

On April 6, 2005, Sgt. Eddie Avila and a team from his special operations unit headed out in a four-Humvee convoy for Camp Anaconda, near Balad. Iraqis stood along the roadside, as usual, looking and waving at the Americans.

Avila, then 36, drove one of the Humvees, manned also by a gunner and a tactical commander, who handled communications and maps. Out of the corner of his eye, Avila spotted an Iraqi throw something toward his gunner.

Avila swerved, but the Humvee was struck in the side by an improvised bomb.



Sgt. Eddie Avila in Iraq.

Photo courtesy of Eddie Avila

“Next thing I see is smoke and I hear the explosion. My ears were ringing and at that moment I realized, ‘Wow, I think, we’ve just been hit,’” Avila said in a 2007 interview.

His first instinct was to jump out and start shooting, but his civilian police training kicked in and cautioned him that the convoy could be caught in a trap. The other Humvees pulled around Avila’s to provide 360-degree protection. Once they were in place, he stepped out to examine the Humvee.

Its armor was ripped open above the passenger-side rear wheel, which was also damaged. The tactical commander wanted repairs made on the spot. Avila took out the vehicle's jack and tried to raise the Humvee.

But the jack wasn't working. Iraqis lingered not far away.

Avila felt frustrated, increasingly vulnerable and paranoid that they were ensnared in a trap.

"A lot of things ran through my mind. I was thinking, 'Could this be where this all ends? Where this all stops?' I had visions of my son, my wife, my mom," Avila said.

Then a buddy ran back from one of the other vehicles and called, "Eddie! Do you need help?"

Avila drew comfort from the sound of his friend's voice calling his name and his offer to lend a hand. Together, they were able to crank up the vehicle, but they discovered that the spare had been destroyed, too. They had to radio another Humvee to drive its spare over to them. Finally, they got Avila's Humvee rolling again.

"The real thing we should have done is leave the kill zone," Avila said, reflecting back on the attack in the interview.

He would have rolled the vehicle back to camp on its damaged rim, rather than trying to repair it in an exposed location. The event still haunts him because he believes the team risked another assault as well as greater bodily injury or death.



Damaged Humvee back at camp.  
Photo courtesy of Eddie Avila

Over time, the attack's physical consequences for Avila became evident. His shoulder, back and hip had all been injured due to the bomb's impact and his frenzied effort to repair the Humvee.

The pain Avila bore from his physical injuries was overwhelmed by other problems when he returned to New York City in late 2005. His marriage was failing. He felt simultaneously disconnected from others and angry at them. He couldn't sleep, didn't feel like talking to anyone, missed his buddies and endured terrifying nightmares about his time in Iraq.

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Avila and two other New Yorkers -- Mike Harmon and Steve Kraft -- who also fought in Iraq anticipated relief from the hellishness of war when they returned home. To their

dismay, they discovered that readjustment to life in New York City could become a prolonged and painful purgatory.

The three veterans survived their stints in America's global war on terror and came home with their limbs intact. They didn't end up at Walter Reed Army Medical Center fighting for their lives and adequate health care. Their plight is less dramatic, but they also received shabby treatment from the part of the government founded to help them, the U.S. Department of Veterans Affairs (the VA).

Avila, now 39, continues to suffer from both physical and mental ailments as a result of his military service. His marriage ended in divorce.

Harmon, 25, successfully overcame a post-discharge cocaine addiction and takes an array of drugs prescribed by a psychiatrist to combat post-traumatic disorder symptoms. He is currently unemployed.

Kraft, 34, battled corporate downsizing, cancer, post-traumatic stress disorder, tinnitus (constant ringing in the ears) and physical pain from war-related injuries. He was unemployed for two years.

The VA's mission statement is: "To care for him who shall have borne the battle and for his widow and his orphan." Created in 1930, the federal agency's dedication to meeting

the needs of veterans has waxed and waned, reaching its zenith for the country's 16 million World War II vets and, perhaps, its nadir for the newest generation of veterans.

The Iraq war has already lasted five years, 18 months longer than World War II. The number of Iraq and Afghanistan veterans has reached over 1.6 million and is continuing to climb. Yet, since its start, the U.S. government has funded the Iraq war, including veterans care and benefits, with emergency appropriations. Normal budgetary scrutiny has not been applied to its costs, which continue to escalate.

The Pentagon reports that the total cost of the global war on terror since Sept. 11 is more than \$500 billion, two to three times greater than the administration's original estimates of the war's cost.

In their newly published book, "The Three Trillion Dollar War: The True Cost of the Iraq Conflict," Joseph Stiglitz, winner of the Nobel Prize in economics, and Linda J. Bilmes, a professor of public policy at Harvard University's Kennedy School of Government, estimated that the total cost of the Iraq war will be \$3 trillion, including \$600 million to \$700 million in future disability payments that will be paid out to the war's veterans.

But collecting those disability payments won't be easy for most vets.

"Wounded troops returning home are caught in a crossfire of bureaucratic confusion between the Defense Department and the Department of Veterans Affairs – resulting in

shoddy outpatient facilities, endless red tape, and long delays in getting basic financial compensation,” wrote Stiglitz and Bilmes in their book.

