

A SOLDIER COMES HOME

Twenty-seven-year-old Melissa Resta remembers when she first met her husband. When she was growing up near Navy and Air Force bases in rural South Carolina, her father had always told her not to date cops or guys in the military.

Then Patrick Resta appeared at her door. “He showed up in full Army fatigues after going to drill,” she recalled laughing. “It was a little awkward. I have to say that I giggled every time he put the beret on, but it was him that I loved.”

Patrick had always loved the military. He’d signed up right after high school, but by the time he married Melissa he’d already finished his time on active duty and was in the Army Reserve. “I figured he’s only in the Reserves so I’m not going to become an Army wife or anything,” she told me, “but that definitely happened.”

Patrick’s aunt and uncle were killed in the World Trade Center on September 11, 2001, and about three weeks later Patrick was called to active duty as part of homeland security. A year later, the Bush administration started to advocate attacking Iraq. Patrick told me he “had questions from the start about some of the things that were being

given as a rationale for the war,” but considered it his patriotic duty to answer the call to service.

In the spring of 2004, the Army sent Patrick to Diyala Province, northeast of Baghdad near the Iranian border. One of the most dangerous places in Iraq, it’s where al-Qaeda in Iraq leader Abu Musab al-Zarqawi was killed in 2006.

Patrick served as a combat medic. He went out on patrol and checked for roadside bombs. He says he saw American Humvees blow up in his face, but added the worst casualties he saw were Iraqi civilians—who he was often forbidden to treat.

“We could not treat Iraqi civilians unless they were about to die and we had done it,” he said, noting the medic’s primary (and nearly always exclusive) responsibility is to care for injured American soldiers. “When I would walk through these cities I had people bringing their children up to me who were ill and had to be treated, and we were threatened with being court-martialed if we took any medicine to treat these Iraqis in the city.”

Patrick’s experiences are hardly unique. In July 2004, a team of researchers from Walter Reed Medical Center published a report in the *New England Journal of Medicine* on the mental health of American troops before and after deployment. Ninety-five percent of those surveyed reported seeing dead bodies and remains, 95 percent had been shot at, and 89 percent had been ambushed or attacked. Another 69 percent had seen an injured woman or child and felt they could not provide assistance.¹

On November 13, 2004, two days before he left Iraq, Patrick posed for a photograph that for him has come to symbolize his wartime deployment. “I went on my last patrol to the city where I was based,” he told me. “I was walking through a market. I wanted to take a photo

there because seeing the children probably had the most effect on me. So I handed the camera to a friend of mine.”

Patrick said he didn’t look at what the children were doing while the picture was being taken. He was too busy looking around, checking windows and rooftops to make sure no one was planning an attack.

When his friend handed the camera back after snapping the photo, Patrick saw something about the children he hadn’t noticed. “One of them had his right arm extended in a kind of Hitler salute, and on the other side of me one of the children is holding up a local newspaper with the Abu Ghraib torture pictures on the front cover,” he said. “That was the impression that I left Iraq with—that we’ve angered a lot of people and radicalized a whole generation of Iraqis to hate this country and hate Americans.”

When Patrick returned home November 15, 2004, his wife Melissa quickly realized something was wrong. “That’s when it was really bad,” she said. “He was angry all the time and was drinking more than what I think someone normally should and at off hours. He wasn’t sleeping. When I would lay down he wasn’t there.”

At first, Melissa blamed circumstances for Patrick’s anger and mood swings. While Patrick was in Iraq, Melissa graduated from the University of South Carolina with a degree in sociology. Eager for work, the couple decided to move from South Carolina to Philadelphia, where they crammed into a family member’s small apartment. Time passed and the anger continued. Melissa began to worry.

“Over the course of just two or three weeks, I started to notice that if I came into a room, he would just leave,” she said. “If I said something to him, he would just snap. He didn’t want to talk to me, he didn’t want to talk to really anybody, and when I confronted him with us having problems I would get let into.”

“Why do I have to do this?” Patrick would shout. “Why don’t you have a job? Why haven’t you done this? Why won’t you go away?”

Six weeks later, at Christmas time, Melissa confronted her husband. “He just wasn’t interested in even spending any time with me,” she said. “Christmas morning he got up and went off with his brother and I didn’t even see him the rest of the day. I knew there was something wrong there. So I finally said something. I asked him if he wanted to split up and he said he didn’t care and then I realized something’s not right. He wouldn’t say this to me.”

