



# MercyNotes

*“For the greatest possible generosity to the needy”* Apology XII.174

*“Omnipotent, eternal, and merciful God, You are the Savior of all, especially those who believe (1 Timothy 4:10) . . . Be gracious in allowing illness so physical sickness may be a spiritual medicine. May those who are ill recognize that sickness is an attendant of sin and a forerunner of death. Give to them strength of faith and patience, O true Physician of souls and bodies. Restore them to their former health, provided that it is advantageous to their eternal salvation.”*

• *Johann Gerhard, “Meditations on Divine Mercy,” translated by Matthew C. Harrison [CPH] 148-9.*

## Weary Warriors Part One

*“There’s a train coming that’s packed with people who are going to need help for the next 35 years.”*

• **Stephen L. Robinson,**  
Executive Director of the National Gulf War Resource Center

Soldiers returning from any war need the care of pastors and churches. The need is especially acute for soldiers returning from Iraq, because the duration and intensity of this war are taking a heavy toll on troops.

### Soldiering in Iraq

What officials hoped would be a quick, decisive intervention became a relentless, bloody uprising. According to returning veterans, soldiers are involved in sustained close-quarters combat unseen at this level since Vietnam. But the urban guerilla combat in Iraq is more intense than Vietnam. There is no front line or safe place, no way to tell friend from

foe. The urban landscape of alleys, windows and doorways harbors unlimited hiding places for enemy forces. Roadside bombs can be hidden anywhere.

Soldiers in Iraq are under constant, extreme stress for long periods of time with little rest. Forty percent of the troops are National Guard. They, along with members of the Armed Forces Reserves, reportedly have minimal training in dealing with the stresses of combat, have less cohesive units, and may be more vulnerable to mental health problems. National Guard members can be deployed many times and be exposed to more combat than regular troops. Instead of returning to military bases to be monitored, they often go straight home to work and family. Psychological problems can then become crises.

Insurgents and terrorists are exacting a heavy psychological toll on troops through an unprecedented escalation of car bombings. The Associated Press reports there have been at least 181 car bombings since the interim government took over June 28—many of them suicide bombings. The purpose of these daily attacks seems to be solely to terrorize. One attack targeted U.S. soldiers in Baghdad handing out candy to

children. Thirty-five of the 42 people killed were children.

### The Wounded

Some sources say over 10,000 American soldiers have been wounded as of late 2004. The good news is that new body armor protects the chest, abdomen, back, and spine, allowing more soldiers to survive battle. The bad news is that many suffer severe injuries to their poorly protected heads and extremities.

About 75 percent of those

(See *Warriors*, Page 2)

## IN THIS ISSUE

- Weary Warriors .... Page 1
- New Mosque Linked to Radical Muslims ..... Page 4
- From the Hill ..... Page 5
- Brief Notes ..... Page 5
- State Watch ..... Page 6

## WARRIORS

*(Continued from Page 1)*

wounded suffer serious arm and leg injuries (some requiring amputation) or severe burns. People with severe burns or amputations usually go through a grieving process that includes shock, anger and depression. Though many eventually reach acceptance, anger and depression can periodically resurface.

### Traumatic Brain Injuries

While losing a limb can be a dramatic ordeal, injuries to the head—especially the brain—can be more subtly devastating. Insurgents in Iraq often use explosive devices, which cause our troops to experience a higher rate of traumatic brain injuries (TBI) than the 20 percent typical of past wars. Because sophisticated medical tests can miss brain injuries, some soldiers are checking out of hospitals unaware of their “invisible” wounds. Symptoms can be hard to differentiate from the effects of psychological stress. Family members may be the only ones able to recognize that a loved one’s unusual behavior is more than moodiness. Symptoms to watch for include seizures, memory loss, impulsive behavior, loss of balance, double vision, loss of vision, slurred speech, fatigue, ringing in the ears, confusion, irritability, poor concentration, difficulty reading, persistent headaches, trouble sleeping, anxiety, and depression.

Brain injuries can cause extreme stress in family and other relationships and can lead to serious mental health problems. Early treatment is essential, because patients recuperate more fully within six months of injury. Untreated TBI can cause severe long-term disability.

### Stress Disorders

Combat soldiers frequently witness actual or threatened death or serious injury to themselves or others. Normal adaptive responses to these traumatic events include distress, reliving events in thoughts and dreams, and avoidance behavior. People who survived trauma while others died can also feel intense guilt. For many people, symptoms subside and eventually disappear. For some, feelings of intense fear, helplessness or horror continue.

