

# US soldiers in Iraq suffer horrific brain and mental injuries

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According to official figures, the Iraq war has so far seen 9,000 US soldiers wounded in action, in addition to the more than 1,200 troops killed. These wounded, whose numbers may well be underestimated, include those with gunshot and shrapnel wounds, lost limbs and other injuries caused by landmines and bombs. Less well known, however, is the terrible toll enacted through brain and psychological injuries, which frequently have devastating and permanent effects.

The war has seen unusually high rates of traumatic brain injury (TBI). This head injury causes life-long damage in many cases. Symptoms include memory loss, difficulty with attention and reasoning, headaches, confusion, anxiety, irritability and depression.

TBI rates in previous wars have been estimated at about 20 percent. In July, a *San Francisco Chronicle* survey of troops being processed through Walter Reed Army Medical Hospital in Washington DC indicated that as many as two-thirds of all soldiers wounded in Iraq suffer from the condition.

The increase in brain injury cases is largely due to the advanced body armor and helmets now used by US forces. As the death rate of wounded troops has declined compared to previous conflicts, the rate of TBI has shot up. The nature of the Iraq war has also increased the number of brain injuries. Rocket propelled grenades, mortars, and other explosive devices cause concussive shock blasts damaging to the brain.

Traumatic brain injury often goes undetected until the affected soldier returns home and his or her family notices that something is wrong. The *San Francisco Chronicle* reported on the case of Sgt. 1st Class Alec Giess, of the Oregon National Guard, whose truck rolled over him as it crashed while avoiding a suspected land mine:

“Geiss’ wife, Shana, noticed after his return that the easygoing, relaxed dad who went to Iraq had become a quick-tempered man who couldn’t remember the family’s daily schedule, jumped up screaming when the family cat landed on his bed and couldn’t tolerate crowds. The world inside his head, Giess said, was even stranger: he felt bewildered,

with no sense of time other than ‘daytime’ and ‘nighttime.’ He also felt cut off from his emotions. ‘When my kids come and hug me, I don’t feel a thing,’ he said.”

Many other incidents of TBI are even more severe. *ABC News* reported last month on the situation in one Veterans Affairs hospital in Palo Alto, California. “The majority of [TBI patients], they’re incontinent, both bowel and bladder, so we have to retrain them when to use the toilet, how to use the toilet,” nurse manager Stephanie Alvarez said.

Each patient at the facility is given a “memory book,” which describes that day’s schedule, and other important information. For many wounded soldiers this includes a reminder of why they are in hospital. “I had a head injury from an explosion in Iraq on June 14, 2004,” one soldier’s book read.

The US military is also experiencing a very high rate of post-traumatic stress disorder (PTSD) among troops. Many of the symptoms are similar to traumatic brain injury. Post-traumatic stress disorder sufferers can experience feelings of detachment and isolation, poor concentration and memory, depression, insomnia, flashbacks, as well as headaches, gastrointestinal complaints, and immune system problems. Like TBI, soldiers suffering from psychological disorders have high rates of alcohol and drug abuse, and suicide.

A study published by the *New England Journal of Medicine* in July found that up to 17 percent of the surveyed Iraq veterans suffered from PTSD, generalized anxiety, or major depression. This probably underestimated the true scale of the problem, since the soldiers in the study served in the early phase of the war, before the Iraqi resistance really intensified.

“The bad news is that the study underestimated the prevalence of what we are going to see down the road,” Dr. Matthew J. Friedman, executive director of the Veterans Affairs (VA) national center for post-traumatic stress disorder, told the *Los Angeles Times* last Sunday. “The complexion of the war has changed into a grueling counterinsurgency. And that may be very important in terms of the potential toxicity of this combat experience.”

“This is urban warfare,” declared Dr. Alfonso Bates, the VA’s national director for readjustment counseling. “There’s no place to hide in Iraq. Whether you’re driving a truck or you’re a cook, everyone is exposed to extreme stress on a daily basis.”

There have been at least 30 reported suicides among soldiers in Iraq—a rate nearly one-third higher than the Army’s historical average. Many more suicides occur in the US by those who have finished their tour of duty, but since the Pentagon does not track these incidents the number is not known.

Associated Press, however, reported on October 18 that at least 12 Marines had killed themselves after returning from Iraq or Afghanistan. “Military people are heavily vetted for any psychological problems before they enter the service,” noted Steve Robinson, executive director of the National Gulf War Resource Center. “They’re screened very well when they come in, and they’re supposed to be screened very well when they leave. So when a Marine takes the ultimate step of checking out by taking his own life, it should make the hair on the back of your neck stand up. These are the guys who aren’t supposed to do that.”

There is mounting evidence that the rate of suicide and psychological disorders is at least partially due to the brutality of the US-led occupation. Most of those serving in the military were drawn from working class and impoverished rural regions, and enlisted either to get a job or to advance their education.

These young people have been dispatched to a war that was based on a series of flagrant lies, and that violated numerous precepts of international law. They are now being ordered to intimidate and terrorize the Iraqi people, and to crush any resistance to the occupation and Iyad Allawi’s stooge interim government. The killing and brutalization of the Iraqi people has triggered guilt, shame and serious psychological problems for many soldiers.

Last month Associated Press reported the case of Jeffrey Lucey, a 23-year-old Marine who suffered from serious depression and became dependent on alcohol after returning from Iraq in July 2003. On Christmas Eve he told his sister how he had been ordered to shoot two unarmed Iraqi soldiers. “He took off two dog tags around his neck, then threw them at me and said, ‘Don’t you understand? Your brother is a murderer,’” she recalled. Lucey killed himself in June.

Former Army sergeant, Matt La Branche, told the *Los Angeles Times* that the memories of his nine-month stint as a machine-gunner in Iraq left him “feeling dead inside.” He constantly struggles with the image of the Iraqi woman who died in his arms after he had shot her. The woman’s children were also wounded in the incident. “I’m taking enough

drugs to sedate an elephant, and I still wake up dreaming about it,” he said.

Affected soldiers receive grossly inadequate treatment from the military establishment. Brain trauma and psychological injuries often require months of expensive and intensive rehabilitation, long-term drug therapy and psychological counseling. Facilities that were already underfunded and overstretched are now at breaking point.

Receiving treatment is especially difficult for sufferers of PTSD. Army psychologists are pressured to get their patients back out in the field as soon as possible, while the macho culture cultivated within the ranks leads many soldiers to deny that they have a problem. The *New England Journal of Medicine* study found that less than half of all soldiers affected by PTSD sought treatment, fearing stigmatization or damage to their careers.

Officials also leave many families of PTSD sufferers completely unprepared for the shock of having to deal with the condition. One woman told the *New Yorker* how she had been advised prior to the return of her husband from Iraq: “When he was coming home, the Army gave us little cards that said things like ‘Watch for psychotic episodes’ and ‘Is he drinking too much?’ A lot of wives said it was a joke. They had a lady come from the psych ward, who said—and I’m serious—‘Don’t call us unless your husband is waking you up in the middle of the night with a knife at your throat.’ Or, ‘Don’t call us unless he actually chokes you, unless you pass out. He’ll have flashbacks. It’s normal.’”

Such treatment is indicative of the way in which tens of thousands of young people are being used as cannon fodder in Iraq. Responsibility for their suffering rests with the criminals in the White House who launched the war of aggression, and more broadly, the entire US political establishment which is united on maintaining the indefinite occupation of Iraq.



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