

Introduction

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The U.S. government has asked its citizens to volunteer or has drafted them to fight this nation's wars since the country's inception. From the Revolutionary War against the British to the conflicts currently being waged in Iraq and Afghanistan, some 100 million men and women have taken up arms in the defense of the United States. As our first president and first commander in chief George Washington noted, "the willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive veterans of earlier wars are appreciated by our nation."

Proper appreciation of our veterans must involve more than welcome home parades or bumper stickers on cars; it must also involve treating the physical wounds suffered while in service and the mental problems resulting from the stress of combat as well as helping these men and women make a successful transition back to civilian life.

Veterans of all wars have faced these challenges. However, the nearly two million veterans returning from the wars in Iraq and Afghanistan who have left or been forced to leave the military face unique challenges. These challenges are a result of at least nine factors that are unique to this group of servicemen and women and the wars they are fighting.

First, this is the first long war or extended conflict that has been fought by an all-volunteer force (AVF). Since the end of conscription in 1973, the United States has conducted several military operations. However, prior to 2001, all of the campaigns have been relatively short or moved quickly from combat operations to peace enforcement or peacekeeping.

The attempted rescue of the American hostages from Iran in 1980, though it ended tragically, lasted but two days. The peace enforcement

operation in Lebanon in 1983, which resulted in the deaths of 241 marines in October of that year, ended within six months of that tragedy. The invasion of Grenada that same month ended within a couple of days, as did the operation to overthrow Noriega in Panama in 1989.

While the United States sent some 500,000 troops to the Persian Gulf in 1991 to liberate Kuwait, that war was over very quickly. It took 37 days of sustained bombing and 100 hours of ground combat to evict the Iraqi forces of Saddam Hussein from Kuwait. Similarly, the major combat operations in Bosnia in 1994 and Kosovo in 1999 did not involve significant ground combat and lasted only a few weeks before transitioning to peace enforcement and peacekeeping.

In contrast, the wars in Iraq and Afghanistan have dragged on for more than six and eight years, respectively, with no end in sight, and still involve continuing combat operations resulting in casualties.

Second, this is the first war since the end of World War II in which military people not only must undergo multiple deployments but also do not receive adequate rest—or what the military calls dwell-time—between deployments, or sufficient training before being sent to combat. The wars in Korea and Vietnam were fought primarily with draftees. In each of those wars, men were conscripted for no more than two years. Normally, they received one year of training before they were sent to Korea or Vietnam for a year, after which they were discharged.

Very few of those who decided to make the military a career served more than two tours involuntarily in either Korea or Vietnam, even though the later conflict lasted almost a decade. Moreover, those careerists who did return to Korea or Vietnam for a second tour normally received at least two years at home before returning to the combat zone, at least one year to recuperate from the rigors of combat and another to train to go back. For example, General Colin Powell, who entered the army in the late 1950s, served two one-year tours as a junior and middle grade officer during the decade the army and the nation were involved in Vietnam.

This has not been the case in Iraq and Afghanistan. Virtually every army combat unit or brigade combat team has already had multiple tours to one or both of these theaters. Moreover, because our ground forces are so small relative to the demands the Pentagon has had to place upon them, the Department of Defense has had to break its social compact with its soldiers and marines. This compact says that for every day a serviceman or woman spends in a combat zone, he or she will spend at least two days at home.

Thus, if a soldier spends 12 or 15 months in Iraq or Afghanistan, there should not be further combat requirements until he or she has been home for 24 or 30 months. But since 9/11, thousands of soldiers have been sent back into combat with only a year at home after serving 12 to 15 months,

some with much less than a year. In fact, in 2007, when Congress passed a law saying that military personnel should spend a minimum of one day at home for every day deployed, President Bush was forced to veto it so that he could maintain the number of troops he felt were needed in Iraq and Afghanistan.

