



*Affiliated with the Centre for
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Notes For remarks
By
Bill Wilkerson, Roundtable Co-founder and CEO
To
Canadian Forces Operational Stress Injury
Social Support Coordination Conference
July 9, 2003
Le Moulin, Wakefield Mill
Wakefield, PQ

On May 29th, 2003, Bill Wilkerson wrote Toronto Sun columnist and former editor Peter Worthington on the veteran journalist's skeptical portrayal of PTSD and peacekeepers.

Later, in this speech, Wilkerson speaks on the subject to Canadian and U.S. military veterans, many of them decorated for service in some of the most violent regions of the world. All of them suffering PTSD (Operational Stress Injury).

Ironically, the spirit of the father of Canadian peacekeeping, Prime Minister Lester Pearson, observed proceedings from atop a hill a few hundred feet away. He is buried in Wakefield.

**“A Note to Peter Worthington: PTSD is an Illness of the Brave,
a Wound as Real as a Bullet in the Gut”**

I am privileged to be with you. My appreciation to Stephane Grenier for his most generous invitation to be here. My mission is to learn.

In doing so, I salute Stephane and each of you for giving this social support program such commitment, such life – and for setting an example for and delivering a message to the wider community.

By building awareness of operational stress injury within the military, by promoting understanding and acceptance, you are setting a standard the civilian world would do well to follow.

The experts say there are seven key factors in achieving recovery from serious and persistent mental ill health. Only one is medical.

The others include a job to go to, one's own choices to make, family support, the friendship of others, a place to call home, and community support.

The work you do in forging a peer support network embodies these principles. You are wise to do so. And I commend you for it.

Post Traumatic Stress Disorder is not new. When I was a kid, we talked about war veterans as being shell-shocked.

With the cruelty of children, I'm ashamed to admit that we used to slam the door behind my high school English teacher – a World War II combat vet wounded twice – to watch him jump.

The Vietnam War produced a generation of young men who became lost souls as a consequence of the searing experience of brutal warfare and its political unpopularity at home.

Not Just Soldiers

The condition has attacked other brave men and women in various traumatic experiences –

- Tellers who find themselves at the end of a bank robber's pistol. Children surviving hateful abuse; and women, the horror of rape.
- Rescue workers pulling little kids from the back seat of a sunken automobile.
- The shock of witnessing sudden death on September 11th is a dramatic illustration of this. There are recorded cases of PTSD among people who saw television images of those who jumped from the World Trade Center in paralyzing desperation.

PTSD is a function of brain activity, a biochemical event with physical properties and psychological implications. Some neuroscience evidence suggests that brain shape – an involuntary fact of birth – may predispose some to PTSD more so than others.

The condition is not a sign of weakness. More to the point, it is evidence of bravery, courage and a will to survive.

People living with this condition have faced the brutal stuff of life. Their values are savaged by the external stimuli of shattering human experiences.

PTSD is one of four anxiety disorders. The others – similarly – are brain-based, not imagined. These include generalized anxiety disorders (excessive worry); panic attacks (which mimic heart attacks and are sometimes misdiagnosed as such); and obsessive-compulsive disorders.

All are complicated conditions – frequently swimming alongside depression and substance abuse. The western world faces a dual diagnosis crisis.

Mental illness is as physical as a broken back. And as emotional as breast cancer.

Canadian and U.S. researchers have tracked a link between serious unipolar depression and fatal heart attacks. Treating depression may be preventing heart disease. This is documented.

The number of cases of depression and anxiety disorders – combined with drug and alcohol abuse – exceeds 20 per cent of the population. But less than ten per cent get adequately diagnosed and properly treated.

Canada has a no-tier health care system for those experiencing mental illness; stigma is a powerful deterrent to detection and treatment; incredibly dense misinformation about what mental illness is and isn't plagues the landscape.

Kids Under Attack

Get a load of these numbers:

- The average age of onset for anxiety disorders in Canada is 12; depression is 23; substance abuse 18.

- Men suffering depression kill themselves more often than women while women are diagnosed with depression more often than men.
- Mental health issues now constitute 30 per cent of the disability insurance claims experience of our leading corporations and are draining \$33 billion a year out of the Canadian economy through production loss.

Progressive Military Initiatives

In my judgment, the Canadian Forces is more progressive and more advanced than most other employer and public institutions in forging an understanding and response to these health conditions as authentic health concerns requiring support and care.

