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THE STRESS EPIDEMIC – IS IT REAL, OR A MEDIA MIRAGE?

KEY WORDS: *Diseases of Workers*, fullers and "being on "tenterhooks", diseases of religious sisters and Jewish professions, repetitive hand motions and word processing, Samuel Pepys, *Work Stress: The Making of a Modern Epidemic*, *Healthy Work*, shell shock, General George Patton, Senator John Kerry, SSRIs, 9/11 disaster and PTSD.

One of the most frequent questions reporters ask is, "Why are people more stressed now than ever before?" — as if it were a foregone conclusion that is universally accepted. What usually follows is "Why are stress levels increasing?" and/or "What can be done about it?" They often cite studies showing that stress levels seem to be rising in various diverse demographic groups for different reasons. Numerous surveys state that occupational pressures are far and away the leading source of stress for American adults and that job stress has steadily risen over the past four decades.

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Children and teens are allegedly more stressed because of greater exposure to violence on TV and peer pressures that increase substance abuse and other unhealthy lifestyles. Since the elderly are living much longer, many more are developing Alzheimer's and disabling diseases. This creates additional stress for relatives, friends and caregivers. All of the above groups as well as others also suffer from the erosion of family values and the loss of the powerful stress buffering effects of strong social support.

But how accurate and reliable are these reports and surveys? From what we have learned about the deleterious effects of stress on health, life expectancy in the U.S. should be plummeting, rather than now rising to its highest level. Is there really more job stress now than ever before?

The Job Stress Health Crisis And Bernardino Ramazzini

More research and conferences have been devoted to occupational pressures than any other source of stress. In recent years, *Time* Magazine emphasized the seriousness of the problem and its adverse health effects in a 1983 cover story, "Stress: Can We Cope?". A 1992 United Nations Report referred to **job stress as "The 20th Century Epidemic", and in 1996, the World Health Organization called it "A World Wide Epidemic". But surveys show that the problem has steadily worsened since then - so how high is up?** We seem to be running out of adjectives.

The observation that certain occupations are stressful and/or associated with significant health hazards is hardly new. Early Egyptian papyruses show how miners tried to avoid the harmful effects of dust by wrapping themselves in sacks and using crude masks made of pig bladder. In ancient Greece and Rome, Hippocrates wrote about the varied hardships associated with being a miner, gardener, porter or sailor and Pliny described the injuries seen in workers who exposed to mercury and sulphur. Juvenal and Plautus directed their attention to blacksmiths and tailors and Celsus and Galen also wrote about these and other occupations. Many medieval cities had statutes regulating the work of bakers, tanners, millers, and butchers, and even kept records of the health of these and other workers. This led to the formation of guilds that provided some form of assistance or insurance to protect its members from disease and death. In 1556, Georgius Agricola described work conditions in underground mines and in smelters in his *De re Metallica*, and proposed preventive measures such as improved ventilation and wearing a handkerchief over the face. Around the same time, Paracelsus also meticulously detailed diseases of miners due to harmful working conditions. His dissertation on pneumoconiosis was an accurate description of this and related pulmonary disorders and was one of the first monographs devoted to occupational diseases.

However, the real Father of Occupational Health, as well as ergonomics, was the Italian physician, Bernardino Ramazzini. After studying philosophy and medicine for seven years, he received his doctorate in both from the University of Parma in 1659. He then continued his medical education in Rome under the leading physician of his day but contracted malaria and returned to his native town of Carpi, where he studied the health effects of various trades. He continued these investigations after being appointed in 1682 to establish and chair a Department of Medicine at the University of Modena. He wrote many papers describing the epidemic diseases seen in humans and animals in the surrounding area and remained in Modena until 1700, when he was invited to head the department of practical medicine in Padua, which had the most famous medical faculty in the country. 1700 was also the year that he published his famous *De Morbis Artificum Diatriba*

frames known as tenterhooks, to which it was attached by tenterhooks. Hence the phrase "*being on tenterhooks*", which means being held in suspense.



