Jamie Beavers is a clean-cut, 32-year-old Catholic from south Philly. As a kid, he shot hoops to avoid the neighborhood drug toughs. He became a high school basketball star and won a full university scholarship. He played varsity until an injury sidelined him and the scholarship was withdrawn.

At loose ends, he enlisted in the Army in 2003 and was sent twice to Iraq, spending 27 months in combat and enduring multiple IED blasts and other trauma. He came home with Traumatic Brain Injury and Post-Traumatic Stress Disorder and an addiction to the pills that medics in Iraq had provided to keep him going.

This past February, he was arrested and thrown in jail, sick, alone and hopeless. His wife, terrified of his nightmares and drug habit, had fled with their two girls. His brain injuries had dimmed his ability to think and speak, and left him so dizzy he often had to walk with a cane.

"Seems like I'm a 10 year-old kid in a 30-year-old body," he said. "I just lost a lot of things people take for granted. And I became an addict of opiates. It just kinda spiraled out of control."

Among the grim repercussions of a decade of fighting in Iraq and Afghanistan -- the dead, the battle-injured, the wreckage, the wasted billions -- is this: while most soldiers return from war and resume a somewhat normal life, many do not. All too frequently, the trauma of combat leads to struggles with drug addiction or alcohol abuse, to outbursts of anger and violence at home or work, to petty crime or other reckless behavior that ends up in a confrontation with flashing lights and handcuffs.

No one knows the precise number of veterans already in prison. An estimate by the Justice Department five years ago put the number at 223,000, most of them Vietnam-era veterans. Whatever the number, many serve their time without getting treated for the conditions that helped land them in prison in the first place.

There are more coming, in what will amount to a river of personal tragedies that is likely to clog the courts and, some say, will pose dangerous risks to civilian society.

"It's going to be an epidemic," says Guy Garant, an assistant district attorney in Philadelphia who handles a rising caseload of veterans. "I'm seeing Vietnam
veterans who went [to war] once, 40 years ago. Now we have guys 18, 19 years of age, going again and again. We’re going to have huge issues with this.”

War veterans, of course, are responsible for their actions, like everyone else. And some doubtless would have gotten in trouble no matter what their wartime experiences. But research has demonstrated that the trauma of combat makes men and women more likely to engage in criminal behavior.

Based on interviews with men who fought in Vietnam, the National Vietnam Veterans Readjustment Study estimated that half of all combat veterans with PTSD had been arrested one or more times.

So far, the VA has formally diagnosed 207,161 Iraq and Afghanistan veterans with PTSD, which suggests at least 100,000 of them are suffering from the demons of PTSD and have become ensnared in the criminal justice system.

But today’s generation of combat veterans may get into more trouble than their Vietnam counterparts. A 2009 report by the Naval Health Research Center in San Diego of 77,881 enlisted Marines with at least one combat deployment demonstrated that those Marines with a diagnosis of PTSD were six times more likely to be busted on drug charges than Marines without PTSD, and 11 times more likely to be discharged for misconduct.

Less is known about the long-term effects of mild or severe Traumatic Brain Injury (TBI), military health officials say.

But already, the active-duty military force has its hands full with criminal misbehavior. The Army recently estimated that more than 8,000 active-duty soldiers have committed undetected drug-related crimes including illegal use and distribution of drugs.

Inside the Army’s active-duty ranks, documented violent sex crimes have doubled since 2006, from 665 rapes and sexual assault cases to 1,313 last year. At present, there are 17,000 active-duty Army soldiers, the equivalent of three combat brigades, under arrest, in military prisons or under investigation. If many of them are suffering from combat trauma, they’re probably not getting help.

The military justice system is more concerned with punishment than with rehabilitation, according to Army Maj. Evan R. Seamone, chief prosecutor at Fort Benning, Ga. Troops behind bars rarely get the kind of diagnosis or treatment that could actually help, he says, and too often they’re given medication to keep them quiet.

