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## The Last Battle: Is the Army doing enough to help soldiers suffering from mental health problems?



Staff photo illustration by Andrew Craft

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Lt. Gen. Frank Helmick stood in front of 14,000 soldiers on Fort Bragg in February with a message:

"We have got to stop the violence."

Just weeks before, Helmick had closed out the combat mission in Iraq and brought the troops home. Now, as he congratulated them for a job well done, he could not ignore some disturbing numbers. In just the past six weeks, he knew of six suicides and 25 accusations of spousal abuse.

Since Helmick retired in May, the violence at home has only gotten worse.

The Army has rolled out program after program aimed at identifying and helping soldiers who suffer from mental health problems related to a decade of war.

Despite those efforts, figures show that soldiers and veterans continue to commit crimes and take their own lives in record numbers.

Through July, Fort Bragg reported 13 suspected or confirmed cases of soldiers who committed suicide this year, the most of any military installation and on pace to far outstrip the 15 suicides recorded in 2011.

Another 40 Fort Bragg soldiers tried to kill themselves between January and June of this year.

Nationwide, the 38 soldiers confirmed or suspected of killing themselves in July was the highest monthly total on record.

The figures are far worse for the nation's veterans, who are taking their own lives at a rate of 18 a day, according to the Department of Veterans Affairs.

Suicides are only one barometer of the mental health of soldiers and veterans. Years of research indicate that multiple deployments and the stress of combat are leading to a dramatic increase in soldiers suffering from post-traumatic stress disorder, traumatic brain injury and substance abuse. These soldiers often end up in trouble - in their units, at home or with the law.

Magazines and newspapers - including The Fayetteville Observer - have written extensively about these "hidden wounds" of war. Again and again, mental health professionals have warned that the problems are growing. Two years ago, one Fayetteville advocate put it this way: "We're already seeing the tropical storm here, and the tsunami is coming because of the 10 years of war and the impact that it's had on military members and their families."

That prediction appears to be more accurate than ever in 2012, and perhaps nowhere can the wars' effects be seen more clearly than in Fayetteville.

Late last year, McClatchy Newspapers analyzed cities nationwide by ZIP code and found that few places outside Fayetteville and surrounding communities had more families dealing with the human costs of war in 2010.

According to the findings, which include only veterans registered with the VA, the Fayetteville area had:

The country's second-highest number of veterans on disability rolls - 26,797.

The third most Iraq-era veterans on disability - 7,283.

The third-highest number of traumatic brain injuries - 251.

The fourth-highest number of PTSD cases - 920.

The third-highest number of people suffering from major depressive disorder - 503.

Fayetteville police say the number of soldiers and veterans struggling with mental health problems is partly blame for a rise in the city's domestic abuse cases and other crimes.

The year was only 13 days old when Joshua Eisenhower, a Fort Bragg staff sergeant suffering from severe PTSD and other mental health problems, began shooting at police and firefighters from his Fayetteville apartment.

Eisenhauer's parents say their son, who had watched two of his buddies die in a fire in Afghanistan, was having flashbacks and thought he was shooting at enemy insurgents. Police shot Eisenhauer, who is now awaiting trial on 15 counts of attempted murder and other charges. No one else was seriously injured.

Three days later, Fort Bragg Sgt. Taylor B. Self became the first soldier this year to kill himself in Fayetteville. Police said Self, 25, of Oneonta, Ala., died of a self-inflicted gunshot wound at his home.

Two weeks later, Fort Bragg paratrooper Pete Peterson, 32, of North Las Vegas, Nev., committed suicide a month after returning home from his fourth deployment.

In June, Spc. Ricky Elder shot and killed his commanding officer, Lt. Col. Roy Tisdale, during a safety briefing on a Fort Bragg field. Elder, who friends say suffered from traumatic brain injury, then killed himself. Elder has been in trouble since childhood.

Despite all the programs, all the studies, all the conferences, the mental health problems appear to be growing at Fort Bragg and across the military.

The rising suicide rate and the increasing number of service members and veterans dealing with post-combat stress or substance abuse show that the military's mental health programs are not getting the job done. The leaves mental health advocates - both those in uniform and those in the civilian world - with a question: What should be done differently?

In an exclusive interview with The Fayetteville Observer, Defense Secretary Leon Panetta acknowledged that the problems won't be easily solved.

"It's only going to be solved by a fundamental and deep commitment on the part of everybody to address the issue," Panetta said. "We owe it to the people who serve in our military - people who are willing to put their lives on the line to protect our country. Surely we owe it to them to do everything we can to protect them."

In May, Maj. Gen. Dana Pittard, commander of Fort Bliss, Texas, posted on his blog that suicide is an "absolutely selfish act."

"I am personally fed up with soldiers who are choosing to take their own lives so that others can clean up the mess," Pittard wrote. "Be an adult, act like an adult, and deal with your real-life problems like the rest of us."

