

Coming Home

Thirty years after Vietnam, a new wave of returning war veterans will hit California's shores, this time from Iraq and Afghanistan. Exposed to one of the highest casualty rates of any recent war, many could be walking time bombs of post-traumatic stress syndrome. Is California prepared for this new invasion?

By Pamela Burdman

His Humboldt County hideout was 7,000 miles from Vietnam, but 20 years after returning from combat duty, Fredy Champagne still checked his perimeter every morning for Viet Cong. Then, one day in 1988, his partner read him a pamphlet on post-traumatic stress disorder. It described him to a T: the hyper-vigilance, the avoidance of noises, the tendency to be a loner.

"I was positive on 29 symptoms out of 32," Champagne recalls. "I immediately applied for disability, and it was a six-year struggle to prove that I was, indeed, a Vietnam vet with psychological problems."

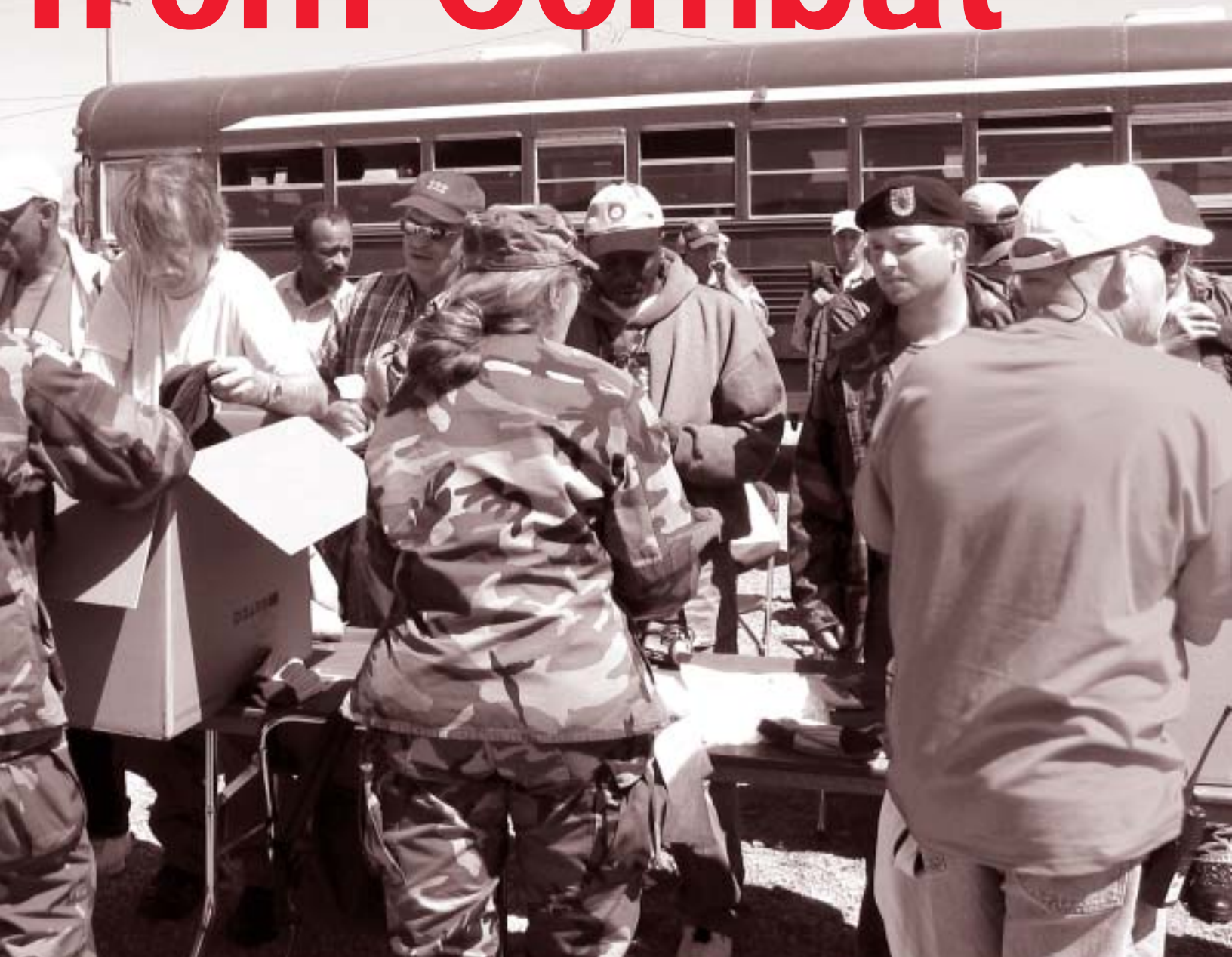
For Russell Terry, the flashbacks kicked in 10 years after his discharge, when Vietnamese refugees began working at the Santa Ana aerospace facility where he was a supervisor. There were the women and children he uncovered when his bulldozer fell into a hole, and his lieutenant held a 45 in his face shouting, "You will move this dozer out of here. I don't care if you have to grind these people to hamburger." The scene would replay itself at night in his dreams. By the time Terry received a 100 percent disability rating from the U.S. Department of Veterans Affairs (VA) for physical and psychological injuries, he had long since lost his job and home.

