OUR VETERANS

Winners, Losers, Friends, and Enemies on the New Terrain of Veterans Affairs

SUZANNE GORDON,
STEVE EARLY,
AND JASPER CRAVEN

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Cover art: Veterans Day parade held on New York's 5th Avenue.
Spencer Platt / Getty Images.

This book is dedicated to the unsung heroes and heroines of the veterans' healthcare system.

CONTENTS

ABBREVIATIONS

ACA	Affordable Care Act
ADA	Americans with Disabilities Act
AFGE	American Federation of Government Employees
AIR	Asset and Infrastructure Review
AMVETS	American Veterans organization
APWU	American Postal Workers Union
AVC	American Veterans Committee
BLM	Black Lives Matter
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CCN	Community Care Network
CDC	Centers for Disease Control and Prevention
CFPB	Consumer Financial Protection Bureau
CIA	Central Intelligence Agency
CNAS	Center for a New American Security
COVID	Coronavirus Disease
CVA	Concerned Veterans for America
CVN	Cohen Veterans Network
CWA	Communications Workers of America
DAV	Disabled American Veterans

DCCC	Democratic Congressional Campaign Committee
DCO	direct commission officer
DEA	Drug Enforcement Administration
DNC	Democratic National Committee
DOD	Department of Defense
DOJ	Department of Justice
DSCC	Democratic Senatorial Campaign Committee
EMN	Eisenhower Media Network
EPA	Environmental Protection Agency
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FEC	Federal Election Commission
FEMA	Federal Emergency Management Administration
FY	fiscal year
GAO	Government Accountability Office
GOTV	Get Out the Vote
GWOT	Global War on Terror
IAVA	Iraq and Afghanistan Veterans of America
IED	improvised explosive device
IG	Inspector General
IPV	intimate partner violence
IVAW	Iraq Veterans Against the War
MFSO	Military Families Speak Out
MHS	Military Health System
MST	military sexual trauma
NATO	North Atlantic Treaty Organization
NDAA	National Defense Authorization Act
NIH	National Institutes of Health
NLRB	National Labor Relations Board
NNU	National Nurses United
NVLSP	National Veterans Legal Services Program

OSHA	Occupational Safety and Health Administration
P.L.	public law
PAC	political action committee
PDAT	Post Deployment Assessment Treatment
POGO	Project on Government Oversight
PPE	personal protective equipment
PTSD	posttraumatic stress disorder
PVA	Paralyzed Veterans of America
ROTC	Reserve Officers' Training Corps
SNAP	Supplemental Nutrition Assistance Program
SWAN	Service Women's Action Network
TBI	traumatic brain injury
TIF	The Independence Fund
USA	United Spinal Association
VA	Department of Veterans Affairs
VBA	Veterans Benefits Administration
VFP	Veterans for Peace
VFW	Veterans of Foreign Wars
VHA	Veterans Health Administration
VOI	Veterans Organizing Institute
VOW	Veterans Opportunity to Work
VSO	veterans' service organization
VVA	Vietnam Veterans of America
VVAW	Vietnam Veterans Against the War
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WWP	Wounded Warrior Project

PREFACE

The coauthors of this book believe that readers are owed some explanation for how and why we came to write a book about veterans, without ever having served in the military ourselves. In a 2017 book about his first campaign for the presidency, a Sixties antiwar activist named Bernie Sanders described his engagement with veterans affairs in a way that reflects our own perspective:

> Some may see it as incongruous for a strong progressive to be a fierce advocate for veterans rights. I don't, and never have. I will continue to do everything I can to make sure that the United States does not get entangled in wars that we should not be fighting. But I will never blame the men and women who do the fighting for getting us into those wars. If you don't like the wars we get involved in, hold the president and Congress responsible. Don't blame the veterans.[1]

Like Sanders, Suzanne Gordon was very involved, as a college student, in protests against the Vietnam War. After becoming a journalist, she covered the GI Coffeehouse movement and related expressions of antiwar sentiment by active-duty military personnel in the early 1970s. Over the years, her freelance work has appeared in the *New York Times*, the *Boston Globe*, the *Los Angeles Times*, the *Washington Post*, *Washington Monthly*, the *Atlantic*, the *Nation*, the *Hill*, *Mother Jones*, *Jacobin*, *American Prospect*, the *Village Voice*, the *Toronto Globe and Mail*, and many other publications. She has also been a past commentator for CBS Radio and American Public Media's *Marketplace*.

In the 1980s, Suzanne helped trade unionists in the United States and Europe—some of whom were veterans—promote "economic conversion." Working with them, she organized an international conference on this subject and coedited *Economic Conversion: Revitalizing America's Economy* (1984). This book critiqued the cost and wastefulness of global military spending. Its cross-border contributors showed how factories engaged in arms manufacturing could be converted to the production of socially useful goods and services.

Over the last thirty years, Suzanne has been an advocate for a publicly funded national healthcare system in the United States. As coeditor of a Cornell University Press book series on the culture and politics of healthcare work, she has published studies of her own and by other authors that deal with patient safety, hospital funding and administration, home care and long-term care, nursing and medical education, and health systems in other industrialized countries.

In books like *Life Support*, *Nursing against the Odds*, and *Safety in Numbers*, Suzanne has written extensively about the invisible work of nurses—members of our largest healthcare profession. In her research, writing, and public speaking before tens of thousands of RNs and allied professionals, she has long stressed the importance of caregivers speaking up on behalf of patients and their families. And she has described how private hospital administrators and managers, including some "nurse leaders," have used their organizational influence to thwart much-needed workplace improvements and systemic change.

Suzanne's exploration of our veterans' healthcare system began with a series of "team-building" workshops that she conducted for staff at the Department of Veterans Affairs (VA) Medical Center in Palo Alto, California. Since then, she has published two books about the VA—*The Battle for Veterans' Healthcare: Dispatches from the Frontlines of Policy Making and Patient Care* (2017) and *Wounds of War: How the VA Delivers Health, Healing, and Hope to the Nation's Veterans* (2018). In 2017, Suzanne also coauthored a report for the American Legion titled "VA Healthcare: A System Worth Saving," and helped found the Veterans Healthcare Policy Institute (VHPI) to provide ongoing analyses of VA-related developments. In 2019, she wrote a nationally distributed guide for Rotary Clubs about how they can better partner with the VA on local programs to support veterans. Suzanne is a frequent speaker before audiences of veterans and VA staff members, healthcare union members, and healthcare reformers around the country.

Jasper Craven first started writing about veterans' issues while working as a stringer for two Vermont newspapers. He was assigned to cover the Senate

Veterans Affairs Committee, then chaired by Senator Bernie Sanders, and Sanders's subsequent campaign for the presidency in 2016. Over the past six years, Jasper has published investigative reports on the problems of military personnel and veterans in a wide range of publications, including the *New York Times*, the *Nation*, *Politico*, *Washington Monthly*, *American Prospect*, the *Intercept*, *Task and Purpose*, *Vice*, *Reveal*, and many others. In 2020, he launched *Battle Borne*, a weekly online newsletter, which provides investigative reporting and commentary on veterans' issues and the military.

In his freelance work, Jasper has chronicled leadership misconduct and workplace harassment within the National Guard, local controversy over the deployment of F-35 fighter bombers, Capitol Hill lobbying involving the VA, White House attacks on VA employees (and misconduct by some VA police officers), the declining political clout of veterans' service organizations, and the courting of military voters by both major political parties. As a fellow at the Veterans Healthcare Policy Institute, Jasper collaborated with Suzanne on a widely distributed *Congressional and Reporters' Guide to Veterans' Healthcare*, plus other VHPI reports on VA staffing issues, mental health care, and mainstream media coverage of the VA.

Steve Early is the author of four previous books about labor or politics. Although the beneficiary of a draft deferment at the time, he enrolled in the Reserve Officers' Training Corps (ROTC) at Middlebury College in 1967. His one-semester experience as an ROTC cadet made him a staunch advocate of removing ROTC from campus, abolishing the draft, and ending the Vietnam War, in whatever order any of those goals could be achieved, locally or nationally. In May 1970, he was a local organizer of the national student antiwar strike that involved more than 4 million college and high school students. This formative experience demonstrated the power and potential of collective action for political or workplace change and, in his case, helped inspire fifty years of labor-related activism.

