

WAR: A STUDENT'S INTERNATIONAL EXPERIENCE WORKING WITH SOLDIERS RETURNING FROM COMBAT

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In an effort to incorporate an international field placement into my M.S.W. education, I found myself working with United States soldiers in Germany in the summer of 2006. I applied social work principles in my work with soldiers returning from combat and I was profoundly affected by my time there. In reflecting on my experiences, I have many emotions, but mostly I am grateful, empowered, and humbled.

Having lived and worked in both Australia and England, I entered a Master's in Social Work program with a global mentality. As I began to study and analyze the concepts of social work, I found myself always wanting to apply them to larger, global-scale issues. I began to wonder if I might incorporate my international interest and love of travel into my social work curriculum. Through a series of events, I was presented with the opportunity to study under a seasoned social work practitioner who currently works with military personnel. My Independent Study was approved and off to Germany I went to look critically at crisis intervention, Post Traumatic Stress Disorder, and the role of social work practitioners during a time of war.

My international experience is one that has included many cultures and a variety of experiences. My experience encompassed several continents, diverse nations and languages, and numerous cultures, but when I stepped inside those enormous military gates, for the first time I encountered the unique culture of overseas military personnel. James Daley (1999) states:

The United States military is a large and complex organization. Its history, traditions, and culture distinguish it in ways that significantly affect the lifestyle of its members and families. The institutional military is further differentiated from other bureaucracies and exerts normative

pressure on its members to conform to its unique institutional culture, a culture characterized by unconditional commitment to the mission, service before self, uncertainty and unpredictability in lifestyle, sometimes dangerous missions, frequent separations from family, and acceptance of a way of life without some of the constitutional protections commonly expected by American citizens. (p. 168)

Inside the hospital, I found a culture of the sick and suffering and overwhelming sights, sounds, and smells. However, once outside of the "tiny America," the culture was of Germany and Europe – World Cup, summer tourists, and the Tour de France. Nevertheless, despite these pleasant distractions, what never escaped me was the military culture in the context of war and the meaning of social work.

My field placement took place in the Psychiatric Unit of the United States Army Landstuhl Regional Medical Center in Germany. This particular hospital serves as the first stop on the trip back home for any troops stationed in Europe, Iraq, Afghanistan, Kuwait, and many other locales. Some 300,000 troops fall under its care. The medical center is the only American hospital in Europe and is said to be "America's beacon of health care for its sons and daughters abroad" (Blankenship, 2003, p. 1). Although my

previous social work experiences were in mental health, nothing could have truly prepared me for all I would encounter on a daily basis within this culture. I was assaulted by the daily sights that often brought tears to my eyes, yet I was eventually able to see beyond the horrors of war and focus on what lessons awaited me regarding humanity in general and the true essence of social work.

Frequent emails and phone calls kept friends and family abreast of my weekend travels and daily adventures. However, I sent only three emails describing what I was encountering at the hospital. In looking back on these messages, I realize they express my true experiences as they were written directly in the moment and straight from my heart. I began my first correspondence by saying,

In less than one week I have learned more than last year altogether. I have struggled to know how to update you all as I am speechless when hearing the brutal facts of life "down range," which currently means in Iraq or Afghanistan. Our patients come to us directly from the field but, in all honesty, I would not want to be anywhere else working with any other population as they are in dire need of assistance and I feel I am living the epitome of social work practice. There are few instances in life that will forever be etched in my memory and today is one of them. I sought the outside for fresh air and the closest exit was the emergency room entrance. Once outside I noticed a multitude of stretchers, gurneys and medical personnel in what looked like a setup for a movie filming. I thought it might be a drill of some sort but, much to my surprise, they were awaiting the ambulance buses – yes, buses – to arrive from the Air Force base with patients just medevaced in from Iraq. The buses were overflowing and I watched,

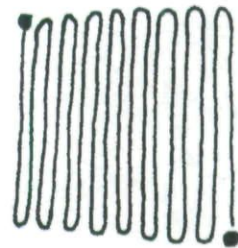
completely frozen in my place, as they lowered stretcher after stretcher after stretcher. The buses kept coming and after some time I tried to peel myself from the situation, but found I could not. I saw the terror in the soldiers' or airmen's eyes and I just could not leave them. I was uncertain if I was there for them or for me. It didn't matter in the end; all I knew was that I wanted a kind face to greet them and I was there.

