

Army Brig. Gen. Loree K. Sutton is among the highest-ranking psychiatrists in the U.S. Army. She has served as Director of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury and as special assistant to the assistant secretary of defense for health affairs.

Sutton has more than 20 years of leadership experience encompassing a diverse mix of domains: civilian and military; combat and peacekeeping; command and staff; clinical and academic; and policy and education.

Before becoming the founding director of DCoE, Sutton was commander of the Carl R. Darnall Army Medical Center at Fort Hood, Texas. Her earlier positions include: command surgeon for the U.S. Army Forces Command; commander of the DeWitt Army Community Hospital/Health Care Network; deputy commander for clinical services, General Leonard Wood Army Community Hospital; division surgeon, 4th Infantry Division (Mechanized); and special assistant to the Army surgeon general.

Sutton also served as: a White House fellow and special assistant to the director of the Office of the National Drug Control Program; assistant professor of psychiatry and a disaster medicine consultant at Uniformed Services University of the Health Sciences; chief of inpatient psychiatry at the William Beaumont Medical Center; and division psychiatrist for the 1st Armored Division.

Sutton has served in three locations abroad: Germany; in Iraq in the first Gulf War; and with the Multinational Force and Observers in Sinai, Egypt.

Sutton completed her internship and residency training in psychiatry at Letterman Army Medical Center, located at the Presidio in San Francisco. She holds a medical degree from Loma Linda University and a bachelor of science degree in business administration from Pacific Union College. Board certified by the American Board of Psychiatry and Neurology, Sutton is licensed to practice medicine in California.

In addition, Sutton is a graduate of the U.S. Army Command and General Staff College, and a distinguished graduate of the National War College. She has received numerous awards during her career, including the Legion of Merit, Bronze Star Medal, Defense Meritorious Service Medal, and the Order of Military Medical Merit.

Here, on behalf of *EP* magazine, Robert Cancro, MD, talks to Sutton about the unseen wounds of war facing the men and women of our military (traumatic brain injury and post traumatic stress disorder), overcoming the stigma associated with these conditions, treatment options available through the DCoE, the role of the military family in recovery, and more.

An Interview With Brigadier General Loree K. Sutton

Conducted by Robert Cancro, MD



Dr. Cancro: The fact that a clinical psychiatrist has risen to the rank of Brigadier General may say something about the military's changed view of battlefield injury?

Brig. Gen. Loree K. Sutton (BGS): While I am privileged to follow in the footsteps of numerous military psychiatrists who have attained flag rank over the years, this is indeed a

threshold moment in military medicine. The unseen wounds of war such as post traumatic stress disorder (PTSD) and concussion, also known as mild traumatic brain injury, are real. Not so long ago, it would have been unthinkable to imagine the Chairman of the Joint Chiefs of Staff, the Secretary of Defense, and military leaders at all levels affirming that the psychological and spiritual wounds of war are on a par with physical combat injuries. In the ninth year of what is now the longest continuous conflict in our nation's history, we are navigating uncharted territory, spanning the continuum of resilience, recovery and reintegration.

Thus, we must be willing to embrace a holistic strategy that transcends stigma among our leadership, service members and their families, discovers next-generation solutions, and translates leading practices for adoption and implementation by the services. As you can well imagine, much work at present is devoted to establishing evidence-based clinical standards of care, including complementary and alternative modalities; developing effective means for disseminating current knowledge through innovative training and education programs; connecting with service members, veterans and their loved ones through 24/7 outreach support, telehealth networks and burgeoning social media outlets; investing in collaborative research efforts to close the existing knowledge gaps; and supporting the Services in sustaining consistent excellence from the point of injury or exposure on the battlefield to the combat support hospital in theater, to Landstuhl for further stabilization and eventual rehabilitation on the home front.

Importantly, we know that much expertise and wisdom resides outside of the federal government within state, regional, and local community-based private sector programs throughout the nation and around the world. Our challenge and opportunity is to leverage this wealth of experience, working in tandem with the VA and our other Federal Partners, to accelerate positive change, advance our knowledge of the human brain, trauma and resilience, and transform our military culture to adopt a public health model empowering community members through trained peer-to-peer models that form the foundation of community resilience in all sectors -- faith, work, school, family, civic, philanthropy, academic and healthcare. This moment in history will not pass our way again—we simply must make it count.

Dr. Cancro: How do we reach the Warrior in the field?

BG Sutton: We must understand that the military represents a select population—one that takes pride in being tough and facing adversity. Recognizing that stigma still exists, we work in support of our senior leaders to transform our military culture from a “suck-it-up-and-drive-on” mindset to adopt the core public health principles of our award-winning Real

Warriors Campaign, which combats the stigma of seeking care for psychological health concerns and TBI. The power of this campaign comes from the fact that it harnesses the experience of real warriors who volunteer to tell their stories. When you visit our website (www.realwarriors.net), you will have the opportunity to view the profiles, download service-specific campaign materials, connect 24/7 via phone, email or chat with our trained coaches, share ideas on message boards, Twitter and Facebook, as well as access accurate and timely information concerning myriad tools and resources.

Another promising public health initiative to assist in overcoming stigma is our Theater of War program, which connects today's troops and their loved ones with the lessons of ancient Greek warrior culture from over 2500 years ago. Classicist and translator, Bryan Doerries directs this production featuring the stories of Ajax, the strongest of Greek warriors, and Philoctetes, a wounded warrior who was abandoned on an island. These stories of resilience, courage and strength - told by luminaries such as Paul Giamatti, David Straithairn, Jeffrey Lloyd Wright, Arliss Howard and others—forge a bond between individuals as fellow human beings. The message is simple yet powerful—you are not alone. . . You are not alone in this place, across our country or throughout the tides of history... The unseen wounds of war are real... Treatment works—early intervention is best... And, lastly, reaching out is an act of courage and strength. Praised by leaders, troops and family members alike, this experience offers a novel way to overcome stigma and sustain hope.

