

A Clinical Forensic Psychological Rationale for Adding Military Racial Trauma as a Service Connected Disability for Veterans: A Commentary

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Race and military service are effectively inseparable. Like most large governmental institutions, the military's history is littered with jarring incidents of race-conscious misbehavior. Trauma is often one of the mental health consequences for the survivors of these unwanted racial experiences. Military Racial Trauma (MRT) may be applied to assess these situations because it best defines the significance of the functional psychological reactions emerging from these incidents. MRT is a type of special trauma whose criteria is met as result of exposure to assault, intimidation, or personal threat whereby the motivating factor behind an aggressor's actions is cultural or ethnora-cial. The MRT event had to transpire while the survivor was in any phase of duty or during training. MRT has both a clinical and forensic psychocultural sequelae that must be evaluated by a qualified examiner.

Clinically, an MRT survivor's response can vary (e.g., risk-taking behaviors or decline in clinical functioning performing adult tasks, noticeable in relationships or work) depending on their psychological resiliency, history, and recovery capacity as well as the type of behaviors exhibited by the perpetrators. For example, one extremely competent service personnel ranked at E-4 had a pistol pointed at his head by a master sergeant, who simultaneously shouted racial epithets at the E-4 because he erroneously thought that the E-4 was trying to show him up. The E-4 urinated in his pants before losing consciousness during this distressing encounter. Although the E-4 had originally planned to make a 20-year career out of the military, he was eventually forced into an early medical retirement due to a precipitous decline in work performance immediately following the MRT incident. In this veteran's case, the unfortunate circumstances translated into a racial trauma signaled by a loss in function. Forensically, there are military codes and policies that prohibit race-conscious misconduct. There is also a rational-legal authority charged with the enforcement of codes, policies, and military laws. These military codes and legal authority structures may ostensibly be used to forensically assess and pursue MRT cases whenever they arise.

The prevalence rates for MRT is not known definitively because such incidents have not been routinely documented out of a higher priority concern over the potential negative impact on morale, public relations, or recruitment campaigns. Nonetheless, what is currently well known about trauma in the military is that women disproportionately experience Military Sexual Trauma (MST) (see U.S. Code 1720D of Title 38), and combat is the major contributor to Post-Traumatic Stress Disorder (PTSD) in males. Roughly 3 percent of white officers identify race as a destructive factor. Comparatively speaking, at least 25 percent of blacks and Latinos report racial discrimination as a destructive factor in their military service experiences. Considering the official federal recognition of MST, it is important to remain attentive to the fact that the above analysis also serves to underscore the relevance of MRT as a service-connected disability.

It can be argued that MRT-related inequities are a direct byproduct of the historic positional advantages held by some service personnel. This positional status has resulted in recurring institutional oppression, a race-based sense of privilege, and acts of racial supremacy as well as self-serving ignorance of the imbalance in the racial power structure in general. Some might even reason that these negative military experiences are merely extensions of a much larger non-military culture or society (e.g., a significant period of racial segregation, other historical trauma incidents, hate crimes, police misconduct and oppressive Jim Crow laws). For example, even though blacks and other racial minorities have honorably served with distinction in military campaigns during every war since the start of this country,

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historically distorted misperceptions remain. Black soldiers are viewed as being less competent and/or approached with a much tighter micromanagement style when contrasted with white soldiers. It is just these types of ethnoracially embedded dispositions over centuries that have helped to fuel the circumstances under which MRT is historically perpetuated within the military culture.

The history of PTSD is revealed through its longstanding presence in the military, and it can be traced as far back as ancient periods. In the United States, incidents contributing to MRT probably began during the Revolutionary War and continued through the Civil War, World War I, World War II, Korean War, Vietnam War, Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. During the Civil War, efforts were made to try to understand PTSD, but even in that war, the death rate for blacks was almost 40 percent higher than whites. In addition to the higher black mortality rate, there are undocumented near death experiences and projected clinical consequences associated with witnessing serious military injuries. One can presume that the centuries of low status for minorities in the military also coincided with harsh racially based mistreatment. For example, captured black Civil War prisoners were often executed by Southern confederates.

A former Secretary of Defense received a letter from the Southern Law Poverty Center that reported increased Ku Klux Klan behavior at a Marine camp. The concern was so great at the time that the then secretary crafted a lukewarm directive stating that any military personnel's involvement in such hate groups was not compatible with military service.

The sum of these events amplifies a growing ethnoracial narrative that elevates the status of MRT to that of a major concern for the military on a wider scale. That is, if MRT is negatively impacting the functioning of veterans then one could easily reason that it is also detrimental to other critical aspects of active duty military life (e.g., team functioning, Homeland Security, readiness, and unit morale). Yet currently, MRT is not identified as a service connected disability for veterans even though there is clear and convincing evidence of its aggravating presence throughout the history of the U.S. military. More than anything else, the ubiquitous occurrence of MRT unfortunately overlaps into the day-to-day lives of a diverse group of veterans. The previously discussed issues certainly fuel the need for an expanded and systematic review of MRT. Toward achieving that end, there are ten MRT domains listed below that require a more exhaustive examination than can be reasonably accomplished in this brief clinical forensic psychological commentary. These are:

1. What are the barriers to seeking help for MRT Survivors?
2. What are the demographic and military-related characteristics of the veterans presenting with MRT?
3. What are the psychological implications for other diverse service personnel who vicariously survive post- MRT?
4. How can longitudinal research expound on the potential causal relationships between MRT and other variables?
5. What are the MRT policy implications for the Department of Defense, Veterans Affairs, and all branches of the military?
6. How can critical risk and protective factors be identified for MRT?
7. What prevention and psychotherapeutic intervention programs can be crafted to address MRT?
8. How can military-specific risk factors be verified?
9. What can be done to enhance prevention and responses to MRT?
10. What additional formalized MRT training and supervision is required for health care providers?

Self-serving denial, embarrassment, fear of retribution, financial costs, guilt, selective memory, misinformation, lack of information and predetermined political agendas should not prevent the concrete steps needed to make MRT an officially designated service connected disability. The continued omission of MRT as a recognized disability condition has clinically significant implications for active duty personnel and veterans from all service eras.

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