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HAS AMERICA LEARNED ITS LESSON? THE TREATMENT OF MODERN VETERANS
COMPARED TO VIETNAM VETERANS

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ABSTRACT

The treatment Vietnam veterans received upon their homecoming has become a source of great controversy. Vietnam veterans were largely disappointed in their unceremonious reception and saw a drastic decrease in the amount of actual benefits they received compared to what they expected to receive from the G.I Bill, especially in education and medical care. As a result of their war experiences and feeling forgotten by their country, many veterans fell into drug abuse, homelessness, and struggled with psychological disorders and medical problems that Congress, the executive branch, and the and Department of Veterans Affairs were slow to recognize. Not repeating these mistakes with modern veterans became a main concern when recent wars in Iraq and Afghanistan sent a new generation of men and women to war with millions of them depending on government care to help them physically and mentally from their service.

This honors thesis examines how Vietnam veterans were received by American citizens and the government and compares this treatment to the current treatment of Iraq and Afghanistan veterans. The evidence derived from a variety of primary, secondary, and government sources suggests that Iraq and Afghanistan veterans experience better care and reception than Vietnam veterans largely because they received adequate educational benefits in return for their service and that the American population is now able to separate the soldier from the war. However, the government still has not fully addressed current veterans' startling rates of PTSD and suicide.

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This paper is dedicated to all service men and women. Thank you for your service

Chapter 1

Introduction

Veterans from the war in Vietnam were casualties of tumultuous political times that resulted in problems related to health, mental, and assimilation issues because of their service in Vietnam.¹ Veterans' circumstances were worsened by the lack of government assistance and the gap between veterans' expectations about treatment and benefits versus the reality. Vietnam veterans were promised benefits that included "disability compensation, pensions, education and training, health care, home loans, insurance, vocational rehabilitation and employment, and burial."²

Although there were public homecoming celebrations for Vietnam veterans, such as parades and television coverage of soldiers returning home, many were still ashamed of their role in the war and felt unaccepted by both Vietnamese and American civilians. The dissonance of the realities of veterans' homecomings may be a result of the ever-changing support in the war itself and no doubt contributed to the ever-depleting morale of Vietnam veterans. As fighting in Vietnam dragged on and on, the guerilla war became more and more unpopular in the eyes of American citizens who sometimes projected their anger towards the government onto the soldiers. It is in this negative context that many veterans and citizens remember the treatment of veterans.

¹ Technically, the United States never declared war with Vietnam so some argue that the "Vietnam Conflict" is a more appropriate term. I will use "Vietnam War" as that is how most Americans refer to the conflict. It is important to note that outside of the U.S. it is called the Second Indochina War and the Resistance War Against America in Vietnam.

² "Vietnam Veterans," *U.S. Department of Veterans Affairs*, 22 October 2013, <http://www.benefits.va.gov/persona/veteran-vietnam.asp> (accessed 15 December 2013).

Partially because of the stresses of war itself, and because Vietnam veterans were denied many of the benefits and homecomings they thought they would receive after serving, many fell into drug abuse, homelessness, and suffered from other psychological issues that were exacerbated by the inadequate care offered by the Veterans Administration (VA). Veterans also felt alienated from the rest of society and had a strong distrust in the government, especially due to its lack of recognition and aid for Post-Traumatic Stress Disorder (PTSD), known at the time as “Post-Vietnam Syndrome,” and exposure to Agent Orange.

The main problem with veterans’ aid is that there was a disconnect in what veterans expected in terms of their benefits and what was actually given to them. Many soldiers go off to war expecting American society to at least recognize their efforts and sacrifice for their country (even if it was unsuccessful) and, ideally, reciprocate that sacrifice with aid and support. This was not the case for veterans of the Vietnam War. The VA was often marred with scandals and provided soldiers with inadequate aid and delayed care that only worsened veterans’ trust in the government. Despite these setbacks, the VA has tried to provide veterans with the services they need and is now starting to right wrongs from the past and look forward to help veterans in the future. A deeper understanding of how Vietnam veterans were treated in the past will enable the nation to better deal with similar problems for veterans of the modern Iraq and Afghanistan Wars.

This paper will compare the public reception, mental/health care, educational benefits, and aid with social issues experienced by both Vietnam veterans and Iraq and Afghanistan veterans to see what, if any, improvements have been made in veterans’ care. Conclusions will be drawn from a combination of primary and secondary sources that reveal what the veterans have experienced as well as the governmental policies (or lack thereof) that affected them. These

materials suggest some interesting conclusions about how the government, the VA, and public opinion have shaped Vietnam, Iraq, and Afghanistan veterans' experiences once they returned home.

Chapter 2

The Vietnam War Era

The War in Vietnam

The roots of the Vietnam War can be traced back to the late 1940s and 1950s when Viet Minh guerrilla fighters (North Vietnamese Communists and their Viet Cong allies in the South) began to resist the French colonial government that was supported by the United States. By 1955, Ho Chi Minh was the Communist leader in North Vietnam while Ngo Dinh Diem was president of the Government of the Republic of Vietnam in the South, which had French and American support. With the Cold War raging in the background, the U.S. government was wary of the Communist North and its Soviet ally, believing in the “domino theory” of containing Communism. By 1961, President Kennedy decided that the fighting in South Vietnam warranted an increase in U.S. aid and by 1962, U.S. “military advisors” numbered 9,000 compared to less than 800 in the 1950s.

Fighting escalated after the Gulf of Tonkin Incident when, in 1964, U.S. ships were allegedly targeted by North Vietnamese forces. In response, the U.S. Congress passed the Gulf of Tonkin Resolution which gave President Johnson almost unrestrained war-making power. Air bombing raids started soon after. In 1965, Johnson began sending combat troops into Vietnam (with popular American approval) and called for 182,000 by the end of 1965 and 100,000 more in 1966. By 1967, almost 500,000 U.S. troops were in Vietnam, but troops and U.S. citizens were starting to become wary of the U.S. government and began questioning U.S. military strategies. Soldiers and civilians were also becoming increasingly frustrated and disheartened with the Viet Cong’s resistance. In January 1968, the televised North Vietnamese Tet Offensive shocked and demoralized the U.S. and eventually led Johnson to halt bombings in the North and

concentrate on seeking peace. Despite increasing anti-war protests, the war dragged on until 1973, when President Nixon reached a peace deal, making it, at the time, the longest U.S. war, even though war was never officially declared. Over 58,000 U.S. soldiers and 1.1 million Viet Cong were killed along with 2 million Vietnamese civilians. The U.S. would continue to feel the effects of the war long after it was over.³

Vietnam Veterans' Experience

The Vietnam War proved to be a unique experience for not only the soldiers who fought in it, but for United States citizens and the government as well. The long guerilla war posed a serious problem for soldiers. The Viet Cong used the jungle environment to their advantage and fought U.S. soldiers with “sniper fire, mines, and booby traps” which accounted for one-fourth of U.S. casualties in Vietnam. Making matters worse, few U.S. soldiers spoke Vietnamese and often found it difficult to distinguish between a civilian and an enemy.⁴ The Vietnam War was also the first war the U.S. lost, the first majorly televised war, and the first war in which individuals rather than units were brought home after combat. All of these factors had unanticipated consequences on how the American public perceived the war and its veterans. Veterans were largely blamed for the war itself, and society, having turned against the war, rejected them. Another aspect of the war that had lasting consequences was the use of Agent Orange. Agent Orange was one of many defoliants used by the U.S. to kill the trees and vegetation in order to make the Viet Cong more visible. Many Vietnam veterans, their family

³For analyses of the Vietnam War, see Stanley Kurnow's *Vietnam: A History* and Neil Sheenan's *A Bright Shining Lie: John Paul Vann and America in Vietnam*. For a visual history of the Vietnam War, see *Vietnam* by Larry Burrows and David Halberstam.

⁴Yvonne Honeycutt Baldwin and John Ernst, “In the Valley: The Combat Infantryman and the Vietnam War,” in *The War That Never Ends: New Perspectives on the Vietnam War*, ed. David L. Anderson and John Ernst (University Press of Kentucky, 2014), 312-13. *JSTOR*. <http://www.jstor.org/stable/j.ctt6wrrsx> (accessed 16 February 2015).

members, and Vietnamese civilians began to experience illnesses associated with the defoliant's use, including rashes, birth defects, and cancer, among other diseases. Many were met with resistance by the VA and other health care facilities when trying to seek treatment because the government denied there was a direct connection between Agent Orange use and their illnesses.

The war in Vietnam was also very isolating. Charles Lofrano, a Vietnam veteran, confirms this feeling of isolation in his accounts of the war and homecoming to others. He states, "...[a]t first I felt so alone....Vietnam was such an individual experience, such a solitary experience...."⁵ Another veteran, William Frassanito, states, "I was taking one guy over, and bringing one guy back." Because survival was the only goal many soldiers had, there was a lack of internal moral justification or meaning for the war, making their experience empty.⁶ The reduced scale of American forces also impacted this sense of isolation. Only ten percent of eligible draftees served in Vietnam as compared to a majority of the draft population in World War II.⁷ Because the United States did not need as large of an army as it had in World War II, there was a smaller number of men who served in Vietnam, which limited the number of men who would form a sense of comradeship and identity through their service.

By 1969, revelations of war crimes, such as the 1968 massacre of up to 500 civilians at My Lai (and its subsequent cover-up), and veterans' accounts of shooting children, torturing prisoners, and mutilating dead bodies opened Americans' eyes to the atrocities that were being committed by U.S. forces in Vietnam. In the 1972 documentary, *Winter Soldier*, created by the Vietnam Veterans Against the War, some veterans attributed their actions to the indoctrination

⁵ Rick Kogan, "Charles Lofrano: 1948-2010: Vietnam Vet Organized Welcome Home Parade; Remembered for Bravery in War and Personal Life," *Chicago Tribune*, 18 August 2010, 17. *Proquest*. <http://ezaccess.libraries.psu.edu/login?url=http://search.proquest.com/docview/744411556?accountid=13158> (accessed 12 September 2013).

⁶ Arnold R. Issacs, *Vietnam Shadows* (Baltimore: The Johns Hopkins University Press, 1997), 24-5.

⁷ Kelly Evans-Pfeifer, "American Veterans," *Encyclopedia of the Vietnam War*, ed. Stanley I. Kutler. (New York: Charles Scribner's Sons, 1996), 563.

they received during training that America was always right and the “gooks” were always bad. Other veterans in the documentary testified that they thought their actions were okay because higher ranking officers did nothing to stop them, nor were they trained to handle prisoners according to the Geneva Convention rules.⁸ Regardless of the explanations, these war crimes cast a shadow of doubt on the U.S.’s “noble actions” in Vietnam. Many Americans could not see soldiers as *simply* enlisted servicemen who were following orders from their superiors and who may not have even believed in the war itself, but as mindless killing machines that enjoyed killing Vietnamese civilians as was being shown on their TV screens. Some soldiers felt disapproval even from their own parents. One Vietnam veteran stated, “I’d write home and tell my parents I had been in a firefight, and when I got home I found out they actually thought I had spent the year in Vietnam fighting forest fires....” When they found out their son’s actual role in military operations, “[t]hey thought their little boy was a killer.”⁹

Because many veterans were struggling with their own actions in the war and had to deal with the negative perception of their actions by the general public, many had a difficult time believing that they had fought a “good war,” or just believing in the war cause, making them feel even more alienated.¹⁰ Alienation is one of the symptoms of the “Post-Vietnam Syndrome,” a common affliction for many veterans of Vietnam. Veterans felt that not only could they not relate and communicate with regular civilians, but also that they were incapable of experiencing compassion for others. Other symptoms of Post-Vietnam Syndrome include guilt, self-punishment, the feeling of being a scapegoat, rage, and hate.¹¹ This Post-Vietnam Syndrome

⁸ *Winter Soldier*, Film, Vietnam Veterans Against the War and Winterfilm Collective, 1972.

⁹ Jon Nordheimer, “Postwar Shock Besets Ex-G.I.’s,” *The New York Times*, 21 August 1972, 24. *Proquest*. <http://search.proquest.com/docview/119519214?accountid=13158> (accessed 26 November 2013).

¹⁰ Evans-Pfeifer, “American Veterans,” 563.

¹¹ Chaim F. Shatan, “Post-Vietnam Syndrome,” *The New York Times*, 6 May 1972, 35. *Proquest*. <http://search.proquest.com/docview/119584354?accountid=13158> (accessed 16 November 2013).

only made it harder for veterans to assimilate back into civilian life, and the government did little to help. This illness, coupled with other medical issues due to Agent Orange, were precursors to the Gulf War Illness of the 1990s (discussed later) because each veteran experienced the illness differently, which only made it harder to detect, acknowledge, and treat.

This lack of support from society and the government caused problems when assimilating back into civilian life because soldiers were not accepted, or respected, for their role in the war. Veteran Randall B. Russin stated in an interview that he never felt for a moment that he was involved in a successful war effort.¹² The lack of a clear and linear plan of attack in the war also contributed to a feeling that left veterans alienated because their war experience was not similar to the stories they heard from World War II veterans.¹³ Johnson Loch, a member of the U.S. Senate Staff, argues that Vietnam veterans had a very low commitment to the war, which made them feel disconnected from their peers upon returning home. Johnson studied a sample of wounded veterans between 1968 and 1972 and found that “the majority of veterans in this study, like the veterans of World War II, have been uninterested in political involvement and unwilling to sponsor major political changes in the United States.”¹⁴ He notes that despite this disconnect with American political culture upon their return home, 58% of wounded Vietnam veterans did not have difficulty adjusting to civilian life, but that leaves 42%, a significant amount, that Johnson classified as “alienated.” Many, however, returned home “with a broad swath of cynicism toward public authority” with many feeling “bitterness and resentment.” Unfortunately,

¹² Issacs, *Vietnam Shadows*, 30.

¹³ *Ibid.*, 31.

¹⁴ Loch Johnson, “Political Alienation among Vietnam Veterans,” *The Western Political Quarterly* 29, no. 3 (September 1976): 405. *JSTOR*. <http://www.jstor.org/stable/447512> (accessed 19 September 2013).

Johnson does not discuss the reasons why the Vietnam veterans he interviewed were bitter and resentful.¹⁵

Jack Smith, a psychologist and Marine Corps veteran, feels that part of this bitterness and resentment comes from the fact that in previous wars, "...society *shared* the blame and responsibility..." but in the case of Vietnam, "[t]he responsibility and blame was left on the heads of the guys who fought it." John Wilson, another psychologist, stated that the country did not help veterans process what happened to them in Vietnam. He states, "Many men felt isolated with Vietnam. They had to create meaning and make sense of what they did in Vietnam—and they had to do it alone." Many veterans felt that those who had not served in Vietnam could not understand them or share in their experiences. Sally Russell, a nurse, references a veteran's wife who never heard about her husband's Vietnam stories until he sat down with another veteran. "...[T]hey would reminisce about what they experienced, as if they could only talk about that with someone else who had been in that same place, emotionally and physically."¹⁶ The panel of veterans that the documentary *Winter Soldier* follows was helpful for some veterans as it allowed them to come clean about their actions in Vietnam. They could identify with other veterans who had the same feelings of guilt as they did and start the healing process.¹⁷ Many veterans were already wrestling with their actions in Vietnam, and since society did not justify their actions or console them, veterans felt forgotten, judged, and uncared for.¹⁸

Another reason for the disconnect and negative perceptions between veterans and the general public came from media broadcasts in Vietnam. Journalists in Vietnam were restricted

¹⁵ Ibid., 407-09.

¹⁶ Sally S. Russell, "Veterans' Stories: What They May Have to Tell Us-A Personal Reflection," *Urologic Nursing* (March/April 2013). *ProQuest Nursing and Allied Health Source*. <http://ezaccess.libraries.psu.edu/login?url=http://search.proquest.com/docview/1346556639?accountid=13158> (accessed 26 September 2013).

¹⁷ *Winter Solider*.

¹⁸ Issacs, *Vietnam Shadows*, 12.

on what information they could broadcast to the U.S. public, under the premise of maintaining security and secrecy for the military, and were dependent on the government to feed them information, effectively letting the government shape the news stories.¹⁹ Although the war was initially popular, support for the war effort declined over time, the biggest turning point being the televised Tet Offensive in late January 1968 where Viet Cong troops staged a massive attack on over 100 cities in South Vietnam, and despite heavy losses, were able to win a symbolic victory. Morale in the United States and support for the war changed after the Tet Offensive, symbolized news reporter Walter Cronkite's statement (who had been until this point a "moderate observer" of the war) that he was now "more certain than ever that the bloody experience of Vietnam is to end in a stalemate."²⁰ Cronkite was not alone in his change of opinion. In 1968, 53.58% of people surveyed in a Gallup Poll said that the U.S. made a mistake sending troops to Vietnam.²¹ Although the U.S. government received its fair share of backlash for its policies and tactics in Vietnam, soldiers often received an unfair share of this negativity. Because of reports of civilian massacres, such as the My Lai Massacre, many veterans were called "baby-killers" and "murders."

Negative images the American public was receiving from its news sources created an atmosphere that intensified the isolation veterans felt in the war because they did not receive the welcome they were expecting. The feelings of isolation started almost as soon as veterans returned home. Kelly Evans-Pfeifer asserts that one of the problems with the lack of a warm

¹⁹ Clarence R. Wyatt, "The Media and the Vietnam War," in *The War That Never Ends: New Perspectives on the Vietnam War*, ed. David L. Anderson and John Ernst (University Press of Kentucky, 2014), 266, 279-80. *JSTOR*. <http://www.jstor.org/stable/j.ctt6wrrsx> (accessed 16 February 2015).

