

“We Combat Veterans Have a Responsibility to Ourselves and Our Families”: Domesticity and the Politics of PTSD in Memoirs of the Iraq and Afghanistan Wars

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On Veterans Day 2009, the PBS newsmagazine *Newshour with Jim Lehrer* devoted its program to returning Iraq and Afghanistan veterans’ struggles and particularly to what by that point was a widely accepted epidemic of posttraumatic stress disorder (PTSD) and suicide. The program featured a profile of Jeremiah Workman, a marine veteran who had won the Navy Cross for his 2005 heroics in Fallujah and had subsequently authored a memoir of his struggles with PTSD and suicidal tendencies, *Shadow of the Sword: A Marine’s Journey of War, Heroism, and Redemption* (2009). Workman’s chief message was that veterans needed to recognize that it was acceptable to seek treatment. “Nobody wants to raise their hand,” he told reporter Betty Ann Bowser, “Nobody—there’s such a stigma out there involving PTSD, that nobody wants to be associated with it.”²¹

In the segment that followed, former navy psychologist Heidi Squier Kraft, herself the author of the memoir *Rule Number Two: Lessons I Learned in a Combat Hospital* (2007), agreed. Asked how to improve the situation, she replied that “it continues to be the stigma . . . the line needs to continue to buy into this and have every level of the chain of command buy into it, that these injuries are just that, injuries, and not disorders.”²² Yet her copanelist, former air force psychiatrist and Iraq War opponent Jeffrey Johns, disagreed. “While the President talks that we will take care of our own,” he told the *Newshour*’s Judy Woodruff, “we’re really shortchanging our troops and not providing them the

care that they need. So, this problem is pervasive. It is extensive. And we need to be doing a lot better job to take care of these troops.”³

Without much commentary, these two segments exposed two prominent positions within a critical debate regarding veterans’ mental health care during the second half of the Iraq and Afghanistan wars. While there was nearly universal agreement that returning soldiers’ mental health struggles constituted a legitimate crisis, there was considerable disagreement regarding what had caused earlier failures and what would constitute adequate improvements. Military and Department of Veterans Affairs officials emphasized a culture that stigmatizes mental illness and that has made veterans reluctant to seek care and sought to validate personality disorder, a diagnosis that attributes postwar mental health struggles to prewar mental maladies. Veterans and their advocates, however, have frequently agreed with Johns’s claim, blaming an underresourced, unresponsive, and perhaps malicious system; beginning in 2005, they appealed for more responsive treatment in a series of congressional hearings.⁴ In relating their stories of postwar struggles and requesting assistance, these veterans have often compared their situation to that faced by Vietnam veterans. Continuing a discourse long central to Vietnam veterans’ activism and to popular culture about the war, contemporary veterans have particularly pointed to their failures as partners and parents as evidence of the wars’ psychological impact.

These issues not only have arisen in congressional hearings and media but also have been significant within representations of veterans’ experiences that have emerged in the wars’ later years. This essay examines three memoirs of the Iraq and Afghanistan wars that particularly explore veterans’ psychological struggles: Kraft’s *Rule Number Two* and Workman’s *The Shadow of the Sword*, as well as Craig Mullaney’s *The Unforgiving Minute: A Soldier’s Education* (2009). These memoirs, more than other well-received memoirs about the wars, pay significant and explicit attention to veterans’ postwar psychological struggles, their causes, and their resolution.⁵ Moreover, as Workman’s and Kraft’s *Newshour* interviews, public appearances, and well-received memoirs make clear, these authors have achieved some cultural capital in the wars’ aftermath.⁶ *Roll Call* referred to Workman as “an extraordinary veteran of this country’s most recent war,” and the *Washington Times* termed him “an expert on the disorder.”⁷ Kraft has been a frequent speaker on military mental health issues and, like Workman, has gone on to a postmilitary career in veterans’ mental health.⁸ Similarly, Mullaney was the subject of a multipart profile in the *Providence Journal* and, as an adviser to the Obama administration, has been quoted on US strategy in Afghanistan.⁹

Readers have responded similarly, asserting that these texts offer an authentic view of the wars and their psychological impact. One reader review on Amazon.com called Kraft’s memoir “the book for anyone who ever wanted a concise version of the direct and indirect mental cost of combat”; another described it as “a very good read for military and political leaders looking for a balanced perspective on how casualties affect Soldiers and Marines,” while a military psychologist reviewed the book as one for “anyone who wants some insight

into military psychology.” Another reader wrote that it “allays some of my fears about how our military addresses combat stress.”¹⁰ Readers of Workman’s book similarly called it “meaningful as an explanation of what PTSD is and how it affects a person,” and another called it “valuable for the education it gives on PTSD.”¹¹ Reader reviews have similarly celebrated Mullaney’s book, remarking, for example, that “if you’re only going to read one book about US foreign policy overseas in Iraq and Afghanistan—or only one memoir—then this is the one you should pick” or that “all Americans would do well to read this important book, both civilian and military alike.”¹²

Thus, while Workman in particular might imagine his fellow veterans as his primary audience, each of these texts has been widely read and celebrated outside of military communities, shaping broader perceptions of the wars’ psychological impacts and the policies and programs required to address them. Exploring how these widely read, early memoirs portray trauma and what is at stake in those representations is thus critical to understanding how Americans have engaged with critical policy debates about veterans’ mental health and, more broadly, questions regarding the military’s place in US culture that are emerging as central legacies of the wars.

Unlike earlier war memoirs critical of an unsympathetic and unresponsive government—consider, for example, Ron Kovic’s description of his time in a Veterans’ Administration (VA) hospital in *Born on the Fourth of July*—these texts have helped legitimate arguments that the quality of care available is sufficient and that significant improvements to the mental health treatment available to returning veterans are unnecessary.¹³ They do so, I argue, by establishing the primary locus of trauma as lying outside of the combat zone in the veterans’ predeployment or domestic life and recuperation as occurring within the domestic sphere through acts of individual effort and initiative or, at most, minimal therapy. Inverting their peers’ descriptions in congressional hearings of fractured partnerships and alienated children, these memoirists offer an alternative discourse of domesticity in which military service facilitates the performance of familial roles and in which recovery begins upon veterans’ assumption of responsibility for their own healing and their recommitment to a normative domesticity that privileges the veterans’ military identity. These representations, I argue, contribute to a discourse that places the onus for recovery on veterans themselves and rejects calls for increased public expenditure on veterans’ mental health care and focused consideration of veterans’ psychological struggles. In doing so, they also contribute to constructing the wars as events from which quick recoveries are possible and of the military as populated by self-sacrificing, resilient, and independent heroes who deserve acclaim rather than material improvements to their care.

“The Modern Military Is Much Better Prepared”: Mental Health Debates during the Iraq and Afghanistan Wars

It was not until the Iraq invasion’s second year that veterans’ mental health became a significant public concern. During the previous year, newspaper reports

documented the military's efforts to acknowledge and address postdeployment mental health issues and to prevent a recurrence of the struggles that veterans and their families faced after the Vietnam War. Vietnam veterans' difficulties, as well as veterans' activism surrounding the recognition of PTSD and the creation of government services to treat it, have been well documented.¹⁴ As Gerald Nicosia writes in his comprehensive history of Vietnam veterans' activism, after considerable debate throughout the 1970s, "combat became the paradigm for the whole category of post-traumatic stress."¹⁵ More tellingly, psychologist Judith Herman argues that "the moral legitimacy of the antiwar movement and the national experience of defeat in a discredited war had made it possible to recognize psychological trauma as a lasting and inevitable legacy of war."¹⁶ In particular, veterans' domestic struggles emerged as central to the remembrance of the Vietnam veterans' postwar mental health troubles. Natasha Zaretsky, for example, has shown in her study of post-Vietnam anxieties about the American family that although prisoner-of-war (POW) activism in the war's later years "tied the return of the POW as a national hero to his instantaneous and painless reintegration into the family," quite quickly "the question of whether or not family reintegration could be achieved remained open . . . [and] begged the larger question of whether or not the nation would ever truly recover from the trauma of the war."¹⁷

