

Returning US veterans' lives shattered: the growing toll of PTSD

Kate Randall
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Increasing numbers of US veterans returning from the wars in Iraq and Afghanistan are suffering from Post Traumatic Stress Disorder. Haunted by the brutality of their experiences in combat and the horrors inflicted on the civilian population—often with their own participation—they return home only to receive woefully inadequate treatment for their condition, go undiagnosed or face an intolerant military culture in which a stigma against PTSD and other mental disorders still persists.

The violence of war is transferred to veterans' lives at home where they confront a myriad of problems, not the least of which comes in the form of the bureaucracy at the Department of Veterans Affairs (VA). PTSD sufferers are often unable to hold down a job, are more likely to abuse drugs and alcohol, have relationship problems, and suffer from insomnia, depression and a host of other problems. The scarcity and underfunding of VA services have left thousands of veterans with PTSD isolated and despairing. With seemingly nowhere to turn to deal with their condition, many have taken their own lives.

With increasing frequency, the stories of veterans with PTSD have made the news in hometown papers. These accounts are now being reported more regularly in newspapers like the *Army Times* and the *Marine Corps Times*, publications with wide readerships among soldiers, veterans and their families.

On July 8, *Army Times* published a story on Army Spc. Joseph Patrick Dwyer, an Iraq war veteran. A medic, "Doc" Dwyer made headlines in the early days of the US invasion of Iraq as his image was captured by a *Military Times* photographer as he ran through a battle zone carrying a small boy named Ali. The photo ran in newspapers across the country, "hailed as a portrait of the heart behind the U.S. military machine," according to *Army Times*.

On June 28, Dwyer, 31, died of what was ruled an accidental overdose in his home in Pinehurst, North Carolina, following years of struggling with PTSD. Since his return as a "hero", he had battled depression, abused drugs, and his marriage had fallen apart. He had run-ins with the local police. On the day of his death, he apparently took some pills and inhaled the fumes of an aerosol can, an act known as "huffing." He called a taxi company for a ride to hospital, but he did not make it there on time.

Dwyer had been haunted by memories of his experiences in combat. He was stationed in Iraq with the 3rd Squadron, 7th Cavalry Regiment as it went into Baghdad in March 2003. He recounted earlier to New York's *Newsday* that of the 21 days his unit moved into Iraq, 17 included gun battles. The day before he was photographed with the young Iraqi boy his Humvee had been hit by a rocket.

After three months in Iraq, he returned home and soon developed what the *Army Times* refers to as "the classical, treatable symptoms of PTSD." He avoided crowds and friends and began to abuse inhalants. One time he thought he heard Iraqis outside his window and began shooting. Although at first he didn't seek help for his condition, he was eventually admitted for psychiatric treatment on several occasions.

At the time of his death, Dwyer had been separated from his wife Matina for more than a year. She told the *Pinehurst Pilot* after his death, "He was a very good and caring person. He was just never the same when he came back, because of all the things he saw. He tried to seek treatment, but it didn't work."

According to a study released by the Rand Corporation think tank in April, about 20 percent of military personnel returning from Iraq and Afghanistan report symptoms of PTSD or major depression. On July 10, the *Army Times* posted a story originally appearing in the *Honolulu Advertiser* on another one of these soldiers, 23-year-old Sgt. Jesse Kerry.

According to Jesse's mother, Stephanie Kerry, her son began developing psychological problems after his deployment to Afghanistan in 2004. She said he had a serious incident as a result, prompting his command to "red flag" his file. The military has refused to comment on the nature of the incident, but it did not stop them from subsequently deploying him to Iraq for another tour.

In Iraq, two of his friends were killed when a roadside bomb hit their convoy. According to his mother, when he returned home to Hawaii he began drinking heavily and battled depression and nightmares.

In mid-June this year, police were called to Kerry's home in the Royal Kunia townhouse complex, having been alerted to a domestic dispute. His wife was escorted away, and both she and the couple's young son have reportedly returned to the US mainland.

