
The Silencing of Soldiers

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LAURIE CALHOUN

On August 17, 2010, veteran National Guardsman Matthew Magdzas shot and killed his wife, April, their daughter, Lila, the family's three dogs, and then himself. For his post-traumatic stress disorder (PTSD) symptoms, including back pain for which no physical cause was identified and haunting, recurrent nightmares, Magdzas had been prescribed Lexapro, Ultram, and Clonazepam. One hundred and twelve other National Guardsmen also took their lives in 2010, the rate of suicide among that group having increased by 450 percent since 2004.¹

One facet of PTSD is simply the generalized inability to readjust to a nonwar environment after deployment. Veterans often become adamant, as did Magdzas, about having loaded guns ready at hand for purposes of self-defense, though there is usually no plausible threat anywhere near their typically suburban neighborhoods. A further contributing factor is the general alienation experienced by war veterans who simply cannot relate to ordinary people—those who have not lived through the exceptionally stressful experience of combat and have no idea what the veterans have been through. The Guardsmen, sometimes referred to as “weekend warriors,” are particularly vulnerable to alienation upon their return home from active combat duty because they do not have access to the sort of support system that full-time, career soldiers may find among their similarly situated comrades after deployment. Soldiers who, unlike the draftees of Vietnam or the National Guardsmen, return to military bases after tours of duty abroad may benefit from an informal type of “talk therapy” simply by communicating with their buddies about their similar, often harrowing experiences.

Laurie Calhoun is a research fellow at the Independent Institute and an advisory editor of *Transition: An International Review*.

1. Magdza's case and the situation of National Guardsmen more generally are examined in Thompson 2011.

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However, record numbers (and percentages) of the regular-force veterans of the wars in Afghanistan and Iraq have also committed suicide (“Army to Report” 2009). Many of the soldiers who have taken their own lives, like Magdzas, were prescribed a battery of medications intended to ameliorate their PTSD symptoms. Some of the drugs being provided to soldiers are known to increase violent and specifically suicidal tendencies, as is clearly printed in the contraindications that accompany the prescriptions. The U.S. Food and Drug Administration (FDA) now requires that the packaging of antidepressants in particular include explicit warnings about these dangers. But rather than examining what role the drugs themselves might have played in the decisions of so many young veterans to end their lives—ironically, after having survived life-threatening tours of duty—the emphasis in reporting is on the lack of an adequate support system in civil society after deployment. The problem of soldier alienation has existed for as long as wars have been fought abroad, but it appears to have become much worse in the twenty-first century than it was in the past, judging by the record percentages of troops who have committed suicide.

It is easy to ignore the possible contribution of prescription medications to the plight of soldiers such as Magdzas because they have suffered more than sufficient trauma and stress to explain their decisions to end their own lives. Indeed, in a perverse sort of self-confirmatory circle, such drugs are prescribed for symptoms that often include suicidal tendencies, thus providing an ironclad defense against any allegation that the drugs themselves might have contributed to the tragic ends to which some of the soldiers under their influence finally came. This curiously impervious logic is equally applicable to and helps to explain the trend in society more generally toward the increasing use of psychiatric medication in lieu of analysis and nonmedicinal therapies in treating persons who seek professional help with their psychological problems.² The “pro-med” trend has been accelerated and intensified by recent changes in insurance policies to cover drug therapy but not talk therapy, thus providing psychiatrists with a strong financial incentive to opt for the use of

2. The use of some of these drugs as a panacea has been challenged in a number of books, one of the earliest and perhaps the most famous of which is *Talking Back to Prozac* (1995) by Peter Breggin, which was written in response to Peter D. Kramer’s paean to Prozac, *Listening to Prozac* (1993). The appearance of Kramer’s book coincided with Eli Lilly’s aggressive marketing of fluoxetine—which the FDA had approved in 1987 for use in the United States—as “Prozac.” Critics of the progressively more frequent medication of Americans have expressed concern that the drugs are not sufficiently tested before being launched and that pharmaceutical companies and doctors have failed to emphasize properly to patients the drugs’ addictive potential and dangerous side effects, especially their inducement of an enhanced tendency toward violence, including suicide. The prescription pill-popping trend began in earnest with Prozac, but since that drug burst onto the psychiatric scene, many similar medications (selective serotonin reuptake inhibitors or SSRIs) have been developed and placed on the market, along with countless other patented medications to treat virtually every conceivable psychological and emotional problem. The long-term effects of these drugs are unknown, but as a result of massive marketing campaigns by their manufacturers—directed not only to patients, but also to doctors—they have become increasingly popular. Many Americans now take one or more drugs to combat depression and anxiety and to enhance neural functioning. Twice as many Americans (10 percent) were taking antidepressants in 2005 as in 1995, and such drugs are being increasingly prescribed by primary-care physicians to patients who do not see a psychiatrist at all (Szabo 2009).

drugs in treating their patients. When a patient's health insurance policy covers drugs but not dialogue, many doctors will write prescriptions rather than lose a client.³

In the case of veterans' suicides, rather than acknowledging that the disorientation caused by an overload of prescription drugs in the system—or even a modest dose of what are psychotropic, mind-altering agents—may have led soldiers to take their own lives, advocates of the therapeutic use of such medications maintain that, in fact, they have prevented even more tragic deaths from occurring. This hypothesis is difficult to refute, the counterfactual claim being that if fewer soldiers took the drugs, even more suicides would occur. Any attempt to test such a hypothesis, by withdrawing drugs from the persons currently under medication, would be interpreted by the drugs' advocates as irresponsibly placing the patients in even greater danger of seeking a solution to their trauma and anxiety through self-inflicted death.

Although it is thus simple to write off suicides as directly caused by the mental instability for which medications were prescribed, in some cases it cannot be denied that the drugs themselves physically caused soldiers' deaths. Marine veteran Andrew White died in his sleep of a prescription medication overdose on February 12, 2008. White had been prescribed Klonopine and Hydrocodone in addition to Seroquel, the dose of which had been increased from 25 milligrams to 1,600 milligrams over the course of the six months during which he had sought relief from his PTSD.⁴ Another former marine, Corporal Chad Oligschlaeger was found dead in his barracks of a prescription drug overdose on May 20, 2008—"multiple drug toxicity" being the official cause of death. For his various problems, most of which were symptoms of PTSD, Oligschlaeger had been prescribed Seroquel, along with Clonazepam, Zoloft, Lorazepam, Inderal, and Chantix. Seroquel, a drug being widely prescribed to soldiers before, during, and after their service, is a psychotropic medication whose psychiatric uses include the treatment of schizophrenia, bipolar disorder, mania, and depression, but it is provided to soldiers as a sleep aid. The other drugs on Oligschlaeger's prescription list are used to treat depression, anxiety, high blood pressure, and smoking addiction.⁵

3. In a March 5, 2011, *New York Times* story on this development, psychiatrist Donald Levin explained his decision to transform his practice into one that primarily dispenses drugs: "I want to retire with the lifestyle that my wife and I have been living for the last 40 years. . . . Nobody wants to go backwards, moneywise, in their career. Would you?" (qtd. in Harris 2011).