²⁰"Who, What, When, Where, Why: Report from Vietnam by Walter Cronkite," *CBS Evening News*, 27 February 1968, <https://www.youtube.com/watch?v=Nn4w-ud-TyE> (accessed 22 March 2015).

²¹ "Vietnam in the Gallup Poll 1968-1969," *Gallup Poll*, <http://institution.gallup.com.ezaccess.libraries.psu.edu> (accessed 13 November 2013). Other Gallup Poll surveys show this number being as low as 46% February 1, 1968 to eventually 54% in September-October 1968. The rates of disapproval increase as time went on, maxing out at 71% in April 1995. See Mark Gillespie, "Americans Look Back at Vietnam War," *Gallup Inc.*, 17 November 2000, <http://www.gallup.com/poll/2299/americans-look-back-vietnam-war.aspx> (accessed 11 February 2015).

homecomings for Vietnam veterans was that the soldiers returned home one by one, and not in a unit, which “undermined group cohesion and caused feelings of isolation upon return.”²² Even though there may have been parades for the soldiers, large celebrations at airports were rare, which is where many veterans expected to receive praise. Still other veterans claimed to have been spit on by protestors at airports when returning home, hardly a warm welcome.²³ The increasingly low levels of support in the war also factored into less than satisfactory homecoming celebrations, especially when veterans were expecting the ticker-tape parades their father’s generation in World War II had received. Soldiers returned home to no victory celebrations and, therefore, felt that their military contributions and sacrifices were not appreciated or celebrated. However, the reality of the time was that there were no parades to celebrate victory because the United States had not won the war, or accomplished anything on a major scale that even warranted a celebration.

Although parades were not as common as veterans would have desired, they still happened and warrant some discussion. One parade held in Times Square on March 31, 1973 brought out 100,000 to 150,000 marchers and just as many spectators.²⁴ However, there was no confetti falling from the buildings as seen in the famously memorialized victory parades from the World Wars, and the parade was one of only a few organized for Vietnam veterans since the country pulled out of the conflict.²⁵ As in some of the veteran parades, the Vietnam Veterans Against the War also marched with the soldiers to show their respect for the soldiers as well as to publicize their agenda of protecting soldiers who resisted deployment. However, their presence

²² Evans-Pfeifer, “American Veterans,” 563.

²³ Jerry Lembcke discusses the image of protestors spitting on veterans upon their return home, and whether this is an urban legend in his book *The Spitting Image: Myth, Memory, and The Legacy of Vietnam*.

²⁴ Robert D. McFadden, “Thousands Here Honor Vietnam Veterans,” *The New York Times*, 1 April 1973, 1. Proquest. <http://search.proquest.com/docview/119654301?accountid=13158> (accessed 26 November 2013).

²⁵ Ibid.

could have created some confusion in the general public over what kind of demonstration they were watching. Another reason, perhaps, for the confusion about whether America actually honored Vietnam veterans was that some of the parades, like the one in Dallas on June 3, 1973, were specifically for returning POWs, not a celebration of all veterans.²⁶ Other celebrations for POWs included what was described as the largest dinner ever held at the White House when President Nixon and the First Lady honored the recently released Vietnam POWs in 1973.²⁷ Since America did not win the war in Vietnam, there was less reason to celebrate, making the atmosphere surrounding the veterans different from previous wars. Also, support for the Vietnam War changed with the different phases of the war which only added to the confusion surrounding veterans' homecomings.

Women in Vietnam

While male Vietnam veterans felt isolated and neglected, female Vietnam veterans were all but forgotten. From what little data there is on women who served in Vietnam, it appears about 11,000 women served in Vietnam, with 90% of them working as nurses. Eight died in the line of duty.²⁸ Although these numbers are relatively low compared to the men who fought and died, it does not mean that female nurses came out of the war unaffected. According to a National Vietnam Veterans Readjustment Study, one-fourth of female nurses experienced "full-blown PTSD at some point in their lives."²⁹ However, veteran center workers were skeptical of the disorder in these women because they were never "in combat" so they were not believed to

²⁶ "Vietnam Veterans, Honored in Dallas, Salute 'The People'," *The New York Times*, 4 June 1973, 6. Proquest. <http://search.proquest.com/docview/119870310?accountid=13158> (accessed 26 November 2013).

²⁷ "Vietnam POW Reunion and Dinner," *The Richard Nixon Foundation*, 2014, http://nixonfoundation.org/ai1ec_event/vietnam-pow-reunion-and-dinner/?instance_id (accessed 19 February 2015).

²⁸ "Vietnam Women's Memorial Foundation," *Vietnam Women's Memorial Foundation*, 2015, <http://www.vietnamwomensmemorial.org/vwmf.php> (accessed 19 February 2015).

²⁹ Issacs, *Vietnam Shadows*, 27.

have developed the same issues as men.³⁰ Despite their distance from combat, new medical techniques and quick helicopter evacuations meant that nurses treated men who were so seriously wounded that they would not have even made it to the hospital alive in previous wars. To make matters worse, the soldiers they were treating averaged just 19 years of age, mere boys compared to the average 26 year-old soldier in WWII.³¹

Upon returning home, female nurses did not feel ashamed of their service as some male soldiers did because unlike combat troops, their role had a recognizable moral meaning in providing medical care and comfort and saving lives, but that did not mean postwar recovery came easy.³² Former Army nurses like Kathie Swazuk found that when they returned home, they had just as much anger as male soldiers, but even fewer outlets to express their feelings.³³ Swazuk stated, “There was no one to talk to. So basically I never talked to anyone about Vietnam for years and years...”³⁴ Part of this problem of women not being able to vocalize their feelings was exacerbated by a society that repressed anger and outrage in women. A common belief then, and even to this day, is that “[g]irl’s don’t get angry. When they do, they’re called crazy, hysterical, and out of control.”³⁵ Because women were ignored and given even fewer outlets than men to express themselves after the war, they subsequently faded from a large part of the public consciousness. It was only in 1993, eleven years after the creation of the Vietnam Veterans Memorial, that the Vietnam Women’s Memorial was created to give women some formal recognition for their war efforts.

³⁰ Ibid.

³¹ Ibid., 26.

³² Ibid.

³³ Ibid., 27.

³⁴ Ibid.

³⁵ Ibid.

Resistance and the Anti-War Movement

Because of all the problems veterans faced when returning home and the subsequent resentment they had towards the government, many joined the most active and effective antiwar movement in U.S. history.³⁶ A study conducted for the VA in 1979 found that, although a great majority of Vietnam veterans were proud of their own service, 60% agreed with the statement that those who served in Vietnam “were made suckers, having to risk their own lives in the wrong war in the wrong place at the wrong time.”³⁷ These negative emotions led to the highest number of deserters from a war, reaching 65,643 by 1970.³⁸ Another approximately 50,000-55,000 men fled to Canada as draft dodgers in order to avoid military service³⁹ with as many as 20,000 fleeing to other countries or living underground in the United States.⁴⁰ Most fled to Canada as then Prime Minister Pierre Trudeau declared Canada a “refuge from militarism” and “opened the gates” to draft dodgers in 1969 and 1970.⁴¹ Approximately 170,000 people were granted conscientious objector status with 300,000 other claims being denied by the review board during the entire Vietnam War. Men seeking contentious objector status were aided by the fact that in 1970, the U.S. Supreme Court decided that one did not have to believe in a “Supreme Being” in order to be eligible for conscientious objector status. This dramatically increased the number of requests granted, from 18,000 in 1964 to 61,000 in 1971. However, this increased

³⁶ “Antiwar Movement (United States),” *Vietnam: A Visual Encyclopedia*, ed. Philip Gutzman (London: PRC Publishing Ltd., 2002), n.p.

³⁷ Isaacs, *Vietnam Shadows*, 28.

³⁸ “1961-1973: GI Resistance in the Vietnam War,” *libcom.org*, 3 September 2015, <https://libcom.org/history/1961-1973-gi-resistance-in-the-vietnam-war> (accessed 5 March 2015).

³⁹ “A Closer Look: Conscientious Objection,” *Now PBS*, 24 August 2007, <http://www.pbs.org/now/shows/334/conscientious-objection.html> (accessed 11 November 2014).

⁴⁰ James W. Tollefson, *The Strength Not to Fight: An Oral History of Conscientious Objectors of the Vietnam War* (Boston: Little, Brown & Company, 1993), 6-7.

⁴¹ There is debate over the context of Trudeau’s exact quotation and meaning behind it, and whether it was his actions or just a slow moving bureaucracy that allowed U.S. draft dodgers and deserters to find asylum in Canada. See Joseph Jones, “Historical Notes on Vietnam War Resisters in Canada,” *Vancouver Community Network*, 2008, <http://www.vcn.bc.ca/~jjones/hstrnt.html#no3> (accessed 13 February 2015).

scope in conscientious objector status was followed by elevated prosecution for those who were denied and continued to break the law. Draft evasion prosecutions rose as well as the average sentence for those convicted.⁴² On January 21, 1977, President Carter granted a full pardon to draft dodgers, healing some wounds and providing closure to their controversial decision. However, this presidential pardon only applied to civilians who had resisted the draft, not to those who were already in the service and went AWOL or deserted.⁴³

Whether or not they left their service legally or illegally, Vietnam veterans all had different reasons for protesting and turning to organizations like the Vietnam Veterans Against the War. Jan Berry, a soldier in Vietnam, states that part of the problem with fighting in Vietnam was that there was insufficient propaganda, historical and political background, and training to prepare the soldiers for war. Many had to figure out what was going on in the war as it was happening, and often times, they found out the flaws with the war and how it was being fought. Some, like the American civilians at home, questioned the moral aspects of the United States fighting in a country that may not have actually wanted its help in the first place. Berry stated that he knew his unit was assigned all the leftover World War II and Korean War equipment, such as guns or airplanes, which often blew up in midair.⁴⁴ Others, such as Air Commando navigator Arthur Bedal for example, were the unnecessary victims of this faulty equipment. Bedal's plane crashed while on a training mission when the wing of his plane simply fell off.⁴⁵ Veterans were angered by the fact that they felt the government was not sharing the full truth of the war with them and that they were being used as disposable pawns in a politicians' war.

⁴² Tolleson, *The Strength Not to Fight: An Oral History of Conscientious Objectors of the Vietnam War*, 6-7.

⁴³ "Vietnam War Era Pardon Instructions," *The United States Department of Justice*, 13 January 2015, <http://www.justice.gov/pardon/vietnam-war-era-pardon-instructions> (accessed 19 February 2015).

⁴⁴ Richard Stacewicz, *Winter Soldiers: An Oral History of the Vietnam Veterans Against the War* (New York: Twayne Publishers, 1997), 88.

⁴⁵ Leigh-Ann Bedal. Interview by Danielle Ropp, 11 November 2013. Erie, Pennsylvania.

Upon returning home, veterans like Berry felt unimportant and forgotten by the government. Jack McCloskey suggested that many veterans joined groups like the Vietnam Veterans Against the War because of the “shattering of the American dream.”⁴⁶ Others, like Vietnam veteran “Stan,” studied by sociologists Robert Faulkner and Douglas McGraw, believed that Vietnam soldiers “[had] gone beyond the state of innocence” and were therefore different than the rest of their peers.⁴⁷ Many believed that they would receive benefits and glory for going to war, but were often left disappointed and felt robbed of their youth. Others, such as Joe Urgo, joined for vengeance, to make the government pay back for trying to get them killed, and successfully killing others.⁴⁸ The anti-war feelings reached an emotional high point during a rally in April 1971. For over two hours, Vietnam veterans threw their war medals over the eight-foot fence that surrounded the Capitol to display their anger over the war.⁴⁹ For many, joining anti-war groups felt like one of the only ways veterans could express themselves.

Veterans were not always treated the same by antiwar groups, though. Although many veterans and anti-war groups were able to work together towards their common goal, a few anti-war groups are ingrained in the American consciousness as being “anti-G.I.” John Kiffen, a Vietnam veteran, was not allowed into a protest group because he was a veteran and “they didn’t want any professional killers in their antiwar demonstration.”⁵⁰ Others, like veteran Randy Russin, could not separate those who opposed the war and those who opposed the veterans. He felt that critics of the war were blaming the soldiers “for something that wasn’t our fault.”⁵¹

⁴⁶ Stacewicz, *Winter Soldiers: An Oral History of the Vietnam Veterans Against the War*, 99.

⁴⁷ Robert R. Faulkner and Douglas D. McGraw, “Uneasy Homecoming: Stages in Reentry Transition of Vietnam Veterans,” *Urban Life* 6 no. 3 (October 1977): 307. *Proquest*.
<http://search.proquest.com/docview/1292973933?accountid=13158> (accessed 13 November 2013).

⁴⁸ Stacewicz, *Winter Soldiers: An Oral History of the Vietnam Veterans Against the War*, 129.

⁴⁹ Isaacs, *Vietnam Shadows*, 12-14.

⁵⁰ Stacewicz, *Winter Soldiers: An Oral History of the Vietnam Veterans Against the War*, 111.

⁵¹ Issacs, *Vietnam Shadows*, 33.

Other veterans who were stationed state-side either before or after their deployment were even called to bolster anti-war demonstrations. Dave Cline was part of a unit that was supposed to be called out for protests in the United States, but he, and most of the other soldiers in his unit, resented being used for riot control. They did not want to be used to fight fellow Americans, who many soldiers actually sided with. Many faced the choice of having to participate with their units or be court marshaled.⁵² These feelings left a bad taste in the Vietnam veterans' mouths that has only started to heal with the advancement and reformation of the Department of Veterans Affairs.

Government and Veteran's Affairs Response

G.I. Bill's Educational Benefits

The government's insufficient response to veterans was a major factor in veterans feeling forgotten and joining anti-war groups. One of the biggest issues was the G.I. Bill. In 1966, Congress passed a revised and extended version of the 1944 G.I. Bill, granting benefits to all armed forces veterans (even retroactively including those who had served in the Post-Korean War Era during peacetime) and made no distinction between those who served in Vietnam and those who were stationed elsewhere. This change meant that there would be a large increase in the number of beneficiaries, so, as a result, the amount given to each veteran was lowered substantially from what had been granted to World War II veterans. Writer Mark Boulton notes that *The New York Times* described the 1966 G.I. Bill as "a niggardly handout, compared to the full funding of college studies which made the post-World War II G.I. Bill so significant a

⁵² American History in Video, *Disobeying Orders: G.I. Resistance to the Vietnam War* (Filmmakers Library, 1990). 29:10.

<http://ahiv.alexanderstreet.com/search/documenttypeexists/true/sortby/title/multititle/Disobeying%20Orders%20OG%20I%20Resistance%20to%20The%20Vietnam%20War> (accessed 17 September 2013).

landmark in the expansion of educational opportunities.”⁵³ Vietnam veterans expected that they and their families would receive the full benefits that World War II veterans received and felt cheated when that turned out to not be the case. Evans-Pfeifer states that Vietnam veterans only received half the benefits from the G.I Bill as veterans from World War II.⁵⁴ Boulton explains, “[u]nder the 1966 G.I. Bill, [Vietnam] veterans received only \$100 per month to cover full tuition and living expenses. By comparison, World War II veterans had their entire tuition costs underwritten and received \$50 a month on which to live.”⁵⁵ This difference in funding was a problem that added to the tension between the government and veterans. Many Vietnam veterans believed that the government did not fully appreciate their sacrifice because some of them did not serve in combat, and therefore did not deserve full compensation.⁵⁶ Many dealt with their frustration in a typical veteran style by what one veteran described as “[taking] the bull by the horns *in spite of* the obstacles set up by the Veterans Administration. If people don’t always treat you so well, it does little good to cry about it. Stop the crying.”⁵⁷

However, Joshua Angrist’s study on the educational benefits found that veterans who utilized the available education resources had a “10% annual earning premium over veterans who did not use the benefits.”⁵⁸ This means that there were benefits available to veterans that made a positive difference in their lives, but the veterans themselves had to take initiative to receive the funding, which many were not in the right mindset to do upon returning home. It is interesting to note that 58% of Vietnam veterans used VA education benefits, compared to 49%

⁵³ Mark Boulton, “How the G.I. Bill Failed African-American Vietnam War Veterans,” *The Journal of Blacks in Higher Education* no. 58 (Winter, 2007/2008): 58. *JSTOR*. <http://www.jstor.org/stable/25073828> (accessed 9 September 2013).

⁵⁴ Evans-Pfeifer, “American Veterans,” 563.

⁵⁵ Boulton, “How the G.I. Bill Failed African-American Vietnam War Veterans,” 58.

⁵⁶ *Ibid*.

⁵⁷ Faulkner and McGraw, “Uneasy Homecoming: Stages in Reentry Transition of Vietnam Veterans,” 319.

⁵⁸ Joshua D. Angrist, “The Effect of Veterans Benefits on Education and Earnings,” *Industrial Labor Relations Review* 46, no. 4 (January 1993): 637. *JSTOR*. <http://www.jstor.org/stable/2524309> (accessed 9 September 2013).

of World War II veterans.⁵⁹ This increase may be because Vietnam veterans were aware of the benefits World War II veterans received and wanted them for themselves as well.⁶⁰ Also, some counselors pushed veterans into college just for the monthly benefits, despite having no intention of graduating, which inflated the numbers. One counselor stated, “I just stuff people into colleges. I tell them that’s the best way to get the most money for the longest time, and they and I both know that’s why they’re there—the money.”⁶¹ Even though, or perhaps because more Vietnam veterans used educational benefits than World War II veterans, they still received less than they expected.

