Mounting social distress among returning US troops

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A number of recent reports shed further light on the growing social and public health crisis among US veterans. After serving tours in occupied Iraq and Afghanistan, thousands of troops are returning wounded and psychologically traumatized from the experience. With their needs frequently ill met by the military medical system and confronted with a collapsing economy, data suggest the most disturbed are committing suicide and violent crimes, and suffering homelessness, addiction, and mental illness in record numbers.

On January 13, the *New York Times* published the first part in a series of examinations into killings committed in the United States by returned veterans of the Iraq and Afghanistan wars. Under the title "War Torn," the series examines 121 cases in which Iraq and Afghanistan veterans had committed or were charged with killings, most of them murder, and many linked to post-traumatic stress disorder (PTSD) and consequent substance abuse and domestic distress.

Three-quarters of the veterans involved in the killings compiled by the *Times* were still in the military at the time of the deaths. Nearly a third of the victims were girlfriends or family members, including several shaken babies and young children who were beaten to death. A quarter of the victims were other military personnel.

In 13 of the cases, veterans committed suicide following the killings. Two others were killed by police, and according to media and court reports compiled by the *Times*, several others attempted suicide or expressed the desire to have died in Iraq.

Most of the deaths were gun-related; numerous other cases were stabbings, beatings, and other brutal killings. The *Times* listed 25 veterans charged with murder, manslaughter, or homicide for fatal car crashes stemming from reckless, suicidal, or intoxicated driving.

Common to all the veterans involved were extremely brutalizing experiences during deployment. The paper cited a multitude of cases similar to that of Archie O'Neil, a gunnery sergeant in the Marine Corp stationed at Camp Pendleton, California. After returning from a tour in Iraq, where he had been assigned the task of handling dead bodies, O'Neil exhibited increasing paranoia and symptoms of PTSD. He moved out of his house and into his garage, began eating military M.R.E.s (meals ready to eat) and drinking heavily, wearing camouflage and carrying a gun at all times. In 2004, hours before his redeployment, he shot his girlfriend 11 times.

William Gentry, an Iraq veteran and prosecutor in San Diego, explained, "You are unleashing certain things in a human being we don't allow in civic society, and getting it all back in the box can be difficult for some people."

Indeed, much of military training centers around a deliberate 're-programming' which encourages an "us or them," "whatever it takes" outlook, resulting in behaviors and attitudes that are incompatible with civilian life and deep distrust and confusion among mentally traumatized troops.

Ordered to carry out an illegal occupation of a hostile population, soldiers are trained to regard civilians around every corner as potential threats, to "shoot first, ask questions later," and to regard those captured as less than human. Sadism, misanthropy, and deep distrust are fostered by the nature of the mission. All find their reflections in the atrocities committed during deployment and those committed upon return.

Home on leave from a two-year deployment, 27-year-old Iraq combat veteran and contractor Seth Strasburg similarly found himself unable to lower his alert level. Haunted by the memory of killing an innocent man during his watch one night—and disturbed by the constant questions of civilians back home asking him whether he'd shot anyone—Strasburg took to driving around the rural Nebraska countryside with his gun and body armor. On December 31, 2005, Strasburg shot and killed another young man during a drunken confrontation in his hometown, then drove away, crashed his vehicle and fled on foot into the woods with his gun. He pleaded no contest to manslaughter and gun charges.

According to a letter written to Nebraska state authorities by Strasburg's former platoon leader, Captain Benjamin Tiffner—who the *Times* noted was killed by an improvised explosive device in Baghdad in November—Strasburg needed care for combat trauma caused by following orders. "Seth has been asked and required to do very violent things in defense of his country," Tiffner wrote. "He spent the majority of 2003 to 2005 in Iraq solving very dangerous problems by using violence and the threat of violence as his main tools. He was congratulated and given awards for these actions. This builds in a person the propensity to deal with life's problems through violence and the threat of violence."

Strasburg told the *Times* that during his watch he saw a man with a flour sack he believed was planting an IED. After shooting the man and retrieving the body, he discovered the sack was filled only with gravel.

Epitomizing the character of the occupation and its architects, his chain of command were indifferent to the death. "I reported the kill to the battalion," Strasburg told the paper. "They said, you know: 'Good shot. It's legal. Whatever. Don't worry about it.' After that, it was never mentioned. But, you know, I had some issues with it later."

Other interviews conducted by the paper with lawyers, relatives, prosecutors, and the veterans themselves revealed that few of those involved in the killings had received more than the most cursory health screening at the end of their deployments. "Many displayed

symptoms of combat trauma after their return," the *Times* found, "but they were not evaluated for or received a diagnosis of post-traumatic stress disorder until after they were arrested for homicides."