Engraving of Scotswomen waulking or fulling cloth, c. 1770

Originally, fuller meant pounding the cloth with the feet, and in some parts of the world, fullers were called walkers. In Roman times, fulling was conducted by slaves standing ankle deep in tubs of human urine and cloth. Urine was so important to the fulling business that urine was taxed. Urine (known as 'wash') was a source of ammonium salts, and assisted in cleansing the cloth. Fuller's earth, a soft clay-like material containing aluminum silicate was used as 'wash' in medieval times and was later replaced by soap. If you think your job is tough, would you trade places with the ladies to the left?

Ramazzini was shocked by the tight and poorly aerated and lit working space of some occupations and noted their association with vision problems, headaches and hoarseness. Some of his other observations include:

Miners - The mortality of those who dig minerals is very great, and women who marry men of this sort marry again and again. According to Agricola, at the mines in the Carpathian Mountains, women have been known to marry seven times.

Sedentary jobs -All sedentary workers suffer from the itch, are a bad colour, and in poor condition . . . for when the body is not kept moving the blood becomes tainted, its waste matter lodges in the skin, and the condition of the whole body deteriorates.

Unusual postures or positions -I have seen workers in whom certain morbid affections gradually arise from some particular posture of the limbs or unnatural movements of the body called for while they work. Such are the workers who all day stand or sit, stoop or are bent double, who run or ride or exercise their bodies in all sorts of excess ways. . . . the harvest of diseases reaped by certain workers from irregular motions in unnatural postures of the body.

Standing Those who work standing, carpenters, sawyers, carvers, blacksmiths, masons, are liable to varicose veins because the strain on the muscles is such that the circulation of the blood is retarded. Standing even for a short time proves exhausting compared with walking and running though it be for a long time. . . . Nature delights and is restored by alternating and varied actions.

Sitting - Those who sit at their work suffer from their own particular diseases. As noted back in Roman times by the learned slave Plautus, 'sitting hurts your loins, staring, your eyes.'

Repetitive hand motions - I have noticed bakers with swelled hands, and painful, too; in fact the hands of all such workers become much thickened by the constant pressure of kneading the dough.

Word processing - The maladies that affect the clerks arise from three causes: first, constant sitting; secondly, incessant movement of the hand and always in the same direction; and thirdly, the strain on the mind . . . The incessant driving of the pen over paper causes intense fatigue of the hand and the whole arm because of the continuous strain on the muscles and tendons. An acquaintance of mine, a notary by profession, who, by perpetual writing, began first to complain of an excessive weariness of his whole right arm which could be removed by no medicines, and which was at last succeeded by a perfect palsy of the whole arm. . He learned to write with his left hand, which was soon thereafter seized with the same disorder. (Ramazzini notes that in those days a notary was a type of unusually fast scribe skilled in rapid writing, apparently serving what today would be the court reporter's function.)

In later works, Ramazzini recommended ergonomic and other changes to prevent or reduce disease disability. He was an early proponent of the use of cinchona bark (from which quinine is derived) for the treatment of malaria and among the first to dispute Galen's theory that disruption of the balance between the four humors was the cause of all illnesses.

The causes of workplace stress today are obviously more likely to be perceived emotional or mental threats. This is in contrast to the physical environmental problems described by Ramazzini, that could also be objectively identified and occasionally measured. Are jobs really much more stressful now than ever before, or is this conclusion largely the result of media hype based on self-report? As noted in *Work Stress: The Making of a Modern Epidemic* by Wainwright and Calnan, stress has become a quick and convenient explanation for numerous health problems ranging from the common cold, acne, pimples and rashes, to heart attacks, AIDS and cancer. There is little doubt that stress can contribute to these and many other disorders, but we seem to have gone overboard in making this diagnosis, especially in situations where the cause of the problem is not clear. Stress has also become a euphemism to explain alcoholism, substance abuse and violent acts. It's much more palatable to say "I am suffering from a stress related disorder", than "I am an alcoholic", and premenstrual stress syndrome has been successfully used as a defense for murder and other crimes. One chapter in this book is devoted to debunking claims that job stress markedly increased in the last quarter of the 20th century and critiquing the demand/control and effort/reward techniques to measure job stress.

