Name: Date:
Ms. Seide, ELA Summer Writing Assignment for Incoming Seniors

Directions: Read the attached four articles. Answer the essay question that appears below.

For full credit, your essay must:
-Be double-spaced, *Times New Roman*, size 12 font.
-Contain evidence from BOTH articles (citations must be in MLA format)
-Be at least 5 paragraphs, including an introduction and a conclusion
-Agree or disagree with the claim after clearly restating the claim in your own words).
-Acknowledge competing counterclaims.

Agree or disagree with the following claim:
Veterans should receive special treatment from the government after returning from war.

Article # 1:

Four Years After Walter Reed, Government Still Faulted for Troop Support

Growing Concern over Vets' Financial Issues, PTSD

June 29, 2011

As President Obama begins to draw down U.S. forces in Afghanistan, most Americans continue to say that government support for troops returning from war is falling short.

Vet Households Critical of Gov't and Public Support for Troops

	Total	Post-9/11 veteran household*
***US gov't** gives enough support to troops returning from wars?*	%	%
Yes	32	31
No	62	65
Don't know	6	4
	100	100
***American people** give enough support to troops?*		
Yes	47	38
No	49	58
Don't know	5	4
	100	100
N=	1502	130

PEW RESEARCH CENTER June 15-19, 2011
Figures may not add to 100% because of rounding.
* Household member served in military since 9/11.

The public remains divided over whether the American people give enough support to soldiers who have served in Iraq and Afghanistan. Opinions on this tilt more negative, however, among the families of those who have served in the military since the 9/11 terror attacks.

The latest national survey by the Pew Research Center for the People & the Press, conducted June 15-19 among 1,502 adults, finds that the government gets better marks for supporting returning troops than it did in 2007, amid the scandal over military medical care at Walter Reed Army Medical Center, or a year later.

Nonetheless, just 32% say the government gives enough support to soldiers who have served in Iraq and Afghanistan. Nearly twice as many (62%) say the government does not provide enough

support for the returning troops. In 2007 and 2008, even fewer said the government was providing adequate support for the troops (21% in 2007, 22% in 2008).

The public is split in its views of whether the American people give enough support for returning troops -- 47% say they do, while 49% disagree. These views are little changed from 2007 or 2008. However, a majority (58%) of those in households with veterans who have served since the 9/11 attacks say the American people do not give enough supports to the returning troops. Far fewer (38%) say the American people have given enough support to the troops.

More See Gov't Falling Short on Vets' Finances, PTSD

Where Government Falls Short in Addressing Veterans' Problems ...

Problems of returning troops government is not doing enough about...	Feb 2008 %	June 2011 %
Medical care (Net)	**50**	**42**
General medical/health problems	33	19
Medical bills/insurance	4	6
Quality of care/facilities	7	5
Care related to disabilities	2	4
Injuries	2	4
Financial issues (Net)	**27**	**37**
No jobs/preparation for work	12	19
Financial support generally	9	9
Housing/Loss of homes/homeless	3	6
Benefits	3	4
Military pay	4	4
Mental health issues (Net)	**34**	**34**
General mental health	22	17
Post-traumatic stress disorder	5	11
Depression/Stress	7	5
Other issues (Net)	**28**	**23**
Insufficient support in general	5	6
Need for more support for families	5	5
Help with transition to civilian life	5	4
Other issues	6	11

PEW RESEARCH CENTER June 15-19, 2011.
Based on those who said the government did not give enough support to returning soldiers (N=939). Figures add to more than 100% due to multiple responses.

When people who say the government has not provided enough support for returning troops are asked for specific problems, nearly as many cite a lack of help with financial issues (37%) as problems with medical care (42%). Three years ago, medical care was the dominant concern,

mentioned by half of those who answered the question (50%). About a quarter (27%) cited financial issues.

Among financial concerns cited, 19% say the government is not doing enough to address the lack of jobs or preparation for work among returning soldiers. In February 2008, 12% cited these concerns.

About a third (34%) of those who say the government has not done enough for returning troops point to mental health issues as the biggest area of concern; that is unchanged from 2008. However, specific mentions of post-traumatic stress disorder (PTSD) have doubled - from 5% to 11%.