4. White's case is discussed in Brewin 2011b. When asked about Seroquel, which is not approved by the FDA as a sleep aid or for use in treating PTSD, Laura Woodin, a spokesperson for the drug's manufacturer, AstraZeneca, explained: "Like patients, we trust doctors to use their medical judgment to determine when it is appropriate to prescribe medications."

5. Oligschlaeger's case is discussed in Brewin 2011a. Oligschlaeger's mother stated that when her son began to discuss his battlefield experiences in a group therapy session in April 2008 (a month before he was found dead), the person moderating the group told him, "We only do that on Wednesdays. You will have to wait." Oligschlaeger abandoned the program in frustration.

The potential interaction effects of such “multi-med cocktails” are unpredictable and may prove, as in White and Oligschlaeger’s cases, to be deadly. Yet drugs have become “the answer,” according to the Veterans Administration (VA). Indeed, drugs are liberally prescribed to soldiers even preemptively, before they go to war, at the slightest expression of anxiety. According to a June 2010 internal report from the Defense Department’s Pharmacoeconomic Center in San Antonio, Texas, 20 percent (213,972) of 1.1 million active-duty soldiers surveyed were taking medications such as Seroquel and 125 other psychotropic drugs currently being prescribed (Brewin 2011a, 2011b). Even highly addictive substances such as Valium and Xanax are readily available to soldiers who manifest anxiety—a perfectly normal reaction to the extraordinary nature of their experience—before, during, and after their service.

Once the patients’ systems have become accustomed to these drugs, those who abruptly stop taking them may suffer severe withdrawal symptoms. For this reason, soldiers are provided with lengthy, easily renewable prescriptions in order to ensure that their ability to perform is not disrupted during their tours of duty. By receiving prescriptions even before going to war, soldiers thus become regular users of drugs that they may never have taken or had access to before their service. All of this amounts to a financial coup for the pharmaceutical firms that furnish drugs to the Pentagon through enormously lucrative contracts, the most obvious effect of which is to incline military physicians to prescribe the medications: they are already in abundance, ready at hand, and a part of standard protocol. Pentagon contracts are posted daily online, but to give a sense of the magnitude of the financial interests at stake, on March 31, 2010, alone, Cardinal Health, Inc., was awarded two contracts in the amounts of \$315,552,575 and \$20,056,210; DMS Pharmaceutical Group was awarded contracts for \$35,137,641 and \$34,101,402; AmerisourceBergen Drug Co. received \$20,049,630; and Dakota Drug Company, Inc., garnered \$17,892,000. All of these contracts were for pharmaceuticals (U.S. Department of Defense 2010).

Although the dispensation of drugs to soldiers has reached an unprecedented level in the twenty-first century, with prescriptions now provided readily on request, the “medication” of soldiers took place also in Vietnam, the difference being that the free-flowing drugs in that conflict were not written into Pentagon contracts and furnished by the military and the VA. Still, the popular drugs of that era—including marijuana, LSD (lysergic acid diethylamide), and heroin—were readily available to soldiers. Although during the Vietnam War the Pentagon had an official antimarijuana policy, the policy ultimately had the effect of promoting the use of highly addictive heroin, which was readily available in pure form for a pittance in Vietnam. As a result, many veterans returned to their homes with a serious addiction to a hard drug, having smoked the opiate during their service in order to make their experience more bearable (Brush 2002).

The soldiers of earlier wars, including World War II, often had reputations as heavy drinkers easily provoked to anger and involved in drunken brawls during their leaves. Whether through alcohol, illegal recreational drugs, or prescription medications, many soldiers have sought a psychological release from the harsh reality that their deployment entails. It would be a mistake, therefore, to focus on a moral critique of the use of drugs itself by pointing out, for example, how such a stance conflicts with the general antidrug position of the United States and with the wars in Colombia and Mexico ostensibly being carried out to curb the trafficking and use of drugs. A further contradiction might seem to be found in the poppy-eradication program in Afghanistan, which aims to diminish the production of opium by destroying the poppy fields that serve as a primary source of income for many farmers. The terrain of Afghanistan is notoriously inhospitable, but poppies are both a highly lucrative and a particularly rugged crop, capable of flourishing even in poor-quality soil with bad irrigation. There is clearly an irony in the fact that 20 percent of active-duty U.S. troops are psychotropic pill poppers while the assigned mission for some of them has been to disrupt the opium trade in Afghanistan. Such apparent inconsistency would of course be cursorily explained away by proponents of the current Pentagon drug policy by pointing to certified physicians' approval of the medications prescribed to soldiers and the lack of such institutional sanction in the use of illegal and recreational drugs.

Whether individuals in a liberal society should be permitted to use recreational drugs so long as they do not endanger other persons is a matter of considerable controversy and ongoing debate, especially in view of the fact that alcohol, which causes many deaths each year because of drunk drivers, pours copiously and legally. In the context of war, however, the rampant use of mind-altering substances is symptomatic of a deeper problem, as is the elevated incidence of suicide among troops—whether they take their own lives under the influence of drugs or not. Soldiers find it necessary to numb their critical faculties and to anesthetize themselves emotionally in order to accept what they are being asked to do and to live with what they have seen and done. When they do not succeed in rendering their experience surreal enough to be tolerable, they sometimes take their own lives. In 2005 alone, more than 6,000 U.S. troops are known to have committed suicide. That figure does not include accidental self-killings (such as drug overdoses) and is a conservative estimate because some suicides are interpreted by families as natural or accidental deaths, whether to shield the fallen soldier from the ignominy often associated with suicide or to collect on insurance policies, which do not pay in the event of intentional self-killing. In 2008, the VA estimated that 6,500 veterans kill themselves each year (Thompson 2011, 50). Veterans thus account for more than 20 percent of the total number of suicides—approximately 30,000—that occur in the United States annually. The number of veterans who took their own lives continued to grow throughout the occupation of Iraq, but also in its aftermath, even when soldiers knew that they would not be redeployed again for combat in that theater.

Military versus Civil Society

Why do so many U.S. soldiers who fought tooth and nail to preserve their lives while deployed turn guns upon themselves after having returned safely to their homes? Part of the solution to this conundrum may lie in the distinction between civilians and active-duty soldiers in an open, liberal democratic society. During the term of their active service, soldiers must unflinchingly carry out the specific orders they receive from their superior officers—conduct that is justified by traditional military protocol as a measure to maximize the probability of survival in complex and dangerous battle contexts, which require sophisticated coordination of groups and the strict obedience of individual soldiers. Embodying a rigid hierarchical structure with a single person, the commander in chief, at the top, the military world is a microcosm of a tyrannical regime, not a democracy, even when the military is said to be defending a society such as the United States.

