



OPERATIONAL STRESS INJURIES (OSI)

A NEW WAY TO LOOK AT AN OLD PROBLEM

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Military organizations have had to deal with the realities of stress induced injuries since the beginning of time. However it is not until 1678, when Johannes Hofer published an article in which he described a disease that afflicted Swiss mercenaries serving in France who exhibited various symptoms described as: dejection, continuing melancholy, incessant thinking of home, disturbed sleep, insomnia, weakness, loss of appetite, anxiety, cardiac palpitations, stupor and fever. Hofer's clear description in medical journals of his day led to the acceptance of "nostalgia" as an ailment that afflicted soldiers during and after conflicts¹.

Since then, a variety of terms have been used to describe the condition that many soldiers develop when exposed to trauma. By the 19th century, physicians were attributing the symptoms of nostalgia to pathological changes in patients' internal organs. Throughout the 20th century, the attitudes towards what were called neuropsychiatric (NP) disorders evolved significantly, but not necessarily for the better. It has even been suggested that treatment given to soldiers with NP symptoms during the Second World War were actually less effective than the treatment provided to soldiers returning from the First World War². Treatment for the ailment evolved and changed over the last century from immediate treatment in proximity to the frontlines, to full evacuation to the rear echelons for those who showed symptoms. At times, forced counseling and electric shock were used on those who were less willing to accept treatment.

It was only in the aftermath of the Vietnam War that medical literature introduced the term Post-Traumatic Stress Disorder (PTSD) when large numbers of veterans reported severe stress-related symptoms after returning home. This new disorder began to appear in the medical literature.

In Canada, members of the military had not been involved in a high intensity conflict since the Korean War until the war on terrorism began and the Canadian Forces sent troops to fight along side the Americans in Afghanistan. That is not to say however, that Canadian soldiers have not suffered the consequences of conflicts around the world. Canadian Forces personnel from all elements have played an important role in practically all of the United Nations and NATO peace missions since the inception of the Lester B. Pearson peacekeeping model.

Over the course of the last decade, our sailors, soldiers, and air personnel have participated in an ever growing and demanding number of military operations around the world. Although they have served

¹ Historical and contemporary interpretation of combat stress reaction – Board of Inquiry – Croatia, Allan D. English, PhD – 26 Oct 1999.

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Canada with great distinction, this service to world peace and stability has not been without a price. The price of Canadian involvement in peacekeeping and peace support operations has been calculated in many ways over the years, but none more important than the loss of over 100 Canadian Forces members, during peacekeeping missions alone.

Beyond the official list of casualties however, we can no longer ignore that these operations cost Canada and the Canadian Forces an incalculable and significant amount of wounded service personnel. These casualties are not the victims of stray bullets, land mines or vehicle accidents, but suffer operational stress injuries. Unlike physical wounds, operational stress injuries³ (OSI) are not outwardly apparent. Often these injuries go unnoticed for months or years by superiors, peers, and in many cases by the injured members themselves. To those who eventually come to realize that they have been injured by operational stress, coming forward for help is not a viable solution due to the negative stigma associated to this type of ailment.

Operational stress injuries such as PTSD translate into very real symptomatic responses which cause various types of difficulties: substance abuse, decreased performance, decreased concentration, family problems, divorce, violent outbursts and even suicide. In many cases, leaders and peers interpret these behavior changes without realizing that these soldiers are in fact affected by an OSI. Those who suffer from OSIs have had their image of fairness or stability of the world so disrupted that they are forced to devote much of their time and energy adjusting to the emotional disturbance this has caused. This struggle alone is believed to be one of the main contributing factors for these reported personality changes occurring after the onset of PTSD. The lack of understanding by the victim's entourage often causes secondary wounding which hinders the recovery process even more.