Acute Stress Disorder (ASD) is a common reaction in the first month of exposure to trauma and is often suffered by soldiers in combat. Soldiers in the acute phase of ASD are still with their garrisons—usually overseas—or serving post-combat security or infrastructure-building roles. After four weeks, many soldiers recuperate enough that they are considered recovered. Those with unresolved symptoms may be suffering from Post-Traumatic Stress Disorder (PTSD). To prevent unduly pathologizing troops, the VA asks its mental health staff to allow soldiers a few months to adapt and recover from trauma before diagnosing PTSD.

Symptoms of ASD and PTSD include flashbacks, intrusive memories, nightmares, irritability or outbursts of anger, hypervigilance, exaggerated startle response, and difficulty sleeping. ASD can last from two days to four weeks and occurs within four weeks of exposure to trauma. PTSD is typically diagnosed within three months of exposure to trauma, though some people do not experience symptoms until years later. Traumatic events such as violent crimes, car, plane, or train accidents, and manmade or natural

disasters can trigger ASD and PTSD. Through vicarious exposure to trauma, victims’ families can also develop these disorders. In 2003, 1,100 soldiers returned from Iraq and Afghanistan and sought VA treatment for depression or PTSD. That number grew tenfold in 2004.

### Troubled Soldiers Coming Home

Repeated extended tours of duty are emotionally draining to even the most stoic soldiers. Troops in Vietnam knew they were deployed for 12 months, and World War II troops knew they wouldn’t come home until the war was over. The rules keep changing for troops in Iraq. Soldiers told they’re coming home soon are being redeployed indefinitely; reports indicate that morale is low.

Another compounding factor may be Lariam, the anti-malaria drug troops have been taking. The FDA has warned that Lariam can cause depression, anxiety, aggression and suicidal thoughts. One-fourth of our troops in Iraq are reportedly experiencing psychological problems due to Lariam.

When they return home from Iraq, many soldiers arrive with serious psychological problems. An early Army study found one in six soldiers suffering severe anxiety, major depression, or PTSD. That rate is expected to rise to one in three—the same as Vietnam veterans. Mental health and military experts say it will go even higher. Rarely has such a dramatic rate of PTSD been observed so early.

Steadily rising civilian health insurance costs, combined with aging veterans of WWII, Korea and Vietnam, has resulted in more vets

*(See Warriors, Page 3)*

## WARRIORS

(Continued from Page 2)

seeking VA care. Although there was a 134 percent increase in vets seeking help from 1993 to 2003, the VA budget increased by only 44 percent. The VA currently projects a \$1.65 billion shortfall by 2008 for mental health programs. The Government Accountability Office reported that six of seven VA medical facility officials fear they may not be able to meet an increased demand for mental health treatment. In April, 2003, Dr. Joseph English, Chairman of Psychiatry at St. Vincent's Catholic Medical Centers of New York, testified before Congress that veterans were waiting an average of 47 days to enter PTSD in-patient treatment and up to a year for outpatient treatment.

What is more, those most in need of treatment are often least likely to seek it. A recent study of troops who fought in Iraq and Afghanistan found that only 40 percent of those reporting mental health problems were interested in getting help. Even fewer sought treatment. Counseling is available in Iraq, but soldiers fear a mental disorder diagnosis could wreck their military careers. 65 percent of troops with symptoms believe they will be seen as weak if they admit problems, and they are skeptical about the confidentiality of counseling. Those who return home while still in active service are less likely to seek help than those discharged from the service.

People suffering PTSD make great efforts to avoid traumatic memories. Many who think they can tough it out on their own develop serious anxiety and depression over time. Long-term untreated depres-

sion and anxiety are strongly linked to heart disease, immune disorders, and substance abuse. The consequences of untreated severe PTSD include broken families, homelessness, poverty, addictions, violence against loved ones, and suicide. Besides depression, substance abuse and other anxiety disorders, gastrointestinal illnesses, headaches, chest pains, dizziness, immune system problems, and unusual aches and pains can co-exist with PTSD. Treatment is more successful when these other illnesses are recognized and treated concurrently with PTSD.