Partisan Agreement on Troop Support

Following media revelations in early 2007 about poor medical care in government facilities given to veterans of the ongoing wars, Democrats were more likely than Republicans to say the government was not doing enough for returning troops (81% vs. 58%).

Partisan Agreement: Gov't Does Too Little for Returning Troops

US govt gives enough support to troops returning from wars	March 2007	Feb 2008	June 2011
	%	%	%
Yes	21	22	32
No	72	72	62
Don't know	7	6	6
	100	100	100
% saying not enough support for troops	%	%	%
Republican	58	62	61
Democrat	81	76	63
Independent	72	74	64

PEW RESEARCH CENTER June 15-19, 2011.
Figures may not add to 100% because of rounding.

Fewer Democrats and independents fault the government's support for returning troops today, while Republicans' views are little changed. In the new survey, there are no significant differences among partisans on this question: 61% of Republicans, 63% of Democrats and 64% of independents say the government does not give enough support to returning solders. There also are no significant partisan differences in views of public support for returning troops.

Women are somewhat more likely than men to say that both the American people and the government do not give enough support to returning troops. About two-thirds of women (67%) say the government does not provide enough support, compared with 57% of men. More than half of women (54%) say the American people do not give enough support to these veterans, compared with 43% of men.

Article # 2: The President's SAVE Award

Veterans Special Treatment when Applying for Positions

Excerpted saveaward.gov

Change the hiring system so Veterans do not jump ahead of others applying for a position automatically. This is not Equal Employment Opportunity.

You have individuals that have no educational experience in the field of work related to the position, but due to the fact that they are a Veteran, they get preferential treatment.

An example would be a Marine Biologist position opening up in Panama City, FL, at the US Fish and Wildlife Service Lab. During the open period, you get 5 applications, 3 of which come from individuals with marine biology educational backgrounds and work experience, 1 individual with a Horticulture education background, and 1 with a Geologist background.

Due to the way it is written up in the posting, anyone can apply as long as they have a Biology background, but if you are a Veteran, you automatically get moved to the front.

In the end you would be paying the Veteran more money due to his/her GS pay grade, as well as training to get them up to speed. When you could have said money by hiring someone new to the Federal Government for less money that doesn't need all the training.

Article # 3: Under Fire

Haunted by Memories of War, A Soldier Battles The Army

By Lynne Duke
Washington Post Staff Writer
Monday, November 1, 2004; Page C01

"Satchel bomb!"

His shout shatters the night. The lieutenant is fighting, barking orders. He hollers and grunts. On the sofa at a friend's house, 1st Lt. Jullian Philip Goodrum, U.S. Army Reserve, wrestles and thrashes, fighting a war as he sleeps.

Pam McGill can hear him. She bolts upright in bed in her Knoxville, Tenn., home and rushes to the living room.

They've been friends for 20 years. Goodrum used to sing in her youth choir at a local Baptist church back in Powell, their Tennessee home town. Goodrum, 34, had only brothers. So McGill became a big sister. And on his return from service in Iraq last summer, his old friend became an angel of mercy.

"It was like he was under fire or something," McGill, 43, recalls of those awful nightmares.

She remembers him shouting "Clear!" and words she could not understand.

"He was talking about somebody dropping a bomb off a bridge and he was trying to keep his men safe."

Other times, on other nights that Goodrum himself describes, he'd relive those bleak seconds aboard the USS Missouri when he was in the Navy during the Persian Gulf War and an Iraqi missile drew a bead on his ship.

"Brace for shock," a voice bellowed over the ship's PA. Then the countdown to impact. "Sixty yards. Fifty yards. Forty yards . . ."

Goodrum, a gunner's mate, bowed his head, expecting to die. "Dear God, forgive my sins. Please watch over my mother and my brothers."

A nearby British vessel saved the day, shooting the missile down 30 yards from the Missouri. Goodrum still sees the huge explosion, its yellow light, in his dreams. He cannot shake that image, or the seconds he thought were his last.

The strain and fear stalked him through one war, through the years that followed, then into a second war. Each dangerous convoy in Iraq -- "suicide missions," the troops called them,

because they were so poorly equipped -- fueled his secret panic, his fear that one of his soldiers would die. And then one of his men did die.

