cpl Travis Schouten served six months in Kandahar. In late 2006 and early 2007 he was attached to a 38-soldier unit that saw extensive frontline duty. Schouten and the others were tasked with performing foot patrols in the grape and poppy fields west of Kandahar, and with patrolling the streets of the city itself. He describes what he saw as a dusty shantytown full of people and wrecked vehicles, the Afghans would often give him dead-eyed stares as he walked by.

Schouten claims to have witnessed atrocities. He alleges that Canadian troops encountered local Afghan boys who had been sodomized by Afghan soldiers and police. He says they were devastated and felt for the most part powerless to intervene. General Walter Natynczyk, Canada's new Chief of Defence Staff, has promised a full investigation into the matter.

Meanwhile, Schouten says he was deeply psychologically scarred by what he saw and experienced in Afghanistan. When he came home, he reports that he was depressed and suffered flashbacks and nightmares, ultimately considering suicide. Making it worse, he and his family argue that Canada's military did not take his injury or even his condition seriously. Schouten's family is calling for a public inquiry into how Canada treats its soldiers who suffer from mental health injuries.

The Canadian Forces' Surgeon General, Brigadier-General Hilary Jaeger, takes these issues seriously, reminding all members of the CF that the Health Services Group has always been "open in welcoming inde-

pendent professional review of individual cases by a recognized medical board or organization, such as a provincial college of surgeons and physicians."

The patient has a number of options, including asking for a second opinion from another healthcare provider, making a formal or informal complaint to the Base Surgeon or even making a complaint to the Office of the Ombudsman.

In April 2008 the family traveled to Ottawa where Schouten's mother, Ann LeClair, testified on behalf of her son before a closed door parliamentary committee. Afterwards, LeClair relayed the urgent message she gave MPs. "I would like to see more resources and manpower placed into mental health issues for our soldiers within the Canadian Forces," she told reporters.

In contrast to this complaint, a recent survey of CF personnel receiving care from an Operational Trauma and Stress Support Centre indicated that the majority are satisfied with the services they are receiving. In fact, 72% "strongly agreed" and 24% "agreed" with the survey statement "Overall I was satisfied with the care I received."

Finally, there is some encouraging news for Schouten and others like him. Medical science is making breakthroughs in understanding post-traumatic stress. Cutting edge research is helping to answer puzzling questions such as why post-traumatic stress doesn't happen to everyone who endures horrible trauma. Studies seem to confirm that genetics can also play a role in the vulnerability to developing PTSD. Other studies are beginning to examine a possible physical correlation as some evidence suggests that severe head injuries may increase one's susceptibility to mental stress. Also, some researchers have shifted from behavior and biology toward assessment of social behavior. For example, is there a stigma so strong that a soldier is unable to admit, even to himself, that he's injured? Does the world regard him as a legitimate casualty, or as merely a weak individual? And is the soldier returning to a country that accepts him gratefully as a veteran, or will he or she be scorned as promoting an unjustified war? Results from such varied research may point to ways and means of dealing with an illness that has baffled the human race for decades. **FL**

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