

# The Workplace Warrior

## *Addressing Veterans' Needs is an Increasing Issue*

**T**he largest deployment of civilian soldiers since World War II has created a new type of employee – the “workplace warrior.” These employees need the understanding and support of their employers, from deployment to their eventual reintegration into the workplace.

Supporting employees requires a comprehensive approach backed by a clear communication plan to explain the benefits and programs that apply to civilian soldiers and their dependents. (Civilian soldiers may be defined as Reservists or National Guard members called up to active duty for long-term assignments to the Iraq and Afghanistan military conflicts.)

Companies that assign civilian employees to work in war zones or at military installations overseas face similar issues. They must provide support for these individuals, who encounter many of the same dangers and physical or mental-health risks as their colleagues in uniform. This also requires clear communication of benefits and other resources.

### **The Importance of EAPs**

Even EAPs may not be equipped to address the full spectrum of behavioral-health issues that affect a significant percentage of workplace warriors and civilian employees in war zones. Particular challenges include Post-Traumatic Stress Disorder (PTSD) and depression, as well as personal, family, and financial strains that can result from deployment or other lengthy overseas assignment in a dangerous location.

It's also important that an EAP supports those employees whose spouse or other family members or loved ones have been deployed. In many cases, the employee affected by the military deployment is the spouse or family member who remains at home, struggling to continue with work, family life, and personal responsibilities.

Military families have many mixed emotions after a long deployment. Each family situation is different, and each family member will have different expectations. However, it is vital to bear in mind the needs and feelings of the 1) adult that stayed at home, 2) the returning soldier, and the 3) children.

❖ **The adult that stayed at home** – This person has had to keep the family together during the deployment. He/she may have had to take over many functions normally performed by the deployed person. This individual has handled many crises. These problems are old news at home, but they may be big surprises for the returning soldier.

The adult that stayed home may expect extra attention about their performance during the deployment. He/she also may expect the returning family member (e.g. soldier) to automatically accept the family as it now exists, even though the returning individual may be uncomfortable with his/her new role.

❖ **The returning soldier** – Military deployments, especially in a combat zone, can significantly change a person's life. The deployment involved hard work and enormous responsibility. If it was in a war zone, there was the constant threat of life or injury.

What sustains military personnel on a dangerous deployment is devotion to duty, a close connection with fellow soldiers, and the desire to return to home and community. The returning family member may seem preoccupied with the experience of their deployment. They may be unable to talk about it – *or* they may talk about it excessively.

❖ **Understanding children** – Children generally are excited about a reunion with their returning parent. However, the excitement is stressful for children, as they may be anxious and uncertain.



# Brown Bagger

Children's responses are influenced by their age. Toddlers may not remember the parent that well and may act shy or strange around them. School-age children may not understand the returning parent's need to take care of themselves and to spend time with their spouse. Teenagers may seem distant as they continue their activities with friends.

As a result, children may need a period of time to warm up to and readjust to the returning parent. This should not be misinterpreted or taken personally.

Reunion of a military family after a long deployment is a cause for celebration. But all family members need time to adjust to the changes that accompany the return of a deployed family member. Open discussion of expectations prior to the return home are helpful. To readjust, families need to utilize the help offered by the military, EAP, and others. The following are some exercises that may help:

*How can an EAP help an employee (whether it's an adult that stayed at home or a returning soldier) safely unload any pent-up feelings they may be experiencing?*

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*Have any employees in the company or organization been killed or injured in Iraq or Afghanistan? If so, how are co-workers, family, and children coping with the loss?*

## Other Post-deployment Aftermath

According to the Department of Veterans Affairs, for every one soldier killed in conflict in Iraq, Afghanistan, or nearby areas, at least eight and as many as 16 are wounded or disabled. Physical injuries include amputations, sometimes of multiple limbs. Military personnel who received concussions caused by explosions may suffer from traumatic brain injury (TBI).

According to an article in the *Journal of the American Medical Association*, U.S. Department of Defense clinicians have identified 20% of active and 42% of Reserve soldiers in need of mental health treatment.

Moreover, other studies have shown that many veterans require, but *aren't* receiving assistance. This is due, at least in part, to perceptions that seeking help is a sign of weakness, which veterans feel in turn may hurt their military careers. Consequently, it's crucial to help veterans know how to access EAP and U.S. Department of Veterans Affairs services, and other resources to deal with areas such as stress, depression, increased use of alcohol and other drugs, and others.

## Additional Tips

- ❖ *Be aware.* Learn everything you can about the experiences that returning employees have dealt with – not the media or political hype.

- ❖ *Prepare your organization's response through education and awareness sessions.* Work with supervisors and others on reintegration into the workplace. For employees currently deployed, offer help and support to families as they too are "serving" indirectly.

- ❖ *Join Operation Comfort* (210-826-0500), and watch for local developments in your community.

## Recommendations

The Disability Management Employer Coalition (DMEC) convened a Workplace Warrior Think Tank to discuss the scope, challenges, and opportunities surrounding returning employees and to identify employer-based resources and strategies. The following is a summary of their recommendations:

- ❖ Establish a Military Leave and Return Policy covering employees who are members of the Reserves or National Guard. A key component of this policy is to communicate the range of benefits and programs that apply, including provisions of the federal *Uniformed Services Employment and Re-Employment Rights Act* of 1994 (*USERRA*), which requires job protection for all employees who are deployed regardless of the size of the employer.

