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Fort Hood Shooting: Post Traumatic Stress Disorder (PTSD) and the Mental Illness Crisis in the US Armed Forces

Fort Hood General Minimizes Mental Illness in Shooting: A Denial of the Crisis

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Another Fort Hood shooting sadly reminds us all of the consequences of war on the fragile human psyche. Earlier this week the soldier who went on the killing spree murdered three fellow servicemen and then turned the gun on himself. It was learned that his mother a nurse died of a heart attack last November followed by his grandfather's death a month later. Though in the process of being diagnosed with Post Traumatic Stress Disorder (PTSD), the Iraq War combat veteran was already being treated for anxiety and depression with reported effects of Traumatic Brain Injury. But obviously his dire mental and emotional state failed to catch anyone's attention.

The three star General Mark Milley was in front of the cameras yesterday busily doing damage control, insisting that "his underlying medical condition was not a precipitating factor." Convenient for him to say as the obvious ploy to absolve the Army from bearing responsibility for causing Specialist Ivan Lopez to kill. With skyrocketing suicide rates going up with each passing year as the two longest running wars in US history wind down, one in its thirteenth consecutive year, clearly they have taken their toll on the US soldiers sent to fight in harm's way.

No matter how much the US Army feebly attempts to sweep PTSD and mental illness under the rug in this latest tragic incident after a Muslim Army psychiatrist murdered thirteen servicemen at the same Army post in 2009, the commander instead focused on an alleged verbal altercation that spontaneously erupted just prior to the shooting. This is just another lame false excuse denying the epidemic of mental illness so rampantly out of control in the US military today. The last thing the government will admit is sending troops into combat three, four and five times in the last thirteen years as human fodder on two thinning frontlines has created the crisis of soldiers driven over the edge.

More died from suicide in 2012 than fighting in Afghanistan. Once they return home and become civilians they are killing themselves at a rate three times that of military active duty personnel. The Veterans Administration (VA) reported that the suicide rate of veterans aged 18-29 jumped up by 44% in just two years from 2009 to 2011, suggesting that the longer soldiers experience the trauma of war, the more suicidal they become. Veterans are also twice as likely as the civilian population to commit suicide. The suicide rate of soldiers on active duty in just one year from 2011 to 2012 rose 16%. Trying to make sense of these alarming increases, the VA head of military suicide prevention Dr. Jan Kemp alluded to young combat veterans feeling as though they can go it alone in not seeking help.

It seems that the US military and VA are remiss then in not being proactive enough if so many are dying never having sought help. Programs logically should already be in place the moment a soldier returns from combat and continue after care once a civilian. Clearly just as the government failed to foresee the costly quagmires of its incompetent and disastrous war policies, the government is also guilty of not foreseeing the pressing need and demand to properly care for so many damaged soldiers that have been fighting for years at a time with virtually no break. Humans are ill equipped for adjusting to the insanity of war. The plight of the Vietnam War veteran should have provided the heads up lesson of foreseeing the need for far more mental health support services to returning veterans fighting on two decade long warfronts, yet the US failed to learn any lessons at all from that debacle.

Though veterans comprise just 10% of the total US population, of all Americans who commit suicide, veterans comprise 20% of that total. With an average of 22 veterans committing suicide every single day, roughly one every hour, seven days a week, those responsible for the US war machine, the Pentagon, government and corporate war profiteers in the form of the military industrial complex have coldheartedly sacrificed an entire generation of young Americans for the sake of global hegemony and corporate profit.

Rather than take any responsibility for causing so many needless deaths, official spin of propaganda customarily diverts focus to touting exclusively how patriotic and courageous American soldiers pay the ultimate sacrifice for their nation so that those living here at home can enjoy the freedom of democracy. Of course many Americans in uniform do display remarkable courage. But since 9/11 while they have been fighting and dying as unwanted imperialistic occupiers creating a wasteland of death and destruction on foreign soils, by a series of unconstitutional presidential executive orders and oppressive legislation, American civil liberties and freedoms have been virtually eliminated, stolen from US citizens along with over four billion of their taxpaying dollars to immorally finance two devastating war defeats. While corporations make record profits every year and pay virtually zero in taxes, and the super-rich get richer as war profiteers, the middle class has been decimated and the unjust disparity between the rich and the poor only grows exponentially like never before in the United States.

War's damaging effects are not going away any time too soon. The overstretched American Empire agenda has pushed soldiers beyond their limit with multiple combat tours that repeatedly expose servicemen and women to unspeakable horrors that only they can know and bear. The trauma of suddenly seeing one's buddies bleeding to death, blood gushing as they lay dying in their arms, helplessly watching the sacred thread of life fast slipping away, body parts strewn about… these horrific images, sounds and associated emotions never go away.

Then there are the thousands of US soldiers wounded in action, more often with blown off limbs and head trauma resulting from enemy improvised explosive devices (IED's). For those brave men and women in uniform who survive such life threatening traumatic injury, the long excruciatingly horrendous rehabilitative recovery process also leaves deep scars as well. Their trauma manifests as lifelong pictures indelibly imprinted in their minds of the sheer terror, confusion, agony, pain, loss, survivor's guilt and powerful gamut of emotions of the deepest magnitude.

A conservative estimate of 20% of the total 1.7 million men and women serving in Iraq and Afghanistan have been diagnosed with PTSD. Those who experience combat often carry

effects that become a lifetime sentence, haunting them for decades. Experiencing such acute shock and psychic injury permanently alter and restructure brain patterns and cognitive processes that even with years of extensive therapy and support can never be the same.

