

Endless War: The Suicide of the United States

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Theme: [US NATO War Agenda](#)

In-depth Report: [IRAQ REPORT](#)

“We hear war called murder. It is not: it is suicide.” – Ramsay MacDonald, British prime minister 1931-1935

Sergio Kochergin, back home from his second deployment in Iraq, held a gun in his mouth, trying to muster the courage to pull the trigger. Untreated post-traumatic stress disorder (PTSD) and accompanying nightmares and insomnia, heavy substance abuse, and several failed attempts at self-medication had taken their toll on him. He was in an apartment he shared with a friend in Texarkana, Texas, after having spent the past few months with his parents, where he “was drinking too much and causing too much trouble, breaking things, flipping out every day, and cursing at them.”

The decision to end his life came in early 2007, from a desperate need for relief and to avoid deployment back to Iraq. Although Kochergin’s contract had expired, it would have taken more than six months for him to be medically discharged from the military, a period during which he was sure to be redeployed.

A year later, describing his aborted attempt to me, Kochergin said, “I had a .40-caliber in my mouth for a long time, trying to figure out the right thing to do. Should I put an end to this suffering or should I allow it to continue to torment me? Fortunately, I fell asleep and woke up the next morning. My roommate came in and fucking flipped out on me and took the gun away to his parents’ house. I stepped out, and with a deep breath of air I was like, ‘Man, this is way too good to just throw away.’ After that, I decided I had to do something. That’s when it sunk in that there’s no point running away. I must start dealing with it and do something and that kind of pushed me up.”

At the time we met, Kochergin had seized the moment of hope that came his way and managed to find a constructive route out of his suffering and possible redeployment. Thousands of others never get or grab that chance.

On July 26, the Colorado Springs Gazette ran a story headlined “[Casualties of War, Part I: The hell of war comes home](#).” The article highlighted what is happening to soldiers upon their return from the occupation of Iraq. It begins:

Before the murders started, Anthony Marquez’s mom dialed his sergeant at Fort Carson to warn that her son was poised to kill.

It was February 2006, and the 21-year-old soldier had not been the same since being wounded and coming home from Iraq eight months before. He had violent outbursts and thrashing nightmares. He was devouring pain pills and drinking too much. He always packed a gun.

"It was a dangerous combination. I told them he was a walking time bomb," said his mother, Teresa Hernandez.

His sergeant told her there was nothing he could do. Then, she said, he started taunting her son, saying things like, "Your mommy called. She says you are going crazy."

Eight months later, the time bomb exploded when her son used a stun gun to repeatedly shock a small-time drug dealer in Widefield over an ounce of marijuana, then shot him through the heart.

Marquez was the first infantry soldier in his brigade to murder someone after returning from Iraq. But he wasn't the last.

Marquez, like many others in his brigade, returned home scarred from war, suffering the ravages of PTSD. He, like his fellow soldiers, began to murder civilians and each other, drive around and shoot at people, beat their former girlfriends to death, rape, kidnap, brawl, deal drugs, stab people, commit suicide, and self-medicate via alcohol and drugs.

From 2007 to 2008, the murder rate for his brigade, the 4th Infantry Division's 4th Brigade Combat Team, was 114 times that of Colorado Springs.

Soldiers are returning from the occupations of Iraq and Afghanistan destroyed mentally, spiritually, and psychologically, to a general population that is, mostly, willfully ignorant of the occupations and the soldiers participating in them. Troops face a Department of Veterans Affairs that is either unwilling or unable to help them with their physical and psychological wounds, and they are left to fend for themselves. It is a perfect storm of denial, neglect, violence, rage, suffering, and death.

Veterans are roaming the country wrought with PTSD. They are armed and dangerous. They are killers.

One of the soldiers in the Gazette article served two tours in Iraq and returned home, like Kochergin, "depressed, paranoid, violent, abusing drugs and haunted by nightmares. But because he was other-than-honorably discharged, he said, he was ineligible for benefits or health care. He was no longer Uncle Sam's problem. He was on his own.

"I had no job training," he said. "All I know how to do is kill people."

Ten infantrymen in his brigade have been arrested and accused of murder, attempted murder or manslaughter since 2006. Others have committed or attempted suicide.

