

Comparing PTSD Among Returning War Veterans

Post-Traumatic Stress Disorder (PTSD) Among Returning Afghanistan and Iraq Wars Veterans. Symptoms and Suffering Similar To Ordeals of Persian Gulf and Vietnam War Veterans. Command & General Staff College

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Abstract

Military personnel experiencing combat in Iraq and Afghanistan are suffering wounds that are much greater in number and variety than those endured by veterans of earlier wars. This circumstance is due, in part, to advances in medical science and technology. Soldiers, sailors and marines who suffered such severe wounds in earlier wars simply died because they were beyond the reach of then contemporary medicine or technology. In addition, in earlier wars, Post Traumatic Stress Syndrome was not even given a name, let alone recognized as a valid form of war-related casualty. Now, PTSD is thoroughly documented and a whole array of treatments are available to veterans of the Iraqi and Afghan Wars. Friedman (2006) summarized PTSD symptoms as being typified by numbing, evasion, hypervigilance, and re-experiencing of disturbing incidents via flashbacks. Veterans and other non-combatant participants in war who have outlived traumatic experiences typically suffer from PTSD.

PTSD is being reported in considerable numbers in service members returning from combat (Friedman 2006; Seal, Bertenthal, Miner, Saunak and Marmar, 2007). This is not surprising due to the chaotic nature of combat in the Iraqi and Afghan theatres. According to the Defense Manpower Data Center (2007), 65% of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) casualties were caused by blasts, particularly those that resulted from improvised explosive devices (IEDs). Terrorist strikes, urban warfare, numerous and protracted combat operations and the pervasive hazard from roadside bombs are some of the distinctive characteristics of the OEF and OIF conflicts, which put particular stress on surviving military service members (Carlock, 2007).

A distinguishing pattern of wounds inflicted by explosive devices includes traumatic brain injury (TBI), burns, blindness and spinal cord injuries, along with the initial limb injuries that in time require amputation. This was, unfortunately, a major affliction among military personnel in these conflicts (Carlock, 2007). In order to explain the multifaceted and severe wounds to more than one body system, Eckholm (2006) and Scott, Belanger, Vanderpoeg, Massengale and Scholter (2006) used the term poly-

trauma. Special care is given to veterans and service members who suffer from poly-trauma, which is specified as multiple injuries that cause physical, psychological, mental or psychosocial injuries and functional incapacity (Johnson, 2011).

The wounds endured by military personnel in Iraq and Afghanistan are much greater in number than those from earlier wars (Carlock, 2007). Most of the Iraqi War and Afghan War wounded are barely adult and they will need special treatment for more than fifty years (Blech, 2006). It cannot be denied that significant challenges still loom for physically and psychologically wounded Iraqi and Afghan War veterans. However, considering the existing political environment on the home front in the United States, the circumstances faced by the Iraqi and Afghan War veterans on their return is more conducive to healing and recovery as compared to that of the Vietnam War veterans (Hafemeister & Stockey, 2010). However, more Afghan War and Iraqi War veterans are afflicted with physical injuries and complex challenges than were the Vietnam War veterans. Nevertheless, numerous Afghan War and Iraqi War veterans have recovered and returned to combat and have served two or more tours. A majority of Vietnam veterans served only one tour. Also, it is important to note

that while the Vietnam War had a 2.6 to 1 wounded-to-killed ratio, the Afghan and Iraqi Wars registered ratios of approximately 15 to 1.

The survival of military personnel in Iraq and Afghanistan is close to 90%, generally because of developments in body armour and combat medicine as well as the promptness of evacuation (Gawande 2004). Numerous wounded service members, on the other hand, are enduring extremely debilitating injuries, which will require refined, all-inclusive, and frequently lifetime care. More than half of the 3,000 American soldiers wounded in Iraq and Afghanistan have suffered from brain damage and, unfortunately, the trauma will have a permanent effect on their memory, mood and behaviour as well as their ability to think and work (Blech, 2006).