❖ Inform civilian employees – such as those who work for defense contractors – who are assigned to work with the U.S. military overseas of available benefits. In particular, employees should understand the federal *Defense Base Act*, which will cover them during an overseas assignment.

❖ Offer sensitivity training to managers, supervisors, and co-workers on issues and challenges faced by civilian soldiers during deployment and post-deployment.

❖ Provide mentoring programs to link returning civilian soldiers with veterans in the workforce. The commonality of military experience may forge bonds among colleagues to support the successful reintegration of returning workplace warriors.

❖ Use good disability management practices, including:

- Giving employees adequate information about benefits prior to deployment;
- Celebrating employees' return to work;
- Allowing time to reintegrate after an extended absence;
- Considering accommodations to assist the employees' return to productivity;
- Recapping changes while employees were gone;
- Obtaining commitment from senior management to ensure that programs are given strong support and a cultural presence.

While the think tank focused on workplace warriors, a discussion of the needs of these civilian soldiers revealed lessons that employers can apply to a broader population of employees who return to the workplace after a serious illness or injury, long-term leave, or a life-altering event.

The following exercise may also help:

*What types of resources are in place to assist veterans where you work? Are employees familiar with them, and how they work? If not, what could be done to enhance awareness?*

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## Summary

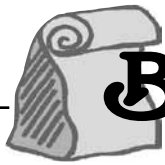
Many businesses with disability management, absence management, and return-to-work policies and procedures pride themselves on their innovative programs that assist employees who experience disabilities. Employers need to extend this culture of accommodation to military veterans and returning civilians, especially those who are coping with a disability, as well as to all who are readjusting both personally and professionally to civilian life.

The workplace warrior is not a short-term phenomenon, regardless of the duration of U.S. military involvement in Iraq and Afghanistan. Repercussions and delayed effects of war will be felt in the workplace for decades. Medical and disability issues for civilian soldiers require a long-term, comprehensive response by employers to retain these valuable employees and benefit from the knowledge, skills, abilities, training, and experience they bring to the workplace.

Doing the right thing for veterans – such as the best practices suggested by the Wounded Warrior Think Tank – represents an appropriate corporate response by employers, helping to assure a positive and ultimately successful reintegration of our workplace warriors. ■

*This information was originally published in “Workplace Warriors: Corporate Response to Deployment and Reintegration”, a white paper produced by the Disability Management Employer Coalition, [www.dmec.org](http://www.dmec.org).*

*Additional sources: Cigna Behavioral Health ([www.cigna-behavioral.com](http://www.cigna-behavioral.com)); Jon Christensen, MS, LPC, CSAC, CRC, CEAP; and the American Academy of Child & Adolescent Psychiatry ([www.aacap.org](http://www.aacap.org)).*



## Concerns of Veterans are Growing

A study by the National Veterans Foundation reported that the U.S. government is shortchanging veterans' benefits to the military veterans that have served in Operation Enduring Freedom (OEF) in Afghanistan, and Operation Iraqi Freedom (OIF). The following is a brief summary.

### Education:

- ❖ The original GI Bill authorized \$500 per year to cover the costs of education, books, supplies, equipment, and other necessary expenses, making any educational institution financially accessible to veterans. Tuition hikes historically have averaged 8% per year. If the GI Bill followed this trend, the \$500 given to World War II veterans would be equivalent to \$74,389.92.

- ❖ Veterans of Iraq and Afghanistan have 1,500% less funding for their education when compared to WWII veterans.

### Health Care:

- ❖ The U.S. Department of Veterans Affairs (VA) has the highest customer satisfaction rating of any health care system in the U.S. However, veterans have difficulty accessing VA health care. VA nurses have stated, "we cannot get the job

done" with our present level of funding. The number of veterans is growing, as is the gap between budgets and reality.

- ❖ Between 30% and 40% of veterans returning from Iraq and Afghanistan will have debilitating mental health issues, including depression, PTSD, and anxiety disorders.

- ❖ Combat is not the only cause of mental-health concerns. Military sexual trauma occurs among 16% to 23% of military personnel. This is of special concern among female veterans.

### Traumatic Brain Injury:

- ❖ Soldiers' proximity to frequent blasts in Iraq and Afghanistan have made Traumatic Brain Injury, or TBI, the "signature wound" of the Iraq and Afghanistan wars.

- ❖ Surveys estimate that as many as 300,000 Iraq and Afghanistan veterans may have a TBI.

- ❖ Traumatic Brain Injury can cause headaches, reduced cognitive functioning, mood swings, and disturbances.

To download a copy of the report, visit the National Veterans Foundation's website at [www.nvf.org](http://www.nvf.org). ■

## *Veterans' resources include...*

**After Deployment** – <http://afterdeployment.t2.health.mil/>

**Citizen Soldier Support Program** – [www.citizensoldiersupport.org](http://www.citizensoldiersupport.org)

**Military 101** – [www.military101.com](http://www.military101.com)

**National Center for PTSD** – [www.ptsd.va.gov](http://www.ptsd.va.gov)

**The Warrior's Guide to Insanity** – [http://sgtbrandi.com/?page\\_id=1656](http://sgtbrandi.com/?page_id=1656)

**Veterans Benefits Administration** – [www.benefits.va.gov](http://www.benefits.va.gov)

**Veterans Employment Toolkit** – [www.va.gov/vetsinworkplace](http://www.va.gov/vetsinworkplace)

**Wounded Warrior Project** – [www.woundedwarriorproject.org](http://www.woundedwarriorproject.org) ■