

An American tragedy—the plight of the US war wounded

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One of the terrible legacies of the criminal wars in Afghanistan and Iraq is the number of maimed, sick or traumatised former US soldiers—many of them just in their twenties—who will require medical assistance for the rest of their lives. For political reasons, the scope of the tragedy is barely being reported despite the impact it is having on a significant layer of young men and women, their families and communities.

Due to improvements in surgical techniques, medicine, body armour and transportation, only nine percent of American casualties in Iraq die from their wounds, compared with 17 percent in Vietnam and 23 percent during World War II. The official US death toll since November 2001 stood at 2,513 as of February 7—261 deaths in Afghanistan and 2,252 deaths in Iraq. The official wounded number stood at 17,096—676 in Afghanistan and 16,420 in Iraq.

The lower death rate compared with previous wars means that soldiers are surviving after suffering horrifying injuries. As many as six percent of all wounded in Iraq who could not return to duty have required amputations, compared with three percent in earlier conflicts. In Army hospitals alone, more than 330 troops have had an arm or leg amputated—53 suffered multiple amputations. The total figure of amputations is likely to be higher. The Marine Corp, which does not release casualty data, has engaged in some of the bloodiest fighting in Iraq and suffered a considerable proportion of US casualties.

In features published on October 25, 2005 and January 31 this year, the *New York Times* has documented the plight of some of the worst cases of wounded soldiers—those who have been classified as “polytrauma” patients. Citing the director of the Veterans hospital in Tampa, Doctor Steven G. Scott, the *Times* reported that the typical polytrauma case had “head injuries, vision and hearing loss, nerve damage, multiple bone fractures, unhealed body wounds, infections and emotional and or

behavioural problems. Some have severed limbs or spinal cords”.

At least 215 soldiers have been treated in four specialist centres dedicated to keeping the most severely wounded alive and rehabilitating them. Several new patients are admitted each week—mainly casualties of roadside bombings in Iraq. Many have major brain damage and have needed to be taught how to speak and walk again, even how to swallow. In a grim indication that the Pentagon has well-advanced plans for future wars, the Department of Veteran Affairs plans to construct 21 more such specialist centres.

One case cited by the *Times* concerned a 29-year-old marine with profound brain injuries, third-degree burns and a damaged nervous system. He and his young wife will require hundreds of thousands of dollars of assistance each year to ensure adequate care and ongoing treatment and rehab.

Paul Pasquina, a military doctor at Walter Reed Hospital, told the *Times* in October 2005: “Someone who loses one limb is a challenge to get back to a meaningful, functional lifestyle. But someone who loses three limbs, on top of other types of soft tissue wounds, fractures, head injuries, spinal cord injury, paralysis...”

Complicating the physical rehabilitation are the emotional and psychological problems provoked by memories of how they were wounded and the extent of their injuries. Doctor Scott told the *Times* last month: “We expect to follow these patients for the rest of their lives. But I have a great deal of concern about our country’s long-term commitment to these individuals. Will the resources be there over time?”

Concern over the long-term fate of the wounded is compounded when the true dimensions of the casualties that have been suffered by the US military in Afghanistan and Iraq are considered. On top of the official figure of close to 20,000 killed or wounded-in-action since

November 2001, there are now tens of thousands of soldiers who have been evacuated from Central Asia or the Middle East for “non-battle injuries” or disease, and tens of thousands more who have developed psychological problems since their return to the United States.

US Transportation Command statistics, cited by journalist Mark Benjamin in a *Salon* article on December 13, showed that at least another 25,289 troops had been evacuated from Afghanistan and Iraq for injuries that were not sustained in combat.

The most recent figures from the US Army Medical Department, for example, show that from March 19, 2003 to November 30, 2005, there had been 21,610 evacuations of Army personnel from Iraq—i.e., the figure does include marine, navy or air force personnel. A total of 6,087 had been evacuated for “non-battle injuries”, such as back injuries, broken bones, soft tissue wounds and sight and hearing defects. Another 12,417 had been evacuated under the category “disease”. The diseases include cases of general surgery, neurological disorders, heart and lung problems and psychiatric illnesses such as depression, suicidal tendencies and post-traumatic stress disorder (PTSD).

The extent of war casualties soars once soldiers return. The number of Afghanistan and Iraq veterans who have sought health care from the Department of Veterans Affairs (VA) has already passed 100,000—or close to one out of every four of the troops who has served in the occupied countries and subsequently left the US military.

An unknown number may be related to what was called Gulf War Syndrome by veterans of the 1991 war—various ailments that some specialists believe have been caused by exposure to depleted uranium or side-effects from anthrax vaccines. By 1999, over 100,000 First Gulf War veterans had sought VA medical treatment for conditions such as leukemia, lung cancer, chronic kidney and liver disorders, respiratory ailments, chronic fatigue, skin spotting and joint pain.

According to VA statistics cited in December by the *Dallas Morning News*, some 9,600 Afghanistan and Iraq veterans were being treated for PTSD. The number who should be receiving treatment for the disorder is believed to be far higher. An Army study published in the *New England Journal of Medicine* found that, due to the stigma that surrounds psychiatric care, only 25 to 50 percent of soldiers who develop PTSD seek assistance. The Defense Department estimates that 18 percent of Iraq veterans and 11 percent of Afghanistan veterans will

develop PTSD symptoms at some point. This suggests that tens of thousands of ex-service personnel may already be attempting to cope by themselves with a highly debilitating disease which can lead to self-harm, emotional crisis, and, in severe cases, suicide or acts of violence.

In the Minnesota town of Hibbing, the local *Daily Tribune* reported this month on an address by a National Guardsman, Keith Huff, who served a year in Iraq and returned in January 2005. Huff told a February Rotary meeting: “We had a hard time adjusting to your world and we felt alienated. I couldn’t tell my wife she was married to a killer and that I was good at it. I had a hard time reengaging in the community. I can’t explain what it was like to be over there and come back.”

An internal army survey, cited in *Stars and Stripes* in December 2005, showed alcohol abuse among returned veterans was 21 percent one year after returning from the war zone; 22 percent suffered from anger and aggression issues; and 15 percent intended to break up with their partner.

The wave of new victims of American militarism arriving home and needing treatment at VA hospitals and clinics comes at a time of growing need of the VA system by veterans of earlier wars. An increased number of veterans of the Vietnam War and the 1991 Gulf War are registering for VA health care, possibly because falling living standards are making more eligible for the means-tested assistance. As well, the surviving veterans of WWII are at an advanced age.

The Bush administration’s proposed budget for the Department of Veterans Affairs in fiscal year 2007 is \$US80.6 billion, with some \$US34.3 billion being requested for health care—an 11 percent increase. The soaring cost of benefits and medical treatment for the war wounded will more than likely be met by cutbacks to other programs, such as Medicare, Medicaid and Social Security.



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