Pittard later said the media took his comments out of context. He posted a retraction, but the message, intended or not, had been sent: toughness trumps compassion.

That same mentality appears to exist at Fort Bragg.

During a recent interview about whether soldiers' mental health problems cause misconduct, Fort Bragg spokesman Tom McCollum said, "A lot of people have to grow up and accept responsibility. ... Just because you have these problems is not a get-out-of-jail-free card."

Military culture demands that soldiers be tough. Many soldiers worry that revealing they have PTSD or other mental health problems would be seen as a sign of weakness that could cost them rank, acceptance among their peers or even their careers.

Despite military programs aimed at eliminating the stigma of seeking help, it remains a major block to effective care for soldiers.

A recent study shows that what should be the key identifier of problems - the mental health screening process when a soldier goes on deployment or returns from one - is ineffective. The stigma attached to admitting something is wrong plays a major role in that ineffectiveness.

The screenings are supposed to detect depression, post-traumatic stress disorder and other mental health problems confronted by as many as one in five returning soldiers.

Former Army Capt. Michael Cummings, who now writes a blog on his war experiences and foreign affairs, said the mandatory screenings are ineffective because soldiers regard the battery of questions as little more than a minor annoyance.

After a long deployment, Cummings said, most soldiers just want to go home and get on with their lives.

"Redeploying soldiers check the mental health block for a variety of reasons - to get back to drinking, to protect their careers, or to avoid more questions," he wrote in an email.

After returning from his first deployment to Afghanistan, Cummings said, he filled out his paperwork and was led to a small cubicle that offered little privacy.

"The evaluator (psychiatrist?) asked me a series of questions off a checklist," Cummings wrote. "Do you have trouble sleeping? Do you have bad dreams? And so forth. Like most soldiers, I wanted to finish my checklist and return to my hotel room. As soon as I finished, I would join the battalion on block leave. So I answered, honestly, 'No' to all the questions and left."

Two years ago, on his return to Fort Campbell, Ky., from a deployment to Iraq, Cummings faced the same battery of questions.

"I sat down with a counselor for about five minutes," said Cummings, now a member of the Army Individual Ready Reserve. "Again, I answered, honestly, 'No' to all of the questions, but I couldn't believe that at a post with one of the highest suicide/discipline problems in the Army, this was all the Army had for mental health."

Army leaders acknowledge that the mental health screenings are only as good as the truthfulness of the soldiers who complete them.

A study published in the Archives of General Psychology in October backs that up. Researchers found that soldiers who completed the screening anonymously were two to four times more likely to acknowledge thoughts of suicide or symptoms of PTSD and depression than were soldiers who identified themselves during the process.

"This study indicates that the Post-Deployment Health Assessment screening process misses most soldiers with significant mental health problems," the researchers found. "Further efforts are required to reduce the stigma of reporting and improve willingness to receive care for mental health problems."

The picture is not much better for service members who do screen positive for PTSD.

In July, the Institute of Medicine released a study by a panel of top scientists that found that only 40 percent of troops who screen positive receive a referral for additional evaluation or treatment, and only 65 percent of those go on to get the treatment.

The study also found that the Department of Defense and the VA are not tracking which treatments are being used or evaluating how well they work in the long term.

"In addition, DOD has no information on the effectiveness of its programs to prevent PTSD," said Sandro Galea, a professor and department chairman at Columbia University who headed the panel of scientists.

In a June speech at the 113th National Convention of the Veterans of Foreign Wars in Nevada, President Obama called PTSD an epidemic.

Bill Birnes, a best-selling author who is co-writing a book about military mental health problems called "Injur Minds," agrees with Obama's assessment and takes it a step further.

"This is going to be an epidemic of mental illness that is going to be beyond the public safety and public health system unless the Army does something to triage the soldiers before they leave the system," Birnes said. "It's that bad."

The wars in Iraq and Afghanistan seem to be fading from America's consciousness. Unemployment and a poor economy have overshadowed the wars on the campaign trail this year. Last month, Mitt Romney became the first Republican presidential candidate since 1952 who did not mention war in his nomination acceptance speech. Defense Secretary Pannetta talked to a CBS reporter about the absence of the war in Afghanistan from the political dialogue.

"I'm concerned that, you know, in the middle of the presidential campaign that not enough attention is being paid to the sacrifices that are being made," Panetta said. "We have men and women that are fighting and dying every day in Afghanistan. And they're making tremendous sacrifices in order to protect this country. There's a war going on."

Even the struggles of thousands of veterans back home dealing with the lingering effects of combat are little noted.

The Associated Press reported in May that 45 percent of the 1.6 million Americans who have fought in Iraq Afghanistan are now seeking VA compensation for war-related injuries. That makes them, by far, the most medically and mentally troubled generation of veterans the nation has ever seen.

The future looks even more bleak.

