

Challenges new and old for our veterans on the homefront



MORE THAN a decade has passed since the start of Operations Enduring Freedom (Afghanistan) and Iraqi Freedom. Memories of those wars have begun to fade for most of us, but not for

those who fought them.

Embraced as heroes when they returned home, many of the veterans now struggle with psychological wounds and brain injuries. Military services, veterans' hospitals and the soldiers themselves did not anticipate the length or severity of these campaigns. As a result, the United States is woefully unprepared to handle the needs of our most recent veterans.

Since 2001, 2.5 million American men and women have served in Iraq and Afghanistan. While body armor and improved protective equipment limited the death toll to just over 4,400 U.S. soldiers killed in Iraq and 1,200 in Afghanistan, about 1.6 million returned to civilian life, many suffering from traumatic brain injury or post-traumatic stress disorder.

Unlike earlier wars in which enemy combatants fought with conventional arms, insurgents in these Middle Eastern countries used roadside bombs, suicide attackers and improvised explosive devices to do their fighting. The results were horrific, taking a devastating toll on veterans' psyches.

Post-deployment challenges include the need to overcome feelings of alienation, lack of purpose, guilt over survival, as well as the inability to transition one's loyalty

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from the military unit to family, withdrawal from the emotional rush of war, clinical depression and thoughts of suicide. Such challenges make the afflicted veteran especially vulnerable to a civilian life already plagued by high rates of homelessness and unemployment.

The U.S. Department of Veterans Affairs is the logical institution to address these needs. However, the VA medical system was in the process of downsizing prior to the 9/11 attacks because its main clients, World War II veterans, were dying off. As a result, the system was simply not equipped to handle the massive influx of disabled soldiers returning from Iraq and Afghanistan. Many wounded warriors complain that the system is cumbersome and antiquated with a backlog of benefit claims in the hundreds of thousands.

Recent data compiled by the VA confirms their view. Of the 270,000 Iraq and Afghanistan veterans examined by the VA for potential post-traumatic stress disorder, about 150,000 were diagnosed with the condition and given benefits. But the VA also underestimated by 77,000 the number of returning vets who would seek its services. Perhaps that is why 22 veterans commit suicide every day, on average, and 141,000 spent at least one night in a homeless shelter in 2011. Of that number, 10 percent were women, up from 7.5 percent in 2009.

It's clear that the VA alone cannot meet the needs of the veterans. Only through a dedicated outreach effort by civilian communities – public, private, and faith-based — will our wounded warriors be able to overcome their challenges to find accessible health care as well as secure and fulfilling employment.

Such a grassroots effort begins by building a network of community colleges, churches, chambers of commerce, small businesses, hospitals and health care centers to determine and fund appropriate programs for the support of local veterans and their families.

Once established, the network can expand collaboration and information-sharing through a web portal that gives veterans access to a wide range of services and resources available to them while simultaneously reducing costs, competition and duplication of efforts among community organizations.

Another way to sustain support is to build public awareness through a marketing campaign that directs the individual to a website, web portal or organization where they can learn more about how to help veterans in their community.

If our nation's humanity is measured by how it treats returning soldiers, then local communities must find a tangible way to meet the needs of the men and women who sacrificed their physical and mental health to serve this country.

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