A different type of trauma affected "Jenny Roberts," a Kentucky native in her mid-50s. A medic during the Vietnam years, she was raped by three soldiers while serving stateside. "I never said a word about it," she said. "Back in those days, you were the criminal." She abandoned her military career and went to work in the food industry, but the stress eventually caught up with her, and recently she wound up living on the streets in Salinas. Thirty-six years after her service ended, Roberts is finally seeking treatment for post-traumatic stress disorder.



Roberts was one of really 400 homeless veterans who recently came to a tent city set up at Camp Parks, an Army reserve training area in Dublin (Alameda County), to receive medical and dental care, job assistance, mental health counseling and legal services, such as clearing up minor traffic violations. It's all part of the four-day East Bay Stand Down, sponsored by

from Combat



Vets getting off the buses at the East Bay Stand Down in Alameda County

the VA, Eli Lilly and Co. and other private and nonprofit companies. Named after rest-and-recovery periods for exhausted combat units, some 80 “stand downs” for homeless vets have taken place around the country since the first one in San Diego in 1988. This year, five will be held in California, including one in Sacramento this month.

StandDown participants in previous years have been mostly veterans from Vietnam and Operation Desert Storm. In interviews, most say they suffer from post-traumatic stress disorder (PTSD), substance abuse or both — providing a window into the problems of nearly half a million homeless veterans who are on the streets at some point during the year, according

to the National Coalition for Homeless Veterans. According to the coalition, veterans make up nearly one-fourth of the nation’s homeless population.

California is home to more than 2.5 million veterans from all wars — and an estimated 50,000 of them are considered homeless.

Those numbers are certain to grow,

given the number of California soldiers serving overseas. Since September 11, 2001, another 77,000 Californians have been deployed, primarily in “Operation Enduring Freedom” in Afghanistan and “Operation Iraqi Freedom” in Iraq. When they return, some among them will be psychological time bombs, whose stress-related problems could shatter



Waiting in line at the “Stand Down” medical tents that provided free health care and counseling services for 380 homeless veterans.

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their lives years from now.

Psychological war wounds

As Vietnam is repeatedly invoked in debates over the Iraq conflict and in this year’s presidential race, some worry that the lessons of Vietnam aren’t sufficiently being applied to healing the psychological wounds of war for this new crop of veterans. Earlier this year, an Army mental health survey found low unit morale and high suicide rates among soldiers still stationed in Iraq. And a research study by Army physicians published in the *New England Journal of Medicine* in July found that 17 percent of those surveyed who fought in Iraq already suffer from one or more mental health problems, primarily PTSD.

While the Afghanistan numbers are somewhat lower, the Iraq percentage is almost certain to increase because the war has shifted to an ongoing armed conflict, and because symp-

toms often take months or years to appear, say experts. The Iraq war also caused more casualties than any war since Vietnam, which some say makes it psychologically harder on soldiers than other recent wars.

