

# **APPENDIX**

## **EXHIBIT H**

### **Joint Amicus Brief Of Swords To Plowshares And Vietnam Veterans Of America**



## **Iraq Reservists Face a 'Perfect Storm' of Post-Traumatic Stress**

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The sole aspect of the Iraq war upon which Americans are united is the need to provide post-deployment mental health care for our soldiers. The good news is that no one wants to abandon the veterans coming back from Iraq as happened with far too many Vietnam veterans. The bad news is that we already have. Nowhere is that more apparent than within National Guard and Army Reserve soldiers, who typically go from combat to cul-de-sac in 48 hours.

Active-duty troops are required to participate in post-combat mental health care sessions for the first three months of their reentry, but the Department of Defense has a 90-day "hands-off" policy pertaining to National Guard soldiers and Army reservists. After serving some of the longest tours in Iraq, they undergo a few days of out-processing, which includes a brief mental health screening. Desperate to get home, National Guard soldiers and Army reservists will say anything that will enable them to leave. When they are released -- without support or services -- they scatter across states, and generally don't report at their first post-deployment training drill for three months or more.

The separation from other soldiers creates a feeling of isolation at a time when support and connection with others who are going through the same emotional adjustments is critical.

Like most National Guard soldiers, my husband didn't receive a comprehensive mental health evaluation until eight months after he returned from a yearlong tour at the most-attacked base in Iraq. Nearly a year after his exam, in August of 2006, he was notified of the outcome: Post-traumatic Stress Disorder (PTSD). The Department of Veterans Affairs (VA) provides free healthcare services to veterans for a period of two years beginning on the date of their separation from active military service. By the time my husband was informed of his diagnosis and advised to get treatment, he had approximately six months remaining to access care. But the waiting list is long, and time is running out for him and for tens of thousands just like him.

The clock has already stopped for hundreds of National Guard soldiers and Army reservists who returned from Iraq suffering from PTSD that was either undiagnosed by the military, or the VA refused/delayed treatment. Pentagon statistics reveal that the suicide rate for U.S. troops who have served in Iraq is double what it was in peacetime.

Soldiers who have served -- or are serving -- in Iraq are killing themselves at higher

percentages than in any other war where such figures have been tracked. According to a report recently released by the Defense Manpower Data Center, suicide accounted for over 25 percent of all noncombat Army deaths in Iraq in 2006. One of the reasons for "the higher suicide rate in Iraq [is] the higher percentage of reserve troops," said military analyst James F. Dunnigan.

Despite the high risk factor, many soldiers who seek treatment are not receiving urgent care. "When he went to the VA, they didn't have room to treat him that day," said the mother of Jason Cooper, an Army reservist in the Iraq war. Jason hung himself four months after coming back to Iowa. He was 23, a year older than Army reservist Josh Omvig and Marine reservist Jeffrey Lucey, who also committed suicide after the VA's failure to care. As did National Guardsmen Doug Barber, Tim Bowman, Staff Sgt. Jeffrey Jerome Sloss, and far too many others who have ended their lives rather than live them with the psychological equivalent of a sucking chest wound.

### **A "Perfect Storm" for PTSD**

Post-traumatic Stress Disorder is the result of subtle biological changes in the brain chemistry as a response to severe stress, which alters the way the brain stores memories. During a particularly intense episode, the body releases massive amounts of adrenaline, and the physiological alterations associated with the intense emotional reaction create memories that disrupt normal life.

The markers of post-traumatic stress include nightmares; avoiding reminders of the traumatic event; hyperarousal, a physiological response to stress that can lead to irritability and restlessness; and drug use and alcohol abuse. "Veterans screening positive for PTSD reported significantly more physical health symptoms and medical conditions than did veterans without PTSD. They were also more likely to rate their health status as fair or poor and to report lower levels of health-related quality of life."

Among soldiers who develop PTSD, "there was a strong reported relation between combat experiences, such as being shot at, handling dead bodies, knowing someone who was killed, or killing enemy combatants."

More than any previous war, the Iraq war is likely to produce the highest number of soldiers suffering from PTSD. There is considerable psychological distress associated with going into a country under the auspices of liberating a people, only to have them rise up against you, and it lingers long after the war has ended. Adding to the pressure is that many mental health officials believe that the nature of urban street fighting and insurgent warfare, coupled with heavy reliance on National Guard and Army Reserve troops, will result in higher rates of PTSD among this group of veterans than those in previous conflicts.

Another reason for the escalating mental health challenges is that while soldiers typically spent one tour of duty in Vietnam, troops are serving two, three and occasionally four rotations in Iraq. An additional challenge is the moral ambiguity of fighting a war without front lines, where the combatants are, or are dressed as, civilians. Many veterans are finding it difficult, if not impossible, to reconcile

experiences such as shooting at civilians because they had failed to stop at a checkpoint.