Social Issues: Unemployment, Homelessness, and Drug Use

Unemployment

Because veterans were having a hard time obtaining an education after their service or had not attended college before they were drafted, they faced problems with employment as many did not have the skills to be hired in civilian career positions. Once discharged, many soldiers experienced Timothy Vermette’s all-too-familiar story of drifting from town to town, working low wage, dead-end jobs just to get by. Most had to rely on friends and family, which only increased veterans’ humiliation. In 1972, 8.2% of veterans were unemployed. This number decreased to 5.5% in 1973,⁶² but that does not mean veterans were actually getting more jobs. These numbers do not include veterans who dropped out of the job search, or those who held dead-end jobs, but wanted more of a career. Veterans with jobs still felt a lot of frustration

⁵⁹ “History and Timeline,” *U.S. Department of Veterans Affairs*, 21 November 2013, <http://www.benefits.va.gov/gibill/history.asp> (accessed 13 December 2013).

⁶⁰ Not all service members join the military because of the benefits. Some join for national pride or are drafted, but upon enlisting, there is an expectation that that service men and women will receive benefits and compensation for their service.

⁶¹ James F. Carberry, “Home from the War,” *The New York Times*, 15 January 1973, 1. *Proquest*. <http://search.proquest.com/docview/133797776?accountid=13158> (accessed 26 November 2013).

⁶² *Ibid.*

because of the lack of opportunities for a career and advancement. These numbers are worse for black veterans. In 1973, 14.5% of black veterans were unemployed, a number that did not show a decrease from the year before like white veterans experienced.⁶³

Many veterans had to fill out hundreds of job applications that never panned out and were forced to shoplift food to feed their families; this left a mark on their record that would only hinder their job chances further, creating a vicious cycle of unemployment. Some, such as Ben Bejarano, decided that not mentioning they were veterans would yield better results. Many veterans believed that society saw them as “hopheaded killer[s],” and also felt that the stigma that all veterans were drug addicts would only hurt them in the job search.⁶⁴ Their concerns seemed to be justified. In 1970, programs for hiring veterans were only just starting to be implemented, so returning veterans were faced with a society that did not support their actions in the war and did not want to employ them.⁶⁵

Homelessness

Along with unemployment, Vietnam veterans also experienced problems with homelessness. According to the National Coalition for the Homeless, in 2009, 47% of homeless veterans served during in the Vietnam Era, compared to only 15% and 17% pre- and post-Vietnam, respectively.⁶⁶ In fact, some government statistics claim that the number of homeless Vietnam veterans is actually higher than the number of soldiers killed in the war.⁶⁷ Numbers for

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ B. Drummond Ayres Jr., “The Vietnam Veteran: Silent, Perplexed, Unnoticed,” *The New York Times*, 8 November 1970, 1. Proquest. <http://search.proquest.com/docview/119055248?accountid=13158> (accessed 26 November 2013).

⁶⁶ “Homeless Veterans,” *National Coalition for the Homeless*, 21 February 2015, <http://www.nationalhomeless.org/factsheets/veterans.html#fn> (accessed 3 March 2015).

⁶⁷ “Statistics,” *Veterans Inc.*, 2010, <http://www.veteransinc.org/about-us/statistics/#homelessness> (accessed 3 March 2015).

just how many Vietnam veterans were homeless in the late 1960s and early 1970s are hard to come by, mostly because the government had not yet realized there was a significant problem with veteran homelessness.⁶⁸ A collection of studies put together by Marjorie J. Robertson reveals that "...veterans are documented to constitute between one-third and one-half of samples of homeless men, and many of these are Vietnam era veterans."⁶⁹ Minority Vietnam veterans faced an even worse homelessness issue.⁷⁰ The federal government did not seriously start to address homelessness until well into the 1980s, but these initiatives, like the McKinney-Vento Act (1987), were not designed to help homeless veterans in particular.⁷¹

Drug Use

Perhaps relating to their employment and homelessness issues, and almost certainly because of what some veterans witnessed in Vietnam, veterans faced issues with drug abuse. Drug use was a serious problem in the Vietnam War with opium, heroin, and marijuana being the most commonly used. In Vietnam, 43% of soldiers used opium (mostly heroin) and 21% met criteria for addiction.⁷² Dessa K. Bergen-Cico states that 30% of Vietnam soldiers returned home with serious drug-abuse problems.⁷³ However, a study by Robins et al. showed that, although drug use was a rampant problem in service, usage rates evened out to pre-war levels with only

⁶⁸ Kenneth L. Kusmer, *Down & Out, on the Road: The Homeless in American History* (Oxford: Oxford University Press, 2002), 243.

⁶⁹ Marjorie J. Robertson, "Homeless Veterans: An Emerging Problem?," in *The Homeless in Contemporary Society* ed. Richard D. Bingham, Roy E. Green, and Sammis B. White. (Newbury Park: SAGE Publications, 1987), 68.

⁷⁰ Kusmer, *Down & Out, on the Road: The Homeless in American History*, 243.

⁷¹ Mary Ellen Hombs, *Modern Homelessness* (Santa Barbara, California: ABC-CLIO, 2011), 24.

⁷² John E. Helzer, "Significance of the Robins et al. Vietnam Veterans Study," *The American Journal on Addiction* 19 (2010): 219. *Proquest*.

<http://search.proquest.com.ezaccess.libraries.psu.edu/psycinfo/docview/863420265/AE54B0CBEB6444B9PQ/1?accountid=13158> (accessed 24 October 2014).

⁷³ Dessa K. Bergern-Cico, *War and Drugs: The Role of Military Conflict in the Development of Substance Abuse* (Boulder: Paradigm Publishers, 2012), 79.

10% using drugs in the studied period after they returned home⁷⁴ (which goes against the popular image of the “pot-headed killer” people had of soldiers and veterans). Even though usage rates evened out upon returning home, drug use continued to be a serious problem that plagued Vietnam veterans. Part of this reason for the drop in use was a new drug screening policy starting in 1971 that required soldiers to pass a urine test that cleared them of recent heroin use (within the last five days) before soldiers could leave Vietnam.⁷⁵ This policy offered a very strong incentive for soldiers to cease their drug use by a certain date to ensure they would pass the drug test.⁷⁶ However, in the first three months of its implementation, 3,580 soldiers tested positive for heroin usage, and if they failed two tests, soldiers were deemed of “negligible value to the United States Army,” sent home, and discharged.⁷⁷

There was almost no treatment for these veterans once stateside. A study by a subcommittee on public health in 1971 found that of the 12,000 heroine-using soldiers, only three received VA referrals. A survey created by a White House task force in 1973 showed that one-third of the veterans who used opium in Vietnam were still addicts.⁷⁸ For those who received clinical treatment, the results were not overwhelmingly positive. Even the most intensive treatment at a Federal Medical Center was a failure. 90% of the patients relapsed upon their release from hospitalization, 70% within the first six months of release.⁷⁹ A 30-year follow up study on postservice mortality conducted in 2004 demonstrated that the only category in which

⁷⁴ Helzer, “Significance of the Robins et al. Vietnam Veterans Study,” 219.

⁷⁵ Peter Brush, “Higher and Higher: American Drug Use in Vietnam,” *Vietnam* 15, no. 4 (December 2002): n.p. <http://nintharticle.com/vietnam-drug-usage.htm> (accessed 11 December 2014).

⁷⁶ Helzer, “Significance of the Robins et al. Vietnam Veterans Study,” 220.

⁷⁷ Brush, “Higher and Higher: American Drug Use in Vietnam,” n.p.

⁷⁸ Ibid.

⁷⁹ Helzer, “Significance of the Robins et al. Vietnam Veterans Study,” 218.

Vietnam veterans had a higher rate of mortality than non-Vietnam veterans was drug-related deaths, meaning that drug use had a lasting impact on many Vietnam veterans' lives.⁸⁰

Of course, some returning veterans had an easier time over coming drug problems. The same study by Robins et al. referenced earlier suggests many soldiers were able to stop using heroin on their own without much clinical treatment. Robins et al. stresses the importance of the social environment at home to help veterans stay clean. Many soldiers returned home to families that saw heroin use as dangerous and these views helped stifle continued drug use. This emphasis on the social context in light of the failure rate of clinical treatment could potentially help future veterans that acquired drug abuse problems while serving. According to the Robins et al. study, instead of just having clinical treatment available, soldiers' families should be prepared to be a positive influence on their lives, helping them overcome their drug issues on their own terms as this seems to be more successful at treating drug use.⁸¹

Medical and Mental Health

PTSD (Post-Traumatic Stress Disorder)

In addition to social issues, Vietnam veterans also faced a series of medical and mental health issues. In early July 1965, twenty-four year old Harry E. Brannam started shooting at passing motorists in the Los Angeles area. Brannam was a Vietnam veteran who was recently denied help at a psychiatric hospital even though he saw people's faces as the Viet Cong soldiers he killed.⁸² Cases such as this show what can, and did, happen because of the lack of care

⁸⁰ Tegan K. Catlin Boehmer et al., "Postservice Morality in Vietnam Veterans: 30-Year Follow-Up," *Arch Intern Med.* 164 (2004): 1908. <http://archinte.jamanetwork.com/article.aspx?articleid=217388> (accessed 19 February 2015).

⁸¹ Helzer, "Significance of the Robins et al. Vietnam Veterans Study," 220.

⁸² "Veteran of Vietnam Seized Shooting at Passing Cars," *The New York Times*, 8 June 1965, 21. *Proquest National Newspapers*. <http://search.proquest.com/hnpnewyorktimes/docview/116905426/140BCF056E84CCA52EE/7?accountid=13158> (accessed 5 September 2013).

veterans received from the government. Because of the isolation soldiers felt and the paranoia-inciting tactics used by the Viet Cong, PTSD was becoming increasingly common for Vietnam veterans.⁸³ Not only did the VA not provide adequate benefits and aid for veterans, but, as the case with PTSD, it refused to recognize the problems veterans were facing for some years. Some veterans even had their VA health care benefits revoked because their PTSD made them act out in ways that resulted in dishonorable discharges. PTSD was not recognized by the VA and other health professionals until the 1980s. Yet, even now, the VA still does not seem to have a clear and effective understanding on how to treat the disease. It took until the 1980s for the VA to offer aid for PTSD in the form of group therapy and counseling.⁸⁴ A reason for this delay in identifying the disorder is that PTSD shows up differently in all people, and it took time for the American Psychiatric Association to identify that “trauma” was the trigger, and that the disorder was not actually a result of a personal weakness or “traumatic neurosis.”⁸⁵ This lack of treatment for PTSD had an immediate effect on soldiers who returned home. Veterans often brought home flashbacks, not medals.⁸⁶

PTSD in veterans has a negative effect on society as a whole. A study released in 2014 suggested that 11% of Vietnam veterans could be living with PTSD symptoms for the rest of their lives.⁸⁷ Other studies say 4 out of 5 veterans reported recent PTSD symptoms when

⁸³ Ibid. Kelly Evans-Pfeifer, “Post-traumatic Stress Disorder (PTSD),” *Encyclopedia of the Vietnam War*, ed. Stanley I. Kutler. (New York: Charles Scribner’s Sons, 1996), 442.

⁸⁴ Ibid.

⁸⁵ Matthew J. Friedman, “PTSD History and Overview,” *U.S. Department of Veterans Affairs*, 4 November 2013, <http://www.ptsd.va.gov/professional/pages/ptsd-overview.asp> (accessed 13 December 2013).

⁸⁶ Gregg Zoroya, “At Long Last, Their Badges of Courage by the Thousands, Veterans are Seeking Ribbons Never Received,” *USA Today*, 2 November 2000, 1A. *LexisNexis Academic-News Sources*. <http://www.lexisnexis.com/hottopics/lnacademic/?verb=sf&sfi=AC01NBSimplSrch> (accessed 5 September 2013).

⁸⁷ Benedict Carey, “Combat Stress among Veterans Is Found to Persist since Vietnam,” *The New York Times*, 7 August 2014, <http://nyti.ms/1pFackJ> (accessed 3 October 2014).

interviewed 20-25 years after Vietnam.⁸⁸ Journalist Benedict Carey cites a recent extensive study that shows just how little improvement there has been in treating Vietnam veterans with PTSD. In fact, many veterans reported discussing mental health issues with VA doctors, but half of the original 2,348 veterans surveyed still had the disorder.⁸⁹ In this case, the problem does not seem to be getting veterans to come in for treatment, but whether or not the treatment is helpful or beneficial.

For many, PTSD means an early death—two times more veterans with PTSD die before retirement age as opposed to those without—and higher incarceration rates.⁹⁰ Interestingly, VA data shows that incarceration rates for Vietnam veterans with PTSD declined over time (from 1993-2011), but that African-American veterans with PTSD are still 34% more likely to have a history of lifetime incarceration than white veterans with PTSD.⁹¹ The 30-year follow up study on postservice mortality found that in the first five years after deployment, Vietnam veterans experienced a 7% higher mortality rate than their non-Vietnam veteran counterparts.⁹² Both early death—whether it be from accidents, injuries, suicide, or homicide—and incarceration have a negative effect on society’s morale and economic power.

At the time, President Nixon may have denied veterans help with the “Post-Vietnam Syndrome” because the delayed effects of the illness were not identified until later. In 1979, Jacob T. Buchbinder and J. Sidney Shrauger published a study that a “Post-Vietnam Syndrome” does not exist and instead blamed veterans’ symptoms on combat experience just being a sort of

⁸⁸ “Veterans Statistics: PTSD, Depression, TBI, Suicide,” *Veterans and PTSD*, 14 February 2015, <http://veteransandptsd.com/PTSD-statistics.html> (accessed 15 February 2015).

⁸⁹ Carey, “Combat Stress among Veterans Is Found to Persist Since Vietnam.”

⁹⁰ Ibid.

⁹¹ Kendell L. Coker and Robert Rosenheck, “Race and Incarceration in an Aging Cohort of Vietnam Veterans in Treatment for Post-Traumatic Stress Disorder,” *Psychiatric Quarterly* 85, no. 1 (2014): 79. *Proquest*. <http://search.proquest.com.ezaccess.libraries.psu.edu/docview/1440034349/799AD6DE83534DF5PQ/3?accountid=13158> (accessed 24 October 2014).

⁹² Boehmer, “Postservice Morality in Vietnam Veterans: 30-Year Follow-Up,” 1908. Mortality rates in veterans and civilians equalized after the first five years.

mid-life crisis for many veterans. They also criticized other studies that supported a “Post-Vietnam Syndrome” for not factoring in the large age difference between the veterans surveyed.⁹³ Nixon and VA administrators may have agreed with previous studies that denied a “Post-Vietnam Syndrome” and misunderstood the effects of combat in Vietnam. Also, Nixon, concerned about the nation’s economic problems and wanting to decrease government spending, was focused on his budget and was hesitant to allocate a large amount of money to veterans.

Summary of the State of Affairs and Bad Reputation of the VA

By the end of the 1970s, Vietnam veterans were facing many challenges. Not only were veterans recovering from physical and mental injuries from war, but they were receiving little help from the government and society to help them in the recovery process. Many also struggled with social issues when they returned home. At this time, the VA had an awful reputation among veterans. Along with denying them care for important problems like Agent Orange illnesses and PTSD, the VA was constantly plagued with delays and poor care that made some veterans feel unimportant and neglected. Only adding to their physical injuries were the negative stigmas that followed Vietnam veterans. Veterans returned home to a society that did little to support them, and in some cases actually lashed out against them. For many, the only solace they could find was with each other.

⁹³ “What ‘Post-Vietnam Syndrome’?,” *Science News* 116, no. 13 (29 September 1979): 213. *JSTOR*. <http://jstor.org/stable/3964157> (accessed 13 November 2013). Buchbinder and Shrauger state that younger veterans, as opposed to older veterans, are more likely to feign emotional stability and respond in a way they think the interviewer would want. Buchbinder and Shrauger claim that these potentially inaccurate results are what causes other studies to claim there is a “Post-Vietnam Syndrome.”

Chapter 3

The 1980s and 1990s

The Reagan Administration

Fortunately for veterans, America's perspective of the Vietnam War changed in the early 1980s. The main contributor to this change was Ronald Reagan. The article "Americanism Returns" states that "...in the 1980s President Ronald Reagan and the New Right brought back into fashion the traditional virtue of patriotism." Part of this transformation was a reexamination of Vietnam, which Reagan deemed "a noble cause." With shift, service in Vietnam became a badge of honor and many veterans began to feel proud of their service. National healing was furthered by the creation of the Vietnam Veterans Memorial in 1982 which recognized service men and women's sacrifices.⁹⁴ The memorial was the catalyst many veterans needed to finally be able to speak about their experiences and feel some appreciation for their sacrifice. Many citizens started to see the plight of Vietnam veterans through the construction of The Wall and the production of enlightening Vietnam War films, such as *Platoon*, *Born on the Fourth of July*, and *Full Metal Jacket* which changed their attitudes towards veterans, and the war itself.⁹⁵

This change in perspective, however, was not followed up with actual policy. Despite Reagan's rhetoric of wanting to serve veterans, his ideas on managing the budget effectively blocked the growth of Vet Centers (care centers for veterans and their families). Reagan's budget director, David Stockman, dramatically slashed funding for veterans services and essentially left many centers dead in the water. Together, Reagan and Stockman cut \$900 million from the VA's

⁹⁴ "Americanism Returns," *American Decades*, 9: 1980-1989, ed. Judith S. Baughman, et al. (2001): n.p. *Gale Virtual Reference Library*.

<http://go.galegroup.com/ps/i.do?id=GALE%7CCX3468303117&v=2.1&u=psucic&it=r&p=GVRL&sw=w> (accessed 10 September 2013).

