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## War On The Mind: Nurses Deployed To Iraq And Afghanistan Struggle With Ptsd

Capt. Michelle Racicot, RN, BSN, CEN, wanted to be the perfect Army nurse — a tough soldier as well as a skilled trauma RN. As a member of a forward surgical team in Afghanistan last year, she was an expert in assessing and stabilizing soldiers with devastating wounds. She trained medics, taught a Polish medical team to care for fresh trauma, and coped with the constant infusion of adrenaline priming her body for action. To keep the stress in check, she exercised relentlessly and cried in the shower.

For critical care Air Force nurse Mary Carlisle, CCRN, MS, CCNS, the stress began almost immediately after arriving at Balad Air Base in Iraq. She was the ICU supervisor on the night shift, when combat operations typically took place. By midnight, the casualties began arriving aboard aeromedical evacuation helicopters that clogged the night air with their whirring rotors. An experienced military nurse, the lieutenant colonel thought she could handle the blood, gore, dust, heat, noise and death that define combat medicine. “I thought I had a high level of resilience going in,” she says. “After about a week, I realized the stress was more than I ever anticipated.”

Navy Cmdr. Kim LeBel, RN, MBA, CPHQ, had not worked as a clinical nurse for many years, but in 2009, she was assigned to mentor the chief nurse at an Afghan hospital on a guarded base in Mazar-e Sharif, Afghanistan. In photos of her with local nurses, she is beaming with satisfaction in her new role. But when she and three colleagues were jogging around the base one day, an Afghan guard inexplicably fired on them.

LeBel was hit in the arm, and dropped to the ground. Her friend Florence Choe also was wounded. As LeBel played dead, she heard the guard walk over to Choe and fire more bullets, killing her. The guard eventually shot himself. LeBel survived, but her deployment ended that day.

Racicot, Carlisle and LeBel had different roles and experiences while deployed to Iraq and Afghanistan. But after returning to the U.S., they all became irritable, hypervigilant, sleepless and sad, and would be diagnosed with post-traumatic stress disorder.

### A Nine-Year Struggle

Nine years after the U.S. military went into Afghanistan, and seven years after entering Iraq, the Department of Defense is struggling to prevent, diagnose and effectively treat an unprecedented number of psychiatric disorders in service members who have gone to war. Suicides in the armed forces are at an all-time high.

Although most healthcare providers are not directly in harm's way, they are at risk for PTSD because of the exposure to trauma, loss, ethical dilemmas and fatigue.

“This is the first time the Department of Defense has systematically identified that caregivers have a particular type of stress that needs to be addressed ... across all services,” says Navy Capt. Richard Westphal, RN, PMHCNS-BC, an advanced practice psychiatric nurse and coordinator of mental health wellness programs for the Navy Bureau of Medicine and Surgery in Washington, D.C. The Army, Navy and Air Force have designed prevention programs for the specific needs of their medical personnel. The programs focus on making individuals more psychologically resilient to the abnormal circumstances of war and caring for its victims.

“How do you give someone the mental body armor they need so that they are psychologically prepared or have that protective shield to handle the stressors of war or prolonged interaction with polytrauma patients?” says Maj. Gen. Patricia Horoho, RN, chief of the Army Nurse Corps.

### Puzzling Symptoms

Racicot felt tired after returning from a six-month deployment in Afghanistan. “I didn't understand why I was anxious and upset all the time,” she says from her home in New Mexico.

About a month after returning to the U.S., Racicot went for a mandatory physical. "I saw a nurse practitioner, and when she asked how I was doing, I said I was tired," Racicot says. The NP gave her the name of a psychiatrist, who diagnosed Racicot with PTSD.

Before Racicot began her new assignment, the chief nurse told her she should not be working in the trauma unit. Racicot didn't understand why she should not work in her specialty. "I'm really good at what I do and people respect me; they come to me," she says. "I was very angry, and then after talking to a counselor I realized that I needed a break. That helped me make some life-changing decisions."

The Air Force has sent 4,060 active duty, guard and reserve nurses to Afghanistan and Iraq for 30 days or more. From the Navy, 1,193 nurses have been deployed to Iraq since 2003, 403 have deployed to Afghanistan since 2002, and 114 nurses have been deployed as part of the International Security Assistance Force in Afghanistan since 2007.

The Air Force Office of the Surgeon General has found that physicians, nurses and medics are in one of the top three specialties reporting the most PTSD symptoms on post-deployment health assessments, says Maj. Gen. Kimberly A. Siniscalchi, RN, the Air Force's chief nurse. The two other specialties are bomb disposal units and counterintelligence services.

Nurses are screened before heading overseas, immediately upon returning to the U.S., and then several months later. But service members, eager to return home, may incorrectly answer the questions that send up red flags about their mental health, or may not yet recognize their own behaviors, Horoho says. Usually there is a "honeymoon" phase upon returning from deployment when soldiers initially feel well, but then problems later surface, she says.

Carlisle, who spent six months in Balad, says she could not see the lives she helped save but instead focused on the patients who died, like a young Marine with a fatal gunshot wound to his head. "When I thought about my overall experience, it was negative, not positive," Carlisle says.

### **Treatment Strategies**

Working with a psychologist, Carlisle was able to relive the experience with the fatally wounded Marine, and reframe her thinking so she could recognize the invaluable end-of-life care she gave him as he died.

The ANC continuously assesses how to help its nurses cope with deployment, Horoho says. For example, at the start of the wars in Afghanistan and Iraq, Army nurses deployed for 12 months, and, for a brief period of time, as long as 15 months. Deployments are now six months long. And new Army nurses now receive a year of extensive clinical transition training before deployment.

The Army, Navy, and Air force nurse corps are conducting research into the mental health needs of its nurses who care for the war's wounded. The Army Nurse Corps has 14 research protocols examining the impact of compassion fatigue and stress on healthcare professionals, Horoho says.

Says the Navy's Westphal, "It's not perfect, but we are trying to get it right. I think we are at the point where we don't need more programs. We need to figure out which programs are most effective, where the gaps are, and where the strengths are in existing programs."

*Janet Boivin, RN, is freelance writer.*

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