So Melissa talked to other veterans in her community, and a few months later a Vietnam War veteran helped Patrick get an appointment at the Department of Veterans Affairs, where he was diagnosed with post-traumatic stress disorder, an anxiety disease that can emerge after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. A person experiencing PTSD may lose touch with reality and believe that the traumatic incident is happening all over again. By March 2008, over 130,000 Iraq and Afghanistan war veterans had been diagnosed with a psychological illness by the VA’s mental health services.²

Studies show that between 15 and 50 percent of all post-9/11 veterans (between 320,000 and 800,000 people) suffer from PTSD.³ “It becomes a disorder when it causes dysfunction,” explained Capt. Thomas Grieger, a doctor at the National Naval Medical Center in Bethesda, Maryland, and one of the military’s leading researchers on traumatic stress, “to the extent that individuals change their activity patterns significantly or it changes their relationships with their family, or their employers, coworkers, or friends. . . . I’ve seen several soldiers and sailors who came back from combat, had serious symptoms, chose not to report them and continued to have severe symptoms through another deployment. Oftentimes, individuals try

to manage it on their own, and regrettably it comes down to the use of alcohol.”

Indeed, because many soldiers either don't realize their problems are linked to PTSD or don't want to admit to having a psychiatric illness, family members are often best positioned to point vets toward help.

“I'd be concerned if they weren't sleeping well,” Dr. Grieger told me. “I'd be concerned if they'd given up activities that they previously enjoyed. Sometimes they call out in their sleep and wake up during nightmares. Often they have difficulty driving or flying or being in other kinds of confined spaces. Drinking too much over a long period of time would also be a red flag.” Also of concern, Grieger said, would be if veterans were unwilling to talk about their war experiences or showed discomfort at reminders of war, like civilian aircraft or Hummers.

Even veterans who go in for therapy or psychoactive medication never fully recover. VA doctors can help patients manage their symptoms, but there's no cure for PTSD. After two years of therapy, Patrick Resta told me he's still “not the person I was before” experiencing combat in Iraq. “I was always laid back and relaxed, always cracking jokes and things like that,” he said. “Now I'm anxious and tense. I have bouts of anger and pretty severe insomnia, some bad nightmares. It's pretty standard for the men and women who are over there. All the people I've talked to have pretty much the same symptoms.”

Still, the group therapy sessions Patrick attends at the VA have been helpful. He's gone back to school and is working on an associates degree at a community college in Philadelphia. After that, he plans to transfer to Temple University to study nursing.

Melissa has also been able to move on in her life, securing a job as a contractor with the U.S. Department of Justice. The couple now has

Definition of PTSD

The American Psychiatric Association defines post-traumatic stress disorder from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (DSM-IV) as follows:

- A. The person has been exposed to a traumatic event in which both of the following were present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, and (2) the person's response involved intense fear, helplessness, or horror.
- B. The traumatic event is persistently re-experienced in one (or more) of the following ways: (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions, (2) recurrent distressing dreams of the event, (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated), (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event, (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness that was not present before the trauma, as indicated by three (or more) of the following: (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma, (2) efforts to avoid activities, places, or people that arouse recollections of the trauma, (3) inability to recall an important aspect of the trauma, (4) markedly diminished interest or participation in significant activities, (5) feeling of detachment or estrangement from others, (6) restricted range of affect (for example, unable to have loving feelings), (7) sense of a foreshortened future (for example, does not expect to have a career, marriage, children, or a normal life span).

- D. Persistent symptoms of increased arousal that were not present before the trauma, as indicated by two or more of the following: (1) difficulty falling or staying asleep, (2) irritability or outbursts of anger, (3) difficulty concentrating, (4) hyper vigilance, (5) exaggerated startle response.
 - E. Duration for the disturbance (symptoms in criteria B, C, and D) is more than one month.
 - F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
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their own apartment. But Melissa says their lives have permanently changed. Patrick won't go to the grocery store because he feels unsafe amid so many shoppers. He gets upset when he sees a woman on the street in traditional Muslim dress.

"There's so many things that I never thought would be a problem and now I have to think them through," she said. "And at twenty-seven it's not really where I pictured myself." She told me she doesn't think about children now and has to take life, and her marriage to Patrick, one day at a time. I asked her what advice she would give to other couples in a similar situation.

"Just try to remember what you had with them before and realize that they're still there, but they're never going to be who they were before and you have to come to terms with what they need from you, what you need from them, and try to work out a happy medium," she said. "You can do a lot more than you think you can," she added sniffing, wiping away tears. "You're a lot stronger than you think you are and when you love somebody you can do a lot more than you ever dreamed you could."