His stress became a beast that grew and grew -- especially after he was turned away from an Army medical clinic last fall when he sought help in the midst of a mental collapse. The beast just overwhelmed him, just mauled him as he slept.

"Phil, you're here, you're safe, wake up." McGill would coax him back from his hell. She'd hold him tight, to stop his thrashing. He would awaken; he would quiet. But there was no calm.

"He would just go into that little trance again. Shaking. His hands would shake tremendously."

Goodrum's green Class A uniform is crisp, his dress shoes shiny, his black beret properly tilted. Four rows of ribbons rest above the pocket of his pressed shirt.

They tell a soldier's story: U.S. Navy seaman, turned Tennessee National Guardsman, turned U.S. Army reservist, activated for duty in Iraq. He is a straight-back, yes-ma'am, no-sir kind of guy, church raised, proper, gung-ho.

He walks with soldierly precision through the mist that shrouds Walter Reed Army Medical Center on a morning rendered surreal because of what lies ahead. On this October day, he will fight his other war -- his war with the U.S. Army.

He is sweating, already, even before he climbs the columned steps that lead to the offices of the Army's Judge Advocate General's Corps. Prosecutors there are waiting for him. They want him out of the military that he has loved so well.

He pops the first of a series of anti-anxiety pills prescribed to stanch the panic attacks. The meds will hold him steady through a day on which his life may depend. By day's end, he will have taken double the dosage recommended as part of his regimen of medications for post-traumatic stress disorder (PTSD).

An Army survey, completed last December, found that 17 percent of soldiers and Marines who'd returned from duty in Iraq reported symptoms of major depression, anxiety or PTSD. The number is expected to go higher with time, as more soldiers return from duty in this conventional war that has become a harsh counterinsurgency campaign. And Matthew J. Friedman, executive director of the National Center for PTSD, predicts that many more PTSD cases will go unreported; the Army survey also found that soldiers still are intensely reluctant to divulge their symptoms because of fear of being stigmatized as weak.

"I'd rather be an amputee than a psychological patient," Goodrum says one day. He knows the stigma he symbolizes.

At Walter Reed, where he has lived since February, he is surrounded by soldiers missing arms and legs. When you've lost a limb, people can clearly see what's wrong with you, what happened

to you, he says. When you're injured psychologically, people can't see it. They see a physically healthy person and wonder what the heck could be wrong.

Goodrum wonders too.

"How did my mind become weak, you know? I've been in 16 years. I've trained. I made top of my class."

He's been in the military since 1989. It seemed his only option after graduation from a small-town high school. He ran track, wrestled, played football and led the student council. But his grades were just okay, not good enough to qualify for the college scholarships he'd counted on.

He earned his college degree nonetheless, studying aboard the Missouri (when not in action), then finishing up at the University of Tennessee with a degree in history.

He studied what we now call the "greatest generation." And Lt. Gen. Lewis "Chesty" Puller, the legendary U.S. Marine commander at Guadalcanal during World War II, was his icon.

"I've read his book several times," says Goodrum, whose childhood stutter occasionally trips up his speech. "He was a soldier's soldier."

And that's what Goodrum modeled himself on: being a leader who took care of his troops. Even in the midst of his troubles last fall, he still wanted to return to Iraq, he says. Goodrum's military records show glowing performance reviews and character references.

"My most pleasure was when I led soldiers," he said recently, a wistful look in his eye as he pulled incessantly at a glob of putty his therapist gave him to help calm his nerves.

"I just love soldiering."

Proper Procedure

His career seems just about over. Goodrum's chronic PTSD, diagnosed by both Army and civilian psychiatrists, will likely render him unable to continue in the service. An Army medical board ruling on his future service is pending.

And there's a court-martial looming, too. The same Army that is treating Goodrum for PTSD also is prosecuting him because he did not request the appropriate military leave before checking himself into a civilian psychiatric hospital last fall, during a mental breakdown.

For that, he's been charged as AWOL -- absent without leave -- even though he was turned away from medical care at Fort Knox, Ky., his base, on the day of his breakdown, according to testimony in his case.

Military prosecutors say his case is about accountability. Period. He did not follow procedure, and there are consequences.