While attending law school in the 1970s, Steve worked with union members—some of them recently returned Vietnam veterans—in a high-risk industry (coal mining). In that and other labor organization roles, he assisted campaigns for workers' rights, safer and healthier workplaces, and affordable healthcare. Because of his long experience in difficult contract negotiations and strikes over job-based medical benefits, he is a strong supporter of Medicare for All.

As someone with a union background, Steve was drawn to the subject matter of this book because of the overlap between labor and veterans' issues in three areas. They include military service as a form of work (albeit

nonunion), the occupational health and safety hazards faced by military personnel, and how their later need for medical care and disability benefits is addressed through a national system of "workers' compensation" (aka the VA) which is, in many ways, superior to state programs for injured private-sector workers.

Steve has also been struck by the parallel erosion of veteran organization influence and infrastructure, nationally and locally, and labor union decline in the United States. As documented in this book, both trends have had adverse consequences for an overlapping working-class constituency. One upside has been the emergence of newer groups advocating for younger veterans or nonunion workers. While some of these new formations are more promisingly "progressive" in their politics, they also tend to be less membership based, self-financed, or democratically run.

We have collaborated on *Our Veterans* not just because of our shared interest in the issues explored herein but also to amplify the voices of veterans we've met whose commitment to helping each other *and* their fellow citizens is a true public service. As readers will discover, the heroes and heroines of this book tend to be independent thinkers, critics of the status quo, and catalysts for new forms of advocacy. But among them, readers will also meet men and women, equally committed and courageous. They've tried to work within the structures of existing public institutions or nongovernmental organizations to achieve many of the same goals—whether better healthcare for veterans, a smoother transition from their military service to civilian life, or reduced use of military force, because of its profound and lasting impact on millions of people in the United States and abroad.

AUTHORS' NOTE AND ACKNOWLEDGMENTS

To write this book, we personally conducted many interviews with veterans and others involved in the field of veterans affairs. When quotes appear around interview material and are not followed by a citation, these are from original interviews. We also drew on the interviewing work of other authors, journalists, videographers, and hosts of podcasts, cable TV, and radio shows, particularly in cases where our own requests for interviews with public figures quoted in this book were denied.[2] In some cases, at the request of a particular interview subject, we have concealed his or her identity via the use of a fictitious name, which is identified as such by an asterisk next to it.

This book would not have been possible without the help of many friends, colleagues, and valuable sources acknowledged below—and a few who wish to remain anonymous. Some will be thanked more than once, in their different capacities. All three of us would like to recognize everyone connected with the Veterans Healthcare Policy Institute (VHPI). We thank Russell Lemle for his consistent support and insight into veteran suicide and many other mental health issues. Paul Cox and Lou Kern have shared their varied experiences as Vietnam veterans and advocates for veterans' causes. Paul Sullivan, national vice-chair of Veterans for Common Sense, has generously shared his expertise about VA benefits, burn pit exposure, and many other issues.

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podcasts, there are none better than *Fortress on a Hill*, a collaboration between Danny Sjursen, Chris Henrikson, and Keagan Miller, and *Hell of a Way to Die*, hosted by Francis Horton and Nate Bethea.

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INTRODUCTION

FRIENDLY FIRE

Wow, wouldn't this be something. I fight in Iraq and Afghanistan just to be killed in the House of Representatives.
—TONY GONZALES, a newly elected House member, after a pro-Trump mob including fellow veterans stormed Capitol Hill on January 6, 2021

Anybody who's ever served in the military—or even just read a book or seen a movie about waging war—knows that one of its occupational hazards is coming under fire from your own side. Being shot at, shelled, or strafed mistakenly by fellow soldiers during training exercises or combat can be a fatal problem for even the most formidable of generals (Stonewall Jackson, for instance).[1] Active duty has also been the source of service-related injuries and illnesses, postwar personal woes, and political betrayals not caused by any hostile nation. Millions of US military veterans have experienced such "friendly fire," first in uniform and later as veterans. Our mission in this book is to assess the resulting loss and damage many suffer in their work and personal lives and the political harm caused by some institutions and individuals who advocate for veterans or purport to be on their side.

The disconnect between patriotic celebration of veterans and how returning soldiers are actually treated has a long history in the United States. In the 1780s stalwart survivors of George Washington's Continental Army were paid in paper currency that was nearly worthless and not accepted by banks, merchants, or local governments demanding overdue property tax payments. Many citizens who had volunteered to liberate the colonies from British rule ended up impoverished as a result. Some suffered humiliating eviction from their small farms or postwar incarceration in debtors' prisons. High-ranking officers fared better, as they always do. They received pensions, some of which were transferable to their widows and orphans.[2]

After the Civil War, hundreds of thousands of demobilized Union soldiers had great difficulty supporting themselves and their families. Only the severely disabled were eligible for care in a few newly created soldiers' homes. The *Army and Navy Journal*, a military publication, offered the helpful advice that veterans should avoid becoming "dirty loafer[s]" if they wanted to succeed in civilian life. Those who developed "new muscular habits," rather than succumbing to personal despair and reliance on charity, would eventually find jobs and housing; those who sought any special help would end up fatally dependent on it.[3] When, in 1890, members of the Grand Army of the Republic were finally awarded pensions not tied to death or disability while on active duty, the *Nation* proclaimed, "The ex-Union soldier is . . . a helpless and greedy sort of person, who says that he is not able to support himself and whines that other people ought to do it for him."[4]

After the First World War, 3.6 million veterans were promised bonus payments—but not until twenty-seven years after their service. When the Great Depression began, that was too long for many to wait. So in 1932, twenty thousand impoverished former soldiers descended on Washington, DC, to petition Congress and the White House for immediate payment. Conservative national groups representing veterans, like the American Legion, criticized their multiracial encampment and refused to support it. President Herbert Hoover, a Republican, denounced the protest organizers as communists and criminals. Under his orders, the so-called Bonus Marchers were brutally attacked and dispersed by Army units led by three midcareer officers destined to become our most famous World War II generals.[5]

The losers of that one-sided domestic battle helped others who served abroad after them. Not only did Congress authorize payment of $2 billion in bonus money to World War I veterans four years later, but the Servicemen's Readjustment Act of 1944—better known as the GI Bill—was enacted, in

part, to avoid similar or worse postwar unrest among the next generation of returning veterans. As one historian explains, "If the twelve million veterans of World War II had been dumped off the boats like the nearly four million from the previous world war and given only $60 and a train ticket home, with neither educational nor economic opportunity awaiting them when they got back, violent revolution might have easily been sparked."[6]

Yet one generation after a broad swath of former "citizen soldiers" gained greater access to housing, healthcare, and higher education via the GI Bill, veterans of the most unpopular conflict in US history felt less well treated when they returned home. Their alienation from the war that hundreds of thousands were drafted or enlisted to fight began on active duty in Vietnam and military bases located in what are now called "red" states. As US intervention in Southeast Asia turned into a bloody quagmire, dissent within the military took the form of desertions and equipment sabotage, rioting in military stockades, and deadly assaults on officers known as "fragging"—a grenade-assisted form of friendly fire that was not unintentional.[7]

On the home front, uniformed foes of the Vietnam War created a nationwide network of off-base coffeehouses where they could listen to music, read GI-written leaflets and newsletters, and socialize with each other and their civilian allies. This helped break down the military/civil society divide, which is far wider today—largely because of the postwar creation of an "all-volunteer force" to replace the dissident draftees of fifty years ago. While histories of the period highlight campus unrest, soldiers on active duty and reservists opposed the war with growing fervor and, ultimately, greater impact. By 1970, according to Vietnam-era veteran and University of Notre Dame historian David Cortright, this rank-and-file rebellion "played a decisive role in limiting the ability of the U.S. to continue the war."[8]

