War’s Elite Tough Guys, Hesitant to Seek Healing

nytimes.com /2014/06/06/us/politics/wars-elite-tough-guys-hesitant-to-seek-healing.html

6/5/2014

Video By A.J. Chavar 2:22
He Was a Different Person

He Was a Different Person

Susan Ullman has worked for better support services for Special Operations troops after her husband, a sergeant in the Army Special Forces, committed suicide.

By A.J. Chavar on June 5, 2014. Photo by Stephen Crowley/The New York Times. Watch in Times Video »

- embed

After his fourth combat tour, to Afghanistan in 2011, Sgt. First Class Michael B. Lube, a proud member of the Army Special Forces, came home alienated and angry. Once a rock-solid sergeant and devoted husband, he became sullen, took to drinking, got in trouble with his commanders and started beating his wife.

“He would put this mask on, but behind it was a shattered version of the man I knew,” said his wife, Susan Ullman. She begged him to get help, but he refused, telling her: “I’ll lose my security clearance. I’ll get thrown out.” When she quietly reached out to his superior officers for guidance, she said, she was told: “Keep it in the family. Deal with it.”

And so he did. Last summer, just days after his 36th birthday, Sergeant Lube put on his Green Beret uniform and scribbled a note, saying, “I’m so goddamn tired of holding it together.” Then he placed a gun to his head and pulled the trigger.

To a growing number of medical experts and the Special Operations Command itself, suicides by soldiers like Sergeant Lube tell a troubling story about the toll of war on the nation’s elite troops. For 12 long years, those forces, working mostly in secret, carried the burden of much front-line combat, deploying time and again to the most violent sectors of Iraq and Afghanistan.

Yet for all their well-known resilience, an emerging body of research suggests that Special Operations forces have experienced, often in silence, significant traumatic brain injury and post-traumatic stress disorder. Both conditions have been linked in research to depression and, sometimes, suicidal behavior.

Absent other data, suicide has emerged as the clearest indicator of the problem: In the past two and a half years, 49 Special Operations members have killed themselves, more than in the preceding five years. While suicides for the rest of the active-duty military have started to decline, after years of steady increases, they have risen for the nation’s commandos.

Sergeant Lube Stephen Crowley/The New York Times

“The numbers are shocking,” said Dr. Geoffrey Ling, a leading brain-trauma expert and director of biological technologies at the Defense Advanced Research Projects Agency . He believes Special Operations forces are at higher risk of traumatic brain injury and post-traumatic stress because of their high-stress work, he said. “To us, it is a canary telling us there are bigger problems at hand.”

The highest levels of the command have taken notice. With Special Operations forces expected to continue

deploying not only to Afghanistan, but also to hot spots like North Africa and Southeast Asia for years to come, senior commanders are openly pushing their troops to seek help, and worrying that the struggle to heal the force has only begun.

Adm. William H. McRaven, who oversaw the Navy SEAL raid that killed Osama bin Laden and who now heads the Special Operations Command, has created a task force, Preservation of the Force and Family, to address the mental, emotional and physical needs of his troops. In a 12-page internal document disseminated in late March, he ordered new procedures and training to "help leaders at all levels do everything we can to prevent a suicide."

"My soldiers have been fighting now for 12, 13 years in hard combat — hard combat, and anybody that has spent any time in this war has been changed by it," Admiral McRaven said in a recent speech. "I don't think we'll see that begin to manifest itself for another year or so. Maybe two, three years."

Congress has also gotten involved. The House Armed Services Committee, noting the suicide rate, recently voted to shift $23 million to therapies for brain injury, post-traumatic stress disorder and suicide prevention for Special Operations forces.

Despite the growing problem, a serious obstacle remains to fixing it: the culture of Special Operations itself. Even more than conventional forces, commandos have been taught to fight through injury and remain stoic about pain, whether physical or psychological. Breaking through that resistance to seek help may prove to be among the greatest challenges facing the commanders.

THE FACES OF INNER PAIN At the National Intrepid Center of Excellence at Walter Reed National Military Medical Center, one wall contains masks painted by patients asked to depict their inner turmoil. Stephen Crowley/The New York Times

“We obviously have a peer-to-peer stigma, the machismo that ‘I can’t admit that I have to see a counselor or psychiatrist, that makes me weak and we’re at war, and there can’t be any chinks in the armor,' ” said Command Sgt. Maj. Chris Faris, an 18-year veteran of Delta Force, the top-secret Army counterterrorism unit.