The most validated scientific studies demonstrating the relationship between high levels of job stress and cardiovascular disease are based on the demand/control model described by Karasek and Theorell in *Healthy Work*.

This posits that job stress is greatest when workers feel they have little control or decision-making latitude, and are subjected to increased demands. Some occupations, such as customer complaint personnel and waitressing are characterized by high demand and little control, whereas others, like being a forest ranger, are the opposite. Nevertheless, many waiters, waitresses and customer complaint personnel enjoy their jobs, while some forest rangers are bored and stressed by their lonely lives. Job stress depends entirely on the person/environment fit. Some Type A's thrive on life in the fast lane, doing several things simultaneously and having lots of responsibilities that would overwhelm most of us, provided they feel in control. They would be severely stressed by a dull assembly line job that involved transferring an object from one moving belt to another over which they had no control. On the other hand, such a job might be ideal for individuals who shun having challenges and responsibilities, and simply want to do something well within their capabilities and to forget about work completely once they leave for home.

Claims that police, teachers, air traffic controllers and other occupations are the most stressful are often self-serving because they are initiated by associations and unions to obtain higher pay or better benefits for their members, and are based solely on anecdotal self reports. Moreover, it is not likely that stress levels are the same for police officers and teachers working in a high crime inner city ghetto location in the Bronx and their counterparts in a peaceful rural Wyoming community. In New York City and other municipalities, the relationship between job stress and heart attacks is so well acknowledged, that any police officer who suffers a coronary event is assumed to have a work related injury and is compensated accordingly, whether it is on or off the job - including fishing while on vacation or gambling in Las Vegas. Paradoxically, studies show that for most police personnel working in dangerous sites, their greatest source of stress is paper work rather than dealing with criminals.

Over the years, we have been asked to prepare lists of the ten most or least stressful jobs for *Time*, *Newsweek* and other publications, but they are of little value because they are based on anecdotal reports and these ratings constantly change. As explained above, work place stress does not depend on the job, but rather the person/environment fit. In addition, for some occupations, such as tax accountants and clothing manufacturers, there are marked seasonal variations. Stock brokers, real estate agents, car dealers, and airlines can go up and down in rankings depending on economic conditions, like spikes and plunges in the Dow- Jones average, the current mortgage meltdown, escalating gasoline prices, and hostile takeovers or mergers that threaten job security. Moreover, media hype plays a major role, and many of these reports are inaccurate and/or self-serving.

PTSD Predicaments - Proving The Diagnosis Is Correct And How To Treat?

A good example of the media's contribution to the stress epidemic is PTSD (Post Traumatic Stress Disorder). This is a new psychiatric diagnosis established in 1980 to describe symptoms seen in Vietnam veterans, such as: depression, detachment, difficulty sleeping, nightmares, outbursts of anger, and disabling recurrent flashbacks of violent events. As noted in a previous Newsletter, this is reminiscent of putting old wine in a new bottle. Homer wrote about PTSD several thousand years ago in describing the disintegration of Achilles following the Trojan War, as did the Greek historian Herodotus in his account of the 490 B.C. battle of Marathon. One of the most comprehensive and compelling accounts can be found in Shakespeare's Henry IV. Samuel Pepys, famous for his diary's dramatic account of the "Black Death" (Bubonic Plague) that killed a third of London's population in 1665, and the Great Fire of London that destroyed most of the city the following year, was probably the first description of PTSD in civilians.