A couple of weeks later I wrote:

The hospital continues to be a mecca of difficult sights. The blue medic buses are arriving on a daily basis, sometimes twice a day now. A number of our patients have had to spend over a week in our unit awaiting available space on flights headed to the United States. The flights have been too full of the critically injured that need treatment only offered on American soil. We treated a young man this week with the worst Post Traumatic Stress Disorder (P.T.S.D.) symptoms the doctors had ever treated. Amazingly, the patients are such a blessing to me. Often in social work the patients teach me much more than I teach them. We've had some "successes," but overall our treatment is only a short stop on a long, long road.

Finally:

In the last week alone our unit treated a soldier who lost his two best friends in an ambush and our severe P.T.S.D. patient made a very serious suicide attempt after leaving the hospital and he is still in the I.C.U. Social work itself can be entirely overwhelming here as we are quite



literally these soldiers' only advocates. They are stuck in a system that is dysfunctional at best presently. I say that because there are zero exceptions to rules of any kind, no matter the situation or state of the soldier. I am also only one worker, in one unit, and service a relatively small population compared to the thousands of other soldiers I see wandering the hospital hallways. The blue medic buses are transporting the injured up to three or four times daily now. I have started avoiding that entrance. Amazingly, as my time here draws to a close, I find myself feeling many emotions, but mostly I am grateful, empowered, and humbled.

In reflecting on my time in Germany, I am able to describe what contributed to my gratefulness. I am thankful to those who have taught me lifelong lessons just by being human enough to expose me to our universal frailties. I am profoundly affected every time I travel in general, and in this experience in particular, as I am reminded of the commonality among all of our needs as humans. When a smile or a tear means the same thing globally, how can one not feel a part of something profoundly greater than ourselves?

Despite these profound lessons, I discovered that military social workers must also bear an additional skill set in their complex work. There is a difficult side to working with victims of trauma and these practitioners must be able to identify and acknowledge signs of secondary trauma. In this setting, clients share traumatic experiences that can evoke emotional responses in the practitioners themselves (Geller, Madsen & Ohrenstein, 2004). Motta & Joseph (1997) define secondary trauma as "a phenomenon which hypothesizes that previously non-traumatized persons acquire characteristic trauma-like responses by having continuous contact with those who have endured highly stressful events" (p. 895). Interestingly, secondary trauma has also been termed "compassion

fatigue" (Jenkins & Baird, 2002). Adams, Bosarino, & Figley (2006) contend secondary trauma can reduce the quality of care provided by social work practitioners and may be responsible for driving individuals from the profession overall. After my experience, I can easily understand the concerns regarding secondary trauma for military social workers. I believe many of the stories I heard are permanently engrained in my memory and I am often reminded of individual soldiers while watching the evening news or reading articles on the current situation overseas. However, it is worth noting that I worked for a relatively short time compared to my supervisor who has worked at Landstuhl Regional Medical Center for twelve years. When I reflect on how many individuals I treated, I shudder to think of the exponential number of soldiers' experiences she has heard recounted. I believe strongly that this is an aspect of social work practice that must be understood and addressed should we expect the practitioners to remain effective and healthy.

I saw that in social work practice, no matter the setting, the worker-client relationship was paramount and the strengths perspective key. I was constantly reminded to first seek to understand and then be understood. The assessment, the interventions, the communication, the critical thinking knew no bounds. It didn't matter from what background or culture the person on the other side of that table came. My inexperience in military lingo didn't matter either. Social work was social work was social work. The population I served, were ironically engaged as liberation forces, but were themselves oppressed by the systems at hand and thus the connection between social worker and client proved all the more essential as a balance to the system's inflexibility.

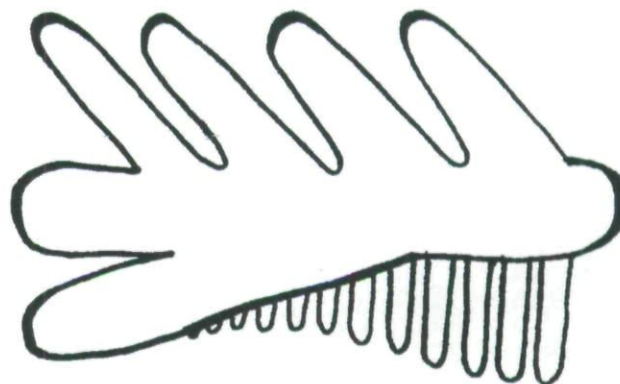
In the end, the most profound moments came to me in the form of the soldiers' goodbyes. Those who, just seventy-two hours prior, were standing on the ground fighting a war were giving me hugs saying, "Thank you for treating me like a human being." It is embedded in my heart, mind, and soul now and forever more that humans are profoundly inter-connected; that same human component,

ever present, must remain the focus of our work.

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