"This case is not about equipment problems [in Iraq]. This case is not about having radios [in convoys]. This case is not about PTSD," Capt. Natricia Wright, the JAG's lead prosecutor on the case, said in her closing argument last week. "This case is about accountability."

Goodrum's civilian defense lawyer argued that PTSD was at the very core of the case.

"He's been injured," said Matthew J. MacLean, of Shaw Pittman. "He's been injured just as surely as if he'd been shot."

Goodrum himself believes that retaliation has fueled the case. He had complained on several occasions about poor command decisions in Iraq by his captain, Randall "Burt" Fisher, of the 212th Transportation Company. And he'd also been quoted in an Oct. 29, 2003, United Press International article complaining that he'd been "treated like dirt" while awaiting medical treatment at Fort Knox.

He believes he has been branded a whistle-blower -- and punished. In addition to the AWOL charge, he's been charged for alleged fraternization with a female sergeant, which he denies. Fisher, the captain, was the driving force behind the fraternization charge. Fisher testified that rumors about Goodrum's behavior had caused low morale in the unit. First Lt. Jason Eisele testified that Fisher intensely disliked Goodrum and coerced witnesses into giving statements against Goodrum to bolster the fraternization case.

Army officials would not comment beyond what they said in the hearing.

Goodrum could be imprisoned for up to six years. He could be dismissed from the military. For an officer, dismissal is the equivalent of a dishonorable discharge, which means he could be disqualified from the federal job he held in civilian life. If dismissed, he would lose his military medical benefits, too, and would be ineligible for care under the Department of Veterans Affairs.

"Basically, everything is on the line for Lieutenant Goodrum," says MacLean.

In his Class A's last week, Goodrum sat sweating during the legal to-and-fro in a small Walter Reed conference room crammed with lawyers and a few supporters. He's facing an Article 32 hearing, the military equivalent of a civilian grand jury, except that only one person will rule on the case. An investigating officer (in this case, Lt. Col. Michael Amaral of the Army Medical Service Corps)will forward a recommendation up the chain of command on whether Goodrum should be court-martialed.

The Darkest Point

Brakes screech behind him. They are loud, very loud -- loud enough to snap him out of it, to bring him back to reality. In his rearview mirror, he sees a tractor-trailer bearing down on his Honda Civic, its driver trying desperately not to slam into him.

He's on an interstate near Fort Knox. His speedometer reads 5 mph. He guns it and swerves out of the truck's path.

He doesn't know how he got on the interstate. He doesn't remember driving there. But he remembers what happened earlier in the day, on base, at Fort Knox. He begins to cry. For hours, he can't stop.

He drives home, to Knoxville, to his mother. She calls McGill, the old friend, who also is a trained EMT and cardiac technician. The next morning, the two women take Goodrum to St. Mary's Medical Center, where he will be admitted to the psychiatric ward. Goodrum is practically blithering.

"He was just not functional. He could not make a complete sentence," says McGill. "His eyes were fixed. . . . He was just, like, in a stare. It was like he couldn't make contact with you.

"He just kept saying 'I need help. I need help. They won't help me. They won't help me.' And I'm going, 'Phil, we're gonna help you, we're gonna help you.' "

It was Nov. 7, 2003 -- the day Fort Knox denied him treatment, the day he went AWOL and entertained thoughts of his own death.

He'd been pressing closer and closer to this moment for months, with each accumulated stress, each life-or-death situation, each episode of conflict with his superiors.

Actually, his problem went back several years. Walter Reed's chief of inpatient psychiatric services, Col. Theodore Nam, testified during the Article 32 hearing that Goodrum's PTSD probably began with the Gulf War. His USS Missouri nightmares, which began only recently, are evidence of what has been embedded in his psyche.

But when he was activated for deployment in the Iraq War, Goodrum did not consider himself stressed. He did not consider himself impaired. He was, in fact, eager to serve. He'd been qualified as a logistics officer, an ordnance officer, and had completed a support operations course. He was ready.

Attached to the 212th Transportation Company, Goodrum went to war in April 2003. As a lieutenant, he was a platoon leader. His troops drove huge rigs called palletized loading systems, or PLSs, which can haul 33 tons.

But things went south fast. He believed the support troops were being put in danger by poor command decisions involving supplies and equipment. He began filing complaints with the Army inspector general about troop preparedness, a move he feels sowed the seeds for retaliation.

