



NOBODY

COMES HOME THE SAME

TREATING THE COMBAT VETERAN

BY CHUCK STARESINIC

The day before West Virginia's archery deer season opened, Keith Thompson packed his bag to head for the family hunting camp. The next day, he would wake up surrounded by a few hundred acres of autumn forest. Nothing could be sweeter. A year earlier, he'd been in Iraq with his fellow marines, and missing hunting season was worse than missing Christmas.

When his bag was packed, he couldn't find his hunting license. He swept everything off the top of the dresser. He tore through the drawers and threw all the clothes on the floor. Then he ripped every room apart. He spooked his dog so badly that it tried to hide under a car out back. In the kitchen, he picked up a stool by its legs—he was screaming and cursing now. He swung it over his head and slammed it hard on the floor. Again. Again. Again. He left it in too many pieces to count. Then he wondered what he was doing.

Welcome home, soldier.

After more than three years of war in Iraq, there are now many thousands of American combat veterans who have witnessed, suffered, and inflicted more violence than the typical American will see in a lifetime. They have lived on edge for months at a time. Many have escaped death by inches and by chance; others have been maimed and crippled by the same margins. They have killed. They are not always certain that they killed the correct people. Some have tried to save the lives of their friends and failed. Thompson (not his real name) watched a fellow marine walk away on patrol one night. Minutes later, he came back in an ambulance, burnt black, minus an arm and a leg. He died the next day. Later on that same tour, Thompson suffered permanent damage to his leg from a roadside bomb. His leg was treated immediately, of course, and he continued with physical therapy when he returned home. But it was many months before he sought help for his psychological symptoms.

Soldiers are taught that they are invincible, so it's not unusual for them to avoid asking for help. At the end of the Vietnam War, post-traumatic stress disorder (PTSD) had yet to enter the psychiatrist's diagnostic manual; it did not become an official diagnosis until

1980, when Vietnam veterans had been home for at least five years, and some longer than 15 years. Many with PTSD didn't get help until they had ruined a few marriages, lost a dozen jobs, developed addictions to hide the pain, or wound up homeless. Many committed suicide. Many never got help.

This time, the Veterans Administration (VA) is more prepared, and soldiers in this area are getting help early from Pitt-trained psychiatrists.

"I think the military is doing a better job of screening early on," says Jeffrey Peters (Res '84, Fel '86), a Pitt associate professor of psychiatry and vice president for behavioral health with the VA Pittsburgh Healthcare System. Peters sees dozens of combat veterans who have served in Iraq and Afghanistan at the VA's PTSD clinic. So does Barry Fisher (Res '90), the medical director of the clinic. Some veterans attend individual therapy sessions and take medication to control anger and depression. Many attend group therapy sessions. Peters estimates that of approximately 2,000 veterans who have returned to the region, 600 have been seen at the VA's primary care clinic, and half of those for behavioral health. Because behavioral health is part of the primary care clinic, he says, they've had success getting veterans to take the critical first step: asking to talk to someone about emotional issues.

Not long after he tore up his apartment looking for his hunting license, Thompson took that step at a physical therapy session. He'd been arguing with his girlfriend regularly and simply wasn't himself, he says: "It was summertime, and I didn't want to go out. I didn't want to do anything. After months of thinking it would just get better, I said, 'I can't take this anymore. I've got to talk to someone.'"

"Guys talk about literally seeing red," says Joseph Fetchko (MD '93), Thompson's psychiatrist, who has worked in the PTSD clinic for eight years. "They get a red haze, some of them, because in combat, there is only one

emotion that seems to help these guys. It's anger. Sorrow is discouraged, and the fear is channeled into anger."

Thompson began to feel better driving home after the first therapy session, he says. He began to believe that therapy could help him have a more normal life again. Maybe he'd be able to stop flying off the handle over little things and stop checking for snipers everywhere he went. Maybe he'd be able to hear a few firecrackers go off without freaking out.

At a recent session, Fetchko asks how he's doing.

"I've definitely got my stride back," he says. "I want to go out. Don't want to stay home. I'm still on alert, but it's mild. I'm not getting pissed all the time—I haven't gotten mad for a while."

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The other day, his dog ripped his slippers apart, he says with a smile. He got mad, but not like he would have before.

Thompson's unit may soon be sent back to Iraq for a third tour. The desire to never be separated from your fellow marines is powerful, and when Thompson begins to talk—hesitantly—about going with them on limited duty, Fetchko jumps in, saying: "I've treated hundreds of vets. I can count on one hand the guys who've done two tours. You've done two tours. We're indebted to you. ..."

"I would recommend at this point that your job is to take care of your health and to move on with your life."

Thompson knows his doctor is right. He has heard it before. And he has accepted the fact that he'll get a medical discharge soon. Still, he can't help but think about being with his buddies when they deploy.

"This is the time to really work on your health and your future," says Fetchko.

Thompson quietly nods at Fetchko, considering the mission ahead of him. ■