This trope persisted into the 1980s. In a congressional hearing on Vietnam veterans' readjustment, one veteran reported that "of those veterans who were married before going to Vietnam, 33% were divorced within six months after returning from Southeast Asia."¹⁸ A year later, before the House, another put his peers' experience in a broader perspective: "We do not know the damage this disorder inflicts on the wives, lovers, and children of these veterans."¹⁹

In the 1990s, self-help books acknowledged the struggle that veterans' wives endured. Patience Mason's *Recovering from the War* acknowledged that "the vet with severe intrusive PTSD can be really hard to live with. . . . He blows up. He hits the floor, or the wall or you or the kids or his co-workers. He disappears and comes back days or weeks later. . . . He overreacts to everything from our point of view."²⁰ Mason's advice was for women who loved veterans to seek therapy: "Family problems need family therapy," she told readers, adding later that "therapy is a long, slow process."²¹ Clinical psychologist Aphrodite Matsakis begins her 1996 self-help book *Vietnam Wives: Facing the Challenges of Life with Veterans Suffering from Post-Traumatic Stress* similarly: "More often than not, it is you and no one else who has nursed your husband through his flashbacks and nightmares, through his depressions and suicidal episodes, through his mourning . . . you have even served as the scapegoat for his anger."²² She ends less hopefully with a chapter titled "Stay or Go?," which explains that "almost every Vietnam wife has many options other than staying with her veteran" and encourages the veteran's wife to "consciously focus on her own needs and her personal goals for her life."²³

These issues were also central to popular culture about Vietnam. As Maureen Ryan has shown in her comprehensive study of literature about Vietnam's aftermath, novels about and memoirs by veterans and their families are populated with "emotionally and psychologically damaged Vietnam veterans [who have] inflicted upon their progeny a childhood at least as painful as that endured by the children of soldiers who never came home" and "wives and lovers [who] toil to love and support broken veterans."²⁴ Memoirs offer similar accounts. Mason's husband Robert describes "having trouble at home. I drank more every night to get to sleep. I slept, but woke up exhausted. Argued with Patience."²⁵ Lewis B. Puller confesses that his alcoholism continued as his children grew "old enough to realize what was wrong with their father, but while I did not want them to remember me as a hopeless drunk, I was powerless to alter my self-destructive course."²⁶ Lynda Van Devanter, meanwhile, finds that even her marriage to a loving, understanding man cannot withstand her PTSD. "I was unhappy with so many other things in life that maybe they all combined to sabotage the marriage," she writes, before ultimately determining that "he was there when I was drowning and he pulled me out. . . . But I don't think we were meant to be husband and wife."²⁷ In Vietnam's aftermath, then, policy debates, self-help books, fiction, and memoirs persistently imagined the family not as a respite from but rather as a casualty of Vietnam's trauma.

Unsurprisingly, the possibility of repeating Vietnam's experiences of trauma and domestic strife during the Iraq and Afghanistan wars quickly emerged as a central concern. In April 2003, the *Associated Press* worried that "in numbers not seen since the Vietnam War, trauma experts say, soldiers soon will return home from battle forever changed by what they've seen and done."²⁸ Six months later, the *Christian Science Monitor* reported that "one of the lessons of Vietnam, according to veterans and historians of that war, is to prepare for the emotional and psychological needs of returning soldiers."²⁹

News coverage asserted, however, that the military had proactively devised new policies and programs aimed at preventing PTSD, despite being recognized as inevitable, from becoming the crisis that it had after Vietnam. A few days after the Iraq invasion, the *New York Times* reported that "the American armed forces, schooled by the experiences of Vietnam and the first gulf war, have grown far more sophisticated in their approach to the psychological pressures of battle" and went on to quote National Center of Post-Traumatic Stress Disorder Assistant Director Brett Litz's opinion that "the modern military is much better prepared than it was in the past to monitor and identify combat stress reactions and mental health problems during and after missions."³⁰ Newspapers detailed specific initiatives in what was, the *Times* explained, "the American military's most aggressive effort ever to recognize and address combat stress while its soldiers are still in the field," including "a four-hour course called 'Return and Reunion Training,' in which issues like stress management, personal finance, managing expectations and reuniting with spouses are discussed in detail," a "demobilization process [that] includes multiple debriefings, a one-on-one health screening

in which mental fitness is scrutinized, and the availability of family counseling and chaplains throughout the armed services,” and the creation of “Army stress teams, led by Army doctors, and the chaplains [that] keep an eye out for soldiers who are emotionally struggling.”³¹

These claims of a proactive, prepared military responded directly to cultural anxieties about the current wars’ impact on soldiers that was itself rooted in a remembrance of Vietnam veterans’ postwar struggles. Articles were at pains to explicitly distance these new family-friendly policies from the Vietnam War. One psychiatrist pointed out that “a lack of community when Vietnam vets returned home was a major factor in incidence of Post-Traumatic Stress Disorder”; in the *Christian Science Monitor*, a chaplain voiced the familiar complaint that after Vietnam, “I got on the jet and in 24 hours I was at Fort Dix, and in another 24 hours I was on the plane home. There was no debriefing and no decompression.”³²

Moreover, references to “family counseling” and “troops and their families” reveal the centrality of anxieties about damaged families. Throughout 2003, newspapers speculated on deployment’s impact on marriages and here, as well as the specter of earlier wars, painted a foreboding picture. “If history is a guide,” the *Atlanta Journal-Constitution* warned in February, “there will be many more joining . . . the ranks of the divorced.”³³ Six months later, that paper, recalling Zaretsky’s description of POW wives unwilling to cede their independence, described wives “stronger and more independent than the ones who kissed their men behind last fall” and who were “quietly bracing for another sort of battle” as veterans returned.³⁴ Yet here as well, the army appeared well prepared, offering “sessions designed to raise awareness of problems that could come up after a family reunion.”³⁵ The Marine Corps provided spouses with a list of suggestions, including “don’t be judgmental” and “don’t get into a competition of who had it worst while the Marine was deployed.”³⁶

These efforts, however, had a larger motive; as the *Christian Science Monitor* suggested, they sought to address the problem of fielding an all-volunteer force of soldiers unlikely to reenlist if military commitments inhibited family welfare.³⁷ Yet that force was also imagined as much more resilient than their Vietnam predecessors. The same *Christian Science Monitor* article that complained about the treatment of Vietnam veterans and touted new programs explained that “the creation of the 1973 all-volunteer military has led to more professional, better-trained, and more cohesive units,” which one psychologist argued meant “greater resilience, even in the face of grotesque trauma.”³⁸ In *USA Today*, a chaplain explained that “These guys aren’t soft. . . . They are mature young men. They are well trained and well disciplined. My gut reaction, and from the evidence of what I’ve seen out here, my sense is that they’ll go home well, and well balanced.”³⁹ Together, these claims sought to assuage fears that postwar psychological problems would go unaddressed by acknowledging the psychological struggles that soldiers would face and their potential impact on domestic relationships but suggested that the military had learned the appropriate

lessons of Vietnam and was fielding a better-prepared force that received more and better treatment.

