

Preface

I was drafted into the U.S. Army in 1968 at the beginning of the war in Vietnam. A fresh graduate of the University of Wisconsin and a cub reporter for the Rockford (Illinois) *Morning Star*, I didn't want to go to Vietnam. I feared I would die there and I didn't want to die. U.S. Senator George McGovern of South Dakota was galvanizing a protest movement against the war; he was a hero to my generation, although I didn't get to know him personally until a decade later when I was working for the Associated Press in Pierre, South Dakota. In the late '60s, there were protest marches on campuses across America — Wisconsin was typically in the vanguard — and some young men went to Canada to avoid the draft. That was something I considered, but I could not bring myself to disobey the law. Instead, I told my wife-to-be that if Uncle Sam sent me home in a box with a flag draped over it, I wanted her to burn the flag.

As it happened, I never went to 'Nam. Through some glorious good fortune, I ended up as a writer on the base newspaper at Fort Meade, Maryland, and then as a public relations specialist for the U.S. Army Field Band and Soldiers Chorus, also based at Fort Meade.

Many of my friends were sent to fight, however, and not all of them came home. Over the years, most of them suffered and at least one committed suicide. I watched them, not really understanding what they

were going through, and never asking the right questions. And I never knew how the war could affect even those who didn't fight in it.

About a decade ago, my youngest daughter, Sarah, graduated from Shepherd College just outside of Washington, DC. I was (and still am) the projects editor for the Great Falls (Montana) *Tribune*, and my wife Susie and I went back east for the graduation. I stayed with my daughter in DC over the Memorial Day weekend, and the veterans on Harleys who call themselves "Rolling Thunder" were everywhere. Squadrons of motorcycles were roaring up and down Pennsylvania Avenue, and I realized that it was the perfect opportunity to visit the Vietnam Veterans Memorial.

So we joined the line of burly bikers in their black leather jackets and inched forward until we came to that wall, containing the names of 58,000 soldiers who died in Vietnam, panel after panel after panel of them. I was looking at the wall, trying to figure out which two years of it I had served in the Army, when a park ranger came by. I asked whether one particular panel would commemorate those who had died at the end of 1969, and the ranger told me that this was indeed the panel.

"So," I said, turning to Sarah, "these panels would have been some of the soldiers I served with."

"Welcome home, sir," said the ranger.

Instantly, I was sobbing helplessly on my daughter's shoulder while the park ranger rubbed my shoulders. I couldn't believe it, still can't believe it. How could I have such an emotional reaction when I had never been in combat, never been shot at, never been forced to take a human life?

War scars us all, but does the most damage to those closest to it.

When the invasion of Iraq/Afghanistan was ordered by President George W. Bush, I began to sense the eerie echoes of Vietnam all over again. The only real difference was that there was no universal draft. Instead, the government began using what it called private security contractors, former soldiers fighting as mercenaries at about triple the pay of regular soldiers. As soldiers left the military to get rich as mercenaries, about a third of the forces in the field were contractors. It has been terribly expensive, but it avoided the draft that brought the pain

of war home to all American families — and it avoided most of the huge protests, too.

So perhaps you can consider this book my protest. I want you to see war through the eyes of those who have been there. I want you to understand what it's like to come home, emotional warriors in a civilian world. And I want you to feel their frustration as the treatment that they deserve and need too often gets lost in bureaucratic paperwork.

As a journalist over the past four decades, I've tried to amplify the voices of those who usually go unheard so that the public and the policymakers understand what's happening to the people they don't see and to the people they're conditioned not to hear. Instead of showing the average, I deliberately want you to see the faces of those making extreme cries for help.

Because the reality is that many vets, even those who aren't extreme cases, aren't getting the help they need and deserve.

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In addition, I want you to know how war harms the combatants. Many of the experts, including those in the Department of Defense (DOD), say that 25 to 40 percent of the soldiers who come back from war will experience post-traumatic stress disorder (PTSD) so severely that they may require treatment, primarily counseling and medications, for many years, if not for the rest of their lives.