But as commandos retire, their struggles are likely to become more visible. Capt. Tom Chaby, a former SEAL Team Five commander who heads the new task force, said he had not met a retired Special Operations veteran who was not at least partly disabled.

“We physically crush special operators during their careers, and when they retire they are broken,” Captain Chaby said. “We broke these guys. We need to do our best to send them back into the civilian sector as whole as possible.”

Arduous Deployments

The military’s Special Operations forces — which include Navy SEALs, Army Special Forces, Rangers, Delta Force, Special Operations pilots, and units from the Air Force and Marine Corps — are older than most troops: 29 on average among enlisted troops, 34 among officers. They endure more rigorous selection, and the training is far more like combat than it is for most conventional troops. Over the past 12 years, they have experienced shorter but more frequent, and often more violent, deployments.

Of the command’s 66,000 troops, just 18,600 are members of the elite, direct-combat teams that deploy to front-line

zones and conduct secret missions. Many went to Iraq or Afghanistan twice a year for three- to four-month tours, carrying out numerous “kill or capture” raids, then being spelled for several months between deployments.

For Sergeant Major Faris, now the Special Operations Command’s senior enlisted adviser, several years passed before he realized how war had scarred him on the inside. Early in his long Special Operations career, he was part of the task force that tried to wrest Somalia from warlords in 1993; he was wounded and saw numerous colleagues killed during the calamitous battle made famous by the film “Black Hawk Down.” When he moved with Admiral McRaven in 2011 to the command’s headquarters in Tampa, Fla., alarm about the condition of their battered force was already rising.

Most of the patients have frontal lobe injuries from concussions or other brain injuries. Stephen Crowley/The New York Times

On their desks was a sobering new report commissioned by the departing commander, Adm. Eric T. Olson, which described a fraying force and troubling rates of broken marriages, alcoholism and other concerns. As they began mapping out policies, Admiral McRaven realized that his longtime aide was suffering from some of the same problems.

Sergeant Major Faris agreed that he was in a “dark place” and went to the National Intrepid Center of Excellence at the Walter Reed National Military Medical Center in suburban Washington, a premier military center for rehabilitating amputees and treating traumatic brain injury and post-traumatic stress disorder. What doctors learned surprised him.

To his recollection, he had been wounded only once by an explosion: two decades earlier, in Mogadishu, Somalia, possibly by a rocket-propelled grenade. Doctors, however, told him that he had four spots on his brain and that he had traumatic brain injury. Sergeant Major Faris said there was no scientific way to know how his brain injury had occurred, but he theorized that it stemmed from years of training with explosive charges to blow down doors and walls, a tactic known as breaching. He estimated he had been exposed to thousands of breaching charges.

A growing number of longtime commandos and researchers have reached similar conclusions. While far smaller than roadside bombs, the low-level blasts used in breaching — which troops endure many times over years of deployments and training, often with little time to recover — may cause cumulative and significant damage to the brain, experts say. Other tactics common among some Special Operations forces — including the firing of recoilless rifles and other heavy weapons — may have similar long-term effects.

In 2008, military researchers from the United States, New Zealand and Canada independently reported accounts of a collection of symptoms from people routinely exposed to low-level blasts that included fatigue, memory difficulties, headaches and slowed thought processes. “Breacher’s brain,” it was called. And last year, the findings of a study of New Zealand soldiers suggested “a measurable degree of brain perturbation” from exposure to breaching blasts in training.

At the National Intrepid Center at Walter Reed, where Sergeant Major Faris was treated, one wall is lined with ghoulish masks painted by patients asked to depict their inner turmoil. Most of the patients have frontal lobe injuries from concussions or more serious brain injuries, as well as a second syndrome, usually post-traumatic stress, said Capt. Robert L. Koffman, a Navy doctor who is senior consultant for integrative medicine and behavioral health at the center. Of the 600 service members who have received treatment there, nearly a third are from Special Operations units, even though commandos constitute only 2 percent of Department of Defense personnel.