“Wounded warriors experience symptoms that often manifest in criminal conduct,” Seamone wrote in a lengthy article in Military Law Review’s summer 2011 issue. But in too many instances, simply punishing and then discharging mentally ill
offenders is creating “a class of individuals whose untreated conditions endanger public safety and the veteran as they grow worse over time.”

Within the military, Seamone told The Huffington Post, “there’s a reluctance to talk about treatment for offenders after they have been convicted and to get them involved in the intensive treatment that actually works at that stage of the process. Medication has become much more of a substitute for face-to-face therapy, which has proven highly effective in the treatment of PTSD.” As a result, he said, military offenders “are often in worse condition when they get out.”

Since 2001, the Army has discharged 19,842 soldiers guilty of multiple felonies, according to the Army report. Military service members charged with a drug offense are often simply booted out of the military without treatment — regardless of whether it was the military that got them hooked on pain medication, as is commonly the case.

Jamie Beavers says he was given opiates by doctors in Iraq for pain, anxiety and fatigue so he could stay on duty. But when he returned home, he no longer qualified for the drugs. Too late: he was already addicted. He found an illegal supply out on the streets — and when he popped positive on an Army drug test, he was booted out, without the opportunity for treatment. “Go see the VA (Department of Veterans Affairs),” he says he was told.

“This is criminal,” said Howard Gormley, an Army infantryman who fought in Vietnam and retired after 27 years as a Philadelphia cop. “They (the military) get ‘em hooked on drugs — then put them out on the street.” “They should never let them out here until they’ve cured them,” adds Gormley, who works with incarcerated veterans for the nonprofit Philadelphia Veterans Multiservice and Education Center.

What makes it harder for military ex-offenders is that they are often discharged with “bad paper” — bad conduct discharges — that bar them from receiving the VA benefits they need, such as PTSD counseling or substance abuse therapy, let alone the GI bill or housing assistance. That makes it easier to fall back into old habits of drugs and crime. Already, there is an increasing flow of Iraq and Afghanistan war veterans into the criminal courts of Philadelphia, said Rebecca Hicks, a justice outreach specialist for the Philadelphia VA Medical Center.

“Everyone who goes [to war] comes back a different person,” says Patrick F. Dugan, a Philadelphia municipal court judge who handles veterans cases. Dugan is a former enlisted paratrooper with tours in both Iraq and Afghanistan. He currently serves as an Army reserve captain. Dugan has the rolling gait of a veteran paratrooper and the cut-through-the-BS attitude of a combat veteran. When veterans come into his court they get no slack; in fact he is tougher on veterans than on defendants who haven’t served. But he understands where they’ve been.
In Iraq, a 19 year-old female soldier in Dugan’s unit was decapitated in an IED blast. “What does that do to the people near her?” he said. “Everyone is going to be affected by that for the rest of their lives. I get chills just talking about it.” Most people, Dugan believes, come home from war and go on to do great things. Others get in trouble. “People are going to have issues, and we have to address those issues, and I believe we have failed our veterans in the past — our jails are full of veterans. This is one area America has neglected. We have to do better.”

Jamie Beavers was arrested the first time on a clear, cold morning in February, just after 8 a.m. He’d awoken that morning coughing up blood. Alarmed, he threw on clothes and was speeding up Broad Street toward the VA hospital in West Philadelphia when the cops pulled him over. He blew zero on a breathalyzer, but without his cane, he stumbled when he was asked to walk a straight line. He went right to jail. There, he had time to take stock.

During his first tour in Iraq, with the 3rd Infantry Division, Beavers worked as a turret gunner on an armored Humvee, helping guard truck convoys on a dangerous patch of road, route Tampa out of Camp Anaconda. IED blasts were common; he recalls being blown up at least six times. It was a nerve-wracking job: the turret gunner is the most vulnerable to IED blasts because he is often blown out of the vehicle and killed. Beavers was on call 24/7.

