

YourArmy

THE ACCUSED
KILLERSGT. JOHN MICHAEL RUSSELL,
44, Sherman, Texas

Russell is a systems support signal specialist who joined the Army National Guard in September 1988 and went into the active Army in June 1994.

His first deployment was in Serbia from June to December 1996, and in May 1998, he deployed for a seven-month tour in Bosnia. His first Iraq deployment was April 2003 to April 2004. He returned to Iraq in November 2005, coming home in October 2006.

Russell is assigned to the 54th Engineer Battalion in Bamberg, Germany, and has received two Army Commendation Medals, two Army Achievement Medals, four Army Good Conduct Medals, two National Defense Service Medals, the Korean Defense Medal, the Iraq Campaign Medal, Global War on Terrorism Expeditionary and Service medals and two Overseas Service Ribbons.

Flash points

In wake of soldier shootings and suicides, leaders cite the mental effects of long-term war

By Michelle Tan
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Referred to counseling, his weapon taken away, Sgt. John M. Russell was escorted into the combat stress clinic on Camp Liberty, Iraq, on May 11.

Inside, the 44-year-old from Headquarters and Headquarters Company, 54th Engineer Battalion, got into an argument with the staff and was asked to leave, according to an Army official who spoke on condition of anonymity. Russell left the clinic but later returned, this time with a weapon, an Army official said. He is accused of opening fire in the clinic and killing four soldiers and a Navy officer.

Russell was detained almost immediately after the May 11 shootings and is charged with five counts of murder and one count of aggravated assault.

Just eight months before, on Sept. 14, Sgt. Joseph Bozicevich was accused of gunning down his squad leader and a fellow team leader at Patrol Base Jurf as Sahkr, about 15 miles southwest of Baghdad. After an Article 32 hearing in April, a decision is pending on whether he'll go to court-martial.

The two shootings, along with suicide numbers that have increased steadily over the past four years and long, repeated deployments in two war zones, have led some to wonder if the Army — and its soldiers — have reached a breaking point.

In response to the incidents, Army Vice Chief of Staff Gen. Peter Chiarelli told Army Times the force is “into uncharted territory” in terms of what the long war is doing to soldiers.

“I think it's hard for any of us to totally understand what the effects of seven years of conflict have had not only on soldiers but their families,” he said. “We're

into uncharted territory here. For the all-volunteer force, we've never seen seven years of combat. This is really difficult stuff.”

The Army is tremendously resilient, but it's also out of balance, Chiarelli said.

“If you're a young sergeant and you're on patrol every day, you're going into very high-stress situations every day, particularly with [improvised explosive devices] and an enemy that doesn't wear uniforms and is part of the population,” he said. “It is very, very difficult.”

The incidents come at a time when the Army is approaching a spike in deployments, with plans to increase the number of soldiers in war zones by 10,000 later in the year. As Army leaders scramble to fill units, the pool of wounded soldiers who are no longer deployable has risen to about 20,000, an unprecedented number. The service is ending its stop-loss policy Aug. 1.

The Army chief of staff acknowledged to reporters May 12 that the Army will go through a tough time, with increased deployments and growth of forces in Afghanistan that will continue for several months before the pace eases.

After the shootings, the chairman of the Joint Chiefs of Staff, Adm. Mike Mullen, urged a “redoubling” of efforts to relieve soldiers' stress.

Defense Secretary Robert Gates expressed his “horror and deep regret” over the shooting, adding that officials were still gathering information about exactly what happened.

“Such a tragic loss of life at the hands of our own forces is a cause of great and urgent concern,” he said.

Russell was 12 months into his third deployment to Iraq. He had been to the combat stress clinic before. He was undergoing stressful

tests and the counselors “broke” him, his father told The Associated Press.

Wilburn Russell said his son didn't understand the stressful mental tests were merely tests.

It's not clear why staff at the clinic asked John Russell to leave the clinic May 11. It's also not clear why his commander decided Russell's weapon should be taken away and why the sergeant should be referred to counseling. An investigation by Army Criminal Investigation Command is underway.

The Army also initiated an AR 15-6 investigation into the overall behavioral health services policies and procedures offered in Iraq, said Maj. Gen. David Perkins, spokesman for Multi-National Force-Iraq.

