

Sharp increase in mental illness among US troops during 2007

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American military personnel deployed to Iraq or Afghanistan are being diagnosed with Post Traumatic Stress Disorder (PTSD) in rapidly increasing numbers, according to statistics released on Tuesday by the US Army Surgeon-General.

In 2003, 1,020 army personnel and 206 marines were diagnosed while on deployment. The figures had climbed to 6,876 and 1,366 by 2006. Last year, PTSD cases leapt to 10,049 and 2,114—ten times the number before the Bush administration launched the invasion of Iraq in 2003.

Including Navy and Air Force cases, 39,366 members of the US military were officially diagnosed as suffering from the debilitating illness between January 1, 2003 and December 31, 2007, during their deployment in Iraq or Afghanistan.

The release of the figures follows testimony in March by Gerald Cross, Deputy Under Secretary for Veterans Health Administration, in a class action against the US government by Veterans for Common Sense and Veterans United for Truth. Cross testified that of 300,000 Afghanistan and Iraq veterans who had been treated in Department of Veterans Affairs (VA) facilities, half were diagnosed with a serious mental illness, including 68,000 with PTSD.

PTSD is defined as a “common anxiety disorder that develops after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened”. Its symptoms—such as flashbacks, nervousness, insomnia and avoidance of contact with others—have been noted among soldiers returning from war for hundreds of years. Sufferers are prone to self-harm, ranging from suicide to substance abuse, as well as to outbursts of aggression against others.

It is no surprise that soldiers who have been sent to fight in the Bush administration’s wars in Afghanistan and Iraq are succumbing at a staggering rate. Few military

experiences can be as traumatic as serving in occupation armies that are hated by the civilian population and targeted by a resistance movement. The troops are encouraged to view everyone—including the old, women and children—as potential insurgents. They live in terror of being captured. Even soldiers in administration and logistical roles live on edge. Nervous or trigger-happy troops have killed civilians as a result.

Where conventional combat has taken place in Iraq, it has involved intense street-to-street fighting, often over weeks. In general, however, there is no frontline or identifiable location of the “enemy”. Most American casualties have been caused by roadside bombs, unseen snipers or helicopter crashes. Tens of thousands of US troops have endured multiple tours of duty in these conditions.

Soldiers are surviving roadside bombings with horrifying injuries, due to advances in medical treatment. Only about 9 percent of American casualties who are not killed outright die from their wounds in Iraq, compared with 17 percent in Vietnam and 23 percent during World War II. Over 3,000 troops have returned from Iraq or Afghanistan with severe brain damage, damaged spinal cords, lost limbs or third degree burns to large parts of their body. In many cases, these injuries will disable them for life.

Better vehicle armour and body protection has meant thousands of American soldiers whose vehicles have been hit by roadside bombs suffered only minor wounds or no obvious injury at all. They have still lived through the trauma of an attack, however, and did not necessarily escape psychological and physical harm.

In April, the Rand Corporation released an estimate, based on surveys of veterans, that of the 1.6 million American military personnel who had served in Afghanistan and Iraq, at least 300,000 are suffering from PTSD or major depression. The Rand think tank also

estimated that as many as 320,000 may have suffered some form of brain damage from explosion blast waves, affecting their long-term cognitive capabilities.

The Army Surgeon-General, Lieutenant General Eric Schoomaker, did not comment on the Rand findings, but he did admit that the official tally of PTSD cases is most likely only the tip of the iceberg. He told journalists on Tuesday: “I think we’re still in the infancy of fully knowing how to track it [PTSD].”

Indicating that he believed that the number was far higher, Schoomaker underscored the relationship between combat deployment and serious mental illness. “We know that human beings exposed to that environment are susceptible to developing symptoms. Soldiers are human beings and they are subject to extreme stress,” he said.

The sharp increase in PTSD cases during 2007 is partly because more soldiers than ever before were in a combat zone as a result of the Bush administration’s “surge” of some 30,000 additional troops to Iraq. In many cases, it was their second, third or even fourth deployment. The fighting in the first eight months of last year was also some of the most intense of the conflict, particularly in Baghdad, Anbar province and Diyala province. Iraqi insurgents made greater use of bombs designed to penetrate armour. More US troops were killed and wounded than in any other year of the war thus far.

The large discrepancy between the official number of PTSD cases and the Rand Corporation estimate is due to lack of diagnosis. Of those surveyed by Rand, half said that a friend of theirs had been killed or wounded; 10 percent had been injured themselves; and 45 percent said they had seen dead or seriously wounded civilians. However, of those who described symptoms of PTSD or depression, only 53 percent had sought medical help. That suggests some 150,000 Afghanistan and Iraq veterans remain undiagnosed.

It is also possible that veterans genuinely afflicted with PTSD have been assessed as suffering milder psychological illnesses such as adjustment disorders or short-term depression for which they do not receive a disability pension. A veterans group exposed earlier this month that a psychologist in a VA clinic in Texas had emailed staff advising them not to diagnosis PTSD as “we are having more and more compensation veterans”. While the case was dismissed as an isolated one, it points to the tremendous pressure applied to VA employees to give out as little as possible in the way of compensation.

Veterans Affairs actually used “budgetary limitations” as one of the government’s defences in the class action

against the slow time taken to process compensation claims. According to attorney Daniel Bensing, the VA received 838,000 new claims in 2007, a 25 percent increase. Much of the increase was due to Vietnam veterans entering the system in larger numbers, but claims by Afghanistan and Iraq vets were a significant proportion.

The veterans groups’ suit, representing some 12,000 individuals, cites estimates that over half a million veterans are waiting for their claims to be acted on, with the process often taking more than 180 days. The class action argues that “a pattern of neglect” puts lives at risk, particularly those of veterans suffering PTSD. The suit presents figures that among the 5.6 million veterans of US wars that were being treated by VA in 2005, 6,250 committed suicide and some 12,000 others attempted suicide.

The Bush administration’s refusal to spend the necessary resources to adequately treat those suffering from PTSD is most poignantly revealed in the tragic stories that appear with increasing frequency in the US media. Case after case has surfaced of veterans of Afghanistan and Iraq taking their own lives while in the grip of severe mental illness.

The *Arizona Republic* reported this month on the recent case of 36-year-old Sergeant Travis Twiggs, a father of two and a marine who did four tours in the two war zones. On May 12, he and his older brother were suspected of a carjacking at the Grand Canyon. Two days later, a police pursuit ended with Twiggs shooting his brother and then turning the gun on himself.

His wife, Kellee Twiggs, explained that he had displayed PTSD symptoms after his second tour but was still sent back on active duty. After his return from his fourth tour, he authored an article on the impact of PTSD for the January edition of the *Marine Corp Gazette*. He wrote: “When I arrived back in the States, it was as though I had never left. All my symptoms were back and now I was in the process of destroying my family.” He had been hospitalised twice but had been discharged on medications to treat his condition.

Kellee Twiggs said: “That’s not what he needed. He needed help.”



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