By 2005, however, lengthening wars and multiple deployments led veterans to increasingly claim not only that there was a mental health crisis but that it most profoundly impacted military families. They frequently did so by invoking their Vietnam veteran predecessors' descriptions of their domestic struggles and their calls for improved services. In a 2005 field hearing of the Senate Veterans Affairs Committee in which the reliably liberal Patty Murray (D-WA) established her bona fides by referring to a college internship in which she worked with Vietnam veterans in a VA psychiatric ward, John King, director of Washington State's Department of Veterans' Affairs, condemned contemporary failures by asserting that "our country could not afford to make the same mistakes it did when our Vietnam veterans returned," and one clinic director noted that "we understand [war] affects not only the veterans, but also the veteran's spouse, the veteran's children,[and] the veteran's extended family."⁴⁰ When Murray asked Iraq veteran Robert Kauder, "anecdotally how prevalent [he thought] post-traumatic stress syndrome is," the National Guardsman framed his response around failed heteronormative relationships: "I think it is fairly prevalent. . . . I have seen signs of soldiers going through relationship problems, at least one divorce, several broke-up relationships with long-term girlfriends."⁴¹ And despite arguing that "the soldiers that seek treatment are going to get it," Kauder complained that "we need to have more outreach programs . . . before it gets too big and we get into a situation like we were faced with Vietnam veterans."⁴²

This rhetoric remained central to veterans' testimony in the coming years as the debate over whether stigma or lack of resources was primarily to blame for the high PTSD rate continued.⁴³ In a 2007 Senate hearing that Chairman Daniel Akaka (D-HI) opened by voicing his fear that "we do not yet know if we will see the widespread chronic PTSD that followed Vietnam," Patrick Campbell, the congressional liaison for the Iraq and Afghanistan Veterans of America, described veterans' struggles by again reprising the narrative of failed normative domesticity central to Vietnam's remembrance: "The Alpha Company Killas, my brothers, are now struggling to find their place in the world. . . . I heard stories about strained marriages, ruined engagements, methamphetamines, alcohol, and sleepless nights."⁴⁴ The only way to resolve the issue in light of the stigma associated with psychological care, Campbell insisted, was mandatory counseling, however unpalatable that might be to some troops. "Don't misunderstand me," he explained. "The soldiers will complain. . . . Everyone knows we just need to do it."⁴⁵

An April 2009 House hearing on homeless veterans likewise reflected this trend. Michelle Saunders, who had served in Iraq with the Army testified that "we have the same exact issues as we did when folks came back from Vietnam . . . you are expected to go out there and, you know, be productive in society. But what happens is when you go through something traumatic like that . . . your spirit is broken. Your whole family as a unit is broken."⁴⁶ Saunders's testimony

prompted astonishment in Bob Filner (D–CA), the committee’s progressive chairman, who echoed Vietnam veterans’ complaints about being quickly discharged without sufficient counseling: “You know, it just seems . . . you can be in Baghdad yesterday . . . and taking your kids to soccer . . . the next day. And you are going to respond to them in the way that you have been doing for the last . . . twelve months, right?”⁴⁷

The question of how to treat struggling veterans, however, remained under debate. A week before Saunders testimony, Colonel Charles Hoge of the Walter Reed Institute of Research, despite acknowledging that “the screening processes themselves are somewhat inaccurate,” emphasized the problem of stigma and that “we cannot force a soldier to receive mental health treatment.”⁴⁸ Debate over mandatory counseling reemerged as an issue in 2010 before the Senate Veterans’ Affairs Subcommittee on Mental Health, when the University of Utah’s Paul Rudd explained that “we have good treatments today for suicidality. . . . The problem is getting people to actually access the treatment and getting people to stay in treatment once they start.”⁴⁹ This opinion was not shared by Daniel Hanson, a formerly suicidal Marine Corps veteran whose testimony described the extent of his PTSD through the lens of his upended family life in language that notably recalls Lewis B. Puller’s post-Vietnam assessment of his family life: “I was pretty much a monster. I was drinking all the time. . . . I got a divorce. I also just left my kids aside. . . . I thought, I have got to kill myself before my kids know what a loser their dad is.”⁵⁰ Hanson then offered a brutal indictment of the VA: “There was no feeling that . . . if I died that day, that someone would care.”⁵¹ Questioned by Senator Richard Burr (R–NC) as to what would have made him seek counseling earlier, Hanson acknowledged that stigma surrounds mental health care in the military but admitted that the only viable option was “if they would have made it clear, that, essentially, I have to. . . . You have an issue. You need readjusting.”⁵² As Burr more succinctly put it, Hanson “needed the boot in the butt.”⁵³ Not surprisingly, VA representatives suggested that the problem lay elsewhere. When Patty Murray asked, “Is it a matter of resources? Is it a matter of hiring people? Is it a matter of greater attention?” acting VA Deputy Undersecretary for Health Gerald Cross demurred. “You know,” he remarked, “I think the biggest challenge we have is getting folks to come in and getting them engaged in treatment.”⁵⁴

As congresspeople listened to this testimony, Americans also encountered discussion of soldiers’ mental health in the media. Particularly significant was journalist Joshua Kors’s reporting in *The Atlantic* on personality disorder, which, Aaron Glantz explains, “the military considers . . . to be the soldier’s fault, a pre-existing condition.”⁵⁵ Russell Terry, an activist whom Kors interviewed, described veterans who “go to the VA for treatment, and they’re turned away. They’re told, ‘No, you have a pre-existing condition, something from childhood.’”⁵⁶ Kors’s coverage, like the veterans’ testimony, suggested that such discharges left untreated conditions that disrupted veterans’ families:

Three years after the mortar blast, Luther's life is still on shaky ground. Some days he's posting love notes on his wife's Facebook page and hand-delivering her favorite salad to her office at lunchtime. Another day, in the midst of an argument, he knocked down a family photo, then ripped the furniture out of the living room and dumped it in the garage, scaring his children. Soon after the birth of their fourth child, Marlee Grace, Luther and his wife separated. They reunited a few months later, in time for their eighteenth anniversary.⁵⁷

In 2007, Kors testified before the House Veterans Affairs Committee that a psychiatrist whom he had interviewed "had been looking at this personality disorder issue, you know, back as far as the Vietnam era and said this has been a common thing." Representative Jerry McNerney (D-CA) responded to this point by wondering, "If it has been continuing on since the Vietnam war, how many people have been mistreated like this?"⁵⁸ In the hearing's conclusion, fellow liberal Patrick Kennedy (D-RI) blamed a conservative culture that told veterans to adopt "an ethic of 'pull yourself up by your bootstraps,' . . . [and] believe in God and country and you will make it through" as the source of both an underfunded VA and a population of veterans ashamed to access it.⁵⁹

Kennedy's and McNerney's conservative colleagues, however, were unmoved. Ranking Republican Steve Buyer (R-IN) dismissed Kors on the basis of his lack of military service, and military mental health care providers were equally defensive.⁶⁰ Colonel Bruce Crow, Brooke Army Medical Center's chief of behavioral medicine, declared that "it would be remiss to leave the impression that the mental health providers in the Army or Department of Defense don't know what they are doing."⁶¹ More important, he eschewed Kors's historical comparison: "That is not a situation that we had in Vietnam."⁶²

For more than five years, veterans' advocates responded to government claims that the primary obstacle to resolving the epidemic of PTSD and suicide among Iraq and Afghanistan veterans was the veterans' own reluctance to take responsibility for seeking and committing to treatment by pointing to VA and military failures, and they did so by directly comparing their experiences to those of their Vietnam veteran predecessors and describing their experiences according to the discourse of fractured domesticity that had long been central to cultural and political representations of that experience. Three of the most significant memoirs of these two wars, however, would depart from veterans' activism and rhetoric, instead inverting that discourse of domesticity and portraying combat trauma as relatively easily overcome by soldiers who make the individual choice to recommit to a normative domesticity that validates their military experience.

“My Kid’s Dad Is a Marine”: Domesticity and Recovery in the Contemporary War Memoir

Heidi Squier Kraft, Craig Mullaney, and Jeremiah Workman, all authors to whose texts psychological trauma is central, acknowledge veterans’ mental anguish and difficulty reassembling, and it would be remiss to argue that they are uninterested in helping veterans get the help that they need. Workman, as I discuss below, closes by encouraging veterans to “not be afraid to reach out for help”; Kraft and Mullaney have donated a portion of their profits to veterans’ organizations.⁶³ Yet these assertions and appeals rely on individual initiative and private charity, not calls for collective action and institutional reform. The manner in which Workman, Kraft, and Mullaney seek to help veterans thus reflects their memoirs’ broader claims that contribute to a vision of a self-sufficient and resilient force that does not require additional assistance to recovery.

