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Soldiers, Husbands, and Coming Home: “The Long Walk”
Posted by  Chloe Fox, The New Yorker, July 12, 2012

During my husband’s twelve-month deployment to Afghanistan, I made it a point to avoid novels, movies, TV programs, and even friendly discussions about war. Once, at a cocktail party, a guest discovered that my husband flew helicopters and asked me if I had ever seen or read “Black Hawk Down.” I replied that I needed another glass of wine and then proceeded to ignore him for the rest of the evening. (Few know the emotional fury lying just beneath the surface of a woman whose husband is deployed.) My one guilty obsession throughout that time was to read the I.S.A.F. press releases about casualties and offensives because they offered a kind of bureaucratic flatness to the news that made it easier to read. I could be connected to events in Kandahar without ever having to envision them in a novelistic or cinematic way.

When my husband came home in February, though, I found the opposite survival instinct taking root. In an effort to meet my husband halfway on the bridge that had divided us for a year, I turned to war
literature and movies to try and understand what soldiers since Hector have experienced. From watching “Deer Hunter” for the first time to rereading “A Farewell To Arms,” I’ve been trying to piece together what these experiences mean for service members coming home today. About two months into my search, a friend sent me the manuscript of a new memoir by Brian Castner, who commanded an Explosive Ordnance Disposal team in Kirkuk, Iraq, in 2006. Castner’s book, “The Long Walk: A Story of War and the Life that Follows,” is not the typical testosterone-driven account that plagues the war-memoir genre. (Castner spoke about the book on “Fresh Air” earlier this week.) He gives equal, if not more, weight to the time and effort that goes into readjusting to his family life, and his straightforward, unself-conscious writing paints an absorbing picture of war in the twenty-first century—the first century in which post-traumatic stress disorder has been both diagnosed and treated as a medical condition.

“The Long Walk” flashes between scenes of devastation as Castner worked clearing I.E.D.s (counting the number of right hands found after an explosion to determine the number of casualties) and the quiet rage and anxiety he lived with upon returning home (fingering his imaginary rifle as a kind of security blanket). There are science lessons about T.B.I. (traumatic brain injury) and a history of P.T.S.D.: during Vietnam they called it the thousand-yard stare; in the First World War it was shell shock; and Civil War veterans referred to it as soldier’s heart. Castner also coats his prose with just enough humor. On a particularly bad day of six I.E.D. missions, his team headed to the gruesome scene at a Kurdish day care for crippled children. “That sounds fake, right?” Castner writes. “Like I just made that up? Like I picked the stereotype of the most horrific possible target of a suicide car bomb. If only.”

Castner’s great service is to help readers understand what this all means within the context of an all-volunteer force, which is perhaps the most distinct aspect of today’s wars. Serving one’s country, as my husband and I have discovered, is a complicated and tortuous emotional adventure: equal parts pride and frustration, with a very rare dash of pure fulfillment. Castner went into Iraq hoping to make it a little bit safer—after all, disarming I.E.D.s and tracking down their makers not only saved the lives of American troops but those of Iraqi citizens as well. But he adeptly pinpoints the jaded feelings of many service members after two wars. In the middle of a crowded blast site, Castner describes his frustration at not being able to comb the area for clues:

Did they not see that I was trying to help? But every move the crowd made set me back half a step, an accumulation of a thousand ingratiations, the removal of a speck of explosive residue here, the grabbing of the bomber’s license plate there. The mob swarmed like ants anywhere we had to work. Why did they have to make an awful job next to impossible?

When the screams of women are added to the steady drum of small-arms fire that surrounds him, one begins to understand Castner’s violent impulse to “shut these women up,” to “stop this migraine tearing my skull apart, to stop the mindless wailing and gnashing.”

