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Have You Hugged a Soldier Today?
Veterans Struggle With Invisible Wounds
of War From Vietnam to Afghanistan

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History 400

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May 12, 2014

Have You Hugged a Soldier Today? Veterans Struggle With Invisible Wounds of War From Vietnam to Afghanistan

“An Iraq War Veteran grappling with mental health issues opened fire at Fort. Hood, Texas, in an attack that left four people dead and 16 wounded Wednesday afternoon,” according to reporters Rajiv Chandrasekaran, Adam Goldman, and Sari Horwitz.¹ This was the first sentence the readers of the Washington Post read as they learned of the horrific event that happened on April 2, 2014. Army Specialist Ivan Lopez was a 34-year-old military truck driver. During a press conference the day after the shooting the commander of Fort Hood, General Mark A. Miley stated, “Lopez opened fire in two locations on the vast central Texas post, inside a building housing the 1st Medical Brigade and in a facility belonging to the 49th Transportation Battalion.”² In an attempt to explain the cause for the shooting Gen. Miley maintained, “(Lopez) had behavioral and mental health issues. (Lopez) who self-reported a traumatic brain injury and was taking anti-depressants, had been under examination to determine whether he had Post-traumatic stress disorder (PTSD).”³ The shooting concluded when Lopez came into contact with

¹ Rajiv Chandrasekaran, Adam Goldman, and Sari Horwitz, "Gunman in Fort Hood shooting had behavioral issues, authorities say," *The Washington Post* (Washington D.C.), April 3, 2014, Accessed April 15, 2014, http://www.washingtonpost.com/world/national-security/fort-hood-shooting-was-sparked-dispute-between-two-soldiers-authorities-say/2014/04/02/585a4ef8-babb-11e3-9a05-c739f29ccb08_print.html.

² "Press conference on Fort Hood shooting :: WRAL.com," *WRAL.com*, April 3, 2014, Accessed May 12, 2014. <http://www.wral.com/news/video/13534867/>

³ Ibid.

a female military police officer. Lopez put his hands up in the air only to pull a gun from under his jacket and put the gun to his own head, taking his own life.⁴

PTSD is frequently cited as the primary contributor to military personnel committing criminal acts. As demonstrated in the story of Specialist Lopez and the way in which his story was reported by the media before any facts were known about Lopez's background. The media's quick response to label military criminal offenders as suffering from PTSD is a growing concern for veterans that have been diagnosed with PTSD and are getting treated for the disorder.

Contemporary society relies heavily on news coverage from television reports and newspaper articles. The constant association of violent acts committed by veterans that could be suffering from PTSD has been apart of American culture since the Vietnam era. Misinformation about the effects of PTSD provided through the media has produced stigmas and discrimination against veterans to the public. Due to constant negative media coverage about war veterans and a lack of understanding about the psychological impacts of war, veterans have had to overcome battles at home for acceptance.

Symptoms of PSTD have been found in veterans dating back to the Civil War. However, PTSD was not official recognized in the DSM III until 1980.⁵ Veteran's mental ailments were categorized into an array of terms and diagnoses that were of little consequence due to the lack of treatment options. Many of the veterans suffering from PTSD faced stigmatization and discrimination from fellow soldiers that are still prevalent today in the military.

The Vietnam Veteran is a strong example of the negativity and stigmatization of soldiers who suffer from PTSD. These veterans were faced with the difficult task of transitioning from a hardened warrior ready to engage the enemy to an everyday civilian able to be a part of society

⁴ Chandrasekaran, Goldman, and Horwitz.

⁵ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-III-R*, Washington, DC: American Psychiatric Association, 1987.

once they exited the military. After nearly a decade of war, Vietnam Veterans returned home to a society that knew nothing of their struggles faced in the jungle as they fought the enemy. Soldiers came home to a world they no longer knew or could understand. Vietnam Veterans were not given welcome home parades and were not commended for their service like veterans of past generations experienced during their return home. The poor mental health of the returning veterans led to growing stigmas against veterans as they exited from the military. The media began portraying negative depictions of veterans in the mainstream media. Veterans struggled to transition back to civilian life because of public misconceptions, such as the crazy veterans as portrayed in popular films.⁶ As the nation had little knowledge of the mental illness that affected returning veterans or what they endured in Vietnam, many veterans began seeing themselves as weak causing them to become drug addicts, alcoholics, violent, homeless or commit suicide.⁷ Veterans had little to no resources to help them seek treatment for an undiagnosed disorder. Many veterans were discharged from the military dishonorably because of behavioral issues caused from symptoms related to PTSD, but because of their discharge they could not receive treatment for this disorder.⁸ If a veteran received a discharge with a status other than honorable, they were denied benefits from the Department of Veterans Affairs. Veterans suffering from undiagnosed PTSD were seen as crazy by the American public, limiting them from the opportunity of employment or living a normal life after their military service. Veterans of the Vietnam War waited years after leaving the military for treatment for PTSD to become available. Today's veterans that are exiting the war in Iraq and Afghanistan no longer

⁶ Hunter, Jack Hunter, *Search & Destroy: An Illustrated Guide to Vietnam War Movies* (London: Creation Books, 2003), 12.

⁷ Myra MacPherson, *Long Time Passing: Vietnam and the Haunted Generation* (Bloomington: Indiana University Press, 2001), 576.

⁸ *Ibid.* 577.

have to struggle with a lack of treatment options available to deal with their mental health issues, but still face the PTSD stigmas that plagued the Vietnam Veterans.

The Iraq and Afghanistan War (OEF/OIF) Veterans were received more positively by the public compared to the veterans of the war in Vietnam. However, veterans of the OEF/OIF War continue to face many of the same stigmas that Vietnam Veterans faced as they attempted to transition from military to civilian life. The public has become sympathetic to the struggles faced by veterans with mental health issue, but are still seeing them as crazed killers that may snap at a moments notice.⁹ Lingering stigmas of the past and a lack of awareness by the public causes veterans many hardships when they exit the military. There are a growing amount of negative media reports and film portrayals of Iraq and Afghanistan Veterans that mimic those of past films. As research and information about PTSD has increased since the 1980's, it has not been until the last 7 years that PTSD became a hot button topic around the nation.¹⁰ The nation is now facing a rise in veteran soldiers exiting the military. Consequently, with the stigma of being labeled with PTSD having stayed nearly stagnate for the past 4 decades veterans will face an uphill battle to transition back into society.

