

The survivor carries the consciousness and burden of the lost friend, living for two and sharing half of his remaining life.



Female Vets, Special Needs

The Long Journey to Normal

BY JULIEHERA DESTEFANO

It is early in 2009, and I am watching “Oprah,” enjoying a little down time at the end of the day. A woman appears, a veteran of the war in Iraq, and she tells a story about resuming her life as a mom. Not long after the woman’s return, her daughter asked for a peanut butter and jelly sandwich, like she had so many times before. So the mom walked into the kitchen, like she had so many times before, but this time things were different. This time she had to make the sandwich with just one arm. The woman looks at Oprah Winfrey and says that, in that moment, she realized that her life had forever changed.



And as I watch her tell this story, I realize that my life, too, has forever changed. It dawns on me in that moment that in today's military, we must have thousands of women who are serving our country in the theater of combat. Several questions start to rise within me: Just how many women have served in Afghanistan and Iraq? Do their experiences differ from those of men? How many incredible stories do they have to tell?

One final question starts to form, a question that would soon lead me to some of the most austere regions of the combat zone in Afghanistan, and then to bases and home towns across the U.S.: What happens when these women warriors come home?

COLLECTING THE STORIES

Finding myself suddenly in the role of aspiring documentary-maker, I decided I wanted to understand more about these women, and encouraged by an Army lieutenant colonel who heard about my interest, I chose to start by joining them in the field. As a result, in 2010, a year after that afternoon in front of the "Oprah" show, I find myself alone at Kabul International Airport. For the next three and a half months, I gather interviews of women stationed in the combat zone. In 21st century war, the notion of the "combat zone" really means "just about anywhere," and as both the military and I have observed more than once, women are in the thick of the danger, in the thick of the mission. Whether fighter pilot or combat medic or Judge Advocate General's (JAG) Corps officer, they are all exposed to the dangers of roadside bombs and rocket-propelled grenades — in military lingo, IEDs and RPGs.

By now, I have learned that women make up about 15 percent of our nation's armed forces, and approximately 280,000 women have served in Afghanistan and Iraq.¹ Overseas, women talk about how excited they are to return to loved ones back home, but also how anxious they are because they had been gone for so long. Back here, we assume that homecomings are

buoyant and happy and celebratory — and they are. Yet these moments also have an underlying tension that we can little detect in a 30-second local news report. Behind those embraces are difficult questions:

Is my daughter the same person who left?

Will my wife and I be able to reconnect in our marriage?

Will my young child recognize me after almost a year away?

Will I go through this depression again?

As I return from Afghanistan, I realize that this project cannot stop with those interviews. They are just a foundation. So I begin filming homecomings, and then I interview women six and 12 months after their return. This path has formed the foundation of a project that has become my life's work for now, a project approaching three years and leading toward a feature-length documentary. It has taken on a name almost by itself: *Journey to Normal*.

Our videotaped interviews follow service women through their first year home after a combat zone deployment, in an effort to understand the reintegration experience after one, two or even three year-long deployments. The process is revealing and often therapeutic for the women veterans and their families, who frequently engage us in conversations that they have not been able to have with each other. They seem to find a freedom in speaking through us. Sometimes in life we run up against walls with those closest to us, even with the best of intentions, and storytelling can help break through those barriers.

THE UNTOLD CASUALTIES

If this gap in understanding is happening within military families, the gap can only be even more substantial between military and civilian culture. We civilians don't have the same lexicon, and we don't speak in acronyms. We know

little of basic training and really nothing about what it feels like to get our Kevlar on and huddle in a bunker while mortar rounds land nearby. Veterans will never look at the world the same way after a combat deployment, for what they have witnessed changes them. Forever. We, the civilian observers, are better not to assume these changes are positive or negative. The reality is, most likely they are both.

Military families must change and adapt more frequently and in ways that are unique to military life. When service members come home, they sometimes imagine that life stood still in their absence, that their children are somehow the same age as when they left.

Yet time, of course, did not stand still, and family roles are redefined — what Mom did in the house is now done by Dad, if Dad exists, or Grandma, or a family friend, or often the children themselves. If the family transitions well in a mom's absence, her reaction may be mixed: She may be thrilled that the family has succeeded. Yet she may feel as if she has been rendered unnecessary, replaced.

