



Coming Home: A Sermon in Honor of Memorial Day Weekend

Reverend Sharon K. Dittmar
First Unitarian Church
536 Linton Street
Cincinnati, OH 45219
(513) 281-1564
May 30, 2010

Charles Weilbaker story

Not PTSD

Still Ghosts

Some wars need to be fought and there's never a good war, never a war without damage, and no one returns from war "the same." Whatever happens, soldiers will be permanently impacted, and now we know it is not just soldiers that serve in combat zones.

Wars in Iraq and Afghanistan have taught us that anywhere is a combat zone. There is no "safe zone," no place that cannot be under attack. today it is possible to serve as a cook (not a combat position) and to have an explosive device go off in your mess hall, or realistically fear that one will, and to develop PTSD.

There are many ways to come home from war. Some of our soldiers come home well or with ghosts. Some of our soldiers come home, well, or like Charles, with ghosts. Some of

our soldiers return in body, but not spirit. They have PTSD (post traumatic stress disorder), which I want to preach about today.

One of our regular visitors, Ron Dreffer, a veteran of Vietnam, gave me a book entitled *Vietnam: The Battle Comes Home: A Photographic Record of Post-Traumatic Stress with Selected Essays*. The photographs by Gordon Baer tell the riveting and painful story of untreated PTSD (post-traumatic stress disorder) suffered by our Vietnam veterans. One photo stands out in mind (though there are really so many). This one is of a coffin with flower, and the baby photo. The caption reads “Died in Vietnam, Buried Ten Years Later Series. Billy’s soul died in Vietnam but his life ended in Kentucky.”

PTSD is a common occurrence among anyone who suffers a serious, shocking or violent trauma and, given the realities of war, many of our soldiers do and will continue to come home with PTSD

According to the website of the United States Department of Veteran Affairs “Posttraumatic stress disorder (PTSD) is an anxiety disorder that can occur after you have been through a traumatic event. A traumatic event is something horrible and scary that you see or that happens to you. During this type of event, you think that your life or the lives of others are in danger. You may feel afraid or feel that you have no control over what is happening. Anyone who has gone through a life-threatening event can develop PTSD. These events can include:

- Combat or military exposure

- Child sexual or physical abuse
- Terrorist attacks
- Sexual or physical assault
- Serious accidents, such as a car wreck.
- Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake.”

According to Dr. Kathleen Chard, Director of the PTSD Division at the Veterans Administration in Cincinnati and Associate Professor of Clinical Psychiatry at the University of Cincinnati, our active duty military is currently older than usual because so many reservists have been sent to Afghanistan and Iraq, but this is rare. The average serviceperson is usually between 18-24 years old. The average soldier between 18 and 24 does not have a fully developed frontal cortex in their brain (which happens in the mid 20's), so most soldiers are exposed to combat before their brains have finished developing and before they have the full capacity to make good decisions.

Three years ago National Public Radio broadcast a devastating series (that led to a congressional inquiry) on the treatment of returning veterans at Fort Carson in Colorado. Just three years ago, returning veterans seeking mental health assistance at Fort Carson were regularly hazed, harassed, demoted, and dishonorably discharged, thereby making them ineligible for veteran's benefits. This ultimately led several veterans at Fort Carson to suicide attempts, increased substance abuse, and criminal activity (arrests for domestic violence, drinking while driving, and disorderly conduct). Many of these veterans were highly decorated servicemen. All of them were suffering from untreated PTSD. The NPR series taught me that there are many ways for veterans to come home, and to not come home.

Dr. Chard informed me that many soldiers have a history of sexual or physical abuse before they enlist. Many of our young people who enlist are looking for ways to get out of a difficult or abusive family or neighborhood situation, yet trauma they have already experienced can make them more susceptible to PTSD. She also noted that there are high rates of sexual trauma for female soldiers, both before they enlist and while they serve. That sexual trauma can be harassment or assault. To echo her words, a pamphlet from the local Veteran's Center contains a back page section highlighted in red "Special Help For Sexually Traumatized Veterans." In 2008 the VA estimated that 48,000 female veterans screened positive for military sexual trauma.

Everyone who undergoes trauma will have difficult thoughts and feelings after the event. According to the Department of Veteran Affairs, "PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. They also may come and go over many years. If the symptoms last longer than 4 weeks, cause you great distress, or interfere with your work or home life, you probably have PTSD." Variations in PTSD occur depending on "how intense the trauma was or how long it lasted, if you lost someone you were close to or were hurt, how close you were to the event, how strong your reaction was, how much you felt in control of events, and how much help and support you got after the event." Even more importantly the website notes "Strong emotions caused by the event create changes in the brain that may result in PTSD."