Finally, in order to meet the manpower needs of units being sent back to Iraq and Afghanistan, the Pentagon has sent many people with physical and mental problems into the war zone and many new recruits have been sent into combat with only a few months of training rather than the normal year.

For example, in order to fill the ranks, the army pressed 79 injured soldiers into duty in Iraq in December of 2007. The soldiers from Fort Carson, Colorado, were deployed to Kuwait and Iraq while they were still receiving medical treatment for various conditions.¹ According to an article by Mark Benjamin in *Salon* magazine, as the Pentagon was struggling to man the five combat brigades that were to be part of the surge in Iraq, a unit of the army's 3rd Infantry Division at Fort Benning, Georgia, deployed troops with "serious injuries and other medical problems, including GIs who doctors have said [were] medically unfit for battle. Some [were] too injured to wear their body armor, according to medical records."²

Mark Benjamin also stated:

On Feb. 15, Master Sgt. Jenkins and 74 other soldiers with medical conditions from the 3rd Division's 3rd Brigade were summoned to a meeting with the division surgeon and brigade surgeon. These are the men responsible for handling each soldier's "physical profile," an Army document that lists for commanders an injured soldier's physical limitations because of medical problems—from being unable to fire a weapon to the inability to move and dive in three-to-five-second increments to avoid enemy fire. Jenkins and other soldiers claim that the division and brigade surgeons summarily downgraded soldiers' profiles, without even a medical exam, in order to deploy them to Iraq. It is a claim division officials deny.³

Similarly, anecdotal evidence suggests that soldiers are being rushed into combat without proper training time. One week after deploying to Iraq, 18-year-old Private Matthew Zeimer's outpost in Ramadi was attacked by insurgents. During a gun battle, Zeimer and a fellow soldier were killed. It was the private's first assignment to a combat post in Iraq. According to Mark Thompson of *Time* magazine:

If Zeimer's combat career was brief, so was his training. He enlisted last June at age 17, three weeks after graduating from Dawson County

High School in eastern Montana. After finishing nine weeks of basic training and additional preparation in infantry tactics in Oklahoma, he arrived at Fort Stewart, Ga., in early December. But Zeimer had missed the intense four-week pre-Iraq training—a taste of what troops will face in combat—that his 1st Brigade comrades got at their home post in October. Instead, Zeimer and about 140 other members of the 4,000-strong brigade got a cut-rate, 10-day course on weapon use, first aid and Iraqi culture. That's the same length as the course that teaches soldiers assigned to generals' household staffs the finer points of table service.⁴

Third, the reserve component (National Guard and reserves) has been used as an operational rather than a strategic reserve. When the nation ended the draft and decided to rely on the AVF to protect the nation, it created an AVF with three components: a comparatively small active force to handle small wars and peacekeeping operations; a guard and reserve that would serve as a bridge to the reinstatement of the draft for extended conflicts; and the creation of a pool of potential military personnel formed by having all young men register for the draft when they turned 18.

But since neither political party nor any branch of government has the political will to tap into this pool by reinstating the draft, the reserve component, rather than serving as a bridge to conscription, now has become an operational reserve alternating combat deployments with the active force. Since 9/11, virtually all of the Army National Guard's enhanced combat brigades have been mobilized and deployed to Iraq and Afghanistan on multiple occasions. Many supporting units have also been mobilized repeatedly. In 2005, 46 percent (or about 60,000) of the troops in Iraq were from the reserve component.⁵

This was not the case in our previous extended conflicts. In fact, during the war in Vietnam, President Johnson, fearful of sparking opposition to the war, decided not to mobilize the reserve component. Instead, he chose to expand the size of the active army with draftees. And while the reserves were mobilized to fight in Korea, no units or individuals were compelled to serve more than one 12-month tour.

