

Dick Cheney's War Is Driving Troops Crazy

by Carl Osgood

Dick Cheney's war in Iraq is not only imposing life-long costs, resulting from the physical injuries that many soldiers and Marines are suffering in Iraq, it is also leaving serious mental scars on many combat veterans that, like the physical wounds, will have life-long implications. The Defense Department's own reports, which may not even tell the entire story, paint a picture of a problem of huge proportions, and indicate measures needed to reduce the stress on both the force as a whole, and on individual soldiers and Marines. But these measures will not be taken unless there is a change in leadership and policy at the top.

The mental health implications of the war in Iraq are so serious, that House Oversight and Government Reform Committee chairman Henry Waxman (D-Calif.) called it "a public health problem of enormous magnitude," during a hearing on May 24. Waxman put into the hearing record a memorandum from the Los Angeles County Department of Mental Health that reported that some local providers, who work exclusively with veterans of Iraq and Afghanistan, are seeing an incidence rate of mental illness as high as 80%. The memorandum cited one case of a 24-year-old veteran of two tours in Iraq, who came home with post-traumatic stress disorder (PTSD), "and saw his life enter a downward spiral of substance abuse, homelessness and crime." According to the Veterans Health Administration, of the 229,015 veterans of the Iraq and Afghanistan wars that have sought medical care at Veterans Affairs facilities, as of December 2006, 83,889, or 37%, received a diagnosis of, or were evaluated for, a mental disorder. Steve Robinson, an independent consultant on veterans affairs frequently quoted in the press, told *EIR* on June 27 that "the mental health issues coming out of this war are staggering and will outpace anything we've seen since Vietnam."

The military services have been attempting to maintain combat operations and occupation forces in Iraq and Afghanistan on a manpower pool limited by the strictures of the all-volunteer force. That policy was questioned in a remarkable article that appeared in the July-August 2006 issue of *Military Review*, the professional journal of the U.S. Army Combined Arms Center at Fort Leavenworth, Kansas, which argued that the all-volunteer military is a failure, "that awaits truth or tragedy for confirmation." Maj. Gen. Walter L. Stewart, Jr., wrote that the all-volunteer force "relies on fewer and fewer to bear the blood burden of defense, absolves the many of any fiscal,



DoD/Sgt. Jeffrey Alexander

The magnitude of the mental health crisis among Iraq and Afghanistan forces has been dubbed by Rep. Henry Waxman as “enormous,” and by a veterans affairs consultant as “staggering” and outpacing “anything we’ve seen since Vietnam.” Shown here, U.S. forces in Adhamiya, Iraq, May 2007.

physical or mental hardships, and in a dawning age of asymmetric, non-state, and ascendant-state warfare, denies human power in favor of a near mystical belief in technology.” Two reports released by the Pentagon in recent weeks provide evidence that one of the consequences of trying to run these wars with an all-volunteer force is the collapse of the mental health of many of those troops.

The Intensity of Combat

On May 4, the Army released its fourth Mental Health Advisory Team (known as MHAT IV) report, based on anonymous surveys filled out by 1,320 soldiers and Marines who were deployed in Iraq in September of 2006. Among the central findings of the report are:

- those who have deployed to Iraq more than once, report higher acute stress than first-time deployers;
- soldier suicide rates are roughly 50% higher in Iraq than the Army average;
- 10% of soldiers and Marines reported mistreating Iraqi non-combatants, and even more reported that they would not report a fellow soldier or Marine for doing the same.

The report made several recommendations involving improved training and improved access to behavioral health providers; the recommendation that would probably have the greatest impact, but is also least likely to be implemented, is increasing the time between deployments to 18 to 36 months, or decreasing deployment length.

The Army is instead going in the opposite direction. Com-

bat tours in Iraq were recently extended from 12 months to 15 months and Acting Army Secretary Pete Geren has even hinted that tours could be extended to 18 months. Acting Army Surgeon General Maj. Gen. Gale Pollock, briefing reporters on May 4 on the MHAT IV report, acknowledged the point made by others, that the Army is spread very thin, “and we need it to be a larger force for the number of missions that we are being asked to address...” She also acknowledged that because the Army is spread so thin, the recommendation for longer time between deployments was not accepted.

