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E. Ann Jeschke

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Commentary

Fighting for Freedom by Killing the Pain

E. Ann Jeschke**

*Founder of STL Amazonia

* Correspondence concerning this article should be addressed to E. Ann Jeschke, PhD, STL Amazonia, 5908 Nagel Ave Unit 1E, St. Louis MO 63109, MAILING ADDRESS

Email: stlamazonia@gmail.com

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Abstract. This symposium includes six personal narratives about military veterans' experiences receiving health care through the Military Health System or the Veterans' Health Administration. Five of the narratives were autobiographical accounts of men's personal experience of care and one of the accounts was written by a wife who watched her husband suffer with chronic pain after leaving the military. There is a good deal of literature in military and veteran's medical research pertaining to psychological and physical trauma rehabilitation; however, there is little reflection on what it is like for injured military personnel or veterans to overcome obstacles while in pain and attempting interface with these governmental health care systems. This symposium provides a closer look at the difficulties faced as these six men attempt to fight for personalized care in a collective health care system.

Keywords. Freedom, pain, weakness, fight, military, Veteran's Administration, service related disability

As I pondered the narratives in this symposium, I remembered a marine saying to me: "Pain is weakness leaving the body." This marine prided himself on being able to endure and inure himself to anything as a sign of a rough and tough warrior. Warriors are known for sucking up and ignoring pain. Both the military and the civilian community enjoy imagining legends of an indestructible warrior. Accordingly, the ability and willingness to take on enormous levels of pain without flinching or complaining is the mark of true excellence and military genius. Such fables are strongly embedded in both the individual warrior's psyche and the collective consciousness of the United States. Legends from Achilles to Thor love presenting godlike

warriors as unstoppable and indestructible. Hollywood movies present a similar mythology; one only need think of *Saving Private Ryan* or the *Lone Survivor* to see the vision of warriors who will endure any amount of pain for his mission, comrades-in-arms, and the love of country. In a certain sense, the myth of the unbreakable, indefatigable warrior speaks to us all whether in the military or not. Somehow a warrior's heroic ability to endure pain while still performing at the highest-level heralds a savior figure. Such a warrior is, in many ways, iconic representation of the ultimate protector of our country's most noble virtue; namely, freedom.

However, the subsequent narratives turn the previously described mythical pain trope on its

head; namely, they show how pain is weakness entering the body. As pain “assaults” the body, the warrior is no longer able to ignore, push forward, fight through or transcend the limitations of his human frailty. This predicament presents each warrior with an opportunity to deconstruct his old identity as warrior and wade through the murky waters of the military and veteran’s health care systems to discover a new identity. Ironically, pain as weakness and debilitation becomes the catalyst for the warrior to take on a personal fight for freedom. These warriors newest mission causes them to shed some aspects of their pre-defined military identity while integrating other aspects as they slowly learn to differentiate from the military and veteran’s healthcare system and redefine themselves as warriors. The common link between the naïve warrior identity and the mature warrior identity is the desire is to kill the pain body either through sucking it up or through relying on medical interventions. Pain is, therefore, the agent of transformation for the warrior. Upon entering the military, pain transforms the civilian into a physically strong, fierce warrior ready to fight for fellow warrior and country. Upon entering the military and veterans’ healthcare system, pain transforms the warrior into a spiritually sensitive, introspective human being ready to fight for personal freedom and seek deeper meaning found in the common condition of human frailty.

This medical theodicy toward personal freedom came as a shock to these warriors because they were thrust out of an environment based on communal identity and hierarchical decision making that put the military “mission” before the “individual” mission. While these narratives revolve around the military and veterans’ health care systems, which are in some ways collective systems based on government funds, resources, rules, and regulations, the focus is no longer on the warrior as a member of a tightly knit community. Instead, upon entering the “medical system” the warrior was asked to understand how to make decisions for himself without reference to his brothers-in-arms, the military, or his duty to serve his country. His task was to figure out how to perform a “terrain assessment” of his

medical situation and come to his own conclusion about the best strategy for attacking the pain.

