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THE PRICE OF VALOR

by DAN BAUM

We train our soldiers to kill for us. Afterward, they're on their own.

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Carl Cranston joined the Army in 1997, when he was still a junior at Sebring McKinley High School, not far from Canton, Ohio. He and his girlfriend, Debbie Stiles, had just had a baby, and they thought the Army offered the easiest path to job security. The country was enjoying what President Clinton liked to call “the longest peacetime expansion in history,” and Carl’s duties as an infantryman, they thought, would largely be a matter of his getting into shape, shooting awesome weapons, and learning skills like rappelling and land navigation. The Army allowed Carl to finish high school and, once he’d completed basic training, sent him to Schofield Barracks, outside Honolulu. Debbie gladly accompanied him. “The Army was the best choice we could have made, and I’d do it again,” she says. “Suddenly we were on our own, paying our bills. Eighteen years old, our first time away from home.”

The attacks of September 11th changed everything. The Cranstons were moved to Fort Benning, in Columbus, Georgia, so that Carl could join the 3rd Infantry Division’s 3rd Brigade, a mechanized unit known as the Sledgehammer Brigade. He and his men were assigned to accompany Bradley fighting vehicles—the fast, heavily armed personnel carriers that became the backbone of the attack on Iraq. Seven soldiers, or “dismounts,” would squeeze into the Bradley’s stifling rear compartment, and Carl, by now a sergeant, was their team leader. The Sledgehammers were among the first units to cross into Iraq after the war started, in March, 2003, and Carl was involved in eleven firefights, seven of them “major,” by his reckoning. They fought from the Kuwait border to central Baghdad, and finally rotated back to Fort Benning last July.

I met Carl and Debbie in February, at a Red Lobster restaurant in Columbus. He’s a big man of twenty-four, with a high-fade military buzz cut and a well-padded face that relaxes into a wide smile. She is small and blond, with a sharp chin and a quick, alert look honed by rimless glasses. Carl tends to be guileless and cheerful, Debbie more clipped and wary.

Carl still marvels at the lethality of the Sledgehammers. Iraqi soldiers, believing they were concealed by darkness or smoke, would expose themselves to the Bradley’s thermal sights and the devastating rapid fire of its twenty-five-millimetre cannon. Carl and his squad would tumble out the back of the Bradley and attack Iraqi soldiers who had survived. “We killed a lot of people,” he said as we ate. Later, Carl and his men had to establish roadblocks, which was notoriously dangerous duty. “We started out being nice,” Carl said. “We had little talking cards to help us communicate. We’d put up signs in Arabic saying ‘Stop.’ We’d say, ‘*Ishta, ishta,*’ which means ‘Go away.’” But people would approach with white flags in their hands and then whip out AK-47s or rocket-propelled grenades. So Carl’s group adopted a play-it-safe policy: if a driver ignored the signs and the warnings and came within thirty metres of a roadblock, the Americans opened fire. “That’s why nobody in our whole company got killed,” he said. Debbie stopped eating and stared into her food. “You’re not supposed to fire warning shots, but we did,” Carl said. “And still some people wouldn’t stop.” He went on, “A couple of times—more than a couple—it was women and children in the car. I don’t know why they didn’t stop.” Carl’s squad didn’t tow away the cars containing dead people. “You can’t go near it,” he said. “It might be full of explosives. You just leave it.” He and his men would remain at their posts alongside the carnage. “Nothing else you can do,” he said.

Debbie watched the waitress clear our plates, then she leaned forward to tell about a night in July, after Carl’s return, when they went with some friends to the Afterhours Enlisted Club at Fort Benning. Carl had a few drinks, Debbie said, and started railing at the disk jockey, shouting, “I want to hear music about people blowing people’s brains out, cutting people’s throats!” Debbie continued, “I said, ‘Carl. Shut up.’ He said, ‘No, I want to hear music about shit I’ve seen!’” Carl listened to Debbie’s story with a loving smile, as though she were telling about him losing his car keys. “I don’t remember that,” he said, laughing. Debbie said, “That was the first time I heard him say stuff about

seeing people's brains blown out. Other times, he just has flashbacks—like, he sits still and stares.” Carl laughed again. “Really, though, I'm fine,” he said. Beside him in the booth, Debbie shook her head without taking her eyes from mine and exaggeratedly mouthed, “Not fine. Not fine.”