A year later, Vietnam Veterans Against the War (VVAW) created a Bonus March–style encampment in Washington, DC. Ridiculed and red-baited by older veterans' groups, they demanded peace in Vietnam and recognition of their own postwar needs. Their brave stand signaled the beginning of a long struggle for expanded GI Bill coverage, veterans' healthcare reform, and compensation for exposure to Agent Orange—the chemical herbicide widely used in Vietnam with toxic aftereffects for combatants and civilians alike. Survivors of the hazards of World War II and Korea now represent less than 10 percent of all veterans. About half served during the Vietnam era or periods of peacetime before or after it. And the fastest-growing veteran cohort, which includes 2 million women, was part of the professional military

deployed during the first and second Gulf Wars, the occupation of Afghanistan, and other conflicts around the globe.[9] By 2021, about 11 percent of all US veterans were female.[10]

Prior to 1973, military service was a burden more widely shared by the entire adult male population, even with draft deferments that unfairly privileged college students. For better or worse, abolition of conscription, while maintaining selective service registration by men, ended a two-century-old tradition of citizen soldiering. It helped the Department of Defense (DOD) reduce the risk of political dissent within its ranks—and society at large—by putting "distance between the army and the American people."[11] This post-Vietnam reorganization of the military has been the single greatest influence on where and how modern-day soldiers are recruited and what kinds of problems they experience when transitioning back to civilian life.

Architects of the all-volunteer force, like Army Secretary Stanley Resor, were initially concerned that "a political draft would be replaced by an economic draft of the poorest Americans," leaving the military attractive only to those "on the economic margin."[12] To encourage wider enlistment, particularly during periods when patriotic fervor would be an insufficient incentive, the Pentagon built what historian Jennifer Mittelstadt calls "a military welfare state." Pay, pensions, and housing allowances for career soldiers were much improved, and veterans' benefits, as a "reward for faithful service or compensation for loss," were emphasized far more than in the past. Via the Department of Veterans Affairs (VA), millions of former service members gain access to free higher education, job training and counseling, home mortgage assistance, and medical care in the nation's largest public healthcare system. When seeking employment in both the public and the private sector, veterans enjoy hiring preferences that give them an edge over other workers in the civilian job market. According to Mittelstadt, such arrangements have the effect of "differentiating the veteran from the civilian and elevating him as worthy of entitlement."[13]

The veteran community jealously guards these entitlements, sometimes to the detriment of its own 19 million members, who now constitute just 7 percent of the adult population, down from 18 percent in 1980. Passage of the original GI bill, which benefited all who served during World War II, was initially opposed by several groups fearful that assistance to disabled combat veterans would be underfunded as a result. As noted later in this book, fewer than half of all veterans today receive healthcare coverage through the VA. Yet past attempts to extend the VA's system of socialized medicine to more veterans or their families have been thwarted by some of their own

organizations. As one Washington, DC, advocate for veterans told us, he even gets angry when proponents of Medicare for All cite the VA as a good functioning model of single-payer healthcare. VA benefits belong to us, he exclaimed, because we earned them. If other Americans want free higher education or VA-style medical coverage, they should enlist, he argued. Any universalization of these benefits would, in his view, be tantamount to breaking the sacred promise, made by Abraham Lincoln and now carried out by the VA, to care first "for him who shall have borne the battle, and for his widow, and his orphan."

When political homage is paid to veterans, no speech is more often invoked than Lincoln's Second Inaugural Address, which contained those few words but a larger message as well. Like more than half of all US presidents, Lincoln was himself a veteran—of brief home-front service in the Illinois Militia. Speaking on March 4, 1865, on the eve of Confederate surrender to a vast citizen army, Lincoln asked Union supporters to approach their next challenge "with malice toward none" and "do all which may achieve and cherish a just and lasting peace, among ourselves, and with all nations."[14]

According to Civil War historian and Princeton University professor Allen Guelzo, Lincoln had no intention of carving out a special space, in postwar society, for veterans or their survivors. His overriding concern was implementing a process of national reconciliation. Former service members were part of this process, for sure, but not its sole focus. Lincoln's call to "bind up the nation's wounds" was not limited to those soldiers injured on the battlefield, but addressed the need for broader healing. Despite his deep personal connection to those who served under him, the nation's greatest nineteenth-century commander in chief did not favor putting veterans on a pedestal or turning them into a privileged caste.[15]

THE ALL-VOLUNTEER FORCE

As revealed in the chapters that follow, this is not the attitude of many veterans' organizations today, modern politicians pursuing the "veteran vote," or corporations and philanthropies branding themselves as "veteran friendly." In the past fifty years, many former soldiers have gone from seeing themselves as representative of the civilian society they served to feeling quite estranged from it. That larger society, in turn, has less connection with the experience of military service than ever before. During the First and Second World Wars, the US military, made up of citizen soldiers, largely reflected the US population. During the Vietnam War, although draft deferments favored

those who could go to college or graduate school, the burden of service was nonetheless still shared by more than 1 percent of the US population. All of that changed in 1973 when the United States ended conscription and shifted to an all-volunteer military. As military historian Andrew Bacevich explains this shift, "The viability of the all-volunteer force depended . . . on the army's ability to create credible paths to career success for those who were not white and not male."[16]

The US military has thus developed far greater gender, racial, and ethnic diversity. After much struggle, it was also forced to accept more women as well as openly gay and transgendered recruits. According to DOD statistics, nearly a third of the 1,304,418 men and women on active duty in 2018 identified themselves "as a racial minority (Black or African American, Asian, American Indian, or Alaska Native, Native Hawaiian, or Other Pacific Islander, Multi-racial, or Other/Unknown)."[17] Other estimates put the percentage of people of color in uniform even higher—at 43 percent.[18] The Armed Forces now employ more women than ever before, including in combat roles since that ban was lifted in 2013. About 280,000 women have served in Iraq and Afghanistan since those post-9/11 deployments began. About 16 percent of all enlisted personnel and 18 percent of all officers are female.

Reflecting gender discrimination, the legacy of their exclusion from combat, or both, far fewer women serve as higher-ranking officers; only six have ever attained four-star rank. Black officers face their own obstacles to career advancement, particularly in the Marines. In the past they have "typically specialized in logistics and transportation, like moving supplies or driving trucks, and not in combat arms specialties like infantry or artillery," where their white counterparts are able to win faster and higher promotions. As of 2020, only two of the forty-one most senior commanders in all branches were Black. Yet, reflecting the overall demographic shift in the enlisted ranks, a quarter of all veterans are now nonwhite.[19]

Meanwhile, military service remains as much motivated by the economic draft as appeals to patriotism and public service. According to the Council on Foreign Relations, only 17 percent of recruits come from families that have a household income of $87,000 or more. Most come from families with a household income between $41,000 and $87,000, and 19 percent from households with an income lower than $41,000 a year.[20] Military recruiters sign up poor and working-class Americans in disproportionate numbers from particular states and regions where a tradition of military service remains strong and local economies are weak. As Matt Kennard revealed in his 2015 book, *Irregular Army*, the manpower needs of the simultaneous US military

occupations of Iraq and Afghanistan required a lowering of physical and mental fitness standards and a dangerous "loosening of enlistment regulations on criminals, racist extremists, and gang members" (some of whom later wreaked havoc at home and abroad, with unauthorized acts of violence).[21] As we report later in this book, recruiters today meet their quotas by playing up the future job market advantages of having military training and access to GI Bill coverage, as opposed to crushing student debt. Plus, there is the immediate lure of medical insurance and other benefits better than any offered in the private sector to minimum-wage workers with a high school diploma or less.