⁹⁵ Issacs, *Vietnam Shadows*, 24.

budget and left just \$32 million over the next two years to fund 91 current Vet Centers and open 40 new ones. The timing of the cuts could not have been worse. There was a 50% or more increase of veterans visiting these centers for the first time when Reagan began his budget cutting.⁹⁶

Along with budget cuts, Reagan's Administration passed the Omnibus Budget Reconciliation Act of 1981, which, among other things, repealed the educational benefits of child beneficiaries of veterans.⁹⁷ Just as an increased number of children of deceased Vietnam veterans were coming of college age, the benefits that had been promised to them as a condition of the loss of a parent to military service were being reduced and terminated. Leigh-Ann Bedal, daughter of Lt. Arthur E. Bedal, who was killed in action in Vietnam in 1963, graduated from high school in Spring 1981 and learned in July that the four years of benefits she had been promised and counted on for her college education would be reduced to just 25% of the original payment per year. She recounts that information about the changes was not readily available and that there was a great deal of confusion in the school's Veteran's Office, making her have to go from office to office to track down information about the benefits to which she was entitled.⁹⁸ Bedal was not alone. In 1981, 760,508 students were receiving social security benefits worth almost \$200 million. By 1987, only 79,000 students were receiving aid. Younger dependents who had been eligible for educational benefits but who did not complete secondary school until after 1982 were denied all benefits.⁹⁹ These cuts hit veterans and their families right when they were starting to use them and needed them most. Another reason for these slashes in funding and

⁹⁶ Gerald Nicosia, *Home to War: A History of the Vietnam Veteran's Movement* (New York: Crown Publishers, 2001), 397-383.

⁹⁷ "Agency History," *Social Security Administration*, 2001, <http://www.socialsecurity.gov/history/studentbenefit.html> (accessed 19 February 2015).

⁹⁸ Bedal.

⁹⁹ "Agency History."

benefits for Vietnam veterans and their families was that the VA Secretary at the time, Robert Nimmo, stated that he did not believe Vietnam veterans had been “shortchanged.”¹⁰⁰ Such lack of support from both the Reagan Administration and the VA almost guaranteed that Vietnam veterans would see a cut in benefits. These cuts only made veterans more cautious of the government and the Reagan Administration. Given the projected rising costs of the number of veterans using VA services and educational benefits to veterans’ dependents, the VA refused to recognize the realities many veterans and were reluctant to give out money they thought was unnecessary.

Unfortunately, Reagan faced another huge hurdle almost immediately into his presidency. In February 1981, within a month of Reagan’s inauguration, the White House organized a massive and highly publicized homecoming celebration for the Iran hostages. The celebration the hostages received opened up old wounds for many Vietnam veterans and made them feel as if they had been completely forgotten by their government and citizens. Veteran Ron Zaczek stated, “Those poor bastards deserved their parade. Still I’ve never forgotten how it was for us. Nothing seems to make up for that.”¹⁰¹ Nurse Lily Jean Lee Adams concurred with Zaczek by recalling, “They are getting this homecoming, and I got beat up, psychologically beat up.”¹⁰² It is important to remember that at this time, the Vietnam Veterans Memorial was not yet constructed, so Vietnam veterans still did not have something physical of their own to reference when they needed to feel respected and remembered. On February 2, 1981, wheelchair bound Vietnam veteran Ron Kovic held a press conference in Los Angeles at the same time a parade for the hostages was happening in New York to emphasize veterans’ disgust at feeling forgotten. Kovic

¹⁰⁰ “New V.A. Chief Says Veterans of Vietnam Aren’t Neglected,” *The New York Times*, 16 July 1981, <http://www.nytimes.com/1981/07/16/us/new-va-chief-says-veterans-of-vietnam-aren-t-neglected.html> (accessed 3 October 2014).

¹⁰¹ Issacs, *Vietnam Shadows*, 23.

¹⁰² *Ibid.*

stated that “Americans should widen their perspective from those fifty-two [hostages] to the millions who have problems today because they didn’t get that kind of reception.”¹⁰³ Kovic summed up what many veterans felt: that they were totally forgotten by the American people. The Reagan Administration tried to heal the animosity Vietnam veterans felt with society, but the President offered more rhetoric than real policies to help veterans. In fact, he only compounded the problem by cutting veteran benefits when they needed them and isolating them even more by giving other POWs what Vietnam veterans felt *they* deserved.

Veterans Affairs Issues and Reforms

During the 1960s, 70s, and 80s, the VA struggled with its well-earned reputation as a bogged down bureaucratic institution that did not help the majority of veterans efficiently. Adam Oliver, a writer for *The Milbank Quarterly*, writes, “By the early 1990s, the VHA [Veterans Health Administration] had a reputation for delivering, poor-quality care. . . .”¹⁰⁴ Many veterans were displeased with the service they received from the VA which perpetuated a distrust in the government. Not only did the administration suffer from inadequate treatment of veterans, but it also suffered from internal problems. Bad practices, absurd delays, and corruption only increased the suspicion and distrust veterans felt for the VA.

Despite the VA’s tarnished legacy with how it handled Vietnam veterans, since the late 1970s and early 1980s, the VA has taken steps towards better serving those who serve. The aftermath of this fallout between veterans and the government prompted the VA to make some significant changes. On March 15, 1989, the Veterans Administration became the Department of Veterans Affairs. This change allowed the program to become a federal agency, which better

¹⁰³ Nicosia, *Home to War: A History of the Vietnam Veteran’s Movement*, 396-397.

¹⁰⁴ Adams Oliver, “The Veterans Health Administration: An American Success Story?,” *The Milbank Quarterly* 85, no. 1 (2007): 5. *JSTOR*. <http://www.jstor.org/stable/25098145> (accessed 9 September 2013).

allowed it to “operat[e] nationwide programs for health care, financial assistance and burial benefits.”¹⁰⁵ Partially because of this federal status, the Veterans Affairs has grown from 54 to 152 hospitals, 800 outpatient facilities, 126 nursing homes, and 35 domiciliaries.¹⁰⁶ All of these facilities allow the VA to better reach the veterans it is trying to serve.

Kenneth W. Kizer, an emergency physician with a background in both the public and private sphere and appointed by President Clinton, initiated a series of reforms that helped turn the VA around. Kizer’s reforms included a reduction in the number of independent medical centers with cooperative VISNs (Veterans Integrated Service Network). Kizer also allocated resources based on the population of each VISN geographic area, which allowed states to have enough resources to support their growing, and aging, veteran population. In this way, the VA is going *to* the veterans by providing easier access and better care, not making the veterans seek them out first. Congress helped trigger these reforms by passing the Veterans Eligibility Reform Act in 1996 which increased the aid for non-service related injuries.¹⁰⁷ All of these reforms have had some positive impact. Oliver writes that since the VA started to reform in 1995, it now rivals Medicare aid, and even commercial assistance, in some categories. Oliver cites studies by Asch et al. that found that “VHA patients received significantly better overall care, chronic care, and preventive care” than non-VHA patients.¹⁰⁸ There is no doubt that most of these changes helped veterans, but one can understand if they were a little skeptical about services that were only starting to be offered over 20 years too late.

Some veterans’ fears were confirmed when in 2000, David Ballingrud published an article in the *St. Petersburg Times* addressing the fraud and nepotism that had been occurring in

¹⁰⁵ “History-VA History,” *U.S. Department of Veterans Affairs*, 14 March 2013, http://www.va.gov/about_va/vahistory.asp (accessed 22 October 2013).

¹⁰⁶ *Ibid.*

¹⁰⁷ Oliver, “The Veterans Health Administration: An American Success Story?,” 14-17.

¹⁰⁸ *Ibid.*, 6-7.

the St. Petersburg branch of the VA for years. Ballingrud cited the “more than 130 cases of possible fraud” and “143 employees who benefit[ed] themselves, and sometimes had improper access to their own records, increasing the potential for fraud.”¹⁰⁹ Veterans often had to wait almost a whole year before their claims were approved, with the St. Petersburg branch having 20,000 claims that averaged 213 days to be completed, the longest in the Administration.¹¹⁰ Journalist Albert Hunt agrees with this problem and cites “more than 500,000 claims that have been pending for more than four months [nationwide].... This infuriates veterans.”¹¹¹ Making an impacting change on the VA would prove to be harder than initially expected.

The Gulf War Illness

A new issue that emerged for veterans in the early 1990s was the “Gulf War Illness.” In 1990, Iraq, lead by Saddam Hussein, invaded Kuwait over a dispute over the oil in their border regions. The U.N. quickly denounced Iraq’s invasion and on January 17, 1991 began launching U.S. led air and land attacks on Iraqi forces. Hussein’s forces were quickly defeated and a ceasefire was announced on February 28, 1991, just 42 days after the attacks began. Chemicals used in some of the missiles turned out to have longer lasting effects. To date, over 100,000 soldiers have experienced illnesses consistent with that of the Gulf War Syndrome.¹¹² The problem with identifying a cause of the illness is that symptoms are different for various veterans, and range from arthritis, severe headaches, and skin rashes, to chronic fatigue, and

¹⁰⁹ David Ballingrud, “VA Targeted for Further Inquiries,” *St. Petersburg Times (Florida)*, 1 August 2000, 1A. *LexisNexis Academic-News Sources*. <http://lexisnexis.com/hottopics/lnacademic/?verb=sf&sfi=AC01NBSimplSrch> (accessed 5 September 2013).

¹¹⁰ *Ibid.*

¹¹¹ Albert R. Hunt, “Doing More for U.S. Veterans,” *The New York Times*, 27 May 2013. *LexisNexis Academic-News Sources*. <http://lexisnexis.com/hottopics/lnacademic/?verb=sf&sfi=AC01NBSimplSrch> (accessed 25 September 2013).

¹¹² Steven Lee Meyers, “Drug May Be Cause of Veterans’ Illness,” *The New York Times*, 19 October 1999, 18. *LexisNexis Academic-News Sources*. <http://www.lexisnexis.com/lnacui2api/delivey/PrintDoc.do?fromCartFullDoc> (accessed 5 September 2013).

psychological problems.¹¹³ For example, veteran Major Barry Kaplan started feeling “increasingly ill” in April 1991 while deployed in the Gulf and was eventually admitted to a military hospital with “cardiac arrhythmias, . . . severely bleeding gums, cough with sputum production, shortness of breath, severe fatigue, diarrhea, hair loss, skin rashes/lesions, and abdominal discomfort.” Kaplan was diagnosed with “just post traumatic stress.” Hundreds, if not thousands, of other veterans share Kaplan’s experiences.¹¹⁴ In effect, the Gulf War Illness became the modern equivalent of the Agent Orange and PTSD problems faced by Vietnam veterans. Here again, the government was slow to recognize and treat the problem, leading to disastrous results for veterans.

What makes the Gulf War Illness particularly troubling, both physically and emotionally, is that it is a contested illness. Initially, the United States’ government denied that soldiers were exposed to harmful contaminants. However, prompted by veteran requests, in 1997, the Committee on Government Reform and Oversight conducted an aggressive investigation and released a report that showed the reports and investigations by the VA, DOD, CIA, and FDA into the Gulf War Illness were flawed.¹¹⁵ Eventually, the government recanted and agreed that soldiers in the Gulf War were exposed to chemical contaminants. However, at least up until Shriver and Waskul’s article, “Managing the Uncertainties of the Gulf War Illness: The Challenges of Living with Contested Illness,” the government has not admitted to any adverse

¹¹³ Mark Jaffe, “Gulf War Syndrome Remains a Puzzling Legacy for Veterans,” *The Philadelphia Inquirer*, 1 August 2000, A01. *LexisNexis Academic-News Sources*.

<http://lexisnexis.com/hottopics/lnacademic/?verb=sf&sfi=AC01NBSimplSrch> (accessed 5 September 2013).

¹¹⁴ U.S. Congress, House, Committee on Government Reform and Oversight together with Additional Views, *Gulf War Veterans’ Illnesses: VA, DOD Continue to Resist Strong Evidence Linking Toxic Causes to Chronic Health Effects*. 105 Congress, 3rd Session, 7 November 1997. <http://www.gpo.gov/fdsys/pkg/CRPT-105hrpt388/pdf/CRPT-105hrpt388.pdf> (accessed 2 December 2014).

¹¹⁵ *Ibid.*

health effects of the exposure.¹¹⁶ Steven Meyers cites a study done by the Pentagon that blames the Gulf War Syndrome on a drug called “P.B.” that was given to soldiers of the Persian Gulf War to protect them against the possible use of nerve gas.¹¹⁷ The official government denial makes veterans doubt themselves and also feel deprived of a diagnosis, treatment, and compensation as well as recognition by society to support and confirm their suspicions.¹¹⁸

One possible reason for the government denying the Gulf War Illness is that it would then absolve itself from having to treat it. Brown et al. suggests another reason for the government’s reluctance to accept the Gulf War Illness as a problem. The study appears in Waskul’s “Managing the Uncertainties” article and suggests that admitting soldiers were seriously hurt in the Gulf War tarnishes the idea of a quick, decisive, and powerful victory on part of the United States. These reasons echo the rhetoric used against the effects of Agent Orange in Vietnam, a substance that is only now starting to be recognized and its effects treated.¹¹⁹

The Gulf War Illness not only affects injured soldiers, but their families as well. Shriver and Waskul’s study shows that all of the Gulf War veterans they surveyed experienced economic and employment problems after returning home, and most also experienced marital and familial problems.¹²⁰ While it is not clear if these veterans experienced problems because of their exposure or other war/deployment related stresses, one can assume that trying to get treatment for an undiagnosed and unrecognized illness could cause stress on both one’s finances and

¹¹⁶ Thomas E. Shriver and Dennis D. Waskul, “Managing the Uncertainties of the Gulf War Illness: The Challenges of Living with Contested Illness,” *Symbolic Interaction* 29, no. 4 (Fall 2006): 466. *JSTOR*. <http://www.jstor.org/stable/10.1525/si.2006.29.4.465> (accessed 28 April 2014).

¹¹⁷ Jaffe, “Gulf War Syndrome Remains a Puzzling Legacy for Veterans.”

¹¹⁸ Shriver and Waskul, “Managing the Uncertainties of the Gulf War Illness: The Challenges of Living with Contested Illness,” 465, 467.

¹¹⁹ *Ibid.*, 468.

¹²⁰ *Ibid.*, 470.

marriage. There has been some retroactive aid on part of the government, though, for treating veterans with the Gulf War Illness. In his 2010 statement to the House Committee on Veterans' Affairs, VA Chief of Staff John Gingrich stated that a new "Task Force" was to analyze data and research to better develop plans for how to treat veterans from all conflicts suffering from a range of illnesses and problems.¹²¹ Although this task force was not just for Gulf War veterans, it should help solve some of the mystery of the Gulf War Illness and allow veterans to receive the proper care.

¹²¹John R. Gingrich Chief of Staff, Statement to the House, Committee on Veterans' Affairs, Subcommittee on Oversight and Investigations. *United States Department of Veterans Affairs*, Hearing, 27 July 2010. <http://www.va.gov/OCA/testimony/hvac/soi/100727/JRG.asp> (accessed 22 October 2013).

Chapter 4

Iraq and Afghanistan Wars

The Wars in Iraq and Afghanistan

The Afghanistan War began in response to the terrorists attacks on September 11, 2001. The United States invaded Afghanistan on October 7, 2001, which began the “War on Terrorism.” The United States and several allies began with an air bombing raid on major cities in Afghanistan in order to capture Osama bin Laden, the mastermind behind the 9/11 attacks and leader of the terrorist group al-Qaeda, and to depose the Taliban leadership, which was known to be harboring al-Qaeda and had a long history of human rights violations. By mid-November 2001, U.S. forces had forced the Taliban leaders to flee from the capital, but many Taliban militants and al-Qaeda fighters took refuge in the mountains where they have since engaged in a guerilla war style of fighting with U.S. and allied forces. U.S. forces remained in Afghanistan to help the new Afghanistan government establish control and defend against Taliban attacks. On May 1, 2011, The White House announced that Osama bin Laden had been killed in a U.S. raid in Pakistan. The U.S. officially ended its involvement in Afghanistan in December 2014, making it the longest war in U.S. history, but some U.S. troops continue to remain in Afghanistan to support the Afghan government against the Taliban.

Two years after the United States invaded Afghanistan, it launched a second-war—this time against Saddam Hussein and Iraq. The Iraq War began on March 20, 2003 with the U.S. invasion of Baghdad. President George W. Bush stated that the reason for invading Iraq was to find and destroy the illegal weapons of mass destruction that Hussein was rumored to be hiding. Bush announced that Hussein’s regime was successfully toppled on May 1, 2003, but just as in

Afghanistan, an insurgent guerilla war continued as U.S. troops remained in Iraq to help stabilize the new government. Hussein was arrested in 2005 and executed in 2006 for crimes against his people. Almost from the start of the war, some seriously doubted Bush's initial claim of Iraq having weapons of mass destruction. Their suspicions were confirmed on December 14, 2005, when Bush announced that "Much of the intelligence [that prompted the U.S. entering the war] turned out to be wrong."¹²² In 2011, it became explicitly clear that the information about WMDs in Iraq was falsified and that some top officials knew about it before the war even started.¹²³ As expected, no weapons of mass destruction were ever found and many questioned what the real motivations were for starting the war in the first place. The last troops withdrew in December 2011.¹²⁴

By December 2012, over 2.2 million service men and women had been deployed to Iraq and Afghanistan.¹²⁵ As of March 28, 2015, 4,491 American soldiers have died in Operation Iraqi Freedom and Operation New Dawn, with another 32,244 wounded in action. 2,355 soldiers died and 20,067 were wounded in action in Operation Enduring Freedom.¹²⁶ These numbers are nowhere close to the number of Iraqi civilians killed, which in May 2014, was estimated to be at

¹²² "Transcript of Bush Speech," *CNN.com*, 14 December 2005, <http://www.cnn.com/2005/POLITICS/12/14/bush.transcript/> (accessed 2 March 2015).

¹²³ Ed Pilkington, Helen Pidd, and Martin Chulov, "Colin Powell Demands Answers over Curveball's WMD Lies," *The Guardian*, 16 February 2011, <http://www.theguardian.com/world/2011/feb/16/colin-powell-cia-curveball> (accessed 24 March 2015).

