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## ***Death makes a difference***

*If many of the Faces of Combat look tormented, it's because they came home laden with guilt and shame. Montanans recognized that for the first time after March 4, 2007, when one combat vet put a .22 against his head, muffled it with a comforter and ended his life as quietly as a book drops. He had PTSD and didn't get the help he needed.*

Montana has always been a very patriotic state, drawing recruits from prairie towns and from its Indian reservations. It ranks tops among the states with the greatest number of vets per capita, and it prides itself on caring for its soldiers and their families.

That's why it came as such a shock when Chris Dana put a bullet through his brain. That's also why Dana's death transformed Montana into a national model for reintegrating combat vets back into civilian society.

Dana was a kid who joined the National Guard shortly after graduating from high school in Helena. Part of him died fighting in Iraq; the rest followed a few days after the Guard threw him out for having a bad attitude and failing to follow orders.

“That’s happening all too often,” said Steve Robinson, director of Veterans Affairs for the Veterans for America in Washington, DC. “Too many vets suffering from PTSD are being treated with disciplinary action. We need to be educating military commanders on PTSD.”

War changed Dana. He wasn’t always that way, his family told me.

“Before he left, he had a smile that could light up a room,” said his stepmother, Linda Dana. “You were never quite sure whether he was laughing with you or at you. But when he came back, that light had gone out. He’d lost his essence.”

“He was innocent,” said his dad, Gary Dana, sitting outside on a porch that overlooked the trailer in which his son had lived. “He went to high school, played sports, and then he got thrown into the war. Growing up that fast was too much for him.”

Chris was never an aggressive kid. He was one of the helpers. He was good with kids and liked them. His dad, who lives just outside of Helena and works construction, figured his son would become a social services worker and be happy helping people solve their problems.

Instead, Chris came home from high school during his senior year in 2002 and told his folks that a recruiter had visited their school and he’d signed up for the National Guard. That was a surprise, but it wasn’t particularly alarming. America wasn’t at war yet, and the discipline of serving in the military was considered to be a good way for teens to mature.

Right after high school, Dana went to Fort Knox, Kentucky, for boot camp and training, and then returned to Helena in 2003. He worked at a Target store and attended weekend drills. “During that time, he had no problem going to the drills, but after he got back from Iraq, it was an entirely different story,” said his dad.

## No one knows what happened

Chris went to Iraq with the 163rd Infantry Battalion, in what was the largest deployment of Montana soldiers since World War II. They were in the midst of some of the toughest fighting there was, but afterward, Chris couldn't talk about it.

"He'd tell us he'd been through a lot, then he'd drop it," recalls his stepmom Linda. "But then his eyes would just get vacant, and he wasn't there any more."

He could talk with his dad a little bit: "He told me that one time he was on top of his Humvee manning a 50mm machine gun when his sergeant yelled at him, grabbed him, and pulled him down. Had he not done so, a rocket would have decapitated him. And he said another time they took fire from some trees and returned the fire. Later, they inspected the site, but he said there wasn't much left of the guys."

He called home twice from Iraq, but spent much of that precious time talking about computer games and trivial things. "He kept things inside him because he didn't want people to worry about him," his dad said.

But a couple members of his unit told the Missoula (Montana) *Missoulian* newspaper that they were among the troops assigned to keep the first national polling places in Baqouba open, a tense situation given the fact that Baqouba sits on the edge of the Sunni Triangle and Sunni insurgents were determined to sabotage the election. After the election, their unit was ordered to provide security for the truck hauling ballots back to be counted. "The last polling place was a mile up the road, and we had a big concrete barrier to get out of the way," remembered Sgt. Dave Bauer. As they stopped to try to move it, an IED (improvised explosive device) blew up near them and rocket-propelled grenades (RPGs) showered down on them. "It knocked my commander out cold," Bauer told the newspaper. "I was shaking him, trying to wake him up, and another guy threw a pipe bomb at us from a bridge. We had the road unblocked, so we started going up it, trying to figure out who was firing at us."