Just two weeks later, Kerry was involved in an 18-hour standoff with police, which forced the evacuation of the residential complex. He threatened suicide and was hospitalized after the incident was finally defused. He was scheduled to be released after about a week despite his family's concerns that he wasn't ready. "It seems as though he's just being fast-tracked" out of the hospital, his mother commented.

At a May 16 hearing before the US House Veterans' Affairs Committee, mental health specialists testified on the exploding crisis of PTSD among returning troops. According to their testimony, the long-term cost for treating veterans with PTSD could reach as high as \$500 billion. While some treatment methods have been developed, many of those suffering never receive adequate treatment, or any treatment at all.

Failure to provide adequate treatment can lead to family problems, substance abuse, homelessness and—most tragically—suicide or violent death. Although figures are not available, it is likely that veterans with PTSD from Iraq and Afghanistan contribute significantly to the toll of veterans in the US who take their own lives each year—which number about 5,000, according to the VA.

Experts at the congressional hearing, including psychiatrists and other health care professionals, pointed to a number of reasons why soldiers often don't receive proper treatment. Sometimes they fear that reporting psychological problems will hurt their military career. At the end of their tours of duty, some fail to provide accurate answers to health surveys because they don't want to say anything that might prevent them from leaving the war zone.

When they arrive home, some seek initial treatment from their primary-care physician instead of a clinician trained in PTSD and other psychiatric disorders. A proper diagnosis can be missed because PTSD is often accompanied by depression and other mental health issues. All of these problems are compounded by a lack of funding at VA hospitals and clinics. This in turn leads to burnout among VA personnel as well as deliberate efforts to deny treatment by leading staffers.

Norma Perez, a psychologist who helps coordinate a PTSD clinical team in Temple, Texas, wrote in an email to her staff on March 20, "Given that we are having more and more compensation-seeking veterans, I'd like to suggest that you refrain from giving a diagnosis of PTSD straight out." She suggested instead that a diagnosis of a less serious Adjustment Disorder be made, given that she and her colleagues "really don't ... have time to do the extensive testing that should be done to determine PTSD."

Earlier this year, the *Nation* magazine reported that 22,000 soldiers have been diagnosed and discharged from the army with pre-existing personality disorders. The implication is that many of these disorders were not, in fact, pre-existing, but were PTSD and other combat-related disorders and authorities don't want to allocate the resources needed to treat them and pay benefits.

Veterans for America, a veteran's advocacy group, subsequently requested an Army surgeon general investigation into the cases of 18 soldiers from Fort Carson, Colorado who were discharged for personality disorders. Four months later, the group received a letter saying the army had "thoroughly and thoughtfully reviewed these cases," but none of the 18 were ever spoken to and there were no follow-up psychiatric evaluations.

One of these soldiers was Spc. Jon Town, who never had any history of mental issues before deploying to Iraq. While on tour in Iraq in 2005, a rocket blew up two-and-a-half feet about his head. "It was like I was kind of flying and then there was a fireball behind me," he recounted. He bled from his ears and was unconscious for about three minutes. Within 24 hours, he was back on patrol.

Town was diagnosed with traumatic brain injury (TBI) and has lost all hearing in one ear and 50 percent in the other. He also exhibits symptoms of PTSD, jumping at any loud sound that reminds him of gunfire. He has two or three flashbacks a day and only gets a few hours sleep a night.

One day soon after he returned from Iraq he tried to electrocute himself by pulling a hairdryer into the tub; the dryer short-circuited. He checked himself into the hospital the next day.

Although Town had obvious symptoms of PTSD, Army physicians diagnosed him with a personality disorder and he was discharged with no benefits because they determined it was pre-existing. "I lost everything, and had to pay the Army \$3,000 back because I re-enlisted and got a bonus. That's what I got for seven years of service."

For Town and thousands of veterans like him, PTSD is taking a tragic toll on their lives and those of their loved ones. While experts say that treatments exist for this and other war-related disorders, they are often limited and cannot erase the memories of war for many sufferers. The continued neo-colonial occupations of Iraq and Afghanistan ensure that the number of new cases—diagnosed or not—will only multiply.



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