

# RECON: The Wounds Within

[All voiceovers by MSgt Marchus unless otherwise marked]

**MSgt Daniela Marchus**, The Pentagon Channel: "Combat is about more than tactics and strategy, manpower and logistics. The battle takes place in a physical location, but it also occurs in the minds and emotions of the soldiers, marines, sailors and airmen who are there. In one way or another, the stress of combat affects them all.

In Ramadi, every day holds potential dangers for troops patrolling the streets of Iraq. A bullet ...or an improvised explosive device .... could be waiting around almost any corner. The continuous stress can take its toll on the body, and the mind.

**LTC Michael Place, Deputy Commander, Clinical Services, Fort Campbell, KY:**

"If you ever go to a place that is in conflict, where soldiers and civilians die, that is a stressful event. Being away from your family for a year is stressful...those are challenges for anybody. What we're trying to do is recognize those challenges so that we can address them and help soldiers cope with them."

Dr Ursano is Chairman of the Department of Psychiatry at the Uniformed Services University of Health Sciences ...the medical school devoted exclusively to training doctors and nurses for the military. . Dr Ursano is also director of the Center for the Study of Traumatic Stress

**Dr Robert Ursano:** "It's important to realize that everyone exposed to a trauma is changed. There is no way to be exposed to a serious traumatic event without it changing your life, the way you look at your life and yourself and your family, the way in which you value different aspects of your life. Some people will go through traumatic events and do quite fine. In fact the vast majority do. Some few however will suffer serious psychiatric illness following exposure to traumatic events."

**PFC Brian Daniels, 320th Field Artillery Regiment:** "Because it's so traumatic it's a part of your life forever. It's not just a memory, it seems like it was yesterday. I remember the smell, the sound, and seeing my chief, It's hard it, but I remember it very well. I know that it was an attack, but i get angry at the world like they don't understand me and i fell like i can't get along with anybody when i get angry."

PFC Brian Daniels' traumatic event ... the HumVee he was riding in was hit by an improvised explosive device, severely injuring his leg.. Since his return from Iraq, he's been diagnosed with post traumatic stress disorder ... PTSD.

Specialist Jonathan Barreiro also lives with PTSD, and daily pain. He fractured his spine during another I-E-D attack. His diagnosis came during a routine hospital evaluation by a nurse...

**SPC Jonathan Barreiro, 320th Field Artillery Regiment:** "I would answer back with a pretty nasty attitude. And, just her being there annoyed me. Everybody, including my family. I just noticed I had a lot of bad dreams

PTSD was identified as a distinct condition in the wake of the Vietnam War.

**David Powell, Former Marine:** "My life became a tattered mess. In a 10-year span i had 18 separate jobs. And it spiraled down to where i contemplated suicide "

Vietnam vet David Powell served in the 1st Marine Division from 1966 to 1968. His PTSD wasn't diagnosed until the mid-1980's ... well after it helped destroy his first marriage and his career in the computer industry. He began to drink heavily.

David Powell: "So it became more desirable to be on mental vacation and drunk than be in the here and now.

PTSD wasn't defined as a specific psychological condition until 1980 ...one reason it took so long to identify the source of David Powell's problems. The key element .. the individual has to have experienced or witnessed an event involving death or serious injury, and responded with feelings of horror, helplessness or fear. There are 3 sets of symptoms.

Dr Robert Ursano , Uniformed Services University of Health Sciences:

"First off we see what we call intrusive thoughts. Those can be remembering the event when you don't want to. Secondly it's what we call hyper arousal ...difficulty sleeping, jumpiness, perhaps jumping at loud sounds, feeling startled. And the third element is what we call numbing and avoidance. Which is where you feel perhaps some of your feelings are deadened, you feel less feelings than you used to feel, and that you often want to stay away from reminders of the event."

Psychiatrists say many people have symptoms temporarily, but they soon disappear. For others, a diagnosis of PTSD can be made only if the symptoms remain ... or first appear ... 30 days or more after the traumatic event. PTSD is not just a military occupational hazard. Civilian first responders are often afflicted. Many police and firefighters who responded on 9-11 have been diagnosed with PTSD. Natural disasters can be a cause. The condition is common among those whose lives were devastated by Hurricane Katrina. The same is true for survivors of the massive Indonesian tsunami of December, 2004. Serious accidents and violent crimes such as rape can be a trigger ... anything where death or serious injury is witnessed or threatened, generating feelings of fear, helplessness or horror ... normal reactions of normal people to abnormal circumstances. The statistics are sobering. The National Institute of Mental Health estimates that each year, seven-point-seven million American adults have PTSD. It can occur at any age, but the median age for the onset of PTSD is 23. Many never seek help.

LTG Kevin Kiley, Surgeon General of the Army: "There's a stigmatization of mental health, mental health issues in the general population that our army has a tendency to reflect, because it is America's army. And it's a challenge to break through the stigma.