When I spoke with Dr Chard, who also happens to be the daughter of Anne Aiken (thank you Anne and Scott for making this extremely helpful connection), I asked her what are the

most important thing people should know about PTSD. She told me that “PTSD creates a biological change in the brain, and that PTSD is very treatable.” I am glad she told me because I knew neither of these things. At Dr. Chard’s clinic here in northern Kentucky, 70% of individuals who use their services walk out of the clinic without the diagnosis of PTSD. Apparently this clinic, is one of the best in the nation, and people from all over the nation, even soldiers immediately discharged from combat zones (as in they were in Afghanistan two days ago and are in Kentucky today), come to this clinic for assistance.

According to Dr. Chard, psychotherapy is the most effective treatment for PTSD. She explained to me that Vietnam veterans were given disability payments and told that PTSD was untreatable which was false and unhelpful. This of course led to a series of problems for Vietnam vets, much like the returning soldiers refused treatment at Fort Carson today. Many veterans with untreated PTSD developed substance abuse issues, had relationship problems, struggled to hold jobs, became homeless, and/or earned criminal records.

A member of this congregation emailed me prior to the sermon and told me about her father, a Vietnam veteran with unrecognized and untreated PTSD. He did not begin treatment until twenty years after his service. She remembers a difficult home life for her mother and siblings and an unpredictable and at times frightening father. She wrote to me “It (PTSD) affected everything.” PTSD is not just about soldiers. It becomes a family system issue affecting partners and children. Sadly, it didn’t have to be that way. This is an American tragedy.

I was shocked when Dr. Chard told me that the most effective treatments for combat veterans (and she is the co-author of one treatment) is brief psychotherapy or a therapy known as “prolonged exposure,” an exposure based therapy where clients slowly, with support, put themselves into situations that trigger distress and stress. These therapies are brief and effective. They have even proved affective for veterans with long term PTSD. The diagnosis of PTSD does not mean suffering forever.

According the United States Department of Veteran Affairs there are four typical symptoms of PTSD: reliving the event (a flashback often triggered by a sound or picture), avoiding situations that remind you of events (for example refusing to enter a crowd because in combat crowds are not safe), feeling numb (even to enjoyable people and activities), and feeling keyed up (being hyper-vigilant or always on guard which can lead to irritability, disrupted sleep and difficulty concentrating).

So as Dr. Chard explained to me, a veteran who avoids crowds (whether that is at church, shopping or a family reunion), can work towards relaxing in a crowd just by safe exposure. Her example was a veteran with PTSD driving, with a supportive person, to Taste of Cincinnati and just sitting in the car at the edge of the crowd. She told me that the human body can not sustain a distress response for a half an hour, so if a person can hold on that long, he or she will calm down and begin to learn that not all crowds are dangerous. Then there can be more exposure steps from there.

I was interested to read that PTSD is an anxiety disorder. Most anxiety is best treated with exposure. For example, if you are afraid of water, one day sit next to the water. A week

later put your toe in the water. A week later stand in the water up to your knees. Eventually you get the swimming lessons. Supported exposure, rather than avoidance, breaks the cycle of anxiety.

But anxiety is hard to live with in oneself or another person and I do not believe there is a good understanding, even today, of how to treat anxiety within the medical community. Dr. Chard told me that anti-anxiety medications, particularly benzodiazepines such as Valium, are most commonly prescribed for PTSD, yet these medications inhibit other treatment for PTSD. They are also highly addictive. So a veteran who cannot sleep (a probable sign of PTSD) could go to their doctor and be given Valium, the worst thing to do to prevent successful long term treatment and an easy way to create addiction. The Veteran's Affairs site indicates, however, that the new anti-depressants, SSRIs, have proved very helpful in the treatment of PTSD.

Our Director of Religious Education, Meredith Plummer told me a story about a veteran in her family. With her permission I am sharing it with you. Over three years ago her cousin married a U. S. Marine named Joe. Joe was deployed to Afghanistan in June 2008. Last summer he returned home. Although Meredith's cousin did not tell her at the time, Joe had awful night terrors when he returned. One night last summer Joe fell down the stairs at his home and died. He was 24. Meredith wrote "To this day, no one is really sure how Joe died from falling down the steps. But, it is a common belief among my family that sleeping pills probably had some role to play." She continues "I think what most people don't realize about PTSD is that its effects are like ripples. Not just in the way that it can change a person and how they interact with those around them, though yes, it can do that too. But, that it

can still affect those who have had contact with it, even years after the initial trauma or traumatized person has deceased.” Meredith’s cousin has now been diagnosed with PTSD. She is 22.

