

The Psychological Implosion of Our Soldiers

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US Army Specialist Lateef Al-Saraji, a decorated combat veteran, came back from the occupation of Iraq with severe post-traumatic stress disorder (PTSD).

Saraji joined the military because he wanted to serve his country. He served well as a linguist and translator working under secret clearance with military intelligence, according to a letter of recommendation written by his commander following his tour in Iraq, "This letter is to inform you of my endorsement of SPC Alsaraji's superlative performance and vital contributions to the command during our recent 15-month extended combat tour in Iraq." Saraji is also a three-year trustee with American Legion Post 42 in Gatesville, Texas.

PTSD is often routed in one event, but more often, with the two ongoing occupations, it is rooted in multiple traumatizing events. While in Iraq, Saraji was horrified by discovering headless bodies of suspected spies caught by the Iraqi resistance, which were thrown in a canal near the building where he was based "so we would see them. I still have nightmares over the bodies in the water, all blue and foul-smelling," he wrote of his experience.

When he got back to the US, it took him several months to get an appointment with a counselor on his base, who then referred him to an off-base psychiatrist, who diagnosed him with severe PTSD.

In an email to Chuck Luther, the founder and director of the Soldier's Advocacy Group of Disposable Warriors," Saraji wrote that he "felt that the Army did not care about me and my superiors did not seem to care. On July 1 [2009] the psychologist, Dr. Leach, wrote a letter recommending I have 2 weeks off."

Rather than his commander, Sgt. First Class Duncan, follow the recommendation of Dr. Leach, Saraji was accused of going absent without leave and told he would not be given the two weeks off, along with being written up.

"I got too depressed," Saraji wrote of his experience. "I thought everyone would be better with me dead. I was going to kill myself. I drank ¾ gallon of Bacardi 151, took some pills and was going to shoot myself. I was depressed and tired of the racism and prejudice that I was receiving. I was talking on the phone with the Chaplain and he heard me cock my gun."

Luckily, very shortly thereafter three officers appeared at his door and took him to nearby Fort Hood, where he was admitted to a psychiatric unit for a week. From there he was transferred to a facility in Wichita Falls, Texas, for three weeks, where he was jumped by five soldiers who harassed him and called him a "towel head" and "sand nigger." He was moved to a different floor of that hospital, but wrote, "I was afraid for my safety so I tried to run away from the hospital."

Saraji returned to Fort Hood, only to find Sergeant Duncan writing him up yet again. According to Saraji, when Sergeant Duncan learned Saraji had nearly attempted suicide, he coolly told Saraji that he should go kill himself.

Luther, a former sergeant who served 12 years in the military and is a veteran of two deployments to Iraq, where he was a reconnaissance scout in the 1st Cavalry Division, is appalled by Saraji's treatment by his superiors.

Saraji's is but one of 20 other cases Luther is working on, in hopes of avoiding yet another disaster like the one that occurred on November 5, when Major Nidal Hasan, suffering from a combination of secondary trauma and dealing with major ongoing harassment for being a Muslim, went on a shooting spree that killed 13 soldiers and wounded dozens more.

"The ground has been laid for another crisis, another shooting ... it's volatile here, nothing has been resolved," Luther told Truthout from his home in Killeen, Texas, on the outskirts of Fort Hood. "The average Joe on the street thinks things are resolved here, but they are anything but resolved. We are primed to have more soldier-on-soldier violence if something doesn't change right away."

Luther explained to Truthout that while he has had success with the base commander at Fort Hood, Lt. Gen. Robert Cone, addressing all the issues Luther has brought to his attention, "these lower-down folks are doing what they want to do anyway. I have 20 cases like his on this base alone. Fort Hood is not good right now. It's only a matter of time, if they don't fix these problems and fix them quickly, either Duncan was about to end up injured, or Saraji was going to injure himself. These lower-level commanders continue to intimidate and harass these soldiers, even soldiers who want to be deployed. Saraji had even offered to go back to Iraq. This is not a guy who is questionable. When you go find these guys getting kicked out for misconduct - you'll find that prior to this you had commanders pushing them, punishing them, and harassing them, then they break."

