

Star-Telegram

Eager: Combat PTSD by knowing the signs

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"Open fire!"

The phrase is expected to be heard on a battlefield, but not after a soldier or Marine returns from combat. Post-traumatic stress disorder, or PTSD, is an enemy that follows some home, a sniper of sorts that marks its target and picks off its unsuspecting victim with pinpoint precision.

What does combat PTSD look like? The disorder might be easier to treat if the blow were from a real bullet, where a wound or blood is visible and a clear-cut protocol for treatment exists.

Victims of PTSD often trudge on, initially not realizing they are wounded. No cries of "Man down!" are heard.

Sometimes there is only silence until it is too late. They are our community's walking wounded.

PTSD was not at the forefront of my thoughts when our son first deployed to Iraq. I had a naive hope (or denial) that he wouldn't see much combat.

That illusion was shattered March 17, 2007. Soon after he deployed as part of the surge into Anbar Province, we received a phone call. I could sense something was wrong.

My usual question of, "How is your squad?" was met with, "One is no longer with us."

A fellow Marine was killed by a sniper while the squad was on a foot patrol. It was a precise hit; death was immediate.

Little did I know then that 2007 and the ensuing months that our son was in Iraq would be the deadliest since the start of the war. But at that point, a new worry fixed itself within me: How will this affect my 21-year-old son, who witnessed his buddy's death on the battlefield?

It is as impossible to determine who will be the next victim of PTSD as it is to determine who will be the next battlefield casualty. Out of our son's original squad of 13, nine came home together. Three others were severely wounded.

They have since reported various problems in varying degrees, but all are doing well. They stay in contact with one another.

Identifying how many soldiers and Marines experience PTSD is difficult because some cases go unreported. The stigma is slowly fading but is still attached.

I know of two suicides in my son's battalion after its return from its latest deployment to Afghanistan. It is unclear whether PTSD played a part; but research shows a correlation between suicide and PTSD.

Our community should be aware of the signs. They are all we have to rely on to point those who need help in the right direction.

Many veterans must be told they are exhibiting signs of PTSD before they realize they need help. Emergency room doctors, university professors, employers and loved ones should know the symptoms.

We must all watch for signs of mood and/or behavioral changes and urge the heroes who exhibit them to get help.

Tarrant County Veterans Services offers help filling out necessary paperwork to receive counseling services from Veterans Affairs' Fort Worth Outpatient Clinic. Gwen Johnson, who works in mental health for VA North Texas Health Care System, said that last year the Fort Worth clinic served 303 Iraq and Afghanistan war veterans with PTSD.

The clinic also offers individual counseling and family support groups. Johnson added that some veterans do well after only a couple of months, while others must stay in treatment for years.

We owe it to our veterans to work hard to remove the stigma associated with PTSD and to help veterans reintegrate into the community. These suffering warriors might not have Purple Hearts to wear on their chests, but they carry a wounded one inside it.

Cheryl Eager of North Richland Hills is a member of the 2010 Star-Telegram Community Columnist Panel.

CEAGER4@GMAIL.COM

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