

# The Wars Come Home

## America's Post-Traumatic Stress Injuries

Honey, I'm home . . .



**An Interview  
with Penny Coleman**  
Author of *Flashback*

**E**ight years of war and occupation in Iraq and Afghanistan have injured the United States in deep and wide-ranging ways. Beyond the obvious expenses — hundreds of billions of dollars in military expenditures that somehow go undiscussed during debates over the national debt — the wars have also been flooding American prisons, hospitals, unemployment lines, homeless shelters, and morgues with veterans suffering from physical and psychological injuries. Their suffering, and the suffering of their families, have been as hidden from public view as the flag-draped coffins during the years of tightly controlled war coverage during the Bush administration. Only a handful of journalists have taken on the “war at home” as their central focus of investigation.

Among them is Penny Coleman, herself the widow of a Vietnam war veteran who committed suicide in the 1980s. Coleman is the author of *Flashback: Posttraumatic Stress Disorder, Suicide, and the Lessons of War* (Beacon Press, 2006), a breakthrough book that combines interviews with wives, daughters, and mothers of veterans who

had committed suicide with a probing historical examination of the psychological impact of war upon Americans, going back to the Civil War. Coleman followed up the publication of her book with a play of the same title, co-authored with her partner, Elana Michelson, and Patricia Lee Stotter. She has also written a stream of well-researched articles on *Alternet* that try to highlight positive programs that could be expanded to serve veterans were the Pentagon prepared to acknowledge and address the epidemic of post-traumatic stress injury.

In testimony before the House Committee on Veterans' Affairs in December, 2007, she noted that “in every war American soldiers have fought in the past century, the chances of becoming a psychiatric casualty were greater than the chances of being killed by enemy fire.” She pointed to breakthrough research by CBS News revealing that there are at least 6,200 veteran suicides a year — an average of 18 every day — out of some thirty-two thousand suicides in the entire population. Coleman highlighted the redeployments, lack of sufficient mental health professionals in the Veterans' Administration

(VA), and other factors that feed the suffering of psychically wounded soldiers.

Her articles and testimony, as well as excerpts from the book, can be read at [www.pennycoleman.com](http://www.pennycoleman.com). JEWISH CURRENTS caught up with her in early May for a couple of hours of conversation.



**JEWISH CURRENTS:** Could you run down some of the numbers for us about veterans and the burdens they carry?

**PENNY COLEMAN:** In 2008, the RAND Corporation reported that about a third of the American soldiers and veterans of Iraq and Afghanistan were suffering from Post-Traumatic Stress Disorder (PTSD) and another third from traumatic brain injury (TBI), and in some cases from both. That translates to over six hundred thousand cases of serious mental illness or injury. They also found that fewer than half had sought any kind of treatment. Most soldiers simply try to tough it out alone, out of shame or for fear of what it would do to their careers or personal reputations.

Official policies have been exposed that actually encourage officers to ignore the complaints of distressed soldiers until their symptoms get in the way of their performance. They can then be dishonorably dismissed, in which case they lose all their benefits. Official policies at the VA have also been exposed that encourage counselors to arbitrarily deny disability claims, or to slow down their processing for up to four years.

**JC:** So a lot of this is about money?

**COLEMAN:** Yes. Treatment of veterans' injuries is not really calculated as part of the cost of war. It just becomes the problem of the next administration; it becomes a social problem instead of a military problem. Until recently, the VA proved itself to be far more committed to protecting the bottom line than to protecting veterans.

This means that hundreds of thousands of young men and women are suffering the effects of their combat experience, every day, sometimes all day,

without receiving help. They will continue to be hypervigilant and have startle responses that are often violent. They will have trouble managing their anger and their relationships. They will have trouble with trust, making it hard to be around people. Their families and their careers will implode. Their lives will spin out of control, and they will abuse substances to help them manage and to help them forget. Far too many will end up in prison, and far too many will give up altogether and end their lives.

**JC:** Your own work in this field began with that issue — veteran suicides.

**COLEMAN:** There were reports that began to come out in the early 1980s that claimed that there were more deaths from suicide among Vietnam veterans than there are names on the Memorial Wall in Washington. Those reports were officially dismissed as irresponsible and as distortions of reality, but they persisted. For experts like Jonathan Shay, who was staff psychiatrist at the VA in Boston and the author of *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (1994), there was ample reason, based on his experience, to believe the stories. And for me they were revelatory, making me think for the first time that maybe I wasn't the cause of my husband's suicide.

Still, in 1990, the National Vietnam Veterans Readjustment Study (NVVRS), the biggest official study to date of Vietnam veterans, didn't even mention suicide. When I pointed this out in my testimony to the House Committee on Veterans' Affairs, I was attacked, with one of the report's authors saying that the issue of suicide was "implicit" in the report. Implicit — and not mentioned! Congressman Bob Filner, who had invited me to testify before his committee, then called on the VA to do active outreach, with suicide prevention in mind, for *all* returning vets. That hasn't happened yet.