“When the bell rang, we had 45 minutes to dress, load up the truck and get a security briefing,” he said. He’d lie half-awake sweating on his cot, knowing when the bell rang he’d be heading out again where insurgents would try to kill him. “Every time the bell rang I thought, ‘I could die,’” he said.

After one powerful IED blast wrecked his truck and left him unconscious, he woke up in the base hospital where he says he was prescribed various pain and anti-anxiety medication, including morphine, oxycodone, Roxicet, dilaudid and Xanax, to get him back on duty and keep him there. Not for another year would the military begin routinely sidelining soldiers exposed to blast.

After his 12-month deployment was over, he was transferred to the 25th Infantry Division in Hawaii, and four months after he got home from Iraq he deployed again. This time he was in combat for 15 months. He returned with the shakes, hearing problems and raging nightmares about the things that he saw and did, “things that were inhumane that still stick with me to this day and I’m trying to get through that. I’d wake up in the middle of the night and hear the bell going off, or I’d be yelling ‘Kill him!’ and seeing snipers at the window,” he said. “My wife was scared of who I was.”

After Army doctors in Hawaii cut him off from prescription drugs, Beavers started buying illicit medication to try to calm things down. He was never tested for or
diagnosed with Traumatic Brain Injury, so he was never offered therapy or any other treatment.

Three weeks before he was due for another Iraq tour, Beavers was discharged from the Army after having tested positive for drugs. Back home in Philadelphia, he stumbled into the VA medical center and asked for help. He got it: he was diagnosed with Traumatic Brain Injury and PTSD; counselors helped him win a 100 percent disability from the VA and he began counseling sessions for his PTSD. But like many other veterans, he found the VA itself was overwhelmed. “I was being seen four times a week, then three, then two, then once every two weeks, and then once a month, because they had such a caseload,” he said. “I felt like I got thrown to the back of the bus, and that kind of threw me into a bad depression. I didn’t know where to turn for help.”

That’s when Beavers met Judge Patrick F. Dugan, the presiding judge of the Philadelphia Veterans Court. One of dozens popping up across the country, the Philadelphia Veterans Court is an alternative to criminal court and it emphasizes treatment and rehabilitation rather than simple punishment. Offenders with military records are diverted into Veterans Court if they choose.

The idea of providing treatment — and not just punishment — for veterans in trouble didn’t crystallize until 2008 in Buffalo, where a local judge, Robert Russell, found veterans swamping his drug court. He saw that veterans with drug addiction weren’t getting helped by being thrown into prison; they were just being recycled. He enlisted the local VA medical center and volunteer veterans to help out and began sentencing the defendants in his court to probation — and help. Word of the Buffalo court’s effectiveness spread rapidly, and today some 95 communities across the country have their own veterans treatment court.

Philadelphia’s veterans court was launched in 2010, and on Friday mornings, when Dugan strides into room 406 of the Philadelphia Criminal Courts building and gavels the court into session, things run pretty much routinely. The defendants who shuffle in front of Dugan’s high bench, most of them charged with non-violent crimes such as drunk driving or drug possession, are often a hangdog lot. They seem embarrassed to be there and especially so when Dugan mentions his paratrooper background and exhorts them to shape up. He peers down at them with the mixture of irritation, exasperation and fondness that sergeants often reserve for their wayward soldiers.

“I want you to remember the pride you felt when you put on the uniform for the first time,” he tells them. “That’s the person I want to see in my courtroom. Stand up straight! Treat people with respect!”

Here’s the deal, he says. You’re here because you’ve committed a criminal offense. If you volunteer for veterans court, we can connect you with the veterans services you need — medical, dental, PTSD counseling, drug abuse therapy,
housing, job assistance, education. You do six months or a year of probation, show up for your appointments on time, come in here once a month, and you graduate with your record expunged.

But this is voluntary. You can go have your case tried in criminal court. If you decide to work with me here, he tells them, you gotta stay with it. You miss appointments, you don’t check in here, you go back to jail.