When these reservists, who have been mobilized to fight what President Bush calls the Global War on Terror (GWOT), finish their tours in Iraq or Afghanistan, they lose their military health benefits and are thrown back into the civilian healthcare system. Moreover, since 20 percent of the men and women in the Guard and reserves do not have medical coverage in their civilian jobs, they must look elsewhere for treatment, particularly for mental problems that often do not manifest themselves until some time after they return from combat and are released from active duty. Even

those who do have coverage are often enrolled in health care plans that do not cover their war injuries.

Finally, using the reserves in an operational as opposed to a strategic role means that the Pentagon has had to break its social compact with them as well. This compact says that no reservist will be mobilized more than one year out of every five. But, as indicated above, since 9/11 several Guard and reserve units have not only been mobilized several times, but some have served nearly two years on active duty.

Fourth, this is the first conflict in which women have been habitually exposed to close combat. After the first Persian Gulf War, Congress repealed most of the restrictions that prevented women from serving in combat positions. Since 1991, women have been allowed to fly combat aircraft and helicopters, serve on combat ships, and be assigned to ground combat units. The only restriction is that a woman cannot be assigned to frontline ground combat components (armor, artillery, and infantry) that are expected to engage in direct combat. However, in the insurgencies being fought in Iraq and Afghanistan, there are no front lines and women assigned to support units like logistics, military police, civil affairs, and intelligence have been exposed to as much danger as any frontline combat component.

Not surprisingly, of the hundreds of thousands of women sent to Iraq and Afghanistan through the end of 2008, more than 100 have been killed and another 1,000 wounded. To compound the problem, about 15 percent of the women serving in Iraq and Afghanistan have experienced sexual trauma during their deployment, and many more have been victims of sexual harassment and assault. Women who have experienced sexual trauma are three times more likely to be diagnosed with mental illnesses than those who did not.

Fifth, because of advances in medical care, the chances of a military person surviving his or her wounds today compared to previous wars have increased markedly. In Iraq and Afghanistan the ratio of wounded in combat to killed is 15 to 1. By way of contrast, in Vietnam the ratio of wounded to killed in combat was 2.6 to 1. In World War II it was 2 to 1. This means that compared to previous wars, many more severely wounded veterans will return home and need extended care.

Sixth, waging long wars that have become increasingly unpopular with the American people has meant that the army, in particular, has had to lower its standards for attracting and retaining sufficient volunteers to wage these conflicts. To meet its recruiting goals, it has been forced to lower its educational and aptitude standards. While the army aims to have over 90 percent of its recruits with a high school diploma or equivalent, in FY 2008 that number was 83 percent, and in FY 2007 it was 79 percent.

Similarly, the army has had to grant thousands of waivers each year to fill its ranks. In 2004, the percentage of army recruits with so-called moral waivers was 12 percent. That number rose to 18 percent in the final four months of FY 2008.⁶

Consequently, the army has had to take in individuals with physical and mental problems that are exacerbated when they are exposed to the pressures and rigors of combat. To keep their units filled, the army has also reduced the failure rate in basic training by half, thus sending people into war zones who should and normally would have been weeded out in basic training as unfit to serve.

In addition, because of these repeated deployments without sufficient time at home, retention of high quality noncommissioned and commissioned officers has suffered. As a result, virtually all E-4s are promoted to E-5 and all captains to major when they have sufficient time in grade. This means that the people leading the troops into battle today are often not of the same high quality as those who performed similar roles in Korea or Vietnam or the first Persian Gulf War, or at the beginning of the conflicts in Iraq and Afghanistan.

Seventh, this is the first extended conflict in which the army and marines have deployed whole units rather than individuals. In Korea and Vietnam, soldiers and marines spent a year with the unit that remained in the theater for the duration of the conflict. In Iraq and Afghanistan, the whole brigade or combat team comes and goes as a unit. While this deployment pattern may enhance unit cohesion, it comes at a cost to many individuals. Once a unit is notified that it will be deployed to Iraq or Afghanistan, all its members must remain on active duty until three months after the unit returns home from the theater. To keep the units fully staffed, the Pentagon has had to invoke stop loss (the involuntary extension of a service member's active duty service under the enlistment contract in order to retain them beyond their initial end of term of service date) for over 120,000 people. In September of 2008 alone, 12,200 soldiers were affected by stop loss; the same number likely will be affected each month through 2009.⁷

Consequently, some soldiers must remain on duty for up to two years after their enlistment was due to expire, thus forcing them to put their plans to return to civilian life on hold and adding to the stress of combat and family separation.