They took the Bradley armored vehicle about three-quarters of a mile up the road to a grove of palm trees where the insurgents had retreated,

and more RPGs were fired at them. One hit a power transformer, showering the soldiers with sparks and oil. Bauer grabbed the coaxial machine gun on the Bradley and opened fire, cutting the trees apart. Then an ammunition dump went up in a terrific fireball, and the squad cheered. “There were fires everywhere and trees were down,” Sgt. Fred Hanson told the *Missoulian*. “There were Apache helicopters above us, but they didn’t have to do anything. Dave took care of business.”

Shortly after the 163rd returned in October 2005, Chris’s company was disbanded and the soldiers were assigned to drill with other companies. Chris was ordered to drill in Butte, and it was a disappointment because it broke up a lot of close personal ties. He didn’t see much sense in reporting for duty with a new unit, so he didn’t. “Separating Chris from his friends was one of the worst things the government could have done,” said his dad.

From the first day of his return, Chris was clearly struggling, clearly trying to put the best face on his problems so as not to worry his family, according to his stepbrother, Matt Kuntz. “The Christmas before last, he seemed to be doing pretty well externally. He was really proud and excited that he was returning home as a hero to his family. My sister and I asked him how he was. He said he was struggling, but he could handle it.”

Bauer came back and was diagnosed with PTSD, and he knew what Dana was going through. “He was a young guy who would get into bed with his uniform and boots on, curl up in a fetal position, and fall asleep,” Bauer told the *Missoulian*. “He’d never take that uniform off. He’d stay in it for weeks.”

His family noticed other changes. He was real skittish, real jumpy. He didn’t seem to like to be around people. “And he was real short with his dad,” said Linda. “Gary would start a conversation, and Chris would shut him right down. I’d never seen him do that to his dad.” And it got worse and worse. “He wouldn’t take our phone calls,” said his stepmom. “He’d go for five or six days of silence, then he’d call like nothing had happened.”

## Red flags for PTSD

To Matt Kuntz, a former Army officer and a Helena lawyer, the diagnosis of PTSD for Chris Dana seemed obvious. “You could look at his military personnel file and see PTSD,” he said. “You could see a guy who’d been through a hard war, come home, and shut down.”

Drugs and alcohol didn’t seem to be a problem. Gary Dana is a recovering alcoholic, and he’d told his son about the dangers of abusing alcohol. He’d also told the boy that alcoholism runs in families and that his risk of abusing alcohol was higher than average. So Chris might go out on a bender with his friends occasionally, but it wasn’t a regular thing. “He was a Pepsi guy,” said his stepmom. “He wasn’t much of a drinker.”

They were able to keep an eye on him because Chris was living right across the road in a trailer that his dad had bought while Chris was in Iraq. He fixed it up, added an annex for a roommate, and invited Chris to move in after he got back. He charged a modest monthly rent of \$200 apiece.

After a while, they noticed that Chris wasn’t going to Butte for his drills and asked him about it. “He told us he was quitting, that he couldn’t handle the drills anymore. Then I got an email that Chris wasn’t reporting for his drills and asking me to look into it. And I got a call from Chris’s Guard superiors. It wasn’t ‘What’s happening to Chris?’ It was telling me to get Chris there because he’d get a dishonorable discharge if he didn’t go to drills,” said his dad.

“I heard Gary take about three calls from the Guard, but they never asked about Chris, asked about his physical or mental health,” said his stepmom.

“I could see that he didn’t want to go back, that he didn’t want any part of killing any more,” his dad said. A childhood friend had moved into the trailer with Chris to keep him company, but could only watch his increasing isolation and depression.

Gary Dana tried to respect his son’s privacy, not to interfere, not to get too emotionally sucked into his son’s problems, although he did ask Kuntz, to see whether he could help Chris get out of the National Guard

with an honorable discharge. “I told Chris what I’d done, and he said, ‘Dad, why’d you do that? Why don’t you just get out of my life?’”

Kuntz set up an appointment for counseling, but Chris cancelled at the last moment. Although it was getting harder to reach him by phone, he’d still talk a little. “During one call, he said he was really struggling, having a lot of trouble getting through his days,” said his stepbrother. “I kept calling, but he quit returning my phone calls. I guess I called him for two weeks, but I finally figured if he didn’t want me to help him, I couldn’t help him. But I’m afraid now that I didn’t realize how serious it was.”