Today veterans have an increased amount of resources to help them seek treatment for PTSD, but the stigmas of the Vietnam era still plague veterans of Iraq and Afghanistan that have been diagnosed with PTSD. The similarities between the Vietnam and OEF/OIF Veteran are that upon their return home they both had similar battles in their attempt to re-enter back into society.

History of PTSD and American veterans

⁹ Melissa Daoud, "Stigmatization of Iraq Veterans With PTSD, Depression, or Chronic Back Pain" Master's Thesis Paper 3651, 2009, 10.

¹⁰ Ibid. 99.

The presence of mental illness in returning veterans have been recorded in American history since the end of the Civil War as historian Steve Bentley stated, “the horrifying results of which left many soldiers with psychological wounds which physicians were unsure of how to treat.”¹¹ Since medical terms and disorders were not yet fully defined, medical staff was misdiagnosing soldiers. The medical term often used to describe soldiers suffering from the yet to be discovered PTSD was homesickness. In 1864 Assistant Surgeon General Robert C. Wood stated, “It is by lack of discipline, confidence, and respect that many a young soldier has become discouraged and made to feel the bitter pangs of homesickness, which is usually the precursor of more serious ailments. That soldiers suffering from homesickness were merely weak or malingering remained in the American public sentiment for years to come.”¹² Mental illness became a hot topic subject after the affects of World War I carried severe psychological consequences for those who served and returned home.

Shell shock became synonymous with WWI Veterans as Bentley claimed, “In WWI, the psychological distress of soldiers was attributed to concussions caused by the impact of shells; this impact was believed to disrupt the brain and cause shell shock.”¹³ Shell shock was characterized by, “the dazed, disoriented state many soldiers experienced during combat or shortly thereafter.”¹⁴ However, not all cases of shell shock were caused by the impact of artillery shell rounds as many soldiers who were not exposed to exploding shells were experiencing similar symptoms.¹⁵ Similar to the veterans of the Civil War, WWI soldiers suffering from this illness were seen as cowardly and weak. Soldiers were given minimal treatment, as they were

¹¹ Bentley. Bentley, Steve, "A Short History of PTSD: From Thermopylae to Hue Soldiers Have Always Had A Disturbing Reaction To War," *The Veteran*, March, 2005, Accessed February 2, 2014, http://http://www.vva.org/archive/TheVeteran/2005_03/feature_HistoryPTSD.htm

¹² Ibid.

¹³ Ibid.

¹⁴ Wilbur J. Scott, "PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease," *Social Problems* 37, no. 3 (1990): 296, Accessed March 2, 2014. doi:10.1525/sp.1990.37.3.03a00020.

¹⁵ Ibid. 297.

expected to return to duty after a few days of rest. The treatment for shell shock was considered successful based on the fact that 65% of shell-shocked soldiers had returned to the front lines, after they received treatment, although it was a forced return to combat.¹⁶ Meanwhile, some scholars were questioning the term, 'shell shock,' almost as soon as it came into existence. Scholars believed shell shock to be "a popular but inadequate title for all those mental effects of war experience which are sufficient to incapacitate a man from the performance of military duties."¹⁷ As American psychologists were attempting to properly diagnose the mental health disorder-affecting soldiers after WWI, in 1947 army physicians coined the term battle fatigue as an acceptable identification of the illness faced by soldiers during WWII.¹⁸

Battle fatigue reflected the consensus that all soldiers were vulnerable to combat exhaustion due to their environments, the U.S. Army adopted the official slogan, "Every man has his breaking point."¹⁹ Although psychiatrists were advancing in their understanding of war trauma, combat exhaustion was not universally accepted. As the stigma of being weak in the eyes of fellow soldiers plague soldiers attempting to seek treatment, battle fatigue received the same discrimination. An example of a publicized account of negative behavior towards soldiers suffering from battle fatigue came from General George Patton whom had little sympathy for the psychological wounds of soldiers. General Patton was said to have slapped two soldiers who were recuperating in a military hospital while yelling to a medical officer, "Don't admit this yellow bastard...There's nothing the matter with him. I won't have the hospitals cluttered up

¹⁶ Ibid. 297

¹⁷ Grafton Elliot Smith, and Tom Hatherley Pear, *Shell Shock and Its Lessons* (Manchester: University press 1917), 1-2.

¹⁸ Bentley.

¹⁹ Dennis Magee, "PTSD: Only the name has changed." *WCF Courier* (Waterloo), May 15, 2006, Accessed March 5, 2014, http://http://wfcourier.com/news/metro/ptsd-only-the-name-has-changed/article_394eabda-6a67-5b42-ab5b-2643c4158f11.html.

with these sons of bitches who haven't got the guts to fight."²⁰ Soldiers suffering from mental illnesses from the war often refused to seek treatment as they did not want to appear weak, but their mindset of a battle harden warrior bled into the Vietnam War as soldiers once again refused to seek treatment in an attempt to avoid negative stereotyping from fellow soldiers.

As soldiers fighting in the war in Vietnam began to feel the affects of war on their mental well-being, they were hesitant to seek help due to the negative connotation that weak minded soldier has no place on the battle field and should be sent home with the stigma of being labeled a coward.²¹ Psychologist Pettera, Johnson, and Zimmer believed that Vietnam veterans that had a mental illnesses suffered from "Vietnam combat reaction" a more extreme form of battle fatigue which was mostly seen in soldiers nearing the end of their tours, and would likely have long-term consequences.²² This explanation was not enough to identify the growing amount of Vietnam Veterans seeking treatment that shared some of the same symptoms as Vietnam combat reaction. In 1980, the American Psychiatric Association (APA) added PTSD to the third edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-III) classification scheme.²³ Although controversial when first introduced, the PTSD diagnosis has filled an important gap in psychiatric community. From a historical perspective, the significant change ushered in by the PTSD concept was the stipulation that the etiological agent was outside the individual (i.e., a traumatic event) rather than an inherent individual weakness.²⁴ Unfortunately, the option to seek treatment for PTSD by the Vietnam Veteran were limited due to the disorder not being officially recognized until 1980, leaving many soldiers to be misdiagnosed or not to seek treatment at all.

²⁰ Ibid.

²¹ Bentley.

²² David H. Marlowe, *Psychological and Psychosocial Consequences of Combat and Deployment: With Special Emphasis on the Gulf War* (Santa Monica, CA: RAND, 2001), 234

²³ Matthew J. Friedman, "Finalizing PTSD in DSM-5: Getting here from there and where to go next" *Journal of Traumatic Stress*, 26, 2013, 549, doi: 10.1002/jts.21840 PILOTS ID: 87751

²⁴ Marlowe.