By the end of his memoir, it seems (or perhaps the reader just wishes badly) that Castner is learning to live more at peace with his experiences. (Yoga, in particular, is proving to be therapeutic: “My mind follows my Om…flows upstream, dips into the HAS at Kirkuk, to a call coming, to the rhythm of timeless combat.”) But he still daydreams about strapping a pistol to the center console of the family’s minivan in order to protect them and he still cries from seemingly random triggers, like “long-form NPR radio pieces.” In one scene, he weeps quietly in front of other parents and children as he helps his seven-year-old son get ready for a hockey game; the routine feels too similar to suiting up a colleague in a bomb suit.

Castner’s memoir forces a reader to empathize with these unrelenting psychic and emotional pressures, but it doesn’t fully explain why his spirit and will were not crushed by those pressures. The reader is left yearning for that insight, especially in light of the Pentagon’s recent report that more service members have committed suicide this year than have died on the battlefield. In a recent survey of military families, twenty-six per cent said that their service member exhibited signs of post-traumatic stress. Alarmingly, sixty-two per cent of those respondents said that their service member had not
sought treatment. It’s perhaps not unrelated that ninety-five per cent of military family members feel that the general public does not understand or appreciate the sacrifices made by them and their families. Castner’s experience isn’t everyone’s, of course, but a memoir like his can help to bridge that gap between civilians and today’s military.

As for the bridge my husband and I are building? Not surprisingly, many late-night talks together, sometimes with a bottle of wine, have helped more than watching “Deer Hunter” did. After a handful of restorative adventures on our own, and, of course, a few finding-our-way spats, we’re now nearly at the middle. Nonetheless, after reading Castner’s memoir, I happily noted its laconic dedication to his wife: “To Jessie, who loves me in spite of all this.”

Read more [http://www.newyorker.com/online/blogs/newsdesk/2012/07/veterans-brain-castner-the-long-walk.html#ixzz264dGe1uF](http://www.newyorker.com/online/blogs/newsdesk/2012/07/veterans-brain-castner-the-long-walk.html#ixzz264dGe1uF)

**Army Suicides: July Deaths Set A Tragic**

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Katie Drummond, Contributor

I write about things that raise eyebrows. Or singe them right off.

8/16/2012

(Image credit: Getty Images via @daylife)

More bad news for a military already under suicide siege: The Army today announced that their July suicide rate was the highest since 2009, when the service first started publishing monthly data.

A total of 38 suicides, 26 among active-duty soldiers and another 12 among National Guard or Reserve members, have either been confirmed or are suspected, according to an Army report. The tally exceeds the Army’s previous single-month suicide record, in July of 2011, by five additional lives lost.

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The Veteran Suicide Explosion And You Rick Ungar Contributor

The Military's 'Invisible War:' A Call To Action To Stop Sexual Assaults Kate Taylor Forbes Staff

We Carry On - What Does A Disabled Vietnam Veteran Hero Have To Do With The Year Ahead? Jeffrey Sica Contributor

How Do Military Veterans Feel When They Return Home From Combat? Quora Contributor

Overall, the military’s suicide rates are looking increasingly grim. So far this year, suicides in the Army far exceed rates reported in previous years. Other services aren’t doing much better, with suicide rates among both Marine Corps and Coast Guard personnel already outpacing those reported in 2011.

These new statistics also reveal a troubling trend: Older soldiers are now more likely to take their own lives than younger GIs. Analysts suspect that as troops draw-down from combat zones overseas, more veteran soldiers — many of whom have been deploying consistently since the dawn of the wars in Iraq
and Afghanistan — are struggling to reintegrate into civilian life.

“Issues like minor depression, anxiety and sleep disturbances...begin to surface after a service member has been home for more than a year, and start to reintegrate with their family,” Bruce Shahbaz, a medical analyst with the Army’s Suicide Prevention Task Force told Time’s Battelband blog. “I liken it to a pot that’s on simmer....”

There’s no question that reintegration — after more than a decade of war — will continue to pose a significant challenge for soldiers and veterans. In addition to finding work (no small challenge) and managing the stresses of marriage and parenthood, some returning soldiers are also coping with a host of health problems — including post-traumatic stress, traumatic brain injury and addiction — that can potentially increase the risk of suicide.