Most vets take the deal.

They go off to the VA for a complete assessment, and on that basis Dugan imposes a sentence of treatment and probation, and, depending on the defendant’s history and severity of the crime, sometimes jail time as well.

Most, but not all, complete the treatment. In one recent court session, one veteran failed to show up; a warrant was issued for his arrest. Another also failed to show, but word came that he had attempted suicide and was being treated in a VA hospital. But the vast majority appear one final time in Judge Dugan’s courtroom to “graduate” from the program. According to the VA’s Rebecca Hicks, fewer than 10 percent turn up as repeat offenders.

What seems to make veterans courts across the country work is that the service providers — case managers from the VA and representatives from city, county and non-profit agencies — all sit right in the courtroom. Help is not some distant bureaucracy with a crowded, take-a-number waiting room; it’s right at hand.

The benefits of this approach are clear. Court dockets and jail cells aren’t clogged with veterans who’ve abused drugs or alcohol; those veterans are out on probation and in treatment. Many of them are seeing a physician for the first time in years, going back to school, going to Narcotics Anonymous and PTSD counseling. Some have found housing after years of living on the streets.

All this happens with the prosecutor, the probation officers, VA case managers — and Judge Dugan — watching carefully.

“I don’t consider this to be more lenient,” Dugan says. “I expect more out of these guys because of their military background. They went through basic training. They did stuff. They volunteered to go in harm’s way. And they earned these benefits.”

Garant, the assistant district attorney, insists he treats veterans more harshly than other offenders. “A guy charged with (drug) possession, pleads guilty in criminal court, he gets six months probation and no treatment — but he walks,” Garant said. “Same guy in Veterans Court, we make him go through treatment and that may take a year during which time he’s on probation. So he does more
time, but he gets help. “I don’t want to put these guys in jail,” Garant said. “I don’t want to give them a record. I want to get them help.”

This summer, things were looking good for Jamie Beavers. He was out on six months probation, checking in regularly in Dugan’s Veterans Court, finishing up a methadone drug treatment program at the VA medical center and attending Narcotics Anonymous. He is working with counselors at the Philadelphia Veterans Multiservice and Education Center on getting his bills paid, working on his resume, hunting for employment, and applying for affordable housing.

He and his wife are separated, but every other weekend, he was seeing his two girls, 8 and 20 months — “the only time I feel really joyful,” he said. Just when things were going well, trouble struck again. Picking up his daughters on a mid-August Friday night for pizza and videos, he got into an argument with his wife; things escalated, the cops were called, and Jamie was arrested. His mother posted bail. The clash and arrest threw Beavers into a deep depression. Barred from seeing his eight year-old and baby daughter, he lay in bed much of the day in his second-floor apartment just off Shunk Avenue in south Philly, refusing to answer his phone or email. He stopped showing up at the vets center.

Gormley, the ex-cop, became alarmed and tracked him down. “What often happens in these cases is they get into trouble and stress and go back on drugs,” Gormley said. “I’m worried.”

But Beavers was okay. He’d stayed off drugs, and was just returning from the methadone clinic at the VA. “I haven’t seen my girls for weeks and that’s been really hard,” he said. “But no, I didn’t go back to the drugs, I’m done with that.”

In Veterans Court, Garant and Beaver’s public defender, Melissa Stango, are working to have Beavers’ domestic violence case combined with his DUI violation so he can continue his rehabilitation under Dugan’s supervision. But he still faces an uphill slog through the debilitating effects of his brain injury toward a more normal life.

In the military, he said, “I saw things that were inhumane that still stick with me to this day, and I’m trying to get through that. I did two tours, killed a bunch of people, got blown up six times, have PTSD and can’t hear out of my left ear. I have a 100 percent disability from the VA.” Until now, he said, “I was never in trouble with the law.”