PTSD isn't limited to the Army. It exists in all services, and all walks of life. But military or civilian, post traumatic stress disorder can undermine the quality of life for anyone caught in its snare. Next ... how the military is doing more than ever before to identify and soothe the wounds within ...

September, 2006. Fort Campbell, Kentucky. Soldiers of the 101st Airborne Division return home ... many of them from their 2nd or even 3rd deployment to Iraq. All the services are enduring the stress of multiple deployments.

MG Thomas Turner, Commanding General, 101st Airborne Division: "As you begin your reintegration, I'd ask that you keep the families of those soldiers that did not make the return trip with us in your thoughts and prayers. We'll never forget our fallen comrades."

After the ceremony, reunion. Joy and happiness fill the room. But there can also be an uneasiness in the first moments of face-to-face re-acquaintance. Veterans of more than one deployment know both sides may have changed during the long separation.

1SG Neil McKinley, 320th Field Artillery Regiment: "Coming back, you gotta slowly work your way into your family life. You can't just jump in there, just the way you left, it's not gonna be like that.

Fort Campbell has a 7-day transition process, called reintegration. Today, on day 4, a thorough medical screening

MAJ Brad Vanderveen: "And here we have our health readiness stations...everybody goes through it...want to help 'em out

Regardless of rank, everyone must go through every station, including a psychological screening. This soldier agreed to be photographed during his interview ... and is NOT diagnosed have PTSD or another psychological problem. But soldiers who do have obvious problems, from stress to prescription drug abuse, will be identified right now. .

MAJ Michael McGhee, Chief, Dept of Behavioral Health: "We're talking anything from depression to marital problems to PTSD, anxiety, alcohol and drug problems...so, by no means are we talking about just PTSD. But, drug and depression are probably the two biggest problems we have to deal with. This is our second deployment so, if you were to look at the numbers the whole army is reporting, which is about 17-19%...we're pretty much getting the same numbers. But, it's early. We don't know how things are going to change over the next couple of months."

Reintegration at Fort Campbell mirrors an Army-wide approach to easing soldiers' return to routine base life. A 2006 Army study found 35% of combat veterans sought mental health counseling within a year of returning. ... a 2004 DoD report found 15-17% of veterans of Iraq had symptoms of major depression, anxiety or PTSD 3 to 6 months after deployment. The number for Afghanistan was just over 11%.

LTG Kevin Kiley, Surgeon General of the Army: "One thing we've learned if we wait about 90-100 days, they've been off block leave, we bring them back, a lot more will say now that the dust has settled, now that I'm home, now that we've the immediate honeymoon period is over, I've noticed that I've been having these problems, "

COL (Dr) Charles Engel, Deployment Health Clinical Center: "When soldiers first come back, they're so glad to be home the full impact doesn't quite hit home. And when they get around friends and family and loved ones they may be the first ones to call attention to the fact that there's some symptoms happening. One thing I'd urge soldiers is to listen to those who love them."

Dr William Winkenwerder, Assistant Secretary of Defense for Health Affairs: "Our message is to reach out to every person who may be having symptoms or concern, emotionally distressed, or really anxious, serious problems, feeling very depressed, to reach out for that help. We want them to do that. "

Those identified with psychiatric problems in the reintegration screening at Fort Campbell are referred immediately to staff psychiatrists or social workers.

MAJ Franklin Frederick, Division Psychiatrist, 101st Airborne Division: "Even before i left for Iraq I was seeing service members who would self present to our clinic. You know they understood they were having some problems and wanted to be in good shape when they went over. Again in theater we were always approached by people... I'd be in the chow hall somebody'd come up say doc do you mind if I drop in and see ya."

There is much greater high level support for efforts to maintain the mental health of deployed troops than there has ever been in the past.

Donald Rumsfeld, Secretary of Defense: "There has never in history been as comprehensive an effort to address those issues by the services with individuals when they return and while they're there.

GEN George Casey, Jr, Commanding General, Multi-National Force – Iraq: "And I can also tell you we have a very comprehensive combat stress team in theater and we have an assessment team that comes over every year and tells me how we're doing, so we treat it in theater as well."

Camp Ramdi, Iraq: The Marine 883rd combat stress control company devised a stress breaker in Camp Ramadi, Iraq ... regular opportunities to play with Allan, a military K-9. Combat stress teams, composed of psychiatrists, psychologists, and social workers, are deployed to both Iraq and Afghanistan. They run clinics, monitor the mental health of units, and provide an outlet for troops to talk about their combat experience.

MAJ Ciro Oliveras, Clinical Social Worker: "Don't we all have a need at some point in time to talk to someone, to have someone to be able to look at what we're going through?"

