

Fort Hood Shooting Highlights Mental Illness Crisis in US Military

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In the latest outburst of violence in the US, an army soldier who had been deployed to Iraq and was under psychiatric care for possible post-traumatic stress shot and killed three military personnel at the Fort Hood post in Texas and wounded 16 others Wednesday before turning the gun on himself.

According to law enforcement and military sources, the gunman was 34-year-old Army Specialist Ivan Lopez. A native of Puerto Rico, Lopez was a member of the island's National Guard from 1999 to 2008. He was deployed in 2007 as part of a multinational force in Egypt's Sinai Peninsula for 13 months before joining the active duty Army in 2008 as an infantry soldier. According to a military spokesman, Lopez was sent on his second deployment to Iraq as a truck driver for four months in 2011.

Lopez reportedly arrived at Fort Hood in Killeen, Texas in February after transferring from Ft. Bliss in El Paso. He moved into an apartment with his wife and young daughter a little more than a week before the shooting.

In a press briefing Lt. Gen. Mark Milley said the soldier suffered from "mental issues," was on medication and was being evaluated for post-traumatic stress disorder (PTSD). "He was undergoing behavioral health, psychiatric treatment for depression and anxiety and a variety of other psychological and psychiatric issues," Milley said. "He was not diagnosed, as of today, with PTSD, he was undergoing a diagnosis process to determine if he had PTSD. That is a lengthy process."

Describing what was known about the shooting, Milley said at around 4 p.m. local time the gunman "walked into one of the unit buildings, opened fire, got into a vehicle, fired from [the] vehicle, got out of the vehicle, walked into another building, opened fire again and was engaged by local law enforcement here at Fort Hood."

Milley said a female officer confronted Lopez in a parking lot near the second building. He approached the officer but stopped about 20 feet from her and put his hands up. Then, Milley said, the gunman reached into his jacket and pulled out his weapon. As the officer opened fire, the man shot himself in the head.

A soldier told local news outlet KENS 5 that Lopez fired about 20 rounds outside near the transportation motor pool and then went into the medical brigade building, where more bursts of gunshots were fired after an apparent standoff. Milley said there was no indication of an argument at the WTU, the so-called Warrior Transition Command where wounded, ill and injured soldiers are "taught resilience skills," according to CNN.

Authorities say there is no indication that Lopez was targeting specific soldiers. The wounded include eight men and one woman, according to local news reports, ranging in ages from their early 20s to mid 40s. Most have gunshot wounds or injuries from shrapnel debris.

The military was quick to announce that Lopez did not see combat in Iraq. His records “show no wounds, no direct involvement in combat ... or any injury that might lead us to further investigate battle-related TBI (traumatic brain injury),” Army Secretary John McHugh told the Senate Armed Services Committee on Thursday. However, Lt. Gen. Milley said Lopez “self-reported” suffering a traumatic brain injury while deployed, according to a CNN report.

Fort Hood was the scene of a mass shooting in November 2009 when Army psychiatrist Major Nidal Hasan shot and killed 13 people. Hasan, the son of Palestinian immigrant parents, worked as a liaison between wounded soldiers and the psychiatric staff at the Walter Reed Hospital in Washington, DC, where he turned hostile to the wars in Afghanistan and Iraq. He was vilified as a “terrorist” by the Obama administration and convicted and sentenced to death by a military tribunal in August.

Two years later, authorities arrested an AWOL army private, Naser Jason Abdo, after he bought gunpowder, shotgun shells and a handgun from the same gun shop outside the base where Hasan (and later Lopez) bought their weapons. The police said Abdo was plotting to attack a restaurant popular with Ft. Hood personnel.

The eruption of violence at military bases, like throughout all of American society, has become more commonplace. In September 2013, a dozen people were shot dead and at least 14 others injured when a gunman opened fire on military and civilian employees at the Washington Navy Yard, located in southeast Washington, DC. Police shot and killed the gunman, 34-year-old Aaron Alexis, a civilian contractor for the Navy from Fort Worth, Texas.

President Obama made predictable and perfunctory comments after the latest shooting, telling reporters at an impromptu appearance inside the Chicago Cut Steakhouse, “Obviously, this reopens the pain of what happened at Fort Hood five years ago,” he said. “We know these families. We know their incredible service to our country and the sacrifices that they make.”

In fact, the unceasing wars by the United States have left a large portion of the 2.2 million soldiers deployed to Afghanistan and Iraq since 2001 psychologically damaged and suffering from alcohol and drug abuse, and suicidal tendencies, according to the National Alliance on Mental Illness. A June 2012 NAMI report on military personnel, veterans and their families states that one in five active duty service members experienced symptoms of posttraumatic stress (PTS), depression and other mental health problems.

Rates of PTS in veterans of the Iraq and Afghanistan wars range from 5 to 37 percent, while rates of depression were found to be as high as 27 percent. The Veterans Administration has treated more than 400,000 of these veterans for mental health problems, but tens of thousands of others go untreated.

The current wars have involved longer and more frequent deployments than at any other time since the military became an all-volunteer force in 1973. Military suicide is a “national crisis,” the report declares, with one active duty soldier taking his or her own life every 36 hours and one veteran every 80 minutes—or more than 20 a day.

Suicide has also increased within the National Guard and Reserve, the NAMI report notes, “even among those who have never been officially ‘activated’ and are not eligible for care through the Veterans’ Administration.”

Drug abuse, including prescription drugs, increased from 5 percent in 2005 to 12 percent in 2008. Drug or alcohol abuse was involved in one-third of the Army suicide deaths from 2003 to 2009, the report notes.

These and other malignant problems in the US military, including domestic violence and sexual abuse, are inevitable given the horrors that soldiers have witnessed or participated in. There is a vast gulf between the government and media promotion of soldiers as selfless heroes and liberators and the daily realities of the colonial-style wars and occupations, in which they are involved in the bloody suppression of hostile populations.

The mayhem at Ft. Hood is the latest and tragically will not be the last example of the collateral damage inflicted by American imperialism, which has not only perpetrated unspeakable crimes on the people of Afghanistan and Iraq but left American society itself deeply scarred.

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