In response to the Tonkin Gulf incident (now known to have been an intelligence error), President Lyndon B. Johnson embroiled the United States in a full-scale war against North Vietnam under the pretext of preventing the nocent spread of communism. At the time, U.S. strategists feared that communism would take over the region—and eventually the world—through a “domino effect” should Vietnam fall. In retrospect, it became clear that the Communist threat had been greatly exaggerated from start to finish, beginning with the misinterpreted Tonkin Gulf event itself, and the quest for independence on the part of the Vietnamese people had been misunderstood as well.⁶ As a result of the U.S. military’s protracted engagement in Vietnam, about 58,000 Americans and millions of Vietnamese and Cambodians were ultimately killed. In response to this tragic episode of history, the U.S. Congress enacted the War Powers Resolution of 1973, intended to prohibit the president from waging war without congressional approval, except in a national emergency. But legislation can always be superseded by new legislation, and Congress possesses the power to renounce its own war powers, as it did in October 2002, when President George W. Bush was granted through H.J. Resolution 114 the legal authority to wage war on his terms and at a time of his choosing, provided only that he himself deemed military action to be “necessary.”

Whether war is waged at the sole discretion of the commander in chief (informed by his advisers) or also with the blessing of the highest legislative body of the land, the effect of this structure is the same for every soldier at each of the lower levels: active-duty military personnel are not permitted to question their superior

6. The Tonkin Gulf incident has been widely discussed from a variety of perspectives. Even if, as the most charitable readings suggest, the initial interpretation was a simple mistake, the actions taken subsequently to cover up the mistake in order to protect the U.S. government’s image and to propagate the war already waged appear to have been considerably less innocent. The role of the Central Intelligence Agency (CIA) in perpetuating the mistake by not correcting the record is explained in Weiner 2007, 239–43. The CIA also persistently overestimated the Soviet Union’s military assets and exaggerated its ambitions, thus directly accelerating—if not causing—the arms race (documented throughout Weiner 2007).

officers' authority or the legitimacy of the mission they have been assigned. Overtly expressed skepticism about the terms of their deployment is not tolerated from soldiers within the military hierarchy because it is not the soldiers' role to assess the need for war or whether, in the particular case in which they have been called on to serve, war is the only or even the best solution to the conflict. Although war critics alternatively ridiculed and reviled George W. Bush when he described himself as "the Decider," in fact he was right, having grasped the essentially tyrannical structure built directly into the military institution, at whose pinnacle the commander in chief stands. In making decisions as president, Bush appears to have believed that he received directives from God, and he wholeheartedly embraced the Middle Ages worldview on which the "just war" paradigm rests. According to St. Augustine, Aquinas, and the other expositors of classical just war theory, political leaders are divinely inspired and wage wars so as to realize God's will. Most contemporary just war theorists are oblivious to (or fail to recognize the significance of) the essentially religious underpinnings of their paradigm. Without the leader-God link and the all-important corollary that justice will be done in the afterlife, it is difficult to comprehend political leaders' cavalier attitude toward the casualties of their wars (Calhoun 2002).

Despite the secularization of modern liberal democratic societies, the military's hierarchical structure has not varied throughout the entire history of warfare, regardless of the nature of the leader or the group being defended by recourse to deadly force. The policies are decreed from on high, and all subjects in the chain of command must comply. Soldiers are expected to obey everything from small orders issued by their direct supervising officer to the commander in chief's (or the war-making body's) initial declaration of war. Together these orders specify when and where the troops are to be deployed and whom they are to kill. At every level in the military, strict obedience to authority is required, and disobedience constitutes an indictable crime. In World War II, the Allies defeated the Axis powers by taking up arms, but the rigid structure of the military hierarchy itself permits outrageous episodes such as the Nazi rampage to arise in the first place. Adolf Hitler managed to concentrate all of Germany's executive and legislative war-making authority into a single person: *der Führer*. German soldiers were obliged by law to carry out his orders to invade other lands and to kill on command, and most of them did so. Japanese troops similarly were ordered to attack Pearl Harbor by their supreme commander, and they complied.

In nations under despotic rule, no schism exists between military and civil society. Dissent is prohibited in both. Under a tyrannical regime, both soldiers and civilians must heed their leader's decrees—whatever they may be—on pain of severe punishment for failure to do so. A society governed by a dictator may not be an easy one for critical thinkers to survive in, but it is a consistent one: soldiers and civilians alike are prohibited from expressing dissent, and the requirements upon soldiers do not change at the end of a war. The soldiers of Western liberal states, in contrast, are

asked to don a different hat—a helmet—during the period of their military service, but they are also expected to inhabit an entirely different world from that in which they were reared.

The two worlds—off duty and on duty—of the soldier defending a free society such as the United States are difficult to reconcile because enlistees have been acculturated in an open, questioning environment in which criticism and debate are valued. Upon enlistment, the soldier finds himself in the position of not being able to do what has been permitted throughout his life up to this point: to raise questions and engage in dialogues with others over differences of opinion. Habits die hard, and although soldiers may stifle their expression of puzzlement with regard to the terms and conditions of their service and deployment, nagging questions may nonetheless begin to take shape in their minds in certain contexts.

For the soldiers who survive their tour of duty to return to civilian life in liberal democratic societies, critical thinking becomes officially permissible again. At this point, veterans of war may agonize over their own contribution to the death and destruction of human beings perpetrated under a false pretext (in Iraq, the nonexistent weapons of mass destruction [WMD]; in Vietnam, the grossly exaggerated Communist threat; for German soldiers during World War II, the “righteousness” of Hitler’s cause) during what they may now believe in their heart of hearts was neither a just nor a necessary war. When it becomes obvious from what they themselves have directly witnessed that they were (or are—some soldiers do not succeed in stifling their doubts during the period of their active service) killing people who would not otherwise have prematurely died, then they may become plagued by emotions such as guilt. They may regret having believed the rhetoric used to motivate them to “engage targets,” obliterating not only enemies, but also innocent bystanders caught in the crossfire, and they may suffer from compunction for having acted against their conscience in some cases. Combatants may question the motives behind the entire war, and they may be haunted by misgivings to such a degree that they never recover from the harm that their mistake—to have believed the war-making authority—has caused, transforming them forever into people who killed on command and destroyed human beings. Even noncombatant military personnel, who never killed anyone but aided and abetted the prosecution of what they have come to believe was a criminal war, may suffer severe anguish for their complicity in the acts of killing their comrades carried out.

Popular versus Unpopular Wars

Although official explanations of soldiers’ suicides invariably focus on individual problems of maladjustment, it would seem to be no mere coincidence that the most controversial U.S. military deployments in history have been attended by a marked frequency of PTSD among the veterans of those wars. The soldiers deployed in controversial missions such as the Vietnam War and the Iraq War that

began in 2003 appear to manifest more psychological and emotional problems as a result of their service than do the soldiers of wars the populace strongly supported. Among other contributing factors, the veterans of dubious wars may not receive the hero's welcome enjoyed by those who fought in World War II and are generally regarded as having saved the world from tyranny and safeguarded democracy and peace. All wars are orchestrated and executed by fallible human beings, so mistakes are made in every war. Because combatants wield homicidal weapons, their mistakes often involve the tragic deaths of other people, whether their own comrades in friendly fire incidents or civilians rendered "collateral damage." Nonetheless, whatever the veterans of World War II may have seen and done during their tours of duty, their own self-image was continually buoyed after deployment by the popular—indeed, nearly unanimous—view of that war as both necessary and just.