## **Planning his death**

By Thanksgiving of 2006, Chris was avoiding his family even more. He told his dad that he’d have dinner with his mother, but he didn’t. He just stayed home that day. “And he did the same at Christmas,” says his dad. “He told us he didn’t want any presents and he didn’t want to do anything. So as a present, I gave him a month of free rent. That may have bought him one more month of life.”

His dad didn’t realize it at the time, but Chris was in the process of quitting his job at Target and spending his resources down. “In January and February [2007], he really started to spend money,” his dad said. “I guess he figured when he ran out of money, it would all end.”

In February, no one knows exactly when, Chris received notice of his less-than-honorable discharge, effective February 28. Typically, he told no one about it.

Kuntz was troubled and angered by his stepbrother’s less-than-honorable discharge. “A lot of the people who have been our best soldiers and done our best work are getting real bad discharges,” he said. “He quit going to his drills. He was so badly injured that he couldn’t deal with the military any more.” Kuntz wonders why the Army wasn’t more sympathetic to Chris. “Instead of going out and seeing him in a non-threatening way, they made his life a living hell,” he said.

Kuntz said his stepbrother’s superiors in the National Guard called Chris to tell him that such a discharge would ruin his life by making him functionally unemployable. “Chris said, ‘I can never stop working for

Target because if I do, I'll never get more work again.' Chris gave off every red flag. He was a good soldier who quit going to drill."

His roommate could also see danger flags. "His roommate said he was getting worried that last week," said his dad. "He was getting more and more quiet, and he wasn't working."

On March 1, Gary Dana didn't get the usual rent payment. Two days later, he figured he'd bring up the subject casually so he went over to his son's trailer with a couple of blankets. Chris's car was there, but at noon, there was no answer at the door. Late in the afternoon, he went back.

"Chris answered the door, and he looked groggy. He was pretty testy and I knew I had to watch what I said so I asked whether he'd been out all night and forgotten what day it was. He asked what day it was, and I told him the rent was due. He said he'd go into town and get some money. Then we talked some more, and I asked about his stepbrother, Matt, and his efforts to get his dishonorable discharge changed. He told me he'd told Matt not to bother. I asked why, and he told me it didn't matter. I started to ask why, but I knew he'd just snap at me, so I didn't say anything. I just told him I loved him, and he said he'd get some money and he'd call me in the morning."

That was Gary's last conversation with his son, and he knew something was terribly wrong. "I came home feeling awful, like something was happening that I didn't understand," he said.

The next morning, he made a point to be doing some yard work and wore his cell phone, but Chris didn't come out of the house and didn't call. At about 5 p.m., his dad called and got the answering machine. He was still close to the cell phone at 11 p.m. when the roommate, a nurse who worked nights and had just woken up, called to say that Chris had shot himself.

"The coroner says he probably shot himself about 5 or 6 o'clock," his dad said. "He put a .22 against his head and muffled it with a comforter. He said it probably made no more noise than a book dropping."

Gary Dana watched from his own home as the ambulance and medical examiner came and removed his son's body. Later, he went over to see if he could find any answers to his own questions. He found boxes

of video games that Chris had bought, but never bothered to open. And he found a receipt for the shells dated February 27.

## **Congressional hearings demonstrate shortfall**

U.S. Rep. Bob Filner, D-California, chairman of the House Committee on Veterans' Affairs, held a hearing recently that found the VA is not reaching the vets who need help.

"The VA mental health system is broken in function and understaffed in operation," testified Mike Bowman, father of Spec. Tim Bowman, who committed suicide in 2005. "There are many cases of soldiers coming to the VA for help and being turned away or misdiagnosed with post-traumatic stress disorder and then losing the battle with their demons. Those soldiers, as well as our son Timothy, can never be brought back. No one can change that fact. But you can change this system so this trend can be slowed dramatically or even stopped."

Noting a recent CBS television report that the rate of suicide among vets is double the national rate, Rep. Filner said, "The rate of veteran suicides has reached epidemic proportions. Suicide can be a very difficult public health crisis to gauge. I am more troubled by a lack of response by the VA than I am at not having perfect statistics. We need to hear from the VA what this agency needs in order to be able to reach out to all veterans. We know that the images of war trigger reactions in veterans from past conflicts. We need to go find Vietnam veterans and help them. We are not reaching the people who need help."

