

## Combat trauma afflicts women, men alike

Lily Casura | Posted: Sunday, September 19, 2010 12:00 am

A few months ago, I attended the week-long clinical training program in post-traumatic stress disorder (PTSD) at the National Center for PTSD in Menlo Park (Veterans Administration) as well as the “Brain at War” conference in San Francisco, put on by the Department of Defense. Both made clear how much money is being spent on research (\$500 million), but success stories can be hard to find. PTSD affects veterans, their families and communities; it can also lead to suicide.

Current statistics show an active-duty suicide every 36 hours, and that 18 veterans a day die by their own hand. Suicides are on the rise in every branch of the military that’s seen heavy combat in the current wars — Marines, Army, National Guard — and so far this year, there have been more suicides than combat deaths.

The problem extends to women veterans as well. According to the American Psychiatric Association, “Women veterans are two to three times more likely to commit suicide than nonveteran women” — and also die at a younger age, “between 18 and 34.”

Clearly, the problem is serious and troubling. Suicide is the final step on a journey of misery, pain and despair that can potentially be halted earlier, by intervention that increases a veteran’s chances of survival and success.

Five years ago, after writing about integrative medicine for years, I created the nonprofit [Healing Combat Trauma](#), a website devoted to therapeutic resources for veterans with combat-based PTSD. Today, that’s becoming an actual program to lead combat vets with PTSD through, using integrative medicine — “the best of East and West” — to help them recover from the scars of war.

Two years ago this month, a combat vet, Marine, who’d served in Vietnam, and suffered traumatic brain injury from explosions and a head wound, as well as 40 years of severe, chronic PTSD, flew out to meet me.

Together we went around the country, experiencing specific therapeutic modalities in the hands of experienced practitioners that were targeted to address his PTSD.

Initially actively suicidal, once his symptoms receded, so did his threats of suicide. He had gotten his life back, and was eager to stay involved in it.

The cost of helping him reverse his symptoms, and improve his quality of life? Under \$10,000, including travel, lodging and practitioner visits.

As much attention as PTSD receives in the media, military sexual trauma (“MST”) — which frequently leads to PTSD — receives even less. A more taboo subject, MST affects roughly the same number of men and women, approximately 60,000 each between 2002-2008, despite their disproportional numbers in the services.

According to the VA, “Approximately 1 in 5 female patients ... reports MST,” and MST is associated with “increased risk for mental health conditions including PTSD, depression and substance abuse disorders.” VA reports the prevalence of MST among OEF/OIF veterans is 15.1 percent among females, but anecdotally the figures are much, much higher, typically under-reported because of shame and fear of reprisal. MST leads strongly to PTSD. Among Gulf War veterans, women who suffered MST were at a 5 times higher risk of contracting PTSD.

But for a sense of the human toll, read how one young woman soldier expressed her misery after multiple sexual assaults in a single deployment in Iraq, followed by a suicide attempt: “I remember so many things I want to forget. I remember once upon a time I was a real person. Then I was a soldier. Now I am a ghost.”

Earlier this summer, another young combat veteran, Angela, with whom I’ve become friends, spent time staying here, around our both attending a local retreat for veterans and their families. Angela has MST and PTSD, and a service dog to help her manage her PTSD symptoms.

Even in the brief time she visited, seeing practitioners chosen to help her recover, she was able to reduce her smoking by half and said she couldn’t remember when she’d felt so relaxed — certainly not since she’d experienced combat.

(A former Army sergeant, she’d been in Baghdad during the surge in 2003.)

A few years earlier, Angela had attended the VA’s “cutting-edge” program for women vets with MST. The program housed the women vets — all of whom had experienced sexual assault — in a men’s homeless shelter (!).

The stress of that experience was so great, Angela said, that her fellow attendees all relapsed into substance abuse. She credited her own experiences with integrative medicine as what kept her, barely, on the path. Out here this summer, she was able to expand those options further,

in positive ways that continued to help her heal.

Now we want to offer that opportunity to more women veterans in a pilot program locally. Please help us do that.

(Lily Casura is the founder and executive director of Healing Combat Trauma, (800) 262-0428.)