Obama's Permanent Warfare Policy Leaves U.S. with Permanent Casualties

by Carl Osgood

> The overwhelming evidence proves beyond doubt that war is a disease that kills and maims, not just by tearing apart soldiers' bodies but also by ravaging their minds.
>
> —Penny Coleman,
> *Flashback: Posttraumatic Stress Disorder, Suicide, and the Lessons of War*, 2006.

Oct. 15—There is no doubt that the wars in Iraq and Afghanistan, have produced a large population of what we shall call the mentally maimed—combat veterans who are victims of post-traumatic stress disorder (PTSD) and invisible brain injuries, who are likely to be crippled for the rest of their lives. War is, indeed, a disease, especially as conducted over the last 100 years, when nearly every war on the planet has been the product of British Imperial geopolitics, intentionally designed to keep the world perpetually in conflict.

The 21st Century, so far, has known nothing but war, and the two Presidents of the United States in this period, George W. Bush and Barack Obama, have been willing participants in the perpetual war policy that has seen not only the wars in Iraq and Afghanistan, but the spread of war into Pakistan and Libya; the use of armed unmanned drones to assassinate suspected terrorists, including at least two American citizens, in the Arabian Peninsula and the Horn of Africa; as well as the implementation of police-state measures at home. And the war policy has produced many casualties among those Americans who have been called to fight these wars, and who will need to be cared for, for decades. This is to say nothing of the millions of Iraqis, Afghans, and those of other countries who have also suffered traumatically from these wars.

According to an Oct. 1 report compiled by Veterans for Common Sense (VCS), a veterans' advocacy organization, out of nearly 712,000 discharged Iraq and Afghanistan veterans who have sought Veterans Administration (VA) medical care, 367,749 of them, fully 52% of total patients, are suffering from a mental health condition. Of those, 211,819 are potential PTSD patients. Out of a grand total of more than 2.2 million service members who have deployed to the two wars, 941,743 have deployed more than twice.

Therefore, the rate of potential PTSD cases among service members who have deployed is approaching 10%. Of the more than 1.4 million discharged veterans, 624,266, or 43%, have filed disability claims with the VA, with 107,718 approved, and another 133,595 awaiting a decision.

The numbers, which VCS compiled from reports obtained from the Departments of Defense and Veterans Affairs through FOIA requests, tell only part of the story, however. If lost limbs and shrapnel wounds were the signature injuries of past wars, then the "invisible wounds" of traumatic brain injuries and post traumatic stress disorder are the signature wounds of the current wars. These invisible wounds are even more dangerous because they are often not immediately diagnosed.

"The truth is, because we don't see these injuries . . . they don't receive the same level of attention as amputations, burns, shrapnel injuries," said Army Vice Chief of Staff Gen. Peter Chiarelli at a conference in Washington, on Sept. 24. "There is simply a bias, and I really mean that there is a bias, either conscious or subconscious toward invisible wounds and injuries. . . . It exists everywhere, including in the medical community."

The presence of that bias was underscored by an article in the journal *Nature* on Sept. 21, describing a link between repeated blast exposures, and the early onset of dementia. Sharon Weinberger, a Carnegie fellow at Northwestern University's Medill School of Journalism, reports that there is an increasing body of evidence that "suggests that the repeated concussions" have left soldiers and Marines "with an invisible, subcellular-level form of traumatic brain injury that not only impairs their day-to-day functioning, but also increases their long-term risk of developing neurodegenerative diseases."

U.S. Army/Staff Sgt. Ben Navratil

According to a leading veterans' organization, more than half of Iraq and Afghanistan vets who seek medical care from the VA are suffering some form of mental health problems, with PTSD accounting for a majority of those. Shown, an Afghanistan vet (foreground), diagnosed with mild traumatic brain injury, takes part in rehabilitation exercises.

Weinberger cites a case study by Dr. Bennet Omalu, a forensic pathologist at the University of California at Davis, and the chief medical examiner for San Joaquin County. Dr. Omalu was able to perform an autopsy on a young man, a veteran who had been exposed to multiple blasts during two deployments to Iraq. He had committed suicide at age 27, after experiencing memory problems, mood disorders, and self-control problems. Upon examining the young man's brain, Dr. Omalu found abnormal accumulations of the tau protein associated with Alzheimer's disease and other dementias.

Brain Science Is Hard

The first soldier suicides associated with the war in Iraq occurred only a few months after the U.S. invasion in March of 2003. By August of that year, the Department of Defense was reporting "non-hostile" deaths of soldiers by firearms. Perhaps some of those deaths were accidents, but the problems consequent to trauma have only grown since then, despite the attention drawn to the problem since. The suicide rate among soldiers, a key indicator of mental conditions, has gone up almost continuously over the past several years and is now higher than the rate in the general population. Stigma about seeking help, which the Army has publicly attacked for several years, remains an acknowledged problem. So why does this remain such a difficult issue?

Chiarelli, responding to that question from this reporter at a panel discussion during the annual conference of the Association of the U.S. Army on Oct. 10, said that the science of the brain is much less advanced, relatively, than the science of fixing broken limbs and shrapnel wounds. "The evidence-based types of research that have to be done take time," he said. "I hate it, but they take time."