Goodrum says he complained because he feared that "somebody was gonna get killed."

As he describes his many filed complaints, one wonders: Is this man a chronic malcontent? MacLean, during the hearing, described his client as a man "fixated" on details.

"Details save lives," Goodrum says in one of many interviews. "The Army is based on several foundations, but one of them is attention to detail. Maybe I've taken it to extremes, but I've been put in some extreme situations.

"Yes, I'm a complainer when my soldiers' welfare is at stake and they're put in harm's way unnecessarily and they're sent out on missions without the correct equipment. So yes, if that would make me a complainer, then yes."

This is what he means: He and his men were forced to run supply convoys with no proper maps (only crude hand-drawn renderings); no radios (only the PLS's digital messaging systems); no heavy weapons (only their individual M-16s); no intelligence on the regions in which they'd be traveling; no armor to protect the two-person cabs of their trucks.

One soldier ripped a couple of manhole covers from an Iraqi street and welded them to his PLS cab doors for extra protection, Goodrum recalls. And Goodrum ordered the troops to pile sandbags on their PLS floorboards to absorb blasts.

Convoys routinely came under small weapons or rocket fire. And they routinely got lost. Goodrum remembers harrowing encounters that plunged him into bouts of private panic.

He'd talk himself out of them by repeating his mantra: "Command and control. I got to keep command and control. Command my soldiers, implement plans and control the situation and get the hell out of here."

Once he was a breath away from killing or being killed. A wrong turn left his convoy looking for a place to turn around. Goodrum and two other soldiers got out of their Humvee and stopped local traffic so the PLSs could move.

He noticed several men in a white car, from which an AK-47 was pointed right at him, The car was two feet away. He too had his M-16 ready to fire. He just stood there, eyes trained on the gunman's fingers, which weren't near the trigger. One slight movement of the trigger finger, and Goodrum would have blasted him. After a couple of minutes, the car moved on.

And so it went -- the threat of death lurking all around, he says, "360 degrees, 24 hours a day."

One day he dropped his M-16. In fact, he dropped everything. Suddenly, he could not grasp objects. Army doctors weren't sure what was wrong. But clearly he could not remain in Iraq. In July, three months into his deployment, Goodrum was medevaced home.

He would need surgery. The diagnosis was bilateral carpal tunnel syndrome. But there was a tangle of Army red tape to navigate, between two separate military bases -- Camp Atterbury, Ind., his mobilization site, and Fort Knox, where the region's Medical Hold Company was based -- and between various commanders.

Then, in August, he got word. Back in Iraq, Sgt. Kenneth Harris, 23, a much-loved member of the 212th, had been killed in a PLS accident. The truck in which Harris was riding broke down

several times on a convoy. In trying to catch up, the driver somehow crashed into the back of another PLS. Harris was sheared in half, and his death was so traumatic to his fellow soldiers on the convoy that seven went to counseling, says Staff Sgt. Reginal Coleman, a passenger in the vehicle that was struck.

Goodrum had been especially fond of Harris. He viewed him as a natural leader who would rise in the military hierarchy. Goodrum felt he'd been kicked in the gut. And he felt that someone must be held responsible.

He filed another complaint -- once he learned details of the accident -- about the preparedness of the 212th and its command.

"And it saddened me because I knew it was coming and I had done everything in my power to prevent a death," Goodrum says.

Hold in Abeyance

Back at Fort Knox that September, Goodrum had surgery on his left hand. But he had to wait weeks to begin physical therapy. And weeks more passed before he could iron out the red tape for surgery on his right hand.

Conditions for soldiers on medical hold at Fort Knox and elsewhere were poor. There were too few doctors. Soldiers faced lengthy waits for processing and treatment. Many soldiers were sent to civilian physicians. And the base accommodations often were poor. Congress ultimately would investigate and recommend changes.

Goodrum filed more official complaints. And he made his "treated like dirt" comment to UPI. It made him a bit infamous on base. He felt it put a bull's-eye on his back.

Goodrum's treatment situation was becoming even more maddening. Suddenly, there were confusing complications in his quest to get surgery for his right hand. On Oct. 29, oddly, he was dropped from "medical hold" at Fort Knox, though he still needed care.