What is happening to the 4th Infantry Division's 4th Brigade Combat Team is true of literally hundreds of thousands of veterans across the US.

There are numerous instances of veterans attempting to kill themselves after they return from their deployments. Some of these incidents seem to be an effort to avoid redeployment. Many more look like desperate bids to stop, once and for all, the internal pain that many veterans experience.

After witnessing atrocities in Sadr City in Baghdad, Kristopher Goldsmith had returned home shattered, only to learn he was being stop-lossed and redeployed to Iraq. Testifying on the panel "Breakdown of the Military" at a Winter Soldier event in Silver Spring, Maryland,

Goldsmith gave an account of his response to the news:

The moment I learned that, I swung from being the happiest I had ever been in my life to the most depressed. My joy had come from the sense of relief I felt at the thought of being released from the prison called the Army. When that prospect receded, I experienced the most depressing, most agonizing downward spiral I could imagine anyone going through. I was to be redeployed the same week as I had hoped to be discharged, as per my contract, and that was in May of 2007. The day before I ... was supposed to deploy, Memorial Day, I went out onto a field in Fort Stewart where there's a memorial, a tree planted for every soldier in the Third Infantry Division who has died. I went out among those fallen soldiers and tried to take my own life. I took pills, and I went back to my regular poison of vodka, and drank until I couldn't drink anymore. The next thing I knew, I was handcuffed to a gurney in the hospital. The cops had found me and literally dragged my body into an ambulance, threw me in there, and locked me up. I spent a week in a mental ward – now mind you I was diagnosed because I had finally sought mental health. I thought I was having a heart attack. I believed myself to be strong, but on hearing I was stop-lossed I started having panic attacks and I couldn't admit that I was mentally or emotionally broken. So I went into the hospital complaining of chest pain and they had me seek a mental-health professional. They diagnosed me with depression and anxiety disorder, and adjustment disorder. But I was still set to be deployed, obviously [a] broken soldier, but set to deploy.

Goldsmith's ordeal did not end there. He ultimately obtained a general discharge from the military, but the papers cited the reasons for discharge as, "Misconduct, serious offense." The irony was not lost on the audience when Goldsmith said:

My serious offense was trying to kill myself because I was so damaged by the war – the occupation in Iraq. It was misconduct for me not to get on the right while I was chained or handcuffed to a bed in the hospital. So I lost my college benefits, the one thing that had really given me hope in life that I was looking for – you know, I was gonna be a student, I didn't know where, I didn't know what I was gonna study, but I knew I was going to college in September of '07. That didn't happen. My money is disappearing between VA visits and personal instability. I've found it extremely hard to find a job. To tell you the truth, I haven't really looked because I'm having a rough time. So I deliver pizzas on Wednesdays, that's what I am now, a pizza delivery boy. I was a sergeant, I was a leader, I was a trainer, I was very well thought of. I was one of the most professional soldiers.... I mean I got the paperwork right here in front of me if anyone ever wants to see the proof that I was a very good soldier. But now I'm a pizza delivery boy who works once a week because that's the only job where I can call in a couple hours before and say, "I'm still at the VA, I'm waiting in line. I'm sorry I can't come in for a couple hours."

I interviewed Goldsmith shortly after his testimony. "War is a really destructive thing," he told me. "It follows you home. And it doesn't go away."

What kind of homes filled with the specter of a distant war will this country be filled with as more of our broken, wounded, and destroyed soldiers are brought back?

In April 2008, the RAND Corporation released a stunning report revealing, "Nearly 20 percent of military service members who have returned from Iraq and Afghanistan – 300,000 in all – report symptoms of post-traumatic stress disorder or major depression, yet only slightly more than half have sought treatment."

The situation continues to worsen. In the six months leading up to March 31, 2008, 1,467 veterans died while waiting to learn if their disability claim would be approved by the government. The average duration of an appeal pending a VA decision on disability claims is 1,608 days, which amounts to nearly four and a half years.

As a result, the suffering of returning vets is compounded by the agonizing wait. In 2007, the Army's official suicide count was 115, the most since the Pentagon began keeping suicide statistics in 1980. In 2008, it rose to 133, and 2009 is currently on track to set yet another grim record.