### Adjusting to Life at Home

Exposure to severe trauma changes how a survivor feels and acts. The world no longer feels safe, nor people trustworthy. Being surrounded by vehicles at rush hour can raise anxiety. Diesel fumes or a loud bang can trigger flashbacks. Plastic shopping bags on the street can trigger flashbacks, since they look like bags used by insurgents to hide roadside bombs. Severe PTSD can cause a veteran to imagine snipers taking aim at him. Vigilance, fear, anger, and the precautions a PTSD sufferer takes to feel safe, cause stress, anxiety and fear in family members. Early on, trauma survivors need sympathy and understanding. This is usually when families are most supportive. But when someone reacts severely to trauma, and symptoms become chronic, it can cause problems for the whole family.

- Family members may struggle with anxiety, anger and depression from the stress of living with a trauma survivor. They can develop bowel or stomach problems, headaches, and other illnesses.
- Family members can become angry when someone they love and admire changes dramatically.
- Children struggle with fear, anger and rejection when a traumatized

parent is hostile and distant.

- Families might avoid activities they previously enjoyed if the activities trigger traumatic memories.
- Spouses may find they can no longer share the same bed or bedroom. Trauma survivors often suffer severe nightmares or toss and turn through the night.
- Trauma survivors may become overprotective of people they care about.

Because trusting others is difficult, survivors feel emotionally numb, and involuntarily distance themselves from families and friends. Depression and despair are common. Survivors may avoid medical care if it reminds them of the trauma. The anger a survivor struggles with can be manifested in unpredictable, explosive ways—especially for those who grew up in families with poor coping skills.

For more information on PTSD and veterans, log onto the VA's National Center for Post-Traumatic Stress Disorder Web site at <http://www.ncptsd.org>.

For more information on TBI contact:

- **Defense and Veterans Brain Injury Center:** 1-800-870-9244, or log onto [www.dvbic.org](http://www.dvbic.org).
- **Brain Injury Association of America:** 1-800-444-6443, or log onto [www.biausa.org](http://www.biausa.org).

*Sources: ABC News, Army News Service, BrainInjury.com, DefendAmerica News, Department of Veterans Affairs, HealthyPlace.com, HealthScout, Honolulu Weekly, Los Angeles Times, National Center for Post-Traumatic Stress Disorder, Newsweek, Operation Comfort, St. Louis Post-Dispatch, San Francisco Bay Guardian, Seattle Post-Intelligencer, Tallahassee.com, The Fayetteville Observer, The New York Times, The Newshour, Toronto Star, U.S. House of Representatives, University of Minnesota*

## New Mosque Linked to Radical Muslims

In the heart of Boston the Islamic Society of Boston is building the largest mosque in northeastern America. The 120-foot minaret tower of the new Islamic Cultural Center will reportedly be the tallest in the United States. According to an article in the *Boston Herald*, the height of a mosque's minaret represents the power of the Muslims worshipping within.

Dr. Omar Khalidi, a professor in MIT's department of archaeology and an expert on Muslim architecture, teaches that mosques have traditionally been built to signify the arrival of Islam in a conquered land—a sign of power and authority. They have been designed to appear aggressive rather than blend in with their environment. He explains that in the Western world mosques must be flexible and accommodating. They must blend in with their environments to avoid appearing aggressive.

Construction of the 60,000 square foot, \$22 million Saudi-funded facility is under fire, both for how the land sale was handled and for its connections to the following four radical Muslim leaders:

■ **Abdurahman Alamoudi**, the founder of the Islamic Society of Boston, now resides in a federal prison since pleading guilty in a plot by Moammar Ghaddafi to assassinate Crown Prince Abdullah of Saudi Arabia. The Society insists it severed ties to Alamoudi several years ago.

■ **Sheik Yusef al-Qaradawi**, a radical Muslim cleric, was listed on 2003 tax forms as a director of the Islamic Society of Boston. The Society's Web site describes him as a

respected Muslim scholar and “a voice of moderation.” Yet, in 2003 he issued a fatwa (religious decree) urging Muslim women to become suicide bombers. He has called for the killing of all Americans in Iraq, and is linked to Islamic Jihad and Hamas. At a 1995 Muslim Arab Youth Association convention in Toledo, Ohio, al-Qaradawi announced, “We will conquer Europe, we will conquer America! Not through the sword, but through Da’awa (converting non-Muslims).” Though al-Qaradawi’s enthusiastic support of the Boston mosque is not included in the Islamic Society’s English-language brochure, it is included in the Arabic-language version. The Society’s lawyer refused comment when asked by a *Boston Herald* reporter about this discrepancy.