Vietnam veterans misdiagnosed

The returning Vietnam Veterans did not have an array of treatment options to help them transition back into society upon their arrival from war. The lack of medical understanding surrounding the mental welfare of the American Veteran proved to be a strain on the medical profession as they were overwhelmed with veterans suffering from an undiagnosed disorder. Military doctors mistakenly misdiagnosis PTSD under different illnesses such as shell shock or in the case of Corporal A Combat Exhaustion.²⁵ According to historian and researcher Ben Shephard, Corporal A was helicoptered to a Saigon hospital in November 1967, as the 20 year old infantryman who was been in country for five months, he arrived to the hospital not speaking a word, only grunting incomprehensibly, and posturing.²⁶ According to doctors that began to treat the Corporal, “he was also quite disorganized, could not communicate with his examiners, was easily startled by noises and walked with a slow, shuffling gait. When we sat in a chair, he rocked with his eyes closed and occasionally mumbled mama.”²⁷ Corporal A was given medication to sleep and after 18 hours of rest he awoke alert, coherent, and able to communicate with the medical staff. He was put into group therapy at the hospital and spoke of how he and his team came under fire from the enemy. Corporal A claimed to have seen his team members brutally killed by the enemy bullets and as he was helping to put his fallen comrades on the helicopter for transport he mentally broke down.²⁸ Upon hearing his story the medical staff treating Corporal A assured him that he was medically and mentally able to return to combat based on his rapid recovery from his status from when he first arrived at the hospital he was

²⁵ Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge, Mass: Harvard University Press, 2001), 339. The author did not used the soldiers real name as to protect the privacy of the soldier whom the story is about used corporal A.

²⁶ Ibid. 339.

²⁷ Ibid. 339.

²⁸ Ibid. 339.

diagnosed with having a brief case of ‘combat exhaustion.’²⁹ Since there was a lack of training to properly treat soldiers that have mental break downs in the combat zone many soldiers were subjected to this brief treatment of exiting the warzone only to be sent back after a day or two of recovery. The constant misdiagnosis in the combat zone caused many soldiers to be sent back into combat instead of home to get further treatment of their mental illness. According to Psychiatrist M. Straker, “In 1976, 77% of Vietnam Veterans admitted to VA hospitals received the wrong diagnosis of schizophrenia. Their “flashbacks” or hallucinations of being in combat, were often so real that psychiatrists unfamiliar with the nature of postwar symptoms diagnosed the veteran as suffering from acute schizophrenic episodes.”³⁰ As many veterans became misdiagnosed they were placed on medication to prevent violence or psychotic episodes. Staker would go on to state, “Patients were primarily drugged with heavy doses of “antipsychotic” medications. Although these medications temporarily proved helpful in many cases, they were too often the only treatment. More often than not, this diagnostic approach led to the wrong kind of treatment or none at all.”³¹ The lack of proper training and ability to treat veterans that were suffering from mental illness after they returned home proved to be too much for the VA medical personal to deal with, thus leading to misdiagnosis of ailments, heavy medication, or no treatment at all. As the veterans were dealing with a medical field that had little treatment options for them to overcome their issues, the inability for the general public to understand their suffering lead to discrimination and an struggle to once again be apart of society.

Vietnam veterans and the war at home

²⁹ Ibid. 339.

³⁰ Joel Osler Brende and Erwin Randolph Parson, *Vietnam Veterans: The Road to Recovery* (New York: Plenum Press, 1985), 76.

³¹ Ibid. 76.

Vietnam Veterans had to deal with a lack of understanding from society that made them feel alienated when they returned home. Returning veterans were stigmatized for having a disorder that both the public and they did not understand. Veterans had to face the same disgrace that felons go through in their attempts to obtain employment with “bad papers” after their discharged from service.³² According to historian Myra MacPherson, “Veterans could not use the GI Bill or obtain free VA medical care without at least a general discharge, and often could not find jobs with any kind of bad paper.”³³ In the military there are five categories of discharge—honorable, general, other than honorable, bad conduct, and dishonorable, the last two are issued after a court-martial.³⁴ Of the 9 million Vietnam era Veterans, recent research found that 7% of these veterans were discharged from service with less than an honorable discharge, this being about 790,000 veterans.³⁵ Employers could determine how veterans were discharge from service by the three digit Separation Program Numbers (SPNS), often referred to by veterans as “spins.”³⁶ These three numbers let employers know the reason why a veteran was release from service, thus employers could deny veterans jobs based on how a veteran was discharge from service. Many of the SPNS consisted of service members that were discharge for reasons such as: defective attitudes, inadequate personalities, and passive-aggressive behavior all of which could be attributed to PTSD. Consequently, it took many years later for PTSD to be seen as an official disorder.³⁷ Even soldiers honorably discharge from service had SPNS that prevented them from obtaining employment.³⁸ In 1974, the use of SPNS was prohibited from being included on discharge papers, but by then the damage to veteran’s reputations had been done.

³² “Bad paper” is a term used by veterans to describe their discharge from service, usually meaning anything other than a honorable discharge from military service.

³³ MacPherson. 575.

³⁴ Ibid. 575.

³⁵ Ibid. 575.

³⁶ Ibid. 575.

³⁷ Ibid. 576.

³⁸ Ibid. 576.

The stigma of hiring veterans with anything other than an honorable discharge created an unequal advantage for non-veteran applicants.³⁹ Vietnam Veterans continued to struggle to find employment after their discharge from the service. The public's misconceptions about Vietnam Veterans were all people knew, which was further polarized through the media and popular films.

Stigmas of Vietnam Veterans

In the book *The Spitting Image* by Jerry Lembcke, he spoke of how the American Vietnam Veteran were perceived by American society through newspaper and magazine articles that focused on the mental instabilities of veterans that returned home.⁴⁰ Lembcke explained how media articles depicted veterans as crazy and violent. On May 26, 1971, the *Times* ran a front-page story of Veteran Dwight Johnson.⁴¹ According to the story, Johnson was a Detroit, Michigan native that was shot and killed in a liquor store hold up that went wrong.⁴² Johnson was awarded the Congressional Medal of Honor for heroic action in Vietnam in February 1967.⁴³ Although, Johnson was a highly decorated veteran once back home he was not able to find steady work and re-enlisted in the Army. After re-entering the Army, Johnson was sent to a medical center in Valley Forge, VA for mental health issues, but Johnson checked out of the hospital a few days later on a three-day pass in which he never returned.⁴⁴ The Johnson story told in the *Times* led to increased stigmas surrounding the mentally ill veteran capable of going on a violent rampage on the public. As psychiatric professionals had no medical term other than battle stress to provide the public as reasoning for a decorated veterans sudden breakdown and

³⁹ Ibid. 576.

