

Opening remarks

Montreal – 2 May 2003

SLIDE (INTRO)

Dear Veterans and still serving members, Minister Pagtakan, distinguished guests and colleagues.

Injuries caused by military operational stress and trauma have always been a part of warfare and perhaps the very fabric of military service itself even before combat is experienced. These wounds are not caused by direct enemy projectile or explosive nevertheless, they injure the mind or the spirit. These wounds too can be fatal even if they do not bleed.

Doctors with fighting units have been describing what we'd call the psychological effects of soldiering ever since the dawn of modern medicine in Europe. According to my findings, the first medical paper on the subject was published in 1678. Its author Johannes Hofer described a disease that afflicted Swiss mercenaries serving in France who exhibited various symptoms described as: dejection, continuing melancholy, disturbed sleep, weakness, loss of appetite, anxiety, cardiac

palpitations, stupor and fever¹ amongst others. His clear description in the medical journals of the time led to the acceptance of "nostalgia" as an ailment that afflicted soldiers during and after conflicts.

Having said all of this, I am not qualified to give any of you a history lesson, nor should I take this opportunity to dwell on the past. Instead, in accepting the invitation to speak at this important event I decided to take it upon myself **to try** and be the voice of the thousands of silent veterans, serving members and families, who today, suffer the consequences of their service to this country in order to contribute to the collective efforts to find better ways to alleviate this suffering and make it better for future generations of soldiers so they do not have to go through what past generation and we have endured.

My presentation is normally quite graphic about some of the realities our personnel face while serving Canada, but this evening, given the circumstances, I decided to limit myself, nevertheless, there are a few mildly graphic scenes later on that could perhaps disturb some of you. You will be notified prior to me displaying them and you can choose to close your eyes. This is a choice however that our women and

¹ "Nostalgia: a forgotten psychological disorder". George Rosen. Psychological Medicine 5 (1975), 340-54

men do not have as they Serve Canada around the world and a luxury Canadians here at home should be allowed to continue to enjoy.

Over the course of recent times we have calculated the price of sending young Canadian service members abroad on conflict resolution missions in many different ways. We rarely look however at these costs from the human dimension. Soldiers fully understand that their function is to serve the nation and philosophically, they are prepared to be placed in harms way. They also understand that this may cause them to become injured or killed in the performance of their duties. In return, all they ask is that they and their families be cared for. As well, they trust that their health will be put at risk for worthy causes that are supported by their nation and in doing so for which the Nation fully understand what is at stake, something which arguably we still have difficulties in coming to grips with. By that I mean, what are the true costs of Canada's involvement in conflict resolution missions around the globe in the new world order. Do we truly understand the inherent psychological risks to our men and women associated with this continued involvement. Perhaps we do. Perhaps we don't.

The last decade has shown us that we somehow underestimated the short term effect of investing our Forces in these operations and we are just beginning to

scratch below the surface of what the long term effects on our members and their families will be. Investing our Forces in these ways cost us as a nation more than physical resources, they also cost us a great deal of HUMAN RESSOURCES.

SLIDE (OP TEMPO)

This graph clearly shows that over the past decade, the effective strength of the Canadian Forces has dropped significantly illustrated by the Green line and scaled by the green numbers to the left. Concurrently, as this drop in personnel was occurring, our commitments overseas increased, shown in red peaks and valleys and scaled by the white numbers to the right.

SLIDE (LAST DECADE)

Focusing on the last decade, the Canadian Forces sustains an average of approximately 3000 of it's personnel, busy, outside this country serving Canada in one way or another.

SLIDE (UNdone)

What are..... the long term effects of the post cold war demands on service personnel on their overall quality of life. How are families affected by this phenomenon:

Divorces...

Separations...

Suicide attempts that officially go unnoticed

Suicides

Substance abuse

I would argue that none of us have the answers, and perhaps the health survey presently being conducted by DND Health Services will help us better understand.

As many of you do, my OSISS Colleagues and I see these people on a daily basis.

However, we do not see them in a clinical setting,

we see them

speak to them

listen to them

in their natural environments, We see the children, the mothers, the fathers, the spouses and most of all we see the despair of trying to understand what happened to the person they once knew. Trying to be reassured that there is hope.

SLIDE (OSI DEFINITION)

We have now come a long way. From the term Nostalgia to the term PTSD introduced in the 80s. Now for the Canadian military community, I introduced in 2001 the notion of “Operational Stress Injuries (OSI)”. As clinicians, you see these symptoms as illnesses, as soldiers we consider them and accept them to be Injuries. An injury I hope will be accepted one day, as legitimate as physical injuries.