Half the VA facilities checked recently by the Inspector General's Office said they were attempting to identify at-risk patients through such methods as checking frequency of visits, utilization of outpatient treatment groups, and increased phone calls. But staff training was severely lacking. "Approximately 40 percent of all respondent facilities reported providing education programs for first-contact personnel that were mandatory; approximately one-third of all responding facilities reported inclusion of suicide response protocols, and a little less than one-fifth reported that programs inclusive of response protocols were mandatory," reported the VA's inspector general.



Further, it noted that the delay in receiving services was shameful. According to the inspector general, a vet seeking help for depression would receive an evaluation the same day at 40 percent of its facilities, 16 percent within a week, another 16 percent within two weeks, two to four weeks at 25 percent of the facilities, and four to eight weeks at the remaining facilities.

For substance abuse, 42 percent of the facilities gave a same-day evaluation, 24 percent within a week, 14 percent within two weeks, and 18 percent within two to four weeks.

A vet complaining of PTSD symptoms would get an evaluation the same day at 34 percent of the facilities, 17 percent within a week, 17 percent within a week or two, 26 percent within two to four weeks, with the remainder at a month or two.

And the inspector general said the VA should loosen its criteria for treating PTSD. Currently, only veterans with “sustained sobriety” get treatment, his report said.

## **An earlier trauma**

Now Chris Dana’s dad lives with guilt. “I keep wondering what would have happened if I hadn’t gone over there to ask for the rent,” he says.

Among the boxes, Gary Dana also found a small green notebook that his son carried during his year in Iraq. One entry from August 2004 was particularly poignant: “The last year I played baseball, we were undefeated. I turned 21 two days before I got deployed. When I was eight, my dad and me got into a four-wheeler accident, and he had been drinking. He quit after that. Went to Mexico spring break of my senior year.”

Those disjointed memories of a life too short hit his father hard. “When I read it, I just broke up,” he said. “How can you take a kid out of high school and make him kill people? What does that do to an innocent kid?”

Gary Dana has been sober for 15 years now, and his son’s death was a real test. He said he badly wanted a drink to dull the pain, but he refused — in part because of the four-wheeler accident that Chris remembered. Chris was six, not eight, his dad said, and he’d been

drinking most of the day before Chris got home from school. His son wanted to play, so they took the four-wheeler out joy riding. When they hit a gravel pit, the four-wheeler flipped. Gary managed to throw his son off the machine, but it came back and landed on Gary's head. His face was crushed. He lost his vision. Blood was everywhere, and he didn't know if he was going to survive. "We got the machine back on its wheels, and I told Chris to drive for help. I held on as he drove to a little store across the street. We must have had a close call crossing the street because I heard a car honk right beside me. When we got to the store, I was such a mess that one lady went outside to throw up. As a kid, Chris probably had some trauma from that accident."

## **Adding stress to stress**

Previous trauma can make it harder for soldiers to deal with combat, agreed Dr. Rosa Merino, chief of psychiatry for the Veterans Affairs Healthcare Systems at nearby Fort Harrison, Montana.

Merino said preliminary data shows that about a third of the patients diagnosed with PTSD can begin to move on within the first year of treatment. "Another third experience symptoms for the next ten years or so, ebbing up and down," she said. "And the last group has been exposed to combat, but may have been exposed to trauma even before entering the service."

An estimated 10 percent of all Americans reportedly experience a form of PTSD as a result of repeated abuse, crime, or accidents.

In 2004, the Centers for Disease Control and Prevention tallied 32,439 known suicides, which made up 1.4 percent of overall deaths. That made it the 11<sup>th</sup> leading cause of death, with an overall rate of 11.1 suicides per 100,000 population. Among men between the ages of 20 and 65, that rate rises to about 20 suicides per 100,000.

But the VA can't provide comparable suicide statistics for its own vets. There are approximately 25 million veterans in America, with 5 million of them receiving health care through the Veterans Health Administration. Based on those rates, VHA mental health care professionals estimate 5,000 suicides among all vets, and 1,000 among those receiving VHA care. But those are only estimates, guesses.

An Army report, however, found that the suicide rate for its soldiers was the highest in 26 years, and that about a third of the 99 victims killed themselves in Iraq. It also said there was some evidence that the extended length of deployments could have been a factor in some of the suicides.