Using the same research methods on homicide cases involving active-duty military personnel over the six years before and six years after the 2001 invasion of Afghanistan, the *Times* found an 89 percent increase since the war began. Of the 349 war-period cases compiled by the paper—compared to 184 prior to 2001—about three in every four involved Iraq and Afghanistan veterans. This increase occurred even as there have been fewer troops stationed in the US and the overall national homicide rate has been lower on average, the report noted.

The number of such cases is almost certainly higher. No doubt partly in an effort to deny any connection between the war and domestic crimes, neither the Pentagon nor the Justice Department tracks killings by veterans.

The *Times*' list was based on local news reports from around the country, police, military base and court records, supplemented with interviews of the defendants, their families and families of victims, lawyers, and law enforcement. The report notes that because the media does not systematically or thoroughly report killings, "especially in big cities and on military bases," the list most likely represents only "the minimum number of such cases."

The paper noted that the military has long pressured the press to "subordinate whatever slight news value there may be in playing up the ex-service member angle in stories of crime or offense against the peace."

Beyond the violent killings, there are other manifestations of the wars' impact on the military rank and file. Well over 3,900 US military personnel have been killed in Iraq since 2003, and nearly 500 have died in Afghanistan. Tens of thousands have been wounded, many seriously so and in need of lifelong care. Tens of thousands of others suffer from profound mental scars.

According to military statistics, nearly half of active-duty National Guard members, 38 percent of Army soldiers and 31 percent of Marines report mental health problems upon return from tours in the Middle East. PTSD is the most common mental ailment, although research in the past year suggests that traumatic brain injury (TBI) caused by the shock impact of roadside bombs is also prevalent among returning troops.

Military post-deployment screenings have found some 22,000 returned personnel with diagnosable PTSD—four in five of whom had either fired weapons to kill or witnessed someone being killed or wounded—and one in every five returning troops with a traumatic brain injury (TBI). Both injuries can result in profound disorientation, agitation, as well as difficulties with reintegration into civilian life. Many suffering from PTSD and TBI either seek to hide their symptoms out of fear of stigma or of being discharged, or are shunted through the military's medical system and forgotten.

Families or lone veterans are left to contend with the mental damage themselves. Overwhelmingly from lower-income working class backgrounds, military families bear multiple burdens in caring for wounded loved ones: psychological difficulties, alienation and lack of social infrastructure, enormous medical costs, and lost economic livelihoods.

As the general economic situation worsens—job prospects dwindling, cost of living mounting—all these difficulties sharpen and compound one another. Consequently, domestic disturbances, self-medication and drug dependency, homelessness, and incarceration are becoming more and more common.

Washington Post Wednesday, an the internal study found 121 active-duty soldiers committed suicide in 2007, a 20 percent increase over 2006 and the highest level since the Army began keeping suicide records in 1980. Attempted suicides and self-inflicted injuries have increased by 600 percent since 2003. According to the paper, 2,100 active-duty Army personnel intentionally injured or attempted to kill themselves last year.

As revealing as these official figures are, other research suggests they barely brush the surface of the veteran suicide rate in the US. A November CBS News investigation indicated that suicides among non-active duty soldiers and veterans were reaching epidemic proportions since the initiation of the war on terror. Based on a compilation of obituary data from 45 states, CBS calculated that in 2005 alone at least 6,256 veterans committed suicide. This amounts to an average rate of 120 per week, or about 17 every single day.

Factors that have contributed to the historic rise in suicides include recruitment of soldiers who have preexisting psychological problems, widespread prescribing of anti-depressants and other drugs, very long and harrowing deployments, and repeated redeployment even after the soldiers have exhibited signs of mental distress.

Taken together, these incidences bring out in a tragic and concrete way the criminal nature of the "war on terror," and the ruling elite's indifference to the lives of those charged with waging it. Indeed, the public health epidemic developing within the veteran population can only be understood as part of the broader social crisis gripping American society, and as one manifestation of the attacks against the working class as a whole.

For all the invocations of supporting the troops out of the mouths of Democratic and Republican politicians, none are capable of seriously addressing the immediate source of the problems facing veterans—that is, the decline of the dominant position of the US in the world economy, which has compelled its ruling elite to launch its ever-expanding military conquest. While pledging reforms and earmarking minuscule fractions of defense spending for mental health programs, the political establishment is firmly committed to continuing the occupations of Iraq and Afghanistan, and expanding operations into Pakistan and Iran.