SLIDE (BLACK ?)

The day a crowd I was in, in the tiny African State of Rwanda was subjected to random machine gun fire during the civil war was a day which is forever engraved

in my memory. This is the day a young boy about the same age as my own son, was shot. I can see him now being hit by rounds and projected to the ground...

Somehow, none of the projectiles hit me, but everyday, I see the young boy being swept off his feet fall to the ground and I hear him screaming in pain. The official records show that I was not injured that day. But was I.

Why was I spared that day. Why him. This and many other life changing events that occurred to me during this tour shy in comparison to the events that have injured my colleagues. Every soldier lives a different experience overseas. Some come home baring physical scars. Many of them however, come back physically unscarred but nevertheless injured. An injury as legitimate as the physical ones we accept hands down.

SLIDE (WARNING)

SLIDE (DALLAIRE)

We accept that high intensity combat will produce psychiatric casualties.

However, many still wonder if the mental health injuries our modern military members sustain around the globe on conflict resolution missions are as legitimate

and as severe as the ones suffered by soldiers who served in WWII, Korea or Vietnam and more recently, the war in Iraq. Many have opinions on the issue but I had the good fortune recently of meeting a man who had more than an opinion to provide.

Dr Graeme Hawthorne, Associate Professor at the Australian Centre for Posttraumatic Mental Health of the University of Melbourne in Australia has been involved in measuring the mental health sequelae of trauma exposure on treatment-seeking Australian veterans. The evidence suggests that deeper psychological injuries may result for some peacekeeper/peacemakers when compared with those who have been exposed to combat. The reasons for this are unclear, but may relate to observing atrocities whilst being unable to intervene, handling casualties including dead and/or mutilated bodies, maintaining neutrality in the face of provocation, and to professional and social isolation.

The severity of these injuries vary, according to the nature of the warfare and, equally important, the reception and degree of social support given to members of the Military when they return home. Now, after more than a decade of sustained Conflict Resolution missions around the globe we in the Canadian Forces are re-learning the lessons of the past and can no longer ignore that the high degree of

despair, helplessness in the face of evil, ambiguity of the role we play and the high ethical dilemmas our troops are faced with can also cause severe psychological wounds. Sadly, the stigma within and outside the military our people sometimes face serves only to exacerbate their condition and perhaps even causes secondary wounding. Although DND and VAC have significantly improved services and programs for these individuals many serving and retired members still have to struggle to obtain medical treatment, recognition and in some cases, compensation.

SLIDE (10 \$\$\$)

This is what most Canadians think of perhaps when they think of the Canadian Forces role abroad.

SLIDE (10 \$\$\$)

One of my colleague here with us tonight asks for 2 5s when he gets change. As he put it, this image has nothing to do with my tour in Bosnia. Many vets feel the same way. I feel the same way.

SLIDE (WARNING)

In comparison with the 10 \$ Bill, I would like you to listen to Phil Lancaster's description of his first day in Rwanda.

SLIDE (VIDEO Lancaster)

Caught between fighting forces, a few of us were on the roof of the UN HQ one morning when mortar fire randomly came down on us. Again, this and so many other situations are fundamentally and significantly different from the sanitized look Canadians here at home are offered.

SLIDE (WARNING)

A crew from the French CBC was with us that morning and captured part of it.

SLIDE (VIDEO Mortar)

As I speak to you tonight, I can confirm that many serving members have waited well over the prescribed waiting time for treatment outlined in policy. Yet we want to believe that things are better. They are better but don't be fooled, we still have a long way to go.

Others are losing their homes to personal bankruptcy following their medical release from the Canadian Forces as they continue to wait for their Veterans pensions to be approved after 14 months.

SLIDE (INTRO)

Two years ago, one of these individuals was a proud Sgt with 22 years of distinguished service, 5 tours of duty abroad and too many military achievements to list here tonight. And because he no longer met the universality of Service criteria, he lost everything. I often ask myself if it is ethically and morally correct to demand that such an individual continue to be held to the universality of service criteria when he spent 20 of his 22 years of service in field units, after 5 tours abroad the same way the 22 year old recruit is held to that standard. I am not suggesting that it is incorrect but I simply ask that we pause and reflect.

After all, hadn't the US military determined following the Korean war that 12 months of continued service in what we here refer to as Special Duty Areas was enough! In Canada we do limit our tours to six months and our policies state that 12 months between tours abroad is a minimum but when is enough??? How do we

measure the cumulative effects on the mind beyond the obvious? How can we track from a “qualitative” point of view what are people do, what they experience and what they have left to give. But I digress.

