

Home, but not truly back

Battlefield stress often follows soldiers who return from front lines

By LISA BRAMEN

lbramen@poststar.com

Published: Monday, May 14, 2007

Post Star

HAMPTON * When Staff Sgt. Charles Desiato dove to the ground during a fireworks display in New Jersey last summer, his girlfriend asked him if he was OK. Until then, he had thought he was.

Less than two months earlier, Desiato, 39, had returned from a 45-day tour in Balad Air Base, north of Baghdad, where he served with the Vermont Air National Guard arming fighter jets. He hadn't seen anyone die or lose a limb. He hadn't even left the base.

Still, being stationed in "Mortaritaville," frequently the target of mortar and rocket attacks, was to feel almost constantly under threat.

"I felt like a sitting target," Desiato said recently at the home he shares with his brother.

Desiato signed up as a reservist a few weeks after the Sept. 11 attacks. He had served in the Air Force from 1987 to 1991 after graduating from Granville High School, but he hadn't been sent to Operation Desert Storm and had never been in a war zone. His first wartime deployment was in summer 2004, when he spent 45 days in Qatar, where he felt relatively safe.

But in Balad, attacks were frequent and unpredictable. Some days were quiet, while on others, the mortars came in one after another.

"We were on the ground more than we were standing," Desiato said. "I was in survival mode. But I never thought for a moment I was affected."

Post-traumatic stress disorder is one of the most prevalent conditions -- mental or physical -- to emerge from the wars in Afghanistan and Iraq. Although often associated with intense warfare, it can also be caused by any traumatic or life-threatening experience, including a car accident, a rape or, as in Desiato's case, a sustained or repeated feeling of being in imminent danger.

Mary Sise, a Latham licensed clinical social worker who specializes in trauma, explained that PTSD is a physiological response in the limbic region of the brain, which controls the "fight or flight" instinct. It's like a record that gets stuck, she said; after a trauma, the brain may react to a trigger -- like fireworks -- that makes the person re-experience the trauma.

PTSD can manifest itself in hair-trigger nerves, flashbacks and nightmares, which often lead to intense feelings of fear, helplessness and horror.



To order copies of staff-produced photos from The Post-Star, please visit <http://reprints.poststar.com/>.

Some former soldiers isolate themselves or try to numb their memories with drugs or alcohol. Some, unable to cope, have killed themselves.

Desiato's symptoms were less severe, but still troubling.

He struggled with depression and self-doubt.

He became reclusive and jumpy. His relationships suffered.

"I told the guy at the VA, 'I've got some things going on my head,' " he recalled. "He said, 'It doesn't matter if you're there 10 minutes or 10 months, you're going to be affected.' "



To order copies of staff-produced photos from The Post-Star, please visit <http://reprints.poststar.com/>.

Although some soldiers always have had anxiety or "shell shock" in the wake of warfare, acceptance of the PTSD diagnosis only became common after the Vietnam War.

Last week, the highly regarded Institute of Medicine released a report concluding that the Department of Veterans Affairs needs to revise the way it evaluates former soldiers for PTSD to eliminate the wide disparities in compensation.

The report shows that the number of veterans who receive disability compensation for PTSD has skyrocketed in recent years, although part of that growth might reflect a new tendency to diagnosis PTSD instead of similar anxiety diagnoses. Veterans diagnosed with PTSD linked to their military service are eligible for monthly compensation checks.

Between 1999 and 2004, benefit payments for PTSD increased nearly 150 percent, from \$1.72 billion to \$4.25 billion, accounting for 20.5 percent of the VA's compensation payments.

While the largest share of claims is still coming from Vietnam War veterans, many more claims are expected from personnel who served in the first Gulf War and in the current conflicts in Iraq and Afghanistan, the panel said.



COURTESY PHOTOS In these images from video, Staff Sgt. Charles Desiato hits the ground during a mortar attack on Balad Air Base in Iraq, where he was stationed in the summer of 2006. Desiato's experiences in Iraq left him suffering from post-traumatic stress disorder when he returned home from his first tour of duty.

To order copies of staff-produced photos from The Post-Star, please visit <http://reprints.poststar.com/>.

Part of the increase in cases may also be attributed to changing social attitudes toward PTSD.

"Vietnam vets didn't want to admit there was anything wrong, and older vets didn't either," said William McGarr, the Warren County veterans services director.

"I think that (today) they are more willing to open up and say, 'Yeah, there's something bothering me.' "

Mental health professionals are also better equipped to help people suffering from PTSD than in the past, Sise said.

"The good news is that it's treatable now," she said. "In the olden days, when the guys came home from World War I or World War II, we would just tell them to forget about it, because we couldn't treat it."