HIGHER ANXIETY

Quick returns to civilian life, spotty access to care, can make mental wounds tougher for the Guard

By Fred Minnick

Staff Sgt. C.J. Heim's mentor was Staff Sgt. Ricky Kieffer.

He was was that guy who squared away then-Private or Specialist Heim anytime his boot laces flopped around or his pocket was unbuttoned. It was Sergeant Kieffer who forged Sergeant Heim into a solid NCO.

"When you first come into the Army, you always have that one guy who says, 'Yeah, I'll square you away; I'll help you out.' That was Staff Sergeant Kieffer," says Sergeant Heim.

Both were in Iraq from 2004 to 2005 with Michigan's 1st Battalion, 182nd Field Artillery (Multiple Launch Rocket System).

Sergeant Kieffer was killed by small-arms fire in Baghdad, March 15, 2005. Sergeant Heim can't stop thinking: "When he was shot, I was 10 minutes away. If I was there, what would I have done? Could I have stopped that?"

His mentor's death is just one of the many troubling memories the veteran cannot escape. On a daily basis in Iraq, as a convoy escort, the 23-year-old college student experienced mortar fire, roadside bombs, rockets and small-arms attacks.

"I saw more than I can remember," he says.

When Sergeant Heim returned home, he realized Iraq had changed him, taken his innocence and filled him with vivid mental pictures of death and carnage.

Sergeant Heim didn't know how to deal with the pain inside, the sleepless nights and his uncontrollable anger. He said he also couldn't stop driving "like an absolute madman" or jumping at the sound of a dropped plate.

In addition, everybody wanted to talk about Iraq. This only fueled his deep-seeded frustration with many civilians' misunderstanding of the Global War on Terror.

The students and professors at Saginaw Valley State University especially "didn't understand," asking him inappropriate questions: "Why are we there?" "How many people did you kill?" "Do you feel we are doing any good?"

Many tried to make him feel like Iraq was a lost cause.

Still, Sergeant Heim's pride and sense of service stayed the course, but something still wasn't right.

"I had no emotions besides anger and hate," he says. "Almost immediately after I returned home, I knew I had a problem. I needed to seek treatment."

SERGEANT HEIM LIVES in Kawkawlin, Mich., a rural town on Lake Huron north of Detroit that has more sticks of corn than people. The nearest U.S. Department of Veterans Affairs hospital or vet center is in Detroit—two and half hours away.

When he found a therapist in his area who accepted Tricare, Sergeant Heim went to the office. But he says Tricare denied service because the facility was not near his last place of active duty—Fort Dix, N.J., where he was demobilized.

He says it took two months of persistent calling to procure Tricare coverage.

"There's no telling what state I'd be in," Sergeant Heim says, if he had given up.

His civilian therapist diagnosed him with post-traumatic stress disorder (PTSD), and he's been in treatment for more than a year. His symptoms and intensity have decreased, but the anger continues.

"Most in the medical profession take PTSD seriously, yet it is not a question in medicine; it is like every other medical illness that needs care and treatment," says Col. Peter Bickel, NGAUS Medical Task Force chairman. "Studies show that everyone is at risk for PTSD; the more severe the trauma, the more likely the illness."

This year, PTSD is one of NGAUS' top joint issues. The association is lobbying Congress for more money to better study, diagnose and treat the condition.

PTSD, of course, is not a new illness. Vietnam veterans' experiences put PTSD firmly into the country's consciousness, but others experienced the condition before it had a name. Psychological distress resulting from trauma has been evident for centuries.

Though not always a result of military participation, combat experiences can provide ample opportunities for such trauma.

For Guardsmen, however, it might be worse.

The Associated Press (AP) reported last month that a Defense Department task force on mental health would present data this month showing that "38 percent of soldiers and 31 percent of Marines report psychological concerns such as traumatic brain injury [TBI] and post-traumatic stress disorder after returning from deployment."

Among Guardsmen, however, that number is 49 percent, according to the AP.

And for rural Guardsmen like Sergeant Heim, it can be particularly challenging.

"I'm determined to get better," he says.

However, not all rural Guardsmen are as persistent and honest with themselves.

When they reach U.S. soil, many soldiers rush through mandatory post-deployment screenings.

"They don't really want to talk to a medic and go through the fact that they're having nightmares," says Colonel Bickel.

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>
> **—Staff Sgt. C.J. Heim**
> Michigan Army National Guard

"They just want to get back home and figure they'll deal with the [symptoms]."

Unlike the active component, Guardsmen aren't around their units once they return either. They typically don't have to report back for duty for 90 days—a critical time away from people who understand the soldier's recent experiences and may be able to spot the first signs of PTSD.