Dr. Kernan Manion is a board-certified psychiatrist who was hired last January to treat Marines returning from the occupations who suffered from PTSD and other acute mental problems born from their deployments. Working for a personnel recruiting company that was contracted by the Defense Department, NiteLines Kuhana LLC at Camp Lejeune, the largest Marine base on the East Coast, Manion not only quickly became all too familiar with the horror stories soldiers were telling him during their therapy sessions, but he became alarmed at the military's inability to give sufficient treatment to returning soldiers, and even more so at their reports of outright abuse meted out by some commanders against lower-ranking soldiers who sought help.

Manion told Truthout that last April two Marines urgently sought his help soon after the clinic opened at 7 a.m. They told him, 'One of these guys is liable to come back on base [from Iraq or Afghanistan] with a loaded weapon and open fire.'

This episode is just one that is indicative of pervasive and worsening systemic problems afflicting a military mental health care system that is not only overburdened, overstressed, understaffed and ill-equipped, it is exponentially worsened by its being administered by career military with rank, but who are ill-trained to provide the complex psychiatric expertise necessary to effectively treat psychologically impaired soldiers from both occupations.

Manion explained to Truthout that upon returning home, troops suffering from myriad new-onset deployment-related mental health problems were flooding the available resources, and when they did come they had to bear the brunt of pervasive harassment and oftentimes outright psychological abuse from Marine Corps superiors who refused to acknowledge the validity, much less the severity, of their problems.

“I saw previously strong Marines, people who were now very fragile, deeply weary and broken by one, two or often more deployments, come back and be squashed by their commanders – who told them they were “goddamn losers,” Manion told Truthout, “I felt like I was witnessing child abuse. These courageous and fit men go through boot camp, and combat and the incredible duress inherent in deployment, and then you come back and your midlevel command says this to you, and there is a tremendous amount of resentment that builds up there.”

According to Manion, doing psychotherapy with soldiers returning with this type of severe complex combat-related psychological trauma “is the psychological equivalent of neurosurgery.”

“Yeah, of course people need symptom relief from things like insomnia and irritability (some of these guys have been averaging only about two hours of sleep a night for over a year, is it any surprise that they self-medicate with alcohol?). But really, I find these guys coming to me because they are in an utter state of interpsychic chaos and turmoil, because too many things are going on simultaneously to sort out,” Manion explained to Truthout, “And too many powerful emotions that simply comprise turmoil – anger, anxiety, sadness, shame and hurt, overwhelming them.”

Manion described what he sees happening with returning soldiers as their being in “a state of psychic implosion – someone that is literally having a psychological meltdown. It’s like having your motherboard shut down. Just like a computer motherboard shutdown, the internal psychological apparatus, the mechanism itself, fries, it shuts down. There’s currently simply no terminology in the APA [American Psychiatric Association] literature for this. When you’re dealing with cumulative stress from constant guardedness because of continuous exposure to danger – multiple firefights, patrols, losses of buddies and utter exhaustion from deployment – and then you have family problems, and relationship problems, and then on top of all of that you have commanders telling you you’re nothing but a worthless piece of shit, you simply can’t think straight anymore, and who could be expected to. We need to name that – this is psychological implosion – what we’re talking about here is meltdown. When you have overloaded circuits that are frying the fuse box, you don’t put in a higher capacity fuse, you have to unload the circuits.”

Manion continued to warn his superiors of the extent and complexity of the systemic problems, and he was deeply worried about the possibility of these leading to violence on the base and within surrounding communities.

Rather than being praised for his relentless efforts to address these concerns, Manion was fired by the contractor that hired him. While a spokeswoman for the firm says it released Manion at the behest of the Navy, the Navy preferred not to comment on the story.

Manion told Truthout that while working at Camp Lejeune, he was deeply concerned with the fact that he was seeing an inordinate number of Marines grappling with overwhelming

suicidal or assaultive impulses, and felt, like others, that this was clearly indicative of the residua of extreme combat stress.