That is, in a moment defined by veterans’ persistent critique of an unresponsive mental health care system and description of their struggles by invoking the trope of ruptured domesticity central to Vietnam’s legacy, these memoirists provide narratives that instead insist that mental health care is either sufficient or unnecessary, that trauma originates not on the battlefield but rather in the soldier’s prewar life, and that veterans must take responsibility for their own recuperation by recommitting to a heteronormative domesticity that embraces military culture while simultaneously undermining comparisons between the Iraq and Afghanistan wars and the war in Vietnam. In doing so, these memoirists, while doubtless sincere in their desire to help veterans, subvert the wider veterans movement’s critiques and implicitly support the position of the agencies and officials who argue that soldiers must take the initiative to avail themselves of available resources.

The central trauma of Kraft’s *Rule Number Two* is not the war itself; rather, in a preface that takes the form of a letter to her children—it is signed “Mommy”—she discloses her perceived failure as a mother and reveals its resolution: “It was the most difficult thing I have ever experienced, trying to reconnect with a Marine husband who had faced the unique challenge of staying back while his wife went to war and with children who had truly grown up while I was gone.”⁶⁴ Although over the past decade many men have become primary caregivers during their partners’ deployments, Kraft’s comment betrays her commitment to normative domesticity, one in which mothers are responsible for raising children and in which “Marine husbands,” one would presume, fight wars.⁶⁵

Allusions to maternal failure as Kraft’s most significant psychological struggle recur throughout the memoir. She quotes a friend’s e-mail asserting that “a part of [Kraft] is dying inside, as the days of [her] children’s lives go on without [her].”⁶⁶ Later, after learning that her two children are sick, she positions the war as causing this failure: “I never used to hesitate when someone I loved needed me. Somehow, before Iraq, I was able to be there for my patients and my family. . . . I sunk deeper and deeper into my grief.”⁶⁷ Kraft’s comments reveal

what Herman describes as a central aspect of trauma, which is that “traumatic events call into question basic human relationships” and “shatter the construction of the self that is formed and sustained in relation to others.”⁶⁸

Such anxieties occur throughout the memoir. In one therapy session, Kraft treats a mortuary affairs officer traumatized by “going through this marine’s pockets, and [finding] an ultrasound picture in there” and realizing that “[h]e was going to be a dad” before “his voice cracked and he looked down, twisting his wedding ring.”⁶⁹ This scene recalls Lynda Van Devanter’s description in her Vietnam memoir *Home before Morning* of finding a photograph in the pocket of a wounded soldier named Gene in which she sees “a first love that had evolved from hours of walking together and talking about dreams” but that “now he was lost to himself, to her, and to their future.”⁷⁰ Kraft’s patient, however, codes the dead marine not as a lost lover but as a lost parent, and he is traumatized by his realization of the destabilized nuclear family. Kraft likewise projects herself into this anxiety: “I battled my own tears and sinking internal sensation, blinking away memories of sharing ultrasound pictures of my twins with their father.”⁷¹

Kraft thus acknowledges that wars threaten the maintenance of families. Yet her preface reveals that this trauma is resolved through her developing a means of imbricating the identities of service member and parent. “I left daddy there . . . to take care of you, my children,” she writes, “so I could go halfway around the world to take care of someone else’s.”⁷² Three times, she is lauded for taking on a maternal role among her patients. A navy pilot tells her that “the Marines need someone like you there. You are their ‘mom’ for lack of a better term”; later, an Iraqi informant tells her that “‘you remind [me] of [my] mother.’”⁷³

Most significant, however, is Kraft’s treatment of Jason Dunham, a marine who was fatally wounded when he dove on top of an enemy grenade, saving the lives of his squad mates—an act for which he posthumously received the Congressional Medal of Honor. Throughout this scene, Kraft codes Dunham as a child rather than a partner: “He was not wearing a wedding ring. In combat, that did not mean much, but we pretended it did.”⁷⁴ Kraft describes comforting Dunham, “[telling] him that we were proud of him and that the Marine Corps was proud of him,” “continu[ing] to hold his hand” while he “squeezed frequently” and being “proud of him for fighting so hard.”⁷⁵ This scene further rewrites Van Devanter’s experience with Gene, in which she similarly “held his hand and asked if he was in pain. . . . In answer he squeezed my hand weakly”; yet, instead of encouraging him, Van Devanter “asked one of the nurses to give Gene ten milligrams intravenously, knowing that, while it would relieve his pain, it would also make him die faster. I didn’t care at that point; I just wanted him to slip away quickly and easily.”⁷⁶ Kraft rewrites a scene of trauma—afterward, Van Devanter writes, “I had lost an important part of myself. The Lynda I had known before was gone forever”—as one that displays both wounded soldiers’ fighting spirit and her own maternal commitment.⁷⁷

Indeed, Kraft projects herself into a maternal role in regard to Dunham. While Van Devanter is most troubled by the callousness with which Gene’s partner will

likely learn of his death—“And Katie? She would probably find out over the phone”—Kraft imagines Dunham as a child and imagines his mother’s trauma: “I pictured myself lying in bed when the phone rang in the darkness. I physically experienced that sick, sinking sensation that must invade every mother’s heart the moment she hears a shrill ring fracture the night. . . . I thought of Corporal Dunham’s mother. I bit my lip hard and tasted blood.”⁷⁸ Kraft’s characterization of herself as a mother and of marines as children is furthered by an e-mail from Dunham’s mother—to whom, notably, the book is dedicated—that states, “I will never be able to thank you enough for taking such good care of my son. . . . I thank you for doing what I wanted to do for my son as his mother.”⁷⁹ The simile is crucial; here, Kraft becomes a surrogate parent even as she remains a military psychologist, and Dunham’s gratitude assuages Kraft’s earlier guilt over her inability to be present for her own child’s surgery.⁸⁰

Kraft thus persistently reconstitutes military service not as a rupture but rather as an alternative to the domestic ideal, one that mitigates deployment’s inherent trauma to military families. This is most evident in the memoir’s final scene, when after returning and “struggl[ing] to reconnect with [her] family,” Kraft becomes able to perform a particular maternal role that her deployment denied her by treating a patient whose psychosomatic wounds prevent him from walking. “Corporal Paulson was walking,” she writes. “Just before he saw me, he had released his hands from [his walker] and taken a step unassisted.”⁸¹

A telling exchange follows; in response to the marine’s comment “Hey ma’am! Look at me,” Kraft replies, “Look at you, Marine. You are a sight for sore eyes.”⁸² In its tone and sentiment, Paulson’s exclamation signifies as one made from a child to a parent, and treating this patient in her role as a navy psychologist fills the psychological void produced by Kraft’s absence when her biological children learned to walk. Earlier, Kraft responds to a DVD in which her children climb onto a couch unassisted by commenting that “when I left, nearly six months ago, they were nowhere close to accomplishing such a feat”; when a friend chides her for “not crying,” Kraft responds only “with a small, closed-lipped smile” and dismisses her response as necessitated by her deployment.⁸³ In this sense, Paulson’s walking is “a sight for sore eyes” in that it enables the emotional release that Kraft had earlier denied herself. Here again, then, the war’s primary trauma lies in its forcing her failure to appropriately mother, and that trauma is ultimately resolved through her creation of an identity that combines military service and normative domesticity.

Kraft, moreover, presents military mental health care as available and sufficient. Her patients seem never to struggle to access services, and trauma’s resolution comes not through extended counseling but rather through relatively simple processes taken largely at the soldiers’ own initiative. This is true even for Kraft, who despite noting that “over the months, I spoke with HM1 Botkin, our Leading Petty Officer in the psychiatry department, about some of my conflicts,” describes her own treatment only once, in an interlude in which she assumes the role of patient—sitting on the couch in her office while one of her subordinates

sits behind her desk—and admits that she is “not okay.”⁸⁴ Yet this account hardly suggests that resolution was difficult to attain. “Ten minutes and very few words later,” Kraft writes, “I . . . strode out my door.”⁸⁵ Here again, the contrast with Van Devanter, who unlike Kraft describes “therapy [that] was painful and, at times, frustrating. . . . and I occasionally felt like it would kill me. . . . Shad and I both knew it wouldn’t all be gone in a week—there would be more counseling in my future,” is instructive.⁸⁶ Perhaps most important, Kraft closes with a defense of the military mental health care system whose quality and quantity of care veterans had in recent years insistently questioned: “I wore the uniform of a Medical Service Corps officer in the United States Navy. And during times of war, those of us in this uniform took care of our Marines. That statement went both ways. It always has.”⁸⁷ Through such claims and in her portrayal of her own experience of trauma and recovery, Kraft thus offers a counternarrative to the prevailing veterans’ criticisms.