And a later Army study found that the number of military suicides was 20 percent higher in 2007 than it had been in 2006. Its 115 suicides was the highest number in more than two decades. And the number of soldiers who killed or injured themselves for some other reason was six times higher in 2006 than it had been four years earlier, 2,100 soldiers in 2006 compared to 350 in 2002. Part of that may have been due to a more sophisticated electronic tracking system, but clearly not all of it. Even though fewer than a third of those who committed suicide did so in military theatre, that was more than double the active-duty suicide rate before the terrorist attacks of Sept. 11, 2001. During that year, the Army experienced a suicide rate of about 9.1 per 100,000 troops—by 2006, that had risen 90 percent to a rate of 17.5.

By early 2008, the Office of the Surgeon General was recommending improvements to the Army's suicide prevention plan. "Military suicide continues to be a significant problem in Iraq," it reported. While 10.5 soldiers per 100,000 took their own lives in 2004, the probable suicide rate for 2007 was more than twice that — 24 per 100,000. By comparison, the rate for the entire active-duty U.S. Army was 9.8 per 100,000 in 2001, but rose to 17.3 in 2006.

"People don't tend to commit suicide as a direct result of combat, but the frequent deployments strain relationships," said Col. Elspeth Ritchie, psychiatry consultant to the Army's surgeon general. And David Rudd, a former Army psychologist and chairman of the psychology department at the University of Texas, told the *Washington Post* that the increasing suicides raise "real questions about whether you can have an Army this size with multiple deployments."

Vets make up only 13 percent of the nation's population, but account for 20 percent of the suicides, according to the Iraqi and Afghanistan Veterans of America. Male vets are more than twice as likely to commit suicide as men with no military service, and vets with PTSD are more than three times as likely to take their own lives as their civilian peers.

Among vets' groups, there's one dubious contention that surfaces from time to time. Some claim that more Vietnam vets took their own lives than actually died in combat. But to reach that number, you have to count: 1) every vet who died of a gunshot wound without leaving a suicide note; 2) every remotely suspicious accident; and 3) every fatal single-vehicle auto wreck. To my mind, that's unrealistic. Still the argument makes a good point — a true suicide rate must be higher because there are undoubtedly a number of vets who staged fatal car wrecks to take their own lives without losing insurance benefits for their families. And to add credence to that dubious contention, Thomas Insel, director of the National Institute of Mental Health in Bethesda, Maryland, recently predicted that the number of suicides among Iraq and Afghan vets may ultimately *exceed* the number of combat fatalities due to inadequate mental health care for vets.

## **Some vets file suit**

A lawsuit filed against the VA by two vets groups, Veterans for Common Sense in Washington, DC, and Veterans United for Truth of Santa Barbara, California, contended that combat vets are about twice as likely to commit suicide.

“Troops who have served in Iraq and Afghanistan are killing themselves at higher percentages than has taken place in any other war where such figures have been tracked,” it said. Pentagon statistics reveal that the suicide rate for U.S. troops who have served in Iraq is double what it was in peacetime. In early May 2007, a report was issued suggesting that 1,000 veterans under the care of the VA commit suicide every year. An additional 5,000 veterans who are outside the care of the VA commit suicide every year.

Another non-military study of 320,000 vets over the age of 18 found that male veterans are much more likely to take their own lives, often with a gun, than their civilian counterparts. “Male veterans are twice as likely as their civilian counterparts to die by suicide,” said the study's lead author, Mark Kaplan, a community health professor at Portland State University who tracked subjects for 12 years. That finding is much higher than previous studies based on VA data. “Most veterans don't

seek or receive care through the VA system, so we have to be careful about earlier studies,” Kaplan said.

The VA Office of the Inspector General reported in May 2007 that the agency had to do a better job of tracking troubled vets.

“A comprehensive suicide prevention program must not only be able to identify those at risk for suicide, but ideally should identify periods of increased risk and should have a method for tracking at-risk patients to ensure that they receive timely and appropriate care,” it said. “About 30 percent of the facility responders reported electronically tracking veterans at risk for suicide. Approximately one-fourth reported tracking veterans through the electronic medical record, while another five percent said that they were using other methods to track veterans.”

Translated from government-speak, that means that 40 percent of VA facilities admit to not tracking suicidal veterans in any way, and two-thirds of them are merely giving lip service to the effort.