

Statement
of
Chaplain Robert W. Mikol
Department of Veterans Affairs
VA New Jersey Health Care System
on
Role of Department of Veterans Affairs (VA) Chaplains for Veterans
Suffering from Post-Traumatic Stress Disorder (PTSD)
before the
Subcommittee on Health
of the
Committee on Veterans' Affairs
U.S. House of Representatives

March 11, 2004

Mr. Chairman and Members of the Subcommittee, I appreciate the opportunity to appear before you today to discuss the role of Department of Veterans Affairs (VA) Chaplains in providing pastoral care for veterans who suffer Post-Traumatic Stress Disorder (PTSD) and other mental health problems from the rigor of a combat or hardship deployment.

Post-Traumatic Stress Disorder Psychiatric Residential Rehabilitation Treatment
Program (PRRTP)

The VA New Jersey Health Care System provides the outpatient PRRTP at the Department of Veterans' Affairs Medical Center, East Orange, New Jersey, and the inpatient PRRTP at the Department of Veterans' Affairs Medical Center, Lyons, New Jersey. Both medical centers share the responsibility for extended outpatient care to veterans of all conflicts. I am Primary Chaplain to the PRRTP on the Lyons Campus. The Lyons PRRTP is a 45-day, 24-hour inpatient program. The model for treatment is an inclusive multi-disciplinary team approach of psychiatric, medical, psychological, social, spiritual/religious* and support staff. The focus of the therapeutic model is

intense group and individual counseling settings by the mental health and social services staff members. Our unit has a 25-bed maximum capacity.

As one of two assigned Chaplains to the PR RTP at Lyons, I have the honor and privilege of recognition as a member of the healthcare team. I participate in team reviews and have conferred with clinical members regarding veterans' spiritual/religious issues as presented in this therapeutic treatment. I accept and receive referrals and consults from clinical staff to enhance the progress of the clinical rehabilitation of the veteran. Veterans are encouraged and invited to establish private appointments with the Chaplains and most accept this invitation to do so. The clinical team is aware of the significance of spiritual/religious/moral/ethical values and beliefs in the lives of combat veterans. Hardship or combat tours may have PTSD spiritual/religious influences; this lasting impact may occur during combat or well after repatriation. PTSD Chaplains are uniquely trained and familiar with combat related spiritual/religious issues either by personal experience with these issues or through the wisdom of years in ministry with combat veterans. Chaplains also document in veterans' charts relating opportunities used by veterans for counsel or instruction. Issues with direct clinical relevance are cited in the interdisciplinary notes as well as formal spiritual assessment for each veteran.

Confidentiality provides the veteran the freedom to share openly and honestly his/her feelings and difficulties with beliefs, values, morality, and ethical questions related to their declared God/Higher Power, themselves, their significant others, families, and their military experiences. Chaplains are available 24 hours/day for pastoral care to all veterans. Crisis care is provided in the case of immediate need during a veterans' program tour such as death in the immediate family or other critical event. Chaplains also provide unit didactic group settings in the program such as Feelings Group and Survivors' Guilt Group for inpatient and outpatient veterans. Chaplains will assist veterans with Twelve-Step Programs in alcohol and drug abuse rehabilitation when requested by the staff or veterans.

A vital event of the Lyons PR RTP is a visit to the National Vietnam Memorial in Washington, D.C., every six weeks. This is a mandatory field trip for all inpatient veterans. The visit begins in the early morning and ends in the evening with return to the hospital. I accompany staff and veterans as their Chaplain to assist with grief and separation when confronting the names of lost and missing comrades. A significant obligation and responsibility of the Primary Chaplain for PR RTP is to invite veterans to share with each other the names and memories of lost or missing friends who are inscribed on "The Wall." Warmly named "The Gathering," this experience provides veterans opportunities to commit their friends to "The Books of Heroes." This experience enhances grieving, sharing, and bonding among veterans as well as closure. Chaplain Service has been awarded national "Best Practice" recognition for this event.

The PR RTP invites veterans to an annual PR RTP Reunion each year on the campus. Veterans who have completed the 45-day tour are invited to fellowship with their significant others and veterans of earlier and later unit groups. Food and entertainment are provided for families and close friends.

The Chaplains are available and regularly present information to the staff and veterans regularly on and off the unit. The acceptance and welcome of Chaplains is a valued enhancement to the mission of the PR RTP.

Spiritual Issues and Injuries of Combat Veterans

I have served our veterans as a full-time Clinical-Pastoral Chaplain for over 15 years within the PR RTP at the Lyons Campus of the VA New Jersey Health Care System. Pastoral responsibilities are vastly different with veterans diagnosed with mental health and PTSD from the rigors of combat and/or hardship deployments. Training for Chaplains in PTSD is adequate but not specific to the ministry of Chaplaincy. Chaplains participate in all disciplinary, mental health, and PTSD training offered throughout VA as well as the Department of Defense and private sector settings. However, most of the

experiences and wisdom is acquired through close dialogue with clinicians and other mental health Chaplains especially those who have experience with PTSD combat veterans. Simply stated, Chaplains learn by experience the critical issues of combat-related trauma and its impact upon the spiritual/religious/moral/ethical dimension of a person. I will list here the spiritual issues and injuries that I have confronted in my years as Clinical-Pastoral Chaplain in the PR RTP at Lyons.