Mullaney and Workman, as infantry soldiers, do not share Kraft’s practitioner’s perspective, but they contribute to the same discourse, defining postwar struggles with their partners that are resolved through their personal recommitment to a militarized domesticity. More important, they present combat not as the initial site of traumatic rupture but as one that recalls earlier traumas, a construction that contributes to making legible personality disorder discharges.

Mullaney’s relationship with a father who abandoned the family, a trope central to post-Vietnam fiction, is perhaps more central to *The Unforgiving Minute* than his deployment to Afghanistan.⁸⁸ Mullaney’s primary concern is not repeating his father’s failings by assuming the parental role for his younger brother, though he fears that he “did a poor job stepping into the role that he left vacant, and I had almost no opportunity given my imminent deployment.”⁸⁹ Yet if the army seems to cause familial disruption, Mullaney constructs his military role as essentially paternal; his efforts to teach his men “basic financial plans” and “how to balance a checkbook” parallel his attempt following his father’s departure to teach his younger brother how to shave.⁹⁰

This conflation is significant, for Mullaney subsequently constructs the most traumatic moment of his tour—the death of one of his men—as a paternal failure. No less than four times, Mullaney identifies this soldier with his younger brother, explaining that “I was responsible for his death. All I could remember were those eyes—glacial blue, like my brothers” and more explicitly laments that “his parents had entrusted me with his life, and I failed.”⁹¹ These references code the death as traumatic not because of the nature of the Afghanistan War but because it reproduces the earlier trauma of paternal abandonment, as Mullaney subsequently makes clear after his return: “I had failed to bring every man in my platoon home safely. . . . Doubt made me consider my father, present in my life largely by his conspicuous absence. . . . I shaved and saw his beard. He was and wasn’t there. . . . I wondered whether I shared his cowardice in the face of duty. . . . Would his fate be mine?”⁹²

If in *A Rumor of War* Philip Caputo sees the faces of his friends who have been killed in Vietnam as he shaves, here, what “returns to haunt the survivor later on,” as Cathy Caruth explains the intrusive traumatic memory, lies not in the war itself but in the war’s provoking his recollection of the paternal abandonment.⁹³ And here again, this claim differentiates the current wars from Vietnam; unlike Puller, whose trauma on some level emerges from his failure to “[prove] myself my father’s son,” Mullaney is traumatized when he replicates his father’s failures.⁹⁴

Indeed, it is recalling his father’s behavior that drives Mullaney to the most self-destructive behavior. Although he describes drinking in response to memories of combat, he returns back to his father’s abandonment as the seminal trauma: “As I flipped through the photos . . . I drank faster. One night, while speaking on the telephone with my mother, she told me that my father had been having an affair. . . . I drank half a bottle of Jack Daniel’s and passed out on the couch.”⁹⁵ This scene, too, contrasts with Puller, who locates his trauma in Vietnam’s horrific legacy. Returning from a VA hospital, “shaken by the sight of so many men sitting around in wheelchairs doing absolutely nothing,” he declares, “I did not like the picture I had just seen of life at the end of the road, and when I got home, I needed no encouragement to break out the scotch bottle.”⁹⁶ Mullaney thus not only distances the Afghanistan War from Vietnam but also legitimizes claims that combat trauma is related to soldiers’ preexisting mental states and earlier personal crises.

As in Kraft’s memoir, recovery relies on Mullaney reestablishing a normative domesticity that also intersects with his military subjectivity, and, as for Kraft, this process seems expeditious and relatively uncomplicated. Mullaney describes typical symptoms, including alcohol abuse, sleepless nights, and tension with his fiancée. However, the issue is less the war than whether there “was infidelity in [his] DNA.”⁹⁷ These struggles are seamlessly resolved when he and his fiancée vacation in Italy: “My fingers slid into hers like familiar grooves. I told her everything. When I stopped, she held me in her arms as I sobbed. . . . I had been wrong about our relationship. It wasn’t *us* that needed to thaw out, it was *me*.”⁹⁸ Here, the reintegration of someone who a paragraph earlier had described himself “uncommunicative and half drunk most of the time” into the family unit requires only individual will and a single moment of conversation; certainly, it does not require substantial counseling or, as it did in Puller’s case, yearlong recovery in a twelve-step program that provided “the courage to forgive my government, to forgive those whose views and actions concerning the war differed from mine, and to forgive myself.”⁹⁹

Mullaney’s recuperation also rests on his forging a connection between his military and domestic subjectivities. His wedding crucially becomes, in effect, his wife’s enlistment ceremony. As Mullaney and his wife walk through the traditional arch of sabers, one of his attendants “took his saber and hit Meena’s butt,” telling her, “Welcome to the Army, ma’am!”¹⁰⁰ This rhetoric is common to military weddings and represents “a symbolic pledge of loyalty to the couple

from their new military family.”¹⁰¹ This ceremony, particularly in the context of this memoir, establishes that domestic space is not a respite from the struggles of military life but rather a component of it; the recuperating veteran does not leave the garrison for the home but rather incorporates the two.

This discourse is furthered when Mullaney achieves a complete recuperation when he fully assumes his father’s abdicated role, an assumption conflated with his veteran identity. Earlier in the memoir, during a confrontation in his father’s workshop, Mullaney realizes that “I had never bothered to ask my father how to use his tools, and he had never bothered to show me.”¹⁰² The final chapter resolves this failure of appropriate paternal masculinity when Mullaney sorts through “the detritus of an Army career” to find items for his brother, who is about to graduate from West Point, and “realize[s] I owed it to Gary to share whatever I had learned.”¹⁰³ Here, Mullaney achieves recuperation by fulfilling his father’s abdicated role; crucially, though, “a rusty entrenchment tool” and “a storm proof whistle” take the place of “vices [and] a drill press.”¹⁰⁴ In the memoir’s closing scene, Mullaney fully supplants the absent father as he pins his brother’s lieutenant’s bars on his uniform, just as his father had attached his insignia after Ranger school.¹⁰⁵ Even more explicitly than *Rule Number Two*, then, *The Unforgiving Minute* constructs the soldier’s most significant trauma as located outside the combat zone and as resolved through the veterans’ personal recommitment to the domestic. Indeed, even his closing declaration that “ultimately, I wasn’t strong enough to continue serving in uniform and to meet the duties I had to my family” idealizes such a conflation.¹⁰⁶ In both memoirs, the memoir subverts activists’ evocations of the failed relationship as the primary indicator of the wars’ traumatic impact on returning troops or that veterans require substantial assistance in their recovery.

