



Montana Model for Assessing Returning Vets for PTSD and TBI

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by: Eric Newhouse, t r u t h o u t | Perspective



Sgt. Owen Powell of the 152nd Military Police platoon from Fort Hamilton in Brooklyn. Sergeant Powell is in a stables being used for therapy by veterans suffering from post-traumatic stress disorder. (Photo: Getty Images)

Montana is becoming a model state for assessing its returning combat vets for PTSD and TBI.

Following the suicide two years ago of a recently deployed combat vet, Montana has become a model for accessing and assisting veterans who show symptoms of post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). While the plan doesn't go nearly far enough, it's one that I understand the Obama administration is seriously considering for nationwide implementation - and it would be an excellent first step.

Montana's reforms started after Chris Dana, a specialist with the 163rd Infantry of the Montana National Guard, returned from combat, began isolating himself from family and friends, and quit attending Guard drills.

His commanders told him to get his act together or they'd run him out of the Guard. Dana received a less-than-honorable discharge a few months later and put a bullet through his brain on March 4, 2007. That occurred as I was flying to New York City to help judge the Pulitzer Prizes at Columbia University; after I got back to Montana, I've covered this story ever since.

In a highly patriotic state - Montana has the second-highest ratio of vets in its population, trailing only Alaska - Dana's suicide was an outrage. His stepbrother Matt Kuntz, a former Army officer and attorney in Helena, stirred the pot with angry guest editorials in Montana's newspapers.

"I may sound pretty damn angry and bitter, and I am," Kuntz told me at the time. "We should have fixed this before. And the clock is ticking. If you think there aren't people out there right now staring at their guns, you're wrong."

Stung by the public reaction, Gov. Brian Schweitzer and Adjutant General Randy Mosley convened a panel, solicited suggestions for reform, and adopted them all within about 15 months. Many of the reforms broke new ground within the National Guard Bureau because they set a new standard. They also cost more money to implement.

Probably most important was that soldiers returning from deployment receive a mental health assessment every six months for the first two years after their return. Counselors probe for signs of stress, including anxieties, sleep disorders, family problems and excessive alcohol use. It's a mandatory requirement, so it reduces the stigma of a soldier reaching out for help with an emotional disorder. And it recognizes that many soldiers don't begin to experience the symptoms of PTSD or TBI until they've been home for six months to a year.

Second was the creation of crisis response teams made up of unit officers, NCOs, personnel officers and a chaplain. When a soldier quits coming to drill, they're activated to find out why and provide help. They can also respond to concerns voiced by family members of other soldiers.

In addition to that, TriWest Healthcare has provided the funding to station counselors with the Army National Guard and the Air National Guard during their drill weekends. They're on hand to talk with personnel and observe. The theory is that soldiers feel more comfortable talking with counselors in a less formal setting, and it seems to be working because TriWest has recently

renewed its one-year pilot program.

The state adjutant general pledged to quit signing less-than-honorable discharges unless he personally investigated the circumstances and became convinced that they were justified. That's a big change in the military culture where discipline - rather than help - is the norm. Since only vets with honorable discharges get benefits, this should mean that more of the vets suffering from emotional disorders will get the help they need at the government's expense.

The Montana National Guard also got the funding it needed to continue weekend drills for the first 90 days after soldiers returned home. Originally, the idea was to give them a three-month break as soon as they got home. But we learned that soldiers can't talk with their wives and families about what they went through - they need the support of their fellow soldiers. Since the soldiers don't really need to hone their fighting skills at that point, the idea now is to bring soldiers and their families together for a weekend drill in which they can all participate. The focus will be on reintegrating soldiers with their families with workshops on interpersonal relationships, anger management, financial planning and the like. But they can talk with their buddies and include their families in those discussions at the same time.

Finally, the Guard's family readiness units were strengthened to help families adjust not only during deployment, but after it. Even more important, they're open to all families, including branches of other services and veterans.

Capt. Joan Hunter, a US Public Health Service officer who is director of psychological health for the National Guard Bureau in Washington, DC, said: "Montana has gone beyond the level of other states in the country, and I applaud that. They saw an emergency need, studied the problems, and made some significant improvements."

It was enough even to melt the anger of Kuntz, Dana's stepbrother. "The Guard has done an unbelievable job of changing," he told me. "It takes a lot for a big organization that does a lot of things right to look for what they did wrong and address those flaws. I'm really impressed with what they've done."

It's still not enough, however.

The VA is underfunded, understaffed and overpaperworked. It can take a

vet in crisis a month or two or three even to get in for an initial evaluation. Some vets have committed suicide rather than spend the time in a dual agony, wrestling with their own demons and fighting with the bureaucracy. At a time when our economy is tanking and our national debt is skyrocketing, it seems counterintuitive to commit more funding to vet care - but it's critical.

And the VA's treatment is too safe and conservative, mostly talking with counselors and participating in group therapy and swallowing lots of pills. There are some alternative therapies that appear to work in private practice, but former VA Secretary Dr. James Peake told me he didn't want to experiment with soldiers and that only the therapies that had been clinically proven would be employed by the VA.

But that's not enough ... not when we have an estimated 500,000 young warriors coming home and needing help for emotional disorders ... not when we have vets from a string of conflicts stretching back to Vietnam needing help ... not when we have more than 7 million 'Nam vets, the majority of whom still need the help they were denied four decades ago. Now the 'Nam vets (my generation) are facing retirement, their bodies are shutting down, and they're realizing that we've needed help for a long time.

Not acting is not an option because the social cost is enormous:

- More active-duty soldiers are now taking their own lives than are being killed in combat in Iraq and Afghanistan.
- One VA study recently found that two-thirds of married vets report family adjustment problems when they come home - more than half with physical or verbal conflict. Infidelity reports jumped from 4 percent in 2004 to 27 percent in 2007.
- Alcoholism and drug abuse will become more pervasive. A new study of nearly 50,000 military personnel shows combat vets are 63 percent more likely than non-combat vets to abuse alcohol.
- Joblessness and homelessness will follow, just as they did in the decades after the Vietnam vets came home.

Last August, Sen. Barack Obama came through Billings to meet with veterans and find out what Montana was doing to help vets and how it was working. Kuntz later told me he gave his copy of my book, "Faces of Combat," to Obama and told him to read it because it had all the answers to his questions. Now I'm told that the Obama administration is working to make

the Montana model the national norm.

That would be a good first step - but only a first step. We can't afford to let these young warriors continue to slip through the cracks. They volunteered to go to war for us - now we need to go to war for them.

Eric Newhouse, projects editor for the Great Falls (Montana) Tribune, won the Pulitzer Prize in 2000 for a year-long series of news stories, "Alcohol: Cradle to Grave." He has detailed the reforms in the Montana National Guard in his newest book, "Faces of Combat, PTSD & TBI." enewhouse@greatfallstribune.com