Paul Rieckhoff joined the Army in 1998 and served as an infantry platoon leader in Iraq from April 2003 until February 2004. When he returned home in 2004, he found it difficult to accept that the media’s biggest story was Janet Jackson’s exposed breast at the Super Bowl. Driven by his frustration over most Americans’ inattention to the war and its warriors, Rieckhoff founded the Iraq and Afghanistan Veterans Association in 2004 to support today’s vets. The nonprofit organization identifies the VA’s passivity as a one of the key issues facing veterans, forcing them to wait months for care and benefits.

The VA’s bureaucracy also presents an obstacle for veterans.

“The VA gives vets the right answers only if they know how to ask the right questions,” said Bonnie McIntosh, a social worker who counsels veterans in Hyannis, Mass. And they don’t always know the right questions to ask, if they ask any questions at all.

The VA still offers one program -- Vocational Rehabilitation and Employment -- that provides comparable assistance to the openhanded benefits available to almost all World War II vets. Vocational rehabilitation can finance undergraduate and graduate degrees for a veteran who wants to become professional, help a vet find and pay for an apprenticeship in a trade or provide state-of-the-art computer equipment to a severely disabled vet who needs help to live independently.

“Anything you can dream of, now is your chance,” said Bernard Finger, division manager of the program’s New York regional office. It’s the advice he gives veterans who qualify for vocational rehabilitation.

But very few Iraq and Afghanistan veterans make it past the VA’s high eligibility barriers to qualify for the program. And it’s even tougher for a vet to surmount those barriers when he is suffering from a mental health disorder as a result of his military service.

The New York regional office of vocational rehabilitation is currently working with about 2,000 veterans from all wars and only about 210 Iraq and Afghanistan vets, Finger said.

According to the VA, approximately 245,000 veterans from all wars live in New York City, so vocational rehabilitation serves less than one percent of them. At best, the program is working with only 2 or 3 percent of New York City residents who are Iraq or Afghanistan veterans, estimated to be about 8,000 to 10,000 in number.

In order to qualify for vocational rehabilitation, a vet must meet four conditions: an other-than dishonorable discharge; a VA medical exam that assesses him with a disability rating of 20 percent or higher; a determination that his disability will impair his future employability; and the willingness to develop career or employment goals with a vocational rehabilitation counselor.

Ultimately, Avila qualified for vocational rehabilitation, but he hasn't yet been helped by it. He hopes to pursue a graduate degree in occupational therapy, but his counselor is sending him information about job openings that don't reflect his work experience or future career goals.

Harmon began the lengthy process to begin to establish eligibility for the program over six months ago. He was a combat medic in Iraq, but he can no longer stand exposure to injuries and blood – they trigger flashbacks – and he's been hospitalized three times for panic attacks. He'd like to complete his undergraduate degree and dreams of becoming a lawyer someday.

Kraft also qualified for vocational rehabilitation, and the program was prepared to pay for him to attend graduate school. But Kraft, who has been unemployed for two years, found a job on his own and took it to begin repaying his bills. He's still hoping to get back to school and utilize vocational rehabilitation's educational benefits.

### **9-11 motivated Avila to re-enlist in the Army**

After the terrorist attacks on the United States in 2001, "I felt I couldn't look at my uniform and not be there," Avila said. He had originally joined the Army in 1987 and been sent to Bosnia on a U.N. peacekeeping mission. When he returned to the States, he

worked for seven years on the New York City police force. He re-enlisted because he wanted to contribute his knowledge and skills to national defense.

In mid-2004, Avila and others with security backgrounds from the New York metropolitan area were mobilized for Iraq as part of a special operations unit, called civil affairs and psychological operations.

Avila's unit shared a forward operating base just south of Tikrit with other troops. His unit traveled north on patrol, trying to locate insurgents and to assess the attitude of local Iraqis toward the coalition forces.

Avila was on patrol when his team's Humvee was hit by a bomb, but that attack isn't the only incident that took place in Iraq still troubling Avila today.

Avila's base camp came under mortar attack one night at a time when a troop rotation was taking place. The fresh troops had never been hit before and weren't accustomed to taking enemy fire. In camp, they were required to carry their weapons and wear their Kevlar helmets, but not their protective vests. The mortar attack threw the camp into pandemonium.

Avila gathered his team and organized a search for casualties. They found a female corporal, lying on the ground.

“She was bleeding. She was hit with shrapnel pretty bad,” Avila said. “It was hard to tell what was blood or not, because we don’t use white light at night. We use red lights to prevent the loss of your night vision. I only had a small bandage. Everyone’s trying to work on her. We’re trying to call for a medevac. Usually, they’re pretty fast, but so much happened, it ended up being a long time before we were able to get her out. She died en route to a bigger camp where they had a hospital.”

Her death continues to disturb Avila. He believes that if the soldier had been required to wear her protective vest, she would still be alive. Also, he tries not to relive his decision to wait for a medical helicopter rather than attempting a risky drive to the larger camp’s hospital to try to save the wounded corporal.

### **Avila – feeling hollow and alone back home in New York City**

Before Avila’s nine-month mission in Iraq ended he began to receive e-mails from his wife, asking him to call her as soon as he reached the States. She wanted him to return home to his mother’s apartment, not back to living with her.

“I felt very lost,” Avila said about his wife’s communication with him.

Avila’s active duty ended in August of 2005 at North Carolina’s Fort Bragg. He stood in line for a day with about 600 other soldiers to be seen by one of three doctors, a customary out-processing procedure.

While he waited, Avila filled out the questions on the forms he had been handed, some of which are aimed at flagging psychological issues:

Did you see combat? Yes.

