

**Clergy are the Missing Link:
Expand the Faith Community's Support for
Ohio's Servicemembers, Veterans
and their Families.**



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Submitted by

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Of the 2.6 million personnel who have served in the Iraq and Afghanistan wars, *close to one half will eventually need some kind of medical or psychological assistance for war-related problems.* (1)

Since 2001, the United States has been engaged in the longest continuous period of combat operations in our history, fought by just 1 percent of Americans - all of them volunteers. This includes approximately 850,000 National Guard and Reserve personnel who toggle between reserve status and active duty, repeatedly reentering - or reintegrating - into civilian society. (2)

Ohio is home to more than 900,000 Veterans (the nation's 7th largest Veteran population) including nearly 67,000 women. In addition, about 29,000 National Guard and Reserve members live in Ohio with a conservative estimate of 73,000 dependent military children. Nearly 6000 Airmen with their families are stationed at Wright Patterson Air Force Base. All of these Ohioans are affected by the aftermath of war.

Every year, reports retired Colonel Chip Tansill, former Director of the Ohio Department of Veterans Services, more than 10,000 Veterans return home to Ohio from active duty to reintegrate into civilian society. Veterans who reintegrate may experience difficulties with:

- Social functioning (e.g., making new friends, maintaining friendships), productivity (e.g., finding or keeping a job, taking care of household chores), and community involvement. Approximately one-fourth to one-half may experience these frustrations. (3)

- Reestablishing close and intimate relationships. This will be especially challenging for Veterans who have experienced war traumas. (4)
- Reconnecting with civilian life. Fifty-five percent of Iraq and Afghanistan Veterans say they feel disconnected. (5)
- Finding meaning or purpose in life and regaining touch with spirituality or religion. Over forty percent report having this difficulty. (6)
- Ruined relationships, disrupted marriages, aggravated difficulties of parenting, child mistreatment, and psychological problems in children. The consequences of combat trauma can affect generations. (7)
- Suicide - there is a suicide epidemic! “A Veteran commits suicide every 65 seconds.” (8)
- Post traumatic stress disorder. Though prevalence rates vary depending on specific study population, measurement and methodology, between 7 percent (Smith et al., 2008) and 25 percent (Milliken, Auchterlonie, & Hoge, 2007) of today’s combat Veterans develop Post Traumatic Stress Disorder (PTSD) or stress response. (9) Roughly half of those who need care seek it, and only slightly more than half who receive treatment get minimal adequate care. (10)
- Traumatic brain injury (TBI) and depression are frequent diagnoses among Veterans of the wars in Iraq and Afghanistan. PTSD and TBI share many

symptoms and can be difficult to differentiate; it is not uncommon for these conditions to go undiagnosed. (11)

- Concerns that women Veterans face. Research shows that they experience less social support once they return home and have less understandings about and availability of gender-specific VA benefits than male Veterans. Some groups of women Veterans experience stubbornly high unemployment and homelessness that is more than twice that of women non-Veterans. With 20% of all military recruits being female and most military jobs now open to women, society must strengthen support for the long haul for this rapidly increasing and important component of U.S. military. (12)

Much less is known about those who care for physically or emotionally wounded Veterans. It is estimated that nearly 115,000 and 465,000 military spouses, between 90,000 and 355,000 military children, and between 70,000 and 285,000 military parents - for a total of between 275,000 and more than 1.1 million Americans - may be serving or have served as military caregivers. (13)

The personal impact of providing this care is enormous. Studies indicate that caregivers in general suffer from physical strain and overall worse health and tend to put their own concerns behind those of the individuals for whom they are caring. Military caregivers suffer disproportionately from mental health problems and emotional distress - six in ten caregivers report their own health has worsened because of caregiving. The time they devote to caring for loved ones may also result in job loss, lost wages, and loss of health insurance. (14) Undoubtedly, many Ohioans are experiencing these poorly appreciated and documented challenges.

Ohio's faith community - mostly an untapped resource - is uniquely qualified to serve as force multipliers in support of Veteran reintegration and family member caregiving. Clergy are especially well situated to provide this support given the prevalence of these organizations in local communities and the important roles they play not only in providing social support and addressing members' spiritual needs but in providing social services. (15) The faith community is also especially well suited to serve military families due to:

- The sense of belonging and connection the organizations provide. (20)
- The spiritual nature of Veteran's concerns. Some Veterans experience a sense of brokenness and alienation from God - and others - as a fairly predictable consequence of war. (17)
- The unique social institution religious organizations provide "in that their membership cuts across the entire life course; no other social institution regularly brings together the very old and the very young and everyone in between." (19)
- Clergy being recognized as community leaders who have a wide influence on public opinion and behavior. (18)
- The perception of confidentiality, clergy being "off the record" [not associated with military chain of command.] (16)

It is also important to note that in society in general, up to one-fourth of individuals who seek help for a mental health problem do so from clergy. This is significantly higher than those seeking help from psychiatrists (16.7 percent) or

primary care doctors (16.7 percent) (Wang, Berglund, & Kessler, 2003). (21)

