When Our Troops Come Home

By Dr. Joyce Brothers

Last year, I was invited by Gen. B.B. Bell, commander of the U.S. Army in Europe and Korea, to speak to a group of active-duty military men and women and their families in Heidelberg, Germany. My goal that day was to give those brave servicemen and women some strategies for keeping the faith and their emotional equilibrium as they prepared to go home or back to the battlefield in Iraq or Afghanistan. I also offered some coping ideas for their equally courageous families. I must admit that their inner strength and strong spirits moved me to tears.

Everyone knew that the war zone was a hellish place. Yet, as hard as it was for the soldiers going back, it may have been even harder for those coming home.

Although President Bush has said that American troops will be in Iraq at least through 2009, about 200,000 servicemen and women were discharged in the last year. Former soldiers and their families may joyfully look forward to the return to normal life, but that isn’t always what happens. Coming home can take on a dreamlike quality where expectations are sky-high for soldier and family—yet the reality can be very different.

As family, friends and fellow citizens, we can—and must—make the reentry of our military to civilian life easier.

Thankfully, we have learned as a nation not to blame the warriors for the war as we did when our soldiers came home from Vietnam. This time around, even fervent anti-war protesters support the troops. Virtually every soldier and Marine returning to this country is receiving a warm homecoming. In gymnasiums and mini-parades down main streets, at dockside and airport USO lounges, communities have been giving rousing welcomes to their hometown heroes.

And that’s good, because one of the best things we can do for these soldiers and Marines is to welcome them with open arms. Even more, we need to create opportunities at home for vets to use the skills they learned in the military. Vets are well trained to serve as volunteer firemen and EMTs and in other jobs that help people and save lives.

The dark side of homecoming. For some, the reintegration may be slow and painful. War changes everyone—the warriors themselves and often their families.

Wives who have set their hopes on getting back the same man they sent to war the year before have a rude awakening when they find themselves next to a virtual stranger weeks after his return. And kids who sent Daddy all those loving cards and drawings can be found crying, “Why
don’t you go back to Iraq!” when their idea of Dad doesn’t match the angry, depressed or withdrawn man lying on the couch when they get home from school.

Today, we’re more knowledgeable about the roots of these kinds of problems. After decades of observing some Vietnam vets suffer from nightmares, sleeplessness, flashbacks and sudden anger, we now recognize this cluster of symptoms as a real illness: Post-Traumatic Stress Disorder. Once called battle fatigue or shell shock, PTSD is a medically classified syndrome that can be effectively treated with drugs and therapy.

**Alarming numbers.** Not all returning soldiers will be haunted by war for the rest of their lives. But the few studies done on veterans of Afghanistan and Iraq reveal an alarming number of episodes of stress and anxiety disorders. According to a study led by Dr. Charles W. Hoge of the Walter Reed Army Institute of Research and published in July 2004 in *The New England Journal of Medicine*, 15% of the Marines and 17% of the soldiers surveyed after they returned from Iraq suffered major depression, generalized anxiety or PTSD.

The kind of combat the military face in this war produces nightmares. In Iraq there is no “front” and therefore no safe place to retreat for mental and emotional respite. In this environment, our servicemen and women have no place to hide and no one to trust. Artillery-assisted grenade launchers and improvised explosive weapons also have taken their toll, physically and mentally.

Indeed, those who have seen the closest combat and have been injured in the line of duty are most vulnerable to Post-Traumatic Stress Disorder. And that includes many of our troops: According to the Hoge study, 86% of the soldiers and Marines in Iraq reported knowing someone who was seriously injured or killed. Half said they’d either handled or uncovered human remains; more than half said they had killed an enemy combatant; and 10% said they’d been responsible for the death of a noncombatant.

**Getting help without stigma.** The Hoge study also showed that even though 80% of those who suffered from a serious mental disorder acknowledged that they had a problem, only 44% were interested in receiving assistance, and just 35% actually got formal help. Clearly, many soldiers are concerned that they will be stigmatized for seeking help. Indeed, in today’s volunteer army, a large number of men and woman are loath to admit any “weakness” or to do anything that they perceive could hurt their military careers.

Soldiers and former soldiers can get help—if they ask for it. They need to call on their own courageous characters once more—and admit that they are hurting. Their families can help by recognizing the signs that something is wrong and directing their loved ones to federal or community services. (See below.)

The bright side is that medical know-how has allowed more than 94% of our troops wounded on the field to get back home alive. But the work of healing will take years. The wounds of this war have been horrendous. Vets with multiple amputations and brain injuries and shrapnel will fill many of the beds of Walter Reed Army Medical Center and challenge our country’s ability to care for their minds, spirits and broken bodies for decades to come.
As a nation, we must make our veterans a priority with increased funding for transitional psychotherapeutic and bereavement services. We have found plenty of money for the war. Now we need to step up to our responsibility to those who have done our national bidding. Any citizen can write a letter to Congress demanding adequate VA funding; others can seek out the more than 200 vet centers nationwide and offer to lend a hand.

Our understanding of our vets’ needs is a priceless gift. Let us embrace them in an all-enveloping support system so they really can come home again.

PARADE Contributing Editor Dr. Joyce Brothers is a distinguished psychologist, counselor and author.

When Families Give Support

Here are some things family and friends of vets can do to help them readjust to normal life:

- **Give a vet some space.** Most won’t want to talk about the violence they witnessed right away.

- **Then lend an ear.** When the time comes, prepare to listen. The recollections may come out over the course of weeks or months, as your loved one reformulates the memories into meaningful stories.

- **Recognize that things are different now.** The world has changed. A spouse may have taken on new responsibilities. There may be some jealousy over what has been missed. Bring your vet up to date slowly, one issue at a time. Realize that you may have to renegotiate family routines.

- **Understand the vet’s need to spend time with war buddies.** Families need to know that the vets’ lifeline to peers often makes the difference between coping and a withdrawal into isolation.

- **Expect a period of adjustment.** It can take six to eight weeks to get back to something that approaches normal, both physically and mentally.

- **Get help.** If problems persist for more than three months, professional help may be needed—for the individual or for couples. The Departments of Defense and VA both provide mental-health services.

- **Take a screening test.** A new online test offered by the Department of Defense, Office of Health Affairs, can help those who prefer anonymity. Called the Mental Health Self-Assessment, the program allows vets affected by deployment in every branch of the military (including National Guard and Reserves) and their family members to identify symptoms.
before problems become urgent. The program is accessible 24/7 at
www.militarymentalhealth.org on the Web. The site also provides information about mental-health and substance-abuse services covered by the DoD.

When Families Need Support

Hospitalization puts tremendous stress on both vets and their families. A unique private/public partnership called the Fisher House Program tries to ease that stress by enabling family members to remain close to their loved ones while they are receiving medical care for an illness or injury incurred during active service. Families are provided with “comfort homes” built on the grounds of major military and VA medical centers for a minimal fee or free. Annually, the program assists more than 8,500 families. For information, see below or write: Fisher House, 1401 Rockville Pike, Suite 600, Rockville, Md. 20852.

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