On Nov. 5, at a base clinic, he says, snide comments were made to his face about his outspokenness in the press. He claims a clinic attendant told him he would not be getting his second surgery.

He was so angry, so unnerved, he began to cry. He called a medical case manager. He called a commander he knew. He received assurances that of course he would receive his surgery.

So on Nov. 7, he reported to the Fort Knox hospital to begin the process. He would have to be readmitted to medical hold. And he also asked for help with the emotionalism and anxiety that seemed to keep overwhelming him. He wouldn't get very far.

Lt. Col. Ronald Stevens, then the deputy chief of clinical services at Fort Knox, had been checking up on Goodrum. Stevens had looked at Goodrum's records after the UPI article,

Stevens testified at the Article 32 hearing. Stevens thought Goodrum had exaggerated. The UPI article, said Stevens, contained "untruths."

In his testimony, Stevens claimed he wanted to meet Goodrum. He had instructed medical staff to not readmit Goodrum into the medical hold company, but to send him to see Stevens instead.

The physician's assistant who handled Goodrum that day testified that he remembered few details about the encounter. What Goodrum remembers is this: being told that Stevens did not want him to be treated. And a note on a page of Goodrum's records from Ireland Army Community Hospital at Fort Knox reads, "Colonel Stevens do not [sic] want this pt. to be in med. hold."

Goodrum was sent away. He was, in effect, denied treatment.

"I acknowledge that my direction was misunderstood," Stevens testified at the hearing. "I acknowledge that he was turned away."

MacLean, Goodrum's lawyer, shot back, "I guess now he [Goodrum] knows that being treated like dirt is better than not being treated at all."

Every Day a New Trial

"Getting up is the hardest part." Just getting out of bed each morning is a challenge.

"If you get up, brush your teeth and get dressed, you're on a roll." Goodrum chuckles. Not because it's funny, but because he remembers how hard it was for him, a few months ago, just to greet the day.

He's been living at Walter Reed since Feb. 9 -- first on the psychiatric ward, then as a psychiatric outpatient housed in a dormitory-style room in Mologne House on the Walter Reed grounds.

Vijay Jethanandani, Goodrum's civilian psychiatrist from St. Mary's in Knoxville, treated him as long as he could. But by the end of last year, when Goodrum's medical benefits had been cut off because of his AWOL status, Goodrum began to consider other options.

He felt he could not return to Fort Knox. Jethanandani agreed. They decided Goodrum should present himself to a different Army medical facility for help, and Walter Reed emerged as the right choice. Jethanandani wrote a letter for Goodrum to carry with him, explaining his condition, his medications, and urging Walter Reed not to send him back to Fort Knox.

McGill drove him to the District. He arrived at the Walter Reed hospital emergency room, in full Class A dress, and presented himself as a sick, AWOL soldier in need of help.

As is normal for newly admitted psychiatric patients, Goodrum was confined to Walter Reed's psychiatric ward, Ward 54 -- a secure ward where patients aren't free to come and go. Goodrum

progressed well on that ward. On Feb. 19, he was scheduled to be moved to the less secure Ward 53, according to his patient records.

But Stevens's intervention was not over. On Feb. 18, Stevens spoke to Walter Reed officials, according to testimony both from Stevens and from Nam, as well as Goodrum's patient records. It is not clear what Stevens told Walter Reed's doctors that they did not already know. After Stevens's intervention, Nam's staff decided not to move Goodrum.

He was held an additional two weeks on Ward 54, colloquially called the lockdown ward, due to what doctors variously called "legal/admin concerns" or "recent admin developments," the records show. Nam, in his testimony, also explained the prolonged Ward 54 stay in terms of the alternatives: Goodrum's AWOL status could even have landed him in jail, or gotten him hauled back to Fort Knox.

Normally, though, Ward 54 would be used for patients considered a threat to themselves or others. Goodrum, according to his records, was considered neither.

On March 2, after the UPI reported on Goodrum's confinement, he finally was released from Ward 54 and moved to 53 as originally planned. Then, he was downgraded further, to outpatient status, living on his own at Mologne House while continuing therapy.

