Army of One

As conflicts in Iraq and Afghanistan rage, too many soldiers returning from battle are nursing their emotional wounds alone. Can they get the help they need?

BY KATIE NEAL
Army Sgt. Jerry Sears didn’t realize anything was wrong with him when he returned from his tour of duty in Vietnam.

“I spent like three months in my bedroom, and I had a hard time coming out,” he says. “But I wasn’t really aware I needed help. I thought, ‘How did I expect to feel?’”

Fortunately, Sears’ father, a retired military man, recognized the signs of combat-related stress and helped get Sears into an inpatient program. In the years since, while still tending to his own battle scars, Sears, a registered nurse, has worked with hundreds of soldiers struggling with the same emotional trauma upon their return from war. But he worries many more are not getting proper care.

“The way they’re coming back now is the way we came back from Vietnam—in huge numbers that saturate the system,” he says. “The [Veterans Affairs] system is not staffed adequately enough for that.”

More than 2 million soldiers have been sent to Afghanistan and Iraq since 2001, and nearly half have been deployed at least twice. Recent studies, including several conducted by the military and one by Stanford University, found that 15 to 24 percent of soldiers who served a single tour of duty developed psychological problems. As the number of deployments rises, so does the risk. In their second or third tours, as many as one-third of soldiers face mental and emotional problems.

From Shell-Shock to PTSD

During the Civil War, servicemen who showed signs of emotional stress after combat were diagnosed with the euphemistic term “soldier’s heart.” During World Wars I and II, “shell-shock” and “battle fatigue” were the preferred labels. Not until the aftermath of Vietnam, however, did doctors recognize the seriousness of these emotional wounds.

“There was a kind of confluence of symptoms that were being recorded by people who treated Vietnam veterans and people who treated victims of rape,” says Nancy Sherman, author of The Untold War: Inside the Hearts, Minds and Souls of our Soldiers and a former distinguished chair of ethics at the U.S. Naval Academy.

Doctors came to understand that people suffering from emotional and psychological stress after traumatic events were dealing with precisely the same issues, and the problem was given a name: post-traumatic stress disorder.

PTSD is characterized by intrusive thoughts and memories, recurring nightmares, difficulty sleeping, frequent startling, and avoidant or disconnected behavior. It can drastically alter a soldier’s quality of life, affect his or her relationships with family and friends, lead to substance abuse and, in extreme cases, suicide.

Aside from multiple deployments, modern conflicts have thrust soldiers into several situations that appear to increase the risk of PTSD. Advances in transportation have made decompression and transition times shorter, so soldiers can be on the battlefield one day and back in their stateside homes later that week. This switch from the Green Zone to the suburbs can be incredibly jarring. In addition, combat itself looks very different than it did in previous wars.

“Right now, the fighting is so tight in, in co-mingled areas where insurgents and civilians mix,” Sherman says. “It’s really, really hard to identify the enemy, and in those cases you sometimes make mistakes.”

Outside Help

With the changing circumstances of war and the vast number of soldiers being deployed, the military’s health care system is somewhat overwhelmed by the demand for psychological care.

“From my own experience, you go to the VA and see a social worker, and you might get in to see a doctor in two months,” says Justin Savage, who served in Iraq with the National Guard in 2004.

To offset this heightened demand, some private companies are stepping in to fill the void. Last November, Psychiatric Solutions Inc., a nationwide chain of behavioral health hospitals with more than 11,000 beds, announced that eight of its facilities have been designated Patriot Support Centers. These locations will work closely with nearby military bases to provide tailored mental health services for soldiers. Nine of the company’s other facilities are certified by Tricare, the military’s health care program, and will work toward cultivating specific military care, as well.

In other cases, former soldiers are taking matters into their own hands and creating organizations to help meet demand. Savage works as a veteran mentor for Vets Prevail, a Chicago-based company dedicated to providing soldiers with immediate and anonymous help via a Web-based tool and an online community (www.vetsprevail.com). The company, which was founded by combat veteran Richard Gengler and mental health pro-
fessional Roger Sweis, provides a free interactive program that is individually tailored to each soldier based on responses to online questions. Vets Prevail offers the opportunity to chat live with veteran mentors like Savage, and assigns activities designed to help returning soldiers identify and cope with combat stress.

“I didn’t come back the person I went over as. It was really tough for me to start talking,” Savage says. “But now I can provide that shoulder of emotional support and leverage my experiences to help them out—and help them find the answers on their own.”

Another company that has responded to the need is Soldier’s Heart, a nonprofit organization founded in 2006 by Edward Tick, author of War and the Soul: Healing Our Nation’s Veterans from Post-Traumatic Stress Disorder. This group holds intensive retreats for returning soldiers across the country, facilitates veteran-to-veteran mentoring and works with faith-based organizations to set up other support systems for veterans in their communities.