I see ample evidence of this.

The CF has launched a tremendous initiative focused on the early detection, treatment and accommodation of operational stress injuries and beyond that, the physical – and I repeat the word, physical – condition known commonly as depression.

The CF has embarked upon deployment training programs, family counseling services, education programs and a regimen of medical care that the rest of the country can, if we pay attention, learn from.

The Military Ombudsman, in fact – in the same report in which he validated one soldier's complaints about the way his own PTSD experience was handled – applauded the CF's progress on so many fronts.

In that very same report, he noted the “universally-positive response” among your own rank and file to the Operational Stress Injury Support Program.

Next fall, Statistics Canada will release a national population study on mental health and a second study focused on the Canadian Armed Forces per se. The Roundtable will help Canadians interpret these findings.

How many of us outside the military ever know about the CF's proactive efforts to place their former members in private sector jobs and give citations to civilian employers who do so?

Malingering is Rare

The Military Ombudsman also puts an enduring myth to rest. He estimates that 97 per cent of the known cases of PTSD are authentic, three per cent exaggerated. That is a very telling insight. Malingering is a super-rare exception to an otherwise distressing rule.

Yet, in some war zones recent and passed, the injury known as PTSD was attacked as cowardice, the absence of moral fibre. For these people, crying was worse than dying.

Operation stress injury is not just a disorder of the middle rank – or the rank and file. The heroic General Romeo Dallaire has suffered what hundreds of thousands, even millions of other suffer – and often alone. Many have drawn courage from the willingness of this brave Canadian hero to talk openly about the subject.

On April 15th I introduced General Dallaire to an audience of 1500 in Toronto. His pitch was powerful and lucid. He lives with a wound as physical as a bullet in the gut.

Our brain is part of our body. Our mind is the collective outputs of the brain. External factors influence the state of our physical properties and emotional state. This is scientific fact.

In my judgment, Canadian employers in the financial, manufacturing, hi-tech, natural resource, small business and other industry sectors are learning this fast. The dollar costs of mental disability are a powerful incentive to do so.

An Injury and Illness of the Brave

In their quest, they have things to learn from the Canadian Armed Forces experience and approach.

PTSD, remember, is not an illness of the weak. It is an illness – an injury – of the brave. For it is they, not we, who have climbed the hill or entered the valley to see the horrors which await their attention.

Such horrors may be found in Rwanda or in the constant tremor of peacekeeping in Afghanistan. Like policing in the civilian world, peacekeeping is living with clear and present danger but those dangers are often wrapped in the shadows or masked by a child's smile. The terrorist is always and never there.

Let there be no doubt in your minds: as OSI coordinators, what you do matters. By definition, who you are matters.

You lead by example. Those like me learn from you.

The civilian and military worlds seem worlds apart. But we share this goal: to open a new front in an old war – the war against mental illness and injury. A new front defined by understanding and compassion – and appropriate action.

On this new front, Canadians of every stripe can stand together, work together and at last win an old war that really needs winning – and needs it bad.

I hope you will permit the Roundtable to help you in that battle in whatever way we can. I hope you let me return to be among you once again.

Thank you.



May 27, 2003

Join the army, live with stress

By PETER WORTHINGTON -- Toronto Sun

What's going on here?

Apparently a couple of dozen soldiers are suing the department of national defence for \$60 million because they suffer from stress due to peacekeeping.

If this sounds bizarre -- it is.

According to the Canadian Press, the soldiers and ex-soldiers claim they were "psychologically scarred because of inadequate military funding."

Of the two dozen involved, four are from Alberta, three from Ontario and the rest from Quebec, where Quebec City lawyer Jacques Ferron is masterminding the legal bid.

You'd think "stress" would be part of the job description for soldiers.

After all, you don't join the army for a career of working 9 a.m. to 6 p.m., with each day much the same as the next.

Those who join the army do so in the realization that they serve the interests of their country and, gracious, may even be expected to shoot at people who shoot at them.

Most accept that as a reality of the military. So why is it that it's mostly soldiers who are afflicted with stress disorders and feel required to sue for their psychological injuries?

How much is genuine, how much a scam?

In the last dozen years, the Canadian military has been involved in four "shooting" wars -- the original Gulf war, Somalia, Kosovo and Afghanistan.

