

## Suicide Among Returning U.S. Soldiers on the Rise

Online site: [www.bio-medicine.org](http://www.bio-medicine.org)

Date: 10 June 2007

President Bush might make a show of laying wreaths on war memorials and wax eloquent on the services of soldiers in the war on terror. But post traumatic stress disorder (PTSD) is taking a severe toll on the countrys soldiers. Families of veterans have begun to speak out, complaining that the Pentagon nor Veterans Affairs care one bit.

In the three months after Marine Maj. John Ruocco returned from Iraq feeling numb and depressed, he couldn't sleep. He had lost weight. He had nightmares. He was distracted and withdrawn from his two young sons.

One night, he promised his wife, Kim, that he would get help. The next morning, he was dead. The 40-year-old Cobra helicopter pilot, based at Camp Pendleton, Calif., had hanged himself. There are others.

Pentagon does not seem to care, it is charged. For those reeling under severe psychological pressures, seeking an appointment at the Veteran Affairs department is itself turning out to be an ordeal. For others, the stigma of a mental health disorder keeps them from seeking help.

Army Capt. Michael Pelkey, who suffered from night sweats, anxiety, headaches and exhaustion when he returned, sought help at Fort Sill, Okla. His wife, Stefanie, said the mental health facility there was understaffed and Michael was told he'd have to wait up to two months for an appointment.

He went off-base in Nov. 2004 and a civilian counselor diagnosed him with post-traumatic stress disorder. His wife says it came too late. He shot himself in the living room a week later. Jonathan Schulze of New Prague, Minn., also tried to get help after he came home from Iraq. His parents say he asked to be admitted to a VA hospital but was turned away twice. The VA disputes that. The Marine hanged himself in January at the age of 25.

Paul Rieckhoff, executive director and founder of Iraq and Afghanistan Veterans of America, says that although suicides among troops returning from the war is a significant problem, the scope is unknown. "The problem that we face right now is that there's no method to track veterans coming home," said Rieckhoff, who served in Iraq as a platoon leader in the first year of the war. "There's no system. There's no national registry."

More than four years into the war, the government has little information on suicides among Iraq war veterans. "We don't keep that data," said Karen Fedele, a VA spokeswoman in Washington. "I'm told that somebody here is going to do an analysis, but there just is nothing right now."

The Defense Department does track suicides, but only among troops in combat operations such as Iraq and Afghanistan and in surrounding areas. Since the war started four years ago, 107 suicides during Iraq operations have been recorded by the Defense Manpower Data Center, which collects data for the Pentagon. That number, however, usually does not include troops who return home from the war zone and then take their lives.

For service members returning from combat, post-deployment health assessments include a questionnaire with queries about mental health. This year, the Pentagon expanded health monitoring for war veterans to include another screening three to six months after combat. "We're trying to reach out," said Maj. Gen. Gale Pollock, the Army's acting surgeon general. "Will we get to everyone on time? No, I wish we could."

Pollock said the Army is expanding a program started in January at Fort Bragg, N.C., which aims to lessen the stigma associated with post-traumatic stress disorder. It brings behavioral health staff directly into primary care clinics instead of making soldiers go to a separate mental health facility for help.

Earlier this month, a Pentagon task force warned that the military health care system is overburdened and not sufficient to meet the needs of troops suffering from PTSD and other psychological problems. The panel called for a fundamental shift in treatment to focus on screening and prevention instead of relying on troops to come forward on their own.

Shortcomings in mental health care were also identified in a recent report by the VA's inspector general. It found that several of the agency's hospitals and clinics lacked properly trained workers and had inadequate screening for mental health problems. It said this put Iraq veterans at increased risk of suicide.

Floyd "Shad" Meshad, president and founder of the California-based National Veterans Foundation, has no doubt that military suicides are a growing problem. He said he receives 2 to 3 calls each week from Iraq veterans contemplating suicide -- or from their families. A Vietnam veteran who has counseled other vets for more than 30 years, Meshad runs a toll-free support line based in Los Angeles. He was asked recently to help train counselors at the suicide prevention Center in Los Angeles, where a spike in calls from veterans has been reported.

One of the biggest challenges for troubled vets is the stigma of a mental health disorder, said Meshad. "It's very, very hard for you to reach out and say 'I'm hurting.' It's hard for men to do it, but particularly (for) a soldier who's endured life and death situations."

Kim Ruocco of Newbury, Mass., said her husband, John, was a role model for the young Marines he led in war. He worried about the ramifications of seeking help, personally and professionally. "He felt like that was the end of everything for him," Kim Ruocco recalls. "He felt like his Marines would, you know, be let down." Ruocco ended his life in February 2005, a few weeks before he was to redeploy to Iraq.

Joshua Omgig, 22, a member of the Army Reserve from Grundy Center, Iowa, also took his own life. In December 2005, he shot himself in front of his mother after an 11-month tour in Iraq. His parents, Ellen and Randy Omgig, say Joshua wouldn't talk much about Iraq. They tried to get him help, but he worried that it would hurt his career if the Army found out, said his father.

Randy Omgig says the military and VA need to offer better readjustment counseling. There should be teams of health professionals, he said, who come to the base to talk to the troops in a comfortable setting with their comrades. The Senate Committee on Veterans' Affairs is considering a bill named for Joshua Omgig. It directs the VA to develop a suicide prevention program for veterans suffering from PTSD and other depression issues. It unanimously passed the House in March.