Brian Ipock’s opening line well represents the impact of first entering the “medical system” after having been in the military. He says: “In the military you are told what to do, however, when you fight for your choice as it applies to your own health, be prepared for a long fight.” Brian’s was not only “immersed in a quagmire of pain,” but also a completely new medical system with which he had “limited knowledge or experience to draw from.” In a certain sense, warriors like Brian were required to go through a medical boot camp, where they were stripped of their familiarity with communal decision making and forced to quickly learn medical jargon and hierarchy with which they were not familiar. Unlike military boot camp that sought to strip down individuality into a communal identity, medical boot camp stripped warriors of their community and collective military resources forcing them to learn to advocate for self or “surrender” to the system. There were no drill sergeants yelling at warriors telling them exactly how to stand, look, move, eat, wear his clothes, or to brush his teeth. Instead, there were a lot of people giving advice they were forced to collect, distill, and digest to make an “autonomous” decision. In each case, the individual warrior was asked to create his own battleplan without support from fellow comrades-in-arms, let alone having extensive knowledge of the objective, strategy, or tactics. Brian’s story depicts a person who was willing to charge forward in pursuit of his mission to navigate the “complicated and convoluted process” of trying to understand the etiology of his pain, medical options, and the bureaucracies of the military and veteran’s health systems.

Not only was the experience of stepping into these medical systems chaotic and a shock to the warrior’s sense of communal identity, it induced a great deal of frustration and irritation when the system did not take care of warriors as they expected it to do. In describing his entry into the VA medical system, Keynan Hobbs explains well his split feelings about veteran benefits through the VA: “I appreciated it and hated it too. I take that

back, I didn't really appreciate it much." He goes on to narrate how the VA reminded him of all the worst parts of the military system: "Drab hallways were filled with military crests and photographs of old battles on the walls, lines to wait in so that I could be placed into other lines." Lack of privacy and being shuttled around from one physician to another made him feel reduced to a pathology the way the military had reduced him to a rank.

At first, Keynan was frustrated and resentful of a system that seemed broken, indifferent, mechanical, and depersonalized. However, what Keynan noticed was a bait and switch. The military and veteran's healthcare systems interacted with the warrior as an individual human being and made him responsible for decision making, but in the end analysis if the warrior's individual decision did not fit within the needs, policies, rules or regulations of the institution the warrior became entangled in the system. Similarly, Brian was forced to face this reality just as he had learned some medical tactics and gained ground on his fight to be free of pain. After a great deal of research and deciding on the best path forward, Brian was told he was no longer militarily effective and the Army was going to medically retire him.

When warriors first realized that the medical systems in which they were operating were not fully vested in serving the individual warrior's best medical interest, they felt like they had been ambushed by systems that purported to exist for the sole purpose of caring for the warrior. Amber's narrative describing the journey through pain with her husband Blake vividly explores the deep frustration and angst she felt as she slowly realized the VA was not going to help her husband alleviate chronic pain beyond prescribing pain pills. Amber poetically scribed a dirge of injustice. She was endlessly crestfallen when Blake came home from appointment after appointment without a care plan. When the VA did not take responsibility for Blake's well-being, Amber took the initiative and attempted to push him to confront a system that "wasn't fair." In berating herself, she wondered how things could get so bad and slowly began to realize she put her hope in a system that she thought cared about her

husband's personal pain. Like Brian and Keynan, Amber became entangled in the VA medical system that could offer no meaningful answers or concern for her husband's chronic pain other than to kill it through medication. Her confusion caused her to emote a litany of questions as a final prayer to God for assistance. To me the most salient was: "Why would a system paying for a veteran for his disability want to prolong that disability rather than eliminate it?" This is an oft stated question by many warriors who reflect on what seems to be the ridiculousness of certain ossified policies and procedures within both the military and veteran's healthcare systems.

Amber, Keynan, and Brian put a great deal of hope, energy, and optimism in these healthcare systems; yet, they were ultimately disappointed because they believed the systems were primarily functioning to look after the well-being of the individual warrior in pain. The question of how warriors ought to be treated in comparison to how they are treated was also pondered by William L. Freeman. William questioned if the "medical system" was about the warrior's health needs or the perpetuation of a particular type of delivery system. He said, "I sometimes experienced the too frequent downsides of the health care system, including the somewhat increased problems that occur when the new, inexperienced, interns and residents in teaching hospitals first start in July, to procedural mistakes, to a 'poster' experience of anti-personal 'health-care' delivery."

Slowly, as warriors came to the realization that the military and veterans' healthcare systems were functioning under a broader collective good, they started to move into a different relationship with the system and self. Whether the military and veterans' health care systems are "anti-personal" due to their collective nature, or not, is unclear. As William points out, modern medicine, in general, is mechanized and less concerned about the human experience of frailty and how it emotionally manifests in individuals in pain. What is clear from this set of narratives is that the collective, depersonalized systems forced almost every warrior to dig deep into their soul and find better ways of meeting

their deeper human needs: first, ways of resolving their physical pain; and second, answers to who they were as individuals outside of the systemic entanglements.