Eighth, the GWOT is being waged by a very small portion and a very select segment of American society. Today, there are 1.4 million men and women on active duty in all four branches of the armed forces. The army and marines, which are bearing the brunt of the fighting, have only 700,000

people between them. This is in a country of over 300 million people. In 1968, at the height of the war in Vietnam, there were 3.4 million people in the armed forces out of a total population of about 200 million; in Korea it was 4 million in a nation of 150 million.

Moreover, this one-half of one percent of the population in today's armed forces comes mainly from rural areas and from families making less than \$50,000 a year. Because there is no draft to spread the burden around, there are almost no individuals from the upper echelons of society serving in the armed forces. Paradoxically, the fact that the GWOT is being waged by such a small and limited portion of the populace has created feelings of guilt among the elite and has led to a groundswell of support for the returning veterans, something that did not happen during the war in Vietnam. In fact, veterans of that conflict were often treated as pariahs and some were accused of war crimes for carrying out their duties.

Ninth, the nature of the wars in Iraq and Afghanistan is markedly different from previous conflicts and much more challenging for the individual fighting person. Korea was a conventional war fought against the armies of North Korea and China. In Vietnam, the United States fought against the North Vietnamese regular army and the Viet Cong guerillas who shared the goal of creating a unified communist Vietnam. In Iraq, the United States is simultaneously fighting several groups, many of whom have different agendas and who often fight each other.

For example, tens of thousands of Sunni insurgents, who killed and wounded thousands of Americans from 2003 through 2006, have become the Sons of Iraq and allies of the United States. They are now being paid by the Iraqi government and trained by American soldiers and marines. Similarly, the U.S. military has often had to fight Shiite militias that support the American-backed government of Prime Minister Al-Maliki.

Consequently, it is difficult for the soldier or the marine on the ground in Iraq to tell friend from foe. This puts tremendous pressure on the troops to decide when and where to use lethal force. Moreover, the insurgents often hide among the civilian population. This has resulted in a significant number of innocent civilians being killed inadvertently by Americans during military operations and several soldiers and marines being prosecuted for battlefield crimes.

As a result of these nine unique factors, today's veterans are experiencing far more physical and especially mental problems upon their return from the war zone than veterans of previous wars. Divorces, suicide attempts, spousal abuse and sexual harassment are all skyrocketing as veterans return home from the wars in Iraq and Afghanistan.

In this volume, we will deal with the impact of these issues on today's veterans and the country. The sections below give a brief introduction to the following chapters.

To provide a historical context for today's challenges, Chapter 2 analyzes the question of how America has decided what it owes its veterans from the Revolutionary War to the present. Throughout American history, benefits for the nation's veterans have always been subject to political debate. Generally, politicians have been split into two camps—those who favor generous benefits based upon a sense of national obligation, and those whose primary concern has been the nation's balance sheets. All too often, fiscal conservatives have won out, forcing veterans to fight for benefits. While most Americans tend to assume that there is a broad consensus as to what the nation owes its veterans, history shows that this imagined consensus has rarely if ever existed.

It took roughly 40 years after the end of the Revolutionary War for Congress to provide a pension to indigent veterans of the Revolutionary War. But it was not until the Civil War that the government began to provide for its veterans in a systematic fashion. For political reasons, Congress repeatedly expanded post-Civil War benefits from a program to assist disabled veterans to a general old age pension for soldiers. The direct political benefits members of Congress derived from generous benefits for veterans outweighed concerns about fiscal responsibility.