Did you fire your weapon? Yes.

Did you see dead bodies? Yes.

Were they friendlies? Yes.

Were they enemies? Yes.

Although Avila tried to answer honestly, many soldiers don't.

McIntosh said that Massachusetts is the only state that requires all military personnel to meet with a social worker for 15 minutes at discharge, which eliminates the risk of stigma associated with being singled out. She said that members of the armed services are often reluctant to admit their mental health issues because they fear teasing, if not harassment. They are also worried that confessing a problem will harm their chances of advancement in the military or thwart their civilian job prospects, especially in law enforcement fields, which many plan to enter.

The questionnaires also address physical injuries:

Are you feeling pain anywhere? Yes.

On a sketch of a human body, Avila indicated his shoulder, back, hip.

When Avila reached the doctor, he handed over his forms.

“When you get home, go see the VA,” the doctor told him.

“Is that it?” Avila asked.

“Yes,” the doctor said.

The out briefing about benefits and counseling was also perfunctory, although Avila, like most soldiers at the time of discharge, wasn't paying much attention.

“All I kept thinking was – I want to go home,” Avila said.

His mother met him at the airport, and Avila went to stay with her.

“At the time, I didn't want to do anything. I didn't want to think, I didn't want to talk. I just wanted to lock myself in a room,” Avila said.

Avila felt not only lost at home, but also deeply hollow. He missed his team. “Now my mission was me. I hadn't thought about me in such a long time, I didn't know what to do.”

The VA did not reach out to Avila to give him any guidance or support during his first dark days at home; he struggled with his sleeplessness, nightmares and anxieties alone.

### **Vets Coping with Post-Traumatic Stress Disorder**

Thirty years ago, Vietnam veterans struggled to understand why they experienced anguish, anger, nightmares and flashbacks after their return home. In 1979, Congress established vet centers across the country to provide confidential counseling, outreach and referral services to veterans and their families to help them readjust in response to the problems Vietnam vets were experiencing.

Vietnam vets, however, continued to lobby for medical care and reimbursement to help with their mental health issues. In 1980, as a direct result of the efforts of Vietnam vets, the Diagnostic and Statistical Manual of Mental Disorders included a syndrome classified for the first time – post-traumatic stress disorder (PTSD). Recognition of PTSD by the mental health medical establishment paved the way for veterans to get help from the VA for the mental health problems they were facing due to their military experiences.

The disorder is characterized by four symptoms – reliving the event or experiencing a flashback; avoiding situations that remind you of the traumatic event; feeling numb and unable to express feelings; and feeling keyed up and on the lookout for danger.

Up to 20 percent of Iraq veterans and 11 percent of Afghanistan veterans suffer from PTSD, based on a study reported in the New England Journal of Medicine. In comparison, the National Vietnam Veterans Readjustment Study, conducted in 1983, reported that 15 percent of Vietnam vets had PTSD at the time and about 31 percent had had PTSD at some point in their lives.

A 2007 study of 88,000 Iraq veterans revealed that their mental health issues, including PTSD and alcohol misuse, increased, rather than decreased, over time. Veterans reported significantly higher rates of mental health problems in an assessment conducted six months after their initial post-deployment health assessment, according to the American Medical Association.

### **Mike Harmon — turning to alcohol and cocaine after Iraq**

Unlike Avila, who had prior military and work experience, Mike Harmon enlisted at the age of 19, only one year after he'd graduated from high school. He'd spent that year hanging around with friends and smoking pot. His mother, who had raised him by



Mike Harmon, on right, with his captain and an Iraqi boy wearing a N.Y. Giants t-shirt.

Photo courtesy of Mike Harmon

herself, pushed him to get started with his life and urged him to consider the military. Lacking other prospects, Harmon volunteered.

Soon after Harmon, then 20, completed basic and combat medic training, he found himself among the first American soldiers to invade Iraq in 2003. Their convoy of 67 vehicles was two days into Iraq, traveling north toward Baghdad from Kuwait, when one of their scout Humvees was hit by a rocket-propelled grenade.

“We heard a loud boom, the loudest thing you’d ever heard,” Harmon said in a 2007 interview.

“There was screaming; it was dark. Really surreal. And you saw blood

everywhere; guys screaming for their mothers, saying, ‘Please help me.’ I froze a couple of seconds, but then the training kicked in, and I want to save these guys. So we bandaged them up, did the best we could for them and called in the helicopters and the helicopters came and took them.”

That’s when Harmon told himself, “Whoa, I gotta stay alive here. This is no joke.”



In April 2005 when Harmon returned to Fort Hood in Texas after his 13 months in Iraq, he was 22 years old and still had 18 months of active duty left to serve. He began to rebel against military discipline – he drank day and night, stopped shaving and reported late for work. He was punished and made to serve 45 days extra duty, pulling weeds, picking up rocks and sweeping cement paths.

“I was lucky, though,” said Harmon. Three days after his extra duty ended, a friend of Harmon’s put in a recommendation for his discharge and pushed it through the ranks for him.

“I was lucky again,” Harmon said, because he received a general discharge under honorable conditions. “Other guys were getting ‘other than honorable discharges.’ You can’t even get a job in McDonald’s with that.”

For a month, Harmon lingered in Texas with other recently discharged veterans. They had their accumulated Army pay to spend. Harmon drank, smoked weed and used cocaine for the first time.