A recent study from last year confirmed that PTSD effects persist in certain areas of the brain even in non-stressful situations. Brain regions associated with anxiety and fear in particular can suffer lasting damage. The study discovered that the amygdala, the part of the brain that processes fearful and anxious emotions was significantly higher in the combat veterans with PTSD than in the combat veterans without PTSD. The part of the brain sensitive to pain and negative emotions in PTSD veterans also showed abnormally increased activity than non-PTSD veterans. The brain structure separating hemispheres that integrates information from the past to the future remains less active for those with PTSD, and this under activity correlates with re-experiencing traumatic memories, negative emotions and flashbacks.

Subsequent to traumatic injury is a numbing desensitization process that fragments, compartmentalizes, and attempts to manage, control and most often bury the traumatic memories. This automatic defense mechanism operating through denial, repression, projection, and the least harmful sublimation allows PTSD victims to minimally function, but leaves them feeling empty, all too often missing and craving the adrenalin rush and camaraderie of combat, and merely going through the motions of life forever changed never for the better. The inescapable presence of traumatic memories and flashbacks are frequently triggered years and even decades after the traumatic events by thoughts, words evoked by others, sounds, emotions, internal imagery and/or visions and nightmares can all become sudden, intrusive symptomatic reminders of the painful past that cause veterans to relive their traumas.

A rather disturbing finding from a comprehensive study of the US military released one month ago states that of those soldiers who reported suicide attempts, half disclosed that they had attempted prior to enlistment. In comparison to civilians, military personnel also reported higher rates of attention deficit hyperactivity disorder (ADHD), intermittent explosive disorder (recurrent episodes of extreme anger or violence), and substance use disorder again prior to enlistment. This very telling and foreboding statistic indicates psychological instability in soldiers even prior to wearing the uniform. Compound that vulnerability and predisposition for mental illness with the trauma of war combat, and the alarming rates of suicide follow as a natural consequence. The military's desperation for bodies on the two war fronts meant that assessing and screening individuals for mental illness was virtually never done. Between courts giving young offenders the option of either prison or military time and the compromised lack of effective screening for mental and emotional instability amongst recruits placed many individuals unfit to serve much less withstand the stress and trauma of war in a cruel situation set up for failure, not to mention compromising the lives of others in the process.

Turning to veterans' severe condition upon their return as combat trauma victims, typically they attempt to self-medicate their anxiety, depression and post-traumatic symptoms with alcohol and prescription and/or street drugs. Prescription drug abuse doubled amongst the military during the years 2002 to 2005 and nearly tripled from 2005 and 2008, again highly correlating with years of continued combat experience. Returning soldiers three or four months back in the States demonstrated that 27% were assessed and diagnosed with alcohol abuse. In the same study, mental illness (i.e., depression, anxiety disorder, PTSD)

afflicted 42% of returning reservists and 20% of the active duty personnel.

As much effort a PTSD sufferer inflicted with such deep wounds may make trying to control the effects of combat, the memories are virtually never forgotten and at best only fade over time. Memories and associated negative emotions are repeatedly reactivated, abruptly bringing on anxiety, high impulsivity, severe depressed moods, confusion, impaired judgment, potential violence, alcohol/drug abuse, possible psychosis, suicidality, and in rare but increasing cases as at Fort Hood, homicidality.

Hence, prescribed treatment through intensive individual as well as group therapy is essential. Reliving the trauma through talk therapy within the safety and care of a therapeutic setting facilitated by qualified mental health professionals provide necessary containment and support for the healing process to unfold. The capacity of traumatized individuals to express their painful experiences and accompanying emotions through a variety of treatment modalities is key always within a safe environment to produce effective, positive therapeutic outcomes. Individual and group talk therapy are standard along with various supplemental art and music therapies, pain management, journal and/or creative writing, creative imagery, relaxation techniques, and at times depending on severity of symptoms prescribed psychotropic medicine.

Often cognitive-behavioral therapy is utilized to assist the client in gaining self-insight and cognitive coping skills designed to modify and change faulty, self-destructive, irrational and negative thought patterns. By changing one's thoughts and perceptions, replacing them with more positive, realistic thoughts and affirmations through self-talk, PTSD victims can learn to regulate their feelings and emotions that naturally follow and flow from their line of thinking, and thus begin to view themselves differently, not so much as trauma victims but empowered survivors who can ultimately learn to thrive given optimal treatment and support.

Developing and expanding veterans' social support systems are critical. This might consist of couples and/or family therapy, veteran peer support groups, 12-step involvement when addictions are present, and vocational job skills training and employment assistance as well as providing opportunity for higher education.

With this latest shooting, a Department of Defense (DoD) spokesperson stated that as the US transitions to leave Afghanistan and annual budget defense spending is diminishing, the DoD will be allocating increased funding for mental health programs for US soldiers and veterans in anticipation of the exponentially growing demands in the years to come. Yet that seems a contradiction from Obama Administration's proposed defense budget released a month ago calling for military families and retirees to have to pay significantly more for their healthcare while leaving unionized civilian defense workers' benefits untouched.

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His written a manuscript based on his military experience can be consulted at http://www.redredsea.net/westpointhagopian/.

After the military Joachim earned a masters degree in psychology and eventually became a licensed therapist working in the mental health field for more than a quarter century. He has extensive experience treating individuals with PTSD and depression, including military veterans.

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