

Walter Reed: How Iraq War Veterans and Their Families Commanded the Ear of Congress and Demanded Better Health Care from the US Department of Veterans Affairs

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Introduction

Army Specialist Jeremy Duncan was a seasoned service member before he sustained multiple injuries in Operation Iraqi Freedom in 2004. After suffering a broken neck and torn left ear, Duncan was transferred to the Walter Reed Army Medical Center in Washington D.C., where he faced a new set of challenges in the outpatient facility. Duncan experienced atrocious conditions at the nation's top military hospital, forced to choose between sharing cramped quarters with a roommate or inhabiting a room filled with black mold while receiving care. The wounded soldier's quarters were filled with "mouse droppings, belly-up cockroaches, stained carpets, and cheap mattresses," and in order to access his accommodations when he first arrived from Iraq, he was handed a map and told to find his way by himself.¹ After multiple attempts to contact hospital administration to remedy his situation, Jeremy Duncan finally gave up on hopes of getting help from officials at Walter Reed. Fed up with living in squalor, he reached out to the *Washington Post*, desperate to find a solution for himself and other soldiers recuperating in the decrepit Building 18. Duncan's efforts led to two journalists covering the story from inside Walter Reed, efforts that eventually sparked outrage from the American public and incited subsequent political actions, including multiple congressional hearings. By March 6, 2007, President Bush named

¹ Dana Priest and Anne Hull, "Soldiers Face Neglect, Frustration at Army's Top Medical Facility." *Washington Post*, February 18, 2007, <https://www.washingtonpost.com/archive/politics/2007/02/18/soldiers-face-neglect-frustration-at-armys-top-medical-facility/c0c4b3e4-fb22-4df6-9ac9-c602d41c5bda/>.

a congressional commission to address the systemic problems in veteran care and to probe into the bureaucratic issues at the Department of Veterans Affairs (VA). Frustration was shared among the entire military community after this scandal broke, inspiring other service members, and their families, to come forward and share their own stories of veteran neglect.

Duncan's experience and efforts illustrate the neglect and frustration many Iraq War veterans faced after returning home to the United States. Poor medical treatment and frustration with military bureaucracy left scores of soldiers feeling forgotten after fighting a dangerous war, forcing them to seek and find care outside of the Department of Veterans Affairs. Duncan was not alone in his frustration toward the federal institutions that he fought a war on behalf of. His persistence to solve the problem at his Walter Reed quarters, followed by reaching out to the *Washington Post*, illustrates the tenacity Iraq War veterans displayed in the face of a lack of support from the VA. Going to the press and testifying before Congress was a feasible way to get the attention of the public, in addition to politicians and lawmakers. Desperate to receive care, and unwilling to remain in the shadows, veterans and those who cared for them – often partners and family members —chose avenues that they knew would bring public notice to veteran mistreatment on the national stage.

In this paper I argue that the Walter Reed scandal served as a catalyst for Iraq War veterans and their families to testify in front of Congress and demand real change within the VA. Veterans and their families were integral in pushing forth the Water Reed scandal and bringing to light the systemic issues they faced within the medical facility; without voices like Duncan's, it is likely the scandal would not have had the same effect. As a result of the efforts of service members and their families, the VA and the US military were no longer able to conceal long-standing patterns of substandard care and negligence. The willingness of veterans and their families to come forward in protest of their mistreatment

ultimately led Congress to hold more than forty congressional committee hearings relevant to veteran care over roughly four years. By telling their stories of backlogged paperwork, poor medical care, and general negligence within the VA, these veterans took a stand against the institutions that had promised to support them and since failed to do so.

In order to better understand how Iraq War veterans and their families fought for better healthcare from the VA, I will primarily examine congressional committee hearings between 2007 and 2011, in which veterans and their families, as well as officials from the Department of Veterans Affairs and the U.S military, shared their stories with a wide audience. I will also draw on secondary scholarship in the realm of veteran and family activism in order to discern the roots of this contemporary veterans' movement. I will outline how individual service personnel and their family members used congressional hearings to engage in a political debate for higher quality health care by gaining empathy among their audience, speaking about the failures of the federal government, invoking experiences of World War Two veterans to say that the VA has been capable of providing proper treatment in the past, and invoking the experience of Vietnam veterans to claim that the United States should have learned from the VA's historic mistake in its mistreatment of veterans during the Cold War.