To be sure, the military has made a concerted effort to better understand ailments like PTSD in recent years — they’ve funded everything from cutting-edge neurological research to far-out treatment methods. The military and the VA have also spent millions trying to enhance suicide prevention programs, with the VA earlier this year announcing plans to hire an additional 1,600 mental-health clinicians.

But for every step forward, there’s been at least one step back: Military and VA officials continue to be bogged down with allegations of inadequate mental-health care, excessive wait times and flawed diagnoses. In one particularly damning instance, clinicians at the Madigan Army Medical Center were accused of reversing at least 300 PTSD diagnoses to cut costs.

Unfortunately, the military won’t be able to remedy the crisis of personnel suicides overnight. And, by many accounts, institutional problems still threaten to exacerbate the problem. I’m struck by one recent example: Earlier this week, I interviewed Sean Hamilton-Knapp, a 44-year-old veteran who has twice tried to take his own life. After two years of VA-funded counseling that have kept him from the brink, Hamilton-Knapp is being cut off.

“According to them, now that I’m stable and on-track, I don’t need the help anymore,” he told me. “The government is trying to save money, and I get that. But they sent someone somewhere, and that person came back broken. It’ll take more than two years to fix that.”

Support the Troops? How About 55,000 Female Homeless Veterans  By Jin Zhao, AlterNet  25 July 12, RSN

Homelessness among women veterans is a growing national concern. Tens of thousands of women veterans are fighting a war they did not choose to wage, and many of them have had multiple traumatic experiences, not only during service but also before and after. These traumatic experiences, which can include everything from combat-related stress to childhood abuse to domestic violence, contribute to this growing crisis.

There are some 55,000 homeless women veterans in the U.S. today, and that number is likely to grow as the number of women veterans increases overall. (The VA projects the number to grow from 1.8 million, or 8.2 percent of the total number of veterans, in 2010 to 2.1 million, or 15.2 percent of the total, in 2036.)
Research shows that **trauma is a gateway to homelessness**. As many as **93 percent** of female veterans have been exposed to some type of trauma. The high concentration of trauma among women veterans contributes to the fact that women veterans are four times more likely to become homeless than their civilian counterparts. Among homeless women veterans, **53 percent** have experienced military sexual trauma (MST), compared to one in five among women veterans in general.

As more women are deployed in combat operations, trauma is becoming an urgent concern in women veterans’ care. **The VA reports** that 182,000 women have been deployed in Iraq and Afghanistan, compared to 41,000 in the Gulf War. This increase in women deployment **correlates the number of women veterans who suffer PTSD and traumatic brain injury, two major risks related to homelessness.**

Jennifer, a 45-year-old homeless veteran, shared with AlterNet her story of struggling with MST over the years. Jennifer joined the Marine Corps in 1988, but her dream of building a military career was shattered just a year later when she was sexually assaulted by a staff sergeant while on duty overseas.

The perpetrator was tried and found guilty, but with little support, Jennifer started a downward spiral. For more than 20 years, Jennifer has struggled with substance addiction and mental illnesses. (She’s been diagnosed with bi-polar disorder, depression and PTSD.) She has a difficult time holding a job. She’s neglected her children. After two failed marriages, Jennifer hit a new low point 18 months ago and became homeless.

Those who work with homeless women veterans would easily recognize this familiar pattern: trauma, addiction/mental illness, homelessness. Often the cycle repeats itself. A woman interviewed for a **VA study** described her experience living that pattern:

>“It’s like for me, you start with the rape. Then you go into the drugs. And drugs leads to homelessness. You regroup. You go back to the rape. You go back to the drugs. Go back to the homelessness....You go to stay with people and they rape you. It’s a vicious cycle until something stops.”

**Trauma-Informed Care for Homeless Women Veterans**

There are few available services tailored to women veterans’ needs, and many homeless women vets are not aware of the programs and services that are available to them due to programs’ inadequate outreach and communication.