Last year, at least three hundred and thirty-four active-duty soldiers took their own lives. That number doesn't include Marine Corps reservists, and the Department of Defense only counts those deaths where there is clear evidence of intent, such as a suicide note. It also doesn't include veterans

of Iraq and Afghanistan who have recently left the service. Extrapolating from the numbers that have been made available, in 2009 the total number of soldiers and veterans of Iraq and Afghanistan who took their own lives is equal to, and in all probability greater than, the four hundred and sixty-six who were killed in action.

So here is an unsettling thought. In 2007, some two hundred and fifty suicide bombers blew themselves up in Iraq and Afghanistan. That same year about sixty-five hundred American soldiers and veterans, including from the Vietnam, Korean and other wars took their own lives. We are the ones doing a far better job of creating a culture of disposable warriors. Yet there is something so smugly superior in the way we talk about suicide bombers and the cultures that produce them.

**JC:** What PTSD-related problems other than suicide are affecting veterans?

**COLEMAN:** The unemployment rate last year for young Iraq and Afghanistan veterans hit 21.1 percent. About one-third of all adult homeless men are veterans. Some estimates attribute 8 percent of all divorce or separation and 21 percent of all spousal or partner abuse to combat exposure. The impact of PTSD ripples outward, contributing to child abuse, behavioral problems in children, drug and alcohol addiction, incarceration and homelessness, with implications that reverberate across generations.

The NVVRS found that more than a decade after the Vietnam conflict ended, 15 percent of male veterans still suffered from PTSD, and half of these had been arrested at least once. Now, most Vietnam veterans were deployed for only one year, while veterans of Iraq and Afghanistan have experienced longer and repeated deployments; top military psychiatrists acknowledge that veterans of these new wars may have an even harder time coming home.

It usually takes a while for the lives of veterans to spin out of control; typically it takes fourteen or fifteen years for the wave to crest. First their relationships fall apart, then they lose their jobs, then they lose their homes, then they self-medicate or drink too much, then they're arrested for DWI,

and then they end up in jail. Gulf War vets from the 1990s now constitute the latest wave in the prison system.

**JC:** Joshua Kors recently reported in *The Nation* that close to twenty-three thousand soldiers have been dismissed since 2001 with the diagnosis of "personality disorder," including soldiers who have served two or three tours of duty.

**Coleman:** Even though PTSD has been included in the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the Pentagon and the VA have still been using tools of denial and obfuscation to refuse treatment to injured vets, allowing them instead to be systematically disappeared, into prisons and mental institutions, into cardboard boxes on our streets, and into pine boxes when they die prematurely of toxic poisonings or accidents, overdoses or suicide. What disappears with them is the human evidence of what war really costs.

I actually don't like the term, "PTSD," because "disorder" is distorting. I prefer "post-traumatic stress injury." "Disorder" translates directly into mental illness, and mental illness is still stigmatized as the fault of the person suffering from it. "Disorder" helps the Pentagon define the problems that veterans suffer as individual problems, resulting from a "preexisting condition," rather than a systemic problem. Like, *If you were raped as a child, and you didn't tell us, why should we be responsible for your mental health now? Just because your buddy's head landed in your lap in Fallujah . . .*

**JC:** Let's step through that door. To what extent do you find that the people who go into this "volunteer" military are, indeed, likely to have been traumatized early in life, or to be more vulnerable to "breakdowns" than other people, because of their life circumstances before joining the military?

**COLEMAN:** Helen Benedict, a professor of journalism at Columbia who has written a book and several articles about sexual violence in the military, cites two studies that indicate that 50 percent of the enlistees in today's volunteer army have been sexually abused in their earlier lives. That is a huge number,

and yes, it does make them more vulnerable. Still, I'm not going to blame the victim. Should we blame young kids who signed up because they were raised to be misogynistic and xenophobic, and patriotic without any analysis, and were badly schooled, with no sense of history? Of course I want to stop them from hurting anyone, but do I want them in treatment or do I want them in jail?

The real blame needs to be assigned to the military culture, which privileges violence and power. Women in the military, for example, are at least twice as likely to be raped as their civilian counterparts. Congresswoman Jane Harman, from California, was told some time ago by doctors at the West Los Angeles VA Health Center that 41 percent of the female veterans seen there say they were victims of sexual assault in the military, and 29 percent said they were raped. The Pentagon has acknowledged that 80 percent of military rapes are not reported in the first place, suggesting that the actual number, if it were known, would be astronomical. But the investigation rate is *very* small.