Jeremiah Workman is more explicitly traumatized by his combat experience, and his *Shadow of the Sword* is more explicitly a jeremiad that encourages traumatized veterans to seek help. Yet Workman also more emphatically constructs current PTSD treatment as adequate, recuperation as a matter of individual initiative, and recommitment to an idealized heteronormative domesticity that embraces the military as the primary avenue to recovery. Workman recounts in harrowing detail the 2005 battle in Fallujah that produced his PTSD. Like Mullaney, however, that event is not traumatic solely because of its violence but because it recalls a violent childhood dominated by “an abusive drunk who ran the family with controlled terror.”¹⁰⁷ Later, he recalls a specific incident of violence:

My stepfather. Just the mention of his name injects a pure serum of hate in my soul. Abusive. Always screaming, calling my mother unfathomable names. I once saw her on the living room floor, him atop her beating her senseless. I was in fourth grade. What could I do? I threw something at him to distract him. He came after me, shouting and screaming and filling me with terror. I fled upstairs and grabbed a curtain rod. As

he came after me, I surprised him in the hallway and struck him with all my preteen strength. The blow stunned him long enough for me to flee the house.¹⁰⁸

This moment, in and of itself, would likely be sufficient to produce PTSD, yet what is most important is how closely this description parallels his recounting of the Fallujah battle. As in the childhood story, that battle likewise takes place on a stairwell as he is chased by insurgents who were harming people he cared about and who, like his father, are drug-crazed “terrorists,” men “loaded on coke and atropine.”¹⁰⁹ As in his efforts to distract his stepfather from beating his mother, his attempt to subdue the insurgents with a projectile—this time a hand grenade—is ineffective and leads only to their chasing after him and Workman’s being “filled now only with stark terror” before he is forced out of the house by an insurgent grenade.¹¹⁰

Without understating Workman’s trauma, it is crucial to note the parallels between the Fallujah battle and his childhood’s most violent moment. Indeed, it hardly seems coincidental that one of Workman’s earliest flashbacks occurs on his mother’s stairs.¹¹¹ Moreover, Workman’s fear is less that he will be unable to leave the war behind than that he will replicate the childhood violence. After being threatened by and subsequently killing a Rottweiler, an act that replicates his childhood experience of witnessing his stepfather shooting the family dog, Workman remembers not the insurgents to whom he had initially compared the dog but rather his stepfather’s violence; he fears not that he will be forever prisoner to the memories of Iraq but that he will “become [his] stepfather.”¹¹² These similarities suggest that the childhood trauma was equal to that of the combat zone, a construction that helps make legible contemporaneous claims that preexisting conditions account for many veterans’ psychological maladies.

Workman’s memoir likewise subverts dominant assertions regarding trauma’s impact on the domestic ideal, as he, like Mullaney, conflates recovery with the achievement of an idealized, heteronormative domesticity. This is a status that eluded him even before his deployment; of his relationship with his wife, he writes, “Our lows are so bad, people wonder why we’re together.”¹¹³ After his deployment, Workman relates a familiar sentiment, asserting that his wife “doesn’t need a damaged man for a husband.”¹¹⁴ Here again, however, becoming a good husband is not an impossibility but rather the primary avenue toward recovery, one achieved, yet again, through the conflation of the military and the domestic. Learning that his wife is pregnant inspires Workman to become “the man I need to be,” and recovery comes amid self-imposed withdrawal from his psychiatric medications, suffering he undertakes so that he can become a more qualified marine by attending Marine Corps Jump School, which he refers to as “my chance to climb out of this miserable life and find my way again . . . [and] become a man that Jess can be proud of again.”¹¹⁵

The simultaneous recommitment to the Marine Corps and his family dominates the chapter, notably titled “Bootstraps.” Writhing on the bathroom floor,

he imagines visiting his child's classroom for Career Day and realizing that "my kid's dad's a Marine, proud, strong, a breed apart. Different. I realize as I look into those innocent eyes that I am my child's hero."¹¹⁶ Workman's idealized role as an involved and adored parent is thus deeply militarized, and in declaring that "for two years, I've been at the mercy of these memories. Tonight, I'll take control of them once and for all," he, too, distances the contemporary veteran from Vietnam veterans' accounts of their struggles to recuperate.¹¹⁷ Puller, for example, writes that "no matter what new and feeble approach I seized on, I always seemed to wind up drunk and out of control"; in a scene that foreshadows Workman's night on the bathroom floor, Puller writes that "for the first three nights I lay awake on the sofa all night, my clothes soaked in perspiration and my nervous system screaming for a drink," but within days, he had "drank [himself] into oblivion and un[done] all of the sacrifice of the previous week."¹¹⁸

Workman, however, suffers no such relapse. The subsequent chapters do not ignore continued marital difficulties, but they are always cast in a narrative of recovery.¹¹⁹ Indeed, unlike Van Devanter, who does not find solace in her failing marriage but writes that because of "the work that I've done with the VVA, and my therapy and rap groups, I've reached the point where I can truthfully say that the war has lost its ability to destroy me," Workman writes that he "couldn't let [his] connections to [his] fellow veterans replace that which [he] needed to have with [his] own family."¹²⁰ His penultimate chapter closes with an archetypal image of domesticity, the family "piled into the car for a drive through the Virginia countryside," Workman ignoring an aggressive driver, and a declaration that he has "won" and that he and his wife are "still making it work."¹²¹ Here again, the family is not simply threatened by wartime trauma. It is also the venue in which military personnel will recover.

Crucially, and in spite of passing references to his own therapy and continued medication and his admirable pleas to suicidal veterans to "not be afraid to reach out for help," the fact remains that Workman's triumph over his trauma occurs on his bathroom floor and when he decides to leave the veterans' group and return to his wife; that is, moments of individual initiative and the rejection of the veterans' community and psychological treatment.¹²² The memoir thus defines recovery as a matter of personal commitment of the sort that Patrick Kennedy railed against in a congressional hearing two years earlier.

Moreover, while Workman surely deserves credit for encouraging troubled veterans to seek counseling, *Shadow of the Sword*, despite early complaints about the insufficiency of counseling and the overprescription of psychiatric medicine, ultimately validates veterans' mental health care. Instead, Workman echoes the government's witnesses before Congress, telling readers that "the VA has generally done a remarkable job of recasting how it approaches the influx of PTSD-related care" and that "in truth, while the corps and the VA has evolved, we Marines and soldiers have yet to fully embrace the new, accepting atmosphere. We're still afraid that PTSD will be our personal scarlet letter" and that "we combat veterans have a responsibility to ourselves and our families" to

get treatment.¹²³ Positing a reformed and responsive system, Workman places the onus for recovery on his fellow veterans and even paints Vietnam veterans as having failed to take the initiative. When a Vietnam veteran “told [him] that he’d been battling PTSD since the Johnson administration,” Workman’s response is hardly sympathetic: “I swore I’d fight the battle differently. In forty years, I don’t want to be a man whose life has been defined by his PTSD-induced failures.”¹²⁴ Notably, the failures are the veteran’s, not the system’s; Workman imagines continued PTSD not as Vietnam veteran activists and many of his Iraq veteran peers did, as the result of decades of governmental inaction, but rather as the result of the individual veteran’s failure to “fight the battle” appropriately.

His comments on suicide are equally vigorous. While he makes the unquestionable argument that “every one of us combat veterans who attempts suicide . . . is a casualty of war just as sure as the men who died over there around us,” he blames suicide not on the nature of the war or lack of access to medical care but on the violence of the enemy: “If you are at that point, like I once was, all I can say is this: Don’t give the Muj the satisfaction. You pull that trigger, you swallow those pills, and they win. I can’t think of anything worse after seeing what total barbarians they are.”¹²⁵ Far from critiquing a poorly managed war or a national failure to provide sufficient veterans’ services, Workman equates suicide with treason—letting the enemy win—and abstaining from suicide with the prosecution of a necessary war against “barbarians.” Such rhetoric may encourage traumatized marines to seek help. Hopefully, it does. For a more general readership, though, Workman’s analysis of the mental health care crisis buttresses claims that services are adequate and that recuperation is a matter of personal responsibility while undermining critiques of the war and veterans’ treatment.