In March, **the VA’s Office of Inspector General audited a number of VA-funded homeless services providers**, and the results raised a few red flags. The OIG found that 31 percent of the providers it reviewed did not adequately address the safety, security and privacy risks of veterans, especially female veterans. In one case, a sex offender was placed in a facility where a homeless women veteran and her 18-month-old son lived.

But these issues are not new. Last year, the Government Accountability Office **expressed safety concerns with VA-funded housing.** Incidents of sexual harassment or assault on women residents had been reported and there were no minimum gender-specific safety and security standards for the programs.

The VA has vowed to improve safety and security of the providers it funds to serve women veterans.
However, ensuring safety and security is only part of what needs to be done to better help homeless women veterans.

“Some services providers overlook the impact of trauma. They mislabel or misunderstand people’s challenges and behaviors, when they are in a lot of ways responses to traumatic experiences that people have. So what can happen is that it can lead sometimes to services...designed to help people who experienced trauma end up retraumatizing people inadvertently. By retraumatizing I mean in ways sort of recreating situations that may mimic past trauma,” said Kathleen Guarino of the National Center on Family Homelessness.

Guarino worked with the Department of Labor Women’s Bureau last year to create *Trauma-Informed Care for Women Veterans Experience Homelessness*, a guide for community homeless service providers that work with women veterans. According to Guarino, the key to success for service providers is to “identify what [women veterans]’ unique needs are, and to design [homeless service] programs to speak to those needs.”

That means programs must avoid putting women veterans in situations that mimic their traumatic experiences -- situations that make them feel vulnerable or helpless. Details such as installing locks on doors become crucial in facilities housing women veterans. Structural arrangements such as including women veterans in making policies and rules for themselves are also important because they give women veterans a sense of control over their own lives.

Signs of distress can be subtle. “As somebody becomes agitated or shuts down or becomes more anxious, that could be...misunderstood or mislabeled as defensive or difficult, kind of label them in more negative ways. What may be really happening is somebody is having a trauma-related response,” said Guarino. That’s why a good understanding of trauma should be an important qualification in those who work with this population.

With proper help, homeless women veterans can break their vicious cycle and get back on their feet. Jennifer has been receiving trauma-informed care for three months and is making remarkable progress in the Veterans Village of San Diego, a residential program for veterans with addiction and mental illness. Sober for four months, she has reconnected with her two older daughters and is getting ready for a new semester at the City College of San Diego, where she will study skin care. She said her life has been “turned around.”

Though hopeful for the future, Jennifer wished that help had come earlier. “To turn to addiction, to lose your family, seriously, that should have been acknowledged in the beginning,” she said. “But that was a long time ago. Now I just started recovering and it’s been 20 years.”

**Empowering Women in the Military and Beyond**

In the recently released documentary *The Invisible War*, director Kirby Dick documents heart-wrenching stories of military sexual violence victims. Many of these women are retraumatized by the responses to their attacks. In a male-oriented military culture, victims of sexual assault are often discouraged or intimidated so they do not report their assaults. And when assaults are reported, they can be dismissed, and victims blamed.

“When you have military sexual trauma, people look at you like it’s your fault or you did something
wrong, or you provoked it. And then in the male-oriented environment, they look at you like it is your fault completely so...it is tough,” said Jennifer, adding that her roommate is an MST survivor who never reported her assault.

What makes it difficult for women in the military or women veterans to come forward and/or ask for help is the high expectation of self-reliance. “You have to be tough. I chose to be in the military, so things shouldn’t bother me. That’s how I felt. And I felt like I was very weak if I said anything, like I was whining,” Jennifer said. Until recently, she did not tell anybody in her personal life about her assault -- not her ex-husband, her children or her friends.

The military isn’t the only place where bad things happen. Many homeless women veterans have experienced multiple traumas before and after their military service as well. Taken together, these traumas become a huge burden.

It is reported that 52 percent of homeless women veterans had “pre-military adversity” such as child abuse (sexual and physical) and domestic violence. Post-military intimate partner abuse is also common among this population.