The only "battle" casualties in these conflicts were four Princess Pats, soldiers accidentally killed by a American bomb.

In other words, our guys haven't endured versions of the Somme or Dieppe, or World War I and World War II shoot and shell.

So how come all the "stress" injuries?

To claim a soldier suffers stress "because of inadequate military spending" is plain silly.

Ottawa traditionally short changes the military in funding. Soldiers know this; don't like it, but live with it.

Is "stress" a problem because the sort of person who joins our shrunken military these days is softer, gentler, more fragile than in the past?

After all, teenage nurse's aides in hospital emergency wards likely see more trauma and nasty injuries than most soldiers on peacekeeping duties. They seem to endure.

So what gives with soldiers -- the one career where violence, mayhem, protection and survival are factored into training? Why so many down with "stress" disorders? Yes, more than 100 Canadians have been killed on peacekeeping missions, but that's over nearly 50 years of UN missions.

Stress injuries are psychological and hard to diagnose or define. For genuine cases, there is nothing but sympathy and support among troops.

Personally, I think Lt. Gen. Romeo Dallaire is inadvertently responsible for the popularity of stress disorder in the military. He came down with it on his first and only UN peacekeeping command -- Rwanda -- and has since become the poster boy for post-traumatic stress disorder. He travels the world making speeches.

Dallaire's anguish is understandable in that the UN ignored his warnings about impending massacre in

1994 (his UN superior, Gen. Maurice Baril, downplayed his reports).

When hell broke out, Dallaire witnessed and ignored the slaughter of 10 Belgian paratroopers by a raging mob.

This latter likely preys on his conscience more than the horrors he witnessed in Rwanda.

If Gen. Dallaire earns respect and sympathy for his candour about stress problems, why not other soldiers, too?

Sure, some soldiers do get stress injuries. But the claim that 20% of the army is so afflicted taxes credulity.

The message has always been clear: If stress bothers you, don't become a soldier.



E-MAIL TO A FRIEND

Letters to the editor should be sent to editor@sunpub.com.

Read the transcript from our recent chat with [Peter Worthington](#).

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Bill Wilkerson's response to Mr. Worthington follows:

May 29, 2003

To: Peter Worthington
The Toronto Sun

From: Bill Wilkerson

Re: Stress and the Military

I'd like to comment if I may on your column in today's Sun and hope that I do not test your patience too much with the length of this letter.

First, though, a personal note. We're neighbors and I occasionally see you visiting the newspaper boxes on the corner. I'll say hello the next time.

With respect to stress and the military, a couple of things:

PTSD is not new.

When I was a kid, we talked about war veterans as being shell-shocked. With the cruelty of children, I'm ashamed to admit that we used to slam the door behind my high school English teacher – a World War Two combat vet wounded twice – to watch him jump.

The Vietnam War produced a generation of young men who became lost souls as a consequence of the searing experience of brutal warfare.

The condition has attacked brave men and women in various traumatic experiences –

- Tellers who find themselves on the wrong end of a bank robber's pistol –
- Rescue workers pulling little kids from the back seat of a sunken automobile –
- The shock of sudden death, September 11th most dramatically of all.

In fact, there are recorded cases of PTSD among people who saw television images of those who jumped from the World Trade Center in paralyzing desperation.

PTSD is a function of brain activity, a biochemical event with physical properties and psychological implications. Some neuroscience evidence suggests that brain shape – an involuntary fact of birth – may predispose some to PTSD more so than others.

The condition is not a sign of weakness. More to the point, it could be looked upon as evidence of bravery, courage and a desire to survive.

People living with this condition have faced the brutal stuff of life and the values and perspectives housed in their brain are savaged by the external stimuli of shattering human experiences.

PTSD is one of four anxiety disorders. The others – similarly – are brain-based, not imagined. These include generalized anxiety disorders (excessive worry); panic attacks (which mimic heart attacks and are sometimes misdiagnosed as such); and obsessive-compulsive disorders.

All are complicated conditions – frequently swimming alongside depressive disorders and substance abuse. The western world faces a dual diagnosis crisis.

As context, I would ask you to consider this.

Mental ill health is as physical as a broken back. And as emotional as breast cancer. Canadian and U.S. researchers have tracked a link between serious unipolar depression and fatal heart attacks. Treating depression may be preventing heart disease. This is documented.