¹²⁴ For analyses of the Afghanistan and Iraq Wars, see Jack Fairweather's *The Good War: Why We Couldn't Win the War or the Peace in Afghanistan* and Mohamed El-Shibiny's *Iraq: A Lost War*. For a more in depth analysis of the Bush Administration's actions in Iraq, see *The Iraq Papers*, edited by John Erenberg, J. Patrice McSherry, José Ramón Sánchez, and Caroleen Marji Sayej.

¹²⁵ *Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families* (Washington D.C.: Institute of Medicine, 2013), 1. More recent statistics put this number at 2.5 million. See Christ Adams, "Millions Went to Iraq, Afghanistan Leaving Many With Life Long Scars," *McClatchy Newspapers*, 14 March 2013, <http://www.mcclatchydc.com/2013/03/14/185880/millions-went-to-war-in-iraq-afghanistan.html> (accessed 19 February 2015).

¹²⁶ For an updated count of casualties, see the U. S. Department of State's "Operation Iraqi Freedom (OIF) US Casualty Status Report," <http://www.defense.gov/news/casualty.pdf> (accessed 28 March 2015).

least 133,000 from direct violence.¹²⁷ Soldiers who served in Iraq and Afghanistan faced unique challenges, including multiple deployments, increasing survivability of extremely severe injuries, and the conduct and context of the wars themselves.¹²⁸ According to a RAND study, since 2008 there has been a significant increase in the number of soldiers serving two or more years cumulatively deployed (for most this time is not served all at once but over multiple deployments) and the cumulative deployment time increased by 28%.¹²⁹ A new problem that accompanies contemporary war is that medical advances now enable soldiers to survive devastating injuries which would have killed them in the past. Ironically, this advancement in medical technology put an added stress on, not only soldiers and their families, but also on society to support and take care of the veterans.

Iraq and Afghanistan Veterans' Experience

Along with problems unique to the Iraq and Afghanistan Wars, veterans face problems similar to the ones faced by Vietnam veterans. In both cases, veterans had to deal with American attitudes that were initially supportive of the wars but then declined as time went on.¹³⁰

Significantly, though, most contemporary Americans do not blame the soldiers for U.S.

¹²⁷ "Iraq: At Least 133,000 Civilians Killed by Direct Violence," *Cost of War*, May 2014, <http://costsofwar.org/article/iraqi-civilians> (accessed 1 April 2015). This number is believed to be much higher since not all deaths are recorded accurately. There is also a discrepancy between the Iraq and American government over what kind of deaths are counted into the total, and deaths that are indirectly resulted from war are not included.

¹²⁸ Marilyn Flynn and Anthony Hassan, "Unique Challenges of War in Iraq and Afghanistan," *Journal of Social Work Education* 46, no. 2 (Spring/Summer 2010): 169. *JSTOR*. <http://www.jstor.org.ezaccess.libraries.psu.edu/stable/23044403> (accessed 5 February 2015).

¹²⁹ Dave Baiocchi, "Measuring Army Deployment to Iraq and Afghanistan," *RAND*, 3-5. http://www.rand.org/content/dam/rand/pubs/research_reports/RR100/RR145/RAND_RR145.pdf (accessed 8 February 2015).

¹³⁰ Gallup polls show an initial 75% approval for actions in Iraq in March 2003, but by March 2014, 57% of Americans polled said U.S. actions were a mistake. Afghanistan sees the same trend with 89% supporting U.S. action in Afghanistan in November 2001, but only 48% support in February 2014. See "Iraq," *Gallup Inc.*, 2015, <http://www.gallup.com/poll/1633/iraq.aspx> (accessed 13 February 2015) and "Afghanistan," *Gallup Inc.*, 2015, <http://www.gallup.com/poll/116233/afghanistan.aspx> (accessed 13 February 2015).

involvement in the modern wars as much as the public did during the Vietnam Era. Support for the war in Afghanistan was initially popular. In November 2001, only 9% of Americans surveyed in a Gallup Poll believed sending troops to Afghanistan was a mistake. However, the longer the war went on, the more unpopular it became. Disapproval rates increased over the years, topping out at 49% in February 2014, perhaps because Bush claimed that both wars would be very fast. It is important to note that there was a drop to just 39% disapproval in May 2011, right after the death of Osama bin Laden was announced.¹³¹ The Iraq War began with less support than the Afghanistan War, but saw the same trend of decreasing support as the war progressed. In March 2003, 23% of people disagreed with U.S. action in Iraq. This number peaked in April 2008 (the end of Bush's presidency) with 63% disagreeing with U.S. involvement. By 2014, this number had slightly decreased to 57%.¹³²

These statistics can again be traced back to the policy of media coverage in Iraq and Afghanistan and the discovery of war crimes. In Iraq, Assistant Secretary of Defense for Public Affairs, Victoria Clarke, created a similar media policy as in Vietnam in which journalists were embedded with particular units for extended periods of time, but were also restricted on what they could report.¹³³ In 2003, it started to become apparent that crimes were being committed against prisoners in Abu Ghraib Prison, including torture.¹³⁴ Reports of abuse and human rights violations continued to circulate for many years until it became clear in 2007 that the U.S. government overlooked many criminal cases involving the torture and killing of prisoners and

¹³¹ "Afghanistan."

¹³² "Iraq."

¹³³ Wyatt, "The Media and the Vietnam War," 286.

¹³⁴ "Iraq, Human Rights Must be a Foundation for Rebuilding," *Amnesty International*, 23 July 2003, <http://www.amnesty.org/en/library/asset/MDE14/159/2003/en/d0b91ee9-facf-11dd-b531-99d31a1e99e4/mde141592003en.pdf> (accessed 20 February 2015).

misrepresented the total number of civilian casualties.¹³⁵ These reports tainted the image of America's actions in the Middle East.

Despite, or because of, international violations and decreasing popularity, the government tried to maintain a positive outlook on the war through various methods. A three-week study by Fairness and Accuracy in Reporting conducted at the start of the Iraq War found that 64% of the six major TV news channels' reports were pro-war while 71% of the U.S. guests favored the war. Because of this tendentious perspective, viewers were shown six-times more pro-war sources than anti-war ones.¹³⁶ Deaths were reported in milestones, 1000th, 2000th, 3000th, as to not be constant reminder to the American public of how many soldiers were dying each day. The Bush Administration also continued to ban taking or releasing pictures of flag-draped coffins as fallen soldiers are brought home, a common image during the Vietnam War. This policy, started under George H.W. Bush, was ended by the Obama Administration in 2009 when the president decided pictures of the coffins could be taken if the family approved.¹³⁷

The important difference from the Vietnam War is that, although all three wars had high disapproval ratings, Iraq and Afghanistan veterans were not blamed or hated for their service. Accounts of veterans receiving hateful homecomings like Vietnam veterans did are much less common. A study by Syracuse University found that, although men who had served in Iraq and Afghanistan were negatively stereotyped by the general public as having mental health issues and violent behavior, these men were not stigmatized. The general public was supportive of

¹³⁵ Nick Davies, Jonathan Steele, and David Leigh, "Iraq War Logs: Secret Files Show How U.S. Ignored Torture," *The Guardian*, 22 October 2010, <http://www.theguardian.com/world/2010/oct/22/iraq-war-logs-military-leaks> (accessed 20 February 2015).

¹³⁶ Steve Rendall and Tara Broughel, "Amplifying Officials, Squelching Dissent," *Fairness and Accuracy in Reporting*, 2003, <http://fair.org/extra-online-articles/amplifying-officials,-squelching-dissent/> (accessed 20 February 2015).

¹³⁷ Elisabeth Bumiller, "U.S. Lifts Photo Ban on Military Coffins," *The New York Times*, 7 December 2009, http://www.nytimes.com/2009/02/27/world/americas/27iht-photos.1.20479953.html?_r=0 (accessed 16 February 2015).

veterans and “support our troop” causes.¹³⁸ This could be because, in the case of the Afghanistan War, the U.S. was actually attacked; this threat caused an increase in patriotic fervor, making service something that is honored.¹³⁹

There is also the trend in American culture today to label every soldier as a “hero,” no matter what his or her actions were in combat. This may be done unconsciously as a way for society to make up for the lack of support for Vietnam veterans. It may be too soon to see what the consequences of this trend are, but one thing is certain, some veterans are reacting against this praise. Afghanistan War veteran Hunter Garth explains that he does not like being thanked for his service because they are just empty words on the part of the civilian and he still has to deal with what he did and saw while in combat. Another veteran, Michael Freedman feels that simple “thank you’s” “alleviat[e] some of the civilian guilt” and make civilians feel better about their role, or lack thereof, in the war effort. Freedman states that to show a veteran you truly appreciate his service, one has to use more than just words and do something that is actually a sacrifice, such as create a scholarship for a veteran or even promise to vote in the next election.¹⁴⁰

Whether or not the praise is genuine aside, in general, Iraq and Afghanistan veterans have experienced more positive homecomings than Vietnam veterans, although many veterans still feel that more can be done. The homecomings for Iraq and Afghanistan veterans differ from Vietnam veterans’ homecomings in that there is some national unity and support surrounding

¹³⁸ Alair MacLean and Meredith Kleykamp, “Coming Home: Attitudes Towards U.S. Veterans Returning from Iraq,” *Social Problems* 61, no. 1 (2014): Research Brief. http://vets.syr.edu/wp-content/uploads/2014/03/ResearchBrief_MacLean2014.pdf (accessed 13 February 2015).

¹³⁹ Although the United States was not attacked to enter the Iraq War, it faced a similar political climate because it was threatened by Iraq’s alleged possession of weapons of mass destruction.

¹⁴⁰ Matt Richtel, “Please Don’t Thank Me for My Service,” *The New York Times*, 21 February 2015, <http://www.nytimes.com/2015/02/22/sunday-review/please-dont-thank-me-for-my-service.html?hp&action=click&pgtype=Homepage&module=c-column-top-span-region®ion=c-column-top-span-region&WT.nav=c-column-top-span-region&r=2> (accessed 1 April 2015).

them, particularly with the use of yellow ribbons. The yellow ribbon became popular during the Iranian Hostage Situation as a sign of support for the captured Americans. This image has survived into modern popular culture through the “Support Our Troops” campaign which symbolizes support for soldiers in the Iraq and Afghanistan Wars, something Vietnam veterans did not have.

Despite yellow ribbons being a national symbol for support, troops have not been recognized with national homecoming celebrations. Until recently, part of the reason that officials have been reluctant to hold parades and celebrations specifically for Iraq and Afghanistan veterans was that some felt it was wrong to celebrate while soldiers were still dying in the very wars being celebrated. New York Senator Charles Schumer announced that Staten Island would celebrate Iraq and Afghanistan War veterans during the Veterans Day Parade in 2014 as President Obama had declared the withdrawal of troops in Afghanistan by the end of 2014.¹⁴¹ However, that part of the parade was called off shortly before the scheduled start as Schumer declared “now was not the time” because of the recent step-up of troops in the fight against ISIS.¹⁴² In the past, senior Pentagon officials have been hesitant to support large, national parades as soldiers were still fighting in Afghanistan.¹⁴³ St. Louis became the first city to hold a large-scale parade for Iraq veterans in January 2012. *The Washington Post* writer Colby Buzzell states that “These parades [like the one in St. Louis] shy away from the word ‘victory’ and are

¹⁴¹ Staten Island Advice Editorial, “To Honor Our Heroes: Parade is Due for Iraq and Afghanistan War Vets (editorial),” *silive.com*, 19 April 2014, http://www.silive.com/opinion/index.ssf/2014/04/to_honor_our_heroes_parade_is.html (accessed 24 November 2014).

¹⁴² Jennifer Fermino, “Ticker Tape Parade For Iraq, Afghanistan War Vets Put on Hold Because of ISIS Battle, Says Chuck Schumer,” *Daily News*, 11 November 2014, <http://www.nydailynews.com/new-york/ticker-tape-parade-iraq-afghanistan-vets-put-hold-article-1.2006268> (accessed 24 November 2014).

¹⁴³ Dugald McConnell and Brian Todd, “Vets Ask: Time for an Iraq War Parade?,” *CNN.com*, 7 February 2012, <http://www.cnn.com/2012/02/07/us/new-york-veterans/> (accessed 13 February 2015).

given to those who have sacrificed as a way to say thank you....”¹⁴⁴ It remains to be seen if the country and government will begin to support parades celebrating Iraq and Afghanistan veterans now that the wars are officially over, even if the parades are not “victory celebrations.”

Resistance and Anti-War Movements

Even though the Iraq and Afghanistan Wars are not as unpopular as the Vietnam War and soldiers are not blamed for the war itself, there is still a vocal group of civilians and soldiers (current and former) that voice their disagreement with the Iraq and Afghanistan Wars, just as in the Vietnam era. Many of these soldiers join anti-war groups upon their return to the states. Soldier Ricky Clousing went public with his decision to turn himself in after going AWOL to show people his rationale behind leaving.¹⁴⁵ One Iraq War veteran, Robin Long, started voicing his discontent with the motive behind the wars while he was stationed at Fort Knox. Long felt that he was being lied to about “liberating” the Iraqi people. Eventually, Long decided to go AWOL.¹⁴⁶ Others, such as Ryan Endicott, served their full deployment, but upon returning home started to publically denounce the war effort. When Endicott shared his testimony at an Iraq Veterans Against the War event about the atrocities he witnessed in war, his own family denounced him. His brother publically disowned him while his company men called him a liar and a communist.¹⁴⁷ Kevin Benderman experienced the same kind of alienation and backlash from his own family when he decided that he would not return to Iraq because he disagreed with why the government got involved and how they were treating civilians. Despite giving twelve

¹⁴⁴ Colby Buzzell, “Don’t Throw Us an Iraq Victory Parade,” *The Washington Post*, 10 February 2012, http://www.washingtonpost.com/opinions/dont-throw-us-an-iraq-victory-parade/2012/02/08/gIQAfy5O4Q_story.html (accessed 13 February 2015).

¹⁴⁵ Matthew Gutmann and Catherine Lutz, *Breaking Ranks: Iraq Veterans Speak Out Against the War* (Berkeley: University of California Press, 2010), 164. *JSTOR*. <http://www.jstor.org.ezaccess.libraries.psu.edu/stable/10.1525/j.ctt1pnkfm.12> (accessed 23 March 2015).

¹⁴⁶ Jo Metson Scott, *The Grey Line*, Testimony of Robin Long (England: Dewi Lewis Publishing, 2013), n.p.

¹⁴⁷ Jo Metson Scott, *The Grey Line*, Testimony of Ryan Endicott (England: Dewi Lewis Publishing, 2013), n.p.

years of his life to the military, the upgraded “bad conduct” discharge and fifteen month sentence he received for “missing movement by design” all but washed away any of the benefits he would have received upon returning to civilian life. Fortunately for him, Benderman was able to find support in other soldiers who agreed with him but were too afraid to speak out on their own.¹⁴⁸

Veterans like Long, Endicott, and Benderman were not alone. In the fiscal year for 2007, 4,698 soldiers deserted compared to 3,301 the year before. Although the numbers are not as high as during the Vietnam War, the increase in desertions is noteworthy. By 2007, there was an 80% increase in desertions from the time the United States invaded Iraq in 2003. Some officials believe this increase is due to the “repeated, lengthy tours in Iraq and Afghanistan” that brought added stress onto the soldiers and their families, making it harder to want to return to duty.¹⁴⁹ The moral issues some soldiers were facing about their actions in a war that many believed was becoming increasingly unjustifiable might also help explain the rise in desertions. Since 2002, there have been 20,000 soldiers who have gone AWOL. Approximately 300 US soldiers have fled to Canada in hopes of receiving asylum, but have not been met with the same warm reception as in the 1960s and 1970s.¹⁵⁰ Critics of Iraq and Afghanistan deserters believe that since they were not subjected to the draft as Vietnam soldiers were, but made the decision on their own to enlist, they have no right to leave their military duties.¹⁵¹

¹⁴⁸ Jo Metson Scott, *The Grey Line*, Testimony of Kevin Benderman (England: Dewi Lewis Publishing, 2013), n.p.

¹⁴⁹ “Army Desertion Up 80 Percent Since Iraq War,” *NBCNews.com*, 16 November 2007, http://www.nbcnews.com/id/21836566/ns/us_news-military/t/army-desertion-percent-iraq-war/#.VG1bn_l4pfc (accessed 11 November 2014).

¹⁵⁰ “A Closer Look: Conscientious Objection.”

¹⁵¹ Suzanne Goldenberg, “US Soldier Who Deserted over Iraq is Deported,” *The Guardian*, 15 July 2008, <http://www.theguardian.com/world/2008/jul/16/antiwar.iraq?gusrc=rss&feed=networkfront> (accessed 25 January 2015).

Government and Department of Veterans Affairs Response

Veterans Affairs Today

Presently, the Obama Administration is trying to change the VA's structure, operation, and reputation with the armed forces and American public. In 2009, President Obama appointed Eric Shinseki as the new Secretary for the Department of Veterans Affairs in hopes that he would enact reforms to help the Department modernize to the 21st century.¹⁵² Shinseki laid out three key principles for modernization: the VA would be 1) people-centric, 2) results driven, and 3) forward looking.¹⁵³ The VA is also preparing for the influx of aging Vietnam veterans who will require extended care as well as support for their aging spouses and their children. It also is looking into the causes of the Gulf War Illness and how to treat soldiers who are sustaining different types of injuries than in previous conflicts.¹⁵⁴ In order to do this, the VA has greatly expanded its budget. In his 2015 budget, President Obama proposed a \$163.9 billion package for the VA which includes \$95.6 billion on mandatory spending and \$68.3 billion in discretionary spending (up 3% from 2014).¹⁵⁵ This budget claims to be able to meet top VA goals, which include ending veteran homelessness by 2015. Overall, the VA and the Obama Administration are looking forward, but simultaneously are not neglecting to correct past mistakes.

