ANNOUNCEMENTS

Credit/no credit and letter grade assignment

Changes to drone week/updated syllabus - reading questions

No class next week - happy 4th of July :)

Today’s Topic: Fighting War – the embodied soldier
This week we focus on how were the post-9/11 wars fought by the living, breathing bodies of US service members. What are the costs of war born by soldiers and veterans?

Key reading: Aaron Glantz, *The War Comes Home*
OUTLINE

• “Signature injuries” of the post-9/11 wars
• Gender and the changing role of women in combat
• Veterans Affairs (“the VA”) – how does a veteran access benefits and medical care? What are some of the barriers?
  • Bureaucracy
  • Personality disorder discharges
  • Reform
• The Costs of caring for America’s post-9/11 veterans
• Small group activities/QA
SIGNATURE INJURIES

- PTSD (Posttraumatic Stress Disorder) and TBI (Traumatic Brain Injury) are known as “signature injuries” among US soldiers who fought in Iraq and Afghanistan.

- They are also usually called “invisible injuries” as they are only rendered visible in images such as this picture of an injured soldiers’ brain.
Amputations and genital injuries increase sharply among soldiers in Afghanistan

By David Brown
March 4, 2011

Doctors and nurses treating soldiers injured in Afghanistan have begun speaking of a new “signature wound” — two legs blown off at the knee or higher, accompanied by damage to the genitals and pelvic injuries requiring at least a temporary colostomy.

Twice as many U.S. soldiers wounded in battle last year required limb amputations than in either of the two previous years. Three times as many lost more than one limb, and nearly three times as many suffered severe wounds to their genitals. In most cases, the limbs are severed in the field when a soldier steps on a buried mine.
“Now, our heart and chest and lungs are protected by armor, leaving only your extremities exposed…I walk into the operating room and the general surgeons are doing their work and there is the body of this Navy SEAL, which is a physical specimen to behold. And his abdomen is open, they’re exploring both intestines. He’s missing both legs below the knee, one arm is blown off, he’s got incisions on his thighs to relieve the pressure on the parts of the legs that are hopefully gonna survive and there’s genital injuries, and you just want to cry.”

The War Comes Home, 36
AT WAR WITH WOMEN

More than 300,000 women have served in Iraq and Afghanistan since 9/11, more than 9,000 have earned Combat Action Badges and today, women make up 16% of our nation’s Armed Forces, serving in every branch of the U.S. military. (source: USO, updated 2022)
FEMALE SOLDIERS

BECOME A PART OF HISTORY

Join the US Army Special Operations Command Female Engagement Team Program

The Female Engagement Team (FET) program will challenge you. You will undergo intense mental and physical training designed to prepare you for the rigors associated with supporting operations with Special Forces and Ranger units in Afghanistan. You will be trained to think critically, interact with local Afghan women and children, and integrate as a member of an elite unit.

Once trained, you will be assigned to the FET program for up to 1 year as either a Screener or a Cultural Support Team member.

Minimum Requirements:
- E-4 - E-8, 01 - 03, WO1 - CW3
- current minimum GT Score of 100 or better
- minimum Secret clearance
- PT Score of 210 with at least 70 pts in each event
- meet height and weight IAW AR 600-9
- must carry 35 lbs six miles in at least 1 hr and 35 mins
- pre-screened by current unit of assignment
“You were just thinking—you’re busting into someone’s house at two, three o’clock in the morning. You’re scaring the living daylights out of these people. And you were just like, wow, imagine myself in their situation. I would go bonkers. Forget about wanting information. Come back during regular business hours! To have a family, have a spouse and kids—imagine how the kids felt. They were scared completely shitless. A kid doesn’t know what’s going on if their families are being taken away.”

“It was hard, but we had to do it. We had no choice.” She needed to follow orders to keep her job. “I got bills to pay. I need my paycheck.”

-- Edith, Supply Clerk serving as Lioness, Iraq 2003
“sometimes we had to move fast. We didn’t have hearing protection. When you have a cannon going off next to your ear, hearing protection isn’t going to work.”

-- Edith, 2003
“A veteran needs to see his relationship with the VA as an adversarial relationship…Imagine you are on one side of the street saying ‘I’m entitled to compensation benefits. I was injured in the service.’

And on the other side of the street, the VA is shouting back ‘Oh no! You have not proved to our satisfaction that your injury is service-related.’