ADDRESSING THE PROBLEM Command Sgt. Maj. Chris Faris, who got a surprising report on previous injuries. Brian Blanco for The New York Times

Research increasingly points to links between the two conditions. A study last year of 22,000 soldiers at the Army Special Operations Command found that of those who reported clinical levels of post-traumatic stress disorder, 28 percent had received a diagnosis of mild traumatic brain injury at least once. The study, by researchers at the University of Pittsburgh and Fort Bragg, also found that soldiers with diagnosed traumatic brain injury caused by blast exposure were more than four times as likely to have clinical post-traumatic stress symptoms than those with no traumatic brain injury.

For Sergeant Major Faris, the treatment included acupuncture, meditation and physical therapy. It proved so helpful that he decided to make his story public, to encourage other Special Operations members to seek help if they are struggling — and to make clear that no one who does should be ostracized or penalized by commanders or peers.

In his town-hall-style meetings with Special Operations troops, Sergeant Major Faris reveals how “psychologically abusive” he was to his wife and children during his battle with post-traumatic stress, and describes the ways in which treatment helped him to “make peace” with his demons.

“The point of all this therapy is, now you see your demon coming and you say, ‘Good morning. How you doing?' ” he said in an interview. “Your demons will be on the street. You don’t have to embrace them. But you have to be able to say, ‘Good morning,’ and let them go.”

‘Nothing Left’

For Sergeant Lube, the demons were just taking hold after he returned from Afghanistan three years ago, when these initiatives to destigmatize mental health care were not widespread across Special Operations, his widow, Ms. Ullman, said. She struggles to pinpoint specific events that contributed to his downward spiral; she has concluded it was the accumulation of a career of hard combat.

“Michael lost friends. Michael saw tragic happenings,” she said. “For almost 18 years, half his life, he was prepping for or engaged in war.”

Capt. Tom Chaby leads a new task force to address the mental, emotional and physical needs of troops. Brian Blanco for The New York Times

The problems piled up. The military police detained him after a soldier saw him take a pistol to Fort Bliss, Tex., in his backpack — an oversight, according to Ms. Ullman. Another time, he was arrested when someone called the police after seeing him strike his wife. He told her that he had even dreamed about hurting her. Seeking help from her husband’s superiors, “I phoned. I sent emails. I sent text messages,” Ms. Ullman recalled. “I never had anybody say, ‘Let us help you find counseling.' ”

She persuaded her husband to visit a private psychiatrist, paying cash so there would be no record the military could find. The doctor diagnosed post-traumatic stress, but Sergeant Lube refused to attend therapy or take medications, fearing the military would find out or the treatments would dull his edge.

Last summer, he called her with bad news. The infractions had mounted, bringing the ultimate professional indignity: He was to be dishonorably discharged. “He said: ‘I can’t struggle anymore. I have nothing left,' ” Ms. Ullman recalled.

Then he told her: “You know, baby, this is a lot harder to do than it looks like on TV. I’ll always love you.”

And, she said, “that was it.”

Ms. Ullman buried him at Arlington National Cemetery. Then, without thinking through what she wanted to accomplish, she just started calling members of Congress. “I would say: ‘Here is Michael’s story. I know he’s not the only one. Perhaps members of your constituency have gone through it, too,' ” she said.

Lawmakers including Representative Doug Lamborn, a Republican whose district includes Fort Carson, Colo., home to Sergeant Lube’s unit, the 10th Special Forces Group, embraced her efforts. Mr. Lamborn said he hoped that Admiral McRaven’s program had “potential that, unfortunately, Susan Ullman’s husband didn’t have access to.”

Ms. Ullman has also organized an informal counseling and support group for military personnel, veterans and their families, called Warrior2Warrior.

After Sergeant Lube's death, military investigators took his computer and smartphone — a standard practice as part of the service's official inquiry. But when they were returned to Ms. Ullman, they had been wiped clean to remove any sensitive military information. That meant all their personal photos were lost, except the few on her cellphone. She did receive his dog tags, which she wears today.

Ms. Ullman also received the Army's official 100-page inquiry report, which included the grim police photographs of the suicide. Since his death, she had often caught herself daydreaming that he was simply away on another overseas mission. The photographs, though horrific, made her confront the reality.

"Michael is not on deployment," she said. "He is never coming home."