Beavers has a gentle, friendly demeanor and smiles often. He speaks haltingly, sometimes searching for a word. Traumatic Brain Injury has left him with some memory loss and he sometimes has difficulty focusing, paying attention. He hopes to get a job to keep up with his bills and child support payments, and eventually to get back into college, maybe to earn a degree in counseling so he can work with other veterans with PTSD or addiction problems.
“I know I’m a little behind because of my injuries and because I’ve been out of school for so long,” he said. “It’s hard…I’m just…trying to get back into things. If I can get a college degree and a good job by the time my daughter hits high school… that’d be good.”
The Department of Veterans Affairs has quietly released a new report on post-traumatic stress disorder, showing that since 9/11, nearly 30 percent of the 834,463 Iraq and Afghanistan War veterans treated at V.A. hospitals and clinics have been diagnosed with PTSD.

Veterans advocates say the new V.A. report is the most damning evidence yet of the profound impact multiple deployments have had on American service men and women since 9/11. Troops who’ve been deployed multiple times to Iraq and Afghanistan are more than three times as likely as soldiers with no previous deployments to screen positive for PTSD and major depression, according to a 2010 study published by the American Journal for Public Health.

The report, which revealed that 247,243 veterans from the Iraq and Afghanistan Wars have been diagnosed with PTSD, was buried on the V.A.’s website without fanfare. “As far as we can tell, V.A. didn’t tell anyone these numbers were made public,” says veterans advocate Paul Sullivan at Bergmann & Moore, a law firm that focuses entirely on veteran disability issues. “No press release. Nothing. I actually found the report while searching for new data. I simply changed the V.A.’s web address from second quarter to third quarter by altering one digit, and the new numbers appeared. Magic, eh?”

Why was there evidently no effort to publicize these new PTSD numbers? Josh Taylor, a spokesman for the V.A., would not directly answer that question, but told The Daily Beast that the agency still estimates that the overall PTSD rate is 20 percent across the entire population of Iraq and Afghanistan veterans, not just those who have come to a V.A. facility and are reflected in the report that shows the rate at 30 percent.

Taylor says the 20 percent estimate comes from reviews of “current literature” regarding Iraq and Afghanistan veterans. But the most “current” piece of literature Taylor cites is a 2008 RAND Corp. study, titled Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery. The report was a collection of existing data on PTSD that was collected from April 2007 to January 2008 that also included a population-based survey of service members and veterans who served in Afghanistan or Iraq to assess health status and symptoms.

"V.A. has been underestimating the number of PTSD sufferers since the war started and this latest issue is a glaring example," says Sullivan, former executive director of Veterans for Common Sense, who used to work at the V.A. and
created the disability claim report the agency now uses. He was one of the
advocates who blew the whistle on poor conditions at Walter Reed Army Medical
Center.

“We believe they are downplaying the problem,” a veterans advocate says of the
V.A. “Their PR office is a few years behind the science.”

A similar discrepancy showed up in 2009, when the V.A. estimated the
prevalence of PTSD at 12 percent and 18 percent for Afghanistan and Iraq
veterans, respectively. This was based on a 2004 study. But the VA's own
healthcare report that same year said the number of PTSD sufferers who’d
actually been seen by doctors was 23 percent.

One veterans advocate and Gulf War vet, who asked not to be named because
he still maintains close relationships with V.A. leaders, suggests that, “In an
apparent effort to make the PTSD problem look less serious, V.A. is just making
numbers up. Their math doesn’t add up.”

“We believe they are downplaying the problem,” Sullivan says. “Their PR office is
a few years behind the science.”

He adds that the underlying issue is "do they have enough doctors and claims
processors to handle this? If V.A. believes the number is smaller than it actually
is, then V.A. leaders will be unprepared. V.A.’s patient count reflects this. The
V.A. numbers of actual patients is more accurate than their estimates because
the troops who've been on multiple deployments are now discharging form the
military and seeking V.A. health care in record numbers.