When seventeen-year-old Cruz Gonzalez,* the daughter of undocumented Mexican immigrants, checked out the Army Reserves, she was told that enlisting would help her parents become citizens. (An asterisk will be used throughout the text to indicate that a person requested a pseudonym.) Her recruiter stressed that military service would "open up a lot of doors education-wise, give me free healthcare and job security. . . . I would be at the top of every single pile when employers are looking for new employees because everyone wants workers who are self-motivated, which is what you become in the military." West Virginia native Dennis White was a high school dropout working at Wendy's for $5.15 an hour before he joined the Army and its infantry surge in Iraq in 2007. "When you come from nothing, the military doesn't seem so bad," he says. "You get fed three times a day and you get paid pretty well, so it wasn't a bad move for me because I got to escape a crazy economy at the time of the recession."[22]

In the left-behind precincts of rural and urban America, military service has become a family business. In 2019 nearly 80 percent of all new Army recruits reported that they had a family member in the military, and 30 percent disclosed that it was a parent. In Dennis White's case, both his father and grandfather served before him and then became blue-collar workers. As two military family members explain in a book called *AWOL* about the "unexcused absence of America's upper class from military service," a major influence on enlistment decisions is recruits' past personal contact with veterans or active-duty service members they personally admired.[23]

Only about one-third of all Americans under thirty today have any such familial or community connection to the military, which is not surprising: the percentage of veterans in the adult population has shrunk by half since 1990, to 7 percent or less.[24] Four out of ten young people say they have never personally considered joining the military. In 1974 about half of all Americans who did so came from the South or Southwest. Today that figure is

closer to 70 percent. Not surprisingly, the states with residents overrepresented in the military are also those with a disproportionate number of DOD facilities and military families living around them—Texas, Nevada, Arizona, Virginia, Alabama, Georgia, and North and South Carolina.[25]

The burden of military service is not just shared by a much narrower slice of the total population. The 1 percent who serve have been fashioned into what Army Major Daniel Sjursen (now retired) calls "a homegrown foreign legion." One architect of that transformation was the infamous Donald Rumsfeld, secretary of defense under President George W. Bush, who argued on the eve of the US invasion of Iraq that a "smart and nimble force" could "do more with less."[26] The simultaneous US occupation of Afghanistan, which continued over two decades, poured many of the same troops into both countries, often more than once. As former assistant secretary of defense Lawrence J. Korb points out, multiple deployments without adequate "dwell time" or relief periods between each combat tour increased the risk of veterans suffering from posttraumatic stress disorder (PTSD) by 50 percent.

The active-duty component of the all-volunteer force was insufficient to meet the personnel demands of the Global War on Terror, as waged in open-ended fashion by Presidents George Bush, Barack Obama, and Donald Trump. National Guard and Reserve units, which carry about 800,000 Americans on their rolls, were repeatedly tapped for combat-zone service. As Korb notes, "When these men and women complete their deployments, they are normally deactivated and lose their U.S. Department of Defense (DOD) military health care benefits and are thrown back into the civilian health care system."[27] As a result, they often lacked support structures and services available to active-duty families living on or near military bases.

Pentagon planners succeeded in keeping overall death tolls down among troops deployed to Middle Eastern combat zones by privatizing military functions. What researcher Heidi Peltier calls the "camo economy" enables US war planners to announce troop withdrawals while simultaneously maintaining or expanding our military presence abroad by "relying more heavily on contractors." According to Peltier, during the final year of Trump's presidency, contract employees actually outnumbered active-duty troops in the Central Command region that includes Iraq and Afghanistan by 53,000 to 35,000.[28] By mid-2020, the total number of combat-zone deaths among private contractors since September 2001 numbered about eight thousand, versus seven thousand soldiers killed while wearing a uniform. Fortunately, advances in medical care ensured that "the ratio of severely wounded service

members surviving potentially fatal injuries" was "more than five times higher in the wars in Iraq and Afghanistan than in any previous war."[29]

ADJUSTMENT PROBLEMS

Hundreds of thousands of post-9/11 veterans returned home after repeated deployments, but some were no longer "nimble." Doing "more with less" for them as veterans did not work out any better than Donald Rumsfeld's Iraq invasion plan. Between 2006 and 2015, the number of veterans requiring VA-provided mental health care rose from 900,000 annually to 1.6 million, a reflection of the ongoing collateral damage from "forever wars." Other VA patients had gunshot wounds, lost limbs, traumatic brain injuries, PTSD, or respiratory problems from burn pit exposure. Women who served and were subjected to sexual harassment, physical assault, and rape bore the scars of military sexual trauma. Veterans of all types experience higher-than-average rates of joblessness, homelessness, chronic pain, mental illness, and substance abuse. These problems were particularly acute among formerly enlisted men and women who returned to poor and working-class communities slow to recover from the Great Recession of 2007 and 2008. Their experience of military service added new wounds of war to the not-so-hidden injuries and preexisting conditions of class.

Not surprisingly, 44 percent of post-9/11 veterans reported reintegration problems after leaving the military, as compared to only 25 percent of earlier veterans.[30] Some retained a strong sense of civic responsibility and a continuing desire to serve a higher purpose. For others, service-related injuries or emotional problems were personally crippling. Novelist Elliot Ackerman, a Marine officer who completed five combat tours in the Middle East, describes the soldier who, as a civilian, "must reintegrate into society, find happiness and a new purpose . . . in a job at Home Depot, going to college, working in real estate. Nothing compares to what he has just done. . . . A certain depression sets in: the knowledge that the rest of his days will be spent sitting on his front porch, sipping Coors Light, watching life pass by."[31]

Instead of feeling comfortable in civilian society, some veterans—regardless of their political leanings—experience feelings of alienation, anger, and resentment toward fellow citizens. In their view, the 99 percent who do not serve too often display little understanding or concern for those who did, beyond obligatory displays of what Daniel Sjursen calls "performative patriotism."[32] In his memoir, *Touching the Dragon*, former Navy SEAL James Hatch recalls being "forced to reintegrate into a society that I had spent two decades

defending, but in which I didn't feel I had a place." Hatch enlisted in the Navy at age eighteen and was so disdainful of fellow sailors who just wanted to "gain skills they could use later on as civilians" that he became a real "warfighter," always "close to the enemy."[33] Before devastating injuries ended his career, Hatch survived 150 direct-action missions in Bosnia, Africa, Iraq, and Afghanistan. According to Hatch, in addition to experiencing a "serious volume of fighting," his generational cohort of special operators face "a serious volume of aftermath. Marriages falling apart. Alcoholism. Guys getting kicked out of their houses. Guys drowning in opioids. The real recoil hasn't even hit yet."[34]

Kayla Williams was a "rare open progressive" when serving as an Arabic-speaking linguist in the Army's 101st Airborne Division. Yet after returning from Iraq, she found "the shallow pettiness of so many Americans" to be "incredibly off-putting." She had, after all, "watched a man bleed to death, been shot at, heard mortars fall nearby, endured the fear and privation of a year at war, put up with the sexual harassment and the isolation of being the only woman around for months on end. What did these selfish civilians with their insignificant concerns understand about that? I had nothing in common with them. . . . I only felt normal when I was with others who had been in combat."[35]

Jason Kander, a liberal Democrat and lawyer from Missouri who served in Afghanistan for just four months, returned home without physical injuries to pursue a career in state politics. Nevertheless, he felt saddled with survivor's guilt. He remembers "going out to dinner and seeing people having a good time with friends and thinking, 'Don't these people know what's going on over there? How can everyone act like everything's fine? . . . How can everyone act so normal?'"[36] When Erik Edstrom got home, the West Point graduate turned Afghan War critic received "thudding back slaps and free beers from well-meaning civilians" in bars and restaurants. But over time, he felt that "when it comes to our military, the mantra of the public is: thank, don't think. To most of them, war—the war my friends died for—was elevator music."[37]

POLITICAL ALIENATION

As sociologist and Vietnam vet Jerry Lembcke told us, "This generation of veterans went off to Iraq and Afghanistan with more hoopla than any generation since World War II. But a lot of them, particularly the men, came back deflated and disappointed with the experience they had. It did not live

up to the mythology of what war is supposed to be, because there is no glory in these inglorious wars." According to Lembcke, the resulting feelings of depression, alienation, or betrayal experienced by some veterans have been turned into generic "anger against the government" because "they've got to blame somebody" for putting them in harm's way.