“Now I can say that cocaine is the nastiest substance ever. But, at the time, it relieved my thoughts and feelings of pressure,” Harmon said.

By May of 2005 when Harmon headed home to Brooklyn, he had become addicted to cocaine.

The VA did not provide any outreach to help him readjust to civilian life. In fact, the VA turned Harmon away when he first sought medical care. Only the prodding of another vet made Harmon willing to return to the VA for help.

### **PTSD Risk Factors and Treatments**

Iraq and Afghanistan veterans 18 to 24 years old, like Harmon, face greater risk of developing PTSD than veterans 40 years or older, according to a study of over 100,000 veterans published in the Archives of Internal Medicine. In 2005, almost half of the Army's active duty soldiers were 24 years old or younger.

Other risk factors for PTSD include feelings of unpreparedness or lack of readiness for conflict conditions, and enduring chronic physical hardships, including insufficient food and water, and exposure to combat and its consequences, such as civilian casualties or injuries -- all conditions Harmon endured. In fact, most of the patients he treated were not Americans, but Iraqi civilians caught in crossfire.

One day, a two- or three-year-old Iraqi girl was brought to Harmon for medical care. She had been shot in the leg, fortunately, only a superficial injury. Although still very young, the little girl didn't cry over her own pain or blood. She looked directly into Harmon's eyes when he began to clean the wound, and he said to her in English, although he knew she couldn't understand his words, "I'm sorry."

It was the turning point in Harmon's military service, although he had treated many seriously injured civilians previously. He believes that the little girl didn't cry because all she had known since birth was disorder, devastation and death caused by war. From that time on, he wanted out of the Army.

When Harmon returned to Brooklyn, he began attending meetings of the Iraq and Afghanistan Veterans against War. The head of the antiwar group's New York City chapter, who was also a vet, pressured Harmon to go to the VA to register for medical coverage and to seek aid for his drug addiction. Harmon enrolled in a substance abuse program and kicked his cocaine habit, but continued to experience anxiety, disconnectedness, flashbacks and panic attacks.

"Soldiers diagnosed with PTSD often have issues prior to their military service, as well," said Dr. Kevin O' Brien, currently director of both the Manhattan and Brooklyn vet centers. He named childhood abuse, broken families and drug or alcohol abuse as additional risk factors. Harmon, who never knew his father, and who had a pre-existing drug problem, may have had an above-average risk of developing PTSD when he joined the Army.

In late 2006, a VA psychiatrist diagnosed Harmon with PTSD. He prescribed a series of different medications to help Harmon feel more relaxed, including Paxil, Zoloft, Lithium,

Klonopin and Lamictal, as well as Chantex, an anti-smoking pill. Harmon continues to see the psychiatrist every three weeks to check on the effectiveness of his medication.

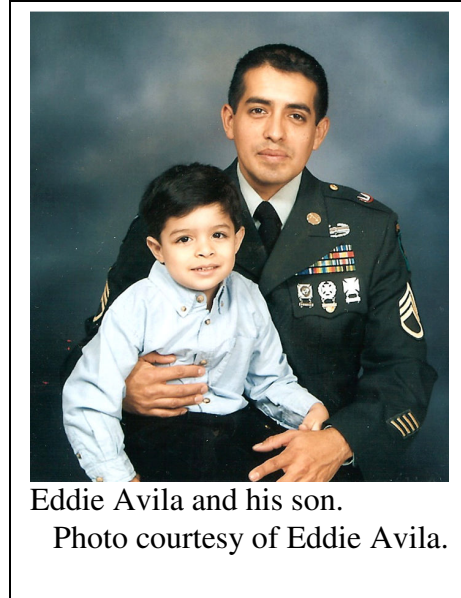
The VA, which founded the National Center for Post-Traumatic Stress Disorder in 1989, offers extensive information about PTSD on its web site, including a description of treatments for the disorder. The VA site recommends cognitive-behavioral therapy, or talking with a counselor about trauma and its consequences, as the most effective PTSD treatment. Harmon, however, was not steered by the VA into any form of counseling or therapy. When he requested counseling recently, Harmon's psychiatrist told him that there was a backlog of vets waiting for individual counseling.

Unlike Harmon, Avila has never received a diagnosis of PTSD, but he attends a weekly group counseling session for veterans at a vets center in Queens. He is disturbed by what he sees as the unimportance of the Iraq war for most Americans, and he said that his resentment about their inattention to the war has increased for him over time.

"People in the U.S. walk around like there's nothing going on. The littlest things really bother me because everyone can contribute to making this place so much better. Maybe one small thing, like putting a wrapper in your pocket or throwing it in the garbage. It hurts. It actually hurts and turns to anger," Avila said in late 2007.

**Avila – trying to reconnect with his family**

In 2005, when he returned home, though, Avila was less aware and communicative about what was bothering him. A week after he arrived back in Queens, Avila took a bus to upstate New York to see his wife and son. His monosyllabic answers made her feel that he didn't care, and he headed back to his mother's apartment the same day without finding a way to re-establish their marriage, which continued to founder.



Eddie Avila and his son.  
Photo courtesy of Eddie Avila.

Marital problems have grown increasingly common for soldiers deployed to Iraq, as detailed in a 2006 report issued by the Mental Health Advisory Team of Operation Iraqi Freedom.