Meanwhile, the military continues to attempt to conceal the depth of the crisis.

When the Pentagon reports the number of US troops wounded in Iraq (just over 31,000), it fails to mention that it tracks two other categories of injuries: "injured" (10,180) and "ill" (28,451). All three groups comprise soldiers who have to be medically evacuated to Germany for treatment.

When the VA will not deliver the necessary care, many veterans turn to alcohol and drugs for self-medication. In the Pentagon's recent post-deployment survey of health-related behavior, released in November 2007, of 88,235 soldiers surveyed three to six months after returning, 12 percent of active-duty troops and 15 percent of reservists acknowledged having problems with alcohol.

The more fortunate among the troops do not need to self-medicate. The military does it for them, in order to keep enough boots on the ground. The dual objective of medicating soldiers is to steady their nerves and to enable an already troop-starved military to retain soldiers on the front lines. Mark Thompson reports in Time magazine, "Data contained in the Army's fifth Mental Health Advisory Team report indicate that, according to an anonymous survey of US troops taken last fall, about 12 percent of combat troops in Iraq and 17 percent of those in Afghanistan are taking prescription antidepressants or sleeping pills to help them cope."

Sergeant Christopher Lejeune has firsthand experience of this "treatment." He was diagnosed with depression, and the military doctor he consulted sent him back into the field with the antidepressant Zoloft and an anti-anxiety drug called clonazepam. He says in the Time article, "It's not easy for soldiers to admit the problems that they're having over there for a variety of reasons. If they do admit it, then the only solution given is pills."

Two out of five suicide victims among troops in Iraq and Afghanistan have been found to be on antidepressants.

At the Northwest Regional Winter Soldier event at the Seattle Town Hall in June 2008, psychiatrist Dr. Evan Kanter, president-elect of Physicians for Social Responsibility, spoke at length to the 800-member audience about the crippling impact that the occupation has had on the mental health of the forces. Dr. Kanter specializes in treating vets with PTSD. Physicians for Social Responsibility is an organization that has vigorously opposed the occupation of Iraq since before the invasion was launched.

The ratio of wounded to killed in Iraq is much higher than in previous conflicts, and is a far more accurate measure of the scale of violence in the country than the tally of combat deaths. In Iraq, the ratio is 8 to 1, compared to Vietnam, where it was 3 to 1, or World War II,

where it was 2 to 1. The reasons for this are the twofold advance in body armor and in battlefield medicine. Today we can stabilize and airlift people to Landstuhl Air Force Base in Germany within twenty-four hours, whereas in Vietnam it would have taken weeks for those treated in the field to be taken out for proper medical care. As a consequence, we now have service members with dreadful injuries who would never have survived similar conditions in an earlier battle. We, as a society, will be bearing the cost of caring for these grievously injured veterans for the rest of their lives.

Dr. Kanter added that, considering that the US has now deployed well over 1.8 million personnel, so far, to serve in the occupations of Iraq and Afghanistan, “looking at the PTSD and major depression cases alone will give you three to four hundred thousand psychiatric casualties.”

According to Dr. Kanter, these “psychiatric casualties” have a direct link with the high suicide rates in the military. He added:

PTSD is no less a war wound than a shrapnel injury. It can be tremendously debilitating. Symptoms include nightmares and flashbacks, triggered physiological and psychological stress, social withdrawal, isolation, avoidance of any kind of reminders of the trauma, emotional numbing, uncontrolled outbursts of anger or rage, difficulty concentrating and focusing, and a state of hypervigilance, which the military calls the “battle mind.” All these are symptoms that would make it impossible for a vet with severe PTSD to be in the room with us today. Studies that go back to the Second World War have found that combat veterans are twice as likely to commit suicide as people in the general population. Other lesser-known distressing facts are that 9 percent of all unemployment in the United States is attributed to combat exposure, as is 8 percent of all divorce or separation, and 21 percent of all spousal or partner abuse. The impact of all this extends to behavioral problems in children, child abuse, drug and alcohol addiction, incarceration, and homelessness, all of which have implications that go well beyond the individual and reverberate across generations.