Veterans will never look at the world the same way after a combat deployment, for what they have witnessed changes them. Forever.

Relationships are tested when a loved one deploys, perhaps strengthening bonds or perhaps exposing existing, unresolved challenges. For some, the marriage or relationship will not survive, most often because pre-deployment problems were not addressed. For others, deployment will bring the partners closer. These couples often have the sense that if they survived deployment, they can survive anything.

One woman who had served in both Iraq and Afghanistan experienced a very difficult divorce six months after her second deployment ended. In her

opinion, the separation during deployment heightened pre-existing difficulties in her marriage. Her ex-husband considers their marriage the “untold casualty of war.” To him, she seems a different person each time she comes home. Some changes are positive — her greater confidence, for example

States, she is also a wife and mother. The work-family balance is a challenge faced by millions of working women across the country, but military women face a problem greater than not being home at the end of the day: When they go to work, they may not be home for months. When a civilian neighbor first

the base being mortared and rocketed almost every night. The first night the mortars shake her awake, she does as she has been trained: roll underneath the bed, put your hands over your ears and keep your mouth open. Then put on your protective gear and, at first chance, run for the bunker.

When service members come home, they sometimes imagine that life stood still in their absence, that their children are somehow the same age as when they left.

— but their relationship could not survive the constant readjustment to the almost stranger she seems to be upon each return. Moreover, because of the continuing possibility of a return to Afghanistan — we are still at war — she has found it difficult to reconnect with her children. The chance that she might have to leave again creates an emotional distance from those she loves.

DEFENDING CHOICES

Military women detail the internal conflict they often feel about their own service. They join and remain in the military for various reasons, and they believe in their commitment. Yet fulfilling that commitment means that they must be prepared to leave parents, partners and children behind if they deploy overseas. It often feels as if they are choosing between two things they love — their military career and their home life — and that choice weighs on them, often differently than it does on their male counterparts. Military women also feel the societal implications of their service. Many describe feeling judged by the rest of us for leaving their families and children to go off in support of a war effort.

One woman, an Air Force fighter pilot whose story is part of *Journey to Normal*, faces just such a challenge. In Afghanistan her job is to provide air support for the soldier on the ground calling for her help. Yet back in the

met this pilot, she didn’t understand how the pilot could leave her husband and three children behind when duty called. The neighbor had expected to meet a hardened military stereotype, trained to kill. What she found instead was a dedicated mom whose favorite role is the one she fills in her family; a mom who takes her kids to school, attends their sporting events and has the same hopes and dreams as other parents do.

Yes, she is also a high-achieving, self-motivated, decorated military leader, a pilot accustomed to making decisions at 400-plus miles per hour. But her friend connects with her in her civilian role, the common ground from which she transcends her stereotypical assumptions and comes to understand and appreciate military service.

WHO IS A VETERAN?

Another challenge faced by returning service women is their reluctance to see themselves as veterans. If they weren’t “outside the wire” discharging a weapon, then they downplay their accomplishments and renounce their earned status. They may resist identifying themselves to their communities or employers as veterans and decline to seek care in the U.S. Department of Veterans Affairs (VA) system. This is especially true of the National Guard and Army Reserve populations.

An Army Reservist with a recent deployment to Basra, Iraq, talks of

When this highly educated, world-class trauma surgeon reaches the bunker, she is mortified to realize that in the middle of the chaos, her bladder has let go. In that moment, her unit members put their arms around her and tell her that the same thing happened to them when they were first under enemy fire. When asked if she is a “veteran” after having faced this threat to her life, she pauses in consideration — and answers “no.” She takes care of veterans. It is her *privilege* to care for veterans, but this strong, capable woman does not see herself as one.

MISLEADING LABELS

A Pew Research study from 2011 shows that 37 percent of current veterans who have served in Iraq or Afghanistan believe on some level that they have suffered from post-traumatic stress disorder (PTSD) — whether they have been formally diagnosed or not.² Typically we focus on that 37 percent rather than on the 63 percent of recently returned combat veterans who believe they have *not* had PTSD. Research and statistics present us with the opportunity to consider both sides of the equation in order to see a more complete picture.