“It took a couple of decades for society and the medical world to buy into this notion of post-traumatic stress disorder,” said Fred Gusman, who directs the Clinical Education Division of the National Center for PTSD, a VA arm based in Palo Alto. “The men and women who suffered and yelled and screamed for health care are the reasons why the mental health services exist today. The question is — will they do better because we are better equipped? We’ll only know the answer over time.”

During prior conflicts, PTSD went by a variety of nicknames: “soldier’s heart” during the Civil War, “shell shock” during World War I and “battle fatigue” during World War II. But by

the late 1970s and early 1980s, mental health workers had seen so many cases that they began pressing for official recognition and treatment protocols.

In 1978, a few years before PTSD was recognized by the psychiatric establishment, Gusman opened the first residential treatment program for war-zone related stress. By 1988, a survey had determined that as many as 31 percent of male Vietnam veterans had suffered from PTSD at some point. The National Center for PTSD was created a year later.

Despite the expanded resources, the enhanced awareness and even the presence of mental health teams in today’s combat units, the Army study found that fewer than 40 percent of those suffering a mental disorder had sought treatment. It cited the perceived stigma of mental illness as the main obstacle.

For those who do receive treat-



Veteran Bruce Perry gets his blood pressure checked as part of the medical care offered by volunteers.

ment, like Edwin Smith of Imperial Beach, there is no magic bullet. Since enlisting in the Army back in 1991 and serving in Operation Desert Storm, the 32-year-old sergeant and father of two returned to Iraq last year. He was partially blinded in his right eye after an accident while trying to stop an Iraqi civilian from crossing a security fence near Tikrit.

"I am very edgy and I just go off for no reason," Smith recently wrote in an email from his current post in Korea. "At night, the smallest sounds will wake me and I have dreams ... and it seems like I'm back in the compound in Tikrit and I will hear gun fire and mortar rounds. The doctors gave me some anti-depressants to try and help with the irritability and stress ... but I still get the same feeling sometimes, and I still don't sleep very well."

On the front lines

Once soldiers become civilians, those on the front lines helping them adjust psychologically are counselors at a national network of Vet Centers run by the federal government. "One of our main objectives is to detect (PTSD) early and treat it early," said Al Batres, the VA official in charge of

California's 22 vet centers.

Asked whether more money will be devoted to ensuring early intervention, he said, "It's a good question. There's been a jump in numbers because it's a new war and a new cohort, but we're still taking care of World War II, Vietnam, Persian Gulf and Korea

veterans." By redeploying resources, the VA is hiring 50 additional counselors nationwide on a temporary basis — including six in California.

"Vet centers are terribly overloaded," notes psychotherapist Kuuipo Ordway, of the Concord Vet Center. "At any given time, we probably have 500 current cases ongoing at our office alone." Ordway has been speaking to groups of demobilized soldiers from Iraq and other conflicts to let them know about PTSD and VA services.

And while outreach and early intervention may be the best treatments that VA officials can offer, they are operating as much on intuition as on science. According to a federal guide to PTSD, "early interventions have only been developed recently and have not yet been tried with war-related acute stress disorder."

Where federal mental health services leave off, the state has little to offer veterans. Most counties have a veterans service officer to help vets access benefits and services available to them. But the programs offered by California's Department of Veterans Affairs are primarily limited to home loans, nursing homes, cemeteries and college fee waivers for children of disabled or deceased veterans. The state of Washington has a PTSD program

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for veterans, and a proposal circulating in West Virginia would offer mental health services for returning Iraq and Afghanistan soldiers. But like most states, California leaves the bulk of health care in the hands of the federal VA (or suggests anti-depressants through a link on the state's veterans affairs Web site to www.zoloft.com).

“Unfortunately, some returning veterans experience difficulty in their transition to civilian life and end up with severe social and medical needs, including the tragedy of homelessness,” California Dept. of Veterans’ Affairs Secre-



Dr. John Jow, chief of dental services for the VA at Mare Island, checks the teeth of a homeless veteran.

