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POST-TRAUMATIC STRESS DISORDER: Number of cases on rise

Mother says Army, Veterans Administration failed her son, who committed suicide

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REVIEW-JOURNAL

Adam Kelley survived the Persian Gulf War but not the aftermath of his combat experience.

For 13 years after the war, he suffered not only from physical problems but mental ones as well.

His No. 1 enemy was post-traumatic stress disorder, the illness affecting thousands of veterans in Southern Nevada, including hundreds who have lived through the horrors of death and danger in Iraq and Afghanistan.

His mother, Marsha Kelley, said he joined the Army at 21 because he liked being outdoors and he wanted to earn money for college. "He liked hunting, but he didn't like killing," she said in an interview last month.

But in the end, he shot and killed himself last year while sitting in his truck behind a sandwich shop not far from his northwest Las Vegas home. His mother blames the Army and the Veterans Administration for not giving him the proper care soon enough.

"They call you to war. They beg you to enlist. They say, 'Fight for your country. Make it a better place,'É" she said, fighting back tears.

"We are going to rebuild schools in Iraq. We are going to help. We are going to give them all of this. And you know what? When they get out, they -- the 'F' word I'm not going to say -- they 'F' them over. They don't do anything. They tell you to get in a line. 'We can't help you. You have to wait,'É" she said.

A local VA health care official said his staff members are doing all they can to handle the surging number of veterans with PTSD.

"I would go head-to-head against any health care system in the world," said Dr. Ramu Komanduri, chief of staff of the VA Southern Nevada Healthcare System. The system employs 60 mental health professionals who treat PTSD and other mental illnesses.

Komanduri said he couldn't comment on Kelley's or any other specific case for privacy reasons.

Last year, he said, there were 724 veterans -- from World War II to operations Iraqi Freedom and Enduring Freedom -- in the system getting specialized care for PTSD. In all, they made 10,000 visits to local clinics for mental health sessions and treatments.

In Southern Nevada, Komanduri said, about 5,000 veterans have been diagnosed with PTSD since 1999 from all wars.

Since last year, the Southern Nevada system has experienced a 23 percent growth in veterans seeking PTSD assistance.

He attributed the increase to public awareness about the problem and the nature of the wars in Iraq and Afghanistan, with their uncertain dangers that lurk from roadside bombs, suicide bombers and vehicle-borne explosives. The mental trauma lingers "like a song you can't get out of your head."

"Like many soldiers coming back, they're viewing all these bomb blasts. It's tough when you see a body part blown off," Komanduri said.

He noted that some military personnel not directly involved in combat end up suffering from PTSD because, for example, they have removed corpses from the battlefield. It is the same ghastly task, he said, that many volunteers face in responding to the devastation in New Orleans caused by Hurricane Katrina.

VA facilities in Southern Nevada have seen 408 veterans from operations Iraqi Freedom and Enduring Freedom who inquired about help for PTSD. Komanduri said 190 of those have received mental health care and 105 of those 190 have been treated in a specialized PTSD program.

"They're getting the care," Komanduri said.

That doesn't satisfy Kelley, who said she feels there should have been more focus from the VA's mental health professionals on her son's case. If it had been paying attention, she wonders, then why did the VA call her two months after he died to tell her he missed his meetings?

Before Adam Kelley took his life, he had the classic symptoms of PTSD. He suffered nightmares and had flashbacks of at least three incidents from January and February 1991 while serving in Saudi Arabia and Iraq.

"He was paranoid. He didn't trust people. He stayed up in his room half the time. He had major, major depression," Marsha Kelley said.

The first incident documented in his VA psychiatric evaluation was when he watched his friend, Peter Swano, die from a twisted intestine.

"No sooner than before one of us could go get help, Swano's body went straight as a board and began to shake back and forth, his hands made fists on his thighs and jolted with the rest of his body," the report on his bout with PTSD states.

"His eyes rolled to the back of his head and he began to start spitting up this green slime," according to the report.

Already Adam Kelley had lost one of his buddies before having to put his own life on the line as a mortar specialist with an Army mechanized infantry unit.

On Feb. 27, 1991, his platoon made its first contact with the Iraqi Army.

"As the battalion and brigade began to pull forward and come on line, our tanks and Bradleys that were behind us began shooting at the Iraqi tanks in front of us, putting us in a cross fire.

"I was scared to death and knew this is where I was going to die. ... I watched our mortar rounds hit the ground where Iraqi soldiers were running, and when they hit I would see nothing but a cloud of dust. When the dust cleared all I would see were bodies (laying) on the ground."

Fighting continued for two more days, according to the transcript of his account that follows.

"We hit the Iraqi army's line of defense sideways and drove through blasting everything and everyone in our path. It was so bright from all the burning Iraqi tanks and (armored personnel carriers) burning we didn't even need night vision devices to see.

"Many times they would be firing across the columns over our heads at targets on the side. ... The tracer 25mm rounds were going right over our heads. ... I was scared to death that we might get hit on accident or that the rounds might hit over us, exploding and killing us.

"As we blew up their bunkers they were coming out of the ground everywhere shooting at us. Because we were mortars and in

the middle of the column we could not fire back without hitting our own people, which left us defenseless. All I could do was watch as the Bradley shot the Iraqi soldiers down in masses. There were dead bodies scattered everywhere."