SGT Brandon Pelletier, Mental Health Specialist: "Take it like a normal medical condition. If you break your leg, gotta go to the doc, get it fixed. It's the same with the mind. People just have to realize that"

COL Charles Engel.. head of the Deployment Health Clinical Center at Walter Reed Army Medical Center : "the teams' most valuable role may be simply being there for the troops after a stressful incident. "We take care of basic needs, we rest them, feed them, give them to the extent they want to do it give them a chance to talk about what they've been engaged in, So I think the earliest strategies are remarkably simple, they're not rocket science. And the more complicated we make it, maybe the worse we do at it".

Unit leaders like First Sergeant Neil McKinley watch for signs of stress in the troops under them: "During deployment, soldiers start actually being by self, loner, real quiet and 1000 yard stare. those are the things that I'll look for. If a soldier normally talks, gets real quiet, that's a sign of stress. you want to identify that."

Chaplains are also depended upon by the mental health professionals, because troops may be more willing to talk openly to them

CH (COL) Ron Crews, Deputy Installation Chaplain: Fort Campbell, KY: "We tell these soldiers that 'you experienced abnormal things, and...not many Americans experienced what you experienced...saw what you saw...smelled what you smelled.' all those senses that we take in affect us emotionally and physically. So, it's important for us learn how to cope with abnormal things in as normal way as possible.

On return, the Army wants officers and NCOs to be watchful for what the psychiatrists call Battle Mind, a mind set that is essential in the combat zone, and should be left there.

MAJ Franklin Frederick: Not just the battle stress, but being away and operation tempo and sleeping and all that, you come back here and you're still in that mind set. And you need to kinda basically down from that, relax, readjust. For some people that's harder than others.

COL (Dr) Charles Engel: "It certainly is true that people get wired for sound while they re over there, and it takes a little bit of time to reset or get back to a regular sense of how daily things are gonna work"

LTG Kevin Kiley: "Hyper vigilance and some of the other attributes that are good in combat become excess in peacetime garrison environment"

That's one reason why the Army now requires all soldiers to be brought back and re-screened for psychological problems 90 to 120 days after their return.

MAJ Michael McGhee: "I think at the first session we get people that are clearly having problems right now...they were probably having problems in theater...but, what we basically expect to see in the 90-120 days, the soldiers that were at first not admitting to having some trouble. But, after problems with work, family, finances...all the things they've not been dealing with for a year...we

expect to see more people having problems during that period than we do now.

(Dr) Charles Engel: We care a great deal about the young men and women that are serving our country. We know that these are trying experiences that they go through.

David Powell: "It feels slow motion to me..."

Former Marine David Powell still vividly recalls the 1967 incident outside Danang, Vietnam, when he was wounded...

David Powell, Ex-Marine: " I saw the track of the bullet pass through the flak jacket of the fellow in front of me, and it was as though someone was pulling a thread. And the velocity of a bullet is such that you could not ordinarily see it. But the slow motion experience of ine allowed me to see it, even today.

He was awarded the Purple Heart. His wounding was one of several traumatic episodes in David's Vietnam experience

David Powell: "The recall is vivid beyond imagination. 0418

PFC Brian Daniels' also has vivid memories, of a much more recent combat mission, a patrol in November, 2005, in Iraq.

PFC Brian Daniels, 320th Field Artillery Regiment: "You know, you feel asleep with the TV on, ya know, CNN, you hope you don't, because they show an explosion or a gunfight and that'll trigger nightmares and flashbacks. But it's also sitting at a red light if you just have time to think, it can cause you to become upset, like you're ... t finding out again"

The memories resonate across the years and wars.

"Let There Be Light", a 1947 documentary made for the Army by legendary Hollywood director John Huston, depicts the treatment of World War II vets for what are called 'neuropsychiatric injuries. The soldiers' interviews with psychiatrists could almost come from veterans of today's conflicts.

montage of bites: "Noises bother you? ... shake a little ... stutters

... I just got tired of living ...

... I have trouble sleeping, dream of combat y'know

....I just took off, saw so many of buddies die, I figured the next one is me ... a person can just stand so much"

Dr Robert Ursano, Chair, Dept of Psychiatry, Uniformed Services University of Health Sciences: "There've been psychiatric problems after exposure to trauma since as far back as the Napoleonic wars, in which they were recorded ... In the civil war it was called nostalgia, following WWI, it was called shell shock, following WWII it was called combat fatigue, There's always been a name, but never as much focus and trying to understand and intervene."

"David Powell:-I felt as dangerous as a civilian as it was dangerous to be in combat.

That focus first began to sharpen with the discharge of hundreds of thousands of Vietnam vets like David Powell in the 1970s.