Preliminary reports show the suspected shooter was unarmed when he was escorted to the combat stress clinic at Camp Liberty, according to an Army official who spoke on condition of anonymity.

Inside the clinic, he got into a verbal altercation with the staff and was asked to leave; the soldier and his escort got back into their vehicle and began to drive away, according to the Army official.

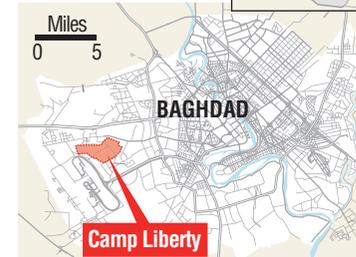
At some point during the drive, the soldier got control of his escort's weapon and ordered the escort out of the vehicle, the Army official said. The soldier then drove back to the clinic, walked in and began shooting, the official said.

Two of the shooting victims were officers who worked at the clinic, also known as the Liberty Combat Stress Control Center, providing mental health care to deployed troops.

Maj. (Dr.) Matthew P. Houseal, 54, a psychiatrist and father of six from Amarillo, Texas, and Navy Cmdr. Charles K. Springle, 52, of Wilmington, N.C., were assigned to the Army Reserve's 55th Med-

CLINIC SHOOTINGS

A sergeant is accused of killing five U.S. troops at a military stress clinic at Camp Liberty, Iraq.



Source: Staff research CHRIS BROZ/STAFF

ical Company.

Also killed were Sgt. Christian E. Bueno-Galdos, 25, of Paterson, N.J.; Spc. Jacob D. Barton, 20, of Lenox, Mo.; and Pfc. Michael E. Yates Jr., 19, of Federalsburg, Md.

Bueno-Galdos, who was posthumously promoted to staff sergeant, and Yates were assigned to 3rd Battalion, 66th Armor Regiment, 172nd Infantry Brigade Combat Team of Grafenwoehr, Germany.

Barton belonged to the 277th Engineer Company, 420th Engineer Brigade, of Waco, Texas. He went to the clinic for help while he grieved the loss of his mother.

Those who witnessed the shooting were provided immediate counseling from soldiers with the 55th Medical Company, Perkins said.

Questions remain as to exactly what happened and why.

“This is a continuing investigation,” Perkins said. “It will include an examination of how the incident occurred. We will also examine the steps taken to see if we can reduce the possibility of another event like it occurring in the future.”

‘Redouble efforts’

Russell joined the Army National Guard in 1988 before moving to the active Army in 1994.

Russell's Army records show

THOSE WHO DIED



NAVY CMDR. CHARLES K. SPRINGLE, 52, Wilmington, N.C.

Springle received his commission in April 1988 and was part of the medical service corps. He was assigned to the Army Reserve's 55th Medical Company, of Indianapolis, for his first deployment to Iraq. He arrived in country in January.

His awards include three Navy/Marine Corps Commendation Medals, the Navy/Marine Corps Achievement Medal, the Meritorious Unit Commendation and three Navy/Marine Corps Overseas Service Ribbons.



MAJ. (DR.) MATTHEW PHILIP HOUSEAL, 54, Amarillo, Texas

Houseal was a psychiatrist who served in the Navy and Navy Reserve before joining the Army in August 2007. He deployed to Iraq with the Army Reserve's 55th Medical Company, of Indianapolis, in February. It was his first Iraq tour.

His awards include the National Defense Service Medal, the Armed Forces Reserve Medal with M device, the Iraq Campaign Medal and the Global War on Terrorism Service Medal.



STAFF SGT. CHRISTIAN ENRIQUE BUENO-GALDOS, 25, of Paterson, N.J.

Bueno-Galdos, who was posthumously promoted to staff sergeant, joined the Army in February 2002. A chemical operations specialist, he belonged to 3rd Battalion, 66th Armor Regiment, 172nd Infantry Brigade Combat Team, of Grafenwoehr, Germany.

Bueno-Galdos first deployed to Iraq in August 2006 and served a yearlong tour. This time around, he had been in Iraq since November.

His awards include two Army Commendation Medals, the National Defense Service Medal, the Iraq Campaign Medal and the Global War on Terrorism Service Medal.



SPC. JACOB DAVID BARTON, 20, Lenox, Mo.

Barton, who joined the Army in March 2007, was a construction equipment repairer. He deployed to Iraq in January and was on his first deployment.