Life, now, is waiting. He goes to counseling both at Walter Reed and at a Veterans Administration Center in Silver Spring. In counseling, he returns again and again to Sgt. Harris, to the circumstances of his death.

He spends lots of time with Steve Robinson, executive director of the Silver Spring-based National Gulf War Resource Center, who has become his close friend and advocate. It's not just Robinson who helps him, but Robinson's bulldog Bluto. Goodrum loves dogs, and is away from his own back home.

Most days, Goodrum tries to just fly "under the radar," as he puts it, trying to stay away from the "stressors" that can set off his panic, his flashbacks, his racing thoughts. He's on several medications, still.

Movie theaters are a good place to hide, he's found. In two months, he's seen 20 films. It's best to go to early matinees on the weekdays, when there are no crowds, no jostling.

He tries to avoid loud people, loud noises. Horns, shouts, a slamming door all can take his breath away, cause his head to race. Driving in Washington is harrowing; people here love to honk, he says.

But riding the bus is problematic, since the smell of diesel triggers flashbacks to the convoys in Iraqi, to his fear on the "suicide missions."

And both the bus and the subway present a special problem. The hands. He's got to see them. He's got to feel assured that no one's carrying a weapon. He's got to know there is no finger on the trigger.

In his room at Mologne, he is lonely but relatively safe. Before bed, he says, "I search my room for bugs." He does not mean insects.

"I'm paranoid, but I have good reason," he says.

News on his possible court-martial could come any day.

Article # 4: New vets set record for war-disability claims

By Marilynn Marchione - The Associated Press
Posted : Monday May 28, 2012 13:07:09 EDT

America's newest veterans are filing for disability benefits at a historic rate, claiming to be the most medically and mentally troubled generation of former troops the nation has ever seen.

A staggering 45 percent of the 1.6 million veterans from the wars in Iraq and Afghanistan are now seeking compensation for injuries they say are service-related. That is more than double the 21 percent who filed such claims after some other relatively recent wars, top government officials told The Associated Press.

What's more, these new veterans are claiming eight to nine ailments on average, and the most recent ones over the last year are claiming 11 to 14. By comparison, Vietnam veterans claimed fewer than four and those from World War II and Korea, just two. Problems can be anything from a bad back to hearing loss to post-traumatic stress disorder.

It's unclear how much worse off these new veterans are than their predecessors. Government officials and some veterans advocates believe the weak economy is prompting some claims. They say veterans who might have been able to work with certain disabilities may be more inclined to seek benefits now because they lost jobs or can't find any.

Aggressive outreach and advocacy efforts also have brought more veterans into the system, which must evaluate each claim to see if it is war-related and rate it as a full or partial disability.

Yet as the nation commemorates the more than 6,400 troops who died in post-9/11 wars, the problems of those who survived also draw attention. These new veterans are seeking a level of help the government did not anticipate, and for which there is no special fund set aside to pay.

The Department of Veterans Affairs is mired in backlogged claims, but "our mission is to take care of whatever the population is," said Allison Hickey, the VA's undersecretary for benefits. "We want them to have what their entitlement is."

The AP spent three months reviewing records and talking with doctors, government officials and former troops to take stock of the new veterans. They are different in many ways from those who fought before them.

More are from the reserve and National Guard — 43 percent of those filing disability claims — rather than career military.

More of them are women, accounting for 12 percent of those who have sought care through the VA. And some are claiming PTSD due to military sexual trauma.

The new veterans have different types of injuries than previous veterans did. That's partly because improvised bombs have been the main weapon and because body armor and improved battlefield care allowed many of them to survive wounds that in past wars proved fatal.

"They're being kept alive at unprecedented rates," said Dr. David Cifu, the VA's medical rehabilitation chief. More than 95 percent of troops wounded in Iraq and Afghanistan have survived.

Larry Bailey II is an example. After tripping a rooftop bomb in Afghanistan last June, the 26-year-old Marine remembers flying into the air, then fellow troops attending to him.

"I pretty much knew that my legs were gone. My left hand, from what I remember I still had three fingers on it," although they didn't seem right, Bailey said. "I looked a few times but then they told me to stop looking." Bailey, who is from Waukegan, Ill., north of Chicago, ended up a triple amputee and expects to get a hand transplant this summer.