Historiography

Study of contemporary veterans' activism is an interdisciplinary field with a wide variety of approaches. Historian Olivier Burtin provides a comprehensive view of how US veterans' activism evolved over the course of the twentieth century. In his 2022 book, *A Nation of Veterans: War, Citizenship, and the Welfare State in Modern America*, Burtin asserts that, historically, veterans' demands have often been achieved through politics and aligning themselves with certain lawmakers and powerful interest groups,

such as the American Legion and Veterans of Foreign Wars. Although his book was only published last year, this scholar remains one of the only historians to delve into what he calls the veteran welfare state, a system in America where veterans received benefits and privileges based solely on the fact that they served in the military. Olivier Burtin argues that the rise of the veterans' movement in the 1950s is largely attributed to the United States' victor status in World War Two. As a result, service members — especially white males — enjoyed a more popular status in society, as they were viewed as martial citizens based on their service. Veterans' groups were so closely connected with the state and government that Burtin asserts that “more often than not, veterans' leaders collaborated so closely with policymakers at all levels of government that the line between the state and civil society essentially disappeared.”² Veterans organizations thus became powerful interest groups in the mid-twentieth century and it was through these larger networks that veterans gained support. In the 1960s and 70s, however, Burtin notes that, due to the unpopularity of the Vietnam War, success of the veterans' movement began to decline as it was no longer as central to U.S politics, and earlier groups of veterans had successfully achieved the benefits they had fought for.

In recent years there has also been a significant effort by historians to highlight the experience of marginalized veterans. In their edited anthology, *Service Denied: Marginalized Veterans in Modern American History*, historians John Kinder and Jason Higgins highlight the work of scholars who focus on historically underrepresented military personnel, including women, Latinos, members of the LGBTQ community, and others. These academics find that, given sexism and racism, veterans from marginalized communities historically did not reap the rewards that come with serving in the U.S military, and often had to organize outside of the

² Olivier Burtin, *A Nation of Veterans: War, Citizenship, and the Welfare State in Modern America* (Philadelphia: University of Pennsylvania Press, 2022), 9.

more traditional veterans' organizations to defend their rights and receive the benefits they deserve. *Service Denied* helps re-define what it means to be a U.S veteran, and how these social groups worked to achieve equal rights as veterans. Included in their anthology is scholar Kara Dixon Vuic, who discusses how getting the ear of politicians has long been a tool for veterans trying to enact change within the VA. She writes about how Vietnam War veteran Lynda Devanter lobbied “for government research on the particular needs of women veterans,” and advocated “for reform in the Veterans Administration...to guarantee women the care and benefits to which they were legally entitled.”³ Devanter used her power to enact change for other female veterans, just like Iraq War veterans did many years after. Her efforts "brought other women veterans out of the shadows, and into the public eye, where they began to speak about women veterans' particular health care needs,” with their work even resulting in “the creation of the VA's Women's Advisory Committee, which continues to advise the government on women veterans' issues today.”⁴ Throughout history and multiple global conflicts, veterans have picked up the pieces themselves and advocated for better treatment from the VA.

There are also efforts by scholars to trace present-day grassroots veteran movements. Iraq War veteran and academic Benjamin Schrader argues that contemporary veteran activist groups are relying less on politicians and more on themselves, as grassroots organizations offer alternative routes of healing, such as veterans writing about their own experiences and speaking with other service members. He maintains that in order to find healing through activism, present-day veterans are positioning themselves as the subject of their movements, and not as the object of a political scheme — the latter avenue often leading to veterans

³ John Kinder and Jason Higgins, *Service Denied: Marginalized Veterans in Modern American History* (Amherst: University of Massachusetts Press, 2022), 144.

⁴ Ibid.

becoming pawns of military or government entities. Finally, Schrader argues that U.S federal institutions should establish spaces of demilitarization for veterans, to aid in their often difficult readjustment periods after combat. He asserts that these activist groups and spaces are integral for veteran communities because they offer healing and care where military institutions are lacking.