The proof was already available - in 2008, according to the Marine Corps, at least 42 Marines committed suicide, and at least 146 others attempted to do so.

Manion, who was already concerned about the increasing likelihood of violence among post-deployment Marines at Camp Lejeune, charged that medical officials at the Deployment Health Clinic where he worked simply refused to study and discuss violence among these returning Marines and work on a coherent response. Authorities at Camp Lejeune, according to Manion, did little planning to improve the handling of troubled Marines in most desperate need of treatment for their PTSD.

The national evidence was clearly apparent; those who were not getting necessary care were killing themselves and other soldiers in startling numbers. Manion remained deeply committed to confronting the ongoing reported harassment from their superiors of Marines who were seeking mental health care.

Despite being warned to essentially stop making trouble by the national director of the contractor he worked for in June, Manion felt compelled to continue with his appeals because he was not seeing the changes necessary to prevent the already bad situation from deteriorating further. Because of even more flagrant offenses, on August 30 he appealed urgently to multiple military inspectors general in a written complaint warning of an "immediate threat of loss of life and/or harm to service members' selves or others" if conditions did not improve.

Manion complained of a "complete disregard for ... implications for patient safety and well-being" and said the officials at Camp Lejeune had ignored "repeated overt and emphatically stated concerns about the very safety and overall welfare of the affected patients."

Finally, Manion warned his superiors that the lives of "many patients" were imminently at risk, concerning a disruption in care that would result from a decision that his superiors made that would prohibit him from seeing his patients.

Four days later, Manion, with 25 years of experience as a psychiatrist who specializes in PTSD and traumatic brain injury, and with an investigator from the inspector general's office just having arrived, was fired on the spot by the contractor and escorted out of his office by an armed MP.

His warnings, like those at Fort Hood, went unheeded at Camp Lejeune.

When Manion heard the news of Maj. Nidal Hasan's shooting rampage, "I thought, 'That could just as easily have been right here at Camp Lejeune. We are dealing with people who are fried, who are ready to snap.'"

Was Manion surprised when he learned that Hasan was a psychiatrist who had been treating traumatized soldiers?

"Did he snap because of all the stuff he heard?" Manion replied. "I myself came back home some nights so overwhelmed and even tearful at what I'd heard from these guys. It's possible. I wondered, 'What was available for him for his support?' We had no support

structure in place for those providing treatment. I look at the mental health care work at Camp Lejeune, and people there and probably throughout the system really do not understand the absolute necessity of taking care of the treaters. I had good therapists come into my office and break down in tears because of the immensity of the stories they were hearing.”

Manion holds deep concern for the future of both the soldiers themselves as well as those who treat them.

When asked if he thinks the military will incorporate the changes necessary to rectify these problems, Manion took a long, deep breath before answering.

“It concerns me greatly. How ignorant can we be that we can’t learn from the immediate past and the present? How ignorant can we be that we’re still not understanding the immensity of PTSD, of this overall state of psychological implosion?”

The doctor added, “If not more Fort Hoods, Camp Liberties, soldier fratricide, spousal homicide, we’ll see it individually in suicides, alcohol abuse, domestic violence, family dysfunction, in formerly fine young men coming back and saying, as I’ve heard so many times, “I’m not cut out for society. I can’t stand people. I can’t tolerate commotion. I need to live in the woods.” That’s what we’re going to have. Broken, not contributing, not functional members of society. It infuriates me - what they are doing to these guys, because it’s so ineptly run by a system that values rank and power more than anything else - so we’re stuck throwing money into a fragmented system of inept clinics and the crisis goes on. It’s not just that we’re going to have an immensity of people coming back, but the system itself is thwarting their effective treatment.”

Speaking both to the problems he saw at the Deployment Health Center at Camp Lejeune and the effects of these rippling into the future, Manion said, “If we’re going to respond to the immensity of people coming back who are broken, we need clinics run by people who know what they are doing. From my perspective we had a program run by folks who didn’t have the expertise they needed to run it. They seemed to me to be turning a blind eye to a philosophy in the Marine Corps that treats psychological impairment or woundedness as though you are of weak character.”