⁴⁰ Jerry Lembcke, *The Spitting Image: Myth, Memory, and the Legacy of Vietnam* (New York: New York University Press, 1998), 98.

⁴¹ Ibid. 107.

⁴² Ibid. 107.

⁴³ Ibid. 107.

⁴⁴ Ibid. 107.

criminal behavior, public perception of veterans formed with stories of violent veterans being gunned down at home, as well as how they were depicted in films.

This established an image for the American public of an unbalanced veteran that was not able to rejoin society in a contributing fashion. Lembcke conveyed how the use of the films released, such as *Rambo*, during the late 70's and early 80's depicted Veterans as being isolated from the rest of society due to depression lead them to becoming violent and mentally unstable.⁴⁵ This image created by the movie industry of the Vietnam Veterans changed how the American public viewed veterans. In the 1982 film *Rambo* it featured a Vietnam Veteran, John Rambo, returning home to find his old America was gone and he was to be shamed and disowned by his fellow countrymen.⁴⁶ Rambo begins to see the negative effects of Vietnam on the public view of veterans, as he is about to pass through a small town the sheriff stops Rambo before he gets to the town limits.⁴⁷ It is when the sheriff states, "wearing that flag (the stars and stripes) and looking the way you do is just asking for trouble."⁴⁸ The sheriff referring to the long hair and army jacket that Rambo is wearing in the film speaks of the shame and resentment the public had for Vietnam Veterans that were claim to have lost the war for the United States. The stigma of the crazed mentally unstable war veteran comes to fruition as Rambo is arrested for vagrancy as he attempts to walk through town after the sheriff tells him not to. Once arrested Rambo is beaten by other sheriff deputies and begins to have flashbacks of Vietnam ultimately leading him to fight back and flee the jail.⁴⁹ The extent of Rambo's PTSD is not shown until his final despairing monologue during the climax of the film,

⁴⁵ Ibid. 141.

⁴⁶ Hunter. 164.

⁴⁷ Ibid. 164.

⁴⁸ Ibid. 164.

⁴⁹ Ibid. 168.

“Nothing is over! Nothing! You just don't turn it off. It wasn't my war. You asked me, I didn't ask you. And I did what I had to do to win but somebody wouldn't let us win. And then I come back to the world and I see all those maggots at the airport, protesting me and spitting. Calling me baby killer and all kinds of vile crap. Who are they to protest me? Who are they unless they've been there and been me and know what the hell they're yelling about? . . . For me civilian life is nothing. In the field we had a code of honor you watch my back, I'll watch yours. Back here there is nothing . . . Back there I could fly a gunship, I could drive a tank. I was in charge of million dollar equipment, back here I can't even hold a job down.”⁵⁰

Rambo's rant reveals to the audience the feeling of betrayal by not only the government, but also the citizens that called him names and judge him without knowing what it was like to be in war. The film's depiction of a war veteran's inability to “shut off” from war is how veterans were seen as crazy and violent, but it was the availability of treatment options or lack of treatment that caused this type of behavior in returning veterans. The stereotype of the veteran grew, as pop culture figures spoke out against the military and veterans.

In the summer of 1972, Jane Fonda visited North Vietnam in what was called F.T.A (Free the army or Fuck the army) troupe, she met with North Vietnamese troops and American POW's.⁵¹ Fonda denounced freed POW's stories of torture and wanted the country to see the veterans as lying and only caring of their own self-interests. As Fonda spoke out against Vietnam she stated, "we should not hail the POWs as heroes, because they are hypocrites and liars. These were not men who had been tortured. These were not men who had been starved.

⁵⁰ Ibid. 169. Contrary to this belief it was found to more of an urban legend than actual truth of soldiers being spit on by antiwar protesters.

⁵¹ Michael Anderegg, *Inventing Vietnam: The War in Film and Television* (Philadelphia: Temple University Press, 1991), 22.

These were not men who had been brainwashed.”⁵² As Fonda spoke negatively of the POW’s she claimed that they were military careerists and professional killers who were trying to make themselves look self-righteous, but they were war criminals according to law.⁵³ As anti-war sentiments were calling for the end of the war and now with popular movie stars speaking ill of war veterans, the public opinion of returning war veterans were increasingly negative.

The stigma of the Vietnam Veteran being a cold blooded killer was created to deny the detrimental consequential effects of war on the mental status of returning veterans. These veterans needed treatment for their yet to be diagnosed mental illness. With growing negative public attitudes of the Vietnam Veteran in American culture, veterans were faced with being labeled as unemployable, drug addicts or losers.⁵⁴ After the diagnosis of PTSD became official the public continued to view veterans in a negative light claiming the disorder is an excuse for them being weak. According to MacPherson, “the response of the public was fascinatingly and brutally insensitive. Mention the concept of post-traumatic delayed stress and many are immediately skeptical: losers, everyone of ‘em, blaming Vietnam for their troubles.”⁵⁵ Other criticisms of the disorder came as some parents stated, “Lookit old Charlie, he went to Vietnam and he’s fine. So how come your husband is acting so strange?”⁵⁶ With little to no information about PTSD available for the public to read and understand the negative effects war can have on a persons mental health, veterans were left isolated and stigmatized for going to fight a war they did not volunteer to fight. The public stigmas faced by returning veterans showed its effects once a veteran came home to transition from military back to civilian life.

War to home

⁵² Ibid. 23.

⁵³ Ibid. 23.

⁵⁴ MacPherson. 183.

⁵⁵ Ibid. 184.

⁵⁶ Ibid. 183.