Despite the unique role and significant contributions clergy could offer military families, many clergy are uncomfortable doing so because of their limited understandings of the issues common to returning warriors and their lack of necessary skills to deliver mental health support (Hall & Gjes eld, 2013). (22)

Research generally reveals five types of limitations the faith community experiences when offering support to Veterans. They include:

- Resource and capacity constraints.
- Lack of awareness and limited experience with Veterans.
- Characteristics of the Veterans themselves.
- Issues related to religious philosophy or orientation.
- Insufficient connections with chaplains and others in the web of support. (23)

With greater understanding, faith communities can better use their resources to support Veterans, family members and caregivers, who otherwise often feel isolated, alienated and helpless. Their engagement would also reduce the stigma of Veteran and caregiver mental health needs that can further complicate problems. (24)

Clergy's engagement in support of military families is especially important because government programs are in their infancy, and community resources are often scattered and uncoordinated. (24) And we anticipate Ohio's National Guard and Reserve to continue deploying into harms way and active duty warriors to

return home to Ohio to reintegrate into civilian society.

All congregations, if given basic awareness training and skills have a unique opportunity to enhance the health and well-being of Ohio's military families. (26) Fortunately, curriculum and qualified clergy and healthcare professionals are readily available in Ohio to provide this training.

The Community Clergy Training Program (CCTP) was developed in 2010 by the National Veterans Administration Chaplain Center and the Veterans Administration Office of Rural Health to provide clergy and lay leaders the knowledge and tools needed. This 8-hour training provides information:

- To increase understandings of the potential needs of assistance among those returning from war.
- To increase understanding of the challenges of re-integration into family and community after war.
- To provide knowledge that can improve pastoral care skills to better serve Veterans, service members and their families.
- To provide knowledge that improves the ability to identify ministry opportunities for Veterans in the community. (27)

The Fallen Comrade Ceremony was developed in 2013 by Deborah Grassman, an advanced practice hospice nurse who supported 10,000 Veterans with their end of life experience over thirty years. In two hours, the safe sanctuary this ceremony provides allows Veterans, their families and civilians an opportunity to acknowledge and process un mourned loss and unforgiven guilt/shame and support emotional healing. (28).

Vanguard Veteran, LLC is owned by a LtCol (Ret) Kathy Lowrey Gallowitz, a master's prepared registered nurse, who was the founder and director of a one-of-its-kind statewide community outreach program in the Ohio National Guard. In the last three years prior to her military retirement in December 2016, she and the Clergy Working Group educated clergy about the need for and how to create military ministries. Great progress was made engaging civilian clergy and lay volunteers. For instance, three religious conferences established resolutions to support military families. More than 120 clergy received the Community Clergy Training Program, at least two civilian clergy hosted this course for their community and about 40 clergy (and volunteers) self-identified as military ministry leaders.

Since retirement, she provides consulting and training services to congregations to jumpstart their military ministries. Her training curriculum is a practical guide that teaches volunteer leaders how to establish a military ministry emphasizing practical peer to peer support, understanding Veteran community resources and how to refer to the VA. And, finally, as an Opus Peace ambassador, she can bring the Fallen Comrades Ceremony to your congregation to support emotional healing of "Soul Injuries." For more information, visit:

- <https://vanguardveteran.com/faith-community-veteran-champion-consulting-training-2/>
- <https://vanguardveteran.com/faith-community/>
- <https://vanguardveteran.com/fallen-comrades-ceremonies/>
- <https://vanguardveteran.com/soul-injury/>
- <https://vanguardveteran.com/home/>

The good news is that some military ministries are being established and strengthened across the state. But there is much more to be done. We need to do it NOW to prepare for the return and reintegration of Ohio's military sons and daughters who served in Iraq & Afghanistan and for unhealed Veterans of previous conflicts who live among us. Military ministries start with offering practical assistance and building relationships that foster opportunities to support spiritual healing. Ohio's needs faith community leaders who are prepared to identify and welcome home Veterans and their families with no connections to the civilian community - and offer spiritual support to those who struggle with the predictable consequences of war.

Retired Lieutenant Colonel and military Chaplain John Sippola offers a thought-provoking appeal and a chilling call-to-action to the faith community.

"We are all called to share the moral burdens, responsibilities and grief of service members and their families, remembering that anything they have done or experienced is, in part, the direct consequences of our having sent them to war." (29)

"War casts a long shadow. Over the next decades as Veterans deal with the aftershock of their interior war wounds, communities of faith have a responsibility to step forward with ongoing encouragement and support. We are challenged to remain aware, to understand the issues and to reach out with healing and encouragement. This will remain one of our sacred responsibilities well into the 21st century." (30)

And even more concerning is Retired Rear Admiral and Navy physician Micheal Baker's description of the needs of Veterans as a looming public health care crises. He says:

“We must mobilize government agencies, create public–private partnerships, and invest our resources now to mitigate the approaching tsunami of Veterans’ health care needs, the impact on our social services, and the devastating costs to society.” (31)

**Let's work together and build
these life-saving military ministries!**

Endnotes

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- (23) Werber, Derose, Rudnick, Harrell, and Naranjo, op cit.
- (24) Goalder, Wing, Sullivan, Ethridge, and Cook, op cit.
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