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OP-ED COLUMNIST

## Wounds You Can't See

By [BOB HERBERT](#)

The U.S. has been at war for years now, but ordinary Americans have never been asked to step up and make the kind of sacrifices that wars have historically required.

There is no draft. There are no shortages of food, consumer items or gasoline. We're not even paying for the wars in Iraq and Afghanistan. That multitrillion-dollar obligation has been shoved off to future generations. Incredibly, taxes have been lowered, not raised, since the wars began.

On the home front, this is as pleasant a wartime environment as one could imagine.

That's actually an added danger for the young men and women who have volunteered to fight in those far-off lands. It's too easy for the larger society to put them out of sight and out of mind. I asked a college student in Bridgeport, Conn., the other night if she or her friends ever talked about the war in Iraq. She said no.

Among the least-noted aspects of these two seemingly endless wars is the psychological toll they are taking on those who have volunteered to fight them. Increasingly, they are being medicated on the battlefield, and many thousands are returning with brain damage and psychological wounds that cause tremendous suffering and have the potential to alter their lives forever.

A recent article that I thought would have gotten much more attention was the cover piece in Time magazine, "The Military's Secret Weapon," which disclosed that "for the first time in history, a sizable and growing number of U.S. combat troops are taking daily doses of antidepressants to calm nerves strained by repeated and lengthy tours in Iraq and Afghanistan."

Soldiers and marines are being sent into the war zones again and again because the pool of young people willing to join up and fight is so small. In addition to the obvious physical danger, repeated tours in combat are blueprints for psychological disaster.

A study by the RAND Corporation found that the psychological toll of deployments to Iraq and Afghanistan may in fact be "disproportionately high compared to the physical injuries of combat."

Post-traumatic stress disorder, traumatic brain injuries, major depression and suicide are exacting a fearful price from combat soldiers and marines. These matters are not even being talked about enough, much less dealt with adequately.

Never before has such a strain been placed on the all-volunteer military. As the RAND study noted:

"Not only is a higher proportion of the armed forces being deployed, but deployments have been longer,

redeployment to combat has been common, and breaks between deployments have been infrequent.”

While most service members readjust to civilian life successfully after combat, the number who come home in some kind of psychological trouble is huge. The study found that approximately 300,000 individuals who served in Iraq or Afghanistan are currently suffering from P.T.S.D. or depression, and that 320,000 have most likely experienced a traumatic brain injury.

These wounds, as the title of the report points out, are often the “Invisible Wounds of War.” They’re as real as a bullet or a shrapnel wound, but they’re not always as obvious. And for a variety of reasons, including the fear that exposure may harm their careers, many of these psychologically wounded warriors do not seek mental-health treatment.

Studies have shown that fewer than half of the G.I.’s with psychological wounds of one sort or another are receiving treatment. And according to the RAND study, “Even when individuals receive care, too few receive quality care.”

Support the troops? Too often that’s an empty slogan. Flag waving and bumper-sticker patriotism don’t add up to much when there are many thousands of G.I.’s in need of first-class care who are not getting it.

“This should be a top issue in the presidential race, and it should be a top issue in the news,” said Paul Rieckhoff, executive director of the advocacy group Iraq and Afghanistan Veterans of America. “When you come home from Iraq, you feel like you’re lost in the wilderness sometimes. You feel like you don’t fit in.”

Add to that burden the mental torture of depression or P.T.S.D. or the debilitating effects of traumatic brain injury, and you have the stuff that leads to alcoholism, drug abuse, family dissolution, homelessness, trouble with the law and sometimes suicide.

“The hardest part is getting the veterans in,” said Mr. Rieckhoff. “We have to make it much easier for them to access mental health services.”

However one feels about the nation’s war policies, we have an ironclad obligation to look out for the short- and long-term needs of the troops we send off to combat. In the absence of any general call for sacrifice, it’s the least we can do.

Right now we’re not even doing that.

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