Fast transition from war to home meant no time to speak about experiences with friends on the way home. The quick transition from the warzone back to a non-hostile environment hindered the ability to cope with experience of war as veterans returned home within hours of leaving Vietnam. As soldiers returned home they quickly saw how their world had changed and their return home would not be as welcoming as those veterans of previous wars. According to Jake, a former army Sergeant, he stated, "I remember people telling me about coming home from the Korean War. The parades up and down the city streets, big bands playing and people from all over the world approaching men in uniforms. These soldiers were heroes, and they were welcomed home with open arms. They'd get free coffee in restaurants, even a free meal."⁵⁷ The welcome home parades of the Korean War were far from what the typical returning Vietnam Veteran faced upon their arrival back in to America. As Jake continued to recall his experience returning home from Vietnam he stated, "When I came home, however, I had a different homecoming. No one cheered, no bands played and there weren't any parades marching by cheering us on. I thought I'd be a hero when I came home. Now this same country that I had fought for was yelling at me like I was nothing."⁵⁸

As the returning warrior came home to a country that carried resentment toward their fighting in an unnecessary war, it was show in their home and family life after tour ended. Author Shirley Dicks found a VA study into Vietnam Veterans that was conducted after PTSD had been official entered into the DSM IV in which the study indicated, "About 40 percent of Vietnam Veterans have been divorced at least once. PTSD has a substantial negative impact not only on a veteran's own life, but also on the lives of those who are close to him. They tend to

⁵⁷ Shirley Dicks, *From Vietnam to Hell: Interviews with Victims of Post-Traumatic Stress Disorder* (Jefferson, N.C.: McFarland, 1990), 21-22

⁵⁸ Dicks. 21.

have more marital and family problems than do Vietnam Veterans without PTSD.”⁵⁹ This study provided information about the relationship differences between a Vietnam Veteran with and without PTSD. The indicated, “They report more marital and relational problems, more problems related to parenting, and substantially poorer family adjustment than those without the disorder.”⁶⁰ Drinking and drug use played key roles in damaging relationship bonds between husband and wife as Jim pushed his wife away in her attempt to understand his pain, but he felt that if she found out the details of his combat tour she would not understand. Jim explained, “I knew I was hurting the kids, but I couldn't help myself. The more I dreamed, the more I drank. The more I drank, the more I cried. I know Shirley tried to understand. She'd ask me to talk to her, but I was afraid she would hate me.”⁶¹ Veterans did not know how to explain their feeling to loved ones after their return home, due to the lack of information available for family members to read up prior to soldiers returning home leaving them helpless in understanding what soldiers were going through mentally upon their return. In their attempt to finding coping mechanisms for their pains of war, Veterans turned to drugs and alcohol.

The drug and alcohol addictions that plagued veterans as they were rejected upon their return home lead them to find ways to cope with the horrors of war along with no longer being able to hold on to marital relationships. In a study of substance abuse among Vietnam Veterans researcher Laurie Michael Roth estimated, “69% of Army men in Vietnam used marijuana at least once; 34% used heroin at least once; 38% used opium at least once; 25% used amphetamines at least once and 23% used barbiturates at least once. They also report that 19% of Army enlisted men felt themselves to be dependent on heroin at some time during their year

⁵⁹ Dicks. 2.

⁶⁰ Dicks. 2.

⁶¹ Dicks. 22.

of Vietnam service.”⁶² The drug use in combat was used as coping device, to hide the personal pains and emotions felt after the loss of friends from enemy fire. As former marine Sergeant Nelson stated, “ I began drinking to blot out the horror that surrounded me. Other men took drugs to forget what was happening all around us. Cocaine and marijuana were plentiful and cheap. They stayed high to blot out the horror seeing their best friends blown to little pieces. I did everything to survive.”⁶³ The drinking and drug use done in combat showed little end as soldiers returned home only to continue their use as there was no other way from them to express their feelings of guilt, sorrow, or remorse for the atrocities that were committed in Vietnam. The low self worth along with the constant drinking put stain on Nelson’s marriage, as he spoke of his time in country, “I didn’t want to go anywhere or do anything with my wife or the kids. For eight years this went on, and I could tell Shirley was getting tired of the constant drinking and crying. As soon as I’d had a couple drinks, I saw those faces and. I would see the little girl I had shot, and I asked God to forgive me.”⁶⁴ The guilt held by veterans and feeling of abandonment by the American public led to a spike in suicides among veterans of Vietnam.

For returning soldiers from a chaotic war to have the guilt and shame of losing a war had dire consequences as they came home to a lack of sympathy and embrace from their fellow countrymen. The veteran’s inability to reinsert themselves into society and get the treatment needed to manage their feelings often was met with suicidal tendencies. A study by the Centers for Disease Control (CDC) in 1987 suggested, “We, the U.S. have lost over 158,000 American lives to the Vietnam War and that count is still rising. Approx. 58,000 in Vietnam 100, 000 or more to suicide and most of those occurred after the men came home. 1.7 suicides among

⁶² Ghislaine Boulanger and Charles Kadushin *The Vietnam Veteran Redefined: Fact and Fiction* (Hillsdale, N.J.: L. Erlbaum, 1986), 62.

⁶³ Dicks. 20.

⁶⁴ Dicks. 22.

Vietnam Veterans for every one suicide by non-Vietnam Veterans for the first five years after discharge.”⁶⁵ The statistical analysis claimed that most of the suicides committed by Vietnam Veterans were committed within the first five years of discharge, usually after a tour of duty, which indicated that most of the suicides were committed years before the VA had the diagnosis needed to treat warriors suffering from PTSD. Research by the CDC claimed, “At any time during the Vietnam conflict, there were 37 million males aged 18 through 35. Of this group approximately 2.6 million served in Vietnam. Of the entire 37 million male population.”⁶⁶

The Vietnam war proved to be a war that had more of an effect on soldiers at home than abroad, as veterans faced backlash from the public that furthered their already damaged mental health leading to continuous drug and alcohol use after their return home. The inability to cope properly and be provided with adequate treatment options for these warriors only furthered their downward spiral until suicide overtook the pain of these war-torn soldiers.

New veterans same problems

The discrimination and stigmas faced by veterans of the Vietnam War as they tried to be apart of society hampered their capability to readjust in to the civilian world. Today Veterans face many of the same discrimination and stigmas that prevented Vietnam Veterans from smoothly transitioning themselves back into society. Veterans today manifest their frustrations through acts of violence toward the public and family, drug and alcohol abuse, homelessness, and suicide. The war on terrorism gained support from the American public across the country, but even with support around the nation the returning soldier still faced the same types of stigmas and discrimination once faced by the veterans of the war in Vietnam. Fortunately for the OEF/OIF Veterans the diagnosis of PTSD has been established, thus soldiers being diagnosed

⁶⁵ "Postservice Mortality Among Vietnam Veterans," *The Journal of the American Medical Association* 257, no. 6 (1987): 790-795, Accessed March 19, 2014, doi:10.1001/jama.1987.03390060080028. 790.