During his first presidential campaign, Donald Trump unexpectedly tapped into this vein of veteran discontent, despite his own lack of military service and what appeared to be a series of fatal political gaffes. While running for the White House in 2016, Trump famously dissed a Gold Star family who lost a son in Iraq. He called Senator John McCain, America's most famous prisoner of war, a "loser" for being captured in Vietnam. When asked about widespread sexual assault in the modern-day military, he said it wasn't a serious problem. After a Trump campaign event held for the ostensible purpose of aiding veterans' charities, the candidate had to be publicly shamed into making his own promised donation. By contrast, while serving as New York's junior senator Hillary Clinton helped members of the National Guard and the Reserves gain greater access to health benefits. During her 2016 campaign for the presidency, she released a comprehensive, twelve-page policy paper for veterans. Trump's was less than one page long. Clinton won endorsements from 110 former military leaders, far more than favored Trump. But, in multiple ways, the Clinton campaign did not regard veterans—who vote in disproportionate numbers and represent about 13 percent of the nation's active electorate—as a constituency worth cultivating. Her phone bankers failed to collect information about past military service that could be used to make targeted follow-up calls; instead of veteran-focused messaging, her campaign employed generic "get out the vote" (GOTV) scripts. And Clinton, unlike Trump, was not a campaign critic of the forever wars in Iraq and Afghanistan, which she, as a leading US senator, had strongly supported.

The Republican ground campaign behind Trump easily out-organized the Democrats among veterans and military families. With a multi-million-dollar budget, the party-backed group known as GOPVets was tasked with boosting vet voter turnout, which ended up being 2.8 million greater in 2016 than four years earlier. GOPVets deployed fifty former members of the military to work as full-time organizers and set up task forces in swing states with large veteran populations, including North Carolina, Florida, New Hampshire, Ohio, and Pennsylvania. Hundreds of volunteers were trained on veterans' issues and then knocked on more than a million doors. An allied organization called Concerned Veterans for America (CVA) used its

ample funding from the Koch brothers to knock on 250,000 more doors. Pro-Trump mailers were not just mailed out; they were handed out, one-on-one, by volunteers to fellow veterans at American Legion posts, NASCAR races, and Blue Angel air shows.

On Election Day in 2016, Trump lost the popular vote by more than 3 million, but veterans played a key role in his electoral college win over Clinton. Nationwide, 60 percent of all veterans cast their ballots for a wealthy recipient of five draft deferments, based on Republican promises that he would boost military pay, make America great again, and address concerns about veterans' healthcare. An analysis of 2016 voting data conducted by Francis Shen and Cornell University's Douglas Kriner found exceptionally high support for Trump in blue-collar communities that had suffered some of the highest post-9/11 combat casualty rates. Their findings suggested that this voter turnout was crucial to Trump's narrow defeat of Clinton in three decisive swing states: Pennsylvania, Michigan, and Wisconsin. Among former military personnel, Trump beat Clinton by a twenty-six-point margin nationwide, a bigger percentage of the vet vote than John McCain's share when he ran against Barack Obama in 2008. Trump also performed well in areas with large active-duty voting populations. For example, Montgomery County, Ohio—home to the city of Dayton and a significant portion of Wright-Patterson Air Force Base in nearby Greene County—went to Trump after favoring Barack Obama in 2008 and 2012. Trump also outperformed past Republican presidential nominees in North Carolina's Onslow County, home to the Marine Corps's Camp Lejeune.[38]

Once in office, Trump continued to make anti-interventionist head feints. Meanwhile, he packed his administration with former generals who earned their extra stars in the nation's failed forever wars. He proposed ever-larger Pentagon budgets and new weapons programs. At the VA, under the guise of giving veterans greater healthcare "choice," Trump empowered would-be privatizers of the agency. Trump's initial legislative achievements included passage of more than a dozen bills involving veterans. As his second VA secretary, Robert Wilkie, proclaimed, "No president in the post–World War II era has ever put veterans at the center of both his campaign and his administration until President Trump did."[39] A Pew Research poll conducted in mid-2019 showed that Trump remained popular among veterans even while US military intervention in Iraq and Afghanistan was viewed unfavorably by a majority of those surveyed.[40]

Fortunately, before the votes of 19 million veterans, plus an additional 2 million active-duty military personnel and their family members, were in

play again, Trump became a self-proclaimed "wartime president." His poor performance in the domestic battle against COVID-19, its disastrous economic impact, and the White House response to nationwide protests against police brutality put wind in the sails of a 2020 presidential candidate with broader appeal than Hillary Clinton. Like Clinton, Joe Biden had been a senatorial supporter of US intervention in Iraq during the Bush administration; unlike Clinton, he later questioned the wisdom of a military escalation in Afghanistan while serving as Obama's vice president. Among other advantages, Biden benefited from being part of a military family. His oldest son, Beau, served as a Delaware National Guard major in Iraq; Beau's premature death at age forty-six after suffering a stroke and then brain cancer led his father to wonder whether burn pit exposure might have been a contributing cause.

As we recount later in the book, veterans in Congress—even when elected as proponents of greater bipartisanship—were sharply divided along party lines on issues related to Donald Trump. In the veteran population at large and among active-duty soldiers, growing anti-Trump sentiment found expression not just via support for other presidential candidates but in myriad forms of public disapproval.[41] By the fall of 2020, even retired generals and colonels, once part of his administration, had become critics of Trump's threatened use of the military—other than the National Guard—against Black Lives Matter protesters. Mindful of the all-volunteer force's growing racial diversity, these top officers and their successors at the Pentagon also broke with the White House over its resistance to rebranding military bases still named for Confederate traitors. And, for veterans who didn't think it was "fake news," Trump's private disparagement of dead soldiers as "suckers" and "losers" was a final pre-election insult.

Trump's even bigger defeat in the 2020 popular vote, plus his electoral college loss, didn't eliminate the continuing appeal and threat of Trumpism. One group that helped chip away at veteran support for Trump was Veterans for Responsible Leadership (VFRL), which recruited several thousand members during the presidential campaign.[42] Its cofounder, Naval Academy graduate and Vermont physician Dan Barkhuff, posted anti-Trump messages on YouTube that drew nearly 3 million views. As Barkhuff told the *New Yorker*, most of the group's initial supporters, who had served in the military, were "Republicans disgusted with Trump." VFRL asked all new recruits to abide by a Veteran Code of Conduct that commits signers to "stand for the equality and dignity of all" and to "hold all elected leaders, government servants, and law enforcement to the highest moral, ethical,

and professional standards." After the 2020 election, but before its results were finalized, Barkhuff announced that VFRL was turning its attention to veterans who've "lost their way" and embraced the tribalism of right-wing paramilitary groups. Barkhuff expressed hope that VFRL could become a rival "tribe," capable of competing with "the white nationalism of Trump."[43]

Three weeks later, during the final stage of the presidential election process on January 6, 2021, Capitol Hill was stormed by a pro-Trump mob. Former military personnel were disproportionately represented in this crowd of thousands—and on later lists of those charged with criminal activity.[44] One participant was a retired Navy SEAL whose company taught SEAL-type tactics to local police departments; a month before the event, he posted a Facebook video proclaiming, "Once things start going violent, then I'm in my element."[45] Another who arrived early to case possible entrances was Keith Lee, an Air Force veteran, former private contractor in Afghanistan, later a police detective in Texas, and, by 2020, a sales manager laid off during the pandemic. Using a bullhorn, forty-one-year-old Lee helped direct right-wing militia members into the building, setting up a clash between veterans.[46] During this spasm of violence, Ashli Babbitt, a fourteen-year veteran of the Air Force, was fatally shot by a police officer when she tried to gain forcible entry to the House Speaker's Lobby. On the law enforcement side, an Iraq combat veteran, Eugene Goodman, became a Capitol Police hero by leading several senators to safety. Meanwhile, one of his colleagues, an Air National Guard member, was fatally assaulted. An Air Force Academy graduate and retired lieutenant colonel was among those later arrested and charged with invading the Senate chamber. A fifty-year-old former Marine from Ohio with a history of addiction, domestic violence, and racism pushed his way into the building wearing "a combat helmet, ballistic goggles, and a tactical vest with handheld radio."[47] His preferred tribes were the Ohio State Regular Militia, a local paramilitary group, and Oath Keepers, a national network of right-wing "patriots" created by a former Army paratrooper.