Twenty-seven percent of soldiers who served in Iraq between 2005 and 2007 reported marital problems. In contrast, 12 percent of soldiers deployed to Iraq in 2003 said they were experiencing marital problems.

Similarly, the percentage of soldiers or their spouses planning a divorce almost doubled to 20 percent for soldiers who were deployed to Iraq between 2005 and 2007, up from the 11 percent reported by soldiers who served in Iraq in 2003. Longer and repeat deployments also increased the likelihood of both marital strain and divorce for soldiers.

Avila and his wife were divorced in 2006, but he spends every weekend with his five-year-old son.

### **Avila – focused on getting back to work at home**

His family responsibilities made Avila focused on getting back to work. While still in Iraq, Avila e-mailed the New York City education department to ask about employment opportunities, and he received a response inviting him to a jobs workshop.

When he got home, Avila attended the workshop and soon afterward began working as a substitute teacher. Shortly thereafter, he was hired full-time in a special education classroom for autistic teenagers at the Queens Occupational Training Center, but he finds the physical demands of the job aggravate his knee, shoulder and hip injuries.

He also returned to John Jay College with the goal of completing his degree in forensic psychology that he had started in the 1980s.

John Jay College, part of City University of New York (CUNY), had an enrollment of over 25,000 veterans, mostly Vietnam vets, at one time, and their needs were evident. Currently, only about 3,000 vets are enrolled in the school.

“I’m trying to get the vets to come out of the woodwork,” said Roger Sherwood, an assistant professor at CUNY’s Hunter College School of Social Work, who is accustomed to dealing with veterans’ emotional pain. For many years, he has led a group therapy session for Vietnam vets who suffer from PTSD.

Sherwood is in charge of a new veterans outreach effort – Project for Return and Opportunity in Veterans Education -- at CUNY aimed at helping vets make the transition back into civilian life, which many find difficult without peers to help them. Presently, there are only 91 veterans at Hunter College out of 20,000 total students.

“People who serve in Iraq have so much exposure to stressors that it’s unlikely that they won’t come back without some PTSD symptoms,” Sherwood said. He added that vets often feel intensely isolated as a result of their wartime experiences, as Avila described.

Another complicating factor for vets is that they are used to working in teams, Sherwood said. At home, they frequently have trouble dealing with bureaucracy, especially if they are suffering from PTSD, because one symptom of the mental health disorder is a desire to avoid taking action.

Avila, an older veteran, was able to get back to work and school with little assistance, but, like Harmon, he needed the support and encouragement of other vets to deal with the VA.

## **Avila – finding it difficult to get the help from the VA**

The city's department of education reimbursed Avila for two of his courses at John Jay College. Avila also used the Montgomery GI Bill to help pay for the cost of completing his college education. He finished his undergraduate coursework in Dec. 2007.

The Montgomery GI Bill is much more complicated for veterans to understand and use than the World War II GI Bill. The original GI bill helped 8 million veterans attend college, paid for their tuition, books and fees and provided a stipend for living. Only if a veteran qualifies for vocational rehabilitation and employment can he receive generous educational benefits comparable to those made available to World War II veterans.

<b>Comparison of Vocational Rehabilitation and Montgomery GI Bill Benefits</b>		
<b>Benefit</b>	<b>Vocational Rehab</b>	<b>Montgomery GI Bill</b>
Number of vets served	Fewer than 90,000	More than 500,000
Time period that vet can use benefit	12 years	10 years
Duration of benefits	4 years	3 years
Counseling and evaluation	Yes	No
Education benefits	VA pays the full cost of tuition, fees and books. a computer as well as other aids and services can be purchased by VA.	Limited monthly benefit of \$1,101 for full-time student.
Monthly subsistence Allowance	Yes, the amount depends on status of veteran in training and number of dependents.	No

Soldiers must now pay \$100 a month out of their first military paychecks, up to a total of \$1,200, to participate and get their Montgomery GI bill benefits. Their contribution is nonrefundable, even if they do not continue their education. Some soldiers, like Harmon, elect not to participate, but they can never revoke their decision and opt back into the program by paying its upfront costs.

Also, veterans must apply within 10 years of their discharge to be eligible for three years of educational benefits. But the benefits total only about \$40,000, an amount that would not pay for two year's tuition at many private colleges today and also do not pay for books, fees or include a stipend for living expenses.

The Montgomery GI Bill program is rated "Not Performing" by the government itself.

ExpectMore.gov, a program assessment measure developed by the U.S. Office of Management and Budget, evaluates the effectiveness of federal programs.

ExpectMore.gov concluded that the veterans benefits education program couldn't demonstrate results. The program has not been able to develop acceptable performance goals or to collect data to determine if it is performing.

Almost 500,000 veterans and Reservists are currently using their Montgomery GI Bill benefits, but the VA does not track what conflict they served in, their completion rates or whether or not the benefit levels help the military achieve its recruitment goals.

## **Avila and Harmon – stymied by the VA’s unresponsiveness and red tape**

Around the same time as Avila was getting back to work and school, another vet -- a friend of Avila’s from his tour of duty in Bosnia -- dragged him to the VA.

“I really did not want to go,” Avila said. But his friend was insistent, so Avila tried to obtain VA medical coverage, available for two years after discharge. (In 2008, the government extended VA health care coverage for veterans to five years, if they registered for it.) Avila’s pal also prompted him to file a claim for a disability benefits from the VA – a monthly payment based on the severity of service-connected injuries.

