

Then Came the Last Days of May

A few days ago, the Iraq War scuppered to an ending of sorts, in a courtroom on a military base near Seattle. A few days ago, in that courtroom, I finished the most wrenching case of my life: defending a mass murderer, a killer of five US service members at a combat stress clinic in Iraq in 2009. In my previous incarnations, I had been a soldier in five different combat zones, a prosecutor manqué at the US Military Commissions, and, I suppose more than anything else, had become a hardened and unforgiving man. But nothing suggested by these many struggles prepared me for listening to the testimony of the victims' survivors at the end of the trial and before my client received the only sentence he could have short of death: life in prison without the possibility of parole. The bitter cup served up by my client, as the military judge aptly described the event, need never have been poured and passed. For as much as the five dead were utterly innocent victims, my client, weeks away from completing his fifth combat tour, was in his own way a victim as well.

In the months and years before the shootings, my client had, as much as any soldier could without suffering ridicule and career termination, sought help for his disintegrating mental health. After his second yearlong deployment to Iraq, he complained of sleep disturbances, nightmares, flashbacks. Soldiers recorded him crying in his sleep and ridiculed him, as soldiers will do. The Army gave him eleven sleeping pills and told him to get some counseling. Too soon, however, his unit received notice that they would be returned to the combat zone. In order to maintain solidarity with his fellow soldiers, he did what good soldiers have done since recorded history: he prepared to return with them to the fight. He wanted to be courageous, he wanted to keep the faith that exists between those who've served together in hostile lands. He cast aside thoughts of his growing mental illness and readied himself for what would become his final deployment to Iraq.

Once there, he found himself foundering. He became withdrawn, sullen, sleeping fitfully when he wasn't pulling duty. The disturbances continued; a sense of depression hovered around him. He began to perceive the sincere efforts of his command to assist him as evidence of a conspiracy to destroy his career. He began to deride his superiors. He began to write a lengthy complaint about these non-existent conspirators, although he could not have said where he would submit this complaint.

Finally, in a moment of clarity, he sought counseling at a behavioral health center, where he listed one of his goals as "to learn how to live as a depressed person." Unfortunately, the best help available to him then came in the form of a New Jersey Army National Guard psychologist, who had spent much of her career at what used to be called Rahway state prison. This psychologist evidently couldn't appreciate the difference between distressed combat soldiers and malingering violent prisoners, and "treated" my client in the same way. My client left the session more shaken than when he had arrived, and promptly vomited just outside the clinic's walls.

The psychiatric technician who had assisted my client before this encounter, insisted on staying with him after it was over, and made an appointment for him at another clinic on a different part of the base. "We can do better than this," he told my client. Ultimately, "better" turned out to be a psychiatrist with a longstanding alcohol problem who lied to the military's credentialing authority about his two recent DUI convictions in order to be deployed to Iraq. I will never divine his motivations. I only know that on the day before the murders, this psychiatrist made the misdiagnosis of the century. My client, he wrote in his clinical note, had some mild anxiety issues which could be treated with an antidepressant. The next day, after a night spent sobbing uncontrollably in between efforts to master his extreme distress, my client ended up seeing his unit's chaplain, who arranged to have him seen yet again by the impaired psychiatrist. Deep in his pathology, my client left the appointment after minutes. The psychiatrist followed my client into the clinic's parking lot, and confronted his patient in a manner that no one would consider therapeutic. Finally, my client said to the psychiatrist, "Well, Doctor, you've made your decision," which the psychiatrist met with the rejoinder, "No, soldier, you've made yours." Within an hour, five service members lay dead, all of them shot in the head. Later, my client would be diagnosed with major depressive disorder, with psychotic features, and prolonged, severe PTSD. He would spend two years at a federal medical center having his competence to stand trial restored. The fraudulent, alcoholic psychiatrist fled through a clinic window within moments of the first of my client's shots. Four years later I watched him as he parasitically attached himself to the family members at the court-martial.

The English language lacks sufficient adjectives to capture the unremitting pain and the cascading effects of a few minutes of monstrous behavior by an otherwise docile giant, my client. How to describe the essence of five lives suddenly ... terminated, in a place where each should have been safe? How to describe the ruination left by the murder of Matthew Houseal, a psychiatrist who, at age 54, should have been contemplating how best to live a long life with his wife and seven children? In one moment, he was reading a piece of paper, in the next he lay sprawled on the floor of the clinic, having been shot dead by a single bullet that entered just to the right of his nose. Or Charles Springle, 52, known to those who loved him as Keith, a naval officer and social worker who had his skull blasted into shards, and whose life revealed an incredible joie de vivre, a man deeply loved by his large extended family and by just about everyone who ever came into contact with him?

Then there were the soldiers, who fought back when they had a chance. Christian Bueno Galdos, a cavalry scout, there to retrieve a fellow soldier who had been having sleep problems. SGT Bueno Galdos, a native of Peru who had become a US citizen through his combat service, did not go quietly into that unknown of nights; he grabbed my client's weapon and received a shot to his waist before he, too, had his life extinguished by a shot to his head. Or Michael Yates, a born scrapper, who grabbed his own rifle and, rather than run, set out to take down my client. The celerity on that day belonged to my client, who ended the hero Yates' life with yet another shot to the head.

As the tears and, sometimes, the bitter laughter, of the family members proceeded in vain streams, my role was to remain impassive and expressionless, though my guts ached and I felt as though I could dissolve in tears were I constitutionally capable of tears. There have been so many poetic accounts of the residue of grief that persists after any death, and in particular homicides that cry out for some cosmic justification where there is none, that the genre might even be called a cliché, evoking anger and outrage until the next one is reported.

But here the suffering was almost something one could touch, and grief of a sort that will never go away so long as it exists in the memories of the victims' survivors -- and in the mind of my client, whom the military, at the end of a misbegotten war, failed. The last days of May will pass one final time for all of us. Let us not allow another May to pass, however, without doing better by our soldiers and our veterans. Indescribable suffering will be our legacy if we do not.

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