In November, 1943, a bespectacled United States Army lieutenant colonel named S. L. A. Marshall waded ashore with the troops attacking the Japanese on Makin Island. Marshall, who was known as Slam, had fought in the First World War, and had then left college to report news and sports stories for the El Paso *Herald*. In 1940, he published “Blitzkrieg,” the first of his many military histories, and earned good reviews from prominent war historians. After Pearl Harbor, Marshall returned to the Army, as one of twenty-seven officers in a new historical branch. On Makin, where the fighting lasted four days, he toted a carbine and tagged along with the infantry—once collapsing from dehydration under a pandanus tree—all the while taking notes for an official account of the battle. Shortly after the island had been secured, Marshall was stymied by a dispute between a lieutenant and a private named Schwartz over whether Schwartz, who helped hold off eleven Japanese attacks with a machine gun, had taken charge of the gun on his own initiative or on the lieutenant's. To sort it out, Marshall lined up the battalion and asked every man what he'd seen and done. No single soldier had a sense of the entire incident, but each added a piece, as in a jigsaw puzzle, until a detailed account emerged, not only of the Schwartz question—as it turned out, Schwartz was the hero—but of the whole gruelling campaign. Delighted with this G.I.'s view of battle, Marshall used his technique—which he called the “after-action interview”—throughout the Pacific and European theatres for the next nineteen months, buttonholing soldiers immediately after firefights: “Did [your squad] rush or did it crawl?” “What fire was delivered against you?” “Did you lose any equipment?” He produced his accounts so quickly and in such detail that the Army mined them for tactical lessons and distributed them to commanders in the field. By the end of the war, Marshall had become the Army's chief historian in Europe.

In 1947, in a slim volume entitled “Men Against Fire: The Problem of Battle Command in Future War,” Marshall took the military by surprise. Throughout the war, he declared, only about fifteen per cent of American riflemen in combat had fired at the enemy. One lieutenant colonel complained to Marshall that four days after the desperate struggle on Omaha Beach he couldn't get one man in twenty-five to voluntarily fire his rifle. “I walked up and down the line yelling, ‘God damn it! Start shooting!’ But it did little good.” These men weren't cowards. They would hold their positions and willingly perform such tasks as delivering ammunition to machine guns. They simply couldn't bring themselves to aim a rifle at another human being—even an armed foe—and pull the trigger. “Fear of killing, rather than fear of being killed, was the most common cause of battle failure in the individual,” Marshall wrote. “At the vital point, he becomes a conscientious objector.”

Today, Marshall's methodology seems questionable—he claimed to have interviewed more than four hundred units, which would have meant interviewing a company a day, leaving no time for travel—but the spirit of his conclusions is still generally accepted. “We are reluctant to admit that essentially war is the business of killing,” Marshall wrote, while the soldier himself “comes from a civilization in which aggression, connected with the taking of life, is prohibited and unacceptable.” The Army, having just fought the Second World War, embraced Marshall's findings.

Within months, Army units were receiving a “Revised Program of Instruction,” which instituted many of Marshall's doctrines. It was no longer sufficient to teach a man to shoot a target; the Army must also condition him to kill, and the way to do it, paradoxically, was to play down the fact that shooting equals killing. “We need to free the rifleman's mind with respect to the nature of targets,” Marshall wrote. A soldier who has learned to squeeze off careful rounds at a target will take the time, in combat, to consider the humanity of the man he is about to shoot. Along with conventional marksmanship, soldiers now acquired the skill of “massing fire” against riverbanks, trees, hillcrests, and other places where enemy soldiers might lurk. “The average firer will have less resistance to firing on a house or tree than upon a human being,” Marshall added. Once the Army put his notions into practice, they bore spectacular results. By the time of the Vietnam War, according to internal Army estimates, as many as ninety per cent of soldiers were shooting back. And some were paying a price.