Since the conflicts in Iraq and Afghanistan began, the number of claims submitted to the VA has increased. In 2006, veterans filed more than 800,000 disability claims, but the year began with a backlog of more than 600,000 claims. Even though the VA made decisions on 774,000 claims in 2006, it wasn’t able to reduce the number of outstanding disability claims. The result: a backlog of claims and longer processing times for individual claims. In 2007, the VA took 177 days, almost six months, to process a claim.

By the beginning of March 2008, the VA’s disability claims backlog was over 666,000 and more than 25 percent of the claims had been pending for over six months.

“No one thought we’d be in Iraq four years plus,” said Joseph Collorafi, division chief at the New York VA regional office. “We should have planned better.”

Not only are the long delays frustrating for vets, but the claims process itself is confusing because both the Department of Defense and the VA assign disability ratings, although their ratings are used for different purposes. The defense department's disability ratings gauge a soldier's fitness for military service, whereas the VA's disability ratings assess a veteran's service-connected injury in order to determine if his injury makes him less able to return to work as a civilian. A pilot program is currently underway to establish one joint VA and defense department disability rating system; it is aimed at reducing paperwork and eliminating the confusion for vets.

For physical injuries, the vet must have a medical examination at a VA medical center. Each injury is considered and rated separately. However, staffing is inadequate at VA medical facilities, even in special VA medical centers called warrior transition units where a focus has been placed on streamlining the disability process. As of Sept. 2007, 17 out of the 32 special warrior transition units were less than fully staffed.

Disability ratings are assigned in increments of 10 percent, and monthly disability payments increase with higher ratings.

<b>2007 VA Disability Compensation Rates for Veterans</b>	
Veteran's Disability Rating	Monthly Rate Paid to Veterans
10 percent	\$115
20 percent	\$225
30 percent	\$348
40 percent	\$501
50 percent	\$712
60 percent	\$901
70 percent	\$1,135
80 percent	\$1,319
90 percent	\$1,483
100 percent	\$2,471

“I felt uncomfortable asking,” Avila said about applying for a rating, “because I don’t like asking anybody for anything.” But Avila’s friends from his local Veterans of Foreign Wars post in Queens persuaded him that the benefit was rightfully his.

He submitted a claim, and his claim was promptly denied. When he brought the rejection back to the VA’s social services offices, they asked him when he’d had his medical examination. Avila said he’d never been called for one.

“How can they deny you without a medical?” a social worker asked Avila.

Clearly, the protocol for disability claims wasn’t followed for Avila.

But the denial may also have had a more problematic cause – trying to contain the war’s escalating costs. In Feb. 2007, The Army Times reported that the Army might be deliberately holding down the number of approved disability claims: “The numbers of sailors, Marines and airmen approved for permanent or temporary disability retirement have stayed relatively stable since 2001. But in the Army — in the midst of a war — the number of soldiers approved for permanent disability retirement has plunged by more than two-thirds, from 642 in 2001 to 209 in 2005.”

In Jan. 2008, Ari Shapiro of National Public Radio reported that Army officials at Fort Drum in upstate New York had instructed VA counselors on the military base to cease

helping soldiers fill out their disability claims paperwork, perhaps another strategy to help contain the impact of the rising costs of the Iraq and Afghanistan conflicts.

In both fiscal years 2006 and 2007 (ending on Sept. 30), the VA underestimated its needs and was forced to request supplemental appropriations. In fiscal year 2007, the VA paid out \$35 billion in total compensation, an increase of 10 percent over the \$32 billion it paid in fiscal year 2006.

A VA counselor did, however, help Avila resubmit his forms, and he was called for a medical examination. He received a 20 percent disability rating for his physical injuries, making him eligible for monthly disability payments.

Even more significantly, at a 20 percent disability rating, Avila was also a candidate for the vocational rehabilitation and employment program, if the VA determined that his service-connected injury impaired his civilian employability.

PTSD disability claims are handled differently than physical injuries. To determine if the claim is valid, the VA examines the veteran's personnel file and service record. Was he involved in combat? What stressors was he exposed to?

In order to make a decision on a PTSD disability rating, the VA must often turn to the defense department's records to verify the veteran's claim. The defense department can take up to year to respond to a PTSD claim inquiry.

In June of 2007, Harmon applied to the VA for a disability rating on the basis of his PTSD diagnosis. In October, the VA responded in a letter that it had received Harmon's application, but due to the large number of claims the VA had received, action on his claim might be delayed.

Shortly afterwards, Harmon received a 15-page package requesting more detailed information about his PTSD claim. The form to submit a PTSD claim was not enclosed in Harmon's mailing from the VA. Also, since the VA has not officially closed the Gulf War, there is no box on VA forms to check for military service in Iraq or Afghanistan. Iraq and Afghanistan vets must categorize themselves as Gulf War vets. Harmon was baffled by the stack of VA forms he received in the mail and didn't venture to try to complete them for several weeks.

Eventually, Harmon submitted his forms and began the wait for an answer from the VA – he has not yet received a reply, almost nine months after his first application.

“It's growing mildew,” Harmon said in frustration about his paperwork.

After his third PTSD-related hospitalization in late 2007, Harmon began to despair about the VA's delayed response.

“I don't know what to do,” Harmon said. “How long is a while?” he asked.

