

# Pentagon survey exposes deep demoralization of US occupation troops

## Support for torture, routine abuse of Iraqi civilians

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With the US war in Iraq in its fifth year, more than a third of the American soldiers deployed there condone the torture of captured Iraqis. When torture could result in coerced information, 36 percent of army soldiers and 39 percent of marines support it. These numbers rise when torture is seen as preventing the death of a fellow soldier—44 percent for marines and 41 percent for soldiers.

These chilling statistics are presented in a Pentagon report on the mental health of US troops deployed in Operation Iraqi Freedom (OIF). The Mental Health Advisory Team (MHAT) report surveyed 1,320 soldiers and 447 marines between August and October 2006. While the survey data was issued internally last November 17, it was not made public until last Friday, a month after Defense Secretary Robert Gates extended tours of duty in Iraq and Afghanistan from 12 months to 15 months.

The study exposes the deteriorating behavioral health status of US troops—including depression, anxiety, alcoholism, post-traumatic stress disorder (PTSD), marital problems and suicide. These mental health and personal problems are shown to directly influence the attitudes US soldiers hold toward the Iraqi population—resulting in increasing levels of terror and brutality meted out to civilians.

Asked whether “all non-combatants should be treated with dignity and respect,” less than half of soldiers agreed. Close to a third of all soldiers reported they had insulted or cursed at non-combatants in their presence. Twelve percent of marines and 9 percent of army soldiers said they had unnecessarily damaged or destroyed Iraqi property; 7 percent of marines and 9 percent of soldiers said they had physically hit or kicked civilians.

Taken together, these figures reveal literally hundreds of thousands of incidents in which US troops have abused Iraqi civilians, humiliating and beating them, destroying their homes and inflicting outright torture. There can be no doubt that the self-reporting of such sadistic and illegal activity substantially underestimates the real scope of the violence and cruelty that the American occupation is inflicting upon the population of Iraq. The report goes a long way toward explaining the broad popular support in Iraq for armed resistance to US forces.

That the majority of some 170,000 American troops now deployed in Iraq believe that Iraqi men, women and children have no right to be treated “with dignity and respect” means that the American occupation force sees the entire population as its enemy and treats it accordingly.

The longer and more often troops are deployed—and whether or not they are engaged in day-to-day combat—are direct determinants of increased levels of severe mental health problems among soldiers and a corresponding hostility toward the population. This has ominous implications in light of the Bush administration’s “surge” plan now underway, in which an additional 30,000 US troops have been ordered to Iraq, many of them for a second or third tour of duty.

The Baghdad operation is sending more troops out into neighborhoods where they face an increasingly hostile population. Almost every soldier interviewed by the MHAT survey in 2006 reported being shot at by snipers, and more than three quarters reported being in situations where they thought they could be seriously injured or killed. This can only be increasing under the “surge,” with corresponding violence against civilians.

Interviews from the MHAT study give an indication of the brutality soldiers are witnessing and participating in as part of the war of occupation. Some typical comments:

\* “A friend was liquefied in the driver’s position on a tank, and I saw everything.”

\* “Working to clean out body parts from a blown-up tank.”

\* “My best friend lost his legs in an IED incident.”

\* “I had to police up my friends off the ground because they got blown up.”

\* “Seeing, smelling, touching dead, blown-up people.”

More than 60 percent of soldiers in the study knew someone seriously injured or killed, and more than 50 percent had a member of their own unit become a casualty. Fourteen percent said they were “directly responsible for the death of an enemy combatant.”

Compounding the acute pressures of these combat-related horrors are anxieties soldiers experience due to the uncertainty of whether they will leave Iraq before being killed, or will

return for another tour of duty after their leave. Or as one soldier put it, “Fear that I might not see my wife again, like my fallen comrade.”

Forty percent of OIF soldiers reported being concerned about an uncertain re-deployment date, up 5 percent from soldiers surveyed in the 2004-2006 period. Many soldiers learn of extensions of their 12-month tours from their husbands or wives, who are informed by garrison leaders. Families are thrown into disarray when spouses and children expecting their fathers or mothers to return learn that they are not coming home. Not unexpectedly, 25 percent of soldiers reported some type of marital problem, and 20 percent were currently undergoing divorce.