The soldiers of unpopular wars, in contrast, tend not to be admired and honored upon their return to civil society, and in some cases they are even spurned and rendered veritable pariahs by the very populace for whom they fought and might have died. The *Rambo* film series is an extended meditation on the plight of the alienated soldier of Vietnam, who having once been molded into a killer is said to be forever and always—essentially—a killer.⁷ After their service in Vietnam, many young men returned home to communities where they were regarded by the war-weary population—the majority of which had come to believe that U.S. involvement in Vietnam was a colossal mistake—as having been complicit in the unjust slaughter, if not downright murder, of innocent civilians. Rather than being greeted by rousing and colorful parades of their countrymen celebrating the soldiers' courage, Vietnam vets were sometimes met by protesters holding large placards that read "Baby Killer!" or "Murderer!" After the conflict had finally ended, the veterans were treated at best with indifference, and many became unemployed drifters or homeless transients. Others committed suicide.

On its surface, antiwar sentiment seems considerably less vivid in the twenty-first century than it was during the Vietnam War, no doubt in large part because the draft no longer exists.⁸ Today's soldiers are volunteers, not the shackled prisoners

7. Many films produced in response to the Vietnam war are sympathetic to the suffering of alienated veterans, but the *Rambo* films are unique in that they both sympathize with the veterans' plight and promote war. There are four films in the series: *First Blood* (Kotcheff 1982); *Rambo: First Blood Part II* (Cosmatos 1985); *Rambo III* (Macdonald 1988); and *Rambo* (Stallone 2007). All of these films glorify violence—depicting it as necessary in combating evil enemies—and the noble warrior courageous enough to heed the call to arms whenever and wherever he is summoned to fight. John Rambo, a Vietnam veteran, is portrayed as an exemplary and virtuous warrior who continues to return to the battlefield each time that he is called on, even after having been lied to and betrayed again and again by war architects, both in Vietnam and at home.

8. Some critics regarded the Pentagon's "stop-loss" policy, according to which soldiers who had already completed the terms of their enlistment contracts could nonetheless be redeployed to Iraq, as a form of "back-door" draft. The salient question becomes whether enlistees who failed to read the fine print of their contracts are nonetheless bound by such unexpected redeployments. It seems unlikely that the "stop-loss" policy explicitly violated the terms of the contracts, given the great lengths to which the Pentagon

of the misguided policies of political elites driven by an antipathy toward and fear of communism verging on paranoia.⁹ Many large protests took place throughout the world, including the United States, before the 2003 invasion of Iraq, which was regarded by many people, including then–United Nations secretary-general Kofi Annan, as a violation of international law (“Iraq War Illegal” 2004). Once the war had been waged, manifest public outrage swiftly abated as most people went back to their private lives, more or less resigned to the futility of their opposition and largely unaffected by a war being fought by volunteer soldiers far from their halcyon neighborhoods.

However, throughout the lengthy occupation of Iraq, the troops themselves generated a fair amount of what might be termed “rogue criticism,” made possible by the ready availability of digital cameras and video recorders, one of the unforeseen (by the military) consequences of the rapid development and dissemination of technology. Many of the documentary films produced in Iraq directly convey the perplexity of troops on the ground—for example, their puzzlement as to why they were being ordered to carry out patrols in vexed urban settings, the primary effect of which was to make their already dangerous job progressively more so over time. Troops also openly lamented the administration’s failure to provide them with appropriately armored vehicles and the protective gear obviously necessary to their survival in such circumstances. Although some of the soldiers interviewed parroted the official line, according to which they were protecting the U.S. homeland by “taking the battle to the enemy,” others found it difficult to suppress their distinct impression that their own imperilment was a direct result only of their deployment abroad—the occupation itself.

Although the U.S. soldiers of the twenty-first century are not conscripted by law, some among them have nonetheless expressed the sentiment—echoing the voices of Vietnam draftees—that they were recklessly and needlessly deployed in a war with no clear rationale in a place where the local population resented their very presence. A vicious spiral results in such circumstances: the more the soldiers fight, the greater the toll of innocent people killed and the more difficult it becomes for the occupiers to defend their lives as the number of enemy sympathizers continues to swell. Moreover, the more imperiled the soldiers become, the more trigger ready they become, in some cases obeying their superior officers’ orders even to “shoot anything that moves,” as they appear to have done in Fallujah, Najaf, Haditha, and elsewhere, under the pretext not only of defeating the enemy, but also, more immediately, in

goes in protecting itself through consultations with its veritable army of legal advisers. Nonetheless, the policy, even if legal, struck many as unfair. Secretary of Defense Robert Gates announced a two-year phaseout of “stop-loss” redeployment on March 18, 2009 (Martinez 2009). The full-scale occupation of Iraq ended in 2010.

9. Peter Davis’s 1974 documentary film *Hearts and Minds* features representative footage of the vehement protests in the United States against the Vietnam war. The film also documents the type of violence wrought by the U.S. military on the Vietnamese people, which formed the primary basis for protests, both domestically and internationally.

efforts to protect their own and their comrades' lives.¹⁰ As in Vietnam, in both Iraq and Afghanistan the “rules of engagement” became very vague indeed, summed up by troops in some of the many in situ documentaries that have appeared since 2003 in terms such as these: “If it looks like the enemy, shoot” and “Shoot first; ask questions later.”¹¹

The reality of war as soldiers on the ground experience it diverges radically from the abstract stories used to rationalize the military's deployment. While fighting “irregular warriors,” who for strategic reasons blend in with the civilian population, troops sometimes find themselves in the position of having killed persons—whether at checkpoints or in houses or villages harboring not only suspected enemies but also their families—who they may learn shortly thereafter were innocent, and this experience helps to explain the exceptionally high incidence of PTSD among the veterans of such conflicts. In both Afghanistan and Iraq, some of the suspected terrorists fingered by mercenary bounty hunters proved to have been only suspects—taxi drivers, journalists, merchants, and others—not really terrorists after all (Gibney 2007). The more innocent civilians the soldiers killed in Iraq and the more innocent young men they rounded up and shuttled off to prisons to be subjected to “enhanced interrogation techniques,” the more the insurgency grew and the greater became the frequency of the use of improvised explosive devices planted along the roads and paths taken by troops in carrying out patrols. By 2004, the security situation in Iraq had become so bad that it effectively paralyzed the reconstruction effort, which fueled the frustration and anger of ordinary Iraqis, some of whom appear to have joined the ranks of the insurgents in response (Ferguson 2007).

Once on the “battlefield”—however that has been defined—soldiers sometimes find that their efforts to defend their own and their comrades' lives lead them to slaughter people who never deserved to die, and this action may haunt them for the rest of their lives. In some cases, split-second decisions the troops make in vexed settings are fatal for innocent civilians and ultimately prove a psychological burden too weighty to bear. Thoughtful soldiers are also aware that even when they intentionally kill enemy combatants, many of the decedents are for all intents and purposes innocent of the crimes for which the war was ostensibly waged. The enemy troops whom soldiers “take out” may have committed only the mistake of having been in the military at the wrong time in the wrong place. Under a tyrannical regime such as Saddam Hussein's, conscripted soldiers may be morally innocent in the sense that they served in the military only on pain of death for refusal to do so.