¹⁵² "History-VA History."

¹⁵³ U.S. Department of Veterans Affairs, "Strategic Plan Refresh: FY 2011-2015," (Washington: U.S. Government Printing Office), 9. http://www.amvets.org/pdfs/legislative_pdfs/2012/VA-Strategic-Plan-Refresh-FY-2011-2015.pdf (accessed 2 February 2015).

¹⁵⁴ *Ibid.*, 12, 14.

¹⁵⁵ "Annual Budget Submission," *U.S. Department of Veterans Affairs*, 2014, <http://www.va.gov/budget/products.asp> (accessed 5 December 2014).

Retroactive Coverage for Agent Orange and PTSD

In 2013, the VA made a step toward addressing one of Vietnam veterans' biggest grievances: treatment and compensation for Agent Orange related illnesses. In the past, veterans found it very hard to obtain coverage and treatment for any illnesses caused by Agent Orange, or even prove that Agent Orange had harmful effects on them. Medical professionals often denied veterans' claims based on the fact that there was no definitive proof that Agent Orange was the cause of all of these diseases. Curiously, a recent 30-year follow up study on postservice mortality found that there was no difference in disease-related mortality rates in Vietnam veterans and those veterans who served in the same era, but not Vietnam. However, the researchers did offer the caveat that the subjects were chosen on date and location of service and did not directly compare veterans who had been exposed to Agent Orange to those who were not, meaning they were not directly testing for the relationship between herbicide expose and cancer rates.¹⁵⁶

Despite what previous studies have shown, it is only now, forty years later, that the VA is starting to recognize many diseases, such as Parkinson's Disease, Chronic B-Cell Leukemia, and Ischemic Heart Disease, among others, as directly linked to the use of Agent Orange.¹⁵⁷ Prior to this breakthrough in medical knowledge, the VA either did not understand the relationship between chemicals and illnesses (much like how they claimed to not understand the relationship between combat experiences and PTSD), or just denied responsibility because it was easier, and cheaper, to force others to prove there was a connection before services to treat the illnesses were distributed. In order to help veterans who were exposed to Agent Orange receive coverage, the

¹⁵⁶ Boehmer, "PostsERVICE Morality in Vietnam Veterans: 30-Year Follow-Up," 1914.

¹⁵⁷ Eric K. Shinseki, "Agent Orange and Veterans: A 40-Year Wait," *The White House Blog*, 30 August 2010, <http://whitehouse.gov/blog/2010/08/30/agent-orange-and-veterans-a-40-year-wait> (accessed 22 October 2013).

VA added a “presumption” policy, which now assumes that illnesses found related to Agent Orange exposure were caused by military service, which therefore makes it much easier to be covered. The VA will also reopen 90,000 previous claims of harm by Agent Orange that were denied, and it is expected that over 150,000 veterans will file new claims for compensation and treatment.¹⁵⁸

The VA has also issued a new policy to help Vietnam veterans with PTSD by taking a second look at those dismissed with less than honorable discharges. A lawsuit that aimed to win more consideration for Vietnam veterans with PTSD and dishonorable discharges cites that of the 250,000 Vietnam veterans with less than honorable discharges, 80,000 may have had PTSD. Veteran advocates argue that the war environment in Vietnam provoked acute stress and PTSD that made soldiers act in dubious ways that led unfairly to dishonorable discharges and loss of benefits. In order to receive this “long-overdue recognition,” veterans had to prove they had symptoms of PTSD at the time of their discharge and that it was a factor in their dismissal.¹⁵⁹ Although the burden is on the veterans to prove their case and receive their benefits, the fact that the VA is acknowledging that veterans were victims of the war and subsequent mental illness is a step in the right direction for veterans’ rights. It shows the VA trying to right past wrongs in order to make a difference in veterans lives.

2013-2014 Scandal

The positive gains and promising new directions of the VA, however, were recently undermined by a new scandal. Starting in November 2013, it became increasingly clear that at least forty-two VA locations were involved in a massive cover-up to make it appear that patients

¹⁵⁸ Ibid.

¹⁵⁹ Dave Philipps, “New Rules May Allow Benefits Long Denied to Vietnam-Era Veterans,” *The New York Times*, 3 September 2014, <http://nyti.ms/1xd20bi> (accessed 11 September 2014).

were getting appointments within the required fourteen day period, when they were instead put on a never-ending waiting list with no intention of ever being treated.¹⁶⁰ Thousands of veterans experienced delays in medical care and most official investigations show that as many as 40 veterans died as a direct result of the delays. While the VA takes the official stance that the investigations were unable to “conclusively assert” that it was the delays that caused the veterans’ deaths, members within the agency claim admit the delays caused patient deaths, at least in the Phoenix branch.¹⁶¹ Secretary Shinseki was forced to resign and was replaced by Robert A. McDonald.

In the wake of the scandal, President Obama instituted new reforms and changes to the veterans’ health care system. In an address at the American Legion’s 96th Annual National Convention on August 29, 2014, the president promised to get to the bottom of the problem and make sure that those falsifying information are held accountable. The White House announced 19 new executive orders that would help veterans with mental health problems, while Obama stressed protection for whistle-blowers, continuing help with homelessness among veterans, and increased resources for the VA to hire more doctors to help reduce the backlog.¹⁶² The new VA Secretary, Robert McDonald emphasized the shortages of doctors and nurses as part of the waiting problem and gave a broad outline on how to use the \$17 billion plan passed by Congress to fill these positions.¹⁶³ As this point, it remains to be seen if the VA will be able to make the necessary changes to recover veterans’ trust lost over the past five decades. However,

¹⁶⁰ Richard A. Oppel, “Watchdog Says V.A. Officials Lied,” *The New York Times*, 10 September 2014, <http://nyti.ms/1qKtBdk> (accessed 11 September 2014).

¹⁶¹ Richard A. Oppel, “V.A. Official Acknowledges Link Between Delays and Patient Deaths,” *The New York Times*, 17 November 2014, <http://nyti.ms/1r0alu8> (accessed 18 September 2014).

¹⁶² “Obama Addresses VA Issues before Legion Audience,” *Wireless News*, 29 August 2014. *Proquest*. <http://ezaccess.libraries.psu.edu/login?url=http://search.proquest.com/docview/1557826795?accountid=13158> (accessed 1 September 2014).

¹⁶³ Richard A. Oppel, “New V.A. Secretary Says Hiring Spree is Needed to Meet Patient Demand,” *The New York Times*, 8 September 2014, <http://nyti.ms/1tFyAif> (accessed 11 September 2014).

preliminary reports are not positive. *The New York Times* published an article in March 2015 stating that the VA is still suffering from delays despite the push to change the department. Inside officials say that few improvements have been made and delays are still common as it is hard to revise a bureaucratic institution with over 300,000 employees.¹⁶⁴

Post -9/11 G.I. Bill Educational Benefits

Despite the continuing problems in the VA, veterans have recently benefitted by gains made in areas such as education, which are outside the VA's jurisdiction. In 2008, in the G.I. Bill was updated to grant those who served on or after September 11, 2001 extended educational benefits. A RAND study on the Post-9/11 G.I. Bill finds that it "is the most generous education benefit for veterans since the original GI Bill [sic]."¹⁶⁵ The new G.I. Bill includes educational benefits that provides up to 100% tuition coverage, a monthly living stipend, up to \$1000 for books and supplies, a one-time relocation allowance, and the option to transfer benefits to family members, among other things. These benefits are based on a tiered system that looks at time served in order to allocate the deserved benefits.¹⁶⁶ The same RAND study conducted from February to August 2010 showed beneficiaries especially appreciated the living allowance, book stipend, and tuition coverage as these allowed them to attend a university at little to no out-of-pocket cost to them. Many indicated that they would not have been able to attend a higher education university without the Post-9/11 G.I. Bill. A quarter of those surveyed indicated that the benefits from the Post-9/11 G.I. Bill were a major factor in choosing to continue their

¹⁶⁴ Michael D. Shear and Dave Philipps, "Progress is Slow at V.A. Hospitals in Wake of Crisis," *The New York Times*, 13 March 2015, http://www.nytimes.com/2015/03/14/us/obama-va-hospital-phoenix.html?emc=edit_th_20150314&nl=todaysheadlines&nid=69797940 (accessed 19 March 2015).

¹⁶⁵ "How Military Veterans Are Using the Post-9/11 GI Bill and Adapting to Life in College," *RAND*, 2014, http://www.rand.org/pubs/research_briefs/RB9560/index1.html (accessed 6 December 2014). The previous 1984 Montgomery G.I. Bill was not as generous as it did not provide living allowances.

¹⁶⁶ "Post-9/11 GI Bill Overview," *Military.com*, 2014, <http://www.military.com/education/gi-bill/new-post-911-gi-bill-overview.html#ra> (accessed 25 November 2014).

education.¹⁶⁷ Clearly, the Post-9/11 G.I. Bill is giving veterans the educational benefits they deserve.

Social Issues: Unemployment, Homelessness, and Drug Use

Unemployment

Iraq and Afghanistan veterans face their own challenges when it comes to social issues. Although, like Vietnam veterans, Iraq and Afghanistan veterans experience high rates of unemployment, current initiatives demonstrate a greater awareness of and effort to alleviate the problem. In 2010, Iraq and Afghanistan unemployment rates reached an all-time high of almost 15% compared to just under 10% for their civilian counterparts. Newer veterans faced even more difficulty finding employment because they came home during the “Great Recession.” 2014 marked the fourth year in a row that veterans have experienced worse unemployment rates than civilians.¹⁶⁸ However, these unemployment rates are dropping. According to a Bureau of Labor Statistics study for 2013, 9% of post-9/11 veterans are unemployed.¹⁶⁹ In 2012, the Obama Administration promised \$5 billion to help approximately 20,000 veterans find employment over the next five years. This included grants and incentives for cities to hire new policemen, firemen and other first responders, training courses in entrepreneurship, as well as a New Deal-esque program that will have veterans work on roads, levees, wildlife reserves and other public facilities.¹⁷⁰ Michelle Obama, speaking at a veterans assembly, announced a one-stop website for veterans and their families to learn how to translate military skills to the private sector, write

¹⁶⁷ “How Military Veterans Are Using the Post-9/11 GI Bill and Adapting to Life in College.”

¹⁶⁸ Ben Watson, “Veteran Unemployment Rate Drops, But Still Outpaces the Rest of the Country,” *Defense One*, 2 May 2014, <http://www.defenseone.com/news/2014/05/D1-Watson-veteran-unemployment-rate-drops-still-outpaces-rest-country/83692/> (accessed 6 December 2014).

¹⁶⁹ “Employment Situation of Veterans Summary,” *Bureau of Labor Statistics*, 20 March 2014, <http://www.bls.gov/news.release/vet.nr0.htm> (accessed 6 December 2014).

¹⁷⁰ Matt Compton, “Creating a Veterans Job Corps,” *The White House Blog*, 3 February 2012, <http://www.whitehouse.gov/blog/2012/02/03/creating-veterans-job-corps> (accessed 6 December 2014).

resumes, and learn about other career building opportunities. This was part of the “Joining Forces” plan that she along with Joe and Jill Biden created in 2011 to counter veteran unemployment. At the same assembly, the First Lady also announced that Joining Forces had helped 540,000 veterans and their spouses find jobs, well over the 100,000 goal set for the first two years.¹⁷¹ Although unemployment is still a major problem for veterans, overall the numbers seem to be declining, and the Obama Administration seems to want to make veterans’ unemployment a priority.

Homelessness

Homelessness is another major problem that continues to plague many veterans. In January 2013, veterans made up about 10.5% of the homeless population. This number decreased between 2009 and 2013 with a 24% drop in the homeless veteran population.¹⁷² According to a 2013 *USA Today* article by Gregg Zoroya, there were up to 48,000 Iraq and Afghanistan veterans who were either homeless or in government living programs. Interestingly, this number is three times as high as the veteran homelessness rates in 2011 while rates for homeless veterans among other conflicts have actually been decreasing. Some think that this number may be an unforeseen effect of multiple deployments, something that soldiers in other wars did not face as often as those in Iraq and Afghanistan (multiple deployments are not only stressful, but some find it hard to maintain housing between tours). Others, like VA spokeswoman Victoria Dillon, think that increased efforts to identify and assist homeless veterans on part of the VA has simply increased

¹⁷¹ Brett Barrouquere and Jim Kuhnhenn, “First Lady Announces One-Stop Job Site for Vets,” *Associated Press*, 23 April 2014, <http://news.yahoo.com/first-lady-announces-one-stop-job-site-for-vets-170616961--finance.html> (accessed 23 April 2014).

¹⁷² *The 2013 Annual Homeless Assessment Report (AHAR) to Congress*, The U.S. Department of Housing and Urban Development, 2013, <https://www.hudexchange.info/resources/documents/ahar-2013-part1.pdf> (accessed 25 January 2015).

their visibility. In other words, there are not more homeless veterans than before; the VA is just more aware of them. Regardless of whether or not their numbers are on the rise, the VA has increased funding to help homeless veterans from \$60 million in 2011 to \$300 million in 2013, with at least that much also guaranteed for 2014 and 2015.¹⁷³ After the most recent VA scandal in 2013-2014, Obama publically announced that one of his top missions is supporting homeless veterans.¹⁷⁴

So far, the VA seems to have already made some headway into the veteran homelessness problem. In August 2013, the VA and Interagency on Homelessness announced that there was a 33% drop in the veteran homelessness rate since 2010, which equates to 24,837 people. The agencies partnered with the U.S. Department of Housing and Urban Development, local agencies and even received support from Michelle Obama to give every veteran “a place to call home.”¹⁷⁵ The agencies are utilizing a combination of short-term and long-term strategies to help veterans, including lessening prerequisites so veterans can be placed faster, prioritizing those with chronic homelessness, short-term rental subsidies, and extending benefits to those who are in need but do not necessarily qualify under the current regulations. The programs that focus on reaching out to all veterans in need have seen a lot of success, but department officials make it clear that there is still more work to be done. VA Secretary MacDonald stated, “[The VA and local partners] should be proud of the gains made in reducing veterans’ homelessness...but as long as there remains a Veteran [sic] living on our streets, we have more work to do.”¹⁷⁶ Data shows that in January 2014, there were still 49,933 homeless veterans living in the United States. However,

¹⁷³ Gregg Zoroya, “Up to 48,000 Afghan, Iraq Vets Homeless,” *USA Today*, 17-19 January 2014, 1A.

¹⁷⁴ “Obama Addresses VA Issues before Legion Audience.”

¹⁷⁵ “Veteran Homelessness,” *Benzinga Newswires*, 28 August 2014. *Proquest*.

<http://ezaccess.libraries.psu.edu/login?url=http://search.proquest.com/docview/1557602448?accountid=13158> (accessed 1 September 2014).

¹⁷⁶ *Ibid.*

with the current trends, it seems the VA may meet its goal of eradicating veteran homelessness by 2015.

Drug Use

Other social issues, such as drug use, still shadows veterans. Iraq and Afghanistan soldiers have turned to drug use for many of the same reasons as Vietnam soldiers did: coping, de-stressing, and self-help for PTSD, among others. Some believe the military may have had a hand in creating these addictions. According to Bergen-Cico, in 2009, military healthcare professionals gave 106,000 soldiers medication for anxiety, pain, or depression, but would not provide coverage for aid when soldiers become addicted to the medication.¹⁷⁷ In the past several decades, the mental health field has increased substantially so that problems like PTSD, which consistently lead to and trigger drug abuse, are more understood. The best hope for soldiers in Iraq and Afghanistan is that the mental health sectors continue to become better able to provide them aid for their wartime trauma before they turn to drug use as a coping mechanism. As Bergen-Cico stated, the mental health industry and awareness for PTSD has improved greatly since the Vietnam Era, but reaching veterans who need help before they turn to drug use, or suicide is another matter.¹⁷⁸ The VA has also partnered with the National Institute on Drug Abuse to study relationships between combat and substance abuse, especially in Iraq and Afghanistan war veterans.¹⁷⁹ These studies will help Veterans Health Association officials treat

¹⁷⁷ Bergen-Cico, *War and Drugs: The Role of Military Conflict in the Development of Substance Abuse*, 127.

¹⁷⁸ *Ibid.*, 125.

¹⁷⁹ "Veterans and Addiction," *Addictions & Substance Abuse*, 2, ed. Robin Kamienny Montvilo. (2013): 661. *Gale Virtual Reference Library*.
<http://go.galegroup.com/ps/i.do?id=GALE%7CCX2075400330&v=2.1&u=psucic&it=r&p=GVRL&sw=w> (accessed 10 September 2013).

veterans with substance abuse better because they may be able to identify the root causes of the addiction.

Women in Iraq and Afghanistan

Female veterans today still face a different set of challenges upon returning home and their challenges are an area that the government and VA need to more adequately address. In 2013, Secretary of Defense Leon E. Panetta announced that he was lifting the ban that excluded women from combat positions (even though, in 2012, up to 800 women had already served in combat conditions in Iraq and Afghanistan, 103 of them dying).¹⁸⁰ A Gallup poll conducted in January 2013, just after the lifted ban was announced, showed that 74% of adults supported allowing women to serve in combat.¹⁸¹ Now that women are able to serve on the front lines, they will have a different, and potentially more traumatic, experience than their predecessors who did not experience direct combat. Addressing the issues women face is becoming a more pressing concern as the number of women returning from combat situations will steadily increase over the next few years. Star Lara, an Iraq veteran, believes women suppress combat stress more quickly in order to find a way back to normalcy which can negatively affect how they respond to assimilating back into society.¹⁸² Interestingly, women veterans also face higher rates of single-parenthood, homelessness, unemployment, and PTSD (especially related to sexual trauma).¹⁸³

¹⁸⁰ Elisabeth Bumiller and Thom Shanker, "Pentagon is Set to Lift Combat Ban for Women," *The New York Times*, 23 January 2013, http://www.nytimes.com/2013/01/24/us/pentagon-says-it-is-lifting-ban-on-women-in-combat.html?pagewanted=all&_r=0 (accessed 11 February 2015).