Tony Gonzales was one of the veterans in Congress risking friendly fire when they helped barricade House chamber doors and usher colleagues away from such assailants. A newly elected Republican from Texas, Gonzales was considered a "traitor" because he favored certification of Biden's victory. As Trump-incited rioters descended on his new place of employment, the former naval officer thought: "Wow, wouldn't this be something. I fight in Iraq and Afghanistan just to be killed in the House of Representatives."[48]

If there was any collective realization at that moment, bipartisan or otherwise, it was that the political allegiance of veterans and their families could not be ceded to right-wing extremists. To do so would mean electing more Donald Trumps and dooming future federal efforts to aid millions of poor and working-class Americans, whether they served in the military or not.

A SYSTEM WORTH SAVING—FOR ALL OF US

This pivotal confrontation on Capitol Hill—and the contest for the vet vote in 2020 that preceded it—should dispel any simplistic notion that US military veterans are monolithic in their political outlook. As we explain in this book, the field of veterans affairs is complicated terrain because of the latest fractures and failings of various institutions ostensibly devoted to veterans' well-being. The most influential players on this field include the Department of Defense (DOD), the former employer of all veterans; the Department of Veterans Affairs (VA), the federal agency officially charged with salving their postwar, service-related wounds and providing them with myriad benefits; the veterans' service organizations (VSOs), old and new; self-proclaimed veteran-friendly philanthropists and employers; investor-owned firms now positioning themselves to become caregivers for veterans at government expense; and both major political parties, their candidates, and wealthy donors, all wooing the vet vote during every election cycle, with varying results for themselves and veterans.

Within the federal government, the interplay between the DOD and the VA is critical. Think of America's wars, and related military service, as creating a huge funnel between its largest and second-largest federal agencies. Entering at the top of the funnel, via the DOD, are former draftees and enlisted men and women who've been discharged favorably. Hundreds of thousands carry mental or physical wounds of war associated with combat. Others—who served near or far from the front lines—sustained job-related injuries or illnesses similar to those experienced by millions of blue-collar workers in civilian life. Their common need for healthcare services or later disability benefits—what is called "workers' compensation" in the civilian world—is met at the other end of the funnel by the VA, which operates the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA).

Many American workers who get hurt on the job or develop an occupational disease soon become familiar with the shortcomings of our state-based

system of workers' compensation. In most states, benefit levels are too low. Private employers fight workers' claims. Rehabilitation services are fragmented and managed by private insurers. Workers who get approved treatment for specific work-related conditions may not be able to return to work. At some point this deprives them of job-based medical coverage for themselves and their families. So even successful workers' comp claimants can end up in personal bankruptcy due to unpaid bills for care. By contrast, veterans who become VHA patients, due to their low income, service-related health condition, or recent deployment in a war zone land on an island of socialized medicine within our larger system of private insurance and for-profit healthcare delivery.[49]

Like the National Health Service in the UK, the VHA is an integrated national network of public hospitals and clinics providing direct care. It's not a hospital chain competing with others for market share, nor is it a collection of physician practices or specialty services reimbursed by private insurers, Medicare, or Medicaid. All VHA doctors, nurses, therapists, and other professional and nonprofessional staff are salaried, not paid on a fee-for-service basis. VHA caregivers are trained to identify and treat the signature wounds of particular wars as well as other medical conditions resulting from military service at home or abroad. Its primary care providers and specialists know how to recognize conditions like Agent Orange–related diabetes or respiratory problems related to past toxic exposures. Every VHA employee receives some training on how to better recognize and assist patients who are suicidal. Thousands of VHA mental health providers are taught the latest evidence-based treatments for PTSD, while outside the VHA, only 30 percent of private-sector providers employ such treatments.[50]

About a third of the VHA's 300,000 staff members are veterans themselves, which helps create a unique culture of empathy and solidarity between patients and providers that has no counterpart in American medicine.[51] About 120,000 VHA employees are union members. Due to collective bargaining rights, VHA management must pay more attention to the kinds of occupational hazards that are widespread in healthcare work, particularly in private-sector hospitals without unions. The VHA was the first and remains one of the few US healthcare systems to install the kind of lift equipment that helps nursing staff avoid debilitating and often career-ending back, neck, and shoulder injuries.[52] Due to the troubled and occasionally violent behavior of some patients, the VHA takes exceptional measures to ensure safe conditions for its staff.[53]

Unfortunately, in Congress, the harm-inflicting DOD has a bigger fan club than the caregiving VHA. When the Pentagon seeks a bigger budget, the House and Senate, with few dissenting voices, conduct an annual contest to determine which body can allocate more funding faster. There's far less eagerness to acknowledge and address the full, long-term costs the nation has incurred as a result of its $5.8 trillion worth of post-9/11 military spending. In her 2021 study for the Costs of War Project, Harvard professor Linda Bilmes warns that the United States "risks defaulting on our financial obligation to this generation of veterans" because total expenditures on their healthcare and other benefits are now projected to reach $2.5 trillion by 2050.[54]

Instead of grappling with how to pay this growing tab, Republicans, who never find fault with the Pentagon, fixate on VHA failings, real or imagined. Democrats, who rarely challenge Big Pharma, for-profit hospital chains, or commercial insurers, often join their GOP colleagues in criticizing the VHA's handling of veterans' problems (while rarely crediting the DOD as the source of many of them). As we show later in the book, this political dynamic has helped shape media depictions of the VHA as an always "troubled," "dysfunctional," or "scandal ridden" federal agency, whereas the DOD is rarely described in these terms regardless of how many costly, wasteful, or failed wars it has waged.

The fact that most VHA patients strongly support public provision of their care creates a challenge for its would-be privatizers.[55] Legislation that has already diverted billions from the VHA's budget to the private healthcare industry had to be carefully framed as a way to empower veterans as patients by giving them more consumer "choice." Veterans have also been the target of a disinformation campaign designed to turn them against Medicare for All. Conservatives falsely claim that making existing single-payer coverage for seniors into a universal program would eliminate the veterans' healthcare system. In reality, as proposed by Senator Bernie Sanders and others, Medicare for All would maintain the VHA and help the majority of veterans who must now depend on private insurance, for themselves and their families, until they reach Medicare age because they are not VHA-eligible.

As Paul Sullivan, a Gulf War combat veteran and former deputy secretary of the California Department of Veterans Affairs, points out, "The forces against quality healthcare for all Americans know that a fully funded and staffed VHA would set a shining example for the national healthcare they bitterly oppose." By hindering the agency's ability to perform its basic mission, as the Trump administration did for four years, Republicans hope to discredit government-run healthcare in any form.

WHAT THE VA DOES WELL (AND STILL POORLY)

The modern-day VA has an overall budget of $243 billion (FY 2021), which funds not only VHA-provided medical care but higher education, job training and counseling, vocational rehabilitation, home loans, life insurance and burial services, pensions, and disability compensation. VA benefits are determined and administered by the Veterans Benefits Administration (VBA). The VA achieved cabinet status in 1989, not long after Ron Kovic's Vietnam War memoir, *Born on the Fourth of July*, was turned into a popular Hollywood movie starring Tom Cruise.[56] As that film vividly depicted, veterans' hospitals were not prepared for an influx of badly wounded soldiers, including Kovic, in the post-Vietnam era. Underfunding and understaffing left VHA facilities in shocking physical condition. Kovic's account of his experience as a VHA patient, shared by many others, helped propel the VA reform efforts, led by Michigan congressman David Bonior and others, that we describe in chapter 4. The resulting shake-up of the Department of Veterans Affairs bureaucracy, which took several decades, ultimately resulted in dramatic improvements in healthcare delivery, including making services more accessible via a network of community-based "Vet Centers."[57]

By the 1990s, under the leadership of Kenneth W. Kizer, a physician, public health expert, and veteran who was President Clinton's VA undersecretary for health, the VHA had expanded its hospital-based system to include primary care, mental health, and patient safety programs. Its IT staff created a pioneering system for electronic medical record–keeping. One group of healthcare experts studying these initiatives concluded that the VHA was "engaged in far-reaching and innovative changes in American health care."[58] By 2006 the VHA was even receiving accolades from the conservative business press. *Fortune* ran a story on veterans' healthcare with the banner headline "How the VA Healed Itself."[59] *Bloomberg Businessweek* declared that the VHA had "the best medical care in the U.S."[60] The *Harvard Business Review* described the VHA's "turnaround" as the largest and most successful institutional transformation of its kind in US history.[61]