The number of cases of depression and anxiety disorders – combined with drug and alcohol abuse – exceeds 20 per cent of the population. But less than ten per cent get adequately diagnosed and properly treated.

Canada has a no-tier health care system for those experiencing mental illness; stigma is a powerful deterrent to detection and treatment; incredibly dense misinformation about what mental illness is and isn't plagues the landscape.

In addition, feeble funding for medical and neuro-scientific research is a factor and a system of family physicians – where 95 per cent of the population seeks help but only few get what they need when they need it – is really no system at all when it comes to these otherwise treatable and beatable conditions.

Get a load of these numbers – World Health Organization statistics:

- The average age of onset for anxiety disorders in Canada is 12; depression is 23; substance abuse 18.
- Men suffering depression kill themselves more often than women while women are diagnosed with depression more often than men.
- Mental health issues now constitute 30 per cent of the disability insurance claims experience of our leading corporations and are draining \$33 billion a year out of the Canadian economy through production loss.

On the question of the military, per se.

Recently, I have had occasion to become acquainted with the initiatives and philosophy of the Canadian Armed Forces in contending with the field risks associated not just with PTSD but other forms of mental ill health.

In my judgment, the CAF is more progressive and more advanced than most other employer and public institutions in forging an understanding and response to these health conditions as authentic health concerns requiring support and care.

The CAF has launched a tremendous initiative focused on the early detection, treatment and accommodation of operational stress injuries and beyond that, the physical – and I repeat the word, physical – condition known commonly as depression.

The CAF has embarked upon deployment training programs, family counseling services, education programs and a regimen of medical care that the rest of the country can, if we pay attention, learn from.

The Military Ombudsman, in fact – in the same report in which he validated one soldier's complaints about the way his own PTSD experience was handled – applauded the CAF's progress on so many fronts including, in that very report, the "universally-positive response" among the rank and file to the Operational Stress Injury Support Program.

Later this spring, Statistics Canada will be releasing a national population study on mental health and a second study focused on the Canadian Armed Forces per se. My organization will help Canadians interpret these findings.

Our concern is to avoid having this information fall into the formidable vacuum of prior knowledge among so many people about mental health generally.

As for the recent law suit launched by the members of the military, my limited knowledge of the case tells me that the question will not be about intent on the part of the military brass, or even their overall track record in handling cases such as this.

But more likely their lack of capacity to accommodate each person suffering these conditions within the available complement of the Armed Forces. Which is sad.

But the military is not alone. Society faces the same dilemma in work places coast-to-coast.

That said, how many of us know about the CAF's proactive efforts to place their former members in private sector jobs and give citations to civilian employers who do so?

On the question of malingering and exaggeration, the military ombudsman estimates that 97 per cent of the known cases are authentic, three per cent exaggerated. That is a very telling insight.

As for General Dallaire, if he has – as you suggest – popularized PTSD, I suspect it was not inadvertent and he should be thanked for doing so.

His condition is suffered by hundreds of thousands even millions of other Canadians who suffer alone. Perhaps many have drawn courage from the willingness of this brave Canadian hero to talk openly about the subject.

On April 15th, I introduced General Dallaire to an audience of 1500 in Toronto. His pitch was powerful and lucid. He lives with a wound as physical as a bullet in the gut.

Our brain is part of our body. Our mind is the collective outputs of the brain. External factors influence the state of our physical properties and emotional state. This is scientific fact.

In my judgment, Canadian employers in the financial, manufacturing, hi-tech, natural resource, small business and other industry sectors are learning this fast. The dollar costs of mental disability are a powerful incentive to do so.

In their quest, they have things to learn from the Canadian Armed Forces experience and approach.

PTSD, remember, is an illness of the brave. For it is they who have climbed the hill and saw the horrors awaiting their attention.

Such horrors may be found in Rwanda or reside prospectively in the constant tremor of the pervasive risk associated with peacekeeping.

In fact, one might argue that peacekeeping – like policing in the civilian world – is living with clear and present danger waiting to happen. The human condition may recoil accordingly.

Final word, if I may.

The human heart and the human mind are both a metaphor and a muscle. And we need both – as both – to perceive adequately the challenge and opportunity of protecting the mental health of those who stand in our service and live in our midst.

Mr. Worthington, I'm really pleased to have this opportunity to be in touch with you. I have admired you for years. See you at the newspaper box.

Best regards,

Bill Wilkerson
Co-Founder & CEO
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