Dr. Cancro: It would seem that a better understanding of how the nervous system operates should be of great use in reducing stigma and developing new modalities of intervention.

BG Sutton: Indeed, we are learning so much about the inter-relationships of the autonomic nervous system with respect to trauma, resilience, and the brain. The reciprocal relationship between the sympathetic and parasympathetic branches (acting as the body's “accelerator” and “brake,” respectively, maintain essential homeostasis and balance. When life-threatening trauma strikes, the amygdale (acting as the body's “smoke detector”) signals an automatic fight, flight or freeze response that can yield nervous system dysregulation - marked by hyper and/or hypo-arousal—and result in significant and, at times, overwhelming distress. Our emerging neuroscience knowledge base is yielding approaches that empower individuals to “reset” their resilience zone and leverage our inherent human capacity to heal, grow and thrive. These somatic-focused tools augment the established clinical modalities such as cognitive behavioral therapy and prolonged exposure—and, yes, we still have much more to learn.

The Unseen Wounds of War

Dr. Cancro: Dr. Hans Selye, a Canadian endocrinologist who pioneered our understanding of the human response to stressors, wrote about these issues many years ago.

BG Sutton: This is an intriguing point—as Selye has noted, his original work was mistakenly translated in that his intended term was “strain” as opposed to “stress.” He recognized the importance of the autonomic nervous system in dealing with stress and preventing its translation into strain. Further, he conceptualized the sympathetic nervous system in its role as accelerator and the parasympathetic nervous system as brake. This is clearly an oversimplification but is nonetheless useful for individuals to understand what they are experiencing in common terms. Is the accelerator stuck or is the brake stuck? Tracking somatic sensations and applying mindfulness and meditation techniques are yielding promising results that allow the traumatized individual to heal from the inside out and draw strength, purpose and meaning from even the most harrowing of experiences. It is important for leaders, troops and families to understand the normal human responses to stress, strain and trauma. As importantly, we must—as a society—accept that seeking help is an act of courage and strength.

Dr. Cancro: This is a good transition to understanding the importance of family and community support. What do we know about the needs of military families?

BG Sutton: The role of our families is indeed a vital source of strength—and much is being done to both recognize their contributions as well as to anticipate and support their unique needs. While some families are fortunate enough to live in a large military community with organized programs and resources, many do not. Families living in remote areas or those, like most of our National Guard and Reserve families, who are dispersed in communities throughout the country can often experience isolation and even become stigmatized within their communities by those who oppose the US role in the current conflicts. For children, the pressures are real as well. We must keep in mind that today’s high school seniors were 9 or 10 years old when 9/11 happened—thus, their formative middle and high school years have been immersed with deployment stress, parental separation, family coping, and the worries of war. Further, the military family must be understood on a developmental continuum, ranging from junior enlisted troops who, whether single or recently married, are frequently just out of high school and away from home for the first time, to mid-career families and/ or single officers and NCOs who have experienced multiple deployments, to senior families whose children have already left home and whose members may be caring for aging parents as well as families belonging to their spouse’s deployed unit. Recent research studies on military families conducted by organizations such

as the Rand Corporation and others devoted to this important area of knowledge are expanding our awareness and informing our actions at all levels. Critical to our understanding of family needs, of course, is the imperative to give families a place at the policy table—to listen to their voices, respect their unique strengths and challenges and to take action with focused urgency to achieve real results.

Dr. Cancro: What can be done to assist the families, particularly those with young children and modest means, who are undergoing these very unusual demands?

BG Sutton: In response to the tremendous outpouring of Congressional support, military outreach, and national concern, military family support programs have markedly proliferated over the past several years. These endeavors range from enhanced military readiness group support to increased availability of a broad range of medical/mental health/ wellness services to embedded community military family life counselors to chaplain/spiritual retreat conferences and pastoral counseling to school-based, peer-to-peer and teen outreach programs to parental respite services and many others. The challenge now becomes that of evaluating the effectiveness of these programs so that we may both simplify and synchronize efforts to achieve maximal positive impact. We know that service members often bring war back to the home front, where family members have likewise adapted to life during deployment... War changes everyone. Despite the difficulties of reintegrating individuals, families, units and communities, many do grow from even the most harrowing and traumatic of experiences to become stronger and more compassionate, capable, and committed human beings.

Dr. Cancro: Is there anything else that you would like to add?

BG Sutton: Very briefly, let me close by expressing my heartfelt gratitude for your commitment to and support of our military family... It makes a huge difference to each of us in uniform, knowing that committed citizens around the country recognize our unique role and appreciate our service. We are truly blessed to join together and work for the greater good. This is our national challenge—we are all in this together... Perhaps that is the greatest blessing of all. •

Dr. Robert Cancro, MD, Med.D.Sc., is retired Chairman of the Department of Psychiatry at the New York University (NYU) School of Medicine where he had served since 1976, and is also retired Director of the Nathan Kline Institute for Psychiatric Research (NKI). He continues as a Professor of Psychiatry at NYU. Dr. Cancro’s major academic interest has been in the area of psychoses during his extensive career.

Additional reporting by Lorraine Cancro, MSW