Between 2001 and the end of 2007, America has deployed 1.6 million troops into Iraq and Afghanistan. "Fifteen to 20 percent of OIF/OEF [Operation Iraqi Freedom/Operation Enduring Freedom] veterans will suffer from a diagnosable mental health disorder," said the VA's Special Committee on PTSD. "Another 15 to 20 percent may be at risk for significant symptoms short of full diagnosis, but severe enough to cause significant functional impairment." The Dole-Shalala Commission put the risk even higher: "Fifty-six percent of active duty, 60 percent of reserve component, and 76 percent of retired/separated service members say they have reported mental health symptoms to a health care provider."

Dr. James Peake, as of this writing the secretary of Veterans Affairs, thinks those estimates are too high. He told me: "About 30 percent of those coming back have some need for counseling, but it would not be

appropriate to label them all with PTSD. We're still sorting out what percentage should be labeled with PTSD, but I think it's less than 30 percent."

A few months after I spoke with Dr. Peake, the RAND Corp. issued a 500-page report showing that one combat vet in three would come home with either PTSD, traumatic brain injury (TBI), or major depression. And it called those prevalence rates *conservative*.

That's a staggering number in itself, but most combat vets still think the problem is being understated. Some of the vets say that all who serve in combat will come home disabled, and that it would be better to reverse the assumption and offer help to *everyone* — let those who don't need it demonstrate that they don't.



I also want you to understand how hard it is to get treatment. According to the Congressional Budget Office, nearly half the Iraqi/Afghan vets are eligible for help from the Veterans Administration because they've separated from active duty or because they are eligible as members of the Reserves or National Guard. They've been promised two years of free medical treatment for any service-related disability, but only about one-third of those seeking VA medical care since 2002 (for a variety of reasons) have actually been able to get it.

In 2008, the number of vets receiving treatment is expected to grow to 5.8 million as the 'Nam vets get older and the Iraqi/Afghan vets begin to realize their injuries. But the system is overloaded even without the Iraqi/Afghan vets.

"We saw 400,000 people with PTSD last year," VA secretary Peake told me early in 2008. "But it was a significantly smaller number from OIF/OEF. We had lots of Vietnam vets and some from World War II. It looks like we only had 37,000 PTSD cases from confirmed service in OIF/OEF."

Compare that 37,000 to the 480,000 predicted to have PTSD, TBI, or other significant health needs (30% of 1.6 million) and you can see that the VA will be overwhelmed if it doesn't more than double its current capacity.

It's frustratingly hard for a vet to get help. The Government Accountability Office (GAO) has found that the VA is so underfunded

and understaffed that nearly half of the returning vets eligible for treatment did not receive it. The VA has an average delay of 177 days before it begins providing disability pay and benefits. And despite intensive review by the GAO, eight congressional committees, a presidential task force, a presidential commission, as well as the Pentagon and the VA itself, the government has no apparent solution.

It's only going to get worse unless we commit the necessary resources to solve the problem.

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Finally I want you to look at some of the possible solutions. Innovative programs, increased spending on effective resources, and improved treatments are all possible ways out of this crisis. It's not hopeless, but we do need to step up and decide to take care of our veterans.

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I'd like to thank the Great Falls *Tribune* and particularly its publisher, Jim Strauss, for allowing me to use stories I wrote for the *Tribune* in this book. I'd also like to thank my wife Susie for her good suggestions on writing this book and my good friend Paul Edwards for reading a rough draft of it and telling me how to make it better. Joe Califano, chairman of the National Center for Addiction and Substance Abuse at Columbia University, and CASA's vice-president Sue Foster also invited me to sit in on a very useful conference on stress and alcoholism in New York City. Finally, local counselors like Christine Krupar King, Keli Remus, and Dr. Michael Mason have been invaluable in suggesting PTSD victims for me to talk to and helping me understand what they were saying.

You will notice throughout the book that I discuss the situation in Montana more than the rest of the country. There are reasons for that. The simple reason is that Montana is where I live. The complicated part is that we are looking at men and women who have severe emotional injuries from their military service. I didn't call them on the phone for a quick half-hour chat. I spent *days* with many of them before they trusted me with their stories. But don't worry, you can find the same Faces of Combat in your own community. And every single one of them needs our help.