¹⁸¹ Alyssa Brown, "Americans Favor Allowing Women in Combat," *Gallup Inc.*, 23 January 2013, <http://www.gallup.com/poll/160124/americans-favor-allowing-women-combat.aspx> (accessed 11 February 2015).

¹⁸² "Women Veterans Face Unique Obstacles, Needs," *PBS News Hour*, 20 November 2010, http://www.pbs.org/newshour/bb/military-july-dec10-womenvets_11-30/ (accessed 20 November 2014).

¹⁸³ The article "Women Veterans Face Unique Obstacles, Needs," states that women face higher rates of single-parenthood, homelessness, and PTSD, while Asha Anchan, Kelsey Hightower, and Caitlyn Cruz's article, "Women Veterans Face Job and Family Challenges, Plus Prejudice Back Home," *News 2*, 29 August 2013,

Sexual abuse, a relatively new problem now that women are living and fighting alongside their male counterparts, is one of the most pressing issues for women that needs to be addressed. This issue is made all the more urgent as the armed forces undergoes increasing integration. The Department of Defense Sexual Assault Prevention and Response Office estimates that there were 26,000 cases of sexual assault in 2012, but only 3,374 were reported.¹⁸⁴ Some studies show that sexual assault in the military is either at the same level as the civilian population, or even higher.¹⁸⁵ The VA classifies Military Sexual Trauma (MST) as a mental health issue and provides services for veterans who have experienced some sort of sexual trauma.¹⁸⁶ Because the nature of sexual trauma and harassment means that physical evidence is often minimal, the VA looks for “markers,” such as changes in behavior, hospital visits, and statements from friends or family, among others, to determine the course of action for the patient.¹⁸⁷ Despite these attempts to make reporting sexual assault and trauma easier, often times women are left confused after an assault and do not know their rights or feel the military justice system will not help them.¹⁸⁸ In general, this means a change will have to take place in military culture from that of a “man’s world” to one that includes women.

For many women, just going to the VA itself can be a daunting task. For those who experienced sexual trauma, the VA can be a reminder of the military where the trauma

<http://eyeonohio.org/women-veterans-face-job-and-family-challenges-plus-prejudice-back-at-home/> (accessed 20 November 2014) adds in higher unemployment rates.

¹⁸⁴ Anchan, “Women Veterans Face Job and Family Challenges, Plus Prejudice Back Home.”

¹⁸⁵ Bonnie E. Carlson, Layne K. Stromwall, and Cynthia A. Lietz, “Mental Health Issues in Recently Returning Women Veterans: Implications for Practice,” *National Association for Social Workers* (2013): 106. *JSTOR*.

<http://www.jstor.org.ezaccess.libraries.psu.edu/stable/23719778> (accessed 24 March 2015).

¹⁸⁶ “Military Sexual Trauma,” *U.S. Department of Veterans Affairs*, 28 October 2014,

<http://www.mentalhealth.va.gov/msthome.asp> (accessed 20 March 2015).

¹⁸⁷ “Disability Compensation: Military Sexual Trauma (MST),” *U.S. Department of Veterans Affairs*, February 2015,

<http://www.benefits.va.gov/BENEFITS/factsheets/serviceconnected/MST.pdf> (accessed 20 March 2015).

¹⁸⁸ “Women Veterans Face Unique Obstacles, Needs.”

occurred.¹⁸⁹ The VA can also be intimidating because it is “a man’s world” and does not adequately cater to women’s needs. Chrystal Sandor, an Iraq veteran, experienced dissatisfaction with the VA first-hand. She states, “I don’t think I’ve talked to one female veteran who goes to the VA and has had a good experience, that has received the care they deserve [sic].”¹⁹⁰ She tried group therapy, but since it was an all-male group, she could not connect with the stories they told and felt worse than before she went to the treatment.¹⁹¹ According to a study done in 2002, among all VA users (which includes spouses), men use both inpatient and outpatient VA services the most. However, among just veteran users, women use outpatient procedures more.¹⁹² The study does not reason as to why women use outpatient procedures more or why women use fewer services at the VA in general, but one can assume being accepted by the fellow patients is factored into the decision.

Additionally, there are a limited number of services specifically tailored for women. As of 2013, only 75% of VA clinics specifically offered female care. Although this number is on the rise, it still falls short of every clinic which would, in theory, give the opportunity for female-specific care to all women service members. Part of the reason for this inability to help female veterans is that, since its beginning, the VA has been a male dominated organization that has yet to figure out how to “deal” with women. Part of this problem is that there has been little research on women’s issues and studies on how best to help them as the vast majority post-deployment health studies are on men.¹⁹³

¹⁸⁹ Ibid.

¹⁹⁰ Anchan, “Women Veterans Face Job and Family Challenges, Plus Prejudice Back at Home.”

¹⁹¹ Ibid.

¹⁹² Susan M. Frayne et al., “Gender Disparities in Veterans Health Administration Care: Importance of Accounting for Veteran Status,” *Medical Care* 46, no. 5 (May 2008): 551. *JSTOR*. <http://www.jstor.org/stable/40221698> (accessed 1 September 2014).

¹⁹³ Anchan, “Women Veterans Face Job and Family Challenges, Plus Prejudice Back at Home.”

Another issue that affects women veterans is unemployment. Statistically, 12.5% of post-9/11 female veterans are unemployed, which is 3% more than male post-9/11 veterans. This number reached its peak at 19.9% for females in 2012. This issue is made all the more complicated because female veterans are more likely to be single parents, meaning they have to find a way to support their child(ren) once home from deployment and often struggling to do so.¹⁹⁴

Medical and Mental Health

Chemical Warfare Issues

Exposure to dangerous chemicals has recently returned to the public's attention, but this time in the context of the Iraq War. C.J. Chivers of *The New York Times* published an article stating that at least 600 soldiers were exposed to chemicals while on tour in Iraq from degraded chemical weapons the U.S. and other Western countries helped Iraq make for its war with Iran in the 1980s. This number is only expected to increase as the statistics come from self-reporting questionnaires at the end of the soldier's deployment and soldiers may only now be starting to realize they were exposed. The government was supposed to have had follow-up appointments with the soldiers who believed they had been exposed, but instead inadequately reported and tracked them. Some, like Sergeant Jordan Zoeller, who was knowingly exposed to sulfur mustard gas in 2008, had his health claims denied because officials said "it never happened." Initially, the government only admitted to seventeen and then twenty-five reported cases, but after more investigation, the number was found to be over 600.¹⁹⁵

¹⁹⁴ Ibid.

¹⁹⁵ C.J. Chivers, "More Than 600 Reported Chemical Exposure in Iraq, Pentagon Acknowledges," *The New York Times*, 6 November 2014, http://www.nytimes.com/2014/11/07/world/middleeast/-more-than-600-reported-chemical-weapons-exposure-in-iraq-pentagon-acknowledges.html?_r=0 (accessed 6 November 2014).

In March 2014, the under secretary of the Army, Brad R. Carson, issued a formal apology for the lack of response to soldiers who were exposed to chemicals and vowed to make changes to the treatment and recognition policies. Veterans who have already been identified are starting to be treated, and initial results are positive. Stricken veteran Michael Yandel stated, “I was treated with respect” and was cautiously optimistic about the changes in the questionnaires, interviews, and long-term care plans for veterans. Carson also vowed to find all victims of chlorine gas, whose numbers right now are very hard to identify, which is a step towards the VA and the armed forces doing the brunt of the investigations and not forcing the veterans to come forward with their grievances in order to get them covered. Also, all service branches have since changed the requirements for receiving a Purple Heart to include the chemical exposure from roadside bombs. Until recently, exposed soldiers would not receive the award unless the chemicals were released by an enemy.¹⁹⁶ The initial denial and lack of treatment echoes the pattern of neglect established with Agent Orange in Vietnam and the Gulf War Illness in the Persian Gulf War, but it is unclear whether these same chemicals affected soldiers in the Gulf War. The fact that the government initially tried to hide the numbers only adds to the mounting distrust military men feel towards their government.

PTSD, Suicide, and Decompression

Iraq and Afghanistan veterans face similar issues of struggling with PTSD as Vietnam veterans, partially because the wars were fought in a similar guerilla war style and it was hard to distinguish between combatant and civilian. Helping soldiers with PTSD is becoming more important because of the increase in veteran suicides. In 2012 and 2013, suicide became the

¹⁹⁶ C.J. Chivers, “Army Apologizes to Veterans Hurt by Chemicals,” *The New York Times*, 26 March 2015, A1, A10.

leading cause of military deaths, killing 3 out of 10 service men and women.¹⁹⁷ To give this fact some hard numbers, 127 servicemen were killed in 2013 in Afghanistan while 132 killed themselves while stationed stateside, almost half in their own homes.¹⁹⁸ A study by the *American Journal of Public Health* (“Estimating the Risk of Suicide Among US Veterans,” Kaplan et al.), shows that veteran suicide rates are as high as 5,000 a year while the VA’s Suicide Data Report 2012 found that there were 22 suicides per day, totally 8,000 a year (not including the 11,000 non-fatal attempts per year).¹⁹⁹ A 2007 study found that male veterans were two times more likely to commit suicide than their non-veteran counterparts.²⁰⁰ This problem is even more concerning when coupled with the fact that Iraq and Afghanistan veterans with PTSD were four times more likely to favor suicide than veterans without PTSD.²⁰¹ Numbers for Iraq and Afghanistan veterans with PTSD vary, but most accepted studies show the rate to be around 14-20%.²⁰² PTSD rates are more startling when coupled with Traumatic Brain Injury (TBI). 19% of veterans have a TBI equating to about 260,000 veterans from Iraq and Afghanistan and together,²⁰³ and 73% of veterans with TBI also suffer from PTSD.²⁰⁴

¹⁹⁷ Gregg Zoroya, “Suicide Surpassed War as the Military’s Leading Cause of Death,” *USA Today*, 31 October 2014, <http://www.usatoday.com/story/nation/2014/10/31/suicide-deaths-us-military-war-study/18261185/> (accessed 1 February 2015).

¹⁹⁸ “The Second Amendment Kills More U.S. Soldiers than the Taliban,” adavidjohnson, 28 January 2015, <https://adavidjohnson.wordpress.com/2015/01/28/the-second-amendment-kills-more-u-s-soldiers-than-the-taliban/> (accessed 1 February 2015).

¹⁹⁹ “Suicide Prevention for Veterans,” *Veterans and PTSD, 2012-2015*, <http://www.veteransandptsd.com/suicide-prevention.html> (accessed 22 March 2015).

²⁰⁰ Mark S. Kaplan et al., “Suicide among Male Veterans: A Perspective Population-Based Study,” *Journal of Epidemiology and Community Health* (1979-) 61, no. 7 (July 2007): 620. *JSTOR*. www.jstor.org/stable/40665866 (accessed 5 February 2015). This study is particularly useful because it surveys all veterans, not just those who have used VA services like other studies use as those veterans who use VA facilities may not be representative of the total veteran population. Only one-fourth of veterans use VA healthcare facilities.

²⁰¹ Matthew Jakupcak et al., “Posttraumatic Stress Disorder as a Risk Factor for Suicidal Ideation in Iraq and Afghanistan War Veterans,” *Journal of Traumatic Stress* 22, no. 4 (2009): abstract. *Proquest*. <http://search.proquest.com.ezaccess.libraries.psu.edu/psycinfo/docview/622244978/E74DBEE4E57548EAPQ/4?accountid=13158> (accessed 24 October 2014).

²⁰² “Veteran Statistics: PTSD, Depression, TBI, Suicide.”

²⁰³ *Ibid.*

Congress recently took action to curb this problem. The Clay Hunt Suicide Prevention for American Veterans Act (named after Clay Hunt, a Marine who served in Iraq and later killed himself after suffering from PTSD and depression) was passed unanimously by both the House and Senate and signed by President Obama in February 2015 to “improve suicide prevention and mental health treatment programs at the Department of Veterans Affairs.” This law makes the VA’s suicide and mental health treatments subject to outside evaluations and also creates a website so veterans and their families can access resources online. The law also matches recently discharged veterans with a VA worker to talk to them about mental health as well as extend the allotted time after deployment in which veterans can get VA health care aid without showing proof of a service related injury first by a year.²⁰⁵ All of these measures aim to stymie the increasing veteran suicide rate.

One way to decrease veteran suicide is with decompression programs which traditionally consist of allowing a few days to pass once the soldier leaves combat before he or she returns home, or even support groups once home. Studies are being done on the benefits of decompression, which is hoped to help ease veterans’ transitions into civilian life and lower the rates of suicide, but at the time of Jamie G.H. Hacker Hughes et al.’s study in 2008, there was no evidence that either supported or refuted the benefits.²⁰⁶ It is also reported that the longer soldiers spend in decompression programs, the more likely they are to drink heavily upon returning home

²⁰⁴ Brent C. Taylor et al., “Prevalence and Costs of Co-occurring Traumatic Brain Injury With and Without Psychiatric Disturbance and Pain Among Afghanistan and Iraq War Veteran VA Users,” *Medical Care* 50, no. 4 (April 2012): 342. *JSTOR*. <http://www.jstor.org/stable/23216628> (accessed 24 March 2015).

²⁰⁵ Richard A. Opiel Jr., “Preventing Suicides among Veterans is at Center of Bill Passed by Senate,” *The New York Times* 3 February 2015, http://www.nytimes.com/2015/02/04/us/bill-aimed-at-improving-mental-health-treatment-for-veterans-passes-senate.html?_r=0 (accessed 5 February 2015).

²⁰⁶ Jamie G.H. Hacker Hughes et al., “The Use of Psychological Decompression in Military Environments,” *Military Medicine* 173, no. 6 (2008): 534. www.kcl.ac.uk/kcmhr/publications/assetfiles/interventions/Hacker-Hughes2008-psychologicaldecompression.pdf (accessed 19 November 2014).

than those veterans who went straight home.²⁰⁷ This is thought to be because alcohol plays a role in decompression programs and soldiers take this coping mechanism home with them. Despite the lack of evidence definitively backing decompression, Hacker Hughes et al. stresses that there is no evidence that military personnel should *not* use decompression programs as long as they are managed well. Proper management includes length of decompression based on deployment length and duties, proper funding, pertinent logistical tasks for the veterans to complete, and potentially having those who toured together decompress together (so soldiers can discuss events that others will understand and empathize with).²⁰⁸ It is with these reports in mind that in 2012, the Marine Corps decided to implement a third location decompression program for their Special Operations soldiers who have been experiencing increasing suicide rates.²⁰⁹ The Marine Corps hopes this few day reprieve at a third location (neither on base nor back at home) will make a difference in the suicide rates of its valuable Special Operations soldiers.

Studies being done on PTSD treatments suggest that help is on the way to make a long-term difference in a soldier's reintegration process. One of the successful treatments is a 16-week intensive group treatment that forces veterans to come face-to-face with their trauma repeatedly in order to lessen its power and control over their actions and emotions. This study has proven to be very beneficial to veterans, but because it requires 32 three-hour sessions over the course of 16 weeks, it may limit the number of veterans who can participate either because there are barriers to the time commitment or they are unwilling address their issues for such an extended

²⁰⁷ "Deployment Including Preparation, Decompression and Post Deployment," Report of the Independent Advisory Panel on Alcohol, Appendix 3, 118.

<http://www.defence.gov.au/pathwaytochange/Docs/UseOfAlcohol/Appendix%203%20Deployment%20etc.pdf> (accessed 9 December 2014).

²⁰⁸ Hacker Hughes, "The Use of Psychological Decompression in Military Operational Environments," 538.

²⁰⁹ "Marine Corps Sending Most Elite to 'Special' Decompression, Psychological Screening Center after War Duty," *The Military Suicide Report*, 30 August 2012, <https://themilitarysuicidereport.wordpress.com/tag/post-deployment-decompression/> (accessed 20 November 2014).

period of time.²¹⁰ Roy John Sutherland et al. tested the success rate of a similar 12-week study to see if the same results could be replicated as in the 16-week study, but in a shorter time period. The treatment plan was kept the same except for increasing the amount of times veterans were instructed to listen to their pre-recorded tapes in-between the sessions (in order to make up some of the time that was cut from the original plan). The results showed that 7 of the 10 participants no longer met the requirements for PTSD after treatment and even maintained their healthy mental state in the three-month follow up survey.²¹¹ This is promising for the future aid of veterans with PTSD as it makes group PTSD treatment more accessible to veterans because of its shorter time length with no reduced effectiveness. In fact, the 12-week study had a 100% retention rate (of its 10 subjects), while the 16-week treatment had a 23% drop-out rate (of 360 subjects).²¹² This treatment could prove to be very beneficial to many veterans suffering from PTSD.

Decompression programs can not only help veterans, but their families as well. Families not only face difficulties with one, and sometimes two spouses being deployed, but also struggle with reintegration once the family member returns home from deployment. It is especially important for families to learn how to reintegrate their deployed family member as almost half of service members have children, and with the drawdown of troops, the number of service members returning home will be increasing. Besides recovering from injuries sustained during combat, one of the hardest things returning service members have to deal with upon returning home is the change in familial roles. While the service member is deployed, family roles change

²¹⁰ Roy John Sutherland et al., "A Pilot of a 12-Week Model of Group Based Exposure Therapy for Veterans with PTSD," *Journal of Traumatic Stress* 25 (April 2012): 151. *PsychInfo*. <http://search.proquest.com/psycinfo/docview/1015244193/142721CE8A4041ECPQ/2?accountid=13158> (accessed 24 October 2014).