Worse, pre-military abuse often contributes to a young woman’s decision to enter the military in the first place. As a homeless woman veteran told VA researchers, she joined the military to get out of her abusive environment, hoping that the military would be a “safe haven.”

What we see here is a pipeline that produces trauma, and it should be taken seriously if we are serious about ending homelessness among women veterans. When girls and young women find themselves in abusive situations, they should have more options than joining the military or sleeping on the streets. Only when women are validated, respected and empowered in the military and in society at large, will the wounds of those who have been hurt start to heal.

_Jin Zhao is a freelance journalist, multimedia producer and photographer. Her work has appeared in the Nation and on AlterNet. Follow her on twitter @jinealogy and visit her blog thingsyoudontknowaboutchina.com_

STAFF SGT. ROBERT BALES, MASSACRE IN AFGHANISTAN
JOHN GRAHAM

_Stick Your Neck Out_

Views, news and coaching tips from John Graham, Director of _Giraffe Heroes International,

Dear James,
The US Army thought it could squeeze one more combat tour out of Staff Sgt. Robert Bales. It was wrong.

Bales is now accused of shooting and stabbing to death 16 Afghan civilians, most of them women and children.
Sgt. Bales should not go into the dock alone. Many of us should be there too, charged with willful ignorance, with acting as if war was not what it is—a series of relentlessly horrific acts destroying bodies, psyches and souls. Sgt. Bales was no rogue. But to admit that warriors who snap are an inevitable product of war upsets the storyline that keeps too many of us comfortable sending generation after generation into battle. Read more.  

http://johngrahamspeaker.org/whos-on-trial-with-sergeant-bales

 Sit Down Young Stranger Now Available on Kindle
More on the Giraffe Heroes Project
John Graham
phone:360 221 7989  write: PO Box 759  Langley WA  98260

Book Review: “Lethal Warriors” by David Philipps

PTSD is a very real condition, and it is also a very serious problem for our service members, veterans, and families. PTSD must be addressed immediately on a far larger scale now by top leaders at the Department of Defense and Department of Veterans Affairs.

Investigation Blames War and Leadership Failures for Most of Mental Health Crisis

Review by Paul Sullivan and Kristina Brown

Veterans for Common Sense – David Philipps’ new book, Lethal Warriors: Uncovering the Tragic Reality of PTSD, is an essential and heartbreaking account of the failures in preparing our soldiers and our society for the transition more than 2.1 million from combat in Iraq and Afghanistan to civilian communities at home.

Our government’s failure to recognize the signs and seriousness of mental health problems and then take the necessary precautions is no longer just having a devastating affect on our military population. The failures continue spreading into civilian life all across America.

PTSD is a very real condition, and it is also a very serious problem for our service members, veterans, and families. PTSD must be addressed immediately on a far larger scale now by top leaders at the Department of Defense and Department of Veterans Affairs.

The tragic tales of several murders in Colorado Springs, Colorado led David Philipps on an investigative journey into one Band of Brothers stationed at Fort Carson. The common thread: many homicides involved recently returned Army soldiers who had deployed to the Iraq War, and many of the suspects were untreated PTSD patients.

Philipps guides his readers through the lives of soldiers who, tragically, become notoriously known as the “Lethal Warriors.” He chronicles their childhood stories leading them to join the Army, their different attitudes and experiences during deployment, and the startling similar series of events leading to their psychological and criminal demise upon their return home.

His thorough examination of the military’s failure to recognize and properly respond to the variety of
warning signs of combat stress and PTSD and the military’s improper efforts to remove soldiers experiencing such symptoms are important lessons for Congress, the Pentagon, VA, and cities near military installations.

Without a doubt, Philipps’ highly commendable investigative journalism reveals our soldiers are not receiving proper mental healthcare. In many cases documented by Philipps, this is due to neglect of the military to recognize the crisis and quickly hire enough mental health professionals to provide prompt care. The failures also result from persistent and severe stigma as well as other obstacles, such as untrained noncommissioned officers, personality disorder discharges, and improper treatment which prevents too many of our soldiers from seeking and/or continuing the necessary treatment.