The new PTSD report of nearly 30 percent actually is closer to the predictions
from a 2009 study by Michael Atkinson of the Naval Postgraduate School, Adam
Guetz of Stanford University, and Lawrence Wein of the Stanford Graduate
School of Business, which is not cited by the V.A. The study concluded that
PTSD among Iraq veterans will be as high as 35 percent.

Most advocates interviewed for this story agree that the V.A. has made
demonstrable improvements in its overall care of veterans in the last four years.
But they also said there are major hurdles for the V.A. to clear, especially with
regard to PTSD diagnosis and treatment and the department’s ever-growing
albatross: the enormous backlog of disability claims. The invisible but signature
wound from the long Iraq and Afghanistan wars, PTSD is a mental health
condition triggered by a terrifying and/or tragic event. Symptoms include
flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts
about the event, according to the Mayo Clinic.

Because of the nature of the conflicts in Iraq and Afghanistan, the V.A.’s Taylor
says, “VA revised its regulatory criteria for PTSD determinations in 2010, a
critical step forward to simplify the process for veterans seeking health care and disability compensation.” Taylor adds, “As a result of the President’s leadership, V.A. investments in mental health programs increased by more than one-third in the past three years. With that support, V.A. has hired more than 4,000 mental health professionals. In April of this year, Secretary Shinseki announced that the department would add another 1,600 professionals, bringing the total mental health clinical staff up to almost 22,000.”

But the dramatic increase in demand as more troops leave active duty and enter the V.A. system appears to be outrunning the evidently sincere efforts by the current administration to make things better for veterans. Approximately 10,000 more Iraq and Afghanistan veterans pour into V.A. medical facilities each month, according to a Bergmann & Moore analysis of V.A. numbers.

When asked specifically how many post-9/11 veterans diagnosed with PTSD by V.A. doctors have actually been approved for disability benefits, the V.A. provided The Daily Beast with a copy of a document titled “VA BENEFITS ACTIVITY: VETERANS DEPLOYED TO THE GLOBAL WAR ON TERROR,” which is data through May 2012. The document, which veterans groups have unsuccessfully filed Freedom of Information Act (FOIA) requests to obtain, shows that there are now a total of 1,634,569 veterans from post-9/11 wars, and that 745,481 of these veterans have filed disability claims, which is an astonishing 46 percent. The document also shows that while the number of veterans who have been diagnosed by V.A. doctors with PTSD is 247,243, the number of them who are actually getting disability benefits is 137,911. In other words, 44 percent of post-9/11 veterans diagnosed with PTSD are still not getting their benefits.

When asked to comment on this document, Sullivan said, “It shows that President Obama’s sincere effort two years ago to implement regulations streamlining PTSD disability compensation appears to have had only a minimal impact. Before these regulations, V.A. was approving about half of the disability claims. So there has only been minimal change.” He adds: “The magnitude of the impact these wars have had on veterans and their families is severe and escalating.”
But you try to keep their minds in the right place, try to keep them focused on the mission, the mission at hand—and not lose perspective. But you also—you had to pay attention, because things that you didn’t know were going on—we had one of our really top performers, and all of a sudden he just didn’t act himself. And upon a little bit further review, found out his, you know, spouse had left him. And I can relate. And I was able to talk to a lot of ‘em with my experiences from Bosnia that I went through. I was able to work and talk with them because we had several of those different type, same type things that would happen. And I could help mentor ‘em through that a little bit, and get them with the chaplain, get ‘em through that whole—those whole issues. But probably, the, you know—the experience over there was one of those things that was kinda like basic training. It was, like, I wouldn’t trade it, but at the same time, I wouldn’t want to go back and go through it again. And you know, thank God that I made it home safe.

