

# Wounds That Don't Heal

by Scott Satterwhite



## Mental health crisis growing as Iraq war veterans return

On September 11, 2001, Kristofer Goldsmith could see the smoke of the Twin Towers from his home outside of New York City. Two years later, Goldsmith channeled the anger he felt on 9/11 by enlisting in the U.S. Army with the hope of going to Iraq. The young soldier's unit was sent to assist occupation forces.

Within months, Goldsmith's dream of serving in Iraq became a nightmare.

While serving as a forward observer in Sadr City, Goldsmith was tasked with taking pictures of Iraqi bodies found dead and buried in a shallow grave. These images haunt Goldsmith when he thinks of his time in Iraq.

"Every one of those pictures is burned into my mind," Goldsmith testifies at a recent conference in College Park, Md., hosted by Iraq war veterans. "(From memory), I can draw them to a T."

Those memories and more from his Army service eventually led Goldsmith to attempt suicide. He was diagnosed with a range of disorders known collectively as Post-Traumatic Stress Disorder, or PTSD.

An upcoming series of lectures and workshops co-sponsored by the Pensacola Naval Hospital and the University of West Florida aims to help inform professionals who may work with Iraq war veterans with PTSD and their families. The symposium, "The Hidden Casualties of War: Promoting Healing and Resiliency for U.S. Service Members and Their Families," is set for May 8 and 9 at UWF. Among the topics to be addressed are the ways in which deployment cycles affect the combat veteran, traumatic brain injury, sexual violence in the military, and PTSD.

## Tragic War Outcomes

Sgt. Goldsmith's experience of seeing Iraqi war victims up close changed the soldier's feelings on the Iraq war. He went from being gung-ho and wanting to fight to wishing he could go home. Relief for Goldsmith came in the knowledge that he was scheduled to be discharged from the Army upon his return stateside.

That relief turned to dread, and later total despair, however, when Goldsmith learned that his enlistment had been involuntarily extended through the Army's stop-loss program.

Stop-loss is part of a Pentagon strategy to avoid a draft and retain combat forces at current levels despite record low military enlistments. The strategy involves forcing troops to remain on active duty beyond their regular enlistment contract.

The extension of Goldsmith's contract and subsequent redeployment orders, coupled with memories of the devastation he had seen in Iraq, pushed Goldsmith into a very deep depression.

Goldsmith received his orders in the spring of 2007: His unit was to re-deploy back to Iraq a few days after Memorial Day. Ironically, that was the same week Goldsmith was supposed to have been discharged.

"The day before I was supposed to deploy-Memorial Day-I went out onto a field in Ft. Stewart where there was a memorial, a tree planted for every soldier in the Third Infantry Division who died," Goldsmith recalls. "I went out amongst those fallen soldiers, and I tried to take my own life. I took pills, and I went back to my regular poison of vodka and drank until I couldn't drink anymore. The next thing I knew, I was handcuffed to a gurney in the hospital."

Goldsmith was found unconscious. He spent a week in a hospital mental ward on suicide watch.

While hospitalized, Goldsmith was diagnosed with severe depression, panic attacks, anxiety disorder and adjustment disorder. Taken together, these medical diagnoses are termed PTSD.

PTSD is a mental health condition most often associated with, but not exclusive to, combat veterans. The cluster of symptoms was once called battle fatigue or shell shock. Veterans rights groups of the Vietnam era advocated in the 1970s for the psychiatric community and the Department of Veterans Affairs to recognize PTSD as a medical condition. The wars in Iraq and Afghanistan have brought the condition back into headlines as a new generation deals with the horrors of war and its painful aftermath.

While numerous studies have been conducted on the psychological effects of war, especially concerning Afghanistan and Iraq, problems still remain in the recognition and treatment of PTSD. Since the start of Operation Iraqi Freedom, many veterans have fallen through the cracks of an overburdened Veterans Affairs Department.

Marine Jeffrey Lucey was one such lost veteran.

Lucey joined the Marine Corps shortly before the war in Iraq began. He served for five months in Iraq as a convoy driver at the outset of the war. According to his parents, Lucey was a troubled shell of his former self when he returned from Iraq.

Once home, Lucey wore the dog tags of two Iraqi soldiers that he told his girlfriend he was responsible for killing. He claimed that he wore the tags not as trophies, but as remembrances of the dead soldiers. Lucey reportedly also told his girlfriend he had seen and done horrible things in Iraq.