And while soldiers' mental health is a state and federal concern, it's also an individual unit issue. But are commanders and NCOs responsible for flushing out PTSD?

"A unit commander should keep an eye on his soldiers. But that is an incomplete solution," says Paul Rieckhoff, a New York Army Guard officer, an Iraq veteran and executive director of the Iraq and Afghanistan Veterans of America.

"If you've got a National Guard unit that just got back from Iraq, guys are getting out and they're not going to be a part of that National Guard community anymore," he says.

Returning to a rural setting makes that community spread out even farther.

"[In theater], somebody's always checking to make sure you have your gear and your boots tied—there's a very high

level of accountability," Mr. Rieckhoff says. "Then you don't have to do anything, and when you come home, it's like falling off the edge of a table."

Sergeant Heim knows that feeling. He fell face first when he walked into a world that didn't seem right.

His girlfriend left him, and now that he's filed a PTSD claim, the VA has told him it will take two years to process.

But through his hardship, he has never lost his sense of survival. Only now, the bad guy is not lurking in the shadows of streets filled with sewage and trash. PTSD is his foe. And just like in Iraq, the enemy threatens his friends.

At drill, the NCO looks for signs of PTSD in his soldiers who have been deployed. But Sergeant Heim doesn't force them to seek treatment or ask difficult questions in front of the men.

Rather, he leads by example, focusing on his problems and showing his comrades that he has all but beaten PTSD. He maintains a full college schedule, works and keeps his sense of humor.

While there is no data specifically addressing rural Guardsmen, many fear their isolation puts them at more risk of misdiagnosis than soldiers in urban areas who are near treatment centers. Rural Guardsmen are on an island and often alone, Mr. Rieckhoff says.

According to the Uniformed Services University of Health Sciences, rural communities may be more tight-knit and perhaps allow for more recovery through mutual support.

On the other hand, stigma—not wanting a neighbor to know and perhaps being the only one for miles with the same problem—can lead to delays in acknowledging one's problem and in seeking care.

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> NGAUS Medical Task Force chairman

It's the same barrier that prevents many soldiers from seeking help in their units. More than half of the 6,100 soldiers and Marines surveyed in a 2004 Walter Reed Army Institute of Research study said that seeking counseling would stigmatize them as weak and harm their careers.

The longer soldiers wait to get help, the more likely they are to drown their symptoms with alcohol, drugs or other vices, says Monique Lang, a clinical social worker and author of *Healing from Post Traumatic Stress.*

After a few years, when the wars are over and mainstream society has largely forgotten about them, Ms. Lang says, the undiagnosed PTSD-afflicted veterans will become numb and less likely to seek treatment because they are set in their ways.

"[Without treatment], a lot of them will die of drug abuse," Ms. Lang says. "Look what happened to the Vietnam vets—a lot of drug abuse, a lot of unemployment, a lot of broken families and homelessness. They were totally disempowered."

MR. RIECKHOFF KNOWS a veteran in rural North Carolina who battles a spinal injury from Iraq. His wife drives him 150 miles each direction, three times a week, for treatment at the VA. That's a lot of gas money.

"If the services aren't in those rural areas, then we bring [treatment] to them—especially with post-traumatic stress disorder and other mental health issues," Mr. Rieckhoff says. "There are so many barriers already—the cultural issues, bureaucracy and paperwork. All those things impede a veteran's willingness to come forward and get help."

Congress is considering two bills on the floor that, if passed, will indirectly improve health care for rural veterans—H.R. 1541, sponsored by Rep. Bruce Braley, D-Iowa, and H.R. 1426, sponsored by Rep. Chip Pickering Jr., R-Miss.

H.R. 1426, an amendment to the Social Security Act, would allow veterans enrolled in the VA health system the option of receiving covered health services to facilities outside the department.

"Soldiers could stay in their communities and get treatment at the VA's expense rather than travel great distances and lose time from work," says retired Col. Peter Duffy, deputy director of the NGAUS legislative department.

H.R. 1541—intended to provide assistance for families of deployed National Guardsmen—acknowledges the higher rate of PTSD among Guardsmen and Reservists. It seeks to increase counseling services for returning service members and families and to improve mental health screening when soldiers first return.

"One of the big problems of PTSD is diagnosing it. When does it surface? When does it express itself?," Colonel Duffy says. "This war's been going on for four-plus years now and we've had a lot of people return to communities. [Congress] fears a lot have not been treated."

He doesn't believe it is realistic to have the VA expand to rural areas but says there is a possibility that staffing at current facilities will increase.