⁶⁶ Ibid. 791.

with this disorder could get the proper treatment unlike the war veterans of Vietnam. Stigmas of being diagnosed with a mental health problem and being looked down by fellow soldiers returning home from war lingers from the mindset of the Vietnam era soldiers. In a study done by researcher Thomas Britt, he claimed, “30% of troops returning home from the Iraq war have experienced some type of mental health problem. Although, many soldiers experience psychological problems from the stressors encountered in combat, there is a lag of soldiers who actually seek help for their difficulties.”⁶⁷ Britt tried to answer the question, what leads soldiers experiencing psychological problems to avoid seeking treatment from a mental health care provider? In his study, Britt found that, “soldiers encounter a social stigma within the military culture. Some military personnel may distance themselves from soldiers they perceive as having mental health problems. These individuals may be uncomfortable around soldier with PTSD and perhaps even blame them for the development of the problem.”⁶⁸ In answering his question, Britt believed that soldiers avoided seeking treatment for their mental health issues based on the social stigma of the military culture that seeking help lead to isolation from the rest of the troops. Britt claimed that seeking help was a sign of weakness in the mindset of the soldier needing treatment and by fellow troops prevented soldiers from pursuing treatment options.⁶⁹ In the mind of veterans that served overseas quitting or giving up was not an option, as was seeking help if they began to show signs of any mental health issue. For warriors that fought overseas, their leadership and fellow soldiers looked down upon being diagnosed with mental disorder. According to a Pentagon report, “soldiers believed that seeking mental health care would harm their careers and that more than 60 percent believed they would be viewed and treated less

⁶⁷ Thomas W. Britt, Tiffany M. Greene-shortridge, and Carl A. Castro, "The Stigma of Mental Health Problems in the Military." *Military Medicine* 172, no. 2 (2007), 157.

⁶⁸ Ibid. 159.

⁶⁹ Ibid. 159.

favorably by their leaders and unit members.”⁷⁰ The military stigma faced by veterans needing treatment-prevented soldiers from getting the help to cope with PTSD or other mental health issues. Veterans still have to overcome the stigmas of the American public perceptions of PTSD and the returning veteran.

Discrimination and Stigmas

The public perception of war veterans has increased in the amount of discriminatory labeling that is associated with identifying veterans. In a focus group study of returning veterans they reported their stigmas and discriminations faced while out in public. According to the findings the veterans reported, “awareness of stigmatizing labels for PTSD including “crazy,” “violent,” “weird,” “depressed,” “non-social,” “weak,” “numb,” “shell-shocked,” “cold-hearted,” “unfit to raise your kids,” “un-reliable,” “distant,” “robots,” “unstable,” “on guard,” and “pissed off at (the) world.”⁷¹ The labels identified by the group reinserts the notion of how the public perceived the veterans of Vietnam as mentally unstable or crazy is still a present day problem in the attempt to erase the uneducated public about what PTSD entails. In the study the group claimed, “that the label of “violent” or “dangerous” was the most dominant stigmatizing stereotype of veterans with PTSD. One participant reported that the public perceived veterans with PTSD as unpredictable and particularly dangerous because of their military experience and knowledge.”⁷² The struggle for veterans to be seen as normal by the American public is a constant challenge due to the fact a veteran has been to war and may or may not have taken a life. As one participant stated, “I think they view us as more of a threat and more of a danger, in

⁷⁰ Barry R. Schaller, *Veterans on Trial: The Coming Court Battles Over PTSD*, (Washington, D.C.: Potomac Books, 2012), 129-130.

⁷¹ Dinesh Mittal, Karen L. Drummond, Dean Blevins, Geoffrey Curran, Patrick Corrigan, and Greer Sullivan, "Stigma Associated With PTSD: Perceptions of Treatment Seeking Combat Veterans," *Psychiatric Rehabilitation Journal* 36, no. 2 (2013): 86-92, Accessed April 5, 2014, doi:10.1037/h0094976. 88.

⁷² Ibid. 88.

control, but can snap at any minute and do some harm because we were actually at one end of a gun and pulled a trigger, you know, and took somebody's life."⁷³ This perception of the crazed veteran diminished the public appreciation for veterans. In the focus group it was stated, "as long as you don't act strange, you don't act crazy, or you're not violent, as long as you stay within those norms, then they appreciate your service, but as soon as you start to slide out and they realize that you have issues, it's like, well, I appreciate your service, but you're crazy!"⁷⁴ Similar to the Vietnam Veterans, the public still holds today's veteran at fault for the mental illness they suffer after they return from war. "Participants felt that the public blamed them for their illness because they volunteered for military service and therefore, knowingly put themselves at risk."⁷⁵ Participants shared their experience of lack of empathy and support from the general public about their illness as one stated, "strangers, they blame you. It's your own fault for having PTSD. They treat you like trash or the old shoes, and they don't care about you. Yeah, they think we asked for it. Oh, you signed that piece of paper."⁷⁶ The public discrimination and labeling of OEF/OIF veterans have done little to improve since the Vietnam War. As the abundance of information and research are being done to fully understand the emotions and thoughts of a war veteran are available the public has done little to educate themselves in understanding PTSD and other mental illnesses that veterans return home with after their tour of duty.

As the returning OEF/OIF veterans attempted to make the transition back into the civilian workforce the setbacks they encountered proved to be lingering stigmas of uneducated employers of the Vietnam era. According to researcher Dori Meinert, "Many employers express

⁷³ Ibid. 88.

⁷⁴ Ibid. 88-89.

⁷⁵ Ibid. 89.

⁷⁶ Ibid. 89.

uncertainty about hiring someone with PTSD. They worry that the individual will pose a safety threat to other workers. They are concerned that employees with PTSD require costly accommodations and take too much of their managers' time."⁷⁷ Managers and employers believe that if they hired a veteran employee the threat of violent behavior in the workplace may increase. In a June 2010 poll, "the Society for Human Resource Management (SHRM) found that 46 percent of the HR professionals responding said post-traumatic stress and other mental health issues pose hiring challenges."⁷⁸ Former Air Force pilot Timothy "Rhino" Paige stated, "They didn't even hide it. When Paige sought federal work in Colorado in 2010 under laws offering disabled veterans preferential hiring consideration, he says he didn't even get an interview. Paige, 49, said that federal employers back in 2010 were straight out, we don't want disabled veterans and the problems that come with them."⁷⁹ The media uses stereotypical labels as they portray all troops as suffering from PTSD and may be on the verge of a violent outbreak, which is misleading to the viewer whom will interpret the report as true without checking the information themselves. Reporter Gregg Zoroya claimed, "Leading corporate hiring managers have told researchers they fear these veterans might fly into a rage or go postal . . . Interviewed executives of 69 leading corporations said hiring veterans can be good for business, but more than half acknowledged harboring a negative image of veterans because of how popular media- from news coverage to films- portray PTSD."⁸⁰ The misinformation distributed across the nation through mass media outlet place harmful labels to OEF/OIF veterans in their attempts to transition back into the workforce.