You know, we had some rocket strikes, we had some close calls, many close calls, but at the end of the day, you know, I’m sitting here today, and a lot of my brothers and sisters aren’t, and can’t. Since the war, I’ve lost fifteen service members that I’ve known. I’ve either worked with them, or they worked for me, around me. And you know, they paid the ultimate price. And I think a lot of times, that’s the kind of stuff you carry with ya. And I know the last few days, we’ve—you got us in today, we’ve talked about this stuff—and I thought about, you know, with the interview, you know, What are you going to say, what are you gonna ask? I think the most significant thing we haven’t really gotten to was coming home. And while we’re trained, and trained well and—I guess I’ll put it in this context. Now, I know a lot of the active duty soldiers virtually go from duty to overseas, and I’ve talked to a lot of the guys about how they go back because it’s curious to me.

Because the Guardsmen—every time I go into Bosnia, went to Iraq, there was this train-up period that you gotta go through, and they, like, get you back and you roll into Fort Bliss. And you know, eighty days is a long time. And all of a sudden, you wake up, and it’s time to get on the plane and go. And you’re in that military culture mindset, and you’re ready to go. And all of a sudden, you come home, and it’s a little more instantaneous. You don’t have that eighty days to build up to go home and reintegrate back into your home life and such. I liked what we did. We made a call—The Indiana Guard wanted us to come back—of course, Camp Atterbury is a huge mobilization/demobilization site—and they wanted to transfer my demobilization into Camp Atterbury, to get our people back and all this stuff. And I really—as a commander, I fought ‘em on that. I wanted to go back through Bliss. And the main reason I wanted to go through Bliss—
number one, they really treated us well there. But by going back to Bliss, we didn’t have the instincts to want to go home, see our family.

You know, one of the things I know that the adjunct general does—and he—I love him to death—and it’s one of the things I know they feel like they’re doing the right thing, but all these soldiers coming back—And they got a hangar that they bring the soldiers into, to bring their family into, and they’re able to spend two hours together. After they’ve been gone a year or whatever, they come back, they spend two hours, and then the soldiers go away again. They go to Camp Atterbury and do their, you know, however many day de-mob—and the families go away again. Well, I know the kids are like, All right, he missed mom and dad for a year, and now I can see them for two hours. And what are you doing with my mom or dad again? You know? Well, the way we did it by going back to Bliss—we, remember, did two things: we were able to get our bodies re-acclimated to the time that we were on, which is huge. I don’t think some people realize how big a deal that is, especially the older you get. But the other piece is, we did all of our de-mob. So when we got on the planes at Fort Bliss, and we came home—we went home—and that was good.

But what’s your home? You know? It’s a whole different thing. You see things differently than you ever saw before. And I had a tough time adjusting the first couple months. I mean, going to anywhere big, Walmart, Meyer, it don’t matter, you walk in there, I just got the shakes. Like, around that many people like that, it was just, I did not feel comfortable. And it was, uh, it was weird. And still—every once in a while, I get that still. When I go in big crowds of people and things, it’s just, you don’t feel comfortable. And after I am a state trooper, and the first time I got back in my police car, you know, I felt like I was gonna have to, you know, do the weave going down the, you know, interstate system, to make sure you don’t get hit by an IED. But there’s just things that are kinda ingrained in ya, that you’re thinking that it’s kinda hard as you start adjusting back in. But probably my temperament with people—because it’s like afterward, with all you go through, you realize what you’ve put forth—

I’ve had almost twenty-two months away from my family in two deployments. With part of that—if you throw in Katrina, you throw a little bit more that you’re actually away from your family. But, one failed marriage out of that separation—and uh, you know, you realize what you’ve put into it, and the investment that you got in this country and the things you did. Nobody asked me to, it’s all volunteer military. But then when you come back, and you see what you fought for, and the people that, you know—they don’t take anything for—they take everything for granted. And the things that make people upset—and there’s no patience. I mean, even the last—all these interviews during the elections, and you hear so many coming out of the mouth, I, me. We don’t hear the we. You don’t hear that sense of, you know, what are you doing for your country? What are you doing to help we the people?
And, I feel like I’ve contributed over thirty years. Through two deployments I got some disabilities. I’m—in fact, I think my class account for 40 percent disabled. And so, I’ve kind of paid that price. A lot of my buddies have paid that price. And I don’t know, just to see people and their expectations, things they feel they are entitled to, and things of that nature, it just kinda, doesn’t settle it. I’m not as accepting of it as I used to be, I guess. I don’t know, maybe it’s just because I’m getting older and I’m getting cynical about things. I don’t know. But, you know, I take a look at it, and I tell the story, you know, hear statistics all the time, about how 4 percent of this population—our current population of three hundred and some odd million people—have ever worn a military uniform.