1. Lack of meaning and/or purpose in life
2. Hopelessness in personal efforts to return to God, family, and self
3. Inability to control emotions, passions, and behavior
4. Rage
5. Fear
6. Revenge against members of the cultures/nationalities of “the enemy”
7. Distrust of government systems and some political principals
8. Isolation from family, friends, and society
9. Lack of empathy or sympathy for others and systems
10. Diminished trust in spiritual/religious beliefs, values, denominations, and clergy
11. Guilt regarding responsibility for death or injury to fellow combat veterans and the perceived responsibility for their capture or death
12. Loneliness due to the feeling that “intimacy is painful”; separation, injury, or death of loved ones reflects upon responsibility to protect and to serve others
13. Grief over the loss of innocence, morality, faith values and beliefs, commitments, and the loss of fellow combat veterans and friends
14. Survivors’ Guilt is the perceived responsibility of expectations not fulfilled to prevent injury and/or death or to survive while others did not survive
15. Depression
16. Dysfunctional relationships in marriage, family, employment, and with systems such as communities of faith and government agencies

17. Battered self-esteem, self-worth which discounts positive feelings of duty, honor, sacrifice, and bravery

This listing is as inclusive as possible. Degrees of intensity and depth are not expressed here due to the inability to address the pain, brokenness, and desperation of combat veterans to their military experiences. Many veterans revisit and reprise their trauma during the calendar year, especially when the months reflect the period of the year the initial trauma occurred for them. This reprising of the “anniversary” adds more stress to Clinical and Chaplain personnel and resources.

Model of Ministry to Combat Veterans of PR RTP

I will outline the result of years of experience with our combat veterans on and outside the PR RTP from my tour of duty of over 15 years at the Lyons Campus, veterans outreach centers, and community-based outpatient clinics of the VA New Jersey Health Care System.

Veterans teach Chaplains about their pain and brokenness. Chaplains must actively listen, actively observe, discern, and learn from veterans before he/she can effectively minister, shepherd, and understand their lives. This is my “prime directive” of ministry to combat veterans diagnosed with PTSD and mental health disorders.

I must accept the individual veteran as he/she presents him/herself to the team and to the Chaplains. Projecting or transferring from the Chaplains’ experience or life events diminishes ministry and pastoral care.

Chaplains must not be judgmental or convicting of the integrity of the veteran. Combat veterans have convicted and condemned themselves over years of regret, guilt, and shame. A Chaplain must acknowledge and validate this in the veteran and begin to rebuild and resurrect the spiritual core of the veteran in understanding the context of

war, conflict, and the role of the warrior. This requires humility and strength in the Chaplain and in the veteran.

The Chaplain reflects to the staff and veterans a Power Greater Than All of Us. This Power is identified by many names and understood in many interpretations. Rage against the Chaplain may not be personal but in many instances against whom the Chaplain represents to the veteran. The God/Higher Power who is condemning will solicit rage from the veteran as the God/Higher Power who is forgiving and compassionate will solicit surrender from the veteran. A Chaplain must discern this and begin pastoral care from that point in the veteran's experience.

A Chaplain must be supportive and empathetic to the pain, suffering, and brokenness of the veteran and his/her family. This would allow opportunities to invite spouses, children and significant others into counseling and pastoral care. This is by invitation not by demand, as the veteran will not allow control of the family beyond his/her influence at times.

Chaplains by role and representation challenge the veteran and his/her present life values and behavior, positive or negative. Chaplains celebrate the accomplishments and challenge patiently to evaluate alternatives to failures. This is an exciting and fulfilling dimension to ministry with combat veterans.

A mode of operation I believe in ministry to combat veterans that has been learned by trial and error over the years is not to be political about foreign national policies with combat veterans. This encourages diversion from the more critical spiritual/religious issues of trauma, combat, and repatriation. I express to the veteran when conversations evolve into the political justifications or assumptions of war that the issues are more profound in him/her than political policy judgements. In group settings, I encourage spirituality issues rather than religious issues. Our veteran population on the unit is diverse in faith expressions from orthodox to unaffiliated to any belief system. These consults are delegated to private counseling sessions other than group settings.

A Chaplain is a person who has the competence, ability, skill, talent, and mission to partner with veterans to reestablish belief and faith. The resources are varied and many in ministry to accomplish this in Chaplaincy. Chaplains enrich understanding through teaching, counseling, and advising in supportive ways the latent spirituality of the veterans. The uniqueness of Chaplains within VA and the Department of Defense is the ability to integrate the healing into a life filled with pain and distrust. The former complements the latter. The mercy and healing grace of God will restore the deficits and guilt/shame of decisions and actions of the past and present. This I call “conversion of the spirit.”

In conclusion, I would summarize the Chaplain ministry to combat veterans diagnosed with PTSD and mental health disorders as walking with a veteran from the “valley of the shadow of death” to the light of the honor of warrior as understood in the ancient codes of valor. In other words, each day of Chaplaincy I repeat to myself, “Today I must walk with each of them from the place of victim to the place of survivor...victorious, honorable and on the way to peace and integrity.”

Resources of Ministry

Scriptural and ancient teachings of the Bible, Torah, Koran, Gita etc;

Cultural, literary and the fine arts;

Meditation, prayer, rituals and rites;

Faith Group Chaplains, community clergy;

Interdisciplinary clinical professionals, journals, and papers;

Dr. Elisabeth Kubler-Ross: Death and Dying; Grief;

Eric Erickson: Personality Development;

Twelve-Step Programs for Alcohol, Drug Addiction, and PTSD;

* “spiritual/religious” is defined as follows: “...spiritual” qualities of the heart, mind, and soul of a person; that is emotional, rational, and intangible qualities (love, hate, sadness, joy, peace, hope, courage, etc.) unknown to others and core to a person’s beliefs and values; “...religious” is acting out, living, and manifestation of values, beliefs; sharing and teaching others those qualities that each possesses within themselves.