

Hospital Helps War Veterans Cope

By DON BABWIN, Associated Press Writer *Mon Apr 10, 3:28 PM ET*

Josh Dobbelstein drives as close to the middle of the road as he can. Over on the side, in a plastic bag or stuffed in the carcass of a dead dog, that's where he knows the enemy intent on killing him hides bombs.

Just the other day he dove to the floor of a vehicle he was riding in when he mistook the sound of a trucker hitting his brakes for a machine gun.

They are the kinds of precautions that keep soldiers at war alive. But Dobbelstein left Iraq more than 16 months ago, and for him they are vestiges of a war he can't seem to shake.

He's trying, though. The 23-year-old is getting help from a clinic at Hines VA Hospital just outside Chicago set up to help veterans of Iraq and Afghanistan with post-traumatic stress disorder.

Programs for veterans suffering from what once was called "shell shock" aren't unique. At Hines, though, every veteran who comes in for treatment, no matter the reason, is checked out for post-traumatic stress disorder. And they all have access both to individual therapy and a support group with fellow veterans.

"If they register for any type of care, for a rash or depression, they will be screened," said Dr. Chirag Raval, a psychiatrist at Hines who has treated about 150 veterans at the clinic he established after serving three months in Iraq.

The effort, which Hines officials say is unlike any in the nation, is evidence that VA hospitals and military leaders are finding new ways to locate and help veterans returning Iraq in Afghanistan.

In Florida, for example, the Pensacola Naval Hospital has placed advertisements in civilian newspaper to make families — not just veterans themselves — aware of its counseling program. Navy hospitals are also reaching families through a series of online videos about post-traumatic stress syndrome.

"They are a different breed and they need to be handled differently," Raval said of the Iraq and Afghanistan veterans.

A cornerstone of the treatment is the recognition that while these veterans share experiences familiar to anyone who has seen combat, their war was different.

"You never really knew the enemy," said Dobbelstein, whose job included scouring roadways for explosive devices. "It could be the guy standing next to you who detonated the bomb, for all you knew."

That meant never dropping your guard.

"It's like you're driving down the highway, and you're like, 'Just let me see it, let me see it, don't let me miss something that could get us killed,'" Dobbelstein said.

Raval said because everyone from truck drivers to infantrymen were at risk, virtually all of his patients have seen a bomb explode or known someone injured or killed.

"On the base where I was, the psychiatrist before me was injured when a mortar exploded in front of him," he said. "So, nobody's safe."

Because the focus is on a particular group of veterans, those who come to Hines recognize quickly they aren't the only ones who, for example, become enraged when another vehicle gets too close when they're driving.

"I know I'm not alone, I'm not the only one feeling this," said Jim Dinella, a former Marine and member of the support group at Hines.

One recent study found a third of U.S. soldiers who served in Iraq the first year of the war later sought mental health treatment — a statistic that suggests thousands of veterans might need help.

The Department of Veterans Affairs says it is stepping up its efforts to offer psychological help — pointing out that besides readjustment counseling at more than 200 community-based Vet Centers established after Vietnam, 44 Returning Veterans Outreach and Care programs were established last year and more than 40 more are scheduled to open.

But there is concern that many of today's veterans aren't getting the help they need. One reason is that they aren't asking for it out of fear they could derail their military careers.

"A lot of guys, they see it as a nick in their armor: 'If want to do 20 (years) or more, I don't want to be seen as a nut case,'" said Capt. Jeffrey Weyeneth, a psychiatrist at Pensacola Naval Hospital, who estimates that continued counseling programs reach only about a tenth of the troops returning from Iraq and Afghanistan.

Steve Robinson, director of the National Gulf War Center, a veterans advocacy group, says the bigger problem is that there aren't enough places for veterans to get help. As a result, Robinson said it's unclear how many veterans didn't get help because it wasn't available when they asked for it.

Veterans like Dave Adams. Adams took part in the initial invasion of Iraq and after he got out of the army he came back to flashbacks, anger and crying jags. Then there was the image he could not get out of his head, the one in which he is riding away from the crumpled body of a little girl because his convoy was not allowed to stop.

Adams, 25, said he went to Hines before the clinic was established and left only with pills that made him sleep 12 hours at a stretch.

"I didn't want that," said Adams. "I wanted a group of other veterans I could talk to or maybe a military doctor who was there (Iraq) who can help me out or something."

Such stories are even more significant in light of what Dobbelstein's life has been like since going to Hines.

"I still have flashbacks but they're more manageable," he said. "I don't feel as turbulent any more. I don't sleep with weapons now.

"I lock my doors, but I don't barricade them."