

Memo re Killing to Bennet

Thursday, February 12, 2004

As the U.S. Army settles into a low-intensity war in Iraq, it is confronting a phenomenon it hasn't faced since Vietnam. While wars of the past two decades have largely been fought from the air or with artillery, soldiers in this Iraq war are having to kill people at close range. Many studies confirm the obvious: It is harder to get soldiers to kill people they can identify as individuals. And it is harder to get them over the trauma of having done so. At one end, boot camp sergeants are learning all over again how to bust a recruit's taboo against killing and "turn on" his warrior self. At the other end, a new generation of psychiatrists in the military and the Veterans Administration are grappling with the difficulties of turning the warrior off.

How does the Army get soldiers, many of whom have gone to church all their lives, to break the Fifth Commandment? A famous study during World War II found that only about a fifth of American infantrymen fired their weapons at the enemy during combat. Simply training soldiers to shoot a paper target did not condition them to break the taboo. World War II infantrymen were frequently spread out and alone, rather than in the ranks or trenches of earlier wars, and their instinct against killing often prevailed. In response to the study, the Army changed the way it prepared men for combat, replacing what it called "reflective" action with "reflexive" action. Instead of training men to identify an enemy and aim carefully, which allows time to consider the humanity of the target, the Army taught soldiers to spray shots from the hip, laying down a "firescreen." Instead of squeezing off careful single rounds at static paper targets with rings, soldiers fired bursts of bullets at man-shaped "pop-ups" that appeared only briefly. Terminology changed: instead of shooting to kill, trainers spoke of "firing for effect" to "suppress fire." Modern rapid-fire rifles, introduced during World War II, make killing less personal by making it harder to tell whose bullet is responsible for a kill. The command structure has also changed to encourage killing. Soldiers now dig two-man foxholes instead of single-man holes, because a soldier who is being watched will perform better than one who is alone. And the Army reconfigured the infantry squad to ensure close supervision. By Vietnam, some ninety percent of soldiers were firing their weapons at the enemy.

As the lessons of the current war are absorbed, military officers are refining the training that "releases" soldiers to kill. I am invited to Fort Benning to watch advanced infantry training, and to interview the designers of military training at Army Training and Doctrine Command and the Army Research Institute about how the Army conditions men to kill in combat.

Once the Army has its soldiers killing, how does it -- and the Veterans Administration -- help them live with it? In 1996, a former Army Ranger captain named Dave Grossman published On Killing, which argues that it is killing -- not the fear and noise of combat or the sight of gore or the loss of friends -- that causes the deepest psychological scars in combat veterans. This is why we have many more psychological casualties from the Vietnam war, Grossman argues, than from World War II. Survivors of the bombings of Dresden, Hamburg, London, and Coventry don't exhibit the disorders of combat veterans, Grossman says, because despite having gone through a terrible ordeal, they have a clean conscience. So do bomber pilots and artillerymen. Infantrymen who kill up close, or believe they may have -- and see the enemy dead -- suffer the most. The British historian Joanna Bourke took up the same theme in her 1999 book, An Intimate History of Killing, and the issue began reverberating through the military. The March-April, 2002, issue of "Military Review" carried an article by an Army major and West Point instructor arguing that military leaders have an "obligation to justify killing in war." Soldiers will kill, he argued: modern training methods have ensured that. But without being properly schooled in the justification, those who kill will suffer incurable trauma. The VA psychiatrist Jonathan Shay wrote in his 1994 book Achilles in Vietnam: Combat Trauma and the Undoing of Character that a sense of betrayal -- a soldier's belief that he's been forced to do terrible things for worthless reasons -- lies at the root of the worst combat traumas. In the Iraq War, soldiers are facing their enemies on battlefields the size of city blocks and the ambiguous, controversial nature of the war makes one-on-one, face-to-face killing especially dangerous to their psyches.

I have spoken to many combat veterans and found that it's the killing they've done that tortures them most. A soldier I met at Walter Reed who killed many people in the first Gulf War had to leave his family because his children reminded him too much of the children he'd killed. The amputees at Walter Reed freely tell of -- even joke about -- their own mutilation. But those who have killed grow quiet and somber at the thought of it. The only time they say "I don't want to think about that" is when asked about heroism that involved killing. Michael Cain, the soldier I profiled in the last story, shudders and changes the topic when asked about the three men he killed. I will have access, through several service organizations, to veterans being treated for combat stress from the current war.

The Army's policy toward killing might be characterized as don't-ask-don't-tell. Every soldier coming out of combat in the Iraq War fills out a four-page questionnaire about his or her experience, to give Army shrinks a heads-up about possible latent psychological problems. While soldiers are asked if they

fired their weapons in combat, they aren't asked if they killed anybody or think they might have. The Army doesn't have special therapy groups for soldiers who have pulled the trigger. It doesn't distinguish among those who have killed and those who haven't. And the subject of killing is avoided in sessions with Army and VA psychologists. "We don't ask them, 'have you killed anybody' because it's too personal," said Lt. Col. Elspeth Cameron Ritchie, the Army psychiatrist currently assigned to investigating the abnormally high number of suicides among Iraq-War soldiers. She acknowledges that the Army does not have a specific re-entry strategy for soldiers who have killed at close range. "I've been in the army eighteen years. And in those eighteen years killing hasn't been a big issue," she said. "The first Gulf War, Bosnia, and Kosovo were all done from planes and from long range." But a year from now the Army may find it necessary to ask, she says, and perhaps sort veterans according to who has and has not pulled the trigger.

The other off-limits topic with Army psychiatrists is the politics of the war. A veteran who asks why he was sent to war is usually told to discuss only his own problems, not politics. But if Jonathan Shay is right, understanding the reasons for having killed in combat is an important part of healing.

Part of the problem for the Army is that stress associated with killing often emerges many years later, when a veteran's internal defenses have broken down. My wife's cousin was a door gunner in Vietnam who machine-gunned many people. He sought no help for fifteen years, drowning the images of people he killed by losing himself in work, partying or patriotic mantras. He once told me the images appear every fifteen minutes but recently he said it is more like "looking at a double image. I see you sitting there in that chair, and I'm also watching that woman and her children tumbling out of the sampan into the bloody water, or the people rolling in the dust as I gun down their 'ville." He is on one hundred percent disability and never has a good day or a restful night. Senator John Kerry, who mistakenly machine-gunned a family of fishermen in Vietnam, still wakens screaming, his wife has told interviewers. He might be willing to be interviewed for this story.

This is not a "gotcha" story on the military or the VA. Neither military trainers nor psychiatrists are squeamish about killing. They recognize that killing is what their people must do – and then lay aside. But they say their response to the high rate of retail killing in the current war is a work in progress. As with the wounded-soldier story, I am getting remarkable cooperation from the Pentagon and the Veterans Administration. I will have access, it seems, to anybody I want to interview. I'd like this story to run as long as the wounded-soldier piece. I can deliver on Friday, March 19.