After World War I, veterans were promised a bonus to make up for the low pay they received as soldiers prosecuting the war in comparison to civilians producing war matériel at home. To get the measure past fiscal conservatives, Congress delayed the bonus until 1945. But when the Great Depression struck in 1929, many veterans began demanding early payment of the bonus. A group of veterans known as the Bonus Expeditionary Force or Bonus Army actually marched on Washington, D.C., but were rebuffed by the Hoover administration and cleared out by the Army.

The poor treatment of World War I veterans remained in the minds of the Roosevelt administration and others in Congress as the nation prepared for World War II. Franklin Delano Roosevelt framed general principles for veterans benefits based upon the nation's obligation to its veterans, and Congress, working together with the American Legion, produced the most sweeping veterans benefit in American history: the GI Bill of Rights. The GI Bill assisted millions of veterans and helped build the fabled postwar middle class. It continues to provide the gold standard for veterans benefits to the present day.

Like World War I veterans, Vietnam veterans had to fight for their benefits. Confronted with new problems like posttraumatic stress disorder and

Agent Orange poisoning, Vietnam veterans themselves actually forced the government to acknowledge its responsibility to those it sent to war. Veterans spearheaded the drive for Vet Centers, where veterans could talk with other veterans about their adjustment problems. Lawsuits, congressional action, and an inquiry by retired Admiral Elmo Zumwalt, former chief of naval operations whose son died of Agent Orange, forced the Department of Veterans Affairs to acknowledge the serious side effects of the Agent Orange defoliant. It took nearly 20 years after the end of the war, but Vietnam veterans finally began to receive full benefits from their government.

The recent wars in Iraq have created a new generation of veterans. Many veterans of the First Gulf War have reported symptoms of a Gulf War syndrome, which has only recently been confirmed to exist by the VA. In contrast to historical precedent, Congress has acted swiftly to deliver benefits to veterans of the wars in Iraq and Afghanistan. The so-called 21st-century GI Bill, sponsored by Vietnam veteran Senators Jim Webb (D-VA) and Chuck Hagel (R-NE), provides generous education benefits not seen since the original World War II-era GI Bill to America's new veterans.

The treatment of our veterans is not just a question of political will and resources; it is also a question of organization. Analysis shows that even a generously funded program will not help veterans if it is not properly administered. Chapter 3 explores the position of the Department of Veterans Affairs within the U.S. government and American politics. This chapter argues that the political clout of veterans helps ensure the protection and continuation of the extensive benefits provided to veterans.

While social security has been described as the "third rail" of American politics—meaning that it is so politically popular that any effort to reform it would likely electrocute the reformer—the same can probably be said of the VA system. Over the last 30 years the Department of Veterans Affairs has survived relatively unscathed, and was perhaps even strengthened, in an era when the conservative vision of reducing the size of government dominated the political landscape. The elevation of the Veterans Administration to cabinet-level status occurred in 1988 during the Reagan administration. An administration that came into office pledging to eliminate government agencies closed its second term by adding a new one. In the mid 1990s, despite the Republican revolution—a movement that ushered massive conservative majorities into Congress on a pledge to balance the budget and decrease the size of government—the second largest government agency, which operates a government-run healthcare system and provides extensive benefits, was never a serious target for spending cuts. Unlike social security, few have argued for dramatically restructuring or overhauling the Department of Veterans Affairs.

Instead, the major political parties have engaged in an intense debate over who supports veterans and veterans benefits the most. Throughout each of the last four presidential campaigns, veterans benefits have become a prominent political topic. In each of these presidential elections each of the major party candidates have pledged to maintain or increase spending on veterans benefits.

The political clout of veterans groups helps explain much of the current support for the VA system. There are about 24 million veterans in the United States and about a quarter of the U.S. population, or roughly 61 million people—including veterans and their beneficiaries—are eligible for veterans benefits. Such a large benefit system has led to the development of a massive government bureaucracy. The Department of Veterans Administration is the second largest government agency behind the Department of Defense. It has an annual budget of roughly \$70-\$90 billion per year and employs 230,000 people at VA medical centers and offices around the country. The growth of the VA did not happen without significant political backing. There are a number of very strong civil society groups that support strengthening efforts to help veterans.