By the way, while the percentages greatly differ, the actual number of military men who are sexually abused is equal to the number of women. Rape is not about sex, it's about power through violence.

The VA now has a new category of illness, Military Sexual Trauma, and VA hospitals all over the country are being overwhelmed by it. In general, VA hospitals are still not equipped to serve women, even though women now make up between 15 and 20 percent of the military. The VA still has trouble providing bathrooms for women! And all of their research has been oriented towards men. Yet women are more likely to suffer post-traumatic injuries than men; women are often now the first in on combat raids, in order to calm the local women down, so women vets have seen all kinds of horror.

**JC:** Is reforming the VA your major goal, then? Is this anti-war work you're doing, or are you simply

focusing on getting veterans what they need?

**COLEMAN:** Both. First, what Obama inherited at the VA was a disaster that was intentionally created. With two wars going, the Bush administration consistently under-funded the VA for eight years — not only to save money on the backs of veterans, but also, in my opinion, to make the VA look bad, because it's the best example of a functional single-payer healthcare system in America.

I do think the new director, General Eric Shinseki, is really trying to fix things. He's hired thousands more claims processors, he's trying to automate and simplify the claims process, and he's trying to shift the burden of proof from the veteran to the agency. Things seem to be slowly getting better — though that's small comfort for a veteran who is in need of support now. It still takes an average of six months to get an initial answer, and an appeal can still take four or five years. The VA now admits to a backlog of half a million claims,

but veterans groups say it is more like a million, and even by VA estimates, without a real system overhaul that backlog will increase to about 2.6 million by 2015. Of course, if veterans die before those claims or appeals are processed, the claims die with them. Shinseki has his work cut out for him.

The second part of my answer is yes, my baseline motivation is to challenge American militarism. I want the U.S. government to think a lot more seriously before deciding to use military solutions for international problems. The argument I'm using is that war is simply too expensive. We can't afford to fix what gets broken, not just the bodies and minds of our own and those we call enemies, but our honor, our morality, our sense of who we are as a people.

**JC:** In the 1960s and '70s, the anti-war movement was very polarizing. It was strong, it was pretty effective, and it was certainly affected by Vietnam veterans, but . . .



Penny Coleman

Photo by Nancy Blackwelder

**COLEMAN:** But anybody who went to fight in Vietnam was a bad guy! That, at least, is how the antiwar movement is portrayed, that we despised veterans, spat at them. Is that your memory? It's not mine. What I remember is being *led* by those long-haired veterans with their trashed uniforms.

**JC:** Still, the decade's politics *were* polarized, and within our world of protest, there was a strong anti-military sensibility. Many of us didn't really believe there were any legitimate national security needs, just the interests of what Bob Dylan called the "masters of war." After the attack on the World



Artwork by Mary Frank

Trade Center, that skepticism took a real hit. The military has become America's most trusted institution.

**COLEMAN:** At the same time, I run into a lot of veterans and their families who feel really betrayed by broken promises. That's a real difference from the Vietnam era, and it's something that the left would do well to recognize: Military families

have been on the front lines of activism this time around.

My approach to anti-war activism straddles communities rather than being divisive. I'm in conversation with a lot of cops, a lot of first responders — many of them are veterans — and with a lot of bureaucratic functionaries, and with a lot of military folks who, I believe, have very different international agendas from mine and very different perceptions of whether the wars we're fighting are "just wars." But we agree that if we're going to send them to fight, we should take care of them when they come home. And we can't afford to do that without making some very significant changes in our priorities.

**JC:** By the end of the Vietnam War, many soldiers and veterans were very cynical about the entire war. Do you find similar attitudes among today's soldiers about the wars in Iraq or Afghanistan?

**COLEMAN:** Yes and no. In Vietnam, soldiers went for one year, so there was a constant rotation of personnel and little of the solidarity that bonds fighting units. The military learned its lesson from that, so today's soldiers stick together through multiple rotations. This creates a whole set of other problems, at least for veterans. Their life at home feels so slow and disconnected. They suffer a lot of survivor guilt for being at home. Parents are coming home to their families and finding that they can't relate to their kids — partly because kids are dangerous over there in the combat zone! These are grim wars we're fighting, filled with very tense situations and difficult decision-making.

**JC:** Yet not everyone who suffers from PTSD has seen combat.

**COLEMAN:** That's right. A third of the active-duty soldiers who seek help for PTSD today are in non-combat roles. Unfortunately, the military has used that as justification for not coming to any definitive conclusions about the link between combat and PTSD.

To get somebody to kill is hard. There was a study done after World War II by Brigadier General

Samuel Lyman Atwood Marshall that discovered that 75 percent of soldiers in combat never fired their weapons at the enemy, even when they were being fired upon. At the critical moment, normal human beings become conscientious objectors. To change that, you have to really put them through an intense, desensitizing process, which can itself be traumatizing.

