



Solomon (seated at right) and his siblings. His brother, William, is standing behind him.

Finding Solomon - How Undiagnosed PTSD Clouded a Veteran's Role in His Family

by Claire Henline
Photos courtesy Claire Henline

*We fools accounted his life madness, and his end to be without honour:
How is he numbered among the children of God, and his lot is among the saints!
Wisdom of Solomon 5:4-5*

He had been named Solomon, after the wise Old Testament King; a name that denotes sanity and good judgment. He earned the nickname, Dote, after the archaic word for a crazy person, someone who exhibits mental decline. Bookmarked in family history as a “ne’er do well” by a justifiably upset mother-in-law, what passed down to the generations about Solomon was brief mention of an errant man who neglected a wife and children. The wife died young and the grief of her family was laid at Solomon’s feet in the form of blame. He was said to be haunted by the sound of his dead wife doing chores around the home. He retreated; the children were raised by their maternal grandmother. Solomon lived out his final days at the Home for Disabled Soldiers and Sailors, occasionally visited by grandchildren who recalled his penchant for cigars. For most of my life, the summation of a mentally “not right” cigar lover was all I knew of my great-great-great-grandfather. Then I discovered a record of him that seemed to previously slip the cracks of mention and then memory and one which could account for the Dote side of Solomon — his Civil War record.

Company H, 11th New Jersey Volunteer Infantry Regiment, 1st Brigade, 2nd Division, III Corps, Army of the Potomac:

He was about 17 years old when he enlisted in a regiment that would see more than its fair share of battle. An uneventful start to his enlistment began by chance right here in Alexandria, Va., near my home and at the site of my first archaeological excavation — Fort Ellsworth (present day site of the George Washington Masonic Memorial). There, the 11th New Jersey — along with many Union

regiments — bivouacked after occupying Alexandria and Arlington on the heels of Virginia’s secession. Here they lived a boy-scout-like camp life for a few months before the heart of the conflict began.

By the time of his discharge in 1865, Solomon was a 20-year-old veteran of Fredericksburg, Chancellorsville, and Gettysburg and a survivor of Andersonville Prison. I knew enough of these locus sancti through growing up

in Virginia and in a military culture with a fixation of the Civil War to know these were heavy casualty sites. I knew more still of the nature of war both as an Army brat and through years of research while conducting archaeology projects at Civil War sites as to imagine very well what Solomon experienced. Where imagination fails graphic movies and television series such as *Gettysburg*, *Gods and Generals*, *Cold Mountain*, *Andersonville*, and *Ken Burns’ Civil War* fill in well. “It is well that war is so terrible,” famously noted General Robert E. Lee, “lest we should grow too fond of it.”

In case you think this was a common record for a regiment, compare it to another ancestor of mine who joined the 27th New Jersey, did guard duty around Washington, D.C. for less than one year and went home when his short enlistment was complete. He may have never even fired a round outside of drill. No, Solomon’s experience was singular not just in the wealth of epic battles in which he participated, but where in the order of battle his regiment took part.

Gettysburg, the bloodiest battle of the war, stands out in particular as horrific for Solomon. Part of Daniel Sickles’ III Corps, the 11th New Jersey would have been a part of the blaring error Sickles made when he disobeyed orders and moved his men a mile forward of the Union line. Totally exposed,

Solomon's Civil War pension card.

Cannon, Solomon G

Private

June 17, '62

June 17, '62

3 Yrs

July 23, '65

Discharged at U. S. Army Gen. Hosp., York, Pa., Tel. Ins., War Dept., A. G. O., Washington, D. C., May 12, '65; paroled prisoner.

they became easy fodder for Longstreet's Division. The 11th New Jersey sustained an over 60 percent casualty rate, and every officer who took command that day was successively killed or wounded as the men went up against the Mississippians of Barksdale's brigade. Sickles' mistake cost his corps so highly in casualties as to render them useless on the final day of battle.