Lucey despaired over his war experiences. He had trouble getting mental health assistance from the military before and after his discharge. He reportedly drank alcohol in an attempt to self-medicate. He told his parents that drinking was the only way he could get to sleep.

Lucey's parents, Kevin and Joyce Lucey, tried frantically to get the VA to help their son. The Lucey family ultimately hired a private therapist for Jeffrey Lucey.

The former Marine, however, continued to be haunted by what he had seen and done in Iraq and drank excessively to handle the stress. He suffered numerous alcohol-induced incidents, including several instances of drunken driving and violent outbursts.

Kevin Lucey shares his son's last day at the Iraq war veterans' Maryland conference.

"Jeffrey asked me for the second time in a matter of days if he could just sit in my lap and I could rock him. And I did for a while," Lucey says. "We sat there for about 45 minutes. Then we went into total silence. As his private therapist who we hired had said, it was his last harbor and his last place of refuge.

"The next day, I came home. It was about quarter after seven. I held Jeff one last time as I lowered his body down from the rafters and took the hose from around his neck."

Joyce Lucey also speaks openly at the conference about her son's suicide.

"After Jeffrey died, we found a note in the cellar," the mother says.

She then begins reading from his note, "I am truly embarrassed of the man I became." She stops momentarily to cry and to regain her composure. "And I truly hope that you can try to remember me only as a child, when I was happy, proud and enjoyed life."

The Luceys stress that they are not alone in the loss of their son to PTSD.

"Jeffrey is not the only tragedy," Kevin Lucey says. "We are not the only family."

### **Studies: "Serious Problems"**

Studies have confirmed what many who care for veterans have known for years: There is a serious problem with returning soldiers and PTSD.

In the spring of 2007, the Archives of Internal Medicine reported that one-third of veterans who served in Iraq or Afghanistan between 2001 and 2005 and were treated at VA hospitals and clinics were diagnosed with a mental or psychosocial disorder. A 2008 study by the U.S. Army showed that 27 percent of non-commissioned officers on their third or fourth tour in Iraq reported signs of PTSD.

A study released by the RAND Corporation in March finds that nearly 20 percent of service personnel who have returned from either Iraq or Afghanistan-300,000 men and women-report symptoms of PTSD. Of that number, less than half will seek treatment.

Furthermore, the RAND study suggests that 320,000 service members may have experienced traumatic brain injury, from concussions to protruding head wounds, in the wars. Of that number, 43 percent of those studied reported that they had been evaluated by a physician for their injuries.

Most alarmingly, CBS News reported in November 2007 that the suicide rate among U.S. military veterans is twice as high as among the general public. The CBS investigation shows that 120 veterans killed themselves each week in 2005.

In 2006, 188 men and women committed suicide while on active duty. And since October 2001, about 500 veterans of the two wars have killed themselves. Of that number, one-quarter committed suicide while serving in Iraq or Afghanistan.

### **Older Generation's Horrors**

What is unique to this generation of veterans is not so much its specific war experience as the experience of returning home to a public largely disassociated from the war and unable to understand their grief. That fact-along with the constant threat of having one's enlistment extended, being recalled and possibly returning to combat-makes coming home more problematic.

Even as the current generation of troops learns to deal with its wartime experience, a previous generation continues to wrestle with their experiences from decades prior.

In 1968, Robert Topmiller served as a medic with the Marines in Vietnam. After the siege of Khe Sahn, Topmiller began having problems.

"I had difficulty coming to terms with the incredible bloodletting that occurred (in Vietnam) almost from the beginning," Topmiller writes in an e-mail interview. "My problems with PTSD really took off in 1975 when Saigon fell to the Communists."

Topmiller says that he began to experience frequent nightmares, flashbacks, anger issues and alcohol dependency after the Vietnam War.

"When I was young, I thought this would all go away in time, but as I got older, I discovered that rather than getting better, I was actually having more problems with PTSD," he says.

Topmiller's experience corresponds with the findings of the RAND study.

"If PTSD and depression go untreated or are under treated, there is a cascading set of consequences," says Lisa Jaycox, a clinical psychologist and co-author of the study. "Drug use, suicide, marital problems and unemployment are some of the consequences."

Topmiller authored a book, "Red Clay on My Boots," about his experience in Khe Sahn. He described the battle as "a grotesque hell full of death and destruction that took lives in a random, horrifying manner."

Topmiller, now a University of Eastern Kentucky history professor, also wrote in his book about spending his life dealing with the impact of the war and its aftermath on him, his comrades and the Vietnamese people.