“Ed [Tick] has worked with veterans for more than 30 years, and he’s traveled the world looking at cultural and ancient traditions of bringing the warriors back home,” says Paula Griffin, program manager. “We use a lot of those rituals in our healing work.”

The Military’s Ongoing Fight

Many of the outside organizations now assisting veterans are responding not only to the military’s limited resources but also to the understanding that some soldiers don’t want to go through official channels. Many worry that admitting they need mental health help could alter their standing with colleagues and superiors or block chances of promotion.

That’s a challenge the military has committed to tackling, via ongoing education of both soldiers and their superiors.

“Leadership within the military is changing its perceptions and encouraging

BEYOND THE COUCH
PTSD treatment takes a variety of forms

While many soldiers are eager to talk about their experiences, others resist getting help because they’re uncomfortable with the traditional therapy model. Recent developments in PTSD treatment are offering innovative solutions.

One of the most popular current methods of treatment for PTSD is Eye Movement Desensitization and Reprocessing (EMDR), in which soldiers access disturbing memories while focusing on specific eye or hand movements. This can help retrain the brain, particularly one that is “stuck” on a traumatic memory or image.

A handful of facilities nationwide now offer virtual reality technology as a form of exposure therapy. Soldiers recreate their wartime experiences with a system that mimics the sights, sounds and even smells of combat.

Sound therapy also has shown promise in easing the insomnia and nightmares associated with PTSD. Prescription Audio offers a free download of its program for soldiers at its website, www.prescriptionaudio.com.

Through Paws for Purple Hearts at the Bergin University of Canine Studies in Santa Rosa, Calif., soldiers help train service dogs to assist disabled veterans. The training program is a form of animal therapy, and many soldiers find both the training process and the knowledge that they’re assisting other veterans therapeutic. For more information, visit www.berginu.org.
servicemen to come in and get help,” says Dr. Charles Hoge, a retired Army colonel, author of *Once a Warrior, Always a Warrior* and former director of mental health research at the Walter Reed Army Institute of Research. “The problem is when you go down to the level of the individual platoon or company and the individual soldier—that’s where you don’t really see changes.”

Since the beginning of the wars in Afghanistan and Iraq, the military has regularly deployed teams of psychiatric professionals to combat zones to monitor the mental health of soldiers and help develop tools to reduce combat stress. More resources are also being invested in effectively screening returning soldiers, as well as providing front-end resiliency training, to better prepare warriors emotionally before they go into battle.

“There’s a huge effort at the highest levels of leadership to educate soldiers that these are expected reactions, but that if you let them go and don’t get help for them, that actually makes things worse in the long run,” Hoge says.

### It Takes a Community

It’s easy for civilians to feel helpless when they hear about soldiers returning from war with invisible wounds. But many experts both inside and outside of the military agree that community outreach is crucial to helping veterans heal—both financially and emotionally.

Friends, family members and neighbors can be invaluable to identifying PTSD in warriors, urging them to seek treatment and providing emotional support.

“We still have a yawning civilian–military gap,” says Sherman, who interviewed more than 30 soldiers for her book and found them eager to talk about their experiences outside of a clinical setting. “We tend to avert our eyes on our own blocks. We’re supportive but we don’t know how to approach soldiers or their families.

“They wanted desperately to have their stories heard and to get some moral clarity.”

The importance of community support is a central pillar of Soldier’s Heart, which emphasizes storytelling as part of its retreats. The organization also hosts talking groups that are open to members of the public who are willing to take the time and listen to veterans’ stories.

“These men and women are laying their lives on the line on our behalf,” Griffin says. “It’s not at all right or reasonable to expect them to do that, and then to carry those burdens alone for the rest of their lives.”

### HELPING HAND

Aside from the local command center or VA, active duty soldiers and veterans coping with PTSD can find help in many places. Here are just a few:

- **www.vetsprevail.com** Vets Prevail’s online community offers mentoring, Web-based training, and plenty of opportunities to interact with other soldiers through social media and more.

- **www.giveanhour.org** Give an Hour provides free mental health services to soldiers thanks to hundreds of professionals who commit to volunteering at least one hour per week. Soldiers are connected to a provider in their area via a comprehensive Web database.

- **www(ptsda.va.gov** The National Center for PTSD provides a wealth of information and guidance for returning soldiers, and features a treatment program locator, fact sheets and more.

- **www.soldiersheart.net** Soldier’s Heart offers intensive four-day seminars for veterans—the cost of which may be covered by scholarship funds—as well as peer-to-peer mentoring.

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Photography by Peter Mathes