Brig. Gen. Colleen McGuire, a military law enforcement specialist, added that the Army has had difficulty understanding when disciplinary problems exhibited by a soldier might actually be a manifestation of post-traumatic stress or even traumatic brain injury. "Are we compounding the problem when we hold them accountable when, in fact, they're ill?" she asked.

Dr. Kathleen Chard, a clinical psychologist at the VA in Cincinnati, said that the problem of stigma isn't just a military problem, but a societal problem. She added that if the stigma can be overcome, there are effective treatments for all kinds of post-traumatic stress that would allow affected individuals to return to a normal life.

"The brain is the most complicated organ in the human body," said Dr. David Hovda, a neuroscientist and director of the Brain Injury Research Center at UCLA. "Trauma is the most complicated type of disease where stress is induced. It's not surprising to me that this is difficult." He noted that it has taken 15-20 years for the National Football League to accept the fact that concussive brain injuries are a serious risk for football players, and then, only because the science was irrefutable. By comparison, the Army has moved much more quickly. "We've provided an opportunity to protect these individuals at a period of their lives when they're most vulnerable," he said.

Are Blast and Sports Injuries the Same?

Most of the research of the past four decades or so on concussive brain injuries has been done in the sports realm, not only with football players, but also boxers. "The relationship between TBI [traumatic brain injury] and dementia/Alzheimers disease is well founded," said Dr. Hovda. In boxing, the condition brought on by repeated concussions over time even has a name: *dementia pugilistica*. "The elephant in the room that nobody is addressing is this," he said, "Is blast concussion TBI the same injury that we've been seeing in the civilian world? If they're completely different, then all the research we've done may not apply."

Dr. Hovda indicated that he believes that "whether it's a blast or a car accident, the way the cells respond in the brain is probably the same." Dr. Omalu, in an e-mail to *EIR*, agreed. "The mechanisms of cellular injury are the same in both scenarios and basically involve acceleration-deceleration injuries," he wrote. "PTSD due to blast injuries has the same disease outcome and disease pathology as [chronic traumatic encephalopathy] due to sports injuries."[1]

Not everyone agrees that this is the case. One veterans' advocate who has been active in this area for nearly a decade, and who asked not to be named, strongly disagrees with Dr. Hovda and Dr. Omalu. He argues that the research on sports injuries does not apply, because the mechanism of injury is totally different. The sports injury is about deceleration of the brain, but the mechanism of a blast injury is a shockwave that travels through the body. "When blast injuries occur, they encompass the entire brain not just the point of impact the brain is squeezed like a lemon as it contracts and expands due to the shock wave the mechanism of injury is different, therefore the injury is different," he says.

Unlike a sports injury or an automobile accident, there may not be a mark on the head from the point of impact, but there will still be an injury, and, unless the soldier is bleeding from the ears or the nose, he will be under pressure to return to duty, and may not self-report right away or at all.

It's the War Policy, Stupid!

However this question is resolved, the underlying issue is the war policy itself. According to the Defense and Veterans Brain Injury Center, as of Aug. 15, 2011, more than 220,000 veterans of the two wars had been diagnosed with traumatic brain injury, although it seems likely that there are a large number of undiagnosed cases still out there. Will all of these individuals develop early onset dementia? Probably not. But enough of them will, according to Weinberger, and the Army and the DoD are alarmed about the implications.

The Army's recent focus on the problem has produced a great deal of research in the last few years, perhaps even the possibility of being able to diagnose TBI before a soldier leaves the battlefield, making treatment within the first few hours possible. With that research, Chiarelli said, "not only will you help soldiers, but also high school girl soccer players," and many others who suffer or are at risk of concussive types of brain injuries. But will this research help those soldiers who didn't get the help they needed when they needed it? "I don't know," Chiarelli said. "I do know we have to keep trying."

Which brings us back to the political question of the wars themselves. For most of the last eight years, the Army was under such pressure to provide forces for the occupation of Iraq, and then Afghanistan, that every one of its combat units was either deployed or preparing to deploy. Unit commanders let slide all kinds of problems that ordinarily would have made a soldier unfit for duty, including disciplinary problems and unresolved medical issues, because of the pressure to provide combat-ready units for overseas deployment.

The Army, as an institution, was also very slow to respond to those "invisible injuries" that its soldiers were suffering, for the same reason. The much vaunted all-volunteer force has played a negative role in this process, as it has meant that only about 1% of the American population has carried the burden of these wars. Not only has the lack of a draft facilitated this problem, but also, the privatization of many functions that were once performed only by military personnel. These facts mean that the wars have not become the political issue that the Vietnam War became in the late 1960s.

So, the G.W. Bush Administration, and now the Barack Obama Administration, are able to conduct these wars with minimal political consequences, leaving open the prospect of more such wars in the near future, and many more permanent casualties.

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1. Chronic traumatic encephalopathy is a condition brought on by the abnormal buildup of tau protein in the brain cells. Tau impairs abnormal functioning and eventually kills brain cells.