I like so many other veterans of operations was subjected to misdiagnosis, some ridicule and disciplinary action taken against me because no one recognized the symptoms I was displaying at work after my return from Rwanda. Unlike so many other casualties of stress injuries however after 4 years of struggling and self medication my spouse was still around and was still supporting me. I was also fortunate to work for an individual who understood what I was going through and who offered support and encouraged me to get professional help. Without Col Chris Corrigan’s assistance encouragement and support at work and encouragement on the home front, I would probably still be trying to get over this on my own.

I have been in therapy since his intervention almost 4 years ago and it is through this very support that I was able to embark on the path to recovery rather than remaining on the path to self destruction. After many medication changes, trials, rejections, and therapy, I am still able to be a productive member of society the same way the other members of the OSISS program are.

Through this struggle, I often wondered how bad the situation was for others. How it must be for the Cpl out there. After all I was no longer in a Cbt Arms unit and if the road was rocky for me I could only imagine how much worse it was for others.

SLIDE (BREWIN)

Evidence that people need the support of others to heal can be found everywhere. Brewin established in his research that post trauma factors were in fact much better predictors of who is likely to develop PTSD than pre trauma factors. One of these post trauma factors is SOCIAL SUPPORT...

20 years after the end of the Falkland war a British surgeon spoke out and commented on the importance of dialog between peers. Dr Rick Jolly, who had two Navy psychiatrists in his team of doctors during the conflict, said it was vital that men suffering from the horrors of battle could talk to people who had shared similar experiences. He also remarked on the primary reason why they did not engage in this natural healing process, a problem we also share in the Canadian Forces. He simply stated that there was a "stiff upper lip culture" that often prevented soldiers mentally scarred by battle from discussing their suffering.

As a non clinician, I firmly believe that this hits right to the core of our problem here in Canada and illustrates best why I felt we needed to go beyond the traditional medical model in helping our psychological casualties.

SLIDE (INTRO OSISS)

In May 2001 I created the Operational Stress Injury Social Support project under the authority of Lgen Christian Couture the Associate Deputy Minister of Human Resources (Mil). Now the Program is a partnership between the Department of National Defence and Veterans Affairs Canada. The concept behind OSISS was and remains simple to this day. Empower veterans to help veterans, peers helping peers based on the principle of shared experiences.

Before I put down the script and provide you with a brief outlook at the Operational Stress Injury Social Support (OSISS) Project, I would like to single out some of the members of my team who were able to travel and be with us at this conference. These VETERANS OF MILITARY OPERATIONS are some of the pioneers who are shaping the future of how we care for each other, pioneers who

are adding a new dimension to the multi disciplinary approach clinicians take more and more in helping those who suffer from Psychological scars of duty.

The members of the Operational Stress Injury Social Support Peer Support Program are men and women who we have hired, trained and empowered to help guide support others towards the path to recovery. These people are scattered around the country and are beacons of hope to those who have lost hope that there are better days ahead.

Some of you may have already bumped into my colleagues but in case you have not I would like to introduce them to you:

Shawn Hearn St John's NFLD

Michelle Poirier from Kingston

Greg Prodaniuk Edmonton

Rick Noseworthy Petawawa

Dan Peletier Quebec City

Mike Spellen Winnipeg

Fred Doucette Gagetown

These individuals and those who will soon join them as we expand the OSISS Peer Support Program today assist your patients, your clients OUR PEERS in accepting and living with what Gen Romeo Dallaire refers to as the “Psychological Prosthesis” clinicians provide.

In working closely with these individuals as well as the Canadian military and veteran injured communities I am humbled every day by the strength and courage they display. Their stories and willingness to carry on is testimony to those who today suffer in isolation and who wonder about tomorrow. Testimony that you can find your way back from the darkness and isolation that these injuries cause.

As a member who still suffers from the psychological scars of duty abroad, I can safely say that **for many**, there comes a point in one's recovery where being in contact with others and helping them is not only gratifying and validating but perhaps an integral part of the recovery process.

One CF member suffering from Post Traumatic Stress Disorder said earlier this week when asked “amidst all the therapy, medication and clinical intervention in your case, when did you start feeling better and turn the “CORNER”” he replied,

when I connected with other soldiers and was able to realize that I was not going
Crazy. That I was not alone anymore. **That** is when I turned the corner.

TALK ABOUT THE PROGRAM...