Three, you know, 4 percent isn’t a whole lot, and that’s Army, Navy, Air Force, Marine—matters not. Well, what we got left over from World War Two vets, Korean War vets, Vietnam, the current era, that’s all of us—4 percent protecting the other 96 percent. A little over 1 percent are active duty at this current time. The only thing between us and tyranny, and invasion, and anything else, is the group that’s standing to watch. And then you hear the different things trying to cut benefits—cutting—trying to do that kind of things. I mean, that really stings, you know, in this day and age. And then, you hear about reduction in the military and all of this. And all these people that we—in a time of need, we went out, and we reached out, and we got ‘em, we brought ‘em in. And now it’s kinda like, hey, there you go, we don’t need you anymore. We’re gonna help you integrate into society. And you know, I’ve got friends of mine—Being a citizen-soldier, you know, I had the benefit of being a state trooper.

So, I had, you know—I got that Soldiers and Sailors [Civil] Relief Act, and all those things to help keep me safe, so I have my job to come back to. But I’ve got friends of mine who are lawyers, doctors, who had their own businesses—don’t have them anymore. No one’s gonna carry the ball for them. You got those that—we’ve been at war for so long now, you’ve got those businesses who, in the early days of September—remember when I talked about the flags waving and all that kind of stuff?—“And oh, hey, we support you, you’re going overseas to support our country! Well, as it turns out, their jobs—their companies downsized, and their jobs were taken away. So, you got all of these returning veterans now who’ve, because they’ve been gone, got no job. And that’s the kind of stuff that’s sad. And you know, I don’t know what the answer is, but it’s one of those things you see every day. And I guess it’s where I feel certain responsibility, being a senior military leader, that we ought to be able to do more, somehow, some way, to improve that situation.

And so, I look back with great pride on service and myself, and those that I have served with—best friendships in the world. In fact, I tell people, in twenty years as state trooper—and I just retired in July—you know, other than a very few handful did I ever get a phone call from my state police, state troopers that I worked or drove with. But they’re—my soldiers, I could pick up the phone right now—and any number of ‘em—and call them, and they’d be here at a moment’s
notice, and I'm the same way with them. And it’s just something above and beyond, that brotherhood, sisterhood that you’ve got. And that’s kinda my experience.
Analysis Questions

1. What, according to “Veterans: Coming Home”, is the greatest challenge facing Afghanistan and Iraq veterans readjusting to the United States?

2. How does the Veteran’s Court featured in “Veterans: Coming Home” differ from normal court? To what extent is the Veteran’s Court more beneficial to veterans?

3. Why was the VA report examined in “Nearly 30% of Vets Treated by V.A. Have PTSD” quietly released?

4. After reading the first two sources, why is it so difficult to estimate the number of Afghanistan and Iraq veterans with PTSD?

5. According to both articles, how can PTSD affect a returning veteran?

6. What are some consequences for the veteran and for society of not treating PTSD?

7. What are Ltc. Hibler’s post deployment experiences? To what extent did he struggle with readjusting to life?

8. Compare and contrast Ltc. Hibler’s experience with the first two articles. How is his experience similar to ones described? How is it different?
9. If you were to conduct an interview with Afghanistan and/or Iraq veterans, what types of questions would you ask them about readjusting to civilian life after being deployed? Why would you ask those types of questions? How would you approach the topic of PTSD?