He was assigned to the Army Reserve's 277th Engineer Company, 420th Engineer Brigade, of Waco, Texas.

His awards include the National Defense Service Medal, the Armed Forces Reserve Medal with M device, the Iraq Campaign Medal and the Global War on Terrorism Service Medal.



PFC. MICHAEL EDWARD YATES JR., 19, of Federalsburg, Md.

The youngest victim was a cavalry scout who joined the Army in December 2006. He was assigned to 3rd Battalion, 66th Armor Regiment, 172nd Infantry Brigade Combat Team, of Grafenwoehr.

He was on his first deployment to Iraq; he had been in country since November.

His awards include the National Defense Service Medal, the Iraq Campaign Medal, the Global War on Terrorism Service Medal and the Overseas Service Ribbon.

that he was busted from E-5 to E-4 in early 2003 for going absent without leave, but otherwise he maintained military bearing and was credited with training and encouraging his soldiers.

There was no indication he could commit the kind of act he is accused of, said Army officials who asked to remain anonymous.

Chiarelli told Army Times he hopes the investigation will give leaders a "much more complete picture of not only what happened, but lessons learned across the board."

Mullen noted that the tragedy occurred while service members were seeking help at the clinic.

"It does speak to me about the need for us to redouble our efforts, the concern in terms of dealing with the stress," he said. "It also speaks to the issue of multiple deployments, increasing dwell time, all those things that we're focused on to try to improve, to relieve that stress."

Every individual reacts differently to combat and stress, and many factors come into play, experts say, including the kind of

stressors experienced, the length and frequency of deployments, previous psychiatric history, and support systems back home.

"A lot of different factors make someone more protected or more at risk," said Bret Moore, a clinical psychologist and former captain who deployed twice to Iraq.

"There's a cumulative effect with multiple deployments," he added. "The more times you're exposed to traumatic events, the greater chance to develop [problems]. It increases your risk."

That statement is backed up by studies that show multiple deployments put soldiers at a higher risk level for combat stress and behavioral issues such as depression and post-traumatic stress, said Lt. Col. Ed Brusher, deputy director for behavioral health proponenty at the Office of the Surgeon General.

"Bottom line is, we know and understand that every soldier who deploys will have a unique experience that is truly their combat experience," Brusher said. "The Army has put a lot of effort into providing support sys-

COMBAT STRESS CONTROL

Army Combat Operational Stress Control Detachments provide behavioral health care to deployed service members, and can be shaped into teams or clinics depending on what soldiers need.

About the teams:

■ The Army has five COSC detachments in the active Army and six in the reserve component. In addition, there are four companies in the reserve component that are

each equivalent to two detachments. Since 2003, the Army has had the equivalent of three COSC detachments in Iraq.

■ The teams include licensed psychologists, psychiatrists, social workers, nurses, occupational therapists, mental health technicians and occupational therapy specialists. A full team consists of about 45 medical and support staff.

tems that will give the tools required for soldiers to get through experiences, whatever that may be. The goal is not to take away the trauma but to provide a healthy path to go through and transition ... through tough times."

Brusher, who commanded the 98th Combat Operational Stress Control Detachment when it deployed to Iraq in 2003, said combat stress clinics have been in theater since the beginning of the

war, and the Army recently reshaped its doctrine for combat operational stress control units to be more responsive to stresses unique to soldiers in the war zone.

An essential ingredient to protecting soldiers' wellness is improving the length of time at home, away from deployments. Army leaders are looking to increase dwell time, at least to one year deployed and two years at home, Chiarelli said.

"What's critical is, we've got to

get the Army back in balance," he said.

On May 1, Chiarelli launched the Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention, prompted in part by a record number of suicides in the Army.

Efforts include additional training for chaplains and finding innovative ways to care for soldiers and their mental health, Chiarelli said.

He said the service is focusing not only on suicide prevention but the wellness of the force and families as a whole.

"It's not only soldiers who are stressed, it's families that are stressed, and when families become stressed, that causes many of the issues that we're seeing today," he said.

Chiarelli said he hopes to glean lessons from the AR 15-6 investigation into the behavioral health services offered in Iraq.

"This case, without talking about this case, is a perfect example to show there is no one single answer," he said. "This individual was seeking help, was being seen." □