In the 1800's, military doctors started diagnosing soldiers with emotional or mental complaints following the stress of battle as having "exhaustion". Since soldiers were not supposed to show any fear during combat, the preferred treatment was to bring them to the rear for a short period of time and then send them back to the front lines, which was probably the worst thing to do. In 1876 Dr. Mendez DaCosta, a Civil War surgeon, published a paper diagnosing combat veterans with "Soldiers Heart", which included many PTSD complaints that were often associated with disturbances in heart rhythm. Around the same time, a disorder known as "railway spine" with similar symptoms surfaced in England, especially in victims of railway accidents during the early days of the steam engine. Physicians thought that the disorder was due to the "excessive speeds" (about 30 mph) of the trains that the human body could not adapt to, and that the associated intense fear disrupted the nervous system. The "railway spine" diagnosis became very popular because of numerous lawsuit awards, but disappeared by the end of the century when it was replaced by traumatic "hysteria" as a result of the research of Charcot and Freud.

During WWI, overwhelming mental fatigue and various associated symptoms consistent with PTSD were diagnosed as "soldier's heart" and "the effort syndrome". At least 60,000 British troops were affected and 44,000 of these were retired from the military because they could no longer function in combat. The diagnosis "shell shock" also emerged to refer to soldiers with neurological symptoms but no physical injuries, because it was believed that exploding shells had damaged their nervous systems due to changes in local atmospheric pressure. The problem with these diagnoses was that they were considered to be temporary problems that did not warrant long-term treatment. The commanding officer of a U.S. hospital in World War I said "a

war neurosis which persists is not a creditable disease to have ... as it indicates in practically every case a lack of the soldierly qualities which have distinguished the Allied Armies." Another medical officer defined the condition as merely an "escape" from intolerable circumstances, and soldiers with persistent symptoms were viewed as malingerers. Other combat veterans were merely diagnosed with "bad nerves" which not only didn't warrant long-term treatment, but also induced a "get over it" attitude from both the military and medical authorities. **The British Army reportedly executed more than 300 of its own soldiers for cowardice, desertion or insubordination, although it now seems likely that many were suffering from stress due to the horrors of living in trenches with rotting horseflesh, mud, poor food, weapons that would not fire, periodic hand to hand combat, exposure to artillery bombardment, poison gas, and the sheer terror of waiting for death.** Many were unable to fight because they couldn't stop crying and their memory and concentration were so impaired or they were so mentally and physically drained that they were "numb" and barely able to move much less follow commands. Most U.S. troops with such problems were quickly evacuated to hospitals back home because they were a severe drain on morale that might have quickly spread to susceptible comrades. It is estimated that PTSD symptoms were responsible for the evacuation of 10 percent of American enlisted men. In addition to this military embarrassment, there were significant financial costs, since disabled veterans were retired with lifetime pensions and perpetual medical care.

As a result, elaborate efforts were made to screen individuals for combat readiness during World War II to minimize the loss of personnel due to emotional problems. However, this failed miserably, and approximately 300 percent more troops suffered from PTSD complaints compared to World War I. General George Patton lost his command and severely tarnished his distinguished military career after slapping and yelling at two privates with apparent "shell shock", one of whom was actually suffering from malaria. Some psychiatrists have suggested that Patton was suffering from battle fatigue himself. Although the "shell shock" theory of brain injury had been thoroughly discredited, it remained a popular diagnosis in World War II and persisted until PTSD replaced it in 1980. World War II also provided the concept of "combat fatigue", which was present in up to one third of all casualties. By the time of the Vietnam conflict two decades later, military experts had concluded that the moral strength of a soldier was not as important as the length of combat exposure, because even the toughest troops could "break" if exposed to severe or lengthy periods of trauma. As a result, tours of duty were limited to thirteen months, since it was assumed that this lower period of exposure and knowing that the tour was limited would reduce combat fatigue casualties. **This also failed since well over a**

third of returning Vietnam combat veterans continued to suffer from depression, flashbacks and other battle fatigue symptoms.