It’s obvious that there are exceptional treatment centers for veterans with PTSD. It’s also clear not everyone knows about PTSD, how to diagnose and treat it or where to get help. It’s also obvious that some parts of our armed services are more enlightened than others. The latest, successful treatments for PTSD are new, really new, as in a few years old. Dr. Chard kept saying to me “This is not your parent’s VA. Give us a try. We are different now.” So things have changed at the VA, but even within the military it is obvious that some units and commanders understand PTSD and offer help to soldiers and some do not. Some, as in the case of Fort Carson, are outright hostile to veterans with PTSD and one of the worst things you can do to someone suffering from PTSD is belittle, blame or harass them.

I hope the United States military will find a way to inform every soldier and their family about PTSD, its symptoms and treatments, but we are not there yet. I don’t understand why this isn’t mandatory coming home information for every soldier. We want our soldiers to really come home.

Joe just died last year. He reminds me of Billy from Vietnam. I have an acquaintance who was an active duty doctor in the military about ten years ago. Although a general practitioner, he soon became well versed in PTSD. He told me that a significant minority of the soldiers he worked with came to him with PTSD and related problems. According to

my acquaintance, he would explain PTSD to the men and women he treated and then his next conversation with them would be to find out who their commanding officer was and to weigh that against which branch of the military they served. He told me Marines were always the worst, had the least tolerance for PTSD and soldiers who asked for mental health help. My acquaintance would attempt to strategize with the soldiers he saw, how bad were their symptoms, when were they getting out, who would they have to tell to get help, what had happened in the unit in the past if a soldier asked for mental health assistance, etc.

I know this was ten years ago, but it can't be all different today. I know a soldier that was not redeployed this year after being diagnosed with PTSD from a prior tour of duty. However, once he went for mental health assistance, he and his family waited with concern to find out if it would be given to him, if he would be re-deployed or not and if he would be hazed by his unit if he was not redeployed. To everyone's great relief it ended up working out for him, but no one was certain that it would.

In preparation for this sermon I followed up with the situation at Fort Carson, Colorado that so alarmed me three years ago. A recent front page article in *The New York Times* (April 25, 2010) notes that the Warrior Transition Unit created to help returning soldiers at Fort Carson with PTSD has been accused by soldiers receiving treatment there of handing out too many medications, scheduling infrequent therapy, and harassment by noncommissioned officers. Four soldiers at Fort Carson's Warrior Transition Unit have committed suicide since returning from combat in 2007, more suicides than any other army Transition Unit. Obviously, with what Dr. Chard and others know, it does not have to be this way.

As much as some soldiers suffer with PTSD, others do not. I was recently speaking to a man who wondered why his younger brother, finishing up his second tour of duty, loved it so much and wanted to go for a third tour of duty. According to Dr. Chard “One third of all people never get PTSD, no matter what they are exposed to.” I assume that these people have some signs of stress, but never develop symptoms to the extent they have a disorder. I was stunned to learn this. She told me that depending on brain functioning, which varies from person to person, there appears to be a genetic predisposition to PTSD if one is exposed to trauma. She informed me that people more susceptible to PTSD are often, but not always, prone to depression and other mental health problems while some people who enjoy high risk factors, adventure and structure actually thrive in the military.

This, again is why some people are accused of “cowardice” if they develop PTSD, because some people in the same situation just do not develop PTSD. Unfortunately this contributes to damaging misunderstandings about people with PTSD. They are not weak or lazy. They have been exposed to trauma and human brains respond differently. Dr. Chard informed me that the best way you and I can help someone with PTSD is to offer positive social support beginning with never blaming the victim. That’s the worst thing any of us could do in any situation of trauma. We can also help by never passing judgment on “who, what, where, and when.” She explained the obvious, “don’t ever ask if a veteran killed anyone.” The best thing to say to someone suffering from PTSD is “If you want to talk, I will listen,” then be silent and actually listen. Just listen, and if concerned, make connections to support services. The VA offers free education and support to eligible veterans and their families.

We should be certain that our soldiers can receive PTSD treatment on demand without discrimination. They have offered to make the ultimate sacrifice for us in body. They should not have to make an ultimate sacrifice in spirit. Our second principle as Unitarian Universalists calls for justice, equity, and compassion in human relations. Justice, equity, and compassion in human relations call for veteran PTSD treatment without discrimination on demand. Our soldiers have served us. We must now serve them, regardless about how we may or may not feel about war, by making it possible for every living veteran to really come home in body, spirit, love, employment, finances, education, benefits, and timely, appropriate health care. Let's welcome our soldiers home.