10. Michael Epstein's 2006 documentary film *Combat Diary: The Marines of Lima Company* includes interviews with the survivors of a battalion of reserve marines deployed to Iraq in 2005. Travis Williams relays the following memory of his combat experience: “Helicopters are strafing the city with their guns, and so, you know, already you hear explosions starting off, and they're tellin' us, ‘Your rules of engagement have changed: anybody that's in this city is *bad*.’”

11. “Home video” documentaries of the Iraq occupation have appeared in a steady stream since 2003. Four representative examples are: *This Is War: Memories of Iraq* (Mortensen 2007); *Gunner Palace* (Tucker 2005); *Iraq Raw: The Tuttle Tapes* (Tuttle 2004); and *Inside Iraq: The Untold Story* (Shiley 2004).

Others—including the soldiers of free nations—may have misjudged the wisdom of enlistment, agreeing to fight without a full understanding of what it would entail.

The soldiers of Western liberal democracies effectively renounce their status as moral persons during the term of their service by agreeing to do whatever they are told to do, and when this commitment turns out to have been a colossal mistake, they alone bear the burden of what they have done. Having once killed, soldiers are never able to return to what they were before they agreed to deploy under the banner of democracy, justice, and peace—or whatever abstractions were used to market their leader's war. Some of the soldiers who suffer compunction for what they have done choose to end their own lives rather than agonize further about events beyond their power to change. Soldiers such as Matthew Magdzas, who survived tours of duty during which they constantly faced the threat of death, tragically returned home only to end the nightmare of their wartime experience by destroying themselves once they were out of harm's way.

The dubiousness of the stated cause for the war in Iraq—the WMD that never materialized—would seem to be underscored by the number and proportion of suicides committed by the direct wielders of deadly force in that conflict. As a result of the Pentagon's difficulties in meeting its recruitment goals, with fewer and fewer young people willing to enlist to fight in wars that many of their compatriots regard as questionable—both strategically and morally—serial deployments to both Afghanistan and Iraq became the rule, not the exception (Miklaszewski 2005). Although many people the world over supported the 2001 war against the Taliban, most of today's young veterans served also in the controversial war on Iraq. Arduous strings of redeployment have obviously contributed to the frequency and severity of PTSD among twenty-first-century veterans, understandably frazzled by their experiences. But their difficulties upon returning home have been exacerbated by the fact they are not generally regarded as heroes, whatever they might personally have endured or accomplished. In the circumstances, soldiers have sought help in dealing with their psychological distress, and they have been offered drugs in response. Although on its surface the liberal dispensation of drugs to veterans might seem to be merely one manifestation of a much more general cultural trend, with more and more psychiatrists prescribing medication in lieu of other forms of therapy, other dynamics peculiar to the modern military have contributed as well.

Lethality and Public Relations

Studies of the soldiers of World War I and World War II have revealed that men are not natural-born killers: many combatants in those conflicts refused to fire their weapons or misaimed in order to avoid killing (Grossman 1995). Since 1945, the U.S. Department of Defense has sought innovative means by which to increase the lethality not only of weapons and machines, but also of troops. Military strategists have pursued every conceivable route in their quest to strengthen the weakest link in the chain from command to killing: the human being. These efforts have included

rigorous conditioning programs, extensive research on and development of drugs, and even studies on the possibility of inserting computer chips in soldiers' brains (Gray 1989; Moreno 2006; Singer 2009). The quest for increased lethality has generated, among many other new technologies, the Predator drone unmanned aerial vehicle now frequently deployed to assassinate targets without risking harm to pilots who operate from thousands of miles away in air-conditioned offices in Nevada—a far cry from the trenches of World War I.¹² When soldiers do not directly risk death through wielding deadly weapons and come in contact with the consequences of their homicidal actions only through surreal video images, it is much easier for them to kill, and all the more so when the killing is accomplished through an action as perfunctory as the clicking of a computer mouse in a comfortable office setting (Calhoun 2011a).

In view of the Defense Department's assiduous efforts to increase the military's lethality, the liberal dispensation of drugs contracted for by the Pentagon and prescribed by military physicians can be understood as a part of this same chronology of the ongoing endeavor to make soldiers more willing and able to kill. For more than half a century, the Defense Department has been sponsoring drug studies and brain research that aim to minimize soldiers' all-too-human reticence to kill. Moral sentiment is not an asset, but a debility to a combatant, whose primary role is to fight, not to think. When twenty-first-century soldiers reared in a liberal democratic society begin to worry or to express doubts about what they have been ordered to do and why, then the time for ironing out their anxiety through the use of medication becomes ripe. Drugs can be used to mute the opinions and squelch the scruples of soldiers who find themselves disagreeing with the official stories of glorious war proffered by upbeat secretaries of defense such as Donald Rumsfeld and Robert S. McNamara. Philosophical concerns, such as whether killing is a genuine solution to conflict and whether a particular war is in fact just, may be facilely brushed aside by diagnosing the soldiers in whom these concerns arise as maladjusted and medicating them until they have been subdued to the point of no longer feeling the need to articulate their concerns because these concerns have melted away in a drug-induced haze.

As is typically the case with sweeping policies that affect many different parties, multiple factors have conspired to give rise to the rampant practice of medicating soldiers. Among these factors are the now formidable economic forces that pharmaceutical firms exert not only on the insurance industry (which inclines physicians more generally to opt for drug therapy), but also in shaping Pentagon policies with

12. Lewis Milestone's 1930 film *All Quiet on the Western Front* (based on the novel by Erich Maria Remarque [1928]) offers a particularly gritty picture of what it really meant to be a soldier during World War I. *The Lost Battalion* (Mulcahy 2001), relays the story of members of the U.S. Army's 77th Division, 308th Battalion, who in October 1918 found themselves surrounded by German troops in the Argonne Forest in France without provisions as a direct result of their having followed the orders of a commander with a truly expansive concept of "acceptable losses."

regard to the appropriate dispensation of psychotropic medication to troops. In a very real sense, the “military-industrial complex” first spoken of by President Dwight D. Eisenhower in 1961 now includes a pharmaceutical component, given the billions upon billions of dollars at stake in decisions about whether, where, and how to dispense drugs to soldiers. The Central Command drug policy already in place is perpetuated at the first level by the self-confirming logic of psychiatric medications, according to which changing the policy may harm rather than help the persons to whom they are prescribed.

A further contributing factor is the conservative retention of policies, once implemented, and the nature of institutions more generally. Institutional figureheads tend to defend and maintain current practices as a part of the status quo. Because policies are arrived at through procedures designed to produce good outcomes, institutional administrators naturally assume that the current practices, whatever they happen to be, are sound (Harman 1986). One effect for warfare, well documented by writer Max Boot (2006), has been that the current generation’s military leaders, who orchestrate wars, tend to be one step behind the contemporary state of cutting-edge military technology. Military leaders’ expertise derives from their own combat experience, necessarily acquired at an earlier time. They reach naturally for the tools that are familiar and readily available to them—already in their arsenal—and they conceptualize wars along the lines of the ones with which they are personally familiar.