David Powell: "There was no, (thinks) training, there was no decompression. you were one thing, a combat veteran, trying to save your own life, in one minute give or take and the next minute you were a civilian who had supposedly no history except present and future"

The first formal definition of PTSD as an illness was published in 1980. . Current treatment for PTSD has two main components ... psychotherapy and psychoactive drugs.

LTG Kevin Kiley, Surgeon General of the Army: " The science has changed, certainly pharmaceutical help has come down the pike, much safer, milder more effective medical therapy for those with PTSD. We've got I think a bigger, more capable menu of options for therapy diagnosis, diagnosis and therapy than we've had before. And it's become something in the nation's conscience that we're concerned, we're concerned, the nation's concerned about the mental health of our soldiers as are we."

The most common form of psychiatric treatment is called cognitive behavioral therapy ... often in the form of individual sessions with a psychiatrist or social worker..

PFC Brian Daniels: "The one on one counseling is really easiest if you're having a really really bad day, because you don't feel like you have to share it with the whole world, just the counselor"

But that approach doesn't work for everyone. Specialist Jonathan Barreiro says he responds better to the group sessions run at the Fisher House at Fort Campbell

SPC Jonathan Barreiro: " I agreed to that because I really wanted to talk to other people that had been through the same thing I'd been through. But, wasn't really interested in listening to somebody talk that had never experienced that.

A therapy called Traumatic Incident Reduction worked for David Powell. It's allowed him to feel comfortable enough with his PTSD to write a book about his Vietnam experience, his decline and recovery afterwards. Now he often lectures in public on post traumatic stress.

David Powell: "The traumatic episodes I had recorded in my slow-motion experiences seemed to resolve themselves...and I found a place to put them in my mind that was a healthy place rather than a disturbed place."

No one knows quite why some people get PTSD from a traumatic event, and others don't. Staff Sergeant Josh Forbess doesn't have it ... even though he was in a Blackhawk collision over Mosul in 2003 which killed all 17 members of his platoon

Sergeant Josh Forbess: "Big loud boom and that's pretty much all i remember. ...I don't get flashbacks, I don't get nightmares."

He suffered extensive burns to his head, face and arm, and spent months at Brooke Army Medical Center in Texas. He's had 12 surgeries. Another burn victim encouraged him to come to terms with his disfigurement.

SSG Josh Forbess, 320th Field Artillery Regiment: "J.R. Martinez, who was burned about 6 months before me...came into my room one day and he was like, you know 'I am who I am and there's really nothing else I can do about it, we are who we are'. And, that day I looked into the mirror for the first time and...I seen me...a distorted me but, I still seen me.

Sergeant Forbess became an ardent supporter of injured service members. He recognizes the wounds within can be as disfiguring as the wounds without.

Sgt Forbess: "I told Bareiro and Daniels the first time I met them that...ha...welcome to the club. I've got a Purple Heart and now you do too. I don't know if it's a club everybody wants to be a member of ....

"The first way we go about diagnosing PTSD is to ask whether a trauma has occurred And certainly in the Iraq war veterans, better than 19 out of 20 have really met that criteria, they've

seen trauma that is potentially important to their mental health, their long term mental health.

Tom Berger was a Marine in Khe Sanh, Vietnam. He's now head of the Vietnam Veterans' of America PTSD and Substance Abuse Committee.

Dr Tom Berger, Vietnam Veterans of America: "I went off to war and i came back changed. It's with me every day. Sometimes I think about it during the course of the day. Sometimes it's good, sometimes it's bad. Sometimes I use it to motivate me to move on to what I have to do next in the day and sometimes I have to shut down, and just be myself, because it's just too much"

David Powell: "If you have surgery, you can close where the operation occurred. but there's still scar tissue. Same is true with my way of thinking about emotional pain and suffering. It heals, but it's still scarred."

For today's service members, there's major concern about the perceived stigma of seeking the help of a psychiatrist.

LTG Kevin Kiley, Surgeon General of the Army: "It's the young soldiers in the middle that I worry about. They're still in the formative stages of leadership, they're taking on the responsibility and accountability for themselves and their soldiers. And the last thing they want to do is to have any appearance that they're in some way incapable or weak

One old Marine counsels against the mistakes of the Vietnam generation.

Dr Tom Berger: "Don't do what I did. Don't seek your solace in Johnny Walker or drugs or those kinds of things. Get some help

One young soldier feels no stigma over getting psychiatric counseling.

PFC Brian Daniels: "PTSD is no joke. It changes everything. It makes life sometimes less bright, less fun. That's why you need to get help. Because it can really keep you down"

**CLOSE:**

If you need help, or know someone who does, there are now many resources. The clinic and chaplains where you're stationed ... or you can make a confidential call to the DoD Help Line.

Our web site, [www.pentagonchannel.mil](http://www.pentagonchannel.mil), has that phone number and links to other organizations that can help with the wounds within.

I'm MSgt Daniela Marchus. Thanks for watching Recon.