

A View from Glen Hill: The cost of not treating PTSD is too high



Written by Stephen Hudspeth

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Our troops serving in or near combat these days, especially under current counterinsurgency doctrine, live under constraints designed to minimize collateral damage, such as not calling in air strikes when they might otherwise be requested, and not firing while on "routine" patrols unless absolutely necessary for immediate self-defense. They also understand that positive personal connections with non-combatants are keys to long-term success, yet making those connections is rarely easy and often fraught with peril. Thus, a recent Time magazine article focused compellingly on the travails of a young Army captain and his infantry company determined to rebuild a school in a highly contested area of Afghanistan.

Some of those who return from these experiences seem entirely unaffected psychologically by them, but others definitely are. Pressures facing those serving in combat, especially when they often cannot easily distinguish non-combatant from foe, or in always-dangerous jobs like regularly driving along IED-infested roadways, create enormous and constant stress. Those stresses increase the likelihood of post-traumatic stress disorder even though its victims may not recognize the symptoms that point to PTSD. Those symptoms, if left untreated, can be life-destroying.

One of my M.B.A. students at the Yale School of Management, K.C. Bennett, has been working over the past year on the creation and funding of a nonprofit aimed at addressing in a new and very creative way the handling of PTSD among returning troops from Iraq and Afghanistan. His desire to work on this project comes from his own experiences with soldiers under his leadership as an Army infantry unit commander in both Iraq and Afghanistan for five years after graduating from West Point.

K.C. graduated from Yale 10 days ago and begins federal government employment shortly in the Washington, D.C., area. His colleague in this project, Justin Cope, is a former Army artillery officer who has just completed his studies at the Harvard Business School. Together they have created and obtained 501(c)(3) tax-exempt status for a nonprofit — Selfless Services Inc. — designed to contact those soldiers whom their commanders identify as having had experiences likely to lead to PTSD and arrange for a program to address the issue shortly after each soldier's return stateside.

This program will take these soldiers off-base, with the Army's approval, for a five-day period of evaluation and counseling that is done entirely outside the Army's usual channels for medical reporting. This helps to remove any perceived stigma associated with using Army services for these purposes — a stigma that is apparently strong among returning service people, notwithstanding Army assurances to the contrary, and especially of course among those who look forward to having a continuing career in our military.

This program will be conducted at an attractive, quiet location at some distance from the service person's base. There, the service person will meet with psychologists and others trained in administering tests designed both to evaluate whether PTSD is present and to help each service person recognize and acknowledge in himself or herself signs of PTSD if present so that it may be treated. Treatment is begun during this period with follow-up treatment and counseling thereafter. The program also includes financial and family-services counseling to take a holistic approach to the service person's transition back to a non-combat environment. K.C. has been in contact with senior Army officers up to the rank of general whose focus is on the PTSD area, and they have been encouraging about this approach to PTSD identification and treatment.

The costs of leaving PTSD untreated are of course most importantly human but are also financial. That financial dimension is measurable with specificity by identifying the costs the military incurs in finding and training others to replace service people rendered ineffective by untreated and extremely aggravated PTSD. The savings from successful treatment also come from avoiding institutionalization of persons whose symptoms become aggravated as a result of non-treatment. And for those who choose to leave the military, the gains from treatment can also be measured in avoidance of lost future income. Costs in all of these various forms from failure to treat PTSD far exceed the costs of this program, with the result that the program has an extremely high benefit-to-cost ratio.

We all understand that we owe those who serve in combat situations a debt of gratitude that can never adequately be repaid. The way we help returning service people is one very tangible measure of how we try to repay that debt.

Treating PTSD effectively is one very important means of making repayment.

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