A particularly grisly illustration of this lag between theory and practice was seen in World War I, when wave after wave of young soldiers—often mere teenagers—were sent to their deaths by commanders who had yet to process fully the significance of the rapid-fire (machine) guns only recently made available through mass industrial production for use in war. Military leaders and advisers steeped in Cold War thinking may similarly attempt to deal with new problems, such as the increased danger of international terrorism perpetrated by nonstate actors, using old, irrelevant tools, such as antiballistic missile systems. To suggest that things should be done differently—for example, to revisit the Pentagon’s preemptive drug policy implemented to increase troops’ lethality—would be to question current leaders’ expertise, including that of military hospital administrators and their superiors. For obvious reasons, calling for a radical revision of high-level policies will not be welcomed with open arms by the architects of those very policies who still occupy high-level positions in the administration.¹³

At the same time that the military’s campaign to maximize lethality marches ahead and institutional inertia protects and perpetuates current practices, the Pentagon’s

13. A concrete example of such policy inertia may be seen in the case of Seroquel. Although in April 2010 the Justice Department arrived at a \$520 million settlement with the manufacturer, AstraZeneca, for selling Seroquel to the Pentagon to treat “off-label” conditions, such as sleep disorders and PTSD (neither use of which is FDA approved), one year later Seroquel remained a part of Central Command’s formulary, and the policy permitting 90-day and 180-day prescriptions of the drug to soldiers as a sleep aid was still intact (Brewin 2011a).

public-relations wing focuses on justifying, promoting, and cleansing its wars for domestic public consumption. Part of the war-marketing enterprise involves dismissing or silencing war critics of all stripes, including soldiers afflicted with guilt and gripped by regret for what they have done in service to the military. Thus, the Pentagon, too, no less than pharmaceutical firms, has its own self-interested, institution-protecting reasons for supporting soldiers' increased use of drugs before, during, and after their service. For soldiers who have yet to deploy, military physicians diagnose self-doubt as a medical condition, pathological anxiety, for which they prescribe drugs. But the doubts that may arise in troops' minds are perfectly rational and legitimate skeptical questions about what they are ordered to do during wartime. Soldiers are, after all, expected to kill on command people whom they have never met and about whom they know nothing beyond the information provided by the very leaders who have waged a war to promote whatever their interests happen to be—which may or may not coincide with the propaganda used to galvanize public support for the war. In a mission such as the 2003 invasion of Iraq, which was widely criticized even by many people who generally support military initiatives, inchoate skeptical doubts are likely to be magnified because so many people—not only pacifists—oppose the war.

When veterans have fought in a war that the populace supports, such as World War II, they are less driven to soul searching in order to come to terms with their experience. Even less often do veterans question the justice of war as a general means of conflict resolution between adversarial leaders who sacrifice other people's lives—soldiers and civilians alike—in achieving political aims. However, when the populace vehemently and vocally opposes a war, as in the final years of the Vietnam War, soldiers find themselves in the position of asking whether the war critics might actually be right. This uncertainty causes them to reflect much more deeply on their experience as they find themselves unable to dispel the doubts everywhere on display about the justice of the particular war they have been ordered to fight.

In cases such as that of Ron Kovic, who was paralyzed from the waist down by injuries he sustained while serving as a volunteer marine in Vietnam, a permanent physical handicap may afford the soldier the unprecedented opportunity to reflect intensely on what he has done, the rationalizations offered for the war in which he fought, and the nature of war more generally. Kovic, whose story is captured on film by Oliver Stone's *Born on the Fourth of July* (1989), eventually became a leader of the antiwar movement after a lengthy period of introspection catalyzed by his experiences in combat and his return to civilian life severely handicapped and confined to a wheelchair. This change in view was a radical metamorphosis for an outspoken "love it or leave it" young patriot who upon his return home still supported the government's war in Vietnam in spite of his own devastating injury. Over the course of the ensuing years, however, Kovic reflected on and eventually wrote a book about the war in which he had been a party to the slaughter of a village of unarmed civilians and he himself had directly killed one of his own comrades, he himself had directly killed one of his own comrades, mistaken for the enemy in the proverbial "fog of war." Director

Oliver Stone, too, served in Vietnam, and his highly critical war films appear to have arisen in response to not only his interactions with veterans but also his own battlefield experience.¹⁴

Antiwar veterans groups form in the wake of what soldiers themselves have come to believe were misguided war efforts, but some soldiers have offered critiques of war during their terms of service. For example, in 2004, Staff Sergeant Camilo Mejia was court-martialed and sentenced to a year in prison for desertion upon refusing to redeploy to Iraq, a war that he had come to believe was being prosecuted unjustly and had been waged for mercenary interests. Mejia, whose vocal protests were echoed in some of the popular outrage against the treatment of prisoners at Abu Ghraib, was discredited through criminalization by the Pentagon, though he opposed precisely what civilian war critics at the time were protesting as well.¹⁵

Camilo Mejia stands in a long line of combatants rendered war opponents by their experiences, many of whom were far more effectively silenced than was he. In World War I, conscripted soldiers sometimes found the conditions and terms of their deployment so intolerable that they inflicted injuries on themselves in the hope of securing an honorable discharge and being sent back home. Because at that time desertion was deemed a crime punishable by execution, all of the soldiers who mutilated themselves knowingly risked death through doing so, and some of them were indeed court-martialed, convicted by ad hoc military tribunals, and executed on site as traitors, although in reality they opposed not their country, but the war in which they had been embroiled against their will. Some soldiers succeeded through this ploy in receiving honorable discharges, but they were nonetheless silenced because they could not reveal the true reasons for their discharge (their willful desire to desert) without risking prosecution, ignominy, and death. The less fortunate of the soldiers who in their desperation to leave the battlefield resorted to self-mutilation, those who made the mistake of revealing their opposition to the war-making authority's policies, were destroyed not by the enemy, but by the very institution for which they had been deployed to serve not as men but as killing machines.¹⁶

Over the course of the twentieth century, Western society became much more liberal, and one of the effects was a loosening of the military institutions' iron-fisted grip on the troops. The hierarchical structure of the military remains tyrannical

14. In addition to *Platoon* (1986a), *Born on the Fourth of July* (1989), and *Heaven and Earth* (1993)—sometimes referred to as his war trilogy—Stone also directed *Salvador* (1986b), which criticizes U.S. intervention in Latin America. During the Cold War, the United States supported and sometimes even installed (through covert actions orchestrated by the CIA) despotic right-wing military junta governments regarded as better for U.S. interests than their rival leftist adversaries, all of whom analysts presumed to be Communists (Weiner 2007).