⁷⁷ Dori. Meinert, "Hidden Wounds." *HR Magazine*, July 1, 2011, Accessed March 4, 2014, <http://www.shrm.org/Publications/hrmagazine/EditorialContent/2011/0711/Pages/0711meinert.aspx>.

⁷⁸ Veteran Employment Leading Practices, "Understanding and Overcoming the Stigma of PTSD." Accessed April 23, 2014, <http://toolkit.vets.syr.edu/article/understanding-and-overcoming-the-stigma-of-ptsd/>.

⁷⁹ Gregg Zoroya, "Recent War Vets Face Hiring Obstacle: PTSD Bias." *USA Today*, April 9, 2013, Accessed March 14, 2014, <http://http://www.usatoday.com/story/news/nation/2013/04/06/recent-war-vets-face-hiring-obstacle-ptsd-bias/2057857/>.

⁸⁰ Zoroya.

Mass media outlets tend to focus on the negative acts committed by OEF/OIF veterans which are violent crimes committed usually by a service member that was not getting treated for their illness or that was not properly screened after their deployment, which also played a role in shaping how veterans and family members viewed and responded to PTSD. Media coverage linked PTSD Corporal (CPL.) Nathan Damigo who, in 2009, came home from a year in Iraq, but after one month of being home he was arrested for attacking a Middle Eastern taxi driver at gunpoint. Nathan was not being treated for PTSD and as his family stated, “Nate was having nightmares, he was acting out of character, and was suicidal.”⁸¹ His arrest and trial was published in the local newspapers and broadcasted on local television stations, as well as in the HBO documentary “Wartorn.”⁸² Since Nathan was not properly screened for a mental health issues prior to him coming home, he was able to go on leave without talking to a health care provider upon his return home. Nathan’s story brings to light the growing media coverage on the negative actions of war veterans, without taking into account the fact that soldiers will come home from war without being diagnosed with a mental illness. In the case of Nathan he slipped through the cracks of the military health screening prior to going on leave to be with his family. Nathan did not receive proper mental health screening when he returned home resulting in his incarceration, but it was his inability to transition back into society due to his mental health issues that the military neglected to address according to Nathan’s mother Charilyn Damigo, “PTSD is a real thing. It’s like they took him through a paper shredder they took him when he was 18 and put him through a paper shredder and then sent him back to us and we get to put the

⁸¹ *Wartorn: 1861-2010*, Directed by Jon Alpert, and Ellen G. Kent. 2010, (New York, NY: Home Box Office, 2010), Film.

⁸² *Ibid.*

pieces back together. It's like humpy dumpy they don't go back together there going to be pieces missing."⁸³

In the 2008 film "The Hurt Locker," In one, SSG William James, played by Jeremy Renner, is part of his units explosive ordnance team serving in Iraq.⁸⁴ During his time in Iraq SSG James is subjected to numerous combat and high stress situations that lead to his inability to adapt back to society once he returns home from duty. In the case of James he is never identified as having PTSD, but show some of the symptoms during the course of the film. It's not until SSG James is back home, off at a remote cabin, feeding his small son that the viewer begins to see the mental illness James is suffering from in his one-side talk between him and his son. In the film SSG James stated, "You love playing with that, you love playing with all your stuffed animals. You love your Mommy, your Daddy. You love your pajamas. You love everything, don't ya? Yea. But you know what, buddy? As you get older... some of the things you love might not seem so special anymore."⁸⁵ The film depicts SSG James as a depressed veteran that is projecting his negativity and hate from war on to his infant son, but as SSG James is talking to the boy, with a mixture of agony and anxiety, a father wanting to impart a truth to his son that the boy is far too young to apprehend. SSG James is expressing the pain and knowledge that he like other veterans want to communicate with another person, but with the lack of understanding of what they been through they feel as if they were themselves talking to an infant with no comprehension of what is being said to them. The stigma and discrimination placed by an uneducated society has burdened OEF/OIF Veterans with trying to erase the misconception about their illness, but in a society that relies on mass media, television and film to provide them

⁸³ HBO. "HBO: Wartorn: 1861-2010: Interview." Accessed May 12, 2014. <http://www.hbo.com/documentaries/wartorn-1861-2010/interview/interview-with-charilyn-damigo.html#/>.

⁸⁴ Barry Keith Grant, *Shadows of Doubt: Negotiations of Masculinity in American Genre Films* (Detroit: Wayne State University Press, 2011), 187.

⁸⁵ *Ibid.* 188.

with information a lack of understanding and their own research leads to misconceptions about PTSD and how veterans act in public.

Adjustment obstacles

Vietnam Veterans of the past and OEF/OIF Veterans share the same high rate of divorce and relationship issues of the past. According to the Pentagon, “the divorce rate in the armed forces continues to increase despite efforts by the military to help struggling couples. There were an estimated 27,312 divorces among roughly 765,000 married members of the active-duty Army, Air Force, Navy and Marine Corps in the 12 months that ended Sept. 30, 2009.”⁸⁶ The increase of marital counseling and relationship therapy has hinder the amount of divorces compared to those of the Vietnam era, but the strain of mental and emotion pain from both husband and wife are still invoking the rise in divorces. According to Defense Department research, “About 7.2 % of military women reported a divorce in 2013. That’s down significantly from a high of 8% reported in 2011. The overall divorce rate among men and women reduced downward to 3.4%, one notch below last year’s 3.5%.”⁸⁷ As the divorce rate begins to decrease as the last of the remaining troops in combat return home, the amount of information and education available can help couples remain married after spouses return home from combat.

The returning veterans of OEF/OIF proved to have the same difficulties transitioning back to civilian life after the military, but as the growing discriminations and stigmas hindered their ability to obtain a decent paying job led to alcohol and substance abuse. A study of Army soldiers screened 3 to 4 months after returning from deployment to Iraq showed, “27 percent met criteria for alcohol abuse and were at increased risk for related harmful behaviors (e.g., drinking

⁸⁶ Stacy Bannerman, "High Risk of Military Domestic Violence on the Home Front," *SFGate* (San Francisco), April 7, 2014, Accessed April 20, 2014, <http://http://www.sfgate.com/opinion/article/High-risk-of-military-domestic-violence-on-the-5377562.php>.