Scholars have also explored the realm of veteran anti-war activism, as seen in author Nan Levinson's 2014 book *War is Not a Game: The New Antiwar Soldiers and the Movement They Built*. Levinson, an English professor at Tufts University, explores "the golden season" in the life of pacifist group Iraq Veterans Against the War, which she claims "came in early 2007 and lasted for about eighteen glorious months."⁵ In her source, Levinson compares Iraq Veterans Against the War (IVAW) with a prior anti-war veterans' group, Vietnam Veterans Against the War (VVAW). She states that American civil society was relatively receptive of the VVAW movement and its' goals, while the IVAW and their movement struggled to gain sympathy from the American public. IVAW's members were "professional soldiers, for whom war was a part of their job description," which Levinson argues meant they had fewer links with civil society groups. Therefore, this contemporary pacifist group had to become very creative in their attempts to gain sympathy and popularity from the American public, such as organizing street performances, art exhibitions, and an urban guerrilla theater (Operation First Casualty). IVAW used these unconventional techniques to "raise awareness about the futility and destructiveness of the Iraq war and the continuing needs of its veterans."⁶

Throughout veterans' scholarship, we also see a number of scholars who focus on the role of military families in advocating

⁵ Nan Levinson, *War Is Not a Game: The New Antiwar Soldiers and the Movement They Built* (New Brunswick: Rutgers University Press, 2014), xiv.

⁶ Siniša Malešević, review of *War Is Not a Game: The New Antiwar Soldiers and the Movement They Built*, by Nan Levinson, *Common Knowledge* 22, no. 3 (2016): 505-505, <https://muse.jhu.edu/article/629253>.

on behalf of veterans. In her 2014 book, *Fighting for Peace: Veterans and Military Families in the Anti-Iraq War Movement*, Lisa Leitz, a military wife herself, discusses the ways in which family members of Iraq and Afghanistan war veterans engaged with anti-war activism.⁷ Leitz describes the challenges faced by anti-war activist families, particularly with many people perceiving their activism as anti-military and anti-troops. Military families also face judgement from other peace activists who think they have married violent people trained to kill. This particular source provides readers with a large context of how families engage with military activism and grassroots movements by joining in anti-war and peace activism.

Family members have long been supportive of their service personnel loved ones on the public stage, as is explored by historians Rebecca Plant and Frances Clarke in their 2015 journal article titled “‘The Crowning Insult’: Federal Segregation and the Gold Star Mother and Widow Pilgrimages of the Early 1930s.” These authors argue that despite the special treatment black mothers and widows experienced while visiting the graves of their fallen sons and husbands in France after World War One, this generous gesture of the U.S government was concealed under layers of white supremacy.⁸ Although they took part on these voyages, they traveled in a different cabin of a ship and did not get to dine with the white passengers. Moreover, this source provides historical context for how family members, often female, engage with their sons’ and husbands’ military service and are active on their behalf. The pilgrimages served as “a series of very public commemorative acts centered on the iconic images of the all-

⁷ Lisa Leitz, *Fighting for Peace Veterans and Military Families in the Anti-Iraq War Movement* (Minneapolis: University of Minnesota Press, 2014).

⁸ Rebecca Plant and Frances Clarke, “‘The Crowning Insult’: Federal Segregation and the Gold Star Mother and Widow Pilgrimages of the Early 1930s,” *The Journal of American History* 102, no. 2 (September 2015): 407, https://www.jstor.org/stable/44286818#metadata_info_tab_contents.

American war mother.”⁹ To conclude, mothers and wives have always played a significant role in the sphere of the American military; however, I argue that in the midst of the Iraq War, military families carried an even larger burden of supporting their loved ones, such as testifying in front of Congress, largely due to the unique nature of the Iraq War, and the injuries sustained by military personnel during their service.

While the previously mentioned scholars engage in a multitude of topics within veterans’ scholarship, in this paper I illuminate how Iraq War veterans responded to a lack of support from the VA and how their families were often intertwined in this fight. I argue that these individuals used congressional hearings to demand reform within the VA, reform that would ensure better health care for veterans and a smoother transition into civilian society.