Veterans Affairs Canada (VAC) conducted a survey in 2000 with 2,700 of its clients serving and retired from the Canadian Forces (CF). Over 70% of the client base responded to the survey. The questionnaire was extensive and included a series of questions designed to reveal the incidence of PTSD. The survey concluded that 15% of respondents presented symptoms consistent with a PTSD diagnosis and an additional 10% presented symptoms that fall short of the diagnosis. Similarly, major depression was also evaluated at 28% during the same survey. This represents the harsh reality of the modern casualties we can expect as we continue to deploy our Forces around the world in the service of global stability. In the future, we must dedicate as much attention to OSIs as we do for physical injuries and look at these injuries in new ways in order to normalize them within the context of military operations.

It has now become obvious that members are not getting the support they need to address this problem. In an attempt to rectify this shortfall, Operational Trauma and Stress Support Centres (OTSSC) were opened in Esquimalt, Edmonton, Ottawa, Valcartier and Halifax in 1999. While this helped address the medical aspect of the problem, it did little to address the socio-cultural environment our members face day to day.

It is a sad reality that most of our members injured by operational stress choose to suffer in silence and in isolation for fear of being shunned and ostracized by their peers and superiors as was clearly demonstrated in the Ombudsman's investigation into the McEachern case⁴. It is now apparent that most members who suffer from OSIs do not receive the support they need to foster a prompt and healthy recovery.

³ The term "OSI" is not a medical condition. As defined under the Operational Stress Injury Social Support Project, "OSI" is a new term to be used within a non medical context to generically describe the various types of psychological difficulties and conditions soldiers can develop as a result of military operations. By OSI, we refer to a variety of conditions, which include but not limited to, PTSD, anxiety and depression. The term "OSI" is therefore to be used in this context only and not be interpreted as a diagnosed medical condition.

⁴ DND Ombudsman Report – Systemic treatment of Canadian Forces members with PTSD released in February 2002.

In order to address the non-medical aspects of this problem the Operational Stress Injury Social Support (OSISS) Project was launched in May 2001 by the Associate Deputy Minister Human Resources - Military. Serving and retired members of the CF who have been affected by an OSI have developed this project. It's mission is to establish, develop, and improve social support programs for members, veterans and their families affected by operational stress; and provide education and training in the CF community to create an understanding and acceptance of operational stress injuries. Since the project was launched, it received Armed Forces Council (AFC) endorsement in October 2001 and was given the mandate to:

- ?? Create a national peer support network for members, veterans and their families;
- ?? Validate the development of education and pre-deployment training modules in partnership with health care professionals; and
- ?? Take a leading role in developing the methodology required to effect an institutional cultural change pertaining to the stigma associated with operational stress.

Veterans Affairs Canada agreed to assist the Department of National Defence with the implementation of the OSISS project and it has now become an inter-departmental initiative. The intent of OSISS is to establish the peer support network across the country and, to date, has launched sites in Edmonton, Winnipeg, Petawawa, Newfoundland, Valcartier, Gaagetown, Halifax and Esquimalt. Over the next 12 to 16 months, OSISS hopes to launch sites in other communities across the country. Peer support networks are very common in society at large and in many large corporations. OSISS believes that providing support to each other, based on shared experiences, can greatly help and speed up the recovery process. As the Peer Support network continues to evolve, OSISS will begin developing the other components of the project in partnership with health care providers.

The Military has now recognized that it cannot simply ask that those who suffer from an OSI put all their efforts into personal change and personal growth while the Canadian Forces itself does not evolve. As well, it is now understood that creating OTSSCs to increase the ability to treat military personnel while not addressing the larger social support aspects of operational stress injuries is bound for failure in the long term because it incorrectly assumes that soldiers can individually change and survive in an institution that has not evolved.

The Operational Stress Injury Social Support project will hopefully result in a gradual cultural shift in the Canadian Forces charting a new course for its future. OSISS will not only assist those who suffer from an operational stress injury but also help integrate and support those who suffer from other psychosocial difficulties that military operations can cause.