“There are too many homeless veterans ... There’s a lot being done, but we can always do more.”

— State Senator Bill Morrow

tary Tom Johnson told *California Journal*. “We are getting more involved in this area by providing limited sponsorships for Stand Downs. ... We are also looking into ways we can encour-

age and facilitate public/private venture partnerships to build more transitional housing to help these veterans break the cycles of homelessness, unemployment and addiction.”

Is California prepared?

So far, no new legislation seeks to address the potential gap in services for returning Iraq vets. “There are too many homeless veterans,” acknowledged state Senator Bill Morrow (R-Oceanside), chair of the Senate Veterans’ Affairs Committee. Asked how the state can address their mental health needs, Morrow responded, “The federal government’s role is more prominent. There’s a lot being done, but we can always do more.”

For the purpose of receiving federal VA benefits, Congress has allowed National Guard and reserve soldiers to be counted as veterans for the next two years. But PTSD by definition doesn’t submit to two-year timelines. “It’s a good thing they opened the door, but I’m not so sure it’s realistic,” said Gusman. “I personally and professionally am very concerned that most people probably will not come in [during] the two years. I think we’ll start seeing it right after that. It leaks out over time. Usually the trigger is loss of a job, a divorce or other traumatic events that open the door for

After Combat: Veterans’ Services in California

10: VA medical centers providing medical and psychiatric treatment

22: Vet centers offering “readjustment” counseling

45,000: Inpatient admissions to veterans’ hospitals in 2003

4 million: Outpatient visits to veterans’ hospitals in 2003

5: Number of states, including California, with home loan programs for veterans

3: California veterans’ homes for aged/disabled soldiers

5: California veterans’ homes in the planning stages



Homeless veterans, mostly from the Vietnam War, gather at the East Bay Stand Down.

these military traumas they've suppressed."

Few deny that the military's efforts to conduct mental health research, provide counseling and raise awareness about mental illnesses are positive steps. Unlike in the 1960s, the VA now has staff experts in sexual trauma. And it has streamlined the process for granting disability benefits. Ordway says some take only two to three months, instead of the six to 10 years that Champagne and Russell experienced.

Society, too, has learned some lessons from Vietnam: Anti-war activists, for example, are less likely than they were 35 years ago to vent their anger on returning soldiers, notes Batres.


But there are still gaps in treatment, research and awareness, especially when it comes to the after-effects of killing. "Observers inside and outside the Army worry that the high rate of close-up killing in Iraq has the potential to traumatize a new generation of veterans," wrote journalist Dan Baum in *The New Yorker*. "Worse, they say, the Army and the Department of Veterans Affairs avoid thinking or talking about it."

Research psychologist Rachel MacNair, one of the few people studying the subject, said "There has been progress, but there is, in some ways, an intentional blind spot about killing being a trauma. If we're going to come to realize that soldiers doing the job for which they are trained can bring about a mental illness ... what does that say about what we're doing to these young men and women?"

Indeed, some hypothesize that opposition to the war can exacerbate psychological trauma. That was Fredy Champagne's experience. "For a man raised in the Christian faith to go through six months of military training and you're over there killing people, that's really hard to handle," he recalls. Champagne felt that his treatment in the VA system wasn't successful because doctors rejected his anti-war attitudes. "They're telling the veterans that the problems you have dealing with this war are your own personal problems. It has nothing to do with the fact that the war was illegal, unjust and immoral," said Champagne.

To make peace with his experience, Champagne founded the Veterans Viet Nam Restoration Project, with

a goal of replacing bad memories with good. Since 1988, he has made 17 trips back to Vietnam with other veterans to build health clinics, homes and classrooms. "It's very much a healing process," said Champagne. "I gave up trying to get people to do studies."

Russell Terry's therapy is reaching out to the new cohort of veterans through the Iraq War Veterans Organization, which is linking young veterans with older veterans to share their experiences. "Everyone of these kids that went over there and saw this, every one of them is going to have this problem. It might not be now. It might not be tomorrow. I don't want to see these veterans treated the same way I was treated when I came back." 

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