Olivier Burtin writes about white male veterans in the twentieth century, whose privilege granted them memberships to larger veterans interest groups, whereas in recent years we see scholars such as Kinder and Higgins strike up a discussion about marginalized veterans and how they are often excluded from these larger veterans organizations. Although my work does not discuss race or gender in relation to veterans’ status, these scholars’ discourse about shifting membership in veterans’ groups has fueled my research to understand why these organizations were not as prominent among Iraq War veterans.

Moreover, while Burtin described the close relationship between twentieth-century veterans and large interest groups, Benjamin Schrader provides a dialogue about how contemporary veterans are foregoing memberships of these groups, and instead engaging in smaller grass-roots movements. My own research corroborates Schrader’s work, as I survey individual acts of veteran activism and how contemporary veterans have propelled themselves and their experiences onto the national stage. Engaging

⁹ Ibid.

in activism, Schrader argues “makes veterans the subject of change rather the object of it.”¹⁰ I also build on Schrader’s scholarship by adding that Iraq War veterans often find success in their movements through the support of their family members.

My work will highlight veterans’ families and how they have evolved to become vital elements of the contemporary veteran movement. Iraq War veterans and their families chose new avenues of activism in their fight for improved health care; instead of working through larger veterans’ networks, these individuals relied on themselves, as well as their families for support, as they engaged in political debates for more suitable treatment from the VA. This paper demonstrates the ways in which roadblocks to health care had drastic effects for veterans, in addition to the ways in which Iraq War veterans and their families kept the negligence they experienced in the news, and how they refused to let these federal institutions get away with a lack of proper support.

Iraq: An Unprecedented War

The Iraq War brought a multitude of hardships to those who fought in it. American soldiers endured drastic injuries, both mental and physical, and due to the unprecedented length of the war, from 2003-2011, many soldiers were “sent back to Iraq for multiple deployments — even after being diagnosed with conditions like PTSD.”¹¹ PTSD, or post-traumatic stress disorder, largely affected post-9/11 veterans, as the VA screened 256,820 Iraq and Afghanistan veterans for potential PTSD by 2012.¹² To make matters worse, the VA at times prevented service members from accessing care — due to their struggles with mental illness while

¹⁰ Benjamin Schrader, *Fight to Live, Live to Fight* (Albany: SUNY Press, 2019), 159.

¹¹ Aaron Glantz, *The War Comes Home: Washington’s Battle against America’s Veterans* (Oakland: University of California Press, 2009), 4.

¹² Richard Immerman and Beth Bailey, *Understanding the US Wars in Iraq and Afghanistan* (New York: NYU Press, 2015).

serving in Iraq; some were “dishonorably discharged for destructive behavior brought on by their undiagnosed and misdiagnosed mental problems,” and were therefore “legally barred from getting the care they need[ed] from the VA.”¹³ Government officials failed to recognize the unprecedented nature of the war in Iraq and, therefore, did not adapt their system to meet the unique needs of this new generation of veterans.

Plagued by catastrophic injuries, veterans sought satisfactory health care — yet the VA was not prepared to meet the needs of thousands of soldiers returning home with critical injuries. Because they did not predict the extended length of the war, VA officials “did not develop the policies and devote the resources required to meet such unanticipated needs,” which left veterans struggling “to secure timely treatment for physical and psychological wounds, to integrate back into their families, and to find civilian employment after years of war.”¹⁴ After struggling through the perils of war, soldiers could not even rely on the safety net of the VA to assist them in this transition period. Due to an extreme lack of support from bureaucracy, wounded service members had no choice but to rely on themselves and their family members while recovering.

The U.S Department of Veterans Affairs: A Bureaucratic Maze

As a result of veterans and their families coming forward, Congress responded by creating about forty congressional committee hearings, covering topics from substandard treatment, untimely deaths of veterans at military medical facilities, and ensuring support for military families. Between March 5 and

¹³ Aaron Glantz, *The War Comes Home: Washington's Battle against America's Veterans* (Oakland: University of California Press, 2009), 10.

¹⁴ Richard Immerman and Beth Bailey, *Understanding the US Wars in Iraq and Afghanistan* (New York: NYU Press, 2015), 262.