The warnings of Luther and Manion have already proved prophetic.

On November 22, [Killeen police reported](#) that a 20-year-old Fort Hood soldier, Army Specialist David Middlebrooks, was stabbed to death. The next day, 22-year-old Joshua Wyatt, another Fort Hood soldier, was [shot to death](#) in his residence. The killers of both soldiers are alleged to be Fort Hood soldiers as well.

Yet killings involving Fort Hood soldiers have been commonplace in recent years, even prior to the mass killing on November 5. In the years leading up to that event, soldiers from Fort Hood were [involved in the deaths of at least seven people](#) in the previous five years alone, several of these incidents being soldier-on-soldier violence. Taking one of these as an example, in September 2008, Specialist Jody Wirawan fatally shot 1st Lt. Robert Fletcher. When Killeen police arrived, Wirawan proceeded to commit suicide.

In addition, Luther told Truthout that at least two soldiers at Fort Hood have attempted

suicide since the massacre on November 5.

And the killings are not limited to Fort Hood.

Less than 12 hours after Maj. Nidal Hasan's shooting spree, Camp Lejeune officials discovered the body of one Marine and took into custody another Marine, Pvt. Jonathan Law, who was accused of killing his colleague. Law, who had served a seven-month tour in Iraq, was also suffering from self-inflicted wounds when arrested.

In upstate New York in the town of Leray, on the outskirts of Fort Drum, home of the 10th Mountain Division, between November 29 and 30, soldiers Waide James, 20, and Diego Valbuena, 23, were murdered by Joshua Hunter, another Fort Drum soldier, [according to](#) Jefferson County Sheriff John Burns.

Both victims died of multiple stab wounds.

On September 29, after being refused any assurance that the patients who were in his care were OK, accounted for and being taken care of, being worried about his patients, and five weeks before the massacre at Fort Hood, Manion sent a letter to President Barack Obama, as well as copies of the letter to Vice President Joe Biden, Secretary of Defense Robert Gates, Chairman of the Joint Chiefs of Staff Adm. Mike Mullen, ranking member of the Senate Committee on Veterans' Affairs Sen. Richard Burr, and Sens. Carl Levin and John McCain of the Senate Armed Services Committee, among several others, including the secretary of the Navy, and the commandant and sergeant major of the Marine Corps.

Manion's letter stated, "Frankly, in my more than twenty-five years of clinical practice, I've never seen such immense emotional suffering and psychological brokenness - literally, a relentless stream of courageous, well-trained and formerly strong Marines deeply wounded psychologically by the immensity of their combat experiences."

The letter went on to explain how he had, over the previous six months, raised serious concerns "about several very dangerous inadequacies of the clinic's [at Camp Lejeune] operations as well as recurring incidents of significant psychological abuse (by their commands) of Marines who were seeking our care."

The doctor expressed his larger concern to President Obama that his experience at Camp Lejeune "represents a more pervasive problem at Camp Lejeune and perhaps even throughout the institutional culture of the military."

Seeing the clear potential for the impending disaster of soldier-on-soldier violence as a result of untreated PTSD, Manion's letter continued with a sense of urgency:

"Mr. President, given what I've witnessed and personally experienced, I think that, beyond the immediate issue of my firing and my patients' care, it's vital that these flaws be named and examined. Please know, I am not a publicity seeker; I'm not pitching a product; and I'm not trying to rise in rank, power or compensation. I'm not even trying to restore my employment in government service. I have no agenda but to speak my truth on these matters and to confront these issues so as to ensure that these men and women receive the best of mental health treatment services that they're truly entitled to."

With President Obama's recent announcement to send an additional 30,000 soldiers to

Afghanistan, concern for the already immense mental health crisis is increasing. Now, more than ever before, the US military needs a comprehensive health plan initiative to meet the radically different psychological implosions that are occurring due to the occupations of Iraq and Afghanistan.

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