



▶ THE STRUGGLE TO TRANSITION

**And the burden
of getting back to
the civilian world**

by Tyler Hooper

For Canadian Armed Forces members facing release, the reality of finding a new job, a new home, applying for benefits, adjusting to life out of uniform can present several challenges. For those dealing with mental and health issues, it can be even more daunting.



For many who served in Afghanistan, the stress of combat and being in dangerous situations led to post-traumatic stress disorder (PTSD) and other non-visible wounds. But help is available, through Veterans Affairs programs, counselling services, and outside agencies such as the Veterans Transition Network. (Cpl Simon Duchesne, Combat Camera)

THE TRANSITION TO civilian life for former Canadian Army medic Sergeant Elizabeth Newman has been anything but easy. In 2010, while working with the military at the 2010 Vancouver Winter Olympics, Newman became very sick. She developed Legionnaires' disease, acute respiratory distress syndrome (ARDS), and sepsis, a serious blood infection that is often fatal. With her heart, kidneys, and brain starting to fail, Newman's survival looked dire.

"I know now I probably had a 70 per cent chance of dying," Newman told *Esprit de Corps*.

Ultimately, she was in a coma for almost four weeks before her body began to recover. Approximately almost a month into her recovery she was back at work, a decision that would create an entirely different battle.

Prior to falling ill, Newman had served two tours in Afghanistan, her second and final one being in 2008. Newman deployed with the 1st Canadian Field Ambulance Unit during the Taliban resurgence. From 2006 until 2009 the Canadian military in Afghanistan would experience some of the most intense firefights in recent memory.

"That was a really bad tour," Newman recalled. "I made a conscious decision on the first day that this wasn't real life."

With her fellow soldiers suffering serious injuries and wounds — and others being killed — Newman began to compartmentalize the trauma to push on with the job. Like many soldiers do, Newman used humour to cope, while thinking, "I'm going to pay for that one later." When Newman came back from her last tour she threw herself into work, trying to compartmentalize her experiences in Afghanistan.

"Inevitably, people throw themselves into work, they lose their relationships, they lose their families ... and then it gets harder and harder to ignore the subconscious," Newman said.

After her recovery from her coma, Newman was put in charge of a reserve course exercise near Williams Lake, B.C.

ABOVE RIGHT: Sergeant Elizabeth Newman did two tours of duty in Afghanistan as a medic with the 1st Canadian Field Ambulance Unit at the height of the heaviest fighting. But transitioning to civilian life after a 20-year career in the Canadian Armed Forces and suffering from PTSD has not been easy for her. (COURTESY ELIZABETH NEWMAN)

However, being in such a remote region, with a lack of proper health resources, caused her undiagnosed post-traumatic stress disorder (PTSD) to manifest. "[I] started to spiral downhill really quickly," Newman recalled.

The illness and subsequent coma Newman fell into caused brain damage, and although she cannot directly correlate the brain damage to the triggering of her trauma and PTSD, it seems likely that the brain damage played a part in her "downhill" spiral.

Not long after, her 20-year career in the military ended, something she had an incredibly hard time accepting. To make matters worse, she says her transition to the civilian world was made difficult by certain units and people in the military who, she says, did a poor job of helping her manage her retirement and transition back to civilian life.

Apart from the struggle to treat her PTSD, battling the stigma associated with PTSD, and trying to put her life together, she says that the military, particularly the treatment she received from the Joint Personnel Support Unit (JPSU) in Esquimalt, was beyond unsatisfactory. She claims they were "unhelpful" and not overly empathetic in supporting her. She even says she received the wrong retirement package from the military.

When asked about Newman's experience with JPSU Esquimalt, CAF spokesperson Lt(N) Kelly Boyden told *Esprit de Corps* in an e-mail, "If a member has any concerns regarding their care and support, they are strongly encouraged to raise these concerns with their Joint Personnel Support Unit staff. Bringing



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Veterans gather to discuss issues facing them in a group setting. The staff and volunteers of the VTN assist vets to find balance in their new life. (VTN)

their concerns forward will allow staff to address them and hopefully resolve any issues at the lowest level. Ultimately, the goal is to ensure the best possible care and support for the member.”

In a separate comment, Veteran Affairs Canada spokesperson, Marc Lescoutre, admitted in an e-mail to *Esprit de Corps*, that “more work needs to be done ... this means harmonized services, clear guidance, timely access to benefits and services, and coordinated case management between both departments during

transition.” However, Lescoutre ultimately said, “The goal [of VAC] is to help transitioning members find their new normal and to help them through this process, however long it might take, with the dignity, respect and support they so fully deserve.”

Part of the challenge for VAC and the military is that not every soldier or veteran has the same problems transitioning back to the civilian world. Oliver Thorne, who is the National Operations Director of the Veteran Transition Network (VTN), says that lifestyle and career adjustments are two of the biggest and broadest issues. VTN was founded to help veterans share their stories with fellow soldiers, and offers programs to help veterans transition back to civilian life.

Thorne said that an integral part of the VTN program is for veterans to identify the barriers to overcoming a difficult transition, and to recognize these barriers early in their transition. Thorne added that if these barriers are not recognized early, the likelihood of a veteran developing negative coping mechanisms, such as substance abuse or isolation, becomes greater.

Currently, there’s a four-year pilot Veteran Family Program taking place at the Esquimalt Military Family Resource Centre (MFRC) based in Victoria, B.C. The Veteran Family Program provides services for medically released CAF members for a two-year period after their release. Jon Chabun, Communication and Marketing Coordinator for the MFRC, said that medically released soldiers were chosen as “that was the group that most [needed] assistance.” According to Chabun, the MFRC Veteran Family Program offers short-term services such as counselling, social work, help with finding community resources and navigating civilian health care as well as emergency services.

But for Elizabeth Newman, her transition was not only painful, she also says it stalled the progress she had made treating her brain injuries and PTSD.

“We have to have a focus on how we return citizens back to our community ... we’re doing a terrible job,” Newman stated. She added that she doesn’t see it as the military’s job to help soldiers transition. Ultimately, she says that an outside organization should be a part of helping veterans transitioning, an organization, that unlike the military, is not always focused on “pushing forward.”