15. See <http://en.wikipedia.org/wiki/Camilo_Mej%C3%ADa>.

16. The common practice of self-mutilation as a means of evading active duty is depicted in the opening scenes of the 2003 film *Un long dimanche de fiançailles* (A Very Long Engagement), directed by Jean-Pierre Jeunet. A trenchant criticism of the military execution of soldiers is presented in Stanley Kubrick's 1957 film *Paths of Glory*. See also Bruce Beresford's 1980 film *Breaker Morant*. The latter two films are based on true stories.

insofar as low-level soldiers are not permitted to demur from the missions in which they are deployed. However, the means of imposing that structure have been significantly weakened in many modern states because the punishments meted out to refractory soldiers have become considerably less severe. In the past, it was possible to keep most soldiers in line through the threat of execution for disobedience or desertion. But liberal society's attitudes toward capital punishment have changed. In many nations—including all members of the European Union—execution has been outlawed even in cases of convicted first-degree murder. Although the United States has yet to abolish capital punishment, the U.S. military no longer possesses the power to threaten soldiers with death for desertion. Yes, deserters will be dishonorably discharged and may face both social opprobrium and incarceration for disobedience, but soldiers do not have to resort to the grotesque means of self-mutilation in order to escape alive from the terms of their enlistment. Nor do twenty-first-century soldiers face the specter of execution for airing their concerns or disobeying direct orders with which they disagree.¹⁷

Given the modern military institution's ever-more-challenging task of keeping soldiers "on message" with the official story of the war in which they are deployed but without the threat of the use of deadly force against them, the preemptive prescription of drugs intended to mute or dilute self-doubt and anxiety would seem to serve primarily a strategic purpose, not a medical one. The promiscuous prescription of psychotropic medications to soldiers as a part of the more general public-relations program promoting war becomes plausible in the light of cases such as those of Ron Kovic, Oliver Stone, and Camilo Mejia. These veterans, who survived combat in vexed contexts to be able to tell their side of the story, vociferously rejected the establishment's view. The sorts of soldiers who experience anxiety before even arriving on the battlefield are the sorts of soldiers who are inclined to think, to reflect upon the meaning and justice of what they are being ordered to do. Their medication serves the purpose not of treating PTSD—from which these soldiers cannot be suffering, having yet to deploy—but of moderating the "anxiety" that arises from their inability to stifle their own critical faculties. Military doctors step in with meds to "help" soldiers become better adjusted to and prepare for their imminent deployment by anesthetizing their minds to the point where they are no longer troubled by what they have agreed and are about to do.

These soldiers did not need medication in order to function in civil society—persons undergoing psychiatric treatment are excluded from enlistment as "mentally unsound"—so they are not being drugged to remedy genuine medical conditions. Rather, combat soldiers are medicated in order to render them better killers

17. Although the penalty for detection is no longer death, self-mutilation for the purpose of gaining an honorable discharge has also been carried out in the twenty-first century, which illustrates the power of social forces on soldiers and their fear of the shame associated with desertion (Dokoupil 2008).

by damping their emotions, which has the concomitant effect of suppressing their potential for offering contentious critiques, given that such critiques would seem to originate in moral sentiment. In other words, although the Central Command drug policy may have been implemented initially as a part of the general campaign for increased lethality, one of the tangential but felicitous consequences of the same policy for the public-relations wing of the military apparatus is to decrease the incidence of dissent among the troops themselves. Once soldiers have agreed to take the drugs the military provides them, they have been prediscredited because whatever they may say subsequently can be readily dismissed—attributed to their unstable mental state, as evidenced by the fact that they are under medication.

The preemptive medication of otherwise normal people who are about to face the stresses of battle effectively eliminates the possibility of their voicing credible criticism of the ostensible rationale or justice of the war or, more specifically, what they will be ordered to do. The ultimate strategic effect of a liberal drug-dispensation policy is therefore to minimize cases such as that of Camilo Mejia. Soldiers who have been medicated to where they are no longer bothered by the realities that troubled Mejia have been even more effectively silenced than he was by conviction of a crime. Mejia became a hero of the antiwar movement. In contrast, the soldiers who anesthetize their minds fall into line, just as the Pentagon prescribes. The military establishment has a vested interest in providing psychotropic drugs to soldiers, a measure that prevents the persons best situated to offer critiques of Pentagon policy, the troops who directly witness what happens on the ground, from being able to voice credible opposition to the institution's promotion, prosecution, and perpetuation of war.

As the existence of outspoken civilian war critics—who cannot be written off as victims of PTSD—clearly shows, rational doubts and moral questions may be raised about policies that involve directly causing the unnatural, premature deaths of human beings. Soldiers, having witnessed firsthand what war entails, are in the unique position of being able to distinguish the reality of war from the abstractions used to promote it. Yet this capacity is systematically squelched by writing off as “sick” the soldiers who dare to express their misgivings—even when they have perfectly legitimate concerns about what they have witnessed and been ordered to do. By characterizing troubled soldiers as *pathological*, by applying to them psychiatric labels such as PTSD, the conditions from which they suffer are effectively blamed on “maladjusted” soldiers themselves, rather than on the institutional practices that have given rise to their anguish. The silencing of soldiers by characterizing them as “sick” is analogous to the manner in which what are said to be violations of the so-called rules of war are blamed on individual “rogue” soldiers, who are spurned and marginalized as criminals and on whose shoulders all of the blame for their misdeeds is placed, as happened in Afghanistan at Baghram and in Iraq at Abu Ghraib.

The Last Word

The official stories of war are written by the administrators of institutions and their scribes, not by fallen soldiers, civilian casualties, or marginalized victims of PTSD, all of whose stories are erased. The military establishment, in order to sustain the illusion that it is concerned with justice and does not, as an institution, condone or commit crimes—although a few “bad apples” occasionally crop up—altogether disregards the psychological and emotional victims of war by silencing them, just as it disregards through irrevocably silencing “collateral damage.” The spokespersons for the Pentagon ultimately defend not the people of the nation, but their own institution, minimizing or even ignoring the tragic consequences of military policies for the victims of war and dissociating themselves from the soldiers who commit what the populace comes to regard as crimes. In the case of PTSD, the soldiers are also in a sense disowned, but rather than being court-martialed and decried as criminals, they are pitied as diseased. The quick PTSD acronym slapped on soldiers who suffer acutely from distress has the effect of lumping them all together into the more general category of “deviants” or “misfits.” Through this labeling, an official admission is made that something is wrong: these soldiers have not properly reassimilated into civil society. But rather than examining the system that produces with such regularity so many emotional and psychological cripples, in addition to the physical casualties of war, the military writes them off—not as criminal, but as sick.

In reality, whenever soldiers speak out against the Pentagon’s policies—whether the use of Agent Orange in Vietnam, the refusal to deal with the devastating plight of the victims of Gulf War Syndrome after their service in 1991, or the absurdly counterproductive eight-year occupation of Iraq—their claims are either explicitly denied or simply ignored.¹⁸ To acknowledge the rationality of soldiers such as Camilo Mejia, rendered war opponents as a direct result of what they learn while deployed, is to admit a gaping schism in the war system itself. To heed the voices of such veterans would be to own that the facts on the ground contradict the empty abstractions used to promote war. The doling out of drugs to troops tormented by memories of what they have seen and done serves to numb their minds so that they no longer reflect critically on their experience and no longer feel compelled to articulate their concerns. This tack betrays a duplicity not unlike that involved in publicly honoring as heroes even soldiers whose deaths came about through their own or their comrades’ mistakes in “friendly fire” incidents or, for that matter, a misguided war that should never have been waged.