In January of 2008, Harmon decided to send e-mails to Sen. Hillary Clinton, Sen. Charles Schumer and Jim McDonough, director of the N.Y. state director of veterans' affairs, asking for help with his stalled VA claim. McDonough had been appointed to the state position by former Gov. Elliot Spitzer on Veterans Day in 2007. Although neither Clinton nor Schumer answered Harmon's e-mail, McDonough, a vet himself, responded to Harmon's plea and assigned his deputy to assist Harmon with his VA claim.

Until Harmon's disability claim is assessed by the VA, he can't take the next step and try to qualify for vocational rehabilitation. He's stuck in bureaucratic limbo.

### **Kraft – PTSD and health issues make working impossible**

Unlike Avila's smooth transition to reemployment, Kraft endured a rocky return to the working world after his 12 months as a paratrooper and combat engineer in Iraq.

"September 11" is the curt answer Kraft gives when questioned about why he joined the Army. He left his job in the human resources department of MTV Networks in 2002, and by early 2003, he was headed for combat in the Middle East.

"We were welcomed by gunfire as soon as we landed in Iraq," Kraft said in a 2007 interview. "I used my combat engineering quite a bit. We were working with Iraqi

nationals to repair the local infrastructure – sewage construction, for example. We acted as infantry, but we also had tools and some knowledge. We were innovative.”



Kraft’s sense of accomplishment is paired with his anguish over friends who lost their lives or were severely wounded in Iraq. His boot camp roommate was sent on a humanitarian mission to clear unexploded bombs in Baghdad. One detonated unexpectedly, and Kraft’s buddy, only 20 years old, lost his eyesight and his lower left leg, as well as his buoyant optimism and emotional stability.

Back in New York City, Kraft had to fight to be reinstated in his job at MTV, which he said isn’t used to accommodating returning veterans. He had to invoke a World War II era labor law (Uniformed Services Employment and Reemployment Rights Act) that requires an employer to rehire veterans. Once he returned to work, Kraft tried to stave off feelings of disconnectedness and anger. One woman, who eventually became his supervisor, told him bluntly that she didn’t want to hear anything about his wartime experiences in Iraq, ever.

Kraft was stunned, especially because he didn’t want to talk about Iraq and wasn’t doing so. He took offense at her blanket rejection of his military service, motivated by patriotism. He felt increasingly isolated and angry, and the VA did not reach out to help

him readjust to the civilian world, although early treatment for PTSD often helps prevent it from developing into a full-blown disorder.

“I was probably insubordinate,” he said.

When MTV downsized at the end of 2005, Kraft lost his job.

Unlike either Harmon or Avila, however, Kraft headed to the VA for his post-discharge medical examination shortly after he returned from Iraq. Kraft, who is college-educated and the son of a Korean War veteran, was more proactive and savvy in his dealings with the VA. The VA assigned him a service-connected disability rating of 30 percent (taking into consideration his knee and back injuries, as well as tinnitus).

At a routine VA follow-up physical examination, Kraft was also diagnosed with melanoma. He had a large patch of skin cancer on his back that needed to be removed. Kraft was now trying to cope with the emotional backwash of his tour of duty in Iraq – feelings of isolation and anger, difficulty in sleeping and flashbacks– as well as unemployment and cancer. His mental health problems had become a disorder.

Kraft was diagnosed with PTSD in early 2007, and his service-connected disability rating was increased to 50 percent.

While Kraft was unemployed, he became involved with the Iraq and Afghanistan Veterans Association, which helped him learn about available VA benefits and encouraged him to pursue them.

Despite the physical and mental problems he was experiencing, Kraft contacted vocational rehabilitation in 2006, motivated by his participation in the veterans' advocacy group. He met with a counselor, laid out his career goals, and he was enrolled in the program.

Subsequently, Kraft applied for and was accepted into the graduate degree program at Milano the New School for Management and Urban Policy. He originally planned to start his coursework in January of 2008. However, Kraft's mounting bills after two years of unemployment forced him to continue looking for employment, although vocational rehabilitation and employment would have paid for his tuition, fees and books and provided him with a small stipend for living.

After a lengthy job search, Kraft began working in early 2008 at Brookfield Properties, a large commercial real estate firm. He still hopes that he will be able to attend Milano in the future and feels appreciative of the counseling and help vocational rehabilitation gave



him, although he has not yet been able to use the program's educational benefits.

### **Vocational rehabilitation – letting down today's vets**

Vocational rehabilitation has not yet directly helped Avila, Harmon or Kraft find a job or enroll in school to continue their education, and it may never provide effective assistance for them. Their experience with the program ability is not unique.

In 2007, as veterans continued to muster out of Iraq and Afghanistan, vocational rehabilitation helped fewer of them. The number of vets enrolled in the program fell by 4,370 to 87,485, a decline of five percent.

A comprehensive 2004 task force study of vocational rehabilitation recommended that the program strengthen its outreach efforts and switch its focus from processing claims to helping vets get back to work. The study, which concluded before Iraq and Afghanistan veterans began to use the VA, urged the VA to outsource its veterans outreach to a contractor. The task force advocated the change to allow the program to concentrate on developing service plans, counseling and job placement for veterans.

As of early 2008, the program has not outsourced outreach, although Bill Borom, deputy director of vocational rehabilitation and employment at its headquarters in Washington, D.C. said it was likely that a contractor would take over the program's outreach responsibilities sometime before the end of the year.