Cpl. Bryan Casler was first deployed to Iraq with the Marines in 2003, at the time of the invasion. Posted to Afghanistan in 2004, he returned to Iraq for another tour of duty in 2005. His experience reveals a good example of the suffering soldiers face upon returning home, as well as the military’s attempts to redeploy those who are unfit for duty.

Casler suffers from chronic PTSD. He has nightmares and grinds his teeth so badly that he dislocated his jaw.

He told me:

“I’m still on edge 24/7. I have trouble being in social environments. I never thought of myself as suicidal, and I still don’t, but for the past few months there have been points where I was driving and I would close my eyes for fifteen seconds and just think about what it would be like to crash my car into a concrete barrier. That’s not me. I never had these thoughts until after I got out. I just don’t feel like myself. I was always a hopeless romantic and now I have relationship problems. I have the greatest girlfriend in the world and I know it’s not her fault. I just have personal problems I have to work out. There are just so many issues. I’m not at rest. And there are these regrets. I think about the Iraq war way too much. I wish I could think about my family more than I think about Iraq. And it’s draining me. I can’t focus in class. I can’t focus at a job. I was working for a union, and I was picketing for

the union, and all I could think of was how to end this war. I cannot attend to things that are outside the realm of ending this war. And I don't think it will be complete relief, but once this war is over, that will be a healing moment for my PTSD."

After Casler returned home from his last deployment to Iraq, he received a recall order from the Marines stating that "the president had authorized some 1,400 IRR (Individual Ready Reserve) Marines to be involuntarily mobilized." Unable to get a school deferment, he found himself shipped down to a warehouse where he was reunited with approximately 250 of his peers, mostly from the infantry, who, like him, had already served an average of two or more tours in Iraq or Afghanistan. A general began to lecture them, telling them to prepare to be deployed again.

The memory of that day still makes him livid: "My hands were getting sweaty because I knew I was going to do it (speak up).... Every time you have someone high ranking speak up, they say something that grabs your lungs and just squeezes. I was like, 'I know I can't keep silent, I can't do this anymore. Fuck the Marine Corps. I'm so sick of it. Sick of this motivated, hoorah screw yourself over for nobody's good bullshit.... fucking sick of it.'"

Casler said he and his fellow marines were under threat of the military retroactively removing their honorable discharges, removing their health-care benefits, removing their GI Bill, and other threats, if they did not obey the order to redeploy.

One of his fellow soldiers, who was about to be redeployed despite having been diagnosed with both PTSD and TBI (traumatic brain injury), stood up and asked the general, "Who in their right mind is going to send me back to Iraq? Put a rifle in my hands, send me out there? I'm supposed to lead Marines? You want to put me around Iraqi civilians? I'm not stable, I can't do this. Who in their right minds is going to approve me to go back?"

At the time we spoke, Casler was still in the Individual Ready Reserve. What if he gets reactivated? "I'm not going back." He feels it is imperative to continue speaking out against the occupation. It is more than resistance to him; it is his therapy.

Of his activism against both occupations, Casler told me, "That made me a person again. That was my anti-boot camp. That was me becoming human."

His is a rare success story that most veterans from the occupations have not enjoyed.

While Casler has the opportunity to deal with his PTSD at home while he works his way through college, the 4th Infantry Division's 4th Brigade Combat Team from Fort Carson at Colorado Springs, as part of the 19,000 troops President Obama is adding to the meat-grinder of Afghanistan, has already deployed to one of Afghanistan's most dangerous regions, near Khyber Pass, this May.

Dahr Jamail's new book, The Will to Resist: Soldiers Who Refuse to Fight in Iraq and Afghanistan, is now available.

Order the book here <http://tinyurl.com/cnlgyu>

As one of the first and few unembedded Western journalists to report the truth about how the United States has destroyed, not liberated, Iraqi society in his book Beyond the Green Zone, Jamail now investigates the under-reported but growing antiwar resistance of American GIs. Gathering the stories of these courageous men and women, Jamail shows us

that far from "supporting our troops," politicians have betrayed them at every turn. Finally, Jamail shows us that the true heroes of the criminal tragedy of the Iraq War are those brave enough to say no.

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