Philipps makes it abundantly obvious that PTSD is not being responded to in the proper manner as a result of limited resources and a “don’t look don’t find” attitude from higher command and at the Pentagon. For example, warning signs, such as anger, withdrawal, depression, outbursts, anxiety, sleeplessness, nightmares, and more, are being ignored or unnoticed. In another example, service members with PTSD are frequently and wrongly kicked out personality disorders that don’t exist, often preventing the new veteran from obtaining post-military VA medical care.

Philipps cites an essential study, conducted at the recommendation of Fort Carson’s General Mark Graham, by the U.S. Army Center for Health Promotion and Preventative Medicine in July 2009. The Army report observed that the trend of behavioral problems had little to do with individual backgrounds and everything to do with the intensity of combat observed during deployment.

Overall, investigators blame deployment (and repeated) to war, not the soldiers, who usually joined the military in good health. The investigation published its recommendations, listed by Philipps on page 241:

First, they noted, reintegration training must be overhauled and started before soldiers come back from overseas. Even soldiers who return early must get this enhanced training.

Second, units and individual soldiers who have been exposed to high levels of combat must be flagged by commanders so they can get better care. The days of letting soldiers lie their way through Post Deployment Health Assessment must end.

Third, the Army should reassess whether the entire command structures should change after each tour, which can interrupt the supervision of soldiers who need help.

Fourth, commanders have to ensure soldiers caught for drugs or drinking get substance abuse care and stick with it.

Fifth, make sure soldiers are not humiliated by peers or commanders by educating all tanks about Combat Stress Injuries. The prevailing attitude that legitimate stress injuries are a made-up disorder and a sin of weakness has to be broken.

Sixth, the Army needs to train sergeants and young officers to manage their troops so they don’t instinctively punish soldiers who are acting out.

The vital takeaway message from David Philipps: Deployment- caused PTSD is not something that can be ignored and left untreated.

In July 2009, VCS reviewed the Army investigation and offered our own conclusion that deployment to war remains the main culprit, followed by repeated mistakes by military leaders.

Much of the book would not have been possible without the dedicated advocacy of Iraqi War veteran Andrew Pigoany.

Our soldiers have suffered long enough, especially since the Iraq War invasion was based on
misleading information. Combat stress and PTSD need to start being recognized and recognized early so treatment and recovery have the greatest chance of success for our soldiers, our veterans, their families, and our communities.

If we don’t, then the adverse impact of the war may flood into more and more lives of an unprepared civilian population. We can and must do the right thing now and make sure every soldier receives prompt mental health exams as well as any needed when they return – that’s because a mental health wound is as serious as a physical wound.

Left untreated, both can be lethal.

Gandolfini, Wartorn, HBO’s Brilliant War Doc
Nov 10, 2010 6:47 PM EST

James Gandolfini, still best known as the therapized mobster Tony Soprano, turns the focus on veterans for Wartorn, a new documentary airing Thursday. Rebecca Dana on the making of the film and the ravages of PTSD.

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If there’s one point of intersection between The Sopranos and the Civil War, it’s post-traumatic stress. You can only go around blowing people’s faces off for so long before it starts to get to you, and that may help to explain why so many veterans feel such an immediate connection with the actor James Gandolfini.

The brooding, bulb-nosed Gandolfini, who played therapized mobster Tony Soprano in the HBO series, has produced a number of documentaries for the network looking at the long-term effects of war on soldiers. His latest is Wartorn: 1861 to 2010, which examines the affliction known over the course of the last 149 years as cowardice, hysteria, melancholia, shell-shock, combat fatigue, and eventually PTSD, when it was finally recognized as a legitimate condition just 30-odd years ago.