"At least 30 percent of Iraq or Afghanistan [veterans] are diagnosed with PTSD, up from 16 percent to 18 percent in 2004," said Charlie Kennedy, PTSD program director and lead psychologist at the Stratton VA Medical Center. The number of Iraq and Afghanistan veterans getting treatment for PTSD at VA hospitals and counseling centers increased 87 percent from September 2005 to June 2006, and they have a backlog of 400,000 cases, including veterans from previous wars. The most conservative estimates project that roughly 250,000 Iraq war veterans will struggle with PTSD.

These figures are particularly significant for citizen soldiers when considering that: A 2004 analysis of Operation Iraqi Freedom veterans who received VA healthcare revealed that 58 percent of the veterans seeking treatment were members of the Army Reserve/National Guard and 71 percent of Operation Enduring Freedom vets who utilized VA services were citizen soldiers. A 2006 report detailing VA healthcare utilization by Operation Iraqi Freedom veterans revealed that, of those who sought care for PTSD, 18 percent were formerly active duty personnel, and 30 percent were National Guard soldiers and Army reservists. Even at their highest rates of deployment, National Guard soldiers and Army reservists represented no more than 44 percent of deployed forces; and, many studies conducted at Walter Reed Military Hospital don't include National Guard and Army Reserve soldiers.

National Guard and Army Reserve soldiers have less training and preparation for deployment, less cohesive units, and most never expected to see combat, factors that put them at significantly higher risk for stress-related disorders than active-duty military.

The Department of Defense has known this for at least a decade. They commissioned the Comprehensive Clinical Evaluation Program, which conducted post-deployment studies of Gulf War veterans. Rates of PTSD and attendant mental health issues were found in approximately 20 percent of regular enlisted, but upwards of 90 percent of reservists who fought in the first Gulf War reported one or more PTSD-specific symptoms six months [post-deployment].

A 1996 study on the impact of long-term overseas deployments of National Guard and Army Reserve troops found that "reservists were more vulnerable than regular service soldiers ... for psychiatric breakdown. [And] being a reservist, having low enlisted rank, and belonging to a support unit increased the risk for psychiatric breakdown ... Many such personnel entertained little expectation that they would ever be called to active duty."

The same study found that almost 100 percent of reserve personnel reported some symptoms of PTSD after overseas deployment in combat zones. Yet, according to an investigation by McClatchy Newspapers:

Even by its own measures, the VA isn't prepared to give returning veterans the care that could best help them ... The lack of adequate psychiatric care strikes hard in the states that have supplied a

disproportionate share of the soldiers in the wars in Iraq and Afghanistan -- often because of their large contingents of National Guard and Army Reserve troops ... mental health services in those states rank near the bottom.

My husband, whom I once called Sergeant Sweet Bear, is not the man I married. He retreats to the dark corners in his mind filled with images of war: loading coffins onto planes, seeing family members gunned down because radio communication between checkpoints went on the fritz. The box on top of the vehicle held the remains of their uncle, killed in the crossfire of an earlier skirmish. They were on their way to the funeral.

### **Abandoning the troops**

The Government Accountability Office (GAO) recently released a report examining the Veterans Administration's failure to give honest information for budget needs. Among other things, the study exposed that the VA used faulty information when planning for healthcare needs and (under) estimated treatment expenses for service members returning from Iraq and Afghanistan. It also showed that the VA used faulty information on when they would see real dollars from projected cost-saving measures.

Yet, the Bush administration's newly proposed budget for hospital and medical care for veterans faces a cut to \$38.8 billion in 2009 and would hover around that level through 2012.

President Bush, who claims to support the troops, contends that the cuts to veterans care will ensure a balanced budget within five years. But what will restore balance for those of us whose lives are forever undone by the war and the disregard for our loved ones when they come home?

I appreciate the professed commitment to "getting it right this time," and, thank God, folks are starting to call for an immediate exit from Iraq. But what the 99.4 percent of Americans who don't have loved ones in uniform and have no family members who have *ever* seen combat in Iraq don't seem to fathom is that we get any do-overs. Our lives are at stake, and we really can't afford this country's flat learning curve.

"We have heard so much about what this military has learned in Vietnam [about Post-Traumatic Stress Disorder], and how they're doing it differently now. We don't see that at all," said Nancy Lessin of Military Families Speak Out. For us, as we care for our wounded by ourselves, struggle alone with the phantoms of war, and watch our families fall apart, it is already far too late to "get it right this time."

*Editor's note: For data sources, visit [Foreign Policy in Focus](#).*

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