18. Although Agent Orange and the recent Iraq occupation have received a great deal of critical attention, the news media, giddy with “yellow ribbon euphoria” in the wake of the 1991 victory, largely overlooked the plight of soldiers who suffered neurological damage as a result of their service. Alison Johnson (2001) looks closely at some of the military victims whose lives were wrecked by exposure to toxic agents during the 1991 Gulf War. As in the case of the victims of Agent Orange, the Department of Defense persistently denied and downplayed for years the claims of those who suffered from Gulf War Syndrome.

To take seriously the voices of veteran discontents would be not only to admit that these young people have been wronged, but also to acknowledge that something is awry with an institution that places soldiers in the essentially corruptive situation of being required to kill on command, no questions asked. Like it or not, this requirement is tantamount to telling soldiers that if their leader were Hitler, they should obey him, just as the vast majority of Germans did.¹⁹ In reality, the soldiers on both sides of every conflict do no more and no less than obey the orders from on high by whoever their current leader happens to be. Only after the conflict is history written by the victors, who lay a moral lattice over the physical acts of killing. Veterans' opinions are heeded and given credence only when they support the military establishment's official stories. When they do not, the dissidents are discredited in one way or another.

Medicating soldiers to the point where they become blithely willing to do what they would not otherwise have done may work in the short term to increase their lethality in a particular theater. However, if the soldiers physically survive the war, they may eventually emerge from their drug-induced state of artificial equanimity. Soldiers are forever changed by their experience, and the veterans diagnosed as suffering from PTSD tell a very different story from that conveyed through war parades and commemorative holidays dedicated to the fallen soldiers of the past and those who stand ready to serve. When the populace is united against an enemy and supports war as the proper solution to the problem, soldiers are welcomed as heroes upon their return home from active duty. In such circumstances, combat soldiers may continue to believe the rationalization that drove them to kill and thus be able to carry on with their lives as before, dispelling from their minds the nagging doubts that may occasionally arise. When instead veterans are met with skeptical glances, apathy, and ignorance about the experiences they have endured and the homicidal missions in which they played a role, this reception may catalyze an introspective process that leaves them despondent and depressed. Some soldiers may conclude upon their return home that they were horribly duped to submit to a misguided authority in agreeing to kill human beings who did not deserve to die. But that version of the war story is effaced by interpreting these soldiers as “ill” rather than by listening to what

19. Not all Germans soldiers supported Hitler, but most of them did. The films *Operation Valkyrie: The Stauffenberg Plot to Kill Hitler* (Isbouts 2008) and *Valkyrie* (Singer 2008) reenact an attempted coup against Hitler instigated and executed by a group of “wayward” reserve army officers who had come to believe that their commander was depraved and had to be stopped in order to save their nation. This fascinating case illustrates how a wedge can be driven between the state and the commander-in-chief, whose authority was thought by these officers (who were denounced as traitors by the Third Reich leadership subsequent to the failed coup) to inhere not in his direct communication line to God, as was believed for centuries by those who upheld the just war paradigm, but by the fact that his interests coincided with those of the state. The reified nation state can today be said to have replaced to a significant extent the role of God in the just war paradigm. Rather than claiming that Hitler's authority inhered in his having been appointed and guided by God, many of the German people who supported him appear to have presumed that he stood for them and their country and was acting in their best interests to preserve the sacred German nation. The apostate officers, in contrast, denied that Hitler's mission was for the good of the people of Germany and the German nation-state. Instead, they believed that Hitler's megalomania would ultimately lead to Germany's demise.

they have to say and assessing the substance of their complaints. Meanwhile, those who wheedled the now-tormented soldiers into donning uniforms and killing people who never deserved to die in wars that never needed to be waged direct their energies and time to devising the means by which to lure new recruits to do the same all over again.

The pharmaceutical companies that currently enjoy renewable multi-million-dollar contracts with the Pentagon are doubly protected by the official story, which invariably focuses on the atomistic explanation of deviant behavior—on individual rather than institutional factors. Upon the revelation of crimes such as those that occurred at Abu Ghraib, the administration's own torture memos are downplayed, and the low-level soldiers involved are vehemently denounced as morally depraved. In the case of a medicated veteran's suicide, the problem is said to inhere in the "deviant" soldier's unstable mental state, which, it is claimed, did not respond sufficiently to drug therapy. Under the self-confirming logic that promotes the increasing medication of Americans, when drug therapy fails, the patient, not the doctor or the drugs, is at fault.

To observe that pharmaceutical firms and the Pentagon have ulterior motives for implementing policies that increase troops' use of drugs is certainly not to suggest that soldiers do not suffer from genuine psychological problems as a result of their service. They do. Potential soldiers are typically persuaded to enlist either by the claim that they must defend the nation against a grave threat and uphold sacrosanct values or by their own prudential quest for gainful employment. Driven in some cases by a sincere intention to defend the sanctity of innocent people's lives, soldiers may in fact find themselves slaughtering innocent people. Other soldiers enlist only to gain employment—to secure the means to live—but instead come to tragic ends as a direct result of the career path they were only recently persuaded to take. The soldiers afflicted with PTSD, no less than so-called collateral damage, are victims whose plight should be used to analyze what is wrong with the military machine—how and why such victims are produced through policies of destruction intentionally implemented by the administrators of an institution but then blamed on the victims themselves or, in the case of collateral damage, on the enemy regime's leader.

Soldiers who do not believe in the justice of the wars in which they serve are contributing to the commission of what by their own lights are wrongful acts of killing. There is arguably no worse crime than the slaughter of another human being—the theft of someone's life—and the institutional labeling of such victims as "collateral damage" in no way mitigates what the soldiers who killed them or facilitated their killing have done (Calhoun 2011b). It is entirely normal for a person to experience guilt and regret after having committed or been complicit in what he himself believes to be a crime. Indeed, only sociopaths are altogether devoid of the capacity to experience compunction for the harm they cause to other human beings. In other words, to pathologize the capacity for moral sentiment displayed by soldiers who regret what they have done is in effect to normalize—and even endorse—sociopathology.

Consistently elevated suicide rates among war veterans, relative to civilians, is an unmistakable warning that all is not nearly as rosy as the administration attempts to make it seem in its sunny assessments of war's "progress." The lives of many formerly healthy and happy soldiers, the supposed agents of justice, have been thoroughly ruined not only through death or maiming in combat zones, but also through suicide, so fraught with anguish have some veterans become in the aftermath of what they have been led to do under a pretext of what proved to be falsehoods—whether mistakes or outright lies. The tragic, needless loss of so many well-meaning soldiers should be taken at face value for what it is: a deep fracture in the public-relations facade, the web of euphemism and vacuous abstraction used to persuade people both to fight in and to pay for war. All of the soldiers silenced—those killed in the war zone, those medicated to suppress their distress and to squelch their dissent, and those who take their own lives—have a story to tell. We ignore their story at our own peril.

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