This is the definition of an adversarial contest—someone who opposes somebody else in conflict, contest or debate”

-- Air Force Major John Roche, former VA claims specialist
“A veteran applying for compensation for PTSD must submit a 26 page form, the key to which is a detailed essay on the specific moments when he or she experienced a terrifying event or series of incidents that caused mental illness to develop. This is not easy, because one of the symptoms of PTSD is for a person to try to block out any memory of that event. According to the DSM-IV, the bible of psychiatric diagnoses, a person with PTSD often displays ‘persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness.’ In other words, the last thing a person experiencing PTSD wants to do is sit down and write an essay on why, and exactly how, they’ve become mentally ill.”

• -- Glantz 113
PERSONALITY DISORDERS

How Specialist Town Lost His Benefits

He took shrapnel to the head in Ramadi, Iraq. But instead of care, he got booted from the Army for an alleged pre-existing "personality disorder."

Joshua Kors  The Nation | April 9, 2007
On October 19, 2004, I was running mail for our battalion when incoming rounds started exploding across the street from where my vehicle was parked,” he told the committee. “While running for shelter in our S-1 shop’s office, a 107-mm rocket exploded three feet above my head leaving me unconscious on the ground. After regaining consciousness, I was taken to the battalion’s aid station where I was treated for various wounds including a severe concussion, shrapnel wound in my neck and bleeding from my ear. I was given quarters for the rest of the day and went back to work the next day.
PERSONALITY DISORDER DISCHARGE
Gary Noling holding dogtags belonging to his daughter, Carri Goodwin, a rape victim who died of acute alcohol intoxication less than a week after receiving an Other Than Honorable discharge from the Marines. Because of her discharge, her father has been unable to secure a military burial for her remains. From HRW Report, “Booted: Lack of Recourse for Wrongfully Discharged US Military Rape Survivors”
Juliet Simmons was drugged and raped in her US Air Force barracks in August 2007. She reported her assault through the proper channels, though her first sergeant made it clear he did not believe her. Although she continued to do her job, got outstanding performance evaluations, and passed her required tests, she was sent for an appointment with an Air Force mental health provider and told she was being discharged for a “Personality Disorder not specified.” Though she appealed, and provided 27 letters from officers and enlisted service members in support of allowing her to stay in the Air Force, she was administratively discharged six days later with a General Under Honorable Conditions discharge. Later, Simmons tried to resume her military career but has been unable to do so due to her type of Air Force discharge.

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Amy Quinn joined the Navy in 2002 when she was age 19 out of a sense of duty following the 9/11 attacks on the United States. She initially thrived, performing well and receiving awards. Her trouble started after she rejected the advances of her master chief. After that, others told her he was looking for her to make a mistake so he could kick her out of “his” Navy. When a Navy technician later raped her, she did not report for fear of what would happen since she was already labeled a troublemaker. Later, on deployment, when she fell asleep in a chair due to medications she was taking, her shipmates sprayed her body with aircraft cleaner and set her on fire with a lighter. Her fire-resistant clothing protected her from physical injury, but the perpetrators were only given an oral reprimand and, when she complained to a supervisor, she was told she was overreacting. After being transferred to a different unit, she was verbally harassed and her breast was groped by a first class petty officer. After her request for a transfer was refused, she was ordered to work the night shift with the same officer. When she refused, she was ordered by her superior to spend six to eight hours standing at attention each day. A few days later, she was discharged for having a “Personality Disorder,” the first she had heard of it. She was told this discharge was a favor, the only way to get what she wanted—to be away from the ship—and that it would not have any ramification. Later, potential employers rejected her for jobs in security and law enforcement because, even though her discharge was honorable, they could not hire someone whose papers said “Personality Disorder.”

