PTSD veteran: I'm not crazy

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Fireworks can trigger PTSD in veterans 01:52

Story highlights

- 80% of veterans diagnosed with PTSD are given psychiatric drugs, VA says
- Carol Costello: Military spending on psychoactive drugs shocked me

Carol Costello anchors the 9 a.m. to 11 a.m. ET edition of CNN's "Newsroom" each weekday. The opinions expressed in this commentary are solely those of the author.

(CNN)Army Spc. Scott Barber has beautiful, bright blue eyes. I mention his eyes because, he said, they turned black the day he died.
"I flatlined. I seized," he told me, his voice shaking.

Barber, like thousands of other veterans, suffers from post-traumatic stress disorder, or PTSD. And, sadly, as I came to find out, he, like hundreds of others, overdosed on a cocktail of prescription drugs meant to help him cope.

I met Barber at an experimental -- some might say radical -- rehabilitation program for veterans who suffer from PTSD. It's called "Operation: Tohidu," a Cherokee word that means peace of mind, body and spirit. But while it sounds Zen-like, the woman who runs the program is decidedly not. Dr. Mary Vieten, a clinical psychologist, comes across as the tough Navy veteran she is -- fiercely protective of her "warriors," who she says are misdiagnosed by the doctors the government provides to help them.

Carol Costello

"God bless 'em, they mean well," she told me. "But what do psychiatrists do? They deal with mental illness. That is the model."

And how do most psychiatrists treat mental disorders? Usually with drugs -- lots of them. I am not exaggerating. According to a Department of Veterans Affairs study, 80% of veterans diagnosed with PTSD are given psychiatric drugs. Of them, 89% are given anti-depressants. And, according to ongoing research conducted by New York University psychiatrist Dr. Charles Marmar -- funded, in part, by the Department of Defense -- troops are given these drugs despite estimates that only 20% of veterans suffering from PTSD are treated "effectively."

Hey, big Pharma must be happy, though. From 2005 to 2011, military spending on psychoactive drugs -- like anti-psychotics, sedatives, stimulants and mood enhancers -- increased by nearly 700%, according to Tricare Management Activity, the division of the Department of Defense that manages health care services for the military.

Is PTSD a mental illness?

These kinds of figures shocked me, but infuriated Vieten. She said this model, these drugs, are not effective. Not at all. Not even sometimes. She said psychiatric drugs for treatment of PTSD are ineffective 100% of the time because -- and this is where Vieten goes rogue -- PTSD is not a mental illness or mental disorder.
"You don't go into the theater of operations as a highly skilled professional with god-like powers and then suddenly one day, you know, have a screw loose," she said. "It just doesn't make sense."

I admit I was taken aback, but Vieten did not back down. She told me, if anything, it's normal to suffer trauma after serving on the field of battle. Why? Because battle is traumatizing.

Most experts disagree with Vieten. According to the Diagnostic and Statistical Manual of Mental Disorders -- considered the gold standard for physicians evaluating mental disorders -- PTSD is a mental illness.

I sat down with Dr. Harold Kudler. He is a respected psychiatrist who has worked with hundreds of troops with PTSD. He's intrigued by Vieten's methods, but he doesn't endorse her total dismissal of therapy involving drugs.

"I honestly think we'd be doing a disservice if we said you must never take a medicine for this when there is so much evidence medicine can help," he told me. "What we need is the right medicine for you at the right dose at the right time for the right period of time."

Tell that to Scott Barber.

After serving in Iraq, he suffered from depression. He had trouble sleeping, he felt worthless, like he "didn't fit in." He, like so many others, sought help from military doctors provided by the Department of Defense. And, like so many others, was given what he described as a "goody bag" of drugs.

'I must be really screwed up'

Barber took the drugs, but said they made him feel worse.

"I was like 'Gosh man, I must be really screwed up, because what these guys are telling me are going to help me, I actually feel worse.'"

Guess what the military's answer was? More drugs. At the height of his prescription drug regimen, Barber said he was taking seven drugs, including powerful anti-psychotic medications.

He said he felt "like a zombie." Until that day he -- died.

"We have a Christmas tradition (in my family) where we all sit around and play Pictionary," he recounted. "I'm sitting there with my sister and it was my turn to draw. So I get up to go draw and my sister says, 'Hey, Scott, what color are your eyes?' I said, 'You're silly, they're blue.'" His words come faster now. "So she pulls out her compact (and) goes, 'no man, look.' And they were solid black. There was no blue."

Barber told his sister he felt fine.
"As I started to draw I felt something in my ears and my ears started to bleed. All of the sudden I just heard them freak out and I hit the ground. That's the last thing I remember."

Scott Barber -- a proud Iraq War veteran -- died on his family's living room floor.

Paramedics revived him in the back of an ambulance. Later, he said, hospital doctors would tell him the cocktail of drugs he was taking was a "recipe for death." Barber recovered physically, but could barely function. He felt lost, confused. Hopeless. Until the day he got a call from Dr. Mary Veiten.

The first thing she told him: You're not crazy.

For Barber, it was a turning point. "I felt like a thousand pounds had lifted off my chest," he told me. "I could breathe again."

"There is no mental illness here," Vieten said. "People will call us all the time and ask if we are going to take their pills away or be in pajamas, because that's the way they've been treated in the past is in programs where they start out in pajamas with no possessions. And I just say to them on the phone 'Why would we do that?' If you're not mentally ill, what would be the point of that exercise?" Her words are often met with intense emotion from the troops on the other end of the line.

**Recovery takes time. A long time**

Warriors are brought to a wooded campsite owned, and provided free of charge, by the nonprofit organization Melwood. They are separated into groups facilitated by mentors. Everyone in the group -- including the mentors -- served their country and personally experienced PTSD. In no time, Vieten said, her warriors realize they're not alone. More importantly, they come to realize that their so-called troubled behavior, considered abnormal at home, is perfectly normal in a war zone.

"It's a matter of educating them about what happened," Vieten said.

For example, she said, from a fighter's perspective, a symptom like obsessive compulsive disorder sometimes accompanies PTSD. "That thing did work for me over there. If I put my weapon in the same place all the time, then I can find it in the dark. And when I come home I've got to put my things in a certain place so I can find them in the dark."

It's a comfort thing, Vieten told me. "And all of a sudden the mystery is gone. And they don't feel nuts. And typically they will let it go."

Vieten and her counselors also use yoga, exercise, horse riding, and balancing exercises -- the kinds of activities that help troops relax, let go, and trust one another. Drugs are never prescribed, in fact, the only therapy involving drugs are programs to help veterans overcome their addictions.
It all sounds so logical. But PTSD is difficult to treat. And while Vieten's Melwood program has hosted five groups of veterans so far, with groups ranging in size from 15 to 25 vets per group, there are so far no long-term studies into the effectiveness of Vieten's program. So, could it really be that simple? I had to ask Barber.

He told me he's drug-free and taking it one day at a time. "You're dealing with a certain way you do things when you're in a combat zone than the way you are here in Charles County living your life. And that just doesn't happen overnight. It takes a long time. I've been out for five years and I'm still reintegrating."

But -- this is the best part -- for the first time since he left active duty, Barber is hopeful.

"I'm not crazy," he tells me, those blue eyes steady. "In fact I'm a pretty normal guy."

*The Evil Hours*: Author's deep, personal take on post-traumatic stress