A study published in the May 15 issue of the *American Journal of Epidemiology* also showed that the reports of emotional, physical and sexual abuse and neglect of children have doubled among military families since deployments began. The victims are typically age four or younger, and the abuser is usually the parent left at home.

The MHAT cites 72 confirmed US soldier suicides in Iraq since the beginning of the war. The majority of these deaths involved single, white, male, junior enlisted soldiers, and all those documented showed the cause of death as a self-inflicted gunshot wound. Statistics from the US Army indicate that a total of 84 active, reserve and National Guard soldiers killed themselves in 2005 (the latest year from which data is available), up from 50 deaths in 2001. Those figures do not include suicides of recently discharged veterans.

The MHAT report notes that the systems used to monitor suicide attempts—the Army Suicide Event Report (ASER), and the Suicide Prevention Committee—are inadequate and have not been proven reliable in the Iraq combat environment.

Not atypical is the case of Spc. David Ramsey, who committed suicide last September 7 after returning from Iraq. Last August, while serving as a hospital nurse in Mosul, he wrote a suicide note, loaded an M-16 and prepared to shoot himself. Instead of going through with it, however, he paged an officer in his unit. After pledging not to kill himself, he was evacuated to Landstuhl, Germany, and eventually sent home.

Two weeks after his arrival at the Fort Lewis army base, he killed himself while on home leave at his parents’ home in nearby Spanaway, Washington. The Madigan Army Medical Center claim they were unaware of his near-suicide attempt in Iraq, and his parents say the army never informed them of it.

Findings from the Walter Reed Army Institute of Research (WRAIR) Land Combat Study show that mental health problems of soldiers returning from Iraq do not “re-set” before they are re-deployed. According to the MHAT study, 21 percent of soldiers deployed to Iraq a second time screened positive for mental health problems (anxiety, depression or PTSD) compared to 9 percent of first-time deployers from the same Basic Training unit.

One of the key recommendations of the MHAT study is to

extend the interval between troop deployments to 18-36 months, or decrease deployment length to allow for additional time following a one-year combat tour. It also recommends that soldiers and marines experiencing high levels of combat receive one month of in-theater recovery time for every three months of combat duty.

It notes that during World War II, entire units were withdrawn from the front lines for months at a time for rest. In Iraq, however, there is no front line for US troops. The entire country is seen as a combat zone, precisely because the American military has been sent to invade and occupy a sovereign country and impose US domination against the will of its people.

The MHAT recommendations, which were presented last November to Gen. George W. Casey, then the senior American commander in Iraq, as well as to Defense Secretary Gates and other Bush administration officials, were kept from the public because they

collided with White House plans to sustain elevated troop levels required for the Baghdad “surge.” In April, Gates announced that the army was increasing combat tours to 15 months, rather than the traditional one-year tour.

Nonetheless, the release of the report now signals a warning from within the military command itself that the kind of deployments required by the Iraqi war and occupation pose the real threat of “breaking” the American army in a way not seen since the disastrous defeat it suffered in Vietnam.

What is revealed in the social attitudes, breakdown in mental health and growing social instability of the American military forces is the rampant demoralization that has characterized every imperialist army engaged in a losing attempt to subdue an occupied population. Support for torture, ostensibly as a means of extracting information, but in reality to exact retribution, is emblematic of this kind of disintegration of military morale.

This trend has been displayed most graphically in the well-publicized atrocities perpetrated against civilians, such as the massacre by US marines in November 2005 of as many as 24 unarmed Iraqis, including 7 women and 3 children in Haditha; or the rape and murder of a young Iraqi woman and 3 members of her family in Mahmoudiya in March 2006 by members of the army’s 101st Airborne Division.

What the Mental Health Advisory Team’s report exposes is that such sadistic behavior on the part of the US troops in Iraq is not an aberration, but an intrinsic feature of colonialist war. The brutality of the military operation is taking a tragic toll on the mental health of the occupying troops, with even more catastrophic consequences for the civilian population.



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