Having lived with the mental scars from one combat tour, Marsha Kelley believes her son should not have been encouraged by the Army to re-enlist for another four years. She knew from her former husband, Adam's father, who fought at Pleiku in Vietnam, that one dose of PTSD was enough.

She said she sympathizes with the family of former Army Spc. Matthew Sepi, who in the early morning of July 31 shot and killed a woman and wounded a man in a Las Vegas alley.

Sepi, a 20-year-old Navajo Indian sharpshooter from Winslow, Ariz., shot and killed 47-year-old Sharon Jackson and seriously injured 26-year-old Kevin Ratcliff during a late-night beer run through one of Las Vegas' roughest neighborhoods. Prosecutors acknowledged Sepi acted in self-defense.

He told police he acted as he was trained to do in combat in Iraq. He said he carried a rifle that night because he had been threatened with a knife there the day before and when he was ambushed this time he fired at his attackers and described his retreat as "breaking contact," a military phrase.

Attorneys on Friday brokered a deal in which reduced charges would be dropped if he completes a 90-day inpatient drug and alcohol counseling program at a Veteran's Affairs center in Arizona.

Johnathan Abbinett, a Vietnam War combat veteran and local veterans advocate, who himself went 25 years without treatment for PTSD, contends treatment offered veterans is not sufficient.

Abbinett, who successfully completed five years of therapy in a VA post-traumatic stress disorder program, spoke from his personal knowledge of Kelley's case.

"Adam Kelley only got pharmaceutical medication for his PTSD and should have received far more help that may have prevented his suicide," Abbinett said in a telephone interview.

"It's a travesty of justice and it is a tragedy within the VA health care system," Abbinett said. "If the American people are truly going to support their troops, and they most certainly should, they have got to finally make a commitment to take care of our wounded veterans in a timely manner when they come home from war."

Komanduri, the VA health care chief, said there is no clear data on how many veterans with PTSD have committed suicide or violent crimes.

"There is no tracking of suicides but we can tell you schizophrenia and manic depression also have risk factors. In schizophrenia and manic depression the (suicide) rates can be up to 15 percent," Komanduri said.

A Centers for Disease Control and Prevention mortality study found that at least 9,000 Vietnam War veterans died from suicides within five years after they were discharged. Suicide deaths were also 1.7 times more likely among Vietnam veterans than non-Vietnam veterans.

Some media reports, however, have claimed that suicides among Vietnam veterans rival the 58,000 U.S. military personnel who died during that war.

Komanduri said when a new veteran comes in to register, "we do inform them of the PTSD programs but not all of them demonstrate symptoms or interest."

"Any veteran with PTSD symptoms can be seen the very same day they seek help," he noted.

After a comprehensive psychological and medical assessment, they can be enrolled in the VA's treatment program but some don't want to be in a specialized program, he said.

Veterans with PTSD are offered one-to-one counseling, group counseling, medication management and additional assistance at a readjustment center. Komanduri said PTSD is also offered for couples and family members of veterans.

The program is staffed full time by a psychiatrist, a nurse practitioner, two licensed clinical social workers and a psychologist.

The team launches a three-week initial orientation program followed by a four-week special orientation program for PTSD. Then the veteran can join a 27-week psycho-social education group session that includes up to a dozen other veterans.

"They address coping skills and stress management," he said. "And what you will find is during the whole program the veteran is also being seen individually on a one-to-one basis."

Anti-anxiety and anti-depressant medication can be prescribed for some cases, Komanduri said. "We also use medications to aid with sleep and we also use medications for controlling nightmares."

Marsha Kelley contends that her son encountered too many roadblocks and long waits for treatment first when he sought help in Fort Knox, Ky., and later when he returned to Las Vegas. But he eventually was given medication and was enrolled in a group therapy session.

"He was getting help but just not the right kind," she said, noting that he was on several different types of medication both for his mental illness and physical problems with his stomach and knee.

"A lot of the medications they gave him did not work, they made him sick," she said.

"He was always being switched around to different doctors. ... He should have been seeing a psychiatrist weekly instead of once a month."

She said instead of a psychiatrist, Adam was being seen by a physician's aide who prescribed pills for him.

Komanduri said veterans with PTSD face hurdles other than overcoming intrusive thoughts of danger and death. Some will have anger, others feel disconnected from life and have difficulty experiencing intimacy which can lead to marital and personal problems.

Between 60 and 90 percent of veterans with PTSD have alcohol and drug abuse problems. Many of them have difficulty sleeping.

"If we do early intervention and treatment it's very likely a person can return to a normal functioning state. Our goal is to treat early in order to be able to avoid the chronic, long-term components of post-traumatic stress disorder," Komanduri said.

Unlike past wars in which combat tours were typically limited to one unless a soldier, Marine, sailor or airman volunteered to return to the front, many veterans of the wars in Iraq and Afghanistan are redeployed to the war zone without knowing they still might be suffering from PTSD.

"The military is now trying to determine who is more likely to get PTSD," Komanduri said. "They're looking at novel ways."

Such treatments, he said, include a blood pressure medication that reduces the problem with nightmares; a virtual reality process that uses a safe environment to help veterans recount and accept battlefield horrors; and more emphasis on including families in the healing process.

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