The MHAT IV report makes a related point that shows even further the folly of attempting to run the war the way that the Cheney-Bush Administration has been doing it. The report points out that any time a soldier or Marine leaves his base camp, he or she is immediately “at the front,” and this has “important implications for sustaining their mental health and well being.” The report notes that “a considerable number of soldiers and Marines are conducting combat operations every day of the week, 10-12 hours per day, seven days a week for months on end. At no time in our military history have soldiers and Marines been required to serve on the front line in any war for a period of 6-7 months, let alone a year, without a significant break in order to recover from physical, psychological, and emotional demands that ensue from combat.” The report ridicules the notion that the intensity of combat operations in Iraq is not comparable to that of previous wars. “Being in mortal danger for hours on end, every day of the week, for months at a time is at best physically exhausting and mentally draining.” Add to that, the traumatic experiences that are typical of combat, and “one can then begin to see that there is little distinction between the impact that combat has on the mental health of soldiers and Marines in Iraq and that of other wars the U.S. has fought.”

Insufficient Mental Health Resources

The problems that Waxman, Robinson, and others cited are compounded by the fact that the military services do not have the resources to provide the kind of care that combat veterans need. Another report, that of the Defense Department’s Mental Health Task Force, released on June 15, makes the point: “The single finding that underpins all others in this report is that DoD currently lacks the resources—both funding and personnel—to adequately support the psychological health of service members and their families in peace and conflict.” There simply are not enough mental-health professionals with military qualification available to identify all those who need help, and to give them the help they need. The problem is exacerbated by the fact that mental-health professionals are leaving the military for the same reasons other people are, including the fact that they are also under the same stress of repeated deployments. “The number of active duty mental health professionals is likely to continue to decrease unless incentives change,” the report warns.

The consequence of not having enough mental-health

providers in the military is that people with problems will be dealt with in other ways. Commanders are not educated on the signs and symptoms of mental illness, so they may not recognize problems when they occur. Some commanders may ignore the fact that some of their people should not be deployed. Commanders are under tremendous pressure to provide combat-ready units and do not have time or competence to act as case managers for soldiers in their units who may be having problems related to combat experience. Commanders are then left with the choice of getting rid of a problem soldier so that he or she can be replaced. At that point, the soldier may be placed on medical hold status, or administratively separated from the unit. Trauma-related problems can also manifest themselves as disciplinary problems and commanders tend to respond to such problems with punishment.

The Army has recognized that it has a problem in this area and has begun implementing plans to train every soldier, from senior leaders down to platoon sergeants, to recognize the signs of PTSD. The establishment of “Warrior Transition Units” at Walter Reed Army Medical Center and at other Army hospitals has also made it easier to take soldiers out of their units and put them somewhere where they can get the rehabilitation they need. “It’s a definite improvement” says Robinson, but it took four years and a scandal ignited by the *Washington Post* to get it started.

According to Robinson, the Marines have a bigger problem. He just recently returned from a visit to Camp Pendleton, California, where he found that the Marines have the same problems that the Army does, such as a lack of capacity to handle the demand for mental-health services, but that they are much harder on their people. Because of the lack of resources and the lack of training of leaders, commanders tend to respond to problems resulting from exposure to combat trauma as if they were disciplinary problems. Robinson reported that he was told that Marines have spent up to 72 days in the brig with PTSD without receiving help, “which makes it even worse,” he said. The good news, Robinson said, is that there are leaders in the Marine Corps who recognize that drug and alcohol problems are often related to a Marine’s war experience. The challenge is to institutionalize that recognition throughout the Corps.

Camp Pendleton has issued a statement denying Robinson’s allegations, but the Marine Corps has, in fact, taken some of the same measures that the Army has taken to alleviate problems stemming from exposure to combat trauma. But the issue is structural, and includes how the Bush Administration justified the war to begin with. “When you’re put into a situation where you don’t understand why you’re there, you can’t understand the mission, you can’t find meaning, your tours are getting extended, people are getting killed. . . . It all adds up and it has physical and psychological consequences,” says Robinson. He says the MHAT study bears this out with its finding that a disturbing number of soldiers and Marines in Iraq think it is okay to torture Iraqis under certain circumstances.