With the wars winding down and the military calling for a large reduction of troops, Panetta told Congress in July that the ability to care for veterans will be strained even more.

"This system is going to be overwhelmed," Panetta said. "Let's not kid anybody. We are looking at a system that is already overwhelmed."

According to the VA's website, more than 820,000 VA claims for compensation related to wounds or illness suffered in military service were pending as of Sept 15. Two-thirds of those pending claims - 554,839 - were more than 125 days old.

Claims at the VA in Fayetteville are processed through the Veterans Benefits Administration in Winston-Salem, which serves most of North Carolina.

According to that agency, it had 33,737 pending claims in September, including 21,574 that were more than 125 days old. Of those, 3,170 were from veterans living in Fayetteville.

The VA has pledged to eliminate the backlog by 2015, including a 60 percent reduction by the end of this year. Congress signed a bill in late July aimed at reducing the backlog.

But VA officials acknowledge that a significant reduction won't be easy. The number of veterans filing claims is rising dramatically, and the VA has been fighting the backlog for decades with an antiquated system that still relies on paperwork rather than computers.

Compounding the problem is a lack of communication and coordination between Veterans Affairs and the Department of Defense. The Defense Department does not readily share information on the mental health of a retiring soldier with the VA.

Veterans Affairs Secretary Eric Shinseki voiced his frustration in June at the Defense Department's fourth annual suicide prevention conference in Washington.

Shinseki told the story of a soldier who, realizing he was having mental problems, asked to retire rather than serve a second tour of combat. The Army denied the request, Shinseki said, and the soldier was again deployed to Iraq.

After returning from his second tour, the soldier retired with 26 years of military service. When he entered the VA system, Shinseki said, neither his military records nor his enrollment in the VA mentioned depression, PTSD, traumatic brain injury or any mental illness.

About three years after his retirement, Shinseki said, the soldier committed suicide. Only afterward, he said, did the VA learn about his mental health problems.

"There was no hand-off between our departments that would have enabled us to track and treat this veteran or any other veteran today," Shinseki said.

Shinseki said he and Panetta met in May to reaffirm their commitment to a fully operational health records system that would allow the VA and DOD to share medical records of soldiers and veterans electronically.

President Obama requested the system in 2009. It is not expected to become fully operational for another five years, and that could be a stretch.

The lack of such a system confounds some congressmen. In July, they lashed out at Shinseki and Panetta, who made a joint appearance on Capitol Hill.

"Another five years is unacceptable," U.S. Rep. Bill Johnson, a Republican from Ohio, told Shinseki. "It's unacceptable to me and, gentlemen, it should be unacceptable to you."

In July, U.S. Sen. Patty Murray criticized the military and the VA while introducing a bill aimed at ensuring that the nation's service members and veterans have access to quality health care. Murray, a Democrat, represents Washington state.

"The Department of Defense and the VA are losing the battle against the mental and behavioral wounds of these wars," said Murray, chairwoman of the Senate Committee on Veterans Affairs. "To see that, you don't need to look any further than the tragic fact that already this year over 150 active-duty service members have taken their own lives, or the fact that one veteran commits suicide every 80 minutes."

The ineffectiveness of Army programs to reduce stigma, screen soldiers for PTSD, and provide timely and appropriate treatment of veterans is taking its toll in Fayetteville.

In nearly 30 years as a licensed social worker and addiction specialist, Cindi Brooks of Fayetteville said she had lost only four patients to suicide or accidental death caused by behavioral problems.

In the past three months, Brooks said, she has lost three soldiers - two to suspected suicides and one to either suicide or an accidental overdose.

Brooks, an Army veteran herself, said she has seen a significant increase in Fort Bragg soldiers being charged with rape, drunken driving and assault.

Many, she said, are being dishonorably discharged, excluding them from VA benefits. Many return home to rural communities where they have no support systems. Others remain in Fayetteville, where violence increasingly extends to spouses and children, Brooks said.

Other mental health professionals in the Fayetteville area say they, too, are seeing an increase in soldiers and veterans with mental health problems.

Wayne Cannon, who coordinates the Crisis Intervention Team for the Cumberland County Mental Health Center, said it is no longer just soldiers having trouble; entire families are struggling.

"We're starting to learn about families that are just completely overwhelmed," Cannon said.

In 2009, Fayetteville police recorded 985 cases of domestic violence. Two years later, that number had nearly doubled to 1,693. Through August of this year, 1,111 cases had already been filed. The figures include all cases, not just those involving soldiers and veterans because police and the court system do not track them separately.

Cannon and police Lt. Randy Podobinski said they expect the domestic violence numbers to escalate even more because the entire 82nd Airborne Division will be home by the end of this month.

That means an even greater strain on a city facing a dire shortage of psychiatrists, psychologists, counselors and services for the mentally ill.

"I don't want to fault the military," Brooks said, "but we are just not addressing this issue."

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