The country's ambivalence toward Vietnam, the prevalence of drugs, and the inability to distinguish civilians from the enemy all may help explain why Vietnam veterans appear to have suffered greater psychological trauma than veterans of, say, the Second World War. It may also be true that, while earlier vets suffered in silence, the Vietnam generation was willing to display its psychological wounds; the country as a whole was more conversant with psychological jargon. But the high rate of fire in Vietnam may have been a factor as well. Rachel MacNair, who studies the psychological effects of violence, earned her Ph.D. at the University of Missouri-Kansas City in 1999 with a dissertation that examined data from the congressionally funded National Vietnam Veterans Readjustment

Study, which, in the nineteen-eighties, interviewed almost seventeen hundred Vietnam veterans. MacNair found that soldiers who had killed in combat—or believed they had—suffered higher rates of post-traumatic stress disorder (P.T.S.D.). The fact that in Vietnam more soldiers were firing their weapons, MacNair argues, suggests that there was more killing for soldiers to be troubled by.

Since Vietnam, the Army has not had to dwell on how soldiers are affected by the killing they do. The first Gulf War was very short, and the wars in Bosnia and Kosovo were largely fought from long range, with airpower and artillery, which rendered the killing abstract. In the current Iraq war, though, soldiers are killing with small arms on battlefields the length of a city block. Exactly how many Iraqis American forces have killed is not known—as General Tommy Franks said, “We don’t do body counts”—but everyone agrees that the numbers are substantial. Major Peter Kilner, a former West Point philosophy instructor who went to Iraq last year as part of a team writing the official history of the war, believes that most infantrymen there have “looked down the barrel and shot at people, and many have killed.” American firepower is overwhelming, Kilner said. He ran into a former student in Iraq who told him, “There’s just too much killing. They shoot, we return fire, and they’re all dead.” Even some of the most grievously wounded Iraq-war veterans seem more disturbed by the killing they did than they are by their own injuries. I spent a week in December among amputees at Walter Reed Army Medical Center, in Washington, D.C., and was struck by how easily they could tell the stories of the horrible things that had happened to them. They could talk about having their arms or legs blown off in vivid detail, and even joke about it, but, as soon as the subject changed to the killing they’d done, a pall would settle over them.

Kilner and a number of observers inside and outside the Army worry that the high rate of closeup killing in Iraq has the potential to traumatize a new generation of veterans. Worse, they say, the Army and the Department of Veterans Affairs avoid thinking or talking about it. Although both organizations have produced reams of studies on every other aspect of combat trauma—grief, survivor’s guilt, fear, and so on—the aftereffects of taking an enemy’s life are almost never studied. “The blind spot in the scholarship is glaring,” said MacNair, whose book “Perpetration-Induced Traumatic Stress: The Psychological Consequences of Killing” is devoted, in part, to soldiers. “I kept thinking there must be a huge amount of research on this that I’m missing, but I never found it.” Lieutenant Colonel Elspeth Cameron Ritchie, an Army psychiatrist based in Bethesda, has called killing “the dead elephant in the living room that nobody wants to talk about.”

A regular soldier can serve years in the Army and hardly ever hear the word “kill” outside bayonet practice, a vestigial relic of the days before the use of assault rifles. (No American soldier has participated in an organized bayonet charge since the Korean War.) Army manuals and drill sergeants speak of “suppressing enemy fire,” “engaging targets,” and “attrit[ing]” the enemy. “We attempt to instill reaction,” said Captain Tim Dunnigan, who trains infantry in the woods of Fort Benning, Georgia. “Hear a pop, hit the ground, return fire. Act instinctually.” Captain Jason Kostal, a twenty-eight-year-old former commander at Fort Benning’s sniper school, says that, even in a unit whose motto is “One Shot One Kill,” explicit discussion of the subject is avoided. “We don’t talk about ‘Engage this person,’ ‘Engage this guy.’ It’s always ‘Engage that target,’” he said. “You’re not thinking, I wonder if that guy has three kids.”

In his West Point classes, Peter Kilner found what he called “an institutional resistance” to the topic. “I don’t think people saw it as a great problem, as I do, so it hasn’t been integrated into the curriculum,” he said. When “60 Minutes” approached Kilner in 2002, shortly before the invasion of Iraq, he recalled an Army public-affairs officer telling him, “On the verge of war, we don’t need to be talking about this upsetting thing.” Colonel Thomas Burke, the director of mental-health policy for the Defense Department, told me that young soldiers shouldn’t be burdened with moral questions during training. As far as killing is concerned, he said, “Trying to get too deeply into it, I don’t know how much good it would do.”