And yet, the Restas are lucky. In many ways, their experience is a best-case scenario. Patrick survived his deployment to Iraq and within

a few months of returning, the couple had found a support group of local veterans who helped get him care from the VA medical system. The couple has also stayed together—no small feat given the sharp rise in divorces among soldiers over the course of the Iraq War.

The couple is also lucky Patrick was not physically injured in Iraq. He has no symptoms of traumatic brain injury (TBI), which many call the “signature injury” of the Iraq War. The most common injury soldiers in Iraq experience is brain damage from blasts from roadside bombs, otherwise known as improvised explosive devices, or IEDs.

The military formally diagnosed more than 4,000 cases of traumatic brain injury from October 2001 through January 2007. But most observers believe the number is much higher, and a recent Army study found that 18 percent of troops who have been to Iraq likely suffered at least some brain damage from IEDs.⁴ That means as many as 320,000 potential TBI patients.

Patrick is also lucky that he has all his limbs. In February 2008, the Pentagon reported that more than 1,000 Iraq War veterans had become amputees.

Finally, Patrick is lucky because he was released from the Army after only one tour and with full VA medical benefits. Many of Patrick’s fellow soldiers are sent back to Iraq for multiple deployments—even after being diagnosed with conditions like PTSD. Others are being dishonorably discharged for destructive behavior brought on by their undiagnosed or misdiagnosed mental problems and are legally barred from getting the care they need from the VA.

But nobody comes back from a war the same, and even those who get the care they need often feel alienated on their return home. In August 2007, researchers at the University of Pennsylvania and the Philadelphia VA Medical Center looked at the family problems of 168 veterans who were referred for behavioral health evaluation and who

had served in Iraq or Afghanistan since 2001. Forty-two percent told the researchers they felt like a guest in their own home, 22 percent said their children didn't act warmly toward them or were afraid of them, and 36 percent were unsure about their role in regular household responsibilities.⁵ In interviews for this book, many veterans explained that distance and a lack of intimacy are caused by burdensome secrets they're afraid to share.

"When people ask you about your wartime experiences they usually don't want to know," former Abu Ghraib interrogator Joshua Casteel told me. The Iowa City native arrived at the prison in June 2004, a few months after photos surfaced showing grotesque abuse of Iraqis in American custody.

When he came home, he said, "people wanted to hear stories that either reaffirmed their patriotic notions or reaffirmed their belief that the person that they love was doing something worthwhile. They don't want to hear how their loved ones were harassing taxi drivers and devastating a country. They don't want to hear how soldiers came back and committed suicide. They don't want to hear that, but that is what it's like." Besides, he said, "the more you talk, the more you have to reconcile with pain, because if you start putting words to how pointless and hopeless the last year of your life felt . . . those things aren't very fun to think about."

According to a 2004 report by the International Red Cross, nearly 90 percent of Iraqis incarcerated by the U.S. military were picked up by mistake.⁶ Because the military rarely releases detainees, Casteel said he was forced to interrogate innocent prisoners again and again.

"I was constantly being asked, 'Why am I being held here? I want answers!'" Casteel told me. "But that was my job. We were supposed to be finding answers to our questions, but we kept being put into

situations that were incredibly puzzling because talking to people was like trying to get blood from a turnip. They were the ones that had a greater justification for the need to have answers.”

Eventually, Casteel said, he did have the opportunity to interrogate a self-described jihadist. “I had an interrogation with a twenty-two-year-old Saudi Arabian who was very straightforward that he had come to Iraq to conduct jihad. . . . We started having a conversation about religion and ethics, and he told me that I was a very strange man who was a Christian but didn’t follow the teachings of Jesus to love my enemy and pray for the persecuted. My nickname in my unit was ‘priest’ because I spent a lot of time in the chapel.

“So I had this moment with a man who was a jihadi and he was giving me a lesson on the sermon on the mount,” Casteel said. “That was about five months into my time in Iraq, and I had already had about a hundred interrogations and I was so weary of the whole process. I told him that I thought he was right and that there was a massive contradiction involved with me doing my job and being a Christian.”

In January 2005, Casteel left Iraq and was discharged from the Army as a conscientious objector. But in his mind, he wasn’t free and clear. “There were days that I would hear a song that I heard when I was deployed and be emotionally devastated for a week,” he told me. “One day I was watching the movie *The Godfather* and there’s this line—‘all politics is crime’ and my mind just started racing around that idea and I didn’t leave my apartment for four or five days except to buy food and was convinced that there wasn’t such a thing as justice in the world.”

