

## Iraq War Veteran on a Mental-Health Mission

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Chuck Luther, who served 12 years in the military, is a veteran of two deployments to Iraq, where he was a reconnaissance scout in the 1st Cavalry Division. The former sergeant was based at Fort Hood, Texas, where he lives today.

"I see the ugly," Luther told Truthout. "I see soldiers beating their wives and trying to kill themselves all the time, and most folks don't want to look at this, including the military."

Luther, who founded and directs "The Soldier's Advocacy Group of Disposable Warriors," knows about these types of internal problems in the military because he has been through it himself.

The [Web site for the group](#) explains his story:

"SGT Luther unknowingly suffered PTSD [post-traumatic stress disorder] after living in the combat environment. After weeks of suffering with sleepless nights/nightmares, headaches, bouts of anger, lack of focus, weight loss, depression, high stress and extreme exhaustion, SGT Luther sought out his Command for help. Knowing he was not able to perform his daily duties in this state of mind, he'd hoped to be sent for some form of treatment and sent back into battle. Unfortunately, this is not what happened. SGT Luther's chain of command responded with phrases such as, 'Drink water and drive on ...' and told he was 'malingering' and 'faking' his symptoms. After being belittled and stripped of his dignity, still, with no assistance from those in charge, he was then placed on suicide watch and held in an Aid Station for five weeks.

"Those sent to watch over him for potential 'suicide' spoke down to him, and he was not given meals or showers on a regular basis. Even prisoners receive better treatment. SGT Luther was told that if he continued in this manner, he would be discharged from the Army with a Chapter 5-13, Personality Disorder. Because SGT Luther would not give in to the demands of his command to 'drink water and drive on' - knowing he needed some form of treatment, he was brought back to Ft. Hood in July of 2007 where he was quickly discharged with a Personality Disorder. His 12 years of Military Service was ended abruptly with the brush of a Colonel's pen."

The Web site adds:

"After being immediately diagnosed with Combat Stress, Combat Exhaustion, and PTSD by the V.A., which is charged with treating our Veterans, SGT Luther knew he had not been 'faking' and had not been 'malingering' and was finally given a diagnosis - he knew there was a name for his symptoms - PTSD."

Since founding the group, Luther has been on a mission to help other soldiers who have suffered from being undiagnosed, misdiagnosed and mistreated in other ways by the military.

“We are an advocacy group that addresses soldiers’ mistreatment and lack of treatment in the Army,” Luther explains.

According to Luther, the tragedy at Fort Hood on November 5, when Army psychiatrist Maj. Nidal Hasan allegedly went on a shooting rampage, killing 13 people and wounding dozens more, could have easily been avoided.

“The way things are set up right now in the military is that if a soldier gets a chance to go to mental health, which is something military commanders tend to try to prevent from happening in the first place, but if soldiers go, psychologists and psychiatrists address and diagnose their PTSD and write it up, but this does not mean that they will get treatment,” Luther explained to Truthout, “The doctors then send it to command, but that doesn’t mean the soldiers will get treatment. The soldier can push it up to the commander, but the commander can deny it and that’s as high as it gets. Soldiers are listed as not being able to serve by a military doctor, but they are nonetheless medicated and sent out into combat anyway.”

“Examples of how the military is treating soldiers like this are common,” Kathleen Gilbert, co-chair of the Military Law Task Force, told Truthout. Gilbert says that the military is stretched so thin that it is downplaying severe medical conditions of soldiers to keep them eligible for service overseas.

“A lot folks who are under-diagnosed or misdiagnosed are being deployed second and third times,” says Gilbert, “Barrier mechanisms that should prevent this from happening are being routinely ignored ... if someone is on psychotropic medication or is diagnosed with a fresh psychiatric condition, there should be a 90-day observation period and delay, under DOD [Department of Defense] policy.”

Remarkably, the DOD-stipulated 90-day hold period for military personnel on psychotropic medications does not apply to other prevalent medical conditions such as traumatic brain injury (TBI), caused by roadside bombs. [Over 43,000 troops](#) classified as “non-deployable for medical reasons” have been deployed to Iraq and Afghanistan anyway.

Speaking to this, Luther told Truthout, “You can have a whole platoon of PTSD troops serving, because when you have PTSD you learn to be paranoid, angry, and hypervigilant, and these are great tactical skills for a combat soldier ... so they [US Military] medicate them to keep them quiet here, then get them overseas to serve ... then they come back and we have a Major Hasan issue - we knew about his complaints about suffering from secondary PTSD from counseling people with severe PTSD for one and a half years and we didn’t listen to him, and people in the military call him a camel-jockey and look where we’re at now.”

While Major Hasan had never served a combat deployment in Iraq or Afghanistan, it is common, according to Luther, for mental health professionals in the military to suffer from secondary PTSD.

“The big thing now is that we need decompression for our mental health providers like Major Hasan,” Luther said, “If we had someone to take care of these guys, this disaster could have been avoided.”

According to Luther, at present there are only 438 licensed mental health providers in the military to provide services for 553,000 soldiers who are either already deployed or prepared to be deployed.

“This is a ratio of one mental health professional for every 1,263 soldiers,” Luther said, “And that is the first failure.”

The second major problem, according to Luther, is the need for the military to provide full mental screenings for soldiers who are about to deploy, in order to avoid deploying anyone with a mental health problem.

“Next step,” Luther adds, “Periodically while in theater, every 90 days while overseas you sit down with soldiers and check in with them to see how they are doing, how are they holding up. Then when they come home, we need a comprehensive decompress. You can’t give them a half-day class, but instead a month to decompress and watch them, especially multiply-deployed soldiers, to help them.”

Luther also informed Truthout that he believes the real number of soldiers at Fort Hood committing suicide is being dramatically underreported by the military.

“As of June they are only reporting two actual suicides this year, but there have been at least 12 suicides of active duty troops both on and off base,” Luther said, “One of them I knew personally since I served with him in Iraq and he was one of my soldiers, and they still have him listed as under investigation for suicide. From what I know right now, there are at least three suicides they are not reporting at all. Most notably, there is a soldier who committed suicide that the Army confirmed through a press conference, and this is not being reported and I’m working with the Pentagon to try to find out why that is not being reported. The Army won’t even release his name.”

Yet, Luther believes it is far worse than this.

“I definitely believe there are more than these - if this is what they’ve hidden from us that we know of, we can rest assured there are many, many more than this. We filed a FOIA [Freedom Of Information Act] to get information from them [Army], but they bog you down in red tape.”

Due to the military’s continued attempts to mask the true number of suicides in the ranks, along with an ongoing refusal to make the radical policy changes necessary to properly treat soldiers and psychiatric care providers exposed to secondary PTSD, Luther fears the worst for the future.

“There will be more 5 November attacks on fellow soldiers, and they will likely be even more drastic,” he explained, “Everybody has to outdo someone, so the next are likely to be worse. Violence breeds violence. I was trained to be very violent in combat as a scout ... we killed or detained Iraqis before anyone else got there. Two months ago, I warned the Army’s chain of command that before we had an attack by a soldier on other troops when they come

home, we needed to make some dramatic changes. Just in the last three days right here at Fort Hood, I've heard commanders tell soldiers they are full of crap and don't have PTSD ... so if we can't implement these needed changes quickly and rapidly we are going to have more loss of life on US soil by soldiers killing other soldiers.

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