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Revolving door of multiple tours linked to PTSD

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-- It wasn't his first tour in Iraq, but his second and third when Joe Callan began wondering how long his luck would last - how many more months he could swerve around bombs buried in the dirt and duck mortars raining from the skies.

It was only natural, considering the horrors he'd seen: One buddy killed when a mortar engulfed his tent in flames. A fresh-faced Marine sniper dead (also a mortar) on his first day in Iraq. A 9-year-old Iraqi boy, blood trickling from his head, after he was mistakenly shot by U.S. troops. An Iraqi grandmother collapsing from a heart attack after her home was searched (she later died).

Three tours in four years and Callan wanted out. Out of Iraq, out of the Marines.

"I became numb," he says. "None of it mattered. I just wanted to be home. And that became more intense each time."

When Callan did return to New Mexico, he couldn't sleep. He drank heavily. He had a short fuse. "I knew," he now says, "I was different. But I didn't think it was going to be that bad."

Maj. Jeff Hall's world imploded after his second tour in Iraq.

Overwhelmed with guilt and rage, the 18-year Army veteran became so depressed that one day he lay on the ground and pointed a pistol at his head. The only reason he didn't kill himself, he says, is he didn't want his two daughters to discover him after school. "I couldn't do that to my kids," he says. "I had seen people with their heads blown off."

But the war had pushed Hall to the brink. "I wanted everything to stop," he says. "I had no peace at all."

No peace - on the battlefields of Iraq and Afghanistan, or in the minds of men and women who fought there. Callan and Hall are among hundreds of thousands of U.S. troops who've served multiple tours; they're also among the tens of thousands diagnosed with post-traumatic stress disorder.

That is not a coincidence.

With two long wars - Afghanistan is in its ninth year and Iraq just entered its eighth - the U.S. military finds itself straining to maintain a steady flow of troops. More than 2 million men and women have been deployed to serve in both conflicts, and more than 40 percent of them have served at least two tours, according to military records.

Nearly 300,000 troops have served three, four or more times. And, records show, more than half of those currently at war are at least on their second tour. (The vast majority of deployments last more than six months.)

For these men and women, life becomes a revolving door of war, home, then back to combat - sometimes within months - as they face the same dangers, the same stresses and the same agonizing separation from

family. Some soldiers are gone so often, they're more comfortable being away.

"You feel as if Iraq is your home, you feel that's where you ought to be," says Justin Taylor, who says he suffered a mental collapse after his third deployment to Iraq.

Multiple tours, according to several studies, have been linked to stress, anxiety and PTSD, which is often marked by nightmares, flashbacks, angry outbursts, insomnia and social withdrawal.

"It's common sense," says Dr. Judith Broder, founder of The Soldiers Project, which provides free, confidential counseling to returning troops and their families. "The more deployments there are, the greater the danger not just of combat stress but depression. ... Virtually everyone comes back with some kind of sleep disorder. Many people also feel alienated and isolated from their family."

After two Iraq stints 10 months apart, Maj. Jeff Hall wanted to be left alone.

He felt he'd been a failure; he believed he hadn't helped the Iraqis or really accomplished anything. He urged his wife, Sheri, to take their two daughters and leave. She refused.

So Hall would take off by himself some days, hopping on his Harley and driving 1,000 miles to west Texas, the Oklahoma Panhandle - any place, just to get away. Other days he couldn't bear to go to his job at Fort Polk, La.

Looking back, Hall can pinpoint the day he realized something was terribly wrong. It was after his first tour, when his family was having dinner at a restaurant and his daughter, Tami, then about 12, refused to touch her steak because sour cream had gotten on it.

Hall began crying.

His family was stunned. So was he.

"What's wrong with dad?" Tami asked.

What Hall didn't reveal was his daughter's fussiness had dredged up memories of a very poor family in Iraq that would regularly pick up gas for cooking at a propane station he had guarded. Their two girls - close to his daughters' ages - were so emaciated their skin hung like loose cloth.

"I could just see the faces of the little girls," Hall says. "It kept recurring to me. It triggered a feeling of sadness and anger and all kind of emotions."

But suicidal thoughts didn't surface until after Hall's second deployment, which was even bloodier and more aimless than the first. "It was like we were driving around until we got blown up," he says. Roadside bombs - called improvised explosive devices - had become so common that when Hall studied a map of where they'd been found in the last six months, it was one giant red blob, without a hint of road.

In the first few months, Hall's brigade lost more guys than the entire year in his first tour. One day a Humvee under his command ran over a massive IED, blasting a huge crater in the soil, killing two soldiers, seriously wounding another.

"I felt shame, absolute shame," Hall says, recalling how he smoked a pack of cigarettes in 20 minutes and couldn't sleep for days. "I was suffering from guilt, from the loss. We were having no results. I described it to

the psychologist two years later ... It was like a complete loss of identity, a loss of ideals and how you think life is or should be."