March 13, 2007, the first of many televised hearings were held in Washington D.C., as American lawmakers and civilians alike tried to grasp how such atrocities had occurred at Walter Reed. Of the roughly forty congressional hearings, many evaluated the efficacy of the Department of Veterans Affairs and their treatment of Iraq War veterans. Founded in 1989, the VA claims their mission “is to care for those ‘who shall have borne the battle’ and for their families, caregivers and survivors...”¹⁵ The department exists to provide services to veterans and their families, but following the Walter Reed scandal, they questioned the effectiveness of the system. As the primary avenue for veterans and families seeking assistance, the VA remained a confusing and often dismissive institution not willing to help those in dire need. On March 13, 2008, Corporal Casey Owens, a Marine Corps Combat veteran, took to the stand to bring awareness to systemic issues within the VA. In a congressional hearing, “Care of Seriously Wounded After Inpatient Care,” Owens testified that he enrolled in the VA in 2006 and “it was not until 6 months later that the procedure [he] had requested and wanted was performed,” which prompted him “to call on non-profit organizations for assistance,” because the VA failed to provide him with proper treatment in time.¹⁶ The combat veteran said that only these non-profit organizations provided him with relief, which he claimed “reflects poorly upon the culture and decisions of the VA system currently in place.”¹⁷ Echoing many veterans’ sentiments toward the VA, Owens maintained that the institution needed to implement changes if they wished to serve veterans: “the learning curve of VA’s system is steep and its

¹⁵“ VA’s Mission,” U.S Department of Veterans Affairs, accessed February 2, 2023, <https://www.va.gov/icare#:~:text=Our%20mission%2C%20as%20the%20Department,actions%20toward%20service%20to%20others.>

¹⁶ U.S Congress, House of Representatives, Subcommittee on Oversight and Investigations, Committee on Veterans Affairs, *Care of Seriously Wounded After Inpatient Care*, 110th Cong., 2nd sess., 2008, 51-52.

¹⁷ Ibid.

bureaucratic maze is hard to understand.”¹⁸ Like many other post-9/11 veterans, Owens felt his service was not regarded or rewarded the way it should have been, especially compared to veterans of previous wars. This frustrated service member reminded his audience:

It has been 30 years since the last major war and what lessons has the VA learned since then? Did no one expect another way or learn anything from Viet Nam? What have the educated and highly paid personnel who have been appointed to correct the system been focusing their attention on? While the system continues to be broken, where is all the government funding going that is supposed to be fixing the system and what are they doing with it?¹⁹

Owens’ resentment towards the VA illustrated a deep-seated frustration with a system that was allegedly organized for the benefit of veterans like himself, yet had a history of casting aside veterans instead of generously thanking them for their service. During his testimony, Owens invoked the historical mistreatment of Vietnam veterans, a demographic of military personnel who, according to historian Olivier Burtin, “were often regarded as undeserving” individuals who, therefore, received inadequate treatment.²⁰ Owens maintained that federal institutions failed to support Vietnam veterans, and now they are ignoring Iraq War veterans, as well. Owens’ invoking of Vietnam was a key element of his testimony, as he suggested that we as a nation had supposedly learned our lesson from Vietnam in how we should not be discarding our veterans, yet here we are again. Owens appealed

¹⁸ Ibid.

¹⁹ U.S Congress, House of Representatives, Subcommittee on Oversight and Investigations, Committee on Veterans Affairs, *Care of Seriously Wounded After Inpatient Care*, 110th Cong., 2nd sess., 2008, 51-52.

²⁰ Olivier Burtin, *A Nation of Veterans: War, Citizenship, and the Welfare State in Modern America* (Philadelphia: University of Pennsylvania Press, 2022), 13-14.

to history in order to demonstrate that he and his fellow Iraq War veterans deserved better treatment.