A female soldier deployed to Iraq returns home, and tumbles into an overwhelming depression. She goes through the motions of the activities she once loved, appearing to function within her expected routine, in the hopes that her depression will remain undiscovered. She shops. The decision about what to buy is so overwhelming for her that when she can’t choose between two items, she buys them both, and returns home only to leave the bags untouched by the front door.

The natural assumption is that her depression stems from the difficult or



tragic things she witnessed overseas. In fact, it is exactly the opposite. While deployed, everything she did felt full of purpose, mission-driven. She felt so much meaning in her service that her apparently less significant, “normal” civilian life leads her to be clinically depressed.

BRIDGING THE GAP

When we civilians meet our veteran patient, neighbor, relative, we must regard them as human beings first — and not statistics, case numbers or diagnoses. We must take the width and breadth of their experience into account. Consider that their thoughts, feelings and actions, however strange they may seem to us, might be normal reactions to the extraordinary things they have witnessed and the unusual circumstances through which they have survived. Further, not every veteran shares his or her story immediately. Some may still be processing the experience and may not want to open up at all. It may be too painful to discuss, too sacred to risk our judgment, a

source of pride we might inadvertently diminish.

Veterans are not broken people who need to be fixed — or victimized. They are our sisters and brothers, husbands and wives, mothers and fathers, neighbors and friends. Take it from me: When approached with honesty and sincerity, soldiers and veterans are the easiest people in the world to relate to — even in the middle of the combat zone.

Catholic health care providers are positioned to be the front line of support for many veterans in need. Veterans are trained to be strong, and when they actually do ask for help, it is reasonable to assume they are in more serious need of immediate support than the average civilian making the same request. Proactive outreach is helpful, as is being alert to signs that a veteran may need additional, specialized care.

Veterans deserve care with dignity, respect for their innate resiliency. Often it is not the veterans who must reframe their thinking — it is we who

must allow our civilian perspective to change. Healing begins when we allow our veterans to tell their stories and we indicate willingness to appreciate and understand.

JULIEHERA DESTEFANO heads the not-for-profit organization, Journey to Normal, Inc., in Gibsonia, Pa., and is the producer/director of the feature-length documentary *Journey to Normal: Women of War Come Home*. More information can be found at www.journeytonormal.org.

NOTES

1. Karen Parrish, “DOD Opens More Jobs, Assignments to Military Women,” *American Forces Press Service*, Feb. 9, 2012. www.defense.gov/News/NewsArticle.aspx?ID=67130.
2. Pew Social & Demographic Trends, *The Military-Civilian Gap: War and Sacrifice in the Post-9/11 Era*. (Washington, D.C.: Pew Research Center, 2011).

More Vulnerable, Less Support

BY KATE DAHLSTEDT, LMHC

In my role as co-director of Soldier’s Heart, an initiative that encourages and develops a spiritual warrior path for troops and veterans to grow into, I have met, interviewed and worked with many veterans, including many women. I share my insights in the hope that the unique experiences and consequent needs of military women, both those presently serving and those who are veterans, can be more fully appreciated.

War shatters the soul and breaks the heart. War turns our moral sensibilities on end, especially in the chaos of battle. The death and maiming of civilians, especially the young and women, is anathema. Heroic ideals are shattered when innocent civilians are maimed and killed. Our troops see firsthand,

in the most personal of ways, the very worst of humankind, and they are filled with the awful knowledge of war.

Underneath the guilt of killing others or surviving when others did not is a great grief that can last a lifetime. Veterans grieve not only their fellow comrades who were killed, but the

enemy as well. Many veterans question how a just and loving God could allow such brutality. They feel spiritually abandoned and bereft. They lose their moral grounding and fall into despair. Once home, they lose fellow troops to suicide, adding more grief than most of us can bear.^{1,2}

Military training requires that we relinquish our individuality, our personal identity, for the benefit of the mission. Many veterans feel lost and confused upon homecoming because they no longer know who they are or where they belong. They long to be

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, May-June 2013
Copyright © 2013 by The Catholic Health Association of the United States