It was largely because of the Vietnam conflict that PTSD was recognized as a distinct psychiatric disease rather than a syndrome consisting of certain symptoms. The problem was that there was nothing applicable to this in The Diagnostic and Statistical Manual of Mental Disorders (DSM) "bible" that provides the official definition of all mental illnesses. When first published in 1952, what we now call PTSD was called "stress response syndrome" and was caused by "gross stress reaction". In the second 1968 edition (DSM-II), all trauma-related disorders were lumped together under "situational disorders". **But this meant that if symptoms lasted more than 6 months after returning from Vietnam, they were due to a "pre-existing" condition, making it a "transient situational disorder", and the problem was not service connected. The unpopularity of the war and the characterization of returning soldiers as baby killers, rapists, mass murderers and dangerous psychotic freaks resulted in numerous "walking wounded" and quite likely contributed to their high rates of suicide.** After PTSD was listed as a distinct disease in the 1980 DSM-III, it became a political football when attempts were made to draft legislation for reimbursement. The House and Senate could not agree and various veterans organizations had conflicting views about what to do.

Prior legislation proposed in 1973 and 1975 seeking better funding for Vietnam veterans to obtain drug and alcohol rehabilitation and readjustment counseling services passed the Senate on both occasions, However, the House was dominated by World War II veterans who did not believe that Vietnam had produced problems different than they or older veterans had experienced. In addition, the American Legion as well as the Veterans of Foreign Wars, two very politically powerful groups, also lobbied strongly against this legislation. There were numerous heated protests and rallies. John Kerry (now Senator John Kerry) a founder of the Vietnam Veterans Against the War and holder of three Purple Hearts, a Bronze and Silver Star Medal for his Vietnam service duty, reported that **a Minnesota American Legion post excluded Vietnam veterans because they lost the war.** There were numerous concerns and complaints about the 1980 definition of PTSD, and particularly the ease with which malingerers could falsify the diagnosis. As a result, the criteria were tightened in the 1987 revision (DSM-III-R), but abuses persisted. Further attempts were made in the 1994 DSM-IV and a subsequent revision in 2000 but critics were not satisfied.

PTSD symptoms are so common that depressed people who have never faced trauma usually qualify for the condition. In one recent study, almost 80 percent of depressed people had symptoms of post-

traumatic stress even if they could not name a single trauma that could have caused them. Even the chairman of the committee who wrote the latest definition admitted that it was outdated because of the blurred distinction between PTSD and other diagnoses. The DSM-IV editor further stated, "My concern is that it's overused. It started out as combat neuroses for very severely traumatized soldiers, but now it's all over the place." PTSD is increasingly being diagnosed in survivors of the holocaust, hurricanes and other natural disasters, victims of accidents, rape, childhood molestation and other violent crimes. In 1999, the Department of Defense started to require the additional use of the term "combat stress reaction" for Armed Services personnel and this was later changed to "combat operational stress reaction" to show how it differed from other forms of trauma-induced PTSD in civilians. Although there was possibly some slight improvement in identifying individuals at increased risk by the time the U.S. invaded Iraq in 2003, there was no progress in either preventing or treating PTSD. Soldiers with more than one tour were 50% more likely to suffer from combat trauma. Army psychiatrists published a study in the July 1, 2004 *New England Journal of Medicine* that found more than 17% of troops suffered from major depression, generalized anxiety, or PTSD three to four months after returning from Iraq.

