

# **War Without Recovery: Concurrent Traumatic Stress and the Collapse of Battlefield Mental Health Timelines**

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Modern warfare in Ukraine has revealed a critical shift in the nature of combat trauma. Frontline infantry operating within the Forward Line of Troops (FLOT) are experiencing what is best described as concurrent traumatic stress (CTS), a condition where psychological injury develops and persists during continuous exposure to threat, without the temporal separation required for recovery. Drone-dominated kill zones, delayed casualty evacuation, and the systematic targeting of medical assets have disrupted traditional behavioral health timelines, rendering post-exposure treatment models insufficient. This article defines CTS as an operational condition, examines the role of adversarial psychological warfare in sustaining it, and argues that the United States and its allies must recalibrate doctrine. Specifically, it calls for forward-integrated mental health capabilities and a reevaluation of chaplaincy as a deployment-ready component of battlefield psychological operations under persistent threat.

## **Concurrent Traumatic Stress: A Battlefield Condition**

Traditional frameworks for post-traumatic stress disorder (PTSD) assume trauma is processed after the individual has been removed from the threat environment (American Psychiatric Association [APA], 2022). Even expanded trauma models acknowledge cumulative exposure but still rely on eventual separation from the stressor (Herman, 1992). The conditions observed in Ukraine require a more precise operational definition: Concurrent Traumatic Stress (CTS) is the continuous accumulation of psychological trauma during sustained exposure to threat, in the absence of the environmental or temporal conditions necessary for recovery.

CTS is not a delayed reaction; it is a real-time condition experienced while the soldier is actively engaged in combat. This concept extends prior observations of populations under ongoing violence (Eagle & Kaminer, 2013) into a high-intensity combat environment where cognitive performance and survival are required under a continuous psychological load. The Ukrainian soldier shoulders a dual burden: direct, unrelenting exposure to threat and the sustained psychological weight of witnessing the suffering of comrades without resolution. Trauma is no longer a moment; it is the environment itself.

## **Psychological Warfare Through Persistence & Moral Injury Under Fire**

The modern battlefield's operational design reflects more than technological advancement; it demonstrates intentional psychological pressure. Persistent surveillance, the deliberate targeting of medical personnel, and the disruption of evacuation pathways create a system designed to foster continuous unpredictability and an inescapable sense of threat. Research has consistently demonstrated that unpredictable and uncontrollable stressors produce the highest levels of psychological strain (Southwick et al., 2014). In this context, the adversary is not only degrading combat power physically but is also weaponizing psychological saturation. For the United States

and partner nations, this represents a clear doctrinal warning: future adversaries will not simply expose forces to trauma; they will engineer conditions that prevent recovery. Delayed Casualty Evacuation (CASEVAC) introduces a compounding psychological dimension: moral injury. When soldiers cannot evacuate their wounded, they are forced into prolonged proximity to suffering, assuming caregiving roles under inadequate conditions and witnessing death without the ability to intervene effectively. Moral injury arises from the acute dissonance between a soldier's training and the operational reality of their limitations (Litz et al., 2009). When combined with CTS, the result is a layered psychological burden of sustained threat, unresolved trauma, and moral conflict, carried forward in real time.

### **Chaplaincy at the Frontline: A Critical Capability Gap**

The operational realities in Ukraine expose a critical vulnerability at the FLOT: the absence of immediate, in-situ psychological and spiritual support where it is most needed. With traditional behavioral health assets reliant on evacuation chains that are degraded or non-existent, a profound void has emerged at the point of injury and ongoing threat. This gap is one that chaplaincy is uniquely postured to fill. Unlike clinical models that require removal from the environment, a forward-integrated chaplaincy would operate within the threat, offering immediate presence when evacuation is impossible. Such a capability would facilitate emotional and cognitive processing through direct dialogue and, crucially, reinforce a soldier's sense of meaning, identity, and purpose amidst chaos. The inability to provide this support on a battlefield defined by CTS leaves a critical need unmet, highlighting a doctrinal blind spot that adversaries will exploit. This positions the chaplaincy not as an ancillary support element, but as a potential core capability for addressing the moral and existential dimensions of CTS in real time.

### **Reevaluating Chaplaincy for Deployment-Ready Mental Health Operations**

Current Western military structures do not adequately posture the chaplaincy for this role. Future conflicts will necessitate a fundamental shift, requiring several key adaptations. First, it demands trauma-informed training that prepares chaplains for acute stress response and moral injury recognition within active combat zones. Second, it requires their operational integration directly at the FLOT, moving psychological support into contested spaces as an accepted doctrinal practice. Furthermore, doctrinal alignment with behavioral health systems is essential to formally recognize the chaplaincy as a complementary and, at times, primary mental health capability when access to clinical care is denied. Finally, the model of care must transition from episodic engagement to one of continuous presence, mirroring the persistent nature of the threat itself.

### **Conclusion: The Future Fight Will Not Pause: Implications for U.S. and Allied Forces**

The lessons from Ukraine are stark and unequivocal. Trauma exposure in future conflicts will be continuous, not episodic. Psychological warfare will be engineered to target endurance, not merely survivability. Consequently, leaders must anticipate that medical timelines will be extended or disrupted, making it a strategic imperative that mental health support is forward-

positioned and integrated into frontline operations. Most critically, forces must be postured to operate effectively while experiencing concurrent traumatic stress. This reality demands that the end of recovery as a planning assumption is accepted at all echelons of command. Ukraine has revealed a defining shift in modern warfare where there will be no predictable pause for recovery. Concurrent Traumatic Stress (CTS) is the operational reality for the modern warfighter under sustained threat. For the United States and its allies, adaptation is not optional but a strategic imperative. This requires the formal recognition of CTS as a battlefield condition, the forward integration of psychological support assets, and a fundamental reevaluation of chaplaincy as a deployment-ready mental health capability. In future conflicts, the decisive factor will not only be the ability to fight but the ability to endure.

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