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Posttraumatic stress disorder.

So difficult to understand, so terrible to suffer.

In my young days as a soldier any disorder was labeled “shell shock” or “combat fatigue”.

Treatment was basically kept in and among team members.

As ever-increasing numbers of soldiers are being diagnosed with PTSD, the need to understand this complex and troubling experience grows larger.

It is said that there is no higher rate of PTSD among military veterans than the rest of our population. However no other group is more vulnerable to developing PTSD than the military. Experiences like the killing of other people, the handling of corpses, being fired upon, witnessing others die and suffering dramatic injuries can all create trauma in a soldier.

According to military psychiatrists the development of PTSD has been shown to be directly related to the intensity of the traumatic experience, and soldiers are often faced with the most stressful of situations on a routine basis. Studies have also shown that people who develop military-related PTSD are more likely to develop it chronically.

They're also at an added risk due to the type of guerilla warfare that is being carried out in today's type of war. In the setting of guerilla warfare, the chances for witnessing and taking part in abusive violence, atrocities, and civilian casualties may be increased, and all of these factors have been shown to raise the likelihood that a person will suffer post-traumatic stress disorder as a result.

True, Norway is serving in extreme and stressful combat situations in small numbers, resulting in relative small numbers of psychological wounded. In Norway the estimates of soldiers developing PTSD is in the lower range, probably between two and five percent of the veterans. Numbers of veterans are however exceeding 100.000 – and we are producing new veterans every year.

If we look to America the Vietnam study showed that 15.2 percent of male Vietnam veterans and 8.5 percent of female Vietnam veterans overall suffered from PTSD. However, when only those who had fought in high-intensity combat were evaluated, those numbers jumped to almost 36 percent and 18 percent, respectively.

A look at an even more comparable country for Norway, namely Germany, shows that 466 soldiers were treated for PTSD in 2009.

If PTSD is directly related to the intensity in situations, identifying the combat environment and its intensity is then one way of identifying potential future soldiers developing PTSD. As well as screening the soldiers after extreme situations, and regularly screening after rotations to combat zones.

In my book Norway is good, but far from good enough in this field. This is partly due to how our public health care system is built, with equal care for all citizens - the man in the street and the King alike; in the same waiting line and getting the same treatment. Meaning that soldiers are expected to get the treatment from a public system with all good intentions but not fully capable of understanding and handling disorders resulting from military combat situation. Some were lucky and met a medical system that they could communicate with, many more are telling a story of meeting what they call “freudian doctors” that A) were

against the military or B) were indifferent or did not understand the language of the soldier. Their telling is a tale of meeting the wall, of not being understood, of not being helped - feeling like a loser.

To me, this is not a good story.

Neither is it a good story that so many feel that what they are doing on behalf of their country is not sufficiently understood nor sufficiently appreciated. Many politicians do not dare to speak the word WAR and use instead phrases like “Norway’s presence in Afghanistan”.

To the man on the ground this is perceived as pure nonsense. They are daily fighting a war, 24-7-365. What the Norwegian soldier would like to hear is not that he or she is present in Afghanistan - but the same words as spoken in USA or Great Britain.

“Our boys, our Heroes” they say. Taste the difference.

The soldier understands the difference between war according to international law between nations - and the type of war following terrorism, peace forcing and nation building. And he thinks it is ridiculous not to call reality by the name it deserves; war or intense combat situations.

- Words of appreciation are so important,
- the supportive way of talking so rewarding,
- the empathy of Government and Parliament so necessary.

This is not only important to the soldier, but important to the public. This is a type of a verbal medal, a verbal order of merit, comparable to the more hard-metal medals. With an increasing number of troops being diagnosed with post-traumatic stress disorder, the military might consider awarding the nation's top military citations to veterans with psychological wounds and not just physical ones. I think this is clearly something that needs to be looked at.

Many military personnel are reluctant to seek counseling for PTSD because they are afraid that seeking help would harm their careers. A recent survey by the American Psychiatric Association found that 75% of military personnel felt that asking for assistance would reduce their chances for promotion. My guess is that the numbers are not much less in other countries. Speaking with Norwegian personnel I find that in my country many express that they fear that admitting to mental illness will mean being stigmatized.

For me it is important to safeguard our personnel and I work hard to dispel that stigma. This also means working for allowing military personnel to get counseling for PTSD without having it negatively affect their security clearances. Out of clearance means out of meaningful work or even out of work. The question of whether veterans suffering from PTSD should be eligible for “wounded in combat”-medals is a deeply emotional issue for military personnel and their families and would clearly begin to remove the stigma and help war vets begin to heal and get the treatment they so deserve.

So much is about appreciation and communication. I as Ombudsman front a language more along the line of the soldier, and use every opportunity I get to confront politicians with their responsibility. They take the decisions, theirs are the responsibility and they should show this in a way that is understood.

I mention this subject particularly because being sufficiently appreciated is one dose of vaccination recommended against diseases or disorders.

The Ombudsman and the Ombudsman’s Committee, which is one of my inspection tools consisting of six elected persons in addition to myself, have for many years fronted that the

military shall increase its own capacity to treat the psychological wounded. As well as increase its capacity to follow up screening soldiers regularly, at the end of a combat zone rotation and then again after six months.

In 2008 we saw an increase in medical and psychiatric capacities and in 2009 a strengthening of veterans' rights. I'm looking forward to the day when Parliament will pass an even better veterans' law.

The Ombudsman support and work with veterans' organizations, joining initiative like "the Comrad line" – a telephone network where anyone may call and find a helper. We support regular meetings with veterans throughout the country, and hold throughout the year informal gatherings for groups of veterans. The Ombudsman's administration itself is working on a zero threshold, and the individual may contact my office in any way he or she prefers. No formalities are required.

I take to opportunity to raise another topic of worry. I fear for a possible growth in the future suicide rate. At the same time that the military is struggling to address a surge in mental health problems being reported among returning soldiers, suicides seems to increase. Once again I have to look to the excellent reporting of the US, where for 6 months period reported suicides exceeded the number of troops killed in active combat during the same period. If this is a trend we all will see, I don't know. What I do know is that until the military is armed with anti-stress vaccines, also many war vets will still be popping pills. Sometimes in lethal combination, which in US led to a rash of overdoses last year.

The syndrome now known as PTSD is usually characterized by nightmares, sleeplessness and anxiety and for some, eventually suicide. Veterans lose marriages over PTSD, become addicted to drugs and alcohol, suffer from depression, and some eventually take their own lives due to the torment. PTSD is emerging as one of the signature problems of the long wars in Iraq and Afghanistan, which lack clear front lines and pit forces against enemies who operate out of densely packed civilian areas.

In our countries there both different and similar ways of defining what a "veteran" is. I would like to add yet another: the veteran is the human being that is coming out of the war. He deserves a boost in existing programs to help vets. My suggestion is that armed forces should be hiring more staff for mental health services, and commission studies on soldier suicide. I support those in the military that wants new and better ways to handle PTSD and related illnesses: those requesting proposals for projects to improve diagnosis and treatment, and maybe even prevent post-war trauma entirely. The task is not easy, the obstacles are many. My contribution is to make it happen.