



FEATURES

The Prozac, Paxil, Zoloft, Wellbutrin, Celexa, Effexor, Valium, Klonopin, Ativan, Restoril, Xanax, Adderall, Ritalin, Haldol, Risperdal, Seroquel, Ambien, Lunesta, Elavil, Trazodone War

As it approaches its tenth year, our nation's longest war is showing signs of waning. Meanwhile, our soldiers are falling apart.

By [Jennifer Senior](#) Published Feb 6, 2011 [ShareThis](#)

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From a series of portraits documenting the stress faced by Marines patrolling Afghanistan's Helmand Province. The men in these pictures have no known health problems themselves.

(Photo: Louis Palu/Zuma Press)

things: driving and crowds. Movie theaters, subway cars, densely packed spaces—all can pose problems for soldiers, because marketplaces are frequent targets for explosions; so can any vehicle, because IEDs are this war's lethal booby trap of choice. Booth manages his driving anxieties by leaving his Long Island home every morning at 4:30 a.m., when there's no risk of traffic (especially under bridges, which militants in Iraq are always blowing up), and avoiding the right lane (in Afghanistan and Iraq, one generally drives in the middle of the road to avoid setting off IEDs). Once he gets to the city, Booth parks around the corner from his office and has managed to arrange his life so that he never encounters more than a handful of people. The only real logistical challenge is lunchtime, which he handles by ordering in, picking up from a grill across the street, or skipping entirely. I ask if he goes to restaurants in the off-hours. "Not very much," he answers, pointing to two sets of scars, one near his jugular and the other stretching down his spinal column. "I reach for a glass, and I can't feel pressure, so I'll knock the glass over. It's hard not to feel self-conscious."

On September 6, 2006, as Booth was returning from a mission in Kirkuk, his Humvee rolled over an IED. He spent three years in San Diego in a Warrior Transition Unit, or WTU, where most badly injured soldiers go to convalesce, and four surgeries later, though he'd broken his neck, he was able to walk normally again. He no longer has any sensation in his right hand, though, and he lives with back spasms, headaches, stiffness in his neck, tingling and numbness in his right arm, and pain radiating down his spine and right side. Once a week, he goes to cognitive-behavioral therapy near his home, and

The first time I meet David Booth, a 39-year-old former medic and surgeon's assistant who retired this past spring after nineteen years in the active Army Reserve, I make the awkward mistake of proposing we go out to lunch. It seems a natural suggestion. The weather is still warm, and he has told me to meet him in the lobby of his office downtown, so I assume he wants to go out, not back to his desk, when I show up around noon. But it turns out that in the six months he has been at his job, Booth has never left his office in the middle of the day, except to run across the street, and he is simply too polite to say so. From the moment we step outside, it's clear how unusual this excursion is for him. As we walk, he hews close to the buildings on his right ("If a building's to my right, no one is going to walk by me on my right"), and when we arrive at the restaurant, he quietly takes a seat at the table closest to the door, his back against the wall. His large brown eyes immediately start darting around.

"How's your sleep?" I ask him.

"I don't," he answers.

Depending on the war, post-traumatic stress can have many expressions, but this war, because of its omnipresent suicide bombers and roadside explosives, seems to have disproportionately rendered its soldiers afraid of two

he follows a carefully scripted drug regimen: Valium for spasms, Lyrica for pain, Topamax for headaches, and, on occasion, Klonopin for anxiety. "And that's a lot less than what I used to be on," he tells me. "Percocet for pain. Ambien for sleep, but they don't want you on it for a long time because it's habit-forming. Flexeril for spasms, but that makes you drowsy. OxyContin. Zoloft."

Zoloft was only one of the antidepressants he took. "I don't remember them all," he says. "In the WTU, people kept what they were taking to themselves, unless they were talking to a friend. It's almost admitting ..." Four seconds of silence tick by. "That you're broken. And you don't ever want to admit that. Because you're used to being able to do things. And I was a medic. What I did was fix things."

Spend five minutes in Booth's company, and it's hard not to be moved by the redrawn contours of his life. He's in pain and can't sleep ("You don't realize how much you lift your head when you sleep"); he hasn't set foot in a grocery store in well over three years and has gone to the movies just once, at eleven in the morning, when the theater was practically empty. But it's also hard not to marvel at his resilience. He's laconic and uncomplaining; he's still golfing (he likes the peaceful sensation of the green, likes that it's a physical activity he can still do); he is comfortable talking about his struggles. When confronted with the reality that he could no longer be a surgeon's assistant—his right hand won't permit it—Booth took several interview and résumé-writing courses and found a job across the country, at a security company, where he took charge of its human-resources department, overseeing hundreds of employees. If the Army's Medical Review Board no longer found him fit for duty, he wasn't going to protest. "You can't spend the rest of your life in the Army, just trying to heal," he says. "You're going to spend the rest of your life healing one way or the other anyway."

Next: "I was very outgoing before. Now I keep to myself."

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