Subsequent reports suggest that things may be getting worse. **The Pentagon has diagnosed roughly 40,000 troops with PTSD since 2003. Tens of thousands of others are dealing with it on their own, or will ultimately be diagnosed, since the first signs of the disorder may not appear until flashbacks occur years later.** Since the media has emphasized this delayed diagnosis, numerous new PTSD requests for compensation have been received from Vietnam, Korean and Kuwaiti veterans. That's not surprising since **soldiers diagnosed with PTSD are eligible to receive up to \$2,527.00 a month** and some claims could be retroactive. Suicide rates are also up. Twenty-two soldiers took their own lives in Iraq and Kuwait in 2005, compared with only 11 in 2004. According to an Army report last month, at least 115 soldiers committed suicide last year, including 36 in Iraq and Afghanistan, the highest toll since it started keeping such records in 1980. Nearly 40% of Army suicide victims in 2006 and 2007 had been taking SSRI antidepressants like Prozac and Zoloft.

"America's Medicated Army", Fraud And The Escalating PTSD Price Tag

This brings up other PTSD problems, since combat troops have historically been banned from using such drugs. And soldiers who are younger and healthier on average than the general population, have been prescreened for depression and mental illnesses before enlisting. In November 2006, the Pentagon set a uniform policy for all the services that barred troops from taking older drugs, including "lithium, anticonvulsants and antipsychotics".

This essentially gave the newer SSRI antidepressants and sleeping pills a "green light" without stating this, and both of these are now in widespread use. **SSRIs have not been shown to be useful in PTSD and they have been linked to higher suicide rates, especially in younger patients and are banned in anyone under 18 in U.K.** In 2004, the FDA mandated a "black box" warning that these drugs could increase the risk of suicide in children and adolescents. Last year, they expanded this to 18 to 24-year-olds, the age group at the core of Army personnel. Many now question whether there is a link between the increased use of SSRIs and the rising suicide rates in Iraq and Afghanistan. There have been 164 Army suicides in those countries from the start of the war through 2007, but last year's rate was twice as high compared to 2001. According to a June 5, *Time* magazine cover story entitled "America's Medicated Army"; the Army apparently does not keep or release records of specific medication usage. However, **based on an anonymous survey taken last fall, about 12% of combat troops in Iraq and 17% of those in Afghanistan were taking prescription antidepressants or sleeping pills to help them cope with stress.** Many soldiers would be reluctant to admit this because of the possible adverse repercussions.

The problem is that the Army does not have enough trained personnel to diagnose, much less treat PTSD. Government statistics reveal there were nearly 14,000 newly diagnosed cases in 2007 compared with more than 9,500 new cases the previous year and 1,632 in 2003. As one soldier who spent 15 months in Iraq noted, "In the civilian world, when you have a problem, you go to the doctor, and you have therapy followed up by some medication. In Iraq, you see the doctor only once or twice, but you continue to get drugs constantly". Soldiers are often stationed at outposts so isolated that follow-up visits with counselors are difficult and about a third of those in Afghanistan and Iraq say they can't see a mental-health professional if they need to. When the number of troops in Iraq surged by 30,000 last year, the number of Army mental-health workers remained the same at around 200, making counseling and care even harder to get. **Thus, soldiers continued to take powerful drugs and "There were more than a few convoys going out in a total daze."** Many troops who need help don't get it because it might hurt their chances for promotion and destroy their careers.

The current situation of overload and frustration has also affected caregivers. A 2007 survey revealed that rising "burnout and compassion fatigue" in Iraqi mental-health personnel had necessitated "recent psychiatric evacuations". Things may not be much better here for them or their patients, because of the severe shortage of qualified personnel to provide care. There are also attempts to dispute the diagnosis of PTSD and call it something else. A VA psychologist who coordinates a PTSD clinical

team was recently summoned to Congress to explain an e-mail sent to her staff entitled "Suggestion". In it, she wrote "Given that we are having more and more compensation-seeking veterans, I'd like to suggest that you refrain from giving a diagnosis of PTSD straight out. We really don't or have time to do the extensive testing that should be done to determine PTSD." She suggested that "adjustment disorder" might be more appropriate in many cases since treatment is similar. Veterans have long suspected that the government was trying to reduce costs by assigning a lower disability benefits rating and **a lawsuit filed in San Francisco has accused the VA of misclassifying PTSD claims.**

