

Achilles in Iraq Part II

Bob Pyles

In the previous article, I described my experience, and those of many of us, during Viet Nam (1967-69), in treating young Marines. These young men often arrived 48 hours after intense combat experiences, now safe in a state-side Naval hospital.

Because of the ubiquitous anti-war protests of the time, I had expected these young Marines to have intense political convictions and resentment of the war. It turned out this was not the case at all. To a soldier in combat, such political considerations are not relevant. The only thing that matters is the man to your right, whom you protect, and the man to your left, who protects you. This differs not at all from the shield wall you might have seen described in the movie "The Three Hundred" at the Battle of Thermopylae in 480 BC.

The fact that the experience of combat has not changed in 2500 years is documented in a wonderful book, *Achilles in Vietnam*, by Jonathan Shay, a VA psychiatrist (to whom I am indebted for this title). He compares the experience of combat, as described in the *Iliad*, with his experience in treating post-Vietnam combat veterans. Shay points out that the agonizing effects and overwhelming trauma of combat described in great detail by Homer, were precisely like those reported by his patients. His technique is to quote a line from a character in the *Iliad*, and then quote a line from one of his own patients, describing the horror of the experience in Vietnam. The words are almost identical. Most striking, he describes the combat experience called "going beserk," in which the individual soldier loses all sense of himself, and simply becomes a killing machine. This usually results from the death of fellow soldiers. Shay describes this happening to Achilles, after a close friend of his has been killed in the battle for Troy. He goes mad with blood-lust, eventually killing the leader of the Trojans, Hector, and dishonoring his body by dragging it around the city.

Dr. Shay's second book, *Odysseus in America*, uses a similar technique to describe the conflicts of the homecoming combat veteran. Dr. Shay has received a MacArthur "Genius" Grant for his groundbreaking work. We will have the honor of hearing directly from Dr. Shay in the "Presidential Symposium" in January. [Pull Quote]

I interviewed Bobby Muller, president of an organization known as "Veterans for America." Bobby (as he likes to be called) is a remarkable character whose story is similar to that in the movie "Born on the Fourth of July." While serving as a Marine in Vietnam, Bobby was struck in the spine by a rifle bullet, rendering him paraplegic. Bobby and Massachusetts Senator John Kerry, started the organization, Vietnam Veterans of America. They have lobbied hard over the years for better medical and psychological treatment for both veterans and active military personnel. With the advent of Iraq and Afghanistan, the organization has generalized its mission to include those soldiers and veterans as well.

Bobby has several insights into this war and previous ones, which I found startling and thought-provoking. He points to the extraordinarily high incidence of psychological casualties resulting both from Vietnam and from the current war. "Why is this?" he asks. His answer is that soldiers can tolerate sacrificing or even dying, if they feel they are

doing so for a just cause that is important to their country, their community, and their family. World War II was a conflict in which we were directly threatened by an evil power which was attempting to overturn one civilized nation after another. The men who fought in that war were secure in the knowledge that they were fighting a battle that was absolutely necessary for the survival of our way of life. When they returned, they were greeted as heroes. The whole nation had geared up to support them and the war effort.

Vietnam, and now Iraq, have become extremely unpopular wars that seem to have no discernible goal that directly benefits this country, its citizens, or the soldiers' families. Returning soldiers are not necessarily treated with a great deal of honor or celebration. During Vietnam, in fact, returning soldiers were jeered at and spit on.

In Bobby's view, we should never ask our soldiers to risk their lives in a conflict that doesn't have clear MEANING to justify their sacrifice. Not to do this, he feels, is not only to place the country in harm's way, but to insure massive psychological negative effects among our soldiers.

His second insight, which again I would never have realized, is the practical effect of having an all-volunteer military. He pointed out that when he and I were in the military, our attitude toward military authority was something like you might see represented in the series "MASH." We were irreverent, wise-cracking, yet trying to do our best. However, we constantly challenged the military authority, military thinking, and the purpose of the war. And we were loud about it. Bobby sees this as healthy dissent, necessary for self correcting a political course.

The second major difference is that we were all "short-timers," knowing the military was not going to be our primary career. Now, however, for most of our troops, especially for officers, the military is their career. Therefore, they are far less likely to question policy, to bring up dissenting views, or to comment in the media. Thus current military policy is likely to have a kind of internal life of its own, with few self correcting outside influences.

Lastly, from our point of view in the mental health professions, active military personnel, particularly officers, do not dare go for treatment of mental health. According to Bobby, one visit to a psychiatrist is likely to ruin a military career. This is not about some sort of "fear of stigma" by those who would like to seek help. He is clear that this is a reality in the value system of the military. What this means is that those who are most in need of help, are least likely to get it. A recent cover of *Time* magazine showed an illustration of a Prozac capsule. The article inside commented on how many of our troops were on Prozac. According to Muller, very few officers would risk this kind of treatment and far fewer soldiers probably than necessary.

Another complication is that for the military psychiatrist or psychologist, there is a major conflict. In an article entitled "*The Vietnam War and the Ethics of Combat Psychiatry*", by psychiatrist Norman Camp, the military psychiatrist is described as a "double agent". The author points out that mental health professionals in the military, of necessity, have divided loyalties. They cannot simply have their primary allegiance be to their patient. It also has to be to the military. This is worsened by the fact that medical officers are now also career military. In Muller's view, the military does not really believe in the concept of "Post-traumatic Stress Disorder."

Therefore, the obvious question for us both as individuals and as an organization is, “how can we help.” Some of our members have been very active in helping to provide care for families of returning National Guard and Reservists. Ken Reich has enlisted many of our members in his “SOFAR” program and has received a great deal of media attention for his effort. Stuart Tremblow and Steve Sonnenberg have also been involved.

It is also true that the resources of the Veterans Administration are completely overwhelmed by the numbers of people seeking treatment upon their return from military service, and massive additional resources are need..

However, from Bobby Muller’s point of view, the most glaring problem concerns not only the returning veterans, but especially those still on active duty, to whom, for the reasons outlined above, treatment is almost inaccessible. Muller feels that the answer is to have a great deal more public education, to put pressure on political leaders to influence the military, and to begin to truly reduce the stigma and negative effect on career for military personnel going for treatment.

Bobby points out that our military is at a breaking point. They have been overstretched and asked to do far more than they are able. Some individuals and groups are on their fourth and fifth tour in Iraq. The incidence of psychological trauma that occurs increases exponentially with the third, fourth, and fifth tour, and yet there are no signs of resolution to the Iraq and Afghanistan situation.

Bobby Muller’s answer to the military crisis is a shocking one – re-institute the draft. Muller feels that by re-instituting the draft, all of the self correcting measures that used to be in place would be re-instituted, so that pressure to correct policy would be much greater. But he has another reason which makes perfect sense to me. He points out that most citizens, particularly parents and families in this country, are not directly affected by the Iraq war. It exists in some sort of isolated, split-off state. If, however, as in prior wars, sons and daughters of families were drafted to go into the military, the pressure on politicians to chart a more judicious course and avoid such questionable conflicts in the future would be intense.

Bobby Muller wants our help to not only help to create more mental health treatment facilities but to lobby for greater treatment capacities for our returning veterans, to educate the public and the military to allow treatment of active personnel, but to also use our knowledge of what happens to people as a result of combat to lobby for re-institution of the draft both for political as well as for mental health reasons.

This fits well with the goals of our Association. As explained in her column, our new President, Prudy Gourguechon, is making lobbying for better mental health resources for our soldiers and veterans a major priority of her administration. We are in process of making key contacts to make this hope a reality. There will be much more to follow in the next months.