PTSD is a difficult subject to render on video for much the same reason doctors took so long to recognize it as real. The effects of war are typically obvious. It leaves torn-up bodies, bombed-out buildings, coffins, carcasses, and rivers of blood. But PTSD is invisible—until the moment a Midwestern farm boy drinks up the courage to press his dog tag against his forehead with the mouth of a handgun and shoot.

For Wartorn, which airs Thursday night on HBO, filmmakers Jon Alpert, Ellen Goosenberg Kent, and Matthew O’Neill overcome the difficulty of showing PTSD with plenty of gut-wrenching telling. Sufferers of the condition, which afflicts 20 percent of veterans according to one study, talk candidly (or, in the case of the deceased, speak through letters, family members, and old public testimony) about how it’s affected their lives.

“I came back as a raving lunatic,” says a veteran of World War II.

“I was having nightmares. I still have bad nightmares. And it takes all goddamn night to kill somebody.”

“I have three boys I haven’t seen in 25 years.”
Here’s the mother of the young man who got drunk and then shot himself in the forehead after two tours of duty in Iraq: “The United States Army turned my son into a killer…They forgot to un-train him to take that urge to kill away from him.”

And here’s the young man: “I’m not a good person. I have done bad things. I have taken lives. Now it’s time to take mine.”

HBO

“These soldiers are at a rather courageous crossroads,” says Alpert, an Emmy-winning documentarian who’s worked widely in war zones, including Iraq and Afghanistan. “They have suffered so much from the stigma of PTSD, from the fact that it’s a mental as opposed to a physical ailment, that they have decided the only way to make sure other people don’t suffer the way they have is to start talking about it.”

“It’s hard for me even to describe how unpleasant it is for [Gandolfini] to be on camera,” Alpert says. “He would prefer it if he were the invisible man.”

And what got them to start talking?

“Jim,” Alpert says. “People feel like they know him. First of all, he’s very sincere in his concern. Second, he’s been in their living rooms every Sunday for five years. He portrays a big tough guy who was psychologically wounded by the things he’s had to do and he’s seen. As a result of that, they’re ready to talk. From the lowest ranking service member to the top generals, they opened up very quickly to him.”

Gandolfini lumbers into scene after scene of Wartorn, transmuted now from patient to listener. Visually, this move off the couch doesn’t suit him. He looks overstuffed into the straight-backed chairs of military offices, his hangdog face stern as he absorbs the stories all these people seem suddenly eager to tell.

“It’s hard for me even to describe how unpleasant it is for him to be on camera,” Alpert says. “He would prefer it if he were the invisible man. That’s the role he would like most instead of the roles that he’s had.”

Emotionally, and in every other way, Gandolfini-as-therapist works eerily well. The actor’s efforts to help sufferers of PTSD by shining a light on their condition are also helped by recent developments in the military’s own approach to discussing and treating it. The Department for Veterans Affairs now has a National Center for PTSD. This week, Eric Shinseki, the retired general who is now secretary of Veterans Affairs, wrote a column explaining PTSD and its treatments.

Those treatments range from standard therapy to new drugs to 10 minutes of Tetris. But key to any treatment plan is a wider acceptance that PTSD isn’t cowardice but a real affliction, suffered widely.

When The Sopranos went off the air, some critics wondered if Gandolfini would ever be able to break away from his iconic portrayal of the damaged mobster. Since then, he has given several acclaimed performances, but for the most part remains fixed in our minds as Tony Soprano. Which turns out to be a good thing for the swelling ranks of suffering veterans, telling their stories now for the first time. “Very very self-conscious” or not, Gandolfini seems uniquely suited to hearing them.

Rebecca Dana is a senior correspondent for The Daily Beast. A former editor and reporter for the Wall Street Journal, she has also written for the New York Times, the New York Observer,
Peter Barglow. “We Can’t Treat Soldiers’ PTSD Without a Better Diagnosis.” *Skeptical Inquirer* (May-June 2012). PTSD is accepted by the VA, but it does not meet the criteria for a real psychiatric-medical disease.