Sickles, who prior to the war, ironically became the first defendant to successfully plead temporary insanity following his murder charge in the killing of Francis Scott Key's son, may have led many a young man into a heavy dose of Post Traumatic Stress at Gettysburg. For insubordination, near slaughter of his corps, and ultimate relief of command, Sickles — minus the leg he lost in the battle — somehow earned a Medal of Honor.



The Klingel family farm site at Gettysburg where near which his regiment fought.

Solomon survived this hell only to go on to the next hell — Andersonville — where one in three prisoners died because of starvation, malnutrition, diarrhea, disease, abuse and executions from guards. And yet somehow, he made it out alive, though forever changed. Solomon's mind was rattled.

Returning home to New Jersey in the summer of 1865, he married and had children. His older brother, William, a sharpshooter during the war who lost an arm, seemed to reintegrate well back into society. There really was no alternative for these veterans though. You were expected to come home and get back to life as "normal."

Yet something was never quite right for Solomon. He was a haunted man even before he imagined his deceased wife haunting him. Nothing was known of or done for the men who returned with combat stress reactions. In general, any hint of psychological disorders was not openly discussed but instead hidden by families — to include mine. There was certainly no help or coping for someone like Solomon, who left a field of battle and a prison to take on the role of father of five. There were no resources, either, for his family who no doubt suffered the stress reactions of the man who became Dote. Any sign of imbalance only made it easier for his mother-in-law to paint him in negative light; and

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Government Supports Early Intervention for Psychological Health Concerns in Defense Bill

By Jayne Davis, DCoE Strategic Communications

The **National Defense Authorization Act for Fiscal Year 2012**, signed by President Barack Obama on Dec. 31, authorizes the budget and provisions for the defense of the United States to include, among other issues, critical programs for service members and their families. The act includes two new provisions that affirm the importance of early intervention for psychological health concerns for service members. The purpose of these provisions is to identify those in need of care and treatment for post-traumatic stress disorder, suicidal tendencies and other behavioral health concerns.

The first provision applies to active-duty service members and requires the Defense Department to provide psychological health assessments at prescribed intervals. All service members scheduled to deploy will be given a person-to-person assessment within 120 days of being deployed in support of a contingency operation.

Each subsequent person-to-person assessment will be provided as follows:

- Once between 90-180 days after redeployment from the operation
- Once between 180 days -one year after redeployment from the operation unless discharged or released from the armed services
- Once between 18-30 months after redeployment from the operation unless discharged or released from the armed services

Beyond the initial assessment, if the service member is not exposed to operational risk factors during deployment or if undertaking an assessment would remove the member from forward deployment or put members or operational objectives at risk, the service member is not required to take the subsequent assessments.

The act is careful in stating that all assessments be performed by licensed mental health professionals and include a person-to-person dialogue if applicable to determine who is in need of psychological health care. Privacy and consistency in performing the assessments are emphasized as well as incorporating relevant health records of service members while still in service. Service members will be notified before taking any assessment of protocols that allow confidential information from the assessments to be shared with the Department of Veterans Affairs (VA) to ensure continuity of care in the transition of care from the Defense Department to the VA.

The second provision applies to reserve component members performing inactive-duty training. It allows for access to psychological health assessments with a licensed psychological health professional during scheduled annual or individual training periods at no cost to the service member.

It further emphasizes that while participating in training exercises, reserve component members have access to behavioral health support programs that must include one or more of the following elements:

- Licensed psychological health care providers
- Suicide prevention and post-suicide response training
- Psychological health programs

"New provisions in the act give health care providers the opportunity to more frequently assess and then react as needed to psychological and behavioral concerns of service members and then to also engage them in personal dialogue," said Col. Christopher Robinson, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, deputy director for psychological health. "Health care providers will then be able to identify these concerns earlier in their development, reduce stigma and promote appropriate help-seeking behaviors."

