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Updated: Mar 26, 2005 - 11:44:53 pm CST

Returning home from Iraq

Time and help from friends allows most to readjust; some have problems

By Renee Messacar - Staff Writer

Michael Torok didn't die while serving in Afghanistan, but his family believes the war still killed him.

The 23-year-old Kingston man spent 10 months in Afghanistan as a communications specialist for the U.S. Army. He returned to Kingston on Sept. 2.

On Sept. 5, he disappeared while on his way to visit a friend in Shabbona.

A deputy found his body Sept. 24 in his truck parked in an Ogle County cornfield. He had died from a single, self-inflicted stab-wound to the heart.

His family later learned the Army had given him Lariam, an anti-malaria drug that, in some people, causes depression, bad dreams and hallucinations. The family also learned he had been suffering from depression and possibly post-traumatic stress disorder, or PTSD.

His return to civilian life was not the norm. Most came back to their homes, families and jobs with far less trauma. It was not always easy, though.

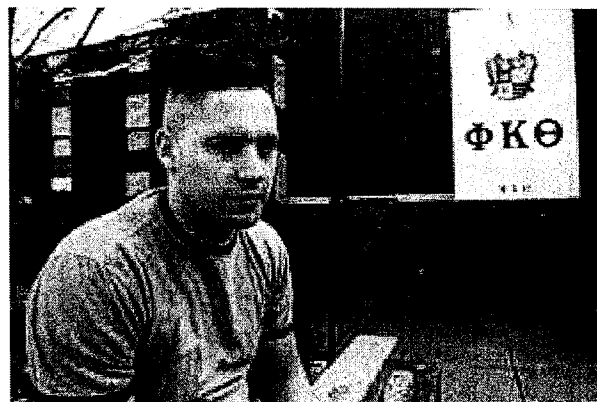
"Rely on friends and family," suggested Cris Cavazos, 22, of Malta. "Let them know about the difficult transition and don't let yourself withdraw."

Although he has been home from Iraq for about 13 months, he still occasionally thinks about roadside bombs when in cars.

Depression and PTSD are common among veterans, said Joan Anzia of the Illinois Psychiatric Society and day program chief with Department of Veteran Affairs in Chicago.

About 17 percent of returning veterans have PTSD, which sometimes develops when people experience or witness traumatic events.

People who have been through traumatic events or had behavioral problems in childhood are



Cris Cavazos, a Northern Illinois University student and Phi Kappa Theta fraternity member, talks about the year he spent in Iraq with the U.S. Army Reserves. Readjusting to life at home was difficult for Cavazos, as it is for many veterans. Chronicle photo HOLLY LUNDH

more likely to develop PTSD when something happens to them later in life, she said. Women are twice as likely as men to develop PTSD.

About 70 percent of those who have PTSD also have depression, Anzia said.

Signs of depression include change in sleeping patterns, difficulty concentrating, weight loss or gain, loss of enjoyment, anxiety and recurring thoughts about death and suicide, according to a June 2000 report from the U.S. Army Center for Health Promotion and Preventive Medicine.

Veterans who were in Afghanistan and Iraq report symptoms similar to what Vietnam War veterans reported, such as having trouble sleeping and relaxing, feeling agitated and angry, and having flashbacks and nightmares, Anzia said.

"They have nightmares of the traumas they witnessed and experienced," she said. They awake from the nightmares covered in sweat and with racing hearts," Anzia said.

A new symptom she's seen is anxiety about riding in vehicles, which stems from soldiers' fears of roadside attacks and explosives in the roads.

Although he has been home from Iraq for about 13 months, Cavazos still occasionally thinks about roadside bombs when in cars.

The Army Reservist was stationed for a year mostly in Umm Quasr in southern Iraq, where he worked at a prisoner of war camp and a jail.

In February 2004, a month after he returned home, he told the Chronicle that he got nervous seeing vehicles run over trash in the road because he had been trained to think the trash was disguising a bomb. Loud noises also frightened him.

But a year later, the Northern Illinois University student and Phi Kappa Theta fraternity member said his life is basically back to normal.

"Sometimes I have to tell myself that I'm home now, that I'm safe," he said.

It took him a while to feel comfortable again, he said. Starting classes in the fall, spending time with friends and family and staying active helped him readjust, he said.

He suggested that other returning soldiers accept that they have changed.

Feelings, such as no longer belonging, develop mostly when veterans return home and have time to think about their experiences, Anzia said. Many don't realize they have PTSD or depression until a physician, usually treating them for something else, notices the signs, such as anger and agitation.

"A lot of young guys become angry and have difficulty getting along with other people," she said. Their anger stems from having been under constant fear of injury or death for months, the deaths they've witnessed and questions about the war's purpose.

Cavazos said he becomes angry when people make flippant comments about the war or express anti-war sentiment.

"Some of the people protesting the war don't know what they are protesting," he said. "They don't know what it was like over there. They shouldn't just assume they know what's going on. It's disrespectful, especially when they hear something about what one or two people did and assume we all abused prisoners or killed babies. I know I did good while over there."

Anzia said many veterans have difficulty reconnecting with their friends and family.

"The first thing people can do is learn more about post-traumatic stress disorder," she said. They also need to realize veterans change during their service.

Michael Torok's mother, Barbara Torok, said she wishes she had realized her son was depressed. While speaking with his friends after his death, she learned that while in Fort Bragg, he had been sleeping 18 hours a day, had nightmares, lost weight and experienced personality changes.

But when he returned home, he acted as though he was fine.

"We had no idea something was wrong with Michael," she said.

The sooner a veteran gets treatment, the better it works, Anzia said. She suggested that veterans seek treatment from Veteran Affairs, where psychiatrists and therapists are trained specifically to work with veterans.

She suggests that soldiers seek help from the chaplains or therapists the military makes available, but she said many don't seek help out of fear it could hurt their careers.

Others don't seek help because they might be considered unmanly or weak, Cavazos said.

"A lot go through anger and depression," he said. "But we don't talk about it. Although we were given the opportunity for counseling, it wouldn't be macho to say we're sad."

Perhaps prompting from friends and family can force soldiers and veterans to overcome the sentiment that to seek help is to show weakness, Anzia said.

"Pay attention when they come back," she said. "And if they have any of the signs, make them get help."

Barbara Torok said she willingly speaks about what happened to her son and her belief that Lariam caused his depression and death because she wants to help other families avoid similar situations.

For more information on military duty and treatment of post-traumatic stress disorder or depression, check the Veterans Affairs Web site under health benefits and services at www.va.gov or look at National Center for PTSD site at www.ncptsd.va.gov.

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