However, since the creation of the all-volunteer military in 1973, the overall veteran population is shrinking. Approximately 900 World War II veterans die every day and about 40 percent of all veterans are over the age of 65. Not only does caring for such a large aging population have considerable costs, but it might also have potentially adverse implications for the political clout of veterans as the population of veterans declines. Yet if anything the political influence of veterans seems to have grown over the last decade. Much of this is due to the wars in Afghanistan and Iraq, the politicization of patriotism, and the declining number of veterans serving in congress. Both Afghanistan and Iraq are the first protracted wars to be fought by an all-volunteer military, which has put tremendous strain on those who volunteered to serve. This has created an intense feeling of obligation throughout the country, and especially among those political leaders who have not served in the military, to demonstrate support for veterans, and this is usually done through supporting veterans benefits.

Nevertheless, the political clout of veterans has not meant that the Department of Veterans Affairs is without problems. While funding has increased, the VA system has been placed under tremendous strain by the protracted conflicts in Iraq and Afghanistan. In some respect, inefficiencies and poor management are an inherent trait of very large bureaucracies. But many of the problems in the VA are also reflective of a governing philosophy that holds government benefit and entitlement programs in disdain. While the Bush administration increased the budget of the Department of

Veterans Affairs somewhat, a government and agency that was managed and run by individuals who believed that government is often part of the problem frequently took a hands-off approach.

Chapter 4 outlines the demographics of the current veteran population—those veterans who have already separated from active or reserve service and fall under the jurisdiction of the Department of Veterans Affairs.

Public attention over the last seven years has understandably focused on the ability of the Department of Veterans Affairs to provide for the needs of the hundreds of thousands of Iraq and Afghanistan veterans currently entering the VA system. Less attention, however, has been paid to the agency's ability to care properly for the entire veteran population, including the millions of veterans from previous eras who are already in the system. Together, these two populations are placing an enormous amount of stress on the VA system-wide, a strain that is beginning to affect its ability to provide proper and timely care to all veterans seeking care.

In terms of demographics, the current veteran population—veterans of previous conflicts—in the United States is shrinking, but will require a great deal of specialized care over the long term. Today, there are over 24 million living veterans and an additional 37 million spouses, children, or other veteran dependents and survivors of deceased veterans. Together this population amounts to about 20 percent of the entire U.S. populace.

This chapter analyzes current trends within the active services—particularly the ground forces—that ensure that the Department of Veterans Affairs will be responsible for providing care for a large number of veterans with severe physical and mental injuries for years and decades to come. The chapter examines in detail the effect that several unique aspects of the wars in Iraq and Afghanistan have had on the number of veterans who will seek the health care and monetary benefits from the VA to which they are entitled. Specifically, Chapter 4 demonstrates:

- The actual number of physically injured military personnel from Iraq and Afghanistan is far higher than the number commonly reported by the Department of Defense;
- Today's prolonged and repeated deployment cycles significantly increase the risk of psychological injuries;
- Lengthy and repeated deployments in Iraq and Afghanistan have inflicted psychological and cognitive injuries on a large number of service members;
- The types of psychological injuries suffered by service members in Iraq and Afghanistan take months if not years to recognize; and
- High rates of service members are surviving battlefield injuries that would have been fatal in past conflicts.

Chapter 5 examines the issues impeding the quality care and benefits that can and should be provided to veterans returning from Iraq and Afghanistan. It answers the question of whether the veterans health care system is up to the task of providing physical and mental care to the new veterans while simultaneously dealing with the needs of the millions of veterans from previous conflicts.