⁸⁷ Ibid.

and driving, using illicit drugs).”⁸⁸ According to a US Army Inspector General report, “as many as 25% to 35% of individuals in warrior transition units – meant to help wounded and sick soldiers transition back into uniform or into a civilian life – are dependent on or addicted to drugs.”⁸⁹ Today’s fighting men and women are more at risk from the drugs given to them legally. In 2009, military doctors wrote 3.8 million prescriptions for narcotic pain pills, which was about four times as many as they did in 2001.⁹⁰ A 2012 report on prescription drug misuse stated, “the number of amphetamine prescriptions doubled between 2006 and 2009. Access to prescription pain medication puts them at higher risk for addiction and abuse of these substances than the civilian population.”⁹¹ OEF/OIF Veterans are facing the reverse affects of the Vietnam era, where as the soldiers of the past could not get proper treatment and medication to help cope with their disorder, today veterans are being overmedicated with highly addictive pills that mistakenly turn them into drug addicts succumbing to the public perception of the crazed, drug addicted veterans.

The similarities between the guilt and pain held by Vietnam and OEF/OIF Veterans when these veterans returned home was extremely similar. Many of them returned to a world that could not understand what they had endured during their time in combat or the unspeakable horrors they witnessed, many felt the only cure was to take their own life. A suicide research indicated, “that the rate of veterans suicide remained largely unchanged over that three-year period, the latest for which statistics are available. About 22 veterans a day takes their own life, according to department estimates.”⁹² In an attempt to understand the mindset of veterans that

⁸⁸ Ibid.

⁸⁹ James Dao, "Army Trauma Unit Problems Persist Report Says," *The New York Times* (New York), November 26, 2011, Accessed March 12, 2014, http://http://www.nytimes.com/2011/01/27/us/27warrior.html?_r=1&.

⁹⁰ Ibid.

⁹¹ Ibid.

⁹² Ashley Gilbertson, "The Life and Lonely Death of Noah Pierce," *Virginia Quarterly Review* 84, no. 4 (2008), 32.

may contemplate suicide Jan Kemp, VA's National Mental Health Director for Suicide Prevention said, "Reasons for the increase are unclear, but Kemp said the pressures of leaving military careers, readjusting to civilian life and combat injuries like post-traumatic stress disorder all play a role in the problems facing young vets."⁹³ In the case of Army Veteran Noah Pierce who took his life at the age of 23 on July 26, 2007, the information about Pierce and his reasoning for taking his own life were the lack of treatment for his PTSD along with improper screening and the military stigma of being labeled weak.⁹⁴ After returning from combat, Noah attended the army's mandatory thirty-, sixty-, and ninety-day counseling program, but the program was often mocked by returning soldiers who fake their way through sessions to keep their records clean.⁹⁵ Soldier suicides like that of Noah could have been prevented if mandatory therapy sessions were implanted to allow for returning veterans to speak to a health care professional after they returned from the warzone. In an interview with Noah's Mother Cheryl Softich, she spoke of how her attempts to get her son to seek treatment were in vain. She asked Noah, "had the army ordered you to seek counseling for a full year, at least a full year that you were out, would you go to counseling?" He said, "If I was ordered to, I would have had to."⁹⁶ Veterans do not seek treatment on their own based on the stigmas and discriminations they may face if they willing go get help. Cheryl Softich believed that her son felt the same way as she described some of the reasons why he son refused to get help. Softich claimed, "The veterans lie to the therapists, because they don't want to appear weak. It's a stigma. Once people hear he has PTSD, and then he's a person with leprosy. He's got a disease and he's looked down upon

⁹³ Ibid. 33.

⁹⁴ Ibid. 49.

⁹⁵ Ibid. 49.

⁹⁶ James Scugel, "Death After War: A Minnesota Soldier's Story." *CBS-Minneosta*. 2011. Minneosta, MN: CBS.

and frowned on, and not trustworthy. It's just not right.”⁹⁷ The military stigma faced by Noah has prevented veterans from seeking treatment, which ultimately leads to suicide. The masculine military culture that frowns upon being seen as weak by fellow soldiers has prevent a vast amount of warriors from seeking help for mental health issues they may suffer from after they exit the military. Fortunately, growing mainstream programs are challenging the stigma towards veterans with the goal to provide public awareness of the hard transitional adjustments veterans make after their departure from the military.

Knowledge before judging

The Wounded Warrior Project is a non-profit organization created by veterans that help injured soldiers transition back into society after their exit from the military.⁹⁸ The goals of the Wounded Warrior Project purpose are, “to raise awareness and enlist the public's aid for the needs of injured service members. To help injured service members aid and assist each other. To provide unique, direct programs and services to meet the needs of injured service members.”⁹⁹ Programs, such as the Wounded Warrior Project have raised awareness towards the difficult challenges veterans face after their exit from the military and by gaining public support soldiers will be able to reinsert themselves back into society without the stigma and discrimination if they suffer from a mental illness. The growing amount of research and information available for the public to educate themselves of the types of injuries veterans come home with after combat service has increased since the Vietnam War. Ilona Meagher, an advocate for American combat veterans, called for further public support towards veterans in her book, “Moving a Nation to Care.” Meagher stated, “It is my hope that after reading this book, you will be driven to get

⁹⁷ Ibid.

⁹⁸ Meagher, Ilona, *Moving a Nation to Care: Post-Traumatic Stress Disorder and America's Returning Troops* (Brooklyn, N.Y.: Ig Pub, 2007), 134.

⁹⁹ Ibid. 134.

involved in order to help our soldiers who are suffering form combat-related PTSD.”¹⁰⁰ As resources and medical treatment are advancing to help veterans cope with their injuries from combat, the support from the citizens they swore to protect during their time in the military is the way to show appreciation for their service.

Conclusion

Veterans of the past and present have sacrificed their bodies and minds to protect America’s freedom from enemies both foreign and domestic. Unfortunately, their dedication to service and courage on the battlefield has been lost with their fellow citizens. As they return home to face another battle of acceptance, they face stigmatization and discrimination that prevents them from fully assimilating back into society. Many of them try to hide their symptoms to avoid any backlash for their injuries. War veterans have become outcastes to a world that had little understanding of the mental hardships that were inflicted upon them from months of being in a warzone. The fear of seeking treatment due to potential backlash causes veterans to seek other means to cope with their symptoms that ultimately result in criminal activities, substances or alcohol abuse, divorce, or suicide. Growing misconceptions provided by the media of the sick and crazed war veterans create a lack of compassion and trust for returning veterans, society fears what they cannot explain. It continues to be difficult for veterans to find employment due to the stigmas associated with military service members. However, as more organizations are created and literature is made more readily available to the public about mental illnesses suffered by veterans, the stigmas are being lessened. The hope is that stigmas held towards veterans will be curbed once the American public understands more about PTSD rather than relying on negative reports and inaccurate depictions of PTSD from the media.

¹⁰⁰ Ibid. 131

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