Chapter 2 – LESSONS FROM AFGHANISTAN: PSYCHO-SOCIAL PREPARATION FOR DEPLOYMENT, SUPPORT DURING DEPLOYMENT AND POST-DEPLOYMENT ISSUES (PTSD AND REHABILITATION)

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Dr. Varus stated that his work, focusing on retention of high performing and/or experienced servicemen, especially pilots and Special Forces, began in the time of the Soviet Union in the mid 80's. In Ukraine, the Institute of Problems of Military Medicine (attached to the Ministry of Defence) deals with these subjects. His talk focused on the psycho-social aspects of the peacekeeping force in Afghanistan, the factors related to professional motivation and maintaining longevity in service and lessons learned in providing medical support to peacekeeping forces on maintaining longevity.

Dr. Varus stated that war is a technological process used by a state to destroy personnel, in service of local and global objectives. War is the sphere for which servicemen are trained; their mission is to carry out the commander's objectives (as defined by politicians), and to seize material and intellectual property. To perform well, a serviceman must be combat ready. There are four components of being combat ready: psychological health, physical health, combat skills and physical training.

The combat potential of the soldier goes up with professional experience; therefore the policy is to support/ encourage servicemen's military longevity. This policy is implemented by the military components (focused on combat ability) and the government (focused on services). Retention of servicemen after the experience of combat is difficult. After armed conflict, 70% of participants have a negative outlook toward military service and choose to resign. A key factor in this decision is the environment – fears of losing health or life, losing prestige or social status. All servicemen, without exception, are exposed to psychological trauma in the course of armed conflict. The pathogenesis of trauma is in conflict, emotional stress and psychological disorders. All psychological disorders linked with conflict are part of various stages in a pathological process. Research has shown that professional motivation is negatively affected by two factors: the transition from the stress of war to peaceful life (concomitant with a change in attitudes and value priorities) and images of veterans, particularly those showing exaggerated anxiety, apathy, irritability or depression; painting them as mentally disturbed following active duty. The mass media emphasize those (apathetic or depressed) features of veterans and that has a negative effect on professional motivation.

Dr. Varus talked about the definition of three areas that ensure longevity/length of service and combat ability: maintenance of motivation increased training quality and psychological preparedness to participate in combat. Programs that organize and integrate medical support have been developed for each area. For motivation, maintenance and increased training quality, the focus is on the emotional factors of personality and scientific arrangement of training and professional activities with four objectives: selection of professional loads, introduction of methods of self control and building, emphasizing rest, increasing knowledge of social norms and psychological hygiene of family relations (including raising children) and maintenance of a high medical-psychological culture among commanders, servicemen and family members. The third area to ensure combat ability leverages, as in Mr Ushakov's work, on the cascade concept of training pilots. This concept is extendable to other mission areas such as peacekeeping. The first cascade is disqualification on the grounds of health. The other two areas focus on counteracting the first cascade. The Ukrainian Armed Forces try to retain experienced servicemen. During 2006 – 2011 Ukraine's military ran a development program targeting this objective. Brigade commanders are required to have experience in armed combat or peacekeeping operations in order to be promoted to that level. Thus, combat experience and ability can be viewed as positive social factors.

The medical support system has been changed for peacekeeping operations. Servicemen are first selected based on medical and psychological tests. Thorough medical checkups are conducted during preparation for deployment, during deployment, and post-deployment. During these thorough checkups, psychologists, biochemists, and psychiatrists evaluate the servicemen, with the goal of maintaining longevity. All results from this testing are documented in the servicemen's records. The medical support focuses on two goals: prevention and treatment/medical support. Two areas of medical support are important: prevention measures and medical support (focused on epidemiological support, treatment of infections – especially important for peacekeepers deployed to Africa). Missions have been cut from one year to six months; reducing disease (e.g., reduced cases of malaria by 2 or 3 times). The prevention system has shifted its focus to preventive rehabilitation for healthy subjects who exhibit symptoms of a functional disorder (e.g., prescription of mission rest). There are medical assistance/rehabilitation programs that treat peacekeepers in two hospitals, including one in Sudok. These programs track duration of and types of breaks in deployment as well as how many times they return. These last practices are governed by new policies.