Kilner argues that killing in war is morally justifiable, and that military leaders should impress this justification on their soldiers. This may help protect their long-term mental health, and it also readies them for combat. Without a good grasp of why they are being asked to kill, he says, many soldiers may hesitate in dangerous and ambiguous circumstances. Kilner, who operates a Web site for Army captains, told me about a tank commander in Iraq who ordered his men to fire on an oncoming car, only to have the gunner and the loader freeze up. “The loader responded in a slow, numbed voice, ‘You’re, you’re killing people. And it doesn’t even seem to bother you,’” the captain said. Soldiers who are morally prepared to accept the justification for killing in war “fight with the assurance of moral rightness,” Kilner says.

Dave Grossman, a retired Army lieutenant colonel and a professor of psychology at West Point, travels constantly to sell the idea that the killing warriors do is one of the major factors that cause them to crack both in battle and later. I

met Grossman, who is the author of “On Killing: The Psychological Cost of Learning to Kill in War and Society,” outside Washington in February at a seminar for the Diplomatic Security Service, the protective force of the State Department. Rail thin at forty-seven, Grossman waves his arms and gestures with his entire body as he talks, shouting and stomping across the stage as if he were a cross between Elmer Gantry and Harold Hill. “We’re going to use a dirty, nasty four-letter word you’ll hardly ever hear,” he told a roomful of burly agents. “If you’re truly ready to kill, you’ll be better able to avoid panic, better able to deter your opponent, and better able to live with it afterward.” A soldier traumatized by the killing he has done is a casualty, he said, but such casualties can be avoided if soldiers are taught, mentally, to confront the act of killing. A military “conspiracy of silence” surrounds the topic, Grossman argues, because the Army hasn’t confronted the issue of how psychologically fraught is the killing that its soldiers are ordered to do. In “On Killing,” Grossman writes, “If society prepares a soldier to overcome his resistance to killing and places him in an environment in which he will kill, then that society has an obligation to deal forthrightly, intelligently, and morally with the psychological event.”

To win wars, the Army must turn soldiers, momentarily, into reflexive, robotic killers. But, as a volunteer force dependent on the good will of the public, it cannot send home generation after generation of combat-traumatized veterans. Commanders who are trying to win battles and keep their men alive feel that they can’t afford to worry about a soldier’s long-term mental health. “I want that reflexive killing,” a captain wrote to Kilner. “That serves *me* better in combat, but am I responsible for them after the fact?” As for the Army’s psychiatric corps, it has a contradictory mission. During the Second World War, the American military lost more front-line soldiers to psychological collapse than to death by enemy fire. Since Korea, every Army division (of about three thousand soldiers) has been assigned nine combat-stress experts, six of whom are enlisted personnel and three of whom are officers. A soldier troubled by the killing he has done—or by anything else—can, theoretically, ask to see a psychologist. But almost half of the American soldiers in Iraq who have screened positive for mental-health problems tell the Army that they’re rarely given the time to do so, and more than half say that they fear the stigma. Last year, an Army staff sergeant, disturbed by the sight of an Iraqi’s mutilated body, confided his concern to his unit’s combat-stress officer and, according to the Army, asked to be sent back to the United States. He was charged with cowardly conduct. (The charge was subsequently reduced to dereliction of duty and ultimately dismissed.) Although this was an extremely unusual case, military psychiatrists agree that their first job is to keep soldiers fighting. Even when a soldier is on the verge of cracking up, “if he’s more of a benefit to the unit than a detriment,” the Defense Department psychiatrist Thomas Burke told me, an Army shrink’s job is to “get him back to duty.”

In March, the Defense Department released the results of the first mental-health survey it has done of soldiers who are still in combat, and found that almost three-quarters of the troops were experiencing low or very low unit morale. Suicide rates in the Army are generally lower than the national average for young men—nobody in the military is left alone long enough to brood—but the rate of suicide among soldiers in Iraq is nearly a third higher than the Army’s historical average. At least twenty Army men and women have committed suicide in Iraq since the war began, and seven others killed themselves after returning home. “I haven’t killed anybody here and I hope I never have to kill anybody,” one soldier, a father of two, wrote to his mother from Baghdad before killing himself.