One of the most dramatic narratives concerning spiritual liberation was that of Chuck Dean. His experience with severe heart attack provided him with an out of body experience that had dramatic consequences for his life. As he explains, the acute pain caused by multiple heart attacks ran through his body and caused him to slip out of his body. Chuck experiences a “simple awareness” that he is “whole, without fear,” and “free.” However, upon coming back to the United States and trying to deal with the VA medical system, he also experienced being entangled in policies that would not pay for a medical operation. Chuck’s heart attack occurred in China and when first explored there was no indication that the attack was related to his disability from Vietnam. Six years later Chuck was diagnosed with ischemic heart disease “secondary to Agent Orange” so he appealed to have his operation reimbursed. Because at the time of his operation he hadn’t yet been diagnosed with ischemic heart disease and his eventual diagnosis was only “secondary” to Agent Orange the VA refused to reimburse him. In other words, his disability and pain would not be covered by his veteran’s benefits. Eventually, Chuck had to make peace with his human condition and was concerned for other warriors who might get “ambushed” by the system.

In the personal fight for freedom, most warriors moved beyond the military and veterans’ health care systems to find liberation from their pain. However, the journey through these systems were not without anger, frustration, and resentment. In confronting their negative emotions, warriors moved into a deeper sense of liberation from systemic entanglements. Thereafter, they were able to interpret themselves anew as warriors who were not defined by adherence to a system, but from their interior sense of self and identity. Vaughn Stephen’s narrative potently highlighted how his deep interior sense of self took a theodicy through the military and into the military medical system to really come in touch with his personal sense of

self. While he loved the intensity of West Point and being an infantry commander, he felt the rebel part of himself had been covered up by military protocol.

During an exhilarating motorcycle ride, Vaughn ended up bed-ridden, wheelchair bound and stuck in Brooke Army Medical Center assigned to a warrior transition unit. While he was recovering from serious injuries the military required him to “provide proof of life,” which meant biological existence. In contrast, by working around the system he actually found proof of his deeper life. It was Vaughn’s rebellious excursions alone “[driving], thinking, droning,” that allowed him to reconnect with his deeper nature of the “lonesome Frenchman” he dreamed of being before entering the Army. His real “peace of mind” came when he began to shed the skin of rebel-loner. That identity was simply in opposition to the Army. However, it helped him see that there was a deep part of himself that “yearned to be of service, and in a very specific way.” The specific way was to serve those who are in pain beyond the military, veteran, or healthcare systems. Ultimately, Vaughn learned to walk to the beat of his own drum and decided to serve his fellow warriors by practicing shamanic medicine.

Having fought the good fight for personal freedom, Keynan was awarded with the deep insight into his own sense of personal identity. He said: “The integrity of my work is *my* integrity, and the meaning of my work is the meaning I give it. And what I get from my work is what I choose it to get. The organization exists to get its work done, and I exist to get mine done—ideally those overlap in ways to get the intended result.” The other warriors also found a deeper sense of freedom by realizing what Keynan succinctly stated: “We are responsible, and we avoid responsibility—it’s the human condition. Once I understood that I cannot delegate responsibility for my health or wellbeing to anyone or anything else, my whole view of the VA Healthcare changed.” This deep understanding that no “system” could be completely responsible for the outcome of an individual warrior’s wellbeing and transformation was also well stated by the moral of Brian’s story. He leaves his reader and other warriors to come with the following insight:

"We must take a vested interest in the procedures and medical interventions that shape our lives, so that we can try and guarantee the best outcomes and live our lives fully."

Try as we might to uplift the image of a super-human warrior, such a vision may be more idolatrous to the human person than it is an iconic symbol of our nation's military servants. The truth, which is provided in the previous narratives, shatters the idol to reveal that no human being is indestructible or indefatigable. The real warrior can be broken, shattered, and pain can enter the body in a way that becomes a chronic sign of human frailty that no human being can physically transcend. Understanding the frailty of the human condition not only provides a more accurate picture of the day-to-day reality of warriors as normal human beings like any other, but it also provides a backdrop to investigating how these warriors, whether still

in the military or not, use pain to come to deeper understanding of personal freedom and in so doing spiritually transcend human frailty; thus, learning the deeper meaning of service to self and others. Through their unique theodicies, each warrior came to embody and live a life of service with a profound new insight; namely, that touching into one's own frailty is the thread that unites all human beings and makes personal and interpersonal peace possible. The refined spiritual warrior came to understand that true service humbly bows before and reverences the deep vulnerability of self and others. As such, he is no longer idolized by others who define his warrior identity according to their external interpretations of meaning. Instead, each warrior found his own interpretation of warrior identity, which broke open an iconic essence that demonstrated his unconquerable spirit.