In February 2006, pollster John Zogby conducted a survey of U.S. soldiers stationed in Iraq. Seventy-two percent said that U.S. troops should be pulled out within one year. Of those, 29 percent said they

should be withdrawn “immediately.”⁷ After more than five years of war, most American soldiers know the same things about Iraq that the American people do: that the invasion of Iraq was based on lies, that there was no link between Saddam Hussein and the 9/11 attacks, and that Iraq had no weapons of mass destruction. Those facts—coupled with the Bush administration’s disregard for the Geneva Convention and the guerrilla nature of the war that leaves many civilians killed by American arms—can only contribute to feelings of anger and guilt among U.S. soldiers and veterans.

Writing about their experience treating Vietnam veterans, psychiatrists Herbert Hendin and Ann Pollinger Haas wrote that “the moral ambiguity surrounding who should or should not be killed in Vietnam and the breakdown of codes of conduct, which at least to some degree govern behavior in other wars, created an inordinate number of guilt-generating situations.”⁸ But like other researchers, Hendin and Haas found that a sense of guilt and betrayal is less important to an individual soldier’s mental health than the way he or she processes the trauma experienced abroad. Like war reporters, soldiers heal best when they can come up with a coherent narrative that puts their experiences in perspective.

Specialist Casteel told me the hardest, but most important, part of his healing process was learning to sit still. In Iraq, he said, “your senses are inundated. You’re moving 99 miles an hour and when you’re back . . . you haven’t had time to really think about what you’ve done, but that’s what you need to do. But that’s the most terrifying thing. You have to ask yourself: was it my finger on a trigger that could have shot those eight-year-old boys? And it was my voice that did the interrogations? What does that make of me? What does it mean about me?”

After he returned from Iraq, Casteel entered the masters of fine arts program at the University of Iowa and the Iowa Playwrights Workshop and wrote two plays about his time abroad—“Returns: A Meditation in Post-trauma” and “Ishmael and Isa” (Isa is Jesus in Arabic). He said the plays weren’t easy to write. “When I first started writing . . . I couldn’t sit down for fifteen minutes at a time,” he told me. “I couldn’t think about arc or narrative structure or any of that. And I would just write in these bursts and then I’d go order a pizza with a friend and we’d just hang out. And eventually I began to realize that the way that I’m writing might be a way to figure out how PTSD works.”

In Casteel’s play “Returns,” one of the interrogators allows his prisoner, a young boy, to take his gun from him and point it at his head. “If I can’t make it right, then I want it to end,” the interrogator says. “I want to make amends, but I can’t. I don’t know how to. Not when they’re still in prison. Can’t just be for me. But, with them! With you. You have to leave my mind and I have to gain back the power of my hands. I have to have ME back. And if that’s not possible, then simply annihilate me. What’s the point? I’m just a tool of duty. Of law. Exploited to exploit.”

Another one of Casteel’s characters, Jonathan, talks of sitting alone with his girlfriend after returning home to the United States. “Sarah was the only one to listen,” Jonathan says. “She let me be quiet. As long as I needed. It must have been terrible for her. But she waited. That is all. It’s all I really needed. After I returned I knew I had to be still. For a long time. Just stand in the sunlight. Feel the earth. I didn’t need much.”⁹

“Coming to the end of the road of PTSD is finding words to explain your experiences,” Casteel explained, “but you can’t have those words imposed upon you. They have to be self-generated, and I think

Transitioning to Civilian Life

The **National Veterans Foundation** operates a toll-free hotline for veterans having difficulty adjusting to civilian life. The line is staffed entirely by veterans and operates between 9:00 A.M. and 9:00 P.M. Pacific time seven days a week. Call 888-777-4443. Veterans can also make anonymous queries via the organization's Web site, www.nvf.org.

Vets4Vets (www.vets4vets.us, 520-319-5500) is a nonpartisan project in which of Iraq-era military veterans take part in and create veteran support groups. Veterans listen and take equal and uninterrupted turns telling their stories with an agreement of complete confidentiality. In this forum, U.S. military veterans can help and support each other and express problems and situations that family and/or friends may not understand or relate to. The forums are free of charge and Vets4Vets will pay veterans' transportation costs to and from support sessions.

that means more than anything a willingness to be quiet until they come and friends who are willing to stay with you but allow you to be quiet so they [the words] come on their own. It's instrumental to be able to talk about it with friends, but how and when and why it happens is different for each person.”