Given the laudable quality indicators discussed briefly in Chapter 5, the quality of care that veterans receive once in the VA health care system is not the main focus of this chapter. This is not to say that the VA health care system does not have its fair share of problems. Rather, the topic of this chapter is an analysis of the impediments veterans face in accessing that care.

Many of these impediments are the inevitable consequence of the sheer number of veterans seeking care discussed in Chapter 4. Put simply, today's volume exceeds the VA's capacity to provide for such a large number of veterans with diverse and complicated needs, and "the demand for VA medical treatment far outstrips supply."⁸ Consequently, the VA has been forced to rely on its priority ranking system and waiting lists to regulate the number of veterans it can treat. Other impediments are the result of administrative hurdles inherent in the complicated process veterans must navigate in order to receive VA care.

Together, the increasingly large numbers of veterans demanding care and benefits from the VA and the administrative redundancies and inefficiencies built into the process of receiving VA care have greatly reduced the ability of veterans to access that care. These impediments are the focus of this chapter.

Chapter 6 examines the multiple mental health problems experienced by the veterans of the wars in Iraq and Afghanistan. Throughout American history, various labels have been attached to returning service members who experience mental health problems and depression resulting from the pressures of combat environments—the invisible wounds of war. Although different labels have been applied over the years, soldiers' heart in the Civil War, shell shock in World War I, and battle fatigue in World War II, all the terms essentially described the same condition. Yet, as discussed in Chapter 2, it was not until after the Vietnam War that a broad recognition of the symptoms and causes of what has become known as posttraumatic stress disorder (PTSD) became widely recognized.

And as discussed in Chapter 4, psychological disorders resulting from the extreme pressures and stressful environments of combat are hardly unique to the wars in Iraq and Afghanistan. However, several aspects of both wars—tough grinding counterinsurgency warfare, close urban combat, and repeated and lengthy deployments characterized by short dwell

times between deployments—have all contributed to the wide-spread prevalence of PTSD in today's returning service members.

The growing acceptance and recognition of PTSD and its related effects within the military and in civilian society have also led to a dramatic increase in PTSD awareness and diagnosis. Whereas seeking help for PTSD-related symptoms was once grounds for ridicule, career stagnation, and in some cases actual punishment, the military has undertaken a concerted effort to reduce the stigma surrounding the disorder. While anecdotal evidence suggests that the stigma has hardly disappeared from military culture, today's environment is much more conducive to military people seeking help than it has been in previous wars.

PTSD, however, is only one of the signature injuries of the wars in Iraq and Afghanistan. Traumatic brain injuries (TBI), cognitive dysfunctions resulting from an extreme external force, are also increasingly common in today's returning service members. Just as the grueling environments of Iraq and Afghanistan magnify the effects of PTSD, the signature weapons of the wars in Iraq and Afghanistan—extremely high powered explosives and electrically formed penetrators—multiply the instances of TBI.

The concluding chapter discusses President Obama's Secretary of Veterans Affairs General Eric Shinseki, the challenges that confront him, and the advantages he has as VA Secretary.

Notes

1. CBS News, "U.S. Sends Wounded Troops Back to Iraq," January 19, 2008, <http://www.cbsnews.com/stories/2008/01/19/national/main3731718.shtml>.
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3. Ibid.
4. Mark Thompson, "America's Broken-Down Army," *Time*, April 5, 2007, <http://www.time.com/time/nation/article/0,8599,1606888,00.html>.
5. Ann Scott Tyson, "Possible Iraq Deployments Would Stretch Reserve Force," *Washington Post*, November 6, 2006.
6. Julia Preston, "U.S. Military will Offer a Path to Citizenship," *New York Times*, February 15, 2009.
7. "Report: Stop Loss to Continue Through '09," *Stars and Stripes*, October 28, 2009, <http://www.stripes.com/article.asp?section=104&article=58436>.
8. Joseph Stiglitz and Linda Bilmes, *The Three Trillion Dollar War: The True Cost of the Iraq Conflict* (New York: W. W. Norton, 2008), 81.