**JC:** Are there effective treatments for PTSD?

**COLEMAN:** So far, the pharmaceutical industry has struck out. What veterans themselves have told me they find most useful are marijuana — for pain management, often in conjunction with pain medication — and the combination of meditation and yoga. The latter is self-empowering — it teaches you to manage your own stress symptoms instead of being dependent on a drug or dependent on somebody else.

**JC:** Do most people suffering from post-traumatic stress injuries suffer physical pain, too?

**COLEMAN:** A lot of them are dealing with physical pain, yes. There's definitely a correlation in these wars between being physically wounded and ending up with PTSD. There are also a lot of somatic manifestations of post-traumatic stress: gastrointestinal, lower back pain, serious headaches, stuff like that.

**JC:** What are some of the more positive developments you've seen in your examination of these issues?

**COLEMAN:** These wars have brought together a lot of people who think of themselves as first-responders, in a very broad sense. They're trying to educate themselves and their police departments, healthcare workers, social workers, firefighters, and anybody else who might come into contact with veterans. Local communities treat PTSD with less stigma, in part because veterans of the National Guard are coming back from these wars and returning to jobs as cops, firefighters, and so on. These agencies want to protect their reputations, and so they involve the local VA, they get their veterans some attention,

they make sure they're ready to be back on the street, they pair them with partners who are veterans of the same war — and there's no stigma attached to this, it's just the way it's done.

Service dogs are another positive development. Veterans in prison are training service dogs for people who can't leave the house without them. I'm not talking about guide-dogs for blind people, I'm talking about someone who needs a dog to "watch their back" so they can leave the house.

Veterans courts are also very important. There are nearly thirty of them now (the first was set up in Buffalo by Judge Robert Russell, who is a totally honorable human being), and that number will double by the end of next year. The idea is a special court that emphasizes treatment instead of prison, which sounds so smart and so simple — especially since the VA doesn't provide any treatment to people in jail! Unfortunately, in our political environment, prosecutors are limiting the use of veterans courts to nonviolent offenders, although violent offenses constitute just about everything that veterans are caught for: domestic violence, gun possession, and so on. The other limiting factor is that you have to plead guilty to go through the veterans courts. A guilty plea can cost you a lot, however. With a felony on your record, you can't vote in a lot of states. You can't get a job, you can't get housing, you can't get your kids if you have a divorce complaint. There's now a discussion about having veterans courts involved during pre-sentencing. That's a good discussion, but to make it happen will take a lot of political will.

Congressman Filner wants all soldiers, every one, to go through a "de-boot camp" before leaving the service. Up until now, all the Pentagon offers is a checklist. Of course, if you check anything — "Yes, I have nightmares" — you don't go home. You're stuck at a military base. Who's going to admit to anything being wrong under those circumstances? Hard enough to admit that you feel unhinged, that you can't sleep, that you have to go out at 3:00 AM and check the perimeter of your property, that your fundamental personality is under assault.

**JC:** This sounds like a whole lot of area for social workers and socially aware veterans to plow. Are

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there other communities that are involving themselves with these issues?

**COLEMAN:** There are lots of good veterans groups, like IAVA (Iraq and Afghanistan Veterans of America) and IVAW (Iraq and Afghanistan Veterans Against the War), and Citizen Soldier, and Veterans for Common Sense. Vet to Vet is a group advocating for peer counseling. There are groups like Military Families Speak Out, which is networking among veterans and their families and building some links to the anti-war and civil liberties and human rights worlds. There are groups trying to set up non-profit veterans housing. I have been doing outreach at LGBT conferences and fairs to let veterans, especially transgender veterans, know that they are entitled to benefits. People in Massachusetts and Vermont have organized transportation services to help veterans get to the VA, which for rural people can be hours away. And I don't want to forget the Vet Centers, which are part of the VA, but they are

satellite clinics, as opposed to the big, impersonal, daunting VA hospital centers — and they'll treat family members, which the VA doesn't do. That's another policy that needs changing: It makes no sense to deal with a veteran without dealing with his or her family.

There's a huge amount of volunteerism dedicated to helping veterans. But why should it all be volunteer? Especially for vets, many of whom are marginalized by their injuries: Why shouldn't they get paid for their work as advisors, mentors, mediators? Why should all of the funding go to social workers and doctors and pharmaceutical companies?

All of this community networking stands in stark contrast to the government efforts to make the wars invisible, and to George W. Bush's message to the country after September 11<sup>th</sup>, that we should all go shopping. It's the networking and the activism that are the real stuff of patriotism, and they inspire me to keep up the research, writing, and speaking. **Jc**