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Tom O’Brien was gang-raped by three male soldiers while he was on his second tour of duty in the Army in 1982. The soldiers threatened to kill him if he reported. Afterwards, he coped by drinking heavily and as a result was so drunk he failed to report to base. He was then court-martialed for being Absent Without Leave (AWOL) and received a Bad Conduct discharge. In the following years, he continued to drink heavily and was repeatedly arrested. Efforts to get benefits from the US Department of Veterans Affairs (VA) for post-traumatic stress disorder (PTSD) failed because the sexual trauma that caused the PTSD occurred during a period of service determined to be dishonorable.
LOSING YOUR BENEFITS

- VA claims process and bureaucracy itself
- Personality disorder discharge or other “bad papers”
- Military sexual assault
- Gendered assumptions of who does and does not see combat
- VA legislation, recently changed, to prove “service-connection” of disability
“Linda Bimes notes that almost all veterans tell the truth in their disability claims, with the VA ultimately approving nearly 90 percent of them. Given that, Bilmes suggests scrapping the lengthy process described above and replacing it with ‘something closer to the way the IRS deals with tax returns.’ …‘A revamped Veterans Benefits Administration,’ she writes, ‘could simply approve all veterans claims as they are filed – at least to a certain minimum level – and then audit a sample of them to weed out and deter fraudulent claims…VBA claims specialists could then be redeployed to assist veterans in making claims. This startlingly easy switch would ensure that the US no longer leaves disabled veterans to fend for themselves.’”

-- Linda Bilmes, qtd. in The War Comes Home, 117
REFORMING THE VA
GENDERED ASSUMPTIONS OF VA CLERKS AFFECT BENEFITS ACCESS

“What did I know about combat? What did I know about what goes on out on the battlefield? You’re a woman, a logistics clerk. You wouldn’t have seen combat,”

-- Edith, deployed to Ramadi 2003
LONG-TERM COSTS OF CARING FOR POST-9/11 VETERANS

Between 2001 and 2050, the total costs of caring for veterans of the post-9/11 wars are estimated to reach between $2.2 and $2.5 trillion. This includes the amount already paid in disability and related benefits and medical care, as well as the projected future cost of lifetime disability benefits and health care for those who have served in the military during these wars.7 This estimate is double the author's previous projections in 2011 and 2013.3 Several factors account for this dramatic increase. These include: extraordinarily high rates of disabilities among this cohort of veterans, greater outreach by the federal government to inform veterans of their eligibility for benefits, more generous eligibility and benefit compensation, as well as more advanced and expensive medical care, and substantial investment by the Department of Veterans Affairs (VA) to process and administer claims and benefit programs and deliver health care. Federal expenditures to care for veterans doubled from 2.4 percent of the U.S. budget in FY 2001 to 4.9 percent in FY 2020, even as the total number of living veterans from all U.S. wars declined from 25.3 million to 18.5 million.

Yet the majority of the costs associated with caring for post-9/11 veterans has not yet been paid and will continue to accrue long into the future. As in earlier U.S. wars, the costs of care and benefits for post-9/11 veterans will not reach their peak until

1 Dr. Linda J. Bilmes is the Daniel Patrick Moynihan Chair in Public Policy and Public Finance at the Harvard Kennedy School, Harvard University and is the US member of the United Nations Committee of Experts on Public Administration. She co-authored (with Joseph E. Stiglitz) The Three Trillion Dollar War: The True Cost of the Iraq Conflict (2008) and previous studies (in 2007, 2011 and 2013) estimating the cost of providing disability compensation and medical benefits to veterans of the post-9/11 wars. She is the daughter of a World War II veteran.

2 These estimates are based on the number of Post-9/11 veterans in the actuarial tables produced by the Department of Veterans Affairs (VA) Veterans Population (“VetPop”) division and veteran statistics compiled by the Bureau of Labor Statistics, US department of Labor. The estimates include service members who have served in the post-9/11 conflict and been discharged as well as those who have been deployed to the conflicts and are still serving in the military.


5 MIN BREAK
SMALL GROUP ACTIVITIES
DISCUSSION QUESTIONS

• After hearing the material from today’s lecture, why, when “support our troops” is such a mainstream and politically accepted slogan on both sides of the aisle, do you think it is so difficult for the federal government to provide veterans and injured soldiers with the care they need?

• After hearing some ideas for reform—for instance Bilmes idea of the VA operating more like the IRS in relation to claims—are there any you agree or disagree with? Do you have other ideas for reform?

• What is your general reaction to this material? Were you aware of this cost of war before, or is this new information?
READING QUESTIONS: DRONES

• What are the arguments that occur to you in favor of drones’ utility?
• What are the arguments you glean from these readings against drones’ utility in war?
• Who pays the price of drone warfare?
• What sources of evidence do you find compelling in these arguments? What sources of evidence are you not compelled to believe?
HAPPY FOURTH OF JULY BREAK – SEE YOU JULY 11