Today the VHA delivers care to almost 9 million eligible veterans at over 1,255 sites, including 170 medical centers and 1,074 outpatient sites. Its facilities include primary care clinics, geriatric and palliative care services, surgery, rehabilitation facilities, nursing homes, inpatient residential programs, and campus- and community-based centers.[62] In spite of contemporary challenges like COVID-19, multiple studies confirm that the VA delivers care that is more integrated, more coordinated, and of higher quality and lower

cost than almost any other healthcare system in America.[63] One source of cost-savings is the VA's singular ability to negotiate better drug prices for the 5 million veterans whose prescriptions it fills. As a 2020 study by the Government Accountability Office found, the VHA paid Big Pharma approximately 54 percent less than Medicare for hundreds of the same brand-name drugs.[64]

Unlike private-sector providers, the VA also addresses what are called the "social determinants of health" by helping its patients find job training, employment, housing, and other support services. The VHA's second major mission is research. Among the VA breakthroughs that have helped all patients are the development of the shingles vaccine, the nicotine patch, and the first implantable cardiac pacemaker. The VHA has launched the Million Veteran Program to explore the impact of genetics on health and is also on the front lines of COVID-19 research, involving long-term effects of the virus.

Since 1946 the VHA has been affiliated with major academic medical centers throughout the country. It now trains 70 percent of the nation's medical residents and 40 percent of all other healthcare professionals. The coronavirus pandemic showcased the VHA's additional and lesser-known mission as a backup for the private healthcare system during public health emergencies, natural disasters, and other crises. During the California wildfires of 2018, VHA facilities created command posts that did targeted outreach to thousands of veterans living in fire-endangered communities. In Puerto Rico the VHA medical center was one of the few fully functioning hospitals during and after Hurricane Maria in 2017. During the coronavirus crisis of 2020–21, the VHA set aside ICU and hospital beds for non-VHA patients in all its hospitals and dispatched more than a thousand of its own staff members to assist hospitalized civilians and patients in state-run veterans homes overwhelmed by COVID-19 cases.[65]

The VHA also continues to be the most transparent and accountable healthcare system in the country because it is closely monitored not only by its own Office of the Inspector General and the Government Accountability Office but also by the watchdog organizations we describe in chapters 4 and 5.[66] In addition, any veteran with a complaint about VHA care can take that concern to their own member of Congress, those serving on the House and Senate Committees on Veterans Affairs, and even a special White House hotline.

While many Americans assume that military service makes all veterans eligible for VA coverage, that is definitely not the case. Since 2008, veterans who served in any combat zone after 1998 have been granted five years of free VHA care if they received a discharge under other than dishonorable

conditions. But getting longer-term treatment, related compensation, or noncombat veteran access to the VHA requires filing a successful claim with the Veterans Benefits Administration (VBA) based on a "service-connected disability."

The level of service connection can range from zero to 100 percent (in 10 percent increments).[67] A partial disability finding might result from back or knee injuries incurred while carrying 60- to 100-pound packs during basic training or combat—a problem few civilians connect to military service. Other, more serious, conditions warranting VHA coverage include amyotrophic lateral sclerosis (or Lou Gehrig's disease) or other diseases that were a side effect of Agent Orange exposure during the Vietnam War and the traumatic brain injuries (TBIS) and amputations suffered by targets of improvised explosive devices in Iraq or Afghanistan.

To be awarded a service-connected rating from the VBA, an eligible veteran must have a medical condition that was incurred or aggravated while on active duty. A veteran can, and often does, receive multiple service-connected disability ratings for each claimed medical condition identified. Every veteran has a right to appeal any VBA service-connected disability rating or denial through a claims process. Unfortunately, appeals can take months or years to be resolved, and many are ultimately denied.

Veterans are also eligible for VHA services if they have low incomes or are indigent. Over the objections of many veterans' organizations, Congress in 1986 mandated means testing for health benefits, a system which now employs "more than 3,000 different geographic based income eligibility thresholds across the nation."[68] Until 1996, the only people eligible to go to the VHA were economically indigent or had service connected conditions. In 1996 Congress enacted eligibility reform to allow more veterans to enroll in a system that was moving its primary focus from inpatient care toward outpatient and prevention care. At that time, all veterans were eligible for enrollment and were, according to specific criteria (military history, disability rating, income, among others), assigned to a specific Priority Group. Means testing today applies only to Priority Groups 5, 7, and 8. Because of underfunding, being in Priority Groups 7 and 8 effectively denies access to most veterans who have no service-connected disability or too high an income.[69] By 2019, all of these barriers to VHA access had left an estimated 1.53 million veterans without any health insurance and another 2 million reluctant to seek care because of out-of-pocket costs.[70]

To access the VHA and other benefits, former service members must first establish their official status as a "veteran." As Title 38 of the Code of Federal

Regulations explains, a veteran is "a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable."[71] Someone who served in the National Guard or the Reserves is not considered a veteran by the VA unless they were called to active duty. Eligibility for various forms of VA assistance is much affected by military discharge status.

There are four administrative discharge categories: honorable, under honorable conditions (general), other than honorable, and uncharacterized. An administrative discharge is determined by a service member's commander and assigned without a court-martial. There are two punitive discharges: bad conduct and dishonorable. These cannot be assigned without a court-martial and cover very serious crimes like murder, treason, and rape.

The vast majority of service members receive honorable discharges, even if they were separated for medical reasons before their enlistment contract expired. Other-than-honorable and general discharges are given to people who were "chaptered out" by the military, meaning they left the service before their contract expired for other reasons. This form of discharge has increased fivefold since World War II. As we explain in chapter 1, this is because the military too often punishes soldiers for rules infractions that result from their mental health problems or other service-related conditions.

When the Servicemen's Readjustment Act—known as the GI Bill—was passed in 1944, Congress intended that any solider not discharged under dishonorable conditions should be given access to VA benefits. Veterans' advocates have argued that, with congressional acquiescence, the VA has instead ignored that original intent, as well as its own rules, and deprived hundreds of thousands of service members—more than 575,000 since 1980—of veteran status. These veterans are denied access to all VA programs, including healthcare and education benefits. Since 1980 over 600,000 have received general discharges, which give them only access to healthcare, but not GI Bill coverage or vocational rehabilitation, unless they have a proven service-connected disability.[72] All so-called "bad paper" discharges carry a permanent stigma for the men and women who get them. When veterans leave the military with a DD214 form containing an unfavorable "narrative of separation," they are not eligible for veterans' hiring preferences in public-sector jobs, and may have difficulty finding private-sector employment as well.

Even veterans who have honorable discharges and service-related health conditions must prove their VA eligibility in a system often backlogged with tens of thousands of claims. They have to provide documentation to VBA, often with the help of VSO representatives or lawyers specializing in the field.