In the spring of 2012, as the United States tried to make sense of an incident in which Robert Bales, an army sergeant stationed in Afghanistan, murdered seventeen civilians, including nine children, the *Washington Post* questioned whether Bales’s combat experience had left him traumatized. It did so in familiar language, explaining that “veterans with PTSD are two to three times as likely to be physically abusive of their wives and girlfriends as those without the diagnosis.”¹²⁶ The same day, *Newsday* reported that returning veterans face “high rates of divorce” that “pose potential risks to them [and] their families.”¹²⁷ Readers of the *Atlanta Journal-Constitution* learned that “for many [veterans], post-traumatic stress disorder and depression are facts of life. Some are seeing their marriages or other close relationships falter.”¹²⁸ A month later, the *Post* reported that “[veterans] diagnosed with post-traumatic stress disorder . . . often must wait weeks or months for care,” and the indomitable Patty Murray complained that “staff vacancies, scheduling delays, and red tape leave those veterans who have been brave enough to seek help in the first place left with nowhere to turn.”¹²⁹ Clearly, anxieties about a burdened system and the degree to which veterans’ struggles endangered their families remained intact nearly two years after Barack Obama announced that he was easing the requirements for veterans seeking a diagnosis of PTSD.¹³⁰

Yet the most significant early memoirs that explore Iraq and Afghanistan veterans' mental health have contributed to a counternarrative that challenges these claims. Kraft's *Rule Number Two*, Mullaney's *The Unforgiving Minute*, and Workman's *Shadow of the Sword* accomplish this not only by showing military mental health care to be either sufficient or immaterial to veterans' recuperation but also by inverting the trope of ruptured domesticity that is a key tenet of Vietnam's popular legacy and that contemporary veterans and their advocates have embraced, identifying the heteronormative family not as threatened by PTSD but as the primary location in which recovery will occur if soldiers recommit to heteronormative domesticity while maintaining their military identities. In addition, both Mullaney and Workman construct their primary trauma as rooted not in their combat experience but in their childhoods, a representation that contributes to the legitimacy of personality disorder diagnoses.

We should, of course, neither expect nor demand that Iraq and Afghanistan veterans have the same political investments as their Vietnam-era predecessors. But, in spite of their obvious concern for those who have served, these memoirs reveal a crucial difference between the two wars with regard to the relationship between veterans' cultural production and veterans' political activism. These memoirs do not augment and help make legible the claims of veterans, activists, and progressive legislators who seek expanded benefits and improved treatment options for suffering veterans. Rather, they offer a counternarrative, one that contributes to a discourse advanced by government officials who have defended their efforts, identified stigma as the primary obstacle to treating PTSD, and claimed that veterans must take responsibility for their recovery, and they have done so while distancing the current wars from Vietnam's problematic legacy. In doing so, they contribute to public debate and discussion of what is by all accounts a growing problem in ways that legitimize a narrative that calls not for expanded resources but for individual initiative amid scaled-back resources. They also reveal that, as the Iraq and Afghanistan wars end, interrogating how cultural products shape Americans' perceptions of veterans' experience will be a key project within efforts to understand political debates over veterans' care.

Notes

1. Jeremiah Workman, interview with Betty Ann Bowser, *PBS Newshour*, Corporation for Public Broadcasting, November 11, 2009, http://www.pbs.org/newshour/bb/health/july-dec09/marine_11-11.html.

2. Heidi Kraft and Jeffrey Johns, interview with Judy Woodruff, *PBS Newshour*, Corporation for Public Broadcasting, November 11, 2009, http://www.pbs.org/newshour/bb/health/july-dec09/ptsd_11-11.html.

3. Ibid.

4. For excellent journalistic overviews of veterans struggles, including the debate over stigma and personality disorder, see Aaron Glantz, *The War Comes Home: Washington's Battle against America's Veterans* (Berkeley: University of California Press, 2009); Joshua Kors, "Thanks for Nothing: How Specialist Town Won a Purple Heart and Lost His Benefits," *The Nation*, April 9, 2007, <http://www.joshuakors.com/part1.htm>; Joshua Kors, "Specialist Town Takes His Case to Washington," *The Nation*, October 15, 2007, <http://www.joshuakors.com/part2.htm>; Joshua Kors, "Disposable Soldiers: How the Pentagon Is Cheating Wounded Vets," *The Nation*, April 26, 2010, <http://www.joshuakors.com/part3.htm>; and Jennifer Senior, "The Zozac, Paxil, Zoloft, Wellbutrin, Celexa, Effexor, Valium, Klonopin, Ativan, Restoril, Xanax, Adderall, Ritalin, Haldol, Risperdal,

Seroquel, Ambien, Lunesta, Elavil, Trazodone War,” *New York Magazine*, February 6, 2011, <http://nymag.com/news/features/71277>.

5. On representations of Iraq and Afghanistan memoirs’ portrayals of combat in ways that invert Vietnam memoirs, see David Kieran, “‘It’s a Different Time. It’s a Different Era. It’s a Different Place’: The Legacy of Vietnam and Contemporary Memoirs of the Wars in Iraq and Afghanistan,” *War and Society* 31, no. 1 (2012): 65–84.

6. On Workman’s public appearances, see Allie Shah, “School Closes Doors to Vets, so Students Go to Hear Them,” *Minneapolis Star Tribune*, March 26, 2008; Loredana Vuoto, “GI Film Festival Strikes a Chord,” *Washington Times*, May 21, 2009; and Gregg Zoraya, “Training Program Aims to Curb Marine Suicides,” *USA Today*, July 28, 2009.

7. Eugene Mulero, “Marine Tells His Story of Trauma and Success,” review of *Shadow of the Sword*, by Jeremiah Workman, *Roll Call*, July 28, 2009; James C. Roberts, “Heroic Actions and the Aftermath,” review of *Shadow of the Sword*, by Jeremiah Workman, *Washington Times*, September 20, 2009.

8. Laura London, “Psychology Consultant Speaks at Base Women’s History Event,” *Alamogordo Daily News*, March 12, 2011; Jeb Phillips, “Hero Helps ‘Broken’ Troops,” *Columbus Dispatch*, September 2, 2010.

9. Mike Stanton, “At 31, He Knows the Price of a Salute,” *Providence Journal*, March 15, 2009; Mike Stanton, “The Firebase: Hell 0 Kilometers,” *Providence Journal*, March 16, 2009; Mike Stanton, “From the Front Line to a Pentagon Post,” *Providence Journal*, March 17, 2009; Julian E. Barnes, “New Afghanistan Strategy to Rest on Eroding Taliban Recruiting,” *Chicago Tribune*, March 19, 2009.

10. John D. Olson, “Who Cares for the Caregivers?,” review of *Rule Number Two*, by Heidi Squier Kraft, *Amazon.com*, October 19, 2007; Christie, review of *Rule Number Two*, by Heidi Squier Kraft, *Amazon.com*, May 20, 2008; Psychogyfan, review of *Rule Number Two*, by Heidi Squier Kraft, *Amazon.com*, March 19, 2008; InterLinkOperator, review of *Rule Number Two*, by Heidi Squier Kraft, *Amazon.com*, December 10, 2007.

11. N. Wallach, “Combat and PTSD,” review of *Shadow of the Sword*, by Jeremiah Workman, *Amazon.com*, August 7, 2009; M. G. Watson, review of *Shadow of the Sword*, by Jeremiah Workman, *Amazon.com*, August 26, 2009.

12. Someone’s Mom, review of *The Unforgiving Minute*, by Craig Mullaney, *Amazon.com*, June 10, 2009; Matt, review of *The Unforgiving Minute*, by Craig Mullaney, *Amazon.com*, April 25, 2009.

13. Ron Kovic, *Born on the Fourth of July* (1975; reprint, New York: Akashic Books, 2005), 45–56.

14. See Gerald Nicosia, *Home to War: A History of the Vietnam Veterans’ Movement* (New York: Carroll and Graf, 2004), 202–9, and Wilbur J. Scott, *Vietnam Veterans since the War: The Politics of PTSD, Agent Orange, and the National Memorial* (Norman: University of Oklahoma Press, 2004). Recently, scholars have troubled the notion that PTSD is unique to Vietnam veterans. See, for example, Thomas Childers, *Soldier from the War Returning: The Greatest Generation’s Troubled Homecoming from World War II* (Boston: Mariner Books, 2009).

15. Nicosia, *Home to War*, 208.

16. Judith Lewis Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (New York: Basic Books, 1992), 27.

17. Natasha Zaretsky, *No Direction Home: The American Family and Fear of National Decline, 1968–1980* (Chapel Hill: University of North Carolina Press, 2007), 43, 52.

18. Senate Committee on Veterans Affairs, *Vietnam Veterans’ Readjustment*, 96th Cong., 2nd sess. (1980), 561. As I noted above, Glantz provides a slightly higher figure.