During a “Care of Seriously Wounded After Inpatient Care” hearing in March 2008, another former service personnel, Operation Iraqi Freedom veteran Brady van Engelen, also asked the American public to learn from the past by referencing World War Two veterans and how their treatment greatly differed from that of more contemporary veterans. The former soldier detailed the many roadblocks he faced within the Veterans Affairs Department upon his discharge from the service, particularly regarding their disability claims process. After surviving a gunshot wound to the head while stationed in Baghdad, van Engelen received little to no support as an outpatient and was simply “given the building number of the Mologne House [at Walter Reed] and told to check in there.”²¹ Fortunately, van Engelen says, his family was by his side to aid him “through the bureaucratic maze that is outpatient care at Walter Reed,” as he faced struggles such as not hearing back about his medical case eight months after he first arrived at the military hospital. Van Engelen recalls feeling isolated during his recovery, as he was not only “completely unaware of what [his] possibilities were,” but he “was the one who always initiated contact with the case managers and the hospital,” adding that “if it weren’t for my persistence, I could have gone unnoticed for months.”²² The VA, van Engelen claimed, was “overwhelmed by the number of claims filed and patients needing attendance,” and kept veterans in the dark, a stark contrast to troops returning from World War Two who were assisted by “VA claims specialists on the boats with the service men informing them of benefits that they were eligible for.”²³ Van Engelen

²¹ U.S Congress. House of Representatives, House Committee on Veterans Affairs, *Impact of Operation Iraqi Freedom/Operation Enduring Freedom on the US Department of Veterans Affairs Claims Process*, 110th Cong., 1st sess., March 13, 2007, 21-23.

²² *Ibid.*

²³ *Ibid.*

believed post-9/11 service members were “becoming increasingly disenfranchised with a system that [their] government promised would help us heal and rehabilitate,” adding that he believed “his generation is going to have to pay for this” lack of support from the VA.²⁴ His strategy of comparing World War Two veterans to those of the Iraq War speaks to van Engelen’s belief that the latter were being treated in a notably different manner than those of prior wars. By talking about the past to understand the present, van Engelen framed the wider discussion of veterans’ treatment in the United States as an issue that historically was undertaken with care, in contrast to the injustices he and his fellow Iraq soldiers faced. Eager to stir change within the VA, van Engelen clearly told members of Congress, and the American public, that this current group of veterans was just as deserving as World War Two veterans, and thus more needed to be done on their behalf.

Burtin corroborates van Engelen’s statements regarding a difference in treatment towards veterans of past and present conflicts. In his book he argues that “the fact that the United States was a victor in both world wars” meant that veterans of these conflicts “enjoyed a degree of prestige that reinforced the legitimacy of their claims to special treatment,” which he contrasts to “veterans of the Vietnam War,” a “divisive conflict that ended in a humiliating U.S defeat and whose veterans were often regarded as undeserving.”²⁵ Furthermore, not only did World War Two veterans enjoy better government benefits, but they were also treated like celebrities; unlike Iraq War veterans, World War Two service members were key figures in the film noir genre and a movie about their return to civilian life called the *Best Years of Our Lives* won seven Academy Awards in 1947. Veterans were also everywhere in postwar politics as well, with over half of all

²⁴ Ibid.

²⁵ Olivier Burtin, *A Nation of Veterans: War, Citizenship, and the Welfare State in Modern America* (Philadelphia: University of Pennsylvania Press, 2022), 13-14.

governors, and the president himself, having served in World War One.²⁶ With the great power and influence the VA possessed in the mid-twentieth century, it was clear Iraq war veterans expected more from this federal institution that provided so much for service members of World War Two.

Veterans Experienced a Severe Lack of Care from the VA

Frustration with the VA's red tape extended into complaints of a lack of care for physical and mental injuries among veterans, especially among those with a traumatic brain injury (TBI). For many returning soldiers, these head wounds were extremely limiting and prevented them from not only getting back to daily life, but also from the ability to advocate for themselves. Despite the overwhelming number of veterans who suffered from a TBI, military health care professionals were not prepared to provide proper treatment due to the fact that previous generations of service members would not have survived these types of injuries in the past. In order to advocate for better care for TBIs, veterans and their families went to Congress and demanded that the military acknowledge and treat these hidden injuries. In a March 2007 hearing titled "Transitioning Heroes: New Era, Same Problems?" Army Staff Sergeant Sean Johnson testified that the VA made it difficult for him to receive care for the injuries he received in Iraq, especially his TBI. Johnson said "the VA spent thousands of dollars to send me to a neuro-ophthalmologist and she said...my optic nerves are dead. When we came back, the Compensation and Pension (C&P) panel said, no, that doesn't count."²⁷ Johnson implored Congress: "why did they spend thousands of dollars to get an expert opinion and they don't use it? So you are going

²⁶ Ibid.