He is still transitioning from active duty and is not yet a veteran. Just over half of Iraq and Afghanistan veterans eligible for VA care have used it so far.

Of those who have sought VA care:

• More than 1,600 lost a limb; many others lost fingers or toes.

• At least 156 are blind, and thousands of others have impaired vision.

• More than 177,000 have hearing loss, and more than 350,000 report tinnitus — noise or ringing in the ears.

• Thousands are disfigured, as many as 200 of them so badly that they may need face transplants. One-fourth of battlefield injuries requiring evacuation included wounds to the face or jaw, one study found.

"The numbers are pretty staggering," said Dr. Bohdan Pomahac, a surgeon at Brigham and Women's Hospital in Boston who has done four face transplants on non-military patients and expects to start doing them soon on veterans.

Others have invisible wounds. More than 400,000 of these new veterans have been treated by the VA for a mental health problem — most commonly PTSD.

Tens of thousands of veterans suffered traumatic brain injury — mostly mild concussions from bomb blasts — and doctors don't know what's in store for them long-term. Cifu, of the VA, said that roughly 20 percent of active-duty troops suffered concussions, but only one-third of them have symptoms lasting beyond a few months.

That's still a big number, and "it's very rare that someone has just a single concussion," said David Hovda, director of the UCLA Brain Injury Research Center. Suffering multiple

concussions, or one soon after another, raises the risk of long-term problems. A brain injury also makes the brain more susceptible to PTSD, he said.

On a more mundane level, many new veterans have back, shoulder and knee problems, aggravated by carrying heavy packs and wearing the body armor that helped keep them alive. One recent study found that 19 percent required orthopedic surgery consultations and 4 percent needed surgery after returning from combat.

All of this adds up to more disability claims, which for years have been coming in faster than the government can handle them. The average wait to get a new one processed grows longer each month and is now about eight months — time that a frustrated, injured veteran might spend with no income.

More than 560,000 claims are backlogged — older than 125 days.

The VA's benefits chief, Hickey, gave these reasons:

• Sheer volume. Disability claims from all veterans soared from 888,000 in 2008 to 1.3 million in 2011. Last year, there were more than 230,000 new claims from Vietnam veterans because of a change in what conditions can be considered related to Agent Orange exposure. Those complex, 50-year-old cases took more than a third of available staff, she said.

• High number of ailments per claim. When a veteran claims 11 to 14 problems, each one requires "due diligence" — a medical evaluation and proof that it is service-related, Hickey said.

• A new mandate to handle the oldest cases first. Because these tend to be the most complex, they have monopolized staff and pushed up average processing time on new claims, she said.

• Outmoded systems. The VA is streamlining and going to electronic records, but for now, "We have 4.4 million case files sitting around 56 regional offices that we have to work with; that slows us down significantly," Hickey said.

Barry Jesinoski, executive director of Disabled American Veterans, called Hickey's efforts "commendable," but said the VA "has a long way to go" to meet veterans' needs. Even before the surge in Agent Orange cases, VA officials "were already at a place that was unacceptable" on backlogged claims, he said.

Jesinoski and VA officials agree that the economy is motivating some claims. His group helps veterans file them, and he said that sometimes when veterans already getting benefits come in to file additional claims, "We'll say, 'Is your back worse?' and they'll say, 'No, I just lost my job.'"

Jesinoski does believe these veterans have more mental problems, especially from multiple deployments.

"You just can't keep sending people into war five, six or seven times and expect that they're going to come home just fine," he said.

For taxpayers, the ordeal is just beginning. With any war, the cost of caring for veterans rises for several decades and peaks 30 to 40 years later, when diseases of aging are more common, said Harvard economist Linda Bilmes. She estimates the health care and disability costs of the recent wars at $600 billion to $900 billion.

“This is a huge number and there’s no money set aside,” she said. “Unless we take steps now into some kind of fund that will grow over time, it’s very plausible many people will feel we can’t afford these benefits we overpromised.”

How would that play to these veterans, who all volunteered and now expect the government to keep its end of the bargain?

“The deal was, if you get wounded, we’re going to supply this level of support,” Bilmes said. Right now, “there’s a lot of sympathy and a lot of people want to help. But memories are short and times change.”