There is also a second army of 126,000 Americans, Iraqis and other contractors employed by the U. S. in Iraq, many of whom work side-by-side with soldiers and are exposed to the same dangers. Federal law requires employers to provide medical insurance for workers in a war zone and it is estimated that thousands are suffering from PTSD. But of the more than 200 claims filed, most have been denied, leading to lawsuits. One attorney said insurers have challenged almost every claim filed by about 50 clients, even though they paid for medical care involving physical injuries and "The contrast between the way the military and the civilian contractors are handled on PTSD is like night and day." In an unprecedented action, a British soldier serving in Iraq has been awarded £375,000 compensation for post-traumatic stress after witnessing the misfiring of an anti-tank missile that blew off the arm of a nearby comrade. Combat injuries are not eligible for cash compensation but a Ministry of Defense spokesman explained that the April 2003 incident did not take place while fighting the enemy. The injured party received "substantial" compensation and two other soldiers who witnessed the event have also submitted claims. **Nobody knows what the ultimate price tag for our Iraq PTSD veterans will be, but one Harvard economist estimates it could be up to \$650 billion.**

Fraud is a major problem, especially in civilian claims, since everything is based on self-reports that are much easier to fake. The 9/11 World Trade Center disaster resulted in several hundred arrests for attempts to defraud federal relief programs and private charities of millions of dollars and the list keeps growing. **A 41-year-old painter who claimed he was living with such severe pain from injuries that he could never work again, received \$1 million from the September 11 Victims Compensation Fund. Last month, he was sentenced to 2 1/2-years and ordered to pay \$125,000 in restitution because of proof that he had lied.** In a video taken at a wedding showing him dancing to "Stayin Alive", he was twisting his body like a contortionist, grinding with a woman and doing the limbo. Everybody seems to want to get in on the act. **A very recent survey of 11,000 residents living near the World Trade Center**

revealed that one in eight were suffering from PTSD two to three years after the attack. That's higher than the rate for rescue and recovery workers with prolonged direct exposure. Workers' compensation claims must be filed within two years of an accident, but since illness from exposure to ground zero dust could take longer to develop, 10,000 workers have sued for benefits. No proof of any compensable disease was found in a third of those cases that have been adjudicated. A new ruling that just extended the deadline to Sept. 11, 2010, now makes over 30,000 more workers eligible to apply for reimbursement.

Should PTSD Veterans Receive The Purple Heart For Psychic Scars?

The Purple Heart, created by General George Washington in 1782, has historically been limited to those physically wounded or killed in combat. The Army classifies PTSD as an illness, not an injury, which means it doesn't qualify for the honor. However, the Pentagon is now considering this because proponents claim that traumatic brain injury victims have suffered "as much as anybody with a shrapnel wound," and their ineligibility for a Purple Heart "says this is the wound that isn't worthy, and it is." Advocates also believe it would help encourage soldiers with PTSD symptoms who are afraid of being blacklisted and/or jeopardizing their chances for promotion, to obtain much needed mental health assistance.

Traditional veterans' groups don't want the rules loosened. "We vehemently disagree that PTSD is a physical wound that warrants a Purple Heart", according to the head of the Military Order of the Purple Heart, who earned his medal in Vietnam. "We feel that the purity of the medal must be maintained." The American Legion agrees, stating, "Unless PTSD crosses the line and is shown to be an injury—with a direct relationship to the enemy—we support the current policy." A Veterans of Foreign Wars spokesperson likened PTSD to the Gulf War syndrome that afflicted troops following that 1991 conflict. He believes that, "awarding the Purple Heart for PTSD is not consistent with the original purpose and would denigrate the medal."

For more on the eventual outcome of this contentious PTSD saga- stay tuned!

Paul J. Rosch, MD
Editor-in-Chief

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