Nearly four decades after his service in Vietnam, Topmiller reports that he is still suffering from his wounds. He also describes how the current war in Iraq haunts him in unexpected ways.

"The present war really exacerbated my PTSD," Topmiller says. "In fact, I've decided to retire in three weeks because the last five years have caused my stress level to increase to the point where I can barely manage my PTSD."

## Fighting PTSD Treatment

Because of the seriousness of PTSD, its effects cannot be contained within the individual or the family.

"There will be a bigger societal impact if these service members go untreated," RAND's Jaycox says. "The consequences are not good for the individuals or society in general."

Some veterans believe that the existence of PTSD raises questions about the nature of war itself.

"The illnesses that men's wars create need to be addressed, (but) the illnesses that create war need to be addressed (as well)," says Lee Burkins, a Vietnam vet who fought the VA for recognition of PTSD as a medical condition.

Bill Kelly, a former Army infantry officer who served in the Quang Ngai province in 1969, now suffers from PTSD because of his Vietnam War combat.

"I usually use ironic quotes around the D in PTSD because I think it is erroneous to term such (a condition) a disorder," Kelly says. "Any sentient human being asked to kill others for no discernible reason will have problems."

Despite more knowledge and a greater recognition of PTSD, there remains a hesitancy to talk about the condition.

"A lot of veterans are reluctant to seek treatment for PTSD for a number of reasons," says David Dean, a Pensacola Naval Hospital mental health specialist and a retired Air Force rescue helicopter pilot. "The most prominent reason (for not seeking treatment) is that the patient feels like they're losing their mind-and they're not. The service member is just dealing with a multitude of symptoms all at once and it's hard for them to cope. It's hard for them to deal with these issues that, for many, continue to haunt them for years after they leave the combat theater."

Healthcare providers dealing with veterans have learned a considerable amount since the Vietnam War about the treatment of combat stress. A former soldier's ability to resume a normal life is considered crucial to recovery.

"Resilience is another piece to this picture that extends further than the service member, but to the family as well," says Jim Sherrard, the Pensacola Naval Hospital Health promotions director. "We're closing the gap a bit with propensity for the (service) member and their family to bounce back, but we still have a way to go."

Sherrard and Dean are co-organizers of the Iraq veterans mental health symposium at UWF May 8-9.

Dean says being able to relate and understand what the veteran has experienced is an important part of treating the patient.

"I started seeing patients in 1971, and I can count on one hand the number of times (in private practice) that I've worked with other veterans" who were mental health professionals, Dean says.

"If the patient feels that you can't identify with them, that you can't understand, then it can prohibit a development of a rapport," Dean explains. "It's not a snobbery thing. It doesn't matter what generation they fought in, there's just a lot of common understanding (among veterans)."

Still, Dean says one needn't be a veteran to comprehend these issues. He also notes that, after being discharged, former military service members are more likely to be seen by medical professionals outside of the military community. With enough training and the right line of questioning, Dean says, those who treat these patients can be of tremendous help.

"There's a great need for these services in the community," Dean says. "We're offering this seminar to expand this knowledge to the general community, precisely to provide the tools to learn how to deal with these patients because a primary care physician is the most likely to see the unhappy veteran, and we'd like them to get the help they need."

### **Need Help?**

Gulf Coast VA Medical  
Center Hot Line  
1-800-507-4571

Veteran-to-Veteran Peer Counseling  
1-877-VET2VET

National Veterans Foundation  
Help Line  
1-888-777-4443  
(9 a.m-9 p.m. Pacific time M-F)  
E-mail help also available from NVF

Military OneSource  
1-800-342-9647 (in USA 24/7)  
1-800-3429-6477 (outside of USA)

Wounded Soldier and Family Hotline (Army-provided assistance)  
1-800-984-8523

NY/NJ Veterans VA Nurses Helpline  
1-800-877-6976

Suicide Hotlines  
1-888-649-1366

1-800-SUICIDE  
1-800-784-2433

Suicide Help Online  
<http://www.hopeline.com>  
<http://www.spanusa.org>

National Coalition for Homeless Vets  
1-800-VET-HELP

Veterans of the Vietnam War  
1-800-843-8626

### **THE HIDDEN CASUALTIES OF WAR CONFERENCE**

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For more information on the lectures and workshops, visit <http://continuinged.uwf.edu/deployment%5Fpsych/> or call 505-6174. Registration is recommended by Thursday, May 1.

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