Sheri, who had been encouraging her husband to get help, finally called his commander. That led to a civilian psychologist and a diagnosis of PTSD.

"I thought my career was over," Hall says. "I thought, 'What am I going to do?' At the same time, I had this feeling of 'Aha, there IS something wrong. I'm not making this up.'"

There's no way to know for sure how a soldier will react to multiple tours.

Some go to war four times and never have a problem. Some deploy once and are forever changed. Others never leave the United States and develop PTSD.

Justin Taylor's breaking point came on his third stint in Iraq. The former Army sergeant started having anxiety attacks. He vividly remembers the first one.

"I couldn't breathe," he says. "We had mortars coming in. I was shaking and (a friend) said, 'Dude, are you OK?' When I had to go on patrol, I started feeling it. I had to suppress it. I couldn't tell my boss I couldn't go."

Back home, he began drinking so heavily, he'd black out. Within months in early 2007, he got his marching orders for a fourth tour and told his (then-estranged) wife: "If I go back, I'm not coming home."

He knew that was a dangerous feeling.

"If you've got a death wish or think you're going to be die," he says, "you're not going to be able to lead your soldiers or perform your duties."

Taylor says when he told a captain in his company, the officer chastised him, saying: "'You're an alcoholic. We're going to cure you by sending you back to Iraq.'"

A civilian psychologist at Fort Carson, Colo., he adds, told him he was faking PTSD to get out of going back. He admitted himself twice to a mental hospital and received an honorable discharge.

Soldiers face the kind of repeated stress - much like police and firefighters - that piles up, says Dr. Paul Ragan, an associate professor of psychiatry at Vanderbilt University and a Navy psychiatrist for the Marines during Desert Storm.

"The bottom line is trauma is cumulative," he says. "It embeds itself in your brain and you can't shake it loose."

Military in-field surveys support the notion.

A 2009 report of Army troops in Afghanistan found the rate of psychological problems rose significantly with the number of deployments: 31 percent for three tours, more than double the rate of those with just one.

In Iraq, the survey found nearly 15 percent of Army troops who served two tours suffered from depression, anxiety or traumatic stress, more than double that of single tour. When it came to PTSD alone, the rate was

2.5 times higher for two deployments compared to one.

"We just don't know whether it's combat exposure, repeated separation from the family or (not enough) time off," says Lt. Col. Paul Bliese, director of the division of psychiatry and neuroscience at the Walter Reed Army Institute of Research. "All of those are reasonable explanations."

Other research supports these findings. A Stanford University study - based on a mathematical model - estimates the risk of PTSD for those serving one tour will be 24 percent five years after returning home. It jumps to 39 percent for a second tour, and a staggering 64 percent for a fourth.

And a recent study of New Jersey National Guard members who had served in Iraq or Afghanistan found nearly one in five of those redeploying to Iraq screened positive for PTSD. The study also found "surprisingly high" rates of PTSD and alcohol abuse just days before these soldiers were returning to combat.

The findings raise serious questions about the military's ability to screen soldiers for psychological problems before sending them back to war, says Dr. Donald Ciccone, a study author and associate professor of psychiatry at the New Jersey Medical School.

It's not just combat that's emotionally draining. It's also the separation from families.

"When you come home, it's not like everything is peachy keen," Ragan says. "You're trying to re-establish yourself with your family, then you're gone again. How many times can you do that?"

And yet, some troops do want to return, says Broder, of The Soldiers Project. "The big motivation is to be with their band of brothers," she says. "These are their tightest bonds."

Sam Rhodes, now a retired command sergeant major, was home about 40 days when he eagerly returned to Iraq a second time. "I just supported the war. I felt comfortable there and I felt that's where I needed to be," he says.

It was on his third tour when he collapsed - both physically and mentally. He was diagnosed with PTSD.

The loss of seven soldiers in his brigade in a single month proved especially traumatic. "You've got high expectations," he says. "You think you've learned a lot in the previous deployments and you think 'I'm going to do a better job of getting my guys home.'"

When Rhodes came home to Fort Benning, Ga., in 2005, he and his wife of 26 years divorced.

"She says the war took the man she married away from her, that I would never be the same ... (But) the war didn't change me," he says. "It gave me a better perspective of what's important in life."

And yet, Rhodes, who has since remarried, now believes he should have taken a break of a year or more between tours.

Many experts believe soldiers aren't home long enough - the military phrase is called dwell time - between tours. The Army study found it averaged 17 months, short of the two to three years considered optimal.

Ryan McNabb, a former Navy corpsman attached to the Marines, had four months between his two stints in Iraq - by choice. He volunteered for a regiment he felt would face less enemy fire than he saw on his first deployment.

At Al Asad Air Base on his second tour, McNabb had time to think. Maybe too much. He worried. About his

mother and father. About his brother and sister. Even about his aunts and uncles. He'd try calling them. If there was no answer, he'd worry they'd been in a car accident.