²⁷ U.S Congress, House of Representatives, Committee on Veterans Affairs, *Transitioning Heroes: New Era, Same Problems?* 111st Cong., 2nd sess., January 21, 2010, 41-42.

through comp and pension exams unnecessarily over and over again before you get your benefits, and that just adds to the backlog. Not only that, but if they keep going back to a lower level of care, they won't be able to correct the problem.”²⁸ Sergeant Johnson expressed utter frustration with the VA and the time it took for him to receive any help:

It really bothers me that it took 21 months to figure out a Traumatic Brain Injury (TBI). Twenty-one months. I went through all the Army treatment, I went through part of the VA treatment, and it took them 21 months to discern that it was a traumatic brain injury, and that is really scary. Because you can't get the treatment that you need timely enough to benefit you.²⁹

Johnson offered a compelling testimony that outlined the dire need for the Department of Veterans Affairs to start paying attention to TBIs — he made his discouragement clear to the public and demanded better care for all future veterans. His testimony made clear that the VA was not prepared to take care of its troops and their mental and physical well-being after they came home from war.

As first described in Hull and Priest's *Washington Post* article, Iraq and Afghanistan War veterans faced abysmal conditions at military medical facilities and encountered many challenges to accessing proper mental health care. These critically wounded soldiers were fed up with being ignored within a system in which they had served and demanded change in front of Congress. Army Staff Sergeant John “Daniel” Shannon spoke on March 5, 2007, to the lack of proper mental health care at Walter Reed. Staff Sgt. Shannon testified that he had “a big problem with their mental health thing...starting with their traumatic brain injury testing,” adding that hospital staff incorrectly informed him he had

²⁸ Ibid.

²⁹ Ibid.

“no loss of cognitive function,” when he knows he “paid a price for the brain injury” he received while serving in Iraq.³⁰ By sharing his story, Shannon demonstrated that the VA was not prepared for the unprecedented amount of returning service members suffering from traumatic brain injuries and PTSD. His insistence to share his story of survival in Walter Reed speaks to the characterization of this new generation of veterans, one that Nan Levinson argues “ached for a reckoning” of what they had been through, unlike past veterans from “World War II, Korea, and... Vietnam.”³¹

Friction between staff and patients at Walter Reed also arose as an issue in the congressional hearings of 2007. Army Captain Marc Giammatteo testified in the 2007 “Care for Wounded Warriors Commission” that he felt judged for serving in the Iraq War and, therefore, did not receive proper care from the medical staff at Walter Reed. Upon returning home to the United States in 2004, the Army Captain says he even felt “penalized” for “getting injured” while under the care of the military hospital.³² If veterans feel judged by health care professionals, how can they feel confident they are receiving standard care? Through his testimony, Giammatteo brought awareness about the many facets of substandard medical treatment at Walter Reed to a wide audience. By testifying in front of Congress, these veterans gave themselves “a sense of agency,” as they became “the subject of change rather than the object of it.”³³ Those testifying shared their stories with a sense of urgency, making it clear there are systemic

³⁰ “Conditions at Walter Reed Army Medical Center,” C-SPAN video, 5:21:37, March 5, 2007, <https://www.c-span.org/video/?196933-1/conditions-walter-reed-army-medical-center>.

³¹ Nan Levinson, *War Is Not a Game: The New Antiwar Soldiers and the Movement They Built* (New Brunswick: Rutgers University Press, 2014), 9.

³² “Care of Wounded Warriors,” C-SPAN video, 1:13:39, July 25, 2007, <https://www.c-span.org/video/?200150-1/care-wounded-warriors>.

³³ Benjamin Schrader, *Fight to Live, Live to Fight* (Albany: SUNY Press, 2019), 159.

changes needed for them to receive proper care from the Department of Veterans Affairs.

Families Forced into Primary Caregiver Roles

Due to a lack of attention to veteran needs, the families of service members stepped into vital roles as caregivers. