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## Soldier's trial has broader implications for military's treatment of mental health

By Kevin Vaughan, The Denver Post

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The questions raised in the case against Army Pfc. David Lawrence go far beyond whether he killed a shackled Taliban commander, or even whether he knew what he was doing when he pulled the trigger.

They stretch to the military itself, and how commanders deal with service members who have mental-health problems during a time that the United States is fighting wars in Iraq and Afghanistan. During a time when military men and women are repeatedly deployed in combat zones. During a time when, a recent investigation found, one in six members of the armed forces is taking psychiatric drugs.

Lawrence, who is 20 but looks younger, faces the possibility of the death sentence if convicted of murdering prisoner Mullah Mohebullah at a military compound in Arghandab, Afghanistan.

At a preliminary hearing in the case last week, it was clear that Lawrence's lawyers will try to establish that he was unable to tell right from wrong in the shooting. To do that, they may well put the Army's treatment of the mentally ill on trial.

When he was happy, the grin stretched all the way across David Lawrence's face. Someone called him "Smiley," and it stuck.

But long before he ended up at Operation Control Center District — a compound the size of two football fields — a fellow soldier saw a dark side to the young man born in Ohio and raised in Indiana.

"I thought he was a little unstable at times," Pfc. Dimitri Jenkins, a combat medic, said by telephone from Afghanistan as he testified at an Article 32 hearing called to determine whether enough evidence exists to court-martial Lawrence.

Jenkins took his concern to a sergeant, he testified, telling the man who would ultimately lead Lawrence on patrol in Afghanistan that "he's f----- crazy at times."

Still, Sgt. Dominic Buscemi said, he was never concerned that Lawrence wasn't fit to serve.

Being at war can mean many things. Gross discomfort. Mind-numbing boredom. Heartpounding terror.

Lawrence experienced them all.

He apparently had only one direct taste of battle.

On patrol one day, a vehicle at the front of the squad's convoy was rocked by a roadside bomb — and a brief skirmish involving small arms followed. In the modern war, it was a minor battle — an Afghan fighter wrenched his ankle, and an American soldier suffered cuts to his head that were easily salved with bandages.

But Lawrence also experienced the reality of war in a unit that Buscemi estimated had lost eight soldiers and had more than 100 wounded. On Aug. 30, Capt. Dale Goetz, a chaplain based at Fort Carson, was one of five soldiers killed by a roadside bomb.

Goetz and Lawrence had interacted frequently, the young man joking "you're not going to convert me," and the 43-year-old chaplain saying "I'm just trying to see how you're doing."

After Goetz's death, Jenkins said, Lawrence sat for hours, staring at the ground, smoking one cigarette after another.

"You could tell he was hurting," Jenkins testified.

Later, in the fall, Lawrence asked for help. He was flown to the American air base in Kandahar, where he spent five or six days at a combat stress clinic.

He was flown back to his unit with prescriptions for two antidepressant drugs, Zoloft and Trazodone.

There was a time when the culture in the military was simple: Suck it up and do your job. The thought of acknowledging depression, fear, anxiety and sadness was anathema in a kill-or-be-killed world.

After nearly a decade at war in Afghanistan and more than seven years of fighting in Iraq, there's a concerted effort to change things, said U.S. Army Col. Rebecca Porter, chief of behavioral health for the Office of the Surgeon General and herself a clinical psychologist.

Efforts in recent years have been focused on preparing soldiers to face "stressors" of combat and daily life and giving them help when they experience them. In a deployment, that help might be a talk with a chaplain or a commanding

officer, or a video hookup with a social worker or psychologist. And, in more serious cases, it might mean a trip to a combat stress clinic.

"Our doctrine is to treat either physical or behavioral health issues as close to the front as possible, which we've seen provides a better opportunity for a soldier to get back into the fight and function well," she said.

Charles Figley, a professor in the graduate school of social work at Tulane University and himself a Marine veteran of combat in Vietnam who has extensively studied the effects of war on service members, commended the efforts of the military in recent years to face the mental health issues afflicting today's warriors. And he said the military — and the Army in particular — has come a long way since the U.S. went to war in Afghanistan and Iraq.

"I'd give them one star at that point in time, out of five, but I think they probably deserve three and a half at this point in time," he said.

But ominous problems exist.

There's still high rates of depression and suicide among service members — a recent Department of Defense study found that more than 1,100 members of the military ended their lives between 2005 and 2009, an average of one every 36 hours.

"I think the major challenge is one that is extraordinarily difficult to overcome, and that's culture," Figley said.

Porter acknowledged that reality.

"We have put considerable effort into decreasing the stigma around seeking out behavioral health care, and with regard to, for example, suicide prevention, part of what we encourage soldiers to do is ask each other if they're feeling depressed or suicidal and, if so, going the extra step to escort their buddy or their fellow soldier to get some assistance," she said.

And increasingly, drugs are used to treat mental-health problems on the battlefield.

A Military Times investigation conducted earlier this year found that one in six service members was on a psychiatric drug and that between 2001 and 2009 the federal government spent \$1.1 billion on those medications.

"Generally, those medications are quite safe, which is why they are used," said Dr. Thomas Grieger, a psychiatrist who is a retired Navy captain. "They're not prone to overdose or they're not prone to abuse in any way, so they don't interfere with the ability to perform duty."

In fact, he said, many service members perform better on the medications.

But not everyone is sold on the idea that a pill is the answer for the mental ills of war.

"I think the military is responding just like the rest of the country is responding — let's overmedicate people," said defense attorney Dan Conway of New Hampshire. "Every time you have a problem or a mental- health issue or depression, we put you on any number of medications. And every time I get a client that has combat experiences, I get these otherwise healthy kids that are 19, 20, 21 years old, and they're on six or seven different medications."

Fellow soldiers saw a marked change in Pfc. David Lawrence when he returned from the combat stress clinic, drugs in hand.

"Before the medication, he was angry sometimes down and depressed," Jenkins, the medic who slept two bunks down from him, testified. "After the medication, he was a lot more relaxed and easygoing — calm."

Jenkins didn't know that his friend had e-mailed family members telling them he heard voices. And he didn't know that Lawrence professed to have terrible problems sleeping.

On Oct. 17, Lawrence stood at his bunk, ready to assume his shift guarding Mohebullah, who had been captured earlier that day. He was the first Taliban fighter the squad had taken into custody.

"You ever feel like you have to do something?" Lawrence asked, Jenkins testified.

"What are you talking about?" Jenkins replied.

"Do you ever feel like you have to do something other people are too (chicken) to do?"

The conversation went back and forth. Finally, Jenkins testified, Lawrence said, "I have guard duty in 20 minutes" and smiled, then geared up and headed out the door.

Jenkins asked another soldier what Lawrence was talking about. The bunkmate, who was playing a video game, answered "he said I wouldn't have a guard shift."

Jenkins ran out the door, found two sergeants and told them he feared that Lawrence planned to kill the Taliban commander.

They rushed to the jail, where they discovered Lawrence sitting in a chair smoking a cigarette.

"I killed him," Lawrence said, according to Buscemi.

For Maj. George Bruachler, one of the prosecutors in the case, those statements are powerful evidence of premeditation, and of understanding the difference between right and wrong.

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For attorney James Culp, a former infantry sergeant who is representing his sixth soldier or Marine accused of murder in a combat zone, those statements are powerful evidence of a young man too mentally ill to realize that laying out his killing plans beforehand was a mistake.

Ultimately, it will be up to a team of psychiatrists and psychologists to determine whether Lawrence is mentally ill — a process that could wrap up by Friday.

In the meantime, Lawrence's father, Brett, told The Associated Press that his son is staying in an unnamed mental health facility in Colorado.

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