²¹¹ *Ibid.*, 154.

²¹² *Ibid.*, 150.

and the service member can feel like they no longer fit in with their families. Often times, this stressful period can reach its peak anywhere between four to nine months after their deployment. Spouses and children of deployed soldiers also experience stress upon reintegration because of their expectations of what life will be like after deployment and may even be focused on another upcoming deployment. Pincus et al.'s study referenced in Marek et al.'s article shows that the most important time to make the transition back to civilian life as easy as possible is right after deployment. It is during this period that a family checks their expectations, rebuilds communication, and relearns each member's role in the family.²¹³

Even with a healthy family environment, decompression programs do need some improvement. For many veterans, coming home consists of “reestablish[ing] relationships, reorient[ing] himself to the home experience from the standpoint of nonsoldier grouping, unlearn[ing] the war's moral order, and relearn[ing] the home's moral order.”²¹⁴ Without decompression programs, soldiers are left to readjust to civilian life all by themselves, which can hurt society, as seen by Brannam's shooting spree in Los Angeles, referenced earlier, or, more recently, Bradley William Stone, who killed six members of his family while suffering from PTSD after serving in Iraq.²¹⁵

A lack of care for PTSD has been a trend from previous wars and is another example of how future problems can be alleviated by learning from the past. Vietnam veteran Jack McCloskey, stated that “Seventy-two hours before, you're in combat. Seventy-two hours later,

²¹³ Lydia I. Marek et al., “Returning Home: What We Know about the Reintegration of Deployed Service Members into Their Families and Communities,” *NCFR*, 2014, <http://www.ncfr.org/ncfr-report/focus/military-families/returning-home> (accessed 20 November 2014).

²¹⁴ Faulkner and McGraw, “Uneasy Homecoming: Stages in the Reentry Transition of Vietnam Veterans,” 304.

²¹⁵ Dan Stamm and Vince Lattanzio, “6 Dead, 1 Wounded and Gunman on the Loose in Montgomery County Shooting Spree,” *nbc10.com*, 16 December 2014, <http://www.nbcphiladelphia.com/news/local/Lansdale-Shooting-285800521.html> (accessed 25 January 2015).

you're here in the world.”²¹⁶ Some sources say this transition from combat to community can happen in as little as 18 hours for Iraq and Afghanistan veterans.²¹⁷ Petty Officer Samuel Main spent four or five days in a “warrior transition” program in Kuwait, but even with the extended time, Main feels that “It’s too fast!” and would have rather decompressed elsewhere to spare his family the process.²¹⁸ As anxious as soldiers may be to go home, a few days is not an adequate amount of time to decompress from an active war zone to civilian life. Many believe that decompression programs should not only last longer, but also consist of more psychiatric treatment to better ease veterans’ transitions into the civilian world. Decompression programs could also cut down on problems like violence, homelessness, and drug use. This is especially needed since studies show that Vietnam veterans scored higher for perceived violence than control groups, especially in younger veterans.²¹⁹ Helping soldiers readjust to civilian life would not only help them, but society as a whole.

Support from the Private Sector

The private sector has stepped forward to help Iraq and Afghanistan War veterans with their physical and mental ailments and reintegration into society, something Vietnam veterans did not experience during the peak of their assimilation period. One organization, Alpha Omega, founded in 1987, provides housing for veterans and low-income veteran families in a program that re-teaches veterans how to support themselves and live independently.²²⁰ Not only does Alpha Omega provide housing, but it also provides emotional support which is critical for many

²¹⁶ Stacewicz, *Winter Soldiers: An Oral History of the Vietnam Veterans Against the War*, 99.

²¹⁷ Flynn and Hassan, “Unique Challenges of War in Iraq and Afghanistan,” 170.

²¹⁸ Larry Minear, *Through Veterans’ Eyes: The Iraq and Afghanistan Experience* (Washington D.C.: Potomac Books, Inc., 2010), 126, 128.

²¹⁹ “What ‘Post-Vietnam Syndrome’?”

²²⁰ Sybil C. Mitchell, “Alpha Omega ‘The First and the Last’ in Veterans’ Services,” *Tri-State Defender*, 16 March 2005, 1A. *Proquest Historical Newspapers*. <http://search.proquest.com/printviewfile?accountid=13158> (accessed 12 September 2013).

veterans. In the case of Vietnam veterans, Alpha Omega showed veterans that people actually cared about their livelihoods, and offered support in groups like Alcoholics Anonymous to help with veterans' addictions.²²¹ George Johnson, a Vietnam veteran, joined Alpha Omega after becoming addicted to drugs after his service. Johnson states, "...now that I'm here at Alpha Omega, I have a whole new outlook for my future because I know there are people who really care. I appreciate the opportunities that are given to me at Alpha Omega to get my life together."²²² Veterans from other wars share similar stories of appreciation and growth because of the services Alpha Omega provided.

The Wounded Warrior Project is another organization that helps veterans. Its mission is to honor and empower wounded warriors and to help create "the most successful, well-adjusted generation of service members in our nation's history" and boasts 38,954 members as of September 2013. One of the major projects the Wounded Warrior Project has is Project Odyssey, a five day outdoor retreat that helps veterans recover from combat stress (there is also a version available for couples and for active service men to get a head start on their recovery). While at home, the foundation also tries to facilitate bonds between family members and peer mentors. Feedback from these services is very positive. Results show that 86% of veterans from October 2012 to September 2013 found Project Odyssey either "useful or very useful." Economically, the Wounded Warrior Project tries to teach veterans technical skills that can be used in the civilian workforce and even place veterans in civilian jobs. These services seem to be working. Between October 2012 and September 2013, 1000 warriors were placed in jobs and 74% of them retained their employment after one year. The Wounded Warrior Project also stresses the importance of a healthy body and mind by offering health and wellness programs to help veterans recover from

²²¹ Ibid.

²²² Ibid.

their physical and mental injuries and live a healthy life. From October 2012 to September 2013, 91% of veterans said that the Physical Health and Wellness event caused them to seek out other recreational activities in their own communities. Overall, veteran experience with the Wounded Warrior Project is very positive. Veterans say things like, “Wounded Warrior Project is an incredible and helpful organization. It allows me to feel like someone cares about my story and my injuries.”²²³

Just like Alpha Omega and the Wounded Warrior Project, there are other services that aim to help soldiers reintegrate into their post-deployment lives with ease. For help with reintegration once back at home, programs like K-9s for Warriors hope to help the over 260,000 veterans with TBI and the 14-20% of veterans with PTSD ease back into society with “dignity and independence.”²²⁴ K-9s for Warriors gives service dogs to injured veterans to help with their physical and mental injuries. Veterans report that the dogs help “break the cycle [of anxiety].” One veteran said that his dog “helps me keep focused and never complains when I am having a bad day.”²²⁵ Whether the aid in decompression happens before a soldier returns home or after, it is important to remember that everyone faces stress in their life and everyone needs some sort of decompression from those stressful times. Because a soldier’s tour of duty can be more stressful than anything a civilian will experience in his or her life, it is all the more reason to support decompression programs for veterans. These programs have helped thousands of veterans get back on their feet and even prevented thousands more from falling in the first place.

²²³ “Wounded Warrior Project,” *Wounded Warrior Project*, 2015, <http://www.woundedwarriorproject.org/> (accessed 17 February 2015).

²²⁴ “Veteran Statistics: PTSD, Depression, TBI, Suicide;” and *K9s for Warriors*, <http://www.k9sforwarriors.org/> (accessed 6 December 2014).

²²⁵ *K9s for Warriors*.

Chapter 5

Conclusion

Veterans of the Vietnam, Iraq, and Afghanistan Wars share many similarities. All, particularly Vietnam veterans, were involved in guerilla wars that eventually became very unpopular and saw the rise of vocal anti-war groups. Many returned home with physical and mental scars. Unfortunately for Vietnam veterans, these scars were often left untreated by a society that could not separate veterans from their anger towards the war and their government. This animosity resulted in a veteran population that felt neglected and forgotten. These feelings were increased by the fact that Vietnam veterans did not receive the ceremonious homecomings they expected and often experienced inadequate benefits, including aid for their injuries and support for continuing their education. Fortunately today, the VA, the government, and the civilian population seemed to understand that Vietnam veterans were wronged and have started to enact policies to help Vietnam veterans with Agent Orange exposure and PTSD.

This research suggests that Vietnam veterans were largely unsatisfied with how they were received by the U.S. government and citizens. Society's ill feeling towards Vietnam veterans was mostly because of the uniqueness of the Vietnam War itself and the lasting impact it had on American society. Today, Iraq and Afghanistan veterans face similar challenges as Vietnam veterans did, but experience better VA care because of recent reforms, different circumstances of the wars, and better public awareness of the soldiers' roles in the wars. Unlike Vietnam veterans, contemporary veterans are not blamed for the wars themselves.

Reasons for this difference can be because of the different political climate and catalyst for the United States starting wars, and/or that the American public realizes that it wronged Vietnam veterans and does not want to treat Iraq and Afghanistan veterans the same way. The

reason Iraq and Afghanistan veterans saw an increase in educational benefits is again perhaps because the government now recognizes that previous educational benefits were insufficient and that after combat, soldiers were unprepared to enter the job market. Social issues are still a serious problem for many veterans, but both the VA and the Obama Administration have made an effort to recognize the issues veterans are facing and enact reforms and programs to help veterans readjust to society. Just the fact that these problems are being addressed and that the private sector is stepping in is an improvement from the Vietnam War Era. Also, although the VA covered up Iraq and Afghanistan soldiers' recent exposures to chemicals for years, there is improvement in the fact that the issue is being addressed ten years later, not 30 or 40 years like some Vietnam veterans faced.

Though the research here demonstrates that numerous gains have been made on behalf of veterans, there are areas that require further attention and improvement. These include the need for the government and VA to adapt their services to the ever increasing number of women serving and the specific challenges they face. In addition, the VA needs to regroup and reform in order to address its most recent scandal and maintain the trust of veterans from all wars. The fact that veterans died waiting for services and that there was yet-another cover-up involving chemical warfare is unacceptable. After the fall out of the delay scandal, the new VA Administration and armed forces have taken the right step in making the effort to track down veterans exposed to chemicals, but it remains to be seen if this proactive policy will continue. Rebuilding veterans' trust in the VA also involves not trying to hide information, especially when it pertains to veterans' health. Reforms in the VA should involve more transparency and admission of guilt when government officials err. Only then can the VA move forward to help veterans as soon as possible. Cover-ups and scandals merely continue the cycle of distrust

between the VA and veterans. Finally, the VA needs to establish more decompression programs that can help veterans integrate into civilian society and also decrease rates of suicide and PTSD. The fact that the VA has started to address decompression programs and veteran suicide will undoubtedly change the lives of many veterans. These programs need to be perfected as soon as possible, however, so veterans do not continue to suffer from their illnesses. Ideally, decompression aid for veterans should begin before they end their deployment to ensure they are ready to return to civilian society, and VA programs should be established at home to help veterans who may still be having issues once they return. For specific issues, such as sexual assault among female soldiers and veterans, stricter rules need to be enforced and the “male culture” of the military needs to be updated to 21st-century views on gender. Military women also need to be better informed of their rights so they have less fear about coming forward against their aggressors.

There are many things the VA, the government, and American society can do in order to ensure that veterans of future wars are not treated as poorly as Vietnam veterans were. A big part of this is not only taking the initiative and addressing issues before they get out of control, but also learning from past experiences to anticipate problems in the future. This strategy would allow veterans to receive aid for their illnesses and issues right away and not create another generation of veterans that needs to be treated retroactively, as was the case with Vietnam veterans.

Once soldiers leave the battlefield, nothing related to civilian life should be left up shirked responsibility. As a country, we should uphold our end of the implicit, if not explicit, contract between society and those who serve and protect. America did not honor Vietnam veterans like many deserved, and instead blamed them for the war which left many with health

issues and unhealed psychological problems. Thankfully, America and the VA today seem to have learned important lessons from how they treated Vietnam veterans and are providing soldiers of modern wars with many of the benefits they need and have earned. This is not to say that veterans have all they need, there is still a long way to go, but America has taken a step in the right direction. Continuing to recognize and correct past mistakes will ensure that future generations of veterans see improvement in their care and will not be subjected to the same lack of treatment that Vietnam veterans received.

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Academic Vita

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Education	The Pennsylvania State University, Erie, PA Bachelor of Arts in History Political Science Minor American Studies Minor Global Awareness Certificate Schreyer Honors Scholar Behrend Honors Program Phi Alpha Theta-Honors History Society	May 2015 Spring 2014
Leadership Experience		
	History Club-President, previously Secretary -Organize major and minor club events from a weekend trip to Gettysburg, PA to monthly meetings -Delegate tasks to other officers and follow-up with progress -Work with other clubs to create large campus events	Fall 2012-Current
	College Republicans-Vice President, previously Secretary -Maintain flexibility in organizing meeting and event times -Use clear communication skills in presenting minutes and suggestions for the club -Aid in local political campaigns by hosting events and providing publicity for candidates	Fall 2012-Current
	Student Conduct Board Member -Exhibit maturity in making impartial decisions about penalties for students -Maintain confidentiality in dealing with private cases	Fall 2014-Current
	Lakeside Church High School Small Group Co-Leader -Utilized interpersonal skills in connecting with each group member -Maintained patience and understanding when leading a diverse group of people -Developed flexibility in adapting leadership style to the group's needs -Learned how to share responsibilities with and support fellow leaders	Summer 2014
	Big Break-Christian Club Spring Break Trip -Used oral communication skills and adaptation skills in talking to strangers on the beach -Expanded listening skills in understanding what is implied, but not directly stated -Helped foster teamwork skills in working and living in a group environment -Developed self-confidence in taking new and challenging steps in my faith	Spring 2014
	Christian Club-Women's Bible Study Leader -Fostered interpersonal skills in connecting with and helping the women in the group -Utilized communication skills in spreading Christian values in a clear and effective way -Stimulated meaningful conversations with thought provoking questions	Fall 2013
Teaching Experience		
	Writing Tutor at the Learning Resource Center -Build writing and detail-oriented skills while editing over 500 essays -Communicate suggestions for corrections in a professional, positive, and constructive way -Convey patience, understanding, and cultural awareness in tutoring non-native English speakers -Maintain flexibility in adapting to different circumstances, requests, and learning styles -Develop time management skills keeping multiple appointments throughout the day -Won Outstanding Writing Tutor Award -Nominated by student body	Fall 2013-Current Spring 2014
	Composition Support Tutor -Facilitate group editing -Teach students writing and editing techniques -Prompt open-ended questions -Maintain close communication with professor to focus on current class lessons	Fall 2013-Current

- Note Taker Fall 2014
- Written communication skills in writing clear and easy to understand notes
 - Continued responsibility in attending every class and submitting notes in a timely manner
- Elementary School Church Small Group Leader Summer 2012-2014
- Lead 30-40 1st-3rd graders in small group Bible study
 - Increased creativity skills in engaging and interacting with children
 - Nurtured flexibility in changing curriculum based on needs of individual sessions
 - Modified lessons based on previous session's missteps

Research Experience

- Has America Learned its Lesson? Treatment of Modern Veterans Compared to Vietnam Veterans-*
Schreyer Honors Thesis Fall 2013-Spring 2015
- Enhance research skills to synthesize large amounts of primary and secondary source material
 - Develop written communication skills
- Archie Loss Research Award** **Spring 2015**
- Demonstrated exceptional research skills on Schreyer Honors Thesis
- Penn State Behrend Undergraduate Research Grant** **Fall 2014-Spring 2015**
- Received \$700 for continued research
- Won First Place Penn State Behrend Sigma Xi Research Conference** **Spring 2014**
- Presented paper presentation on completed research
 - Chosen by faculty and staff
- Research Fellowship with the Malini Foundation Summer 2014
- Researched and wrote a paper on successful ways to recruit English as a Second Language teachers
 - Delegated work with partner
 - Maintained effective communication with superiors while working remotely and independently
 - Managed multiple projects at once
- The Crucifixion Shaping Modern Jewish Perceptions* Spring 2014
- Researched modern perception of Jews based on the historical understanding of the crucifixion
 - Synthesized mixture of historical, modern studies, and Papal sources
- Won WQLN & Mercyhurst University's 2014 Essay Contest**
- Participated in and communicated knowledge on expert Jewish history panel

Work Experience/Community Service

- Office Assistant in the Learning Resource Center Spring 2013-Current
- Direct students in setting up tutor appointments
 - Use computer skills and communication skills to maintain workflow and organize schedules in the office
 - Use organizational skills for copying, sending, entering, and filing over 5,000 tutor logs
- Rich's Ice Cream Catering Summer 2012-2014
- Lead individual caterings and make executive decisions
 - Employed teamwork skills in coordinating larger orders of over 1,000 servings
 - Developed communication and interpersonal skills to maintain customer satisfaction
 - Worked efficiently to complete order in allotted time
- Cru-PowerPoint Slide Creator Spring 2014
- Fostered creativity and artistic skills designing weekly PowerPoint slides
 - Used effective communication skills to present slide's message efficiently and effectively
 - Commanding use of PowerPoint

Study Abroad Experience

- Italian Cultures and Civilization-Rome, Italy Spring 2015
- Broadened cultural awareness
 - Interacted with a diverse group of people, both in and out of the classroom
- North American Politics-Ryerson University, Toronto, Ontario Summer 2014
- Exhibited maturity and responsibility while living abroad in a large city
 - Effectively managed time by enjoying the city but also keeping up with course work