19. House Committee on Veterans Affairs, *Issues concerning Vietnam Veterans*, 97th Cong., 1st sess. (1981), 12.

20. Patience H. C. Mason, *Recovering from the War: A Guide for All Veterans, Family Members, Friends and Therapists* (High Springs, FL: Patience Press, 1998), 262.

21. *Ibid.*, 287, 289.

22. Aphrodite Matsakis, *Vietnam Wives: Facing the Challenges of Life with Veterans Suffering Post-Traumatic Stress* (Baltimore: Sidran Press, 1996), 3.

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24. Maureen Ryan, *The Other Side of Grief: The Home Front and the Aftermath in American Narratives of the Vietnam War* (Amherst: University of Massachusetts Press, 2008), 73, 97.

25. Robert Mason, *Chickenhawk Back in the World: Life after Vietnam* (New York: Viking Penguin, 1993), 18.

26. Lewis B. Puller, Jr., *Fortunate Son: The Healing of a Vietnam Vet* (New York: Grove Press, 1991), 338.

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34. Moni Basu, "For GIs, Wives, Next Conflict May Be at Home," *Atlanta Journal-Constitution*, August 3, 2003; Zaretsky, *No Direction Home*, 51.
35. Basu, "For GIs, Wives, Next Conflict May Be at Home."
36. Erin Emery, "Coming Home, Catching Up; Soldiers Returning from Iraq, Afghanistan Face Adjustments," *Denver Post*, April 27, 2003.
37. Tyson, "The Other Battle."
38. Quoted in *ibid*.
39. Quoted in Komarow, "War Has Impact Not Easily Shared."
40. Senate Committee on Veterans' Affairs, *Seattle Field Hearing: Coming Home from Combat—Are Veterans Getting the Help They Need?*, 109th Cong., 1st sess., August 3, 2005, 1–2, 15–16, 42.
41. *Ibid.*, 42, 41.
42. *Ibid.*, 35.
43. The available evidence suggests, of course, that lack of resources is the culprit. As Glantz has shown, "while stigma definitely plays a role . . . even when soldiers seek help, they usually can't get it" (*The War Comes Home*, 98).
44. Senate Committee on Veterans' Affairs, *Hearing on Mental Health Issues*, 110th Cong., 1st sess., April 25, 2007, 25.
45. *Ibid.*, 26.
46. House Committee on Veterans' Affairs, *Ending Homelessness for Our Nation's Veterans*, 110th Cong., 2nd sess., April 9, 2008, 12.
47. *Ibid.*, 23.
48. House Committee on Veterans Affairs, *Hearing on Post Traumatic Stress Disorder Treatment and Research*, 110th Cong., 2nd sess., April 1, 2008, 12–13.
49. Senate Committee on Veterans' Affairs, *Hearing on Mental Health Care and Suicide Prevention for Veterans*, 111th Cong., 2nd sess., March 3, 2010, 11–12.
50. *Ibid.*, 7.
51. *Ibid.*, 8.
52. *Ibid.*, 28.
53. *Ibid.*, 30.
54. *Ibid.*, 61.
55. Glantz, *The War Comes Home*, 98.
56. Kors, "Thanks for Nothing," 13.
57. Kors, "Disposable Soldiers," 17.
58. US House Committee on Veterans Affairs, *Post Traumatic Stress Disorder and Personality Disorders: Challenges for the U.S. Department of Veterans Affairs*, 110th Cong., 1st sess., July 25, 2007, 21.
59. *Ibid.*, 73.
60. *Ibid.*, 30, 35, 38–40; Kors has written about this hearing and noted the contentious nature of this exchange; see "Specialist Town Takes His Case to Washington" and <http://www.joshuakors.com/media.htm>.
61. *Ibid.*, 73.
62. *Ibid.*, 73.
63. Workman, *Shadow of the Sword*, 248; Kraft, *Rule Number Two*, jacket copy; Mullaney, *The Unforgiving Minute*, n.p.
64. *Ibid.*, 4.
65. On women's experience in Iraq and Afghanistan, see Laura Browder, *When Janey Comes Marching Home: Portraits of Women Combat Veterans* (Chapel Hill: University of North Carolina Press, 2010); Helen Benedict, *The Lonely Soldier: The Private War of Women Serving in Iraq* (Boston: Beacon Press, 2009); and Cynthia Enloe, *Nimo's War; Emma's War: Making Feminist Sense of the Iraq War* (Berkeley: University of California Press, 2010).
66. Kraft, *Rule Number Two*, 36.

67. *Ibid.*, 54–55.
68. Herman, *Trauma and Recovery*, 51.
69. Kraft, *Rule Number Two*, 159, 177–78, 101–2.
70. Van Devanter, *Home before Morning*, 169, 170.
71. Kraft, *Rule Number Two*, 102. See also *ibid.*, 76, 93.
72. *Ibid.*, 4.
73. *Ibid.*, 163, 148.
74. *Ibid.*, 60.
75. *Ibid.*, 60–62.
76. Van Devanter, *Home before Morning*, 170.
77. *Ibid.*, 171.
78. *Ibid.*, 171; Kraft, *Rule Number Two*, 75–76.
79. Kraft, *Rule Number Two*, 165.
80. *Ibid.*, 114.
81. *Ibid.*, 237.
82. Quoted in *ibid.*
83. Quoted in *ibid.*, 174.
84. Quoted in *ibid.*, 229–30. Interestingly, Kraft notes elsewhere that her treatment was more extensive. See Laura London, “Psychologist Speaks at Women’s History Event,” *Alamogordo Daily News*, March 17, 2011.
85. *Ibid.*
86. Van Devanter, *Home before Morning*, 296–97.
87. Kraft, *Rule Number Two*, 238.
88. Ryan, *The Other Side of Grief*, 50.
89. Craig M. Mullaney, *The Unforgiving Minute: A Soldier’s Education* (New York: Penguin Press, 2009), 212; see also 334.
90. *Ibid.*, 198.
91. *Ibid.*, 286, 292; see also 271, 347, 367.
92. *Ibid.*, 366.
93. Philip Caputo, *A Rumor of War* (New York: Owl Books, 1996), 200; Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 1996), 4.
94. Puller, *Fortunate Son*, 188.
95. Mullaney, *The Unforgiving Minute*, 350.
96. Puller, *Fortunate Son*, 254–55.
97. Mullaney, *The Unforgiving Minute*, 350.
98. *Ibid.*, 351.
99. *Ibid.*, 350; Puller, *Fortunate Son*, 363.
100. Quoted in *ibid.*, 358.
101. Cheryl Lynn Conetsco and Anna Hart, *Service Etiquette*, 5th ed. (Annapolis, MD: Naval Institute Press, 2009), 153.
102. Mullaney, *The Unforgiving Minute*, 210.
103. *Ibid.*, 370–71.
104. *Ibid.*, 370, 210.
105. *Ibid.*, 121, 371.
106. *Ibid.*, 380. Kraft makes a similar rhetorical move (*Rule Number Two*, 97).
107. Jeremiah Workman with John R. Bruning, *Shadow of the Sword: A Marine’s Journey of War, Heroism, and Redemption* (New York: Presidio Press, 2009), 88.
108. *Ibid.*, 173.
109. *Ibid.*, 179, 211, 191.
110. *Ibid.*, 192–93.
111. *Ibid.*, 54.
112. *Ibid.*, 98.
113. *Ibid.*, 91.
114. *Ibid.*, 43.
115. *Ibid.*, 178, 177.
116. *Ibid.*, 182.
117. *Ibid.*
118. Puller, *Fortunate Son*, 340.
119. See, for example, Workman, *Shadow of the Sword*, 240–41.
120. Van Devanter, *Home before Morning*, 303; Workman, *Shadow of the Sword*, 241.
121. Workman, *Shadow of the Sword*, 246–47.
122. *Ibid.*, 248.
123. *Ibid.*, 244–45.
124. *Ibid.*, 240.
125. *Ibid.*, 248.

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128. Mark Davis and Bill Torpy, "Veterans in Fight for Jobs," *Atlanta Journal-Constitution*, March 18, 2012.
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