Traditionally, neither the Army nor the Department of Veterans Affairs surveys soldiers about the circumstances under which they killed, let alone how the incident affects them. The congressionally funded study of Vietnam veterans conducted in the nineteen-eighties asked only, “Did you ever kill or do you think you killed someone in or around Vietnam?” Researchers using the data have no idea whether a soldier’s action was isolated and done in self-defense or whether it was carried out in “a village full of people because they were in a rage,” MacNair said. Soldiers returning from combat in Iraq are asked even less. They fill out a four-page form called the DD-2796, checking boxes that describe their experiences. (“During this deployment, did you ever feel that you were in great danger of being killed?” “Did you see anyone wounded, killed, or dead during this deployment? Mark all that apply.”)

The closest that the DD-2796 comes to asking about killing is the question “Were you engaged in direct combat where you discharged your weapon?” Retired Colonel Harry Holloway, who was an Army psychiatrist for thirty years, told me that the Army would benefit from knowing a lot more about the mental state of its combat troops. “We should be asking questions right now that would let us know if soldiers have killed,” he said. Knowing the extent and the severity of stress related to killing in combat would help the government ease the soldiers’ transition to civilian life, he added. “We should be in a position to help them, and we absolutely don’t know how.”

Colonel Jim Stokes, a psychiatrist who monitors the work of the six hundred or so Army psychologists assigned to

combat-stress-control roles, said that, while many soldiers are able to cope with the killing they've done, killing is "a stressor in its own category." He is particularly concerned about the "extremely close-up" killing that is taking place in Iraq. But, like other Army psychiatrists, Stokes has a difficult time explaining the Army's squeamishness on the subject. He wrote the Army's "Field Manual 22-51: Leaders' Manual for Combat Stress Control," which discusses killing only with respect to civilians or fellow-Americans; the book doesn't mention the act of killing enemy soldiers, even though in the Iraq war, as in Vietnam, it is often impossible, even at close range, to distinguish between civilians and the enemy. "I guess I'd have to ask myself in retrospect why I didn't include that," Stokes said. The latest edition of the V.A.'s two-hundred-and-seven-page "Iraq War Clinician Guide," issued in June, discusses the trauma of killing only with regard to civilian casualties. Nowhere does the guide suggest that killing enemy combatants might be traumatic.

"War Psychiatry," the Army's five-hundred-page medical-corps textbook on combat trauma, contains a chart that lists twenty "Combat Stress Factors," including "fear of death," "disrupted circadian rhythms," "loss of a buddy," and "breakdown of Ur (narcissistic) defenses." The chart makes no mention of killing, and offers no suggestions for ameliorating any psychological aftereffects. Elsewhere, the text acknowledges that "casualties that the soldier inflicted himself on enemy soldiers were usually described as the most stressful events," and it quotes a company commander who says, "Shooting people has been harder for most soldiers to come to grips with than the death of a friend." The book also speaks of "the aversion most mammals have to killing conspecifics (members of their own species)," and notes that "pseudospeciation, the ability of humans and some other primates to classify certain members of their own species as 'other,' can neutralize the threshold of inhibition so they can kill conspecifics." But, because of "phylogenetically strong inhibitions," the soldier who kills "is left with his psychological afterburn."

Holloway, who as an Army psychiatrist repeatedly argued against denying the psychological impact of killing, can understand the Army's wariness. "As soon as we ask the question of how killing affects soldiers, we acknowledge we're causing harm, and that raises the question of whether the good we're accomplishing is worth the harm we're causing," he said. The Army, Holloway said, is reluctant to label any of its heroes as psychological casualties. The military's concern, he said, is that "if we get into this business of talking about killing people, we're going to pathologize an absolutely necessary experience."