They must fill out multiple forms and provide detailed medical evidence to claims processors and doctors who often work for outside contractors, not the VA itself. Too many veterans experience what one VA benefits expert, Paul Sullivan, calls "an adversarial, complex, and burdensome claims nightmare," which breeds anger and frustration among those forced to wait too long for needed healthcare, compensation, or other services. Nevertheless, by 2020, the VBA was dispensing disability payments to 5,905,865 veteran or family beneficiaries; total annual VBA spending on compensation and pensions was $110 billion.[73]

A WORD ABOUT THE P-WORD

On the battleground of veterans affairs, there is much obfuscation about the word *privatization*. As sociologist Paul Starr defined it in a 1988 essay, privatization is a spectrum of activities and goals. At the far end of that spectrum is the complete transfer of public functions or services to a private contractor. At the near end is an incremental shifting of "activities or functions from the state to the private sector" but falling short of any total dismantling of the agency involved.[74] Many Americans associate privatization with the more abrupt change of the first sort in local government service delivery. Their city council decides to contract out garbage collection and disposal. On a particular date, the local Department of Public Works stops picking up the trash. A private contractor like Waste Management takes over the job with its own workforce and equipment.[75]

In the process, as Starr notes, privatizers invariably seek to "break up public employee unions, blaming their members for broader institutional problems." They argue that private provision of public services will make them cheaper, more efficient, and of superior quality. Yet, as Starr points out, these claims belie or obscure well-documented downsides of privatization like lack of outside contractor accountability for inferior performance or the resulting downward pressure on wages and benefits that makes privatization a contributing factor to greater income inequality. Finally, and most perniciously, what Starr calls "privatization by attrition" can starve public education or healthcare programs of needed funds and personnel while further eroding public confidence in government's ability to meet basic citizen needs.[76]

"Privatization by attrition" is an apt description of the continuing threat to veterans' healthcare. Healthcare delivery by the federal government's second-largest agency can't be outsourced as simply or decisively as local solid waste collection. Nine million veterans can't become patients of Kaiser

Permanente or HCA Healthcare, instead of the VHA, overnight. The VHA's scale and complexity as a public institution—plus its popularity among veterans—is such that advocates of privatization must disclaim any intention of shutting down all veterans' hospitals, getting rid of their staff, buildings, and equipment, and shifting all taxpayer-funded treatment to the private sector.[77] Even Concerned Veterans for America, the Koch brothers' front group that helped elect Donald Trump in 2016, says it only favors "VA reforms and more health care options for veterans."[78] Like a smoke screen laid down on the battlefield, this disingenuous stance is designed to obscure, confuse, and mislead. If the damage already done to the VHA, under Presidents Trump and Obama, was better understood, partial outsourcing of its services would be no more welcome than total privatization.

A ROAD MAP FOR THE BOOK

In chapter 1 we describe lesser-known forms of "friendly fire" experienced by men and women on active duty, which create their later need for healthcare and other benefits. Many "wounds of war" like hearing loss, brain damage, or burn pit exposure were not inflicted by any foreign enemy. Instead, they result from the appalling malpractice of the military itself or its private contractors and equipment manufacturers. In this chapter we also explore why and how the workplace culture of the military has become particularly toxic and dangerous for many women. We reveal how conditions at Fort Hood and other such bases can spawn sexual harassment and assault, domestic violence, and self-harm. Rather than ameliorating such conditions or taking responsibility for those damaged by them, the military instead too often resorts to "bad papering"—sending soldiers home with other-than-honorable discharges that deprive them of VA benefits and hamper their later civilian job search.

In chapter 2 we look at life and work after the military, paying particular attention to how the experience of former officers differs from that of enlisted personnel. Military training and skills—and how they are viewed by employers—help shape the range of occupational choices for veterans, from executive positions in the private sector to civil service jobs in law enforcement or the postal service. We explore problematic aspects of the "vet-to-cop" pipeline and the related steering of military veterans into private security jobs. This chapter also describes psychological and physical problems that can hinder veterans' personal relationships, their continuing education, and employability in any field. We conclude by assessing the COVID-19 pandemic's impact on veterans' standard of living and prospects for the future.

In chapter 3, "Stolen Valor," we recount how soldiers deployed in post-9/11 conflicts have been simultaneously put on a pedestal, thanked for their service, and then ill served by a panoply of organizations and individuals purporting to be on their side. We show how self-styled helpers of veterans have at times actually jeopardized their access to better healthcare, a decent education via the GI Bill, and later employment with good working conditions and opportunities for advancement. We also profile a leading advocate for veterans in California who has repeatedly enlisted their organizations in corporate-funded campaigns against bills in Congress or ballot initiatives that would benefit veterans and their families.

In chapter 4 we introduce the American Legion and other veterans' service organizations (VSOs) that comprise the traditional veterans' lobby. We analyze the reasons for their declining membership, community presence, and political clout. We explain how inside-the-Beltway terrain shifted during the Trump administration and the old VSOs found themselves upstaged by a new veterans group backed by the Koch brothers. A series of legislative setbacks and the gravitational pull of the private sector have led some veterans' advocates to seek employment in the healthcare industry, in the same way that former military officers leave the Pentagon and go to work for arms manufacturers. Given the rising cost of VA outsourcing, this new revolving door is no more beneficial for taxpayers than the older one was. Plus, it signals further VSO surrender to the forces of privatization.

As Legion history confirms, there have been recurring generational conflicts between older and younger veterans over politics and postwar treatment of returning soldiers. In chapter 5 we introduce the "new VSOs," which are organized, funded, and led quite differently than the old ones. Whether engaged in nonpartisan advocacy or more party-aligned political work, these new players in the field of veterans affairs attract post-9/11 veterans. They are younger, more diverse in race and gender, and, in some instances, more critical of US foreign and military policy. Our survey of the post-9/11 "veterans' space" identifies who, organizationally and individually, has been occupying it influentially, for better or worse, in recent years. We also explore the personal and political tensions within this generational cohort that arise from differences based on race, class, gender, and ethnicity.

Chapter 6 chronicles VHA privatization, which began under President Obama and was greatly expanded under Donald Trump. As this trend accelerated, VSOs, old and new, failed to mount an effective challenge to bipartisan legislative threats and efforts to discredit the VA in the media. Besieged VHA caregivers, their unions, and supportive patients mounted a "Save Our VA"

campaign, which suffered from its own divisions and distractions. In 2020, pandemic conditions slowed the pace of VA outsourcing, while also demonstrating the agency's critical capacity, when properly resourced and staffed, to act as a backup system during national public health crises or smaller-scale emergencies.

In politics, as we show in chapter 7, playing the veteran card is a venerable US tradition, one that has produced twenty-six presidents and, fifty years ago, a big majority of legislators on Capitol Hill. As the overall veteran population has shrunk, the number of House and Senate members with military experience has also declined, although veterans are still disproportionately represented. In recent years both major parties and allied groups have tried to reverse this trend. They've been actively recruiting, funding, and marketing a new generation of service candidates with backgrounds in the military, foreign service, or intelligence agencies. In this chapter we assess whether service candidate success at the polls improves the lot of other veterans or helps the US end "forever wars" and reorder its national priorities.

As chapter 8 reports, 2020 was also a year in which veterans could be found on opposite sides of the barricades in Black Lives Matter protests and presidential election campaigning. Democrat Joe Biden defeated Donald Trump with the help of disaffected active-duty military voters and more veterans than had favored Hillary Clinton four years earlier. Yet the election-year behavior of Trump's most zealous supporters—including some with military backgrounds, now wearing police uniforms, or both—did not bode well for peaceful resolution of domestic disputes in the future. Bipartisan opposition to Pentagon spending cuts that would have freed up billions of dollars for additional COVID-19 relief confirmed the continuing grip of the military-industrial complex, regardless of who occupies the White House or controls Congress.

The contested transition from one administration to another in January 2021 did create a political opening to reimagine veterans affairs. In our conclusion, we assess initial steps taken by President Biden to undo some of the damage done to the VA by Republican appointees under his predecessor. Unfortunately, reversing partial privatization of the VHA was not part of that reform agenda and is not likely to be, without far greater pressure on the White House from veterans, their organizations, VHA union members, and allies on Capitol Hill. During Biden's first term, he also had to contend with a MISSION Act–created panel charged with making binding recommendations about what VHA facilities to improve, expand, or close, decisions likely to have great impact on the agency's future. We end with a salute

to men and women who went to war but now, with equal bravery, mount lonely challenges to the military-industrial complex, the source of so many veterans' problems and a never-ending drain on societal resources needed to address real national security threats, like global climate change and future pandemics.

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INTRODUCTION

1. In this book, we sometimes employ the generic term *soldier* to refer to any past or present military personnel. We are aware that only the Army has "soldiers" and that members of other military branches—the Navy, Marines, Air Force, and our new Space Force—prefer to be labeled more precisely, which we do when we describe the military background or rank of particular veterans from those branches quoted and profiled in the book.

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CHAPTER 1: A TOXIC WORKPLACE

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