Differences between Afghan War and Iraqi War veterans and Vietnam War veterans include age, gender and marital status. As compared to Vietnam War veterans, most Iraqi War and Afghan War veterans went to war at a younger age, included proportionately more females and more often they had held jobs before their enlistment. In addition, Iraqi War and Afghan War veterans are less likely to be married, separated, divorced or have a history of incarceration. According to Fontana and Rosenheck (2008), these disparities in the attributes and mental health of Iraqi War and Afghan War veterans as compared to the Vietnam War veterans may have significant consequences for the program and treatment planning of Veterans Affairs (VA). They reached this conclusion after comparing Iraqi and Afghan War veterans with four samples of outpatient and inpatient Persian Gulf War and Vietnam War veterans. Also, there are more women Iraqi War and Afghan War veterans than female Persian Gulf and Vietnam War veterans.

Iraqi War and Afghan War veterans also differ from Vietnam War veterans in terms of clinical status. Diagnosis with substance abuse disorders is less frequent among Iraqi War and Afghan War veterans than it had been among Vietnam War soldiers, marines, sailors and veterans. However, Iraqi War and Afghan War veterans were more prone to violent behaviour than Vietnam veterans. VA disability compensation rates due to PTSD are lower among Iraqi War and Afghan War veterans versus Vietnam War veterans. In terms of clinical status, Fontana and Rosenheck (2008) found that Iraqi War and Afghan War veterans filed fewer VA disability compensation rates due to PTSD.

Fontana, Rosenheck and Desai (2010) studied the noteworthy similarities and differences between female veterans of the Iraqi War and Afghan War

and those of the Persian Gulf War. This comparison showed that female Persian Gulf War veterans suffered more sexual trauma and more noncombatant nonsexual trauma than did those of the Iraqi War and the Afghan War. The researchers concluded this might be a sign of more effective efforts to respond to military sexual abuse along with more wide-ranging preparation of female soldiers for their roles in combat. The comparative research also revealed the fact that Persian Gulf War female veterans suffer from more medical difficulties than the Iraqi War and Afghan War female veterans, especially in terms of general cognitive disability and drug abuse or dependence.

There are a number of differences in the medical problems experienced by Iraqi War and Afghan War male and female soldiers and veterans. Understanding these differences can be of help in planning treatment interventions for these war veterans.

Moreover, the differences of male and female soldiers who served in Iraq and Afghanistan in terms of threat exposure combine with gender differences in pathology (Fontana, Rosenheck, & Desai, 2010). Male soldiers are more often diagnosed with medical problems, alcohol abuse or dependence and PTSD than female soldiers. On the other hand, male soldiers are less often diagnosed with anxiety disorders if mood disorders and PTSD are excluded.

Female soldiers in Iraq and Afghanistan are less likely than male soldiers to be married and employed prior to their enlistment. Veterans Administration and other researchers conclude female soldiers serving in Iraq and Afghanistan have more extensive social supports than do male soldiers. In general, ramifications of gender differences between male and female soldiers in Iraq and Afghanistan may be significant enough to support the contention that mixed-gender programs or independent programs for women be instituted (Fontana, Rosenheck and Desai, 2010).

Social functioning has mostly been left undamaged among modern war veterans diagnosed with PTSD and Fontana and Rosenheck (2008) saw an opportunity for improving and concentrating on treatment interventions that put emphasis on enabling returning war veterans to be assets to society.

Thus, it is important to analyse the differences between Iraqi War and Afghanistan War veterans and Persian Gulf and Vietnam War veterans in terms of PTSD diagnosis. As Iraqi War and Afghan War veterans, Persian Gulf and Vietnam War veterans alike make claims for Veterans Affairs (VA) Disability Compensation for disability benefits, an analysis

of their differences in terms of PTSD diagnosis can help VA develop programs and treatment planning for them.

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