Yusef al-Qaradawi is a senior member of Muslim Brotherhood, considered the oldest and most powerful radical Islamic organization in the world. The Brotherhood established roots in America 40 years ago, meeting secretly in homes in small groups. Other Muslims within a community do not know who is in the Brotherhood. It has been working diligently throughout America, building mosques, Islamic schools, youth camps, and Muslim organizations. The Muslim Brotherhood’s website states that their goal is “mastering the world with Islam.”

■ **Osama Kandil**, a trustee of the Islamic Society of Boston, has been linked to the Taibah International Aid Association, a group our government suspects of supporting

terrorists. Kandil is also identified in a federal affidavit as a member of the Safa Group, which finances Islamic terrorists.

■ **Walid Fitaihi**, treasurer of the Islamic Society of Boston, now lives in Saudi Arabia. He wrote articles for Arabic language newspapers, reportedly saying Jews are guilty of the “oppression, murder, and rape of the worshipers of Allah. They have perpetrated the worst of evils, and they have brought the worst corruption to the earth.” His writings have gotten the attention of the Anti-Defamation League and Boston area Jewish leaders. Though the Islamic Society recently stated it does not condone Fitaihi’s writings, he remains a trustee.

In addition to these disturbing connections, the way the Society acquired the land for the mosque raises more questions. The Boston Redevelopment Authority sold the 1.9 acre plot, assessed at over \$400,000, to the Islamic Society of Boston for \$175,000 and “non-cash” benefits to nearby Roxbury Community College. Still more problematic, a newspaper reporter discovered that the Boston Redevelopment Authority deputy director of special projects is a prominent backer of the mosque and a fundraiser for the Islamic Society. Furthermore, most of the project’s funds are from private individuals in Saudi Arabia, which terror experts say is a red flag. Despite this, and the Islamic Society’s questionable affiliations, Boston’s mayor and other city officials are unconcerned.

Dr. Ahmed Mansour, a former Harvard professor, visited the nearby mosque in Cambridge and found Wahabbi reading materials preaching hatred toward America. According to Dr. Mansour, Wahabbis teach that

(See *Mosque*, Page 5)

# MercyNotes

## MOSQUE

(Continued from Page 4)

mosques in Christian nations are outposts in the land of the infidel. Dr. Bernard Lewis, Princeton's internationally known Arab expert, has said that Wahabbi Islam is comparable in nature to the Ku Klux Klan.

Sources: *Boston Herald, Chicago Tribune, Christian Broadcasting Network, U.S. Department of State*

## From the Hill

■ Rep. Spencer Bachus (R-Ala.) recently introduced **H.R. 292**, a bill to increase the military death payment from \$12,000 to \$100,000.

■ Rep. Gene Green (D-Tex.) introduced **H.R. 276**. This bill would amend Title II of the Social Security Act to remove limits on outside income for those receiving Social Security benefits.

■ **H. Con. Res. 6** was introduced by Rep. Joel Hefley (R-Col.). This bill urges the Department of Defense to continue supporting the Boy Scouts of America, particularly the national and world Boy Scout Jamborees. Sen. Bill Nelson (D-Fla.) introduced the companion resolution, **S. Con. Res. 147**. Both were read twice and referred to the Congressional Record.

■ In January Rep. Edolphus Towns (D-N.Y.) introduced the **Civil Rights Amendments Act of 2005 (H.R. 288)**. **H.R. 288** would amend the Civil Rights Act of 1964 and the Fair Housing Act to bar discrimination on the basis of affectional or sexual orientation. Read twice and

referred to the House Education and the Workforce Committee, House Judiciary Committee, and the Congressional Record.

■ Over half of the 44 million uninsured Americans are employed by small businesses. The **Small Business Health Fairness Act of 2003 (S. 545)**, introduced in March 2003 by Senators Snowe, Bond, Talent, Dole, McCain, Coleman, and Hutchison, is backed by over 100 organizations representing 12 million employers and 80 million American workers. **S. 545** will cut the soaring cost of health benefits for small businesses by creating association health plans (AHPs). AHPs will link together small businesses nationwide, giving them bargaining power to negotiate competitive, affordable health insurance rates. The House version (**H.R. 660**) passed in June 2003, but **S. 545** stalled in the Senate.

Source: *Congressional Quarterly*

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## Brief Notes

■ Recent research concluded that 25 percent of girls age 16-19 suffer major depression, while over 10 percent of boys age 12-19 become depressed. Teens feeling they lack social support were more likely to become depressed, and those who smoked were 40 percent more likely to become depressed than non-smokers.

