



ADDRESSING THE INVISIBLE
WOUNDS OF WAR



GEORGE W. BUSH
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OUR ROLE

At the Bush Institute, we believe that we have a duty to understand and serve those who volunteered to wear the uniform in defense of our Nation. Many of the 2.7 million veterans who have served since 9/11 return home to face challenges transitioning back to civilian life.

We believe that addressing invisible wounds of war is a core issue for transitioning veterans, their families, and communities. Experiencing post-traumatic stress (PTS) or traumatic brain injury (TBI) is not a life sentence and effective treatments are available. The Military Service Initiative (MSI) will work to reduce TBI, PTS, and other psychological health conditions as barriers to a quality transition that includes: employment, education, and a meaningful family life.

MSI advocates for awareness, policies, and programs that support the factors that enable veterans to successfully transition. MSI's Veteran Wellness program aims to:

- Increase awareness and understanding of PTS and TBI
- Encourage service members, veterans, and their caregivers to seek high quality care for PTS, TBI, and other psychological health conditions they may face;
- Improve outcomes by fostering a comprehensive, integrative, and culturally competent system of care.

OVERVIEW

The conflicts of the post-9/11 service era are “the first time that the United States has attempted to fight an extended conflict with a post-Cold War all-volunteer force.”¹ During this era, more than 2.7 million service members deployed to Iraq or Afghanistan, almost 40% of whom were members of the National Guard and Reserves. At the same time, a great proportion of post-9/11 warriors experienced frequent and lengthy deployments with less time at home in between. Of the 2.7 million service members who deployed, more than 52,000 sustained visible wounds.

WHAT IS POST TRAUMATIC STRESS (PTS)?²⁻⁴

- Anxiety and emotional response to either sudden, intense and unexpected events (combat engagements, car crashes) and/or after long periods of persistent anxiety-producing situations (combat, domestic abuse).
- Combat stress is a common and natural response but its effects, if they remain, may become problematic and cause dysfunction.
- Post-traumatic stress disorder is the diagnostic term assigned when the symptoms one experiences meet specific criteria based upon their longevity and/or magnitude.
- At any given time, as many as 10-20% of the US service members (270,000 – 540,000 individuals) who deployed to Iraq and Afghanistan experience symptoms consistent with a diagnosis of PTSD.

Often when members of the general public think of an injured service member, they likely think of the visible war wounds, such as limb loss and severe burns. However, the number of warriors who experience invisible wounds of war is as much as six times larger than those who experience visible wounds. If not effectively treated, enduring impacts from traumatic brain injury, even mild TBI, post-traumatic stress, and other psychological health conditions like depression are associated with higher rates of unhealthy behaviors including smoking, overeating, unsafe sex, physical health problems, and mortality, including suicide. Individuals experiencing any one of these conditions, especially PTS and depression, tend to miss more days of work, report being less productive at work, and are more likely to be unemployed.¹

Additionally, studies have shown that the stress of caring for a loved one with a mental health injury or disorder can negatively impact a spouse's mental health. PTS and TBI in a parent can also affect the well-being of children, extending the impact of combat across generations¹.

WHAT IS TRAUMATIC BRAIN INJURY (TBI)?⁵⁻⁶

- A physiological injury to the brain due to external forces which can greatly affect brain function.
- It may be transient with full recovery or there may be long lasting, even permanent injury to the brain.
- TBI is graded as mild (concussion), moderate or severe. Even mild TBI can lead to significant impairment.
- TBI is a physical injury, however, some of its enduring symptoms and impacts can be similar to symptoms of PTS and other mental and psychological health concerns.
- More than 339,000 US service members have been diagnosed with TBI since 2001.

UNDERSTANDING STIGMA AND THE BARRIERS TO SEEKING CARE

There are significant cultural, social, policy, and physiological barriers to even seeking care. Due to physical, cognitive, or emotional impairment, some warriors don't recognize the need for care, or they can't access and navigate the systems of care.

Warrior and societal stigma is one of the most significant barriers to seeking care. Stigma is "the perception that a certain attribute makes a person unacceptably different from others." Stigma about the invisible wounds of war exists both within and outside of the military community.

Warriors often have the perception that their peers, military leaders, and members of the public view seeking treatment as a sign of weakness and failure⁷. Many warriors hesitate

to seek help for an invisible wound out of the fear that getting help could harm their career, cause them to lose certain security clearances, or result in them being placed in a non-deployable status. For those who are veterans, many believe seeking care would have an adverse impact on employment or continuing their education¹.

Stigma may also apply to those warriors who return home without the invisible wounds. Although combat stress is a common reaction, for most it has no lasting negative consequence. This year, the Military Service Initiative is conducting a survey to better understand this stigma and its impact on all post-9/11 warriors.

For those who do experience the invisible wounds, effective care is available, however the primary factor that prevents warriors from seeking this care is their belief that it will not be effective¹. While all of our warriors and caregivers must come to understand that is not the case, as a nation we must ensure that not just federal government, but the private and non-profit sector foster a comprehensive system of care for the invisible wounds of war.

ACCESSING AND RECEIVING HIGH QUALITY CARE

Many effective treatments exist for the invisible wounds of war, yet, studies have shown that less than half of military personnel and veterans who experience them actually receive any care. This is in direct contrast with the estimated 83% of warriors who receive care for a visible wound of war⁸. Among those who do receive care, too few receive high quality care. Many warriors not only face the singular issues of TBI, PTS, or other mental health concerns, they often face them in combination, which makes comprehensive and effective care more challenging^{1,3,9}.

While effective treatment exists, there are significant barriers to accessing and receiving comprehensive and quality care. Barriers to accessing and receiving quality care include^{1,3,7-9}:

- **Navigation.** Whether due to cognitive or behavioral challenges, or systemic complexity, navigating the healthcare system is a significant challenge for warriors and caregivers.
- **Eligibility and Cost.** Some warriors, and most family members, are ineligible for VA care. Warriors who choose not to use - or cannot access - federal sources of care often rely on private sector or community-based care for which they may incur costs they cannot afford.
- **Geography.** The distribution of care providers is such that many warriors may face difficulty finding convenient access to quality care.
- **Quality.** Quality of care delivery and cultural competence of providers - medical and psychological - are essential to care, and too often insufficient in the private and non-profit sector.
- **Research.** Critical gaps remain for essential diagnostics and pharmaceuticals, as well as establishing the efficacy of holistic care approaches.

Significant numbers of U.S. veterans rely upon non-VA sources of health care¹. This places a significant responsibility for our nation's veterans on private and community providers who are often ill-equipped to provide effective treatment specific to the needs of the military and veteran population, particularly for TBI and psychological health concerns.

We must as a nation tear down barriers and ensure all those with invisible wounds of war seek, access, and receive high quality care.

WHY WE HAVE CHOSEN TO DROP THE “D”

Post-traumatic stress disorder (PTSD) is an injury that can result from the experience of war. It is treatable and can be effectively managed so that it does not serve as a barrier to a meaningful quality of life - to include employment, education and personal relationships. While the medical profession has defined a set of clinical criteria and terminology for diagnosis and eligibility to care for this injury, we at the Bush Institute dropped the “D” (or “disorder”) from our lexicon because we have found the term “disorder” can serve as a barrier to warrior willingness to seek care. We believe the “disorder” may also inappropriately stigmatize their difficulties in readjusting to civilian life with employers and educators. With effective treatment, our warriors will recover from their injuries, and the nation will continue to benefit from their service and leadership. We maintain that terminology should not serve as a barrier to seeking the care necessary for that to happen.



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