"It seems to me that civilian health care providers have to be utilized in some way just to expand this outreach and to expedite the treatment" Colonel Duffy says.

Some states are not waiting for federal resources to reach their rural soldiers. After returning soldiers committed suicide, the Montana and Mississippi mental health associations began raising funds to treat soldiers from operations Enduring Freedom and Iraqi Freedom.

In Missouri, Pat Kerr, the mother of an Iraq veteran, is now the state veterans ombudsman. She interfaces with state agencies, federal government, Defense Department and individual communities.

Ms. Kerr also coordinates Operation Outreach, which identifies unmet financial needs of the men, women and their families supporting the Global War on Terrorism.

Since 2004, Operation Outreach has raised $750,000 for service members and their families and kept 16 homes out of foreclosure. What's more, Ms. Kerr's efforts have led to soldiers getting treatment.

"We, as providers of resources, need to meet [soldiers] where they are, [and] not wait for them to come to us," she says.

Most states also bring their recently redeployed Guard soldiers back in for a health reassessment a few months after they've been back home, thus giving them another chance to request help.

Still, the onus is on the soldier to acknowledge if he or she has a problem.

As for Sergeant Heim, he's doing what he can as well. He doesn't hide his issues. He speaks openly about his sleeping troubles and anxiety, "so nobody is ashamed to stand up and say 'Hey, I've got a problem,'" he says.

"A lot of guys are coming to me for help, asking about how I got better and can I help them get treatment. ... That makes me feel better, knowing I've led the way."

Sergeant Ricky Kieffer would be proud.

Fred Minnick is an Iraq veteran from the Wisconsin Army Guard and contributing author to The Blog of War. *He is a freelance writer and lives in Louisville, Ky.*

COURTESY STAFF SGT. C.J. HEIM

ON DUTY Staff Sgt. C.J. Heim *(center)* served in Iraq from 2004 to 2005.

Brain Injuries Often Associated With PTSD

Many soldiers diagnosed with post-traumatic stress disorder (PTSD)—especially those who suffered head injuries—also have what is called traumatic brain injury (TBI).

According to the National Institute of Neurological Disorders and Stroke (NINDS), TBI occurs when a sudden trauma causes damage to the brain.

"TBI can result when the head suddenly and violently hits an object or when an object pierces the skull and enters brain tissue," according to information from NINDS. "Symptoms of a TBI can be mild, moderate or severe, depending on the extent of the damage to the brain."

According to the *New England Journal of Medicine*, military personnel with TBI often have symptoms affecting several areas of brain function.

Headaches, sleep disturbances and sensitivity to light and noise are common. Cognitive changes, diagnosed on mental-status examination or through neuropsychological testing, may include attention, memory or language problems.

Some symptoms overlap with PTSD, including mood changes, depression, anxiety, impulsiveness, high emotions or awkward laughter.

The journal said most adults with a mild TBI recover completely within a year, but moderate and severe TBIs can linger.

According to the Centers for Disease Control and Prevention, an estimated 5.3 million Americans are living with disabilities that resulted from TBIs.

Little can be done to reverse the initial brain damage caused by trauma, but doctors try to prevent further injury through tailored physical, occupational, speech, pysiatry, psychiatry and social therapy.

Reports indicate brain injuries are more common from the Iraq and Afghanistan conflicts than any other war.

"You've got great body armor on, and you don't die," Louis French, a neuropsychologist at Walter Reed, told *USA Today* in 2005. "But there's a whole other set of possible consequences. It's sort of like when they started putting airbags in cars and started seeing all these orthopedic injuries."

—By Fred Minnick

PTSD: Some Simple Signs

Symptoms of post-traumatic stress disorder (PTSD) can be terrifying. They may disrupt your life and make it hard to continue with your daily activities.

PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. They also may come and go over many years.

Most people who go through a traumatic event have some symptoms at the beginning but don't develop PTSD.

If the symptoms last longer than four weeks, cause you great distress or interfere with your work or home life, you probably have PTSD.

There are four types of symptoms:

Reliving the Event: Bad memories of the traumatic event can come back at any time. You may feel the same fear and horror you did when the event took place. Sometimes there is a trigger: a sight, sound or smell that causes you to relive the event.

Avoiding situations: You may try to avoid situations or people that trigger memories of the traumatic event.

Feeling numb: You may find it hard to express your feelings. You may not be interested in activities you used to enjoy.

Feeling keyed up: You always may be alert and on the lookout for danger. It can cause you to suddenly become angry, have difficulty sleeping or concentrating or startle easily.

Source: Department of Veterans Affairs