Only one job in the Army doesn't require putting the mission first: chaplains aren't even addressed by rank, only as "chaplain." They are already ordained clergy when they enter military service; the Chaplain Center and School, at Fort Jackson, South Carolina, teaches no theology. Chaplains respond to soldiers coping with the aftermath of combat according to the denomination of the chaplain and the religion of the soldier. Chaplain Kenneth Bush, a Presbyterian minister and a lieutenant colonel who is the school's senior training developer, met me in his office wearing a black cross sewn to the collar of his camouflage fatigues. "As a Christian, I'd tell soldiers that their feelings are normal and help them understand the context in which killing takes place in war," he said. "If a soldier is going to war, it's because he raised his right hand and swore to defend the United States against all enemies foreign and domestic. It's not like he's committing murder." When I mentioned the Ten Commandments, Chaplain Bush was quick to respond. "The word in the original Hebrew is *ratzach*, which the King James Bible, written in 1611, translates as 'kill'—as in 'Thou shalt not kill,'" he said. "But the later, more accurate translations translate that word as 'murder,' making the commandment 'Thou shalt not commit murder.' The Old Testament is full of killing and war."

Dan Knox, the son of a Presbyterian minister (he is my wife's cousin), takes no comfort from the Old Testament; he figures that his moral upbringing not only got him into a war but also left him disabled by it. A compact, wiry man of fifty-seven, Knox joined the Army in 1966, after seeing a photo essay on the depredations of the Vietcong in *Life*. He felt that it was his duty to defend Southeast Asia from Communism. Knox's infantry suffered huge casualties, but what bothers him most, more than three decades later, is not the fear, the carnage he witnessed, or the loss of friends but the faces of the people he killed while serving as a helicopter door gunner. "If they told me to kill a whole village, that's what I'd do," he said. "I still see images—a woman and her children rolling in the dust." When I asked Knox how often such images arise, he thought for a moment and said, "Every ten minutes." Later, he added, "Really, it's more like I'm always looking at a double image. I see you sitting there in that chair, and I'm also watching this funeral party I gunned. In a few minutes, it will be a sampan I gunned on a river, with a woman and her babies falling out of it into the water and kicking around as I shoot them." After serving two tours, he was honorably discharged in 1969. Knox got married, had children, and held himself together while earning a law degree and pursuing a series of short-lived careers. But in 1995 one of his children died suddenly from a congenital asthma

condition, and his mental health deteriorated. When he told psychologists at the V.A. hospital that the killing he had done was torturing him, they changed the subject. “Their basic response was ‘Soldier, you did your duty,’” Knox said. He finally found a support group through a V.A.-affiliated local facility in suburban San Francisco, where he lives, and he has been meeting with the group’s members ever since. In addition, he recently found a sympathetic V.A. psychiatrist, and is now getting disability payments from the V.A.; he has also returned to Vietnam to help build schools with the Veterans Vietnam Restoration Project. On the day we were talking, the *Times* ran a page-one story on Army snipers in Baghdad. A sniper who had killed seven men in a day was quoted as saying that he felt no remorse. “He’s got the thousand-yard stare,” Knox said, tapping the accompanying photograph with his index finger. “Go back and find him in fifteen years.” In order to properly treat combat veterans, Knox said, the V.A. would have to change its mission. “They’d have to change from the ‘me’ to the ‘I.’ Not just ‘What happened to me?’ but ‘What did I do?’ But they can’t go there.” The V.A., Knox said, “is not there for the veteran. They’re there as a palliative for the non-veteran. To make people feel good, like they’re doing something for the vet.” Knox occasionally speaks to high-school students about war, but he is rarely invited back. The message he tries to leave behind is: “Killing people sucks.”

Even though the V.A., which was elevated to Cabinet status in 1989, isn’t charged with responsibility for pushing soldiers back into combat, it is just as ambivalent about killing as the Army is. V.A. psychologists I spoke with, at all levels, say that the organization doesn’t have a clear, medically oriented treatment model for helping soldiers cope with the killing they’ve done. Many veterans seek treatment from the V.A.’s network of some two hundred “storefront centers,” which are operated independently of the psychiatric departments of V.A. hospitals. Stew Brown, the head of a storefront center in Boulder, Colorado, said that, unlike losing a buddy or witnessing terrible things, coping with having killed is a spiritual, not a psychological, task. “You recognize you did the unthinkable. You blasted away a piece of yourself, violated some trust with God,” he said. No V.A. official was able to explain why, when other combat traumas have been so carefully studied and treatment models formulated, the V.A. focusses so little attention on this one. Dr. James Marquardt, who ran the in-patient psychiatric ward of the veterans’ hospital in Denver for twenty-five years, dismissed the utility of the exercise. “You kill somebody and you feel bad about it,” he said. “What more is there to say?” The V.A. will try to treat veterans who are struggling with the aftereffects of combat, he said, but he added that “the vast majority of the guys do O.K. with killing armed enemy soldiers.” He went on, “I think the training insulates the average troop. The gestalt that goes with it—‘I have a just cause, I’m fighting for my country, my group’s doing it, God is on my side’—relieves the guy of this individual sense of conscience that might otherwise come to bear.”

