

Into Deep Water by Terry Nickelson

GOING TO AFGHANISTAN AND IRAQ heightened my awareness of the mental health issues affecting many of the men and women serving in the military. Alcohol and drug abuse, spouse and child abuse, depression, marriages at risk, failed marriages, attempted suicide and suicide, and Post Traumatic Stress Disorder (PTSD) are becoming more common. One unit we spent time with, for example, had 50% of its marriages at risk. Combat stress and conversely, boredom, separation from family and friends, multiple deployments, financial problems and bad phone calls from home can combine into an emotionally toxic and potentially lethal state of mind.

One day at a Forward Operating Base (FOB) near Fallujah, just before my film partner arrived, a young Marine put the heel of his weapon into the sand, leaned over it with the muzzle pointing under his chin and pulled the trigger. There was some discussion among his buddies whether a phone call triggered the suicide. At that time I was flying missions with a Black Hawk medevac unit when, on two consecutive nights, we carried young female Marines who had attempted suicide. The flight medic wondered if one of them would survive. Later, we learned their lives had unraveled back home and that they must have felt hopeless and trapped by their circumstances.

We were in Afghanistan for one month and Iraq for two. We went on combat missions with Marines and paratroopers, suffered rocket attacks and spent considerable time with casualties who were badly wounded with multiple bullet wounds and blown off limbs, and some dead or dying -- soldiers and civilians alike. We were there long enough and saw enough to be emotionally affected and changed, but I was already inoculated against the worst. I had been with the refugees of the Rwanda genocide.

I stepped into the pan of chlorinated water, as we were instructed, before entering the large cholera tent at the edge of the sprawling camp of almost 250,000 refugees in Goma, Zaire. The beds were mostly filled with children. Unless they had been orphaned by the killing, their mothers were sitting on the floor next to them. They were treated by members of the Spanish MSF (Doctors Without Borders). The children were listless and dangerously dehydrated. Medical supplies were in short supply. I asked about some of the mothers who were singing to their children. I was told the mothers only sang to comfort their souls when they died.

The Combat Outpost near Sadr City in Baghdad was the darkest, dreariest, and dustiest cavern of a building I ever saw. One meal served each day, no a/c with daytime temperatures nudging 120 degrees, tepid drinking water, casualties from rocket attacks and IEDs, and an operational

tempo that sent most paratroopers on combat missions two and three times daily. Sleep was rare and fatigue common. It is a testament to the spirit and toughness of our military that morale was high. One young soldier, though, wasn't coping. He had been disarmed for insubordination and was on a suicide watch. I spent a lot of time with him during that week and learned that his older brother had just killed himself. His grandfather -- who was the father figure in his life -- had also died, both in the previous month. He had lost his place in the world and turned inwards. He was shunned by all but the chaplain and the Iraqi technicians who came for work each day. He didn't care whether he was court-martialed, dishonorably discharged or sent back into the line. He talked to me, though, and for that I was grateful. I want to know what became of him.

I finally threw up in an alley near downtown Nairobi. I had been wandering the streets for an hour trying to make sense of the images of genocide in my head. We had been screening footage in the edit suite for over a day trying to build what I called the "sinister sequence", a dark bit of horror lasting less than a minute. I don't think I knew about PTSD at the time. I certainly didn't know about Secondary PTSD. It was explained to me years later by a sympathetic nurse.

By doing their duty many members of our military have waded into the deep water of mental health problems and they can't get back by themselves. Regardless of how long we stay in Iraq or how quickly we withdraw we will have damaged Americans among us. PTSD is a normal reaction to the stress some of our troops are exposed to in Afghanistan and Iraq. The most important way for them to recover from PTSD and other mental health issues is to talk. If you are privileged to meet veterans, I encourage you to ask them about their experiences. Then honor them by listening.



TERRY NICKELSON is a writer and filmmaker. He was involved with film projects such as a documentary for Discovery Channel, a PBS series on Preventive Diplomacy, a Court TV series on War Crimes Tribunals, and more. To learn more about his current work check out www.inhisserviceand yours.com.

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