■ The Centers for Disease Control reported that herpes, chlamydia, and HPV are increasing among 10- to 19-year-olds.

1. Surveys indicate about 20 percent of 13- to 16-year-olds are sexually active. That does not include the large number of teens who don't think oral sex is really sex.
2. Surveys show 12 percent of young teens have had oral sex.
3. While 15 percent of parents surveyed think their young teens are sexually active, 30 percent of young teens say they are sexually active.

Dr. Meg Meeker, a pediatrician from Traverse City, Michigan, spoke at a recent St. Louis Educational Policy conference. She advised physicians to rethink their assumptions when seeing young patients. Teens and pre-teens with sore throats should be evaluated for herpes and gonorrhea, as well as strep and mono.  
Sources: *Concerned Women for America, Reuters Health*

## Coming Next Issue

Weary Warriors, Part II

Gambling Addiction in Oregon

The ABC's of HIV

## State Watch

■ Arkansas legislators are pondering whether new public school textbooks should define marriage as the union of one man and one woman, to reflect Arkansas' recently passed marriage amendment. Some of the textbooks used are published out-of-state, so legislators want to ensure that publishers are prohibited from disregarding state marriage laws. **H.B. 1136**, introduced by Rep. Roy Ragland, is co-sponsored by 22 house members and 11 senators. Senator Ruth Whitaker will push the bill in the Arkansas Senate.

■ A lawsuit against All Women's Health Services clinic in Portland, Oregon, was the second successfully prosecuted abortion/breast cancer case in the nation, and the first to obtain a judgment. In 2001, the clinic failed to inform a 15-year-old patient about psychological risks and increased breast cancer risk before performing an abortion. Prior to the procedure, the patient had revealed a family history of breast cancer. In 2004, the clinic made an offer of judgment, allowing the plaintiff to win the suit without a trial.

■ The U.S. Supreme Court refused to hear a case concerning South Carolina's "Choose Life" license plate program. Planned Parenthood of South Carolina sued the state, claiming the message is offensive and provides an unconstitutional forum for pro-life advocacy. Residents who purchase the plates pay an extra fee used to support local crisis pregnancy centers. Facilities involved with abortions are excluded from receiving funds. The Fourth U.S. Circuit Court of Appeals ruled in favor of Planned Parenthood. According to a Liberty Counsel constitu-

tional law expert, Planned Parenthood could have requested their own specialty license plate program but chose instead to censor the pro-life message. The state legislature is expected to reconsider the issue and approve another pro-life specialty plate program.

■ The ACLU may challenge Mississippi's "Choose Life" license plate program, in place since 2002. Over 12,000 plates have been issued, raising over \$400,000 for 30 pregnancy resource centers offering abortion alternatives. The ACLU wants to investigate where the money goes. The resource centers give educational assistance to pregnant women, provide items needed for babies after birth, and assist adoptive couples. The head of Mississippi's sole abortion facility said her group would not be involved in the controversy.

Sources: *American Family Assn., LifeNews.com, WorldNetDaily*

## Did You Know?

**LCMS Life Ministries** provides Christian chastity workshops for teens across the nation. With an honest, hard-hitting look at sexually transmitted diseases and unplanned pregnancy, Life Ministries Director Maggie Karner explains to teens God's design for our sexuality. For more information, contact LCMS Life Ministries at

[mskarner@juno.com](mailto:mskarner@juno.com)

or call (800) 248-1930, Ext. 1381.

You can visit Life Ministries on the web at

<http://worldrelief.lcms.org>

Scroll down and click the link for "sanctity of life."

## CONTACT LIST

### Elected Officials Contact Information

To obtain the name of your State Representative and U.S. Senator, you may contact your local elections officer or call the **Federal Citizen Information National Contact Center** toll-free at **1-800-FED-INFO**

For the most recent information about elected national officials, please log onto the Web sites or call the following Capitol switchboard numbers:

#### Senators

(202) 224-3121

<http://www.senate.gov>

#### Representatives

(202) 225-3121

<http://www.house.gov>

### To Contact the White House

Comments ..... (202) 456-1111

Switchboard ..... (202) 456-1414

FAX ..... (202) 456-2461

#### TTY/TDD phone numbers for hearing impaired only:

Comments ..... (202) 456-6213

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