

# Post traumatic stress disorder in the military

[Health & Medicine](#), [Stress](#)



PosttraumaticStressDisorder in the Military Proposal for MSA 685 Project  
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References9 Literature Review Posttraumatic Stress Disorder (PTSD) is becoming an ever increasing problem in today's military. This disorder is nothing new and has affected veterans from World War I, World War II, the Korean War, theVietnam Warand Desert Shield/Desert Storm.

There are particularly good descriptions of posttraumatic stress symptoms in the medical literature on combat veterans of World War II and onHolocaustsurvivors. (Veterans Affairs Fact Sheet, 2006). But with the many deployments in the past several years to Iraq and Afghanistan, with many soldiers going over for the third or fourth deployments, the pressures mounting on today's military has become too much for some to handle. The main difference between past wand present wars is the ever increasing number of women who are seeing combat on the front lines.

Women are being tasked to fill more and more lethal combat roles as the war on terror continues and women appear to be more susceptible to PTSD than their male counterparts. Studies indicate that many of these women suffer from more pronounced and debilitating forms of PTSD than men, a worrisome finding in a nation that remembers how many traumatized troops got back from Vietnam and turned to drugs andviolence, alcohol andsuicide. (Scharnberg, 2005).

The government is extremely concerned about this and has begun doing studies on how to combat the lingering effects of this disorder. Half of the women will be treated to long term therapy in which they will relive the  
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traumatic events that led up to PTSD in hopes that their emotional distress will decrease over time and that their memory of the event is no longer traumatic. The other half of the women will be treated with a therapy that will focus on their life now and how to deal with the traumatic event in the present rather than the past.

Although the goal of the study is to determine which therapies work best for women suffering from PTSD, experts agree that if the study is conclusive it eventually may be applied to tens of thousands of Iraq war veterans, male and female alike. (Scharnberg, 2005). While many soldiers are receiving help with their disorder, for some, the help comes too late and they are unable to cope or continue with their life. Since combat operations began in March 2003, 45 soldiers have killed themselves in Iraq, and an additional two dozen have committed suicide after returning home, the Army has confirmed. (Mclemore, 2005). While these numbers are staggering some experts feel that the worst is yet to come. The problem for some is that they either do not know there is a problem or do not want anyone to know that they have a problem. The Army has recently begun screening of personnel that have recently returned from a deployment but that still does not help the thousands who have returned in previous years. According to Veterans Affairs (VA) data, 9,600 of the 360,000 soldiers discharged after fighting in Iraq and Afghanistan have received a provisional diagnosis of PTSD. (Mclemore, 2005). As the military continues to struggle with helping veterans with PTSD, there is another problem that also lingers. Many soldiers are returning to Iraq and Afghanistan with mental illness and given antidepressants to help with their problems. A 2004 Army report found that up

to 17 percent of combat-seasoned infantrymen experienced major depression, anxiety or post-traumatic stress disorder after one combat tour to Iraq. Less than 40 percent of them had sought mental-healthcare. (Rogers, 2006).

One problem lies in that many soldiers want to return to combat with their units and as long as they are medically cleared to go then they are permitted to go. The second problem is the medical professional basically being able to predict the future and how the deployment will affect the soldier returning to combat. Had these soldiers been drafted and put on medication and sent back to combat there would have been many questions asked. Since this is an all volunteer Army it is too often assumed that these soldiers will do whatever is asked of them.

Think of the ethical questions that would arise from sending draftees back to war on medications. (Rogers, 2006). It is clear that the amount and rate of deployments is not going to slow down in the near future. Until the military, not just the Army, can come up with a way to screen soldiers before and after deployments, there will be a continuous rise in the amount of soldiers suffering from PTSD. Methodology In the research paper I will provide historical as well as statistical data from the previous wars the United States Military has been involved in.

I will show how the military has failed to cope with this ever increasing problem and the impact it has had and will have on the future our military force. It has become obvious that men and women are becoming increasingly wary of entering our Armed Forces today because of the thought of deploying to Iraq, Afghanistan or some other country. I will use data that <https://assignbuster.com/post-traumatic-stress-disorder-in-the-military/>

has already been collected from many sources, Veterans Affairs, military, etc, to substantiate these findings. Until the deployments slow down and we start taking better care of our veterans this reluctance to join the Armed Forces is not going to get any better. Couple this with the ever decreasing benefits and the unwillingness of the people in charge to ensure that money is made available to care for the traumas of war people will continue to stay away from the military. I will also discuss the differences with PTSD in men and women and the types of therapies being used on both. Finally, the paper will discuss ways that the military can assist and support, not only soldiers with PTSD, but the family members that suffer along with them.

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