"Your mind is like, 'Hey, things are fine.' But no, they can't be fine," McNabb says. "You're thinking, 'I'm in Iraq, people are dying right and left. Or there's a sandstorm coming. I have to worry about something, I have to keep my mind going.' The more I'd sit and think, the more I'd get depressed."

And it wasn't always about combat.

One day Marines found two little physically disabled Iraqi brothers, maybe 2 and 3, chained to a brick by their father. McNabb cleaned, diapered and fed them - but was pained when they had to be returned to their father.

Returning to North Carolina in 2006, he found comfort in booze: a pitcher of beer at lunch, a 12-pack at night. "I was a high-functioning drunk," he says. "I could drink and drink and drink and never go to sleep. It made me feel good."

It also led to a night in jail after an intoxicated McNabb punched a police officer.

McNabb transferred to Italy, where he met his wife, Mandy. For a time they moved to California, where he stopped drinking. But he couldn't control his anger.

Once when his wife couldn't quiet their crying 8-month old son as they headed to see Santa Claus, McNabb pulled the rearview mirror off their speeding car and smashed the global positioning system, shattering the windshield.

Others noticed McNabb's troubles, but he was slow to acknowledge them.

"When you're talking about PTSD, you don't want to admit it to anyone or it's, 'Oh, yeah, I got a little. I've got 1 percent' In every good Mel Gibson movie, he has a blackout, he has cold sweats," McNabb says. "I didn't have that."

Finally, his brother, Brock, an Army veteran of two Iraq tours, referred him to a center run by the Department of Veterans Affairs, where a counselor, a former Marine who'd served in Vietnam, proved an enormous help.

McNabb, now 29, works as an outreach coordinator for a Vet Center in suburban Chicago. He still is being treated for PTSD, and while Iraq is fresh in his memory, he's not eager to share war stories.

"It's like a drink. It makes you feel good right now," he says, "but in the long run, what's it going to do?"

The much-publicized suicides linked to PTSD are very real. But so are the stories of those who find ways to survive.

Jeff Hall took the pistol from his head and put it down. He eventually found help in an intensive three-week treatment program at Walter Reed he attended with his wife.

"It gave me hope that there was a chance I could heal," he says. "It didn't make me feel so damned crazy."

Hall is now creating the resilience campus at Fort Riley, Kan. The program will help soldiers and their

families rebound from multiple tours and deal with the stresses of war and everyday life.

Still, he does not consider himself cured of PTSD.

"I don't believe that you get over it," he says. "I think you learn to live it with it. I think you learn not to let it control you. You learn to control it. That's where I am. It took a long time to get there."

Sam Rhodes, the retired command sergeant major, has written a book about his own experiences, "Changing the Military Culture of Silence." He travels the country, talking to military and civilian audiences to demystify PTSD.

He carries in his pockets photos of soldiers who killed themselves when they were consumed by depression - and occasionally displays them to remind people of what can happen.

Rhodes still struggles with his own anxieties: A war movie, patriotic music or the crackle of a gunshot can stop him in his tracks or bring tears to his eyes.

"I tell people, 'Look, I'm going to have PTSD the rest of my life,'" he says. "Only a normal person can go to war and see the things we have and feel what we have when we come back. If you're rock hard and have no feeling of loss or anything, that's what's abnormal."

Joe Callan, now 31, has always been rock hard. Growing up in rough neighborhoods and on a Navajo reservation exposed him to some harsh realities of life that were magnified thousands of times over in Iraq. He saw friends die, endured IED blasts and in one three-month period, faced almost daily mortar attacks.

His survival strategy was hang tough, be tough.

"I always ran at the problem. If we were getting shot at, I'd run at the bullets. If you shoot back more than they're shooting at you, you'll win," he says.

Callan says he was told after his second tour that he probably had a stress disorder. He shrugged it off.

He ended his 11-year stint in the Marines two years ago, and it was then that his life unraveled in a familiar pattern: Depression. Insomnia. Anger.

These days, Callan's not especially worried about having PTSD. He figures many of his Marine buddies are in the same boat, with worse symptoms.

He has rebounded, though he's still adjusting to a life where he doesn't have to worry about ambushes, bombs, crowds - or what's behind him. He can now sit in restaurants without watching the entrance. "It makes me tense in my shoulders and my back," he says, "but I can do it. A while back, I wouldn't have had my back to the door."

Callan credits his wife, Katy, their three kids and other family with helping him recover. Callan has been in and out of VA counseling; he has little time for that kind of stuff.

"I have to suck it up," he says, "because people are depending on me."

He has found renewed purpose in a job: He's now an organizer for Iraq Veterans Against the War. Soon, he hopes, this war will be over.

"I just want to have a small farm," he says, "hang out with my family, grow vegetables and be left alone. I

just don't want to be a part of it anymore."

On the Net:

The Real Warriors Campaign: <http://www.realwarriors.net>

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