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Stretched thin -- concern mounts over soldiers' mental health care

By: JON SARCHE - Associated Press

COLORADO SPRINGS, Colo. -- Last May, National Guard Sgt. Jeffrey Sloss returned home after nearly a year of duty in Iraq and Kuwait, and his wife and 10-year-old stepdaughter immediately knew something was wrong.

The 33-year-old seemed different, unable to concentrate or perform simple tasks on his job as a South Carolina state trooper.

He feared seeking psychological help because of what it might mean for his career, said his wife, who nonetheless persuaded him to call an Army program that helps soldiers find treatment. But he wasn't truthful on the phone, answering no when asked if he thought of harming himself.

Just a few hours later, with his stepdaughter playing outside, Sloss shot himself in the heart as his wife rushed to try to knock the gun out of his hand.

The psychological toll from the war in Iraq is climbing, according to new research and experts who cite the severe stress of fighting a deadly insurgency. Though the Pentagon says mental health care, including battlefield counseling, is expanding, critics counter that military suicides and post-traumatic stress disorder cases have exposed gaps in how treatment is delivered to soldiers.

"There have been improvements. We have now combat stress teams in Iraq, we have programs for soldiers when they come back," said Stephen Robinson, executive director of the National Gulf War Resource Center, a veterans advocacy group. "But it's still the military's dirty little secret that lives are shattered and often we don't do enough when the war is over and these people have to deal with the consequences of what they saw and did."

The Army's director of mental health policy, Col. Tom Burke, a psychiatrist, said the military has gotten much better at providing care and treatment -- for example, offering more counseling when some soldiers at Fort Bragg, N.C., killed their wives after coming home from service in Afghanistan in 2002. But the stigma that psychological treatment carries is harder to address.

"Dealing with the stigma is an ongoing issue, a matter of educating soldiers, the chain of command and senior leadership that the treatments for mental health problems are much better than in the past," Burke said. "And that for the most part, these are problems with solutions, that soldiers with mental health problems are not the problem, that they can be treated and go back to work."

Burke said the military is teaching soldiers and commanders how to seek mental health help and to let them know there is no punishment for coming forward.

In a first-of-its-kind study published in the New England Journal of Medicine in July, Army researchers said an anonymous survey of 6,201 Army soldiers and Marines found about one in eight who fought in Iraq had symptoms of PTSD -- flashbacks, feelings of detachment, trouble concentrating, sleeplessness and more.

The survey also showed that less than half of those with problems sought help, mostly out of fear of being stigmatized or hurting their careers.

The problems may be worse than the study suggests because the nature of the conflict and the lengths of service have changed since the survey was conducted, said Dr. Matthew Friedman, executive director of the Department of Veterans Affairs' National Center for Post-Traumatic Stress Disorder, in an accompanying editorial.

Protracted combat with insurgents can bring greater rates of psychiatric disorders than the type of conflict -- a campaign for liberation -- that was the initial goal in Iraq, according to studies from previous conflicts, he said.

The Veterans Affairs Department is expecting an increase in demand for its services, said Charles Flora, associate director of the VA's readjustment counseling service. He said the VA was recently authorized to add 50 outreach personnel to the 940 it has nationwide -- not nearly enough for some observers.

"I think the military we've witnessed is in many ways trying to do arguably the best they can, but on almost every front they are stretched too thin," said Wayne Smith, a former combat medic and PTSD counselor with the Vietnam Veterans of America Foundation. "They know that PTSD is real, know that the soldiers in Iraq are way overstressed, but they don't have the ability to recycle those soldiers, to rotate them out of the combat zone."

Rep. Loretta Sanchez, D-Calif., a member of the Armed Services Committee, has repeatedly questioned Pentagon officials on soldiers' mental health.

"We are stretched thin and there aren't enough resources, and I think corners are probably being cut," Sanchez said.

It was Staff Sgt. Georg-Andreas Pogany, an intelligence officer at Colorado's Fort Carson, who raised some of the earliest concerns about the military's approach to mental health treatment in the current war against Iraq.

Attached to a Special Forces unit, Pogany became the first U.S. soldier since Vietnam to be charged with cowardice after a panic attack three days into his deployment. Pogany said he was punished for seeking psychological help after seeing the mangled body of an Iraqi. He had asked his commander several times to help him get treatment.

He said he told his commander he wanted counseling in Iraq and wanted to return to his unit as soon as possible. At least one officer told him to consider what such a request would do to his career, he said.

More than a year later, the military has dropped all charges against Pogany but has not restored his top-secret clearance. He is negotiating a medical retirement and is still being treated for symptoms of PTSD, which he believes worsened because of an anti-malarial drug given many soldiers and because of the way he was treated by the Army.

"I was stuck in survival mode, trying to fight the system. In my mind, it was combat every day," he said, comparing his controversial return home to the hostility and misunderstanding that many Vietnam veterans came home to.

"They had societal betrayal and stigmatization. For me, it was from my unit and it took its toll," Pogany said.

Pamela Sloss said she believes her husband began displaying symptoms of a mental disorder even before he left for the Middle East in May 2003. Though he was a veteran of the first Gulf War, he was in denial about his deployment this time, believing he would be sent home from Fort Jackson, S.C., rather than to Iraq.

His communications unit came under mortar fire 61 times in Iraq. When he returned, he was a different person than the man she married shortly before he left.

"He just became really paranoid about things he couldn't do," Sloss said in an interview from her home in Union, S.C. "He couldn't focus, couldn't concentrate. At his civilian job, things that were like tying his shoe before he left, he just couldn't do."

Sloss believes her husband didn't receive proper counseling before he was released from active duty. She told the House Armed Services Committee in a letter that "services did not seem readily available" when her husband mentioned he was having trouble with focus and concentration.

"The only numbers I had were for a chaplain and a major at Fort Jackson," she wrote. She found a number for an Army program on the Internet and her husband called.

"When he got off the phone, he told me that he was not completely honest with the woman on the other line," Pamela Sloss said. "He told me that she asked if he had had any thoughts of hurting himself and he said he told her no. That was my first indicator that he had thoughts of that nature."

Now, the widow can only think of what might have saved her husband.

"I guess I just wasn't strong enough or that he was just determined," she said. But the military, she added, has done a poor job of teaching soldiers and their families about where to turn for help.

"These guys are going over there and fighting for their country and come back and don't have their country fighting for them," she said.

On the Net:

National Gulf War Resource Center: <http://www.ngwrc.org>

Defense Department health information: <http://www.ha.osd.mil>

New England Journal of Medicine study: <http://content.nejm.org/cgi/content/full/351/1/13>