In response to the recommendations made by the task force, the VA did make some changes to its vocational rehabilitation and employment program. It reorganized its benefits into five tracks for veterans, improved its web site, standardized its outreach briefing for soldiers, enhanced its jobs partnerships and provided greater training for its counselors, who are located around the country at the program's 57 regional offices and over 100 outreach centers.

But the task force's greatest criticism of the program was that it was only able to place 10 percent of its participants in jobs.

In January of 2008, Borom said that the 10 percent figure does not accurately represent the program's success.

Vocational rehabilitation uses the number of veterans who enrolled in the program – a much smaller number than the total number of veterans who apply to the program – divided by the number who find employment to calculate its success rate. Over the past few years, the program's rehabilitation rate, based on its own formula, has improved from 62 percent in 2004 to 73 percent in 2007. Borom said that rate has reached 77 percent in 2008.

The problem with the method that vocational rehabilitation uses to assess itself is: It does not reflect the totality of the application process for veterans – how many vets give up on

trying to get into the program when their disability claim languishes or when their disability is not judged by the VA to impair their future employability or when their counselor can't help them overcome their mental health issues to write and implement a service plan that leads to a job.

ExpectMore.gov gave vocational rehabilitation and employment an adequate rating, its lowest rating for programs that are considered performing. The Office of Management and Budget advised the program to set more ambitious goals, achieve better results, improve accountability and strengthen its management practices.

Borom was unable to provide data on how many Iraq and Afghanistan veterans nationwide have passed successfully through all of the VA's eligibility screens to apply to the program, qualify for vocational rehabilitation and eventually find employment.

Based on data available from the VA, its vocational rehabilitation and employment program served only 0.4 percent of all U.S. veterans in 2007. The VA projects that the program will assist the same percentage of vets in 2008 and 2009, although the demographic composition of the population it serves is shifting away from older Vietnam vets and toward younger Iraq and Afghanistan veterans like Harmon, Kraft and Avila who need help transitioning back into civilian life.

Sherwood at Hunter College said that the vets he has referred to vocational rehabilitation and employment have generally been discouraged and gone unassisted.

### **Avila – gets e-mails, not individualized help from vocational rehabilitation program**

In December of 2007, Avila took two days off from work in Queens and traveled to lower Manhattan to apply for vocational rehabilitation – he went through the program’s orientation, took an aptitude test and was assigned a counselor. She was surprised to learn that he was an Iraq vet, but the forms he had filled out hadn’t asked him to note where he had served. She said that she was supposed to provide expedited help to Iraq and Afghanistan vets. She was required to meet him in less than five days to work on a plan for his future.

Avila was willing, although hesitant, because the appointment would require him to take yet another day off from work within a short time frame. His counselor, however, canceled the appointment that would have allowed him to explain his personal background, as well as his goals.

He is disillusioned about the value of the program for him because his counselor isn’t helping him figure out a way to become an occupational therapist, while maintaining his full-time job. She’s sending him e-mails about job openings, but they don’t reflect his prior work history and experience.

“What little benefits I have now,” Avila said about the assistance he has received from the VA, “I have fought for.”

## **Is Relief on the Way for Today's Vets?**

As more vets return from Iraq and Afghanistan, will they have to reenact Avila's and Harmon's struggles with the VA for the benefits that they are owed and that the nation has pledged to them in return for their military service?

The outlook isn't promising.

World War II veterans comprised 12 percent of the country's population when they returned home, and the government recognized that they needed to get back to work and school to prevent social unrest and disruption. They had been drafted into and decisively won the "war to end all wars." Passage of the generous 1944 GI Bill of Rights reflected the era's political and economic realities.

The country's newest generation of vets confronts a different zeitgeist.

They represent only one percent of the country's population. They volunteered; they weren't drafted, and their sacrifice of military service isn't evenly shared or distributed across the United States. The issues that they face aren't affecting most Americans, and a recent Pew Research Center poll showed that public awareness of the war in Iraq is also decreasing, as it straggles into its sixth year with no victory or conclusion in sight. The

upcoming presidential election introduces more uncertainty into the nation's future role in Iraq and its commitment to provide for the war's veterans.

Iraq and Afghanistan veterans will receive medical care, disability payments and educational assistance, but how prompt or generous those benefits will be isn't clear, especially as the U.S. economy heads into a recession.

"I wish every vet could be part of voc rehab," said Garth Stewart, an Iraq vet, last fall, but he expressed doubt that the generous program, currently paying for his undergraduate education at Columbia University, would be extended to all vets. Stewart's lower left leg had to be amputated after an improvised bomb exploded near him in 2003.

Equally important, the inflexibility and inertness that characterizes the VA appears unlikely to change quickly enough to help Iraq and Afghanistan vets make a smooth readjustment to life at home.

"I am an optimist," wrote Bilmes, coauthor of the "The Three Trillion Dollar War: The True Cost of the Iraq Conflict" in an e-mail when questioned about whether the VA will be able to provide timely help to today's vets, "but the matter is not just about money, it's also about working to simplify the process so that it is easier. Indeed this is the MOST important thing, but I fear the VA won't do enough."

Given the current U.S. political and economic environment, as well as the institutional modus operandi of the VA, vocational rehabilitation and employment, often called the crown jewel of veterans benefits, will remain equally inaccessible to most of the country's newest generation of veterans – those who have served in Iraq and Afghanistan.