The V.A. also feels an obligation to protect its own. The clinician’s guide that it published warns that those working with combat veterans may be disturbed by stories of killing, and several V.A. psychologists mentioned to me the risk of “secondary trauma”—clinicians absorbing at second hand the horrors experienced by their patients. A lot of V.A. psychologists are themselves combat veterans who must live with their own memories.

Last week, the Army released a new study, published in *The New England Journal of Medicine*, which found that roughly sixteen per cent of Iraq veterans suffer from P.T.S.D. or depression; of these, fewer than forty per cent have sought professional help. Al Batres, a Vietnam veteran who runs the network of storefront centers, says that nearly eight thousand veterans of the Afghanistan and Iraq wars have come to the clinics so far. Some thirty-three hundred Iraq veterans have been treated for mental-health problems at V.A. hospitals; the V.A. is girding itself for a flood of psychological cases. “We’re very busy,” Batres said. “The more conflicted the community that sent you, the more difficult is the readjustment period.”

The study released by the Army last week did ask soldiers about specific combat experiences, and it confirmed, finally, that one of the factors responsible for P.T.S.D. cases was “killing enemy combatants.” But the Army, understaffed and underequipped in Iraq to begin with, is struggling to win a war and to keep as many of its soldiers alive as possible. As for the V.A., its budget has been strained by rising medical costs and by an aging veteran population; providing the same level of therapy that, say, the New York Police Department gives a cop involved in a shooting incident would be an unimaginable burden. Veterans since the American Revolution have complained that the government doesn’t do enough for them. Given what combat does to soldiers, it’s hard to imagine any amount of services being “enough.”

After Carl and Debbie Cranston told me about Carl’s experiences in Iraq, we paid our check at Red Lobster and went back to their house, in a married-sergeants’ compound at Fort Benning. Their two boys—seven-year-old Anthony and two-year-old Andrew—were brought in from a neighbor’s house. Carl’s mother, Geraldine, who lives

with the couple, was just getting home from her job at an Army and Air Force Exchange Service convenience store, a kind of mini-PX on the base, and was still in her red-white-and-blue uniform. Carl asked if I'd ever seen "Band of Brothers," and his mother gave a sigh that sounded like a locomotive clearing its brakes. "Band of Brothers" is a ten-part HBO series that follows a company of Second World War paratroopers through the European theatre; Geraldine said that Carl has watched it "millions" of times. Carl put on the episode about D Day, and, as Andrew climbed around on his daddy and Anthony dozed on the carpet, men on the screen were falling from the sky in flames, spewing blood from severed arteries, tommy-gunning enemy prisoners to death. "I'm surprised he can watch this," Geraldine said, bustling back and forth. As we watched, I asked Carl if he'd been given any counselling since being in combat; he said no. Upon leaving Iraq, his unit was sent to a camp in the Kuwaiti desert to rest for a few days, but there was nothing to do but lie in hot, sandy tents and fill out DD-2796 forms.

We watched two episodes of "Band of Brothers," and when I rose to go Debbie told me how the Army had prepared her for Carl's return. "When he was coming home, the Army gave us little cards that said things like 'Watch for psychotic episodes' and 'Is he drinking too much?'" she said. "A lot of wives said it was a joke. They had a lady come from the psych ward, who said—and I'm serious—'Don't call us unless your husband is waking you up in the middle of the night with a knife at your throat.' Or, 'Don't call us unless he actually chokes you, unless you pass out. He'll have flashbacks. It's normal.'"✦