2.1 DISCUSSION

How long are they staying and how long is the break between tours? Are they allowed to drink (to relax)? We conducted a study of servicemen who had tours in Afghanistan and Iraq. There were two groups in the study – Soviet veterans and Ukrainian armed forces and surgeons who were still working in Afghanistan. Only a few of the second group are still there. Of the Soviet veterans – some went once or twice particularly helicopter pilots. Some veterans live in Ukraine now. 20% of those studied displayed some symptoms of alcoholism or at least too much drinking, but we cannot connect this to their combat experience necessarily. They had very strong emotional reactions to their experience in Afghanistan.

For the Iraq case, the Ukrainian contingent spent two years there and we lost more than fifteen people there. They deployed there only once, none of them had return duties. Of these, several exhibited psychiatric problems – 2 soldiers had to be evacuated from the mission area due to obvious psychological pathologies. After the contingent's return we did medical checkups, and approximately half the individuals displayed psychological disorders. Within a month after returning home, the problems disappeared without special medical support. It appears that being home and at peace stabilized these people. No special problems, especially among the officers, were observed. Some contractors were not prepared properly for the mission, did not have the requisite readiness and they could not fulfil their (combat) demands.

Do you have psychologist/psychiatrists in your medical team? Do you distinguish between combat psychological traumas and wounded? Yes, of course we do. Our team members study psychiatric as well as psychological problems such as emotional (combat) stress and consequent disorders. We had psychiatrists in Iraq as well as psychologists. The psychologist that was part of the peacekeeping mission in Iraq came from a humanitarian organization and had experience in military service.

(Wientjes) You mention the image of veterans and the impact of the media and factors in society that relate to that negative image. This is an important issue, especially for military ops that aren't widely supported by population. I used to work for TNO in the Netherlands. We had a receptionist who didn't work regular hours. He was grumpy, shouted at people, and looked angry. Everyone thought he was awful. One evening I was working late and he came and talked to me. He had served as a marine in war in which the Netherlands had been involved in the 1960's in New Guinea that was largely disregarded by the public in the Netherlands. The war started with the Indonesians attacking and the Netherlands responded to protect their colonial property. It was tough for him there. When he returned as a young veteran, he went for a haircut and the barber commented on his tan, inquiring whether he had been on vacation. When he replied that he had been in New Guinea, the barber said he knew nothing about that. The war wasn't popular or well documented in the media. The barber didn't know where New Guinea was. The veteran was depressed by this lack of recognition – just that one remark impacted him many years later. There are certain peculiarities that we see in soldiers. Society (including the media) often

emphasizes these peculiarities. In Afghanistan veterans, there are psychological problems resulting from being defenders of the state, but without support of the populace, of society. It is much better now for those who are serving as peacekeepers. In most cases they go into the peacekeeping activity motivated by career enhancement. At the end of their service, they have problems due to a disconnect with reality, but overall they have less problems than the Soviet combat veterans. These peacekeeping veterans have different motivations and goals and display different behaviours. They use spiritual and moral obligation as a source of motivation.

(Jongman) Can we write books or use newspapers to educate and deal with problems related to image? Last week there was an article written by a Dutch soldier who was deployed in Afghanistan who wrote about his experience. The military can use this positively on one of the media programs. He explained the tough circumstances in which he had been acting, how he was thinking of using Afghans as human shields, which is illegal, and how he dealt with that. Also, more attention is given to PTSD, now we do pre- and post-screening, before it was voluntary and now it is mandatory. Do you have this? Psychological symptoms can reappear after a year or two, even if they appear to vanish right after returning. How long do you screen post-deployment because we had a military veteran who, two years after returning from a deployment shot his whole family. We have instituted an inspection for military personnel before they join peacekeeping teams. One month before starting preparations for deployment, the candidate has to pass medical and psychological tests. If they pass, they are constantly observed during that month. A special medical service examines them regularly – these aren't psychologists or psychiatrists, but the medical staff receives special training that enables them to identify danger symptoms). This same specially trained staff continues to monitor servicemen throughout the peacekeeping deployment. After they return, servicemen undergo psychological and medical by experts at the one and three month marks. Then, quarterly follow-up checkups are conducted. If nothing is noted, they are treated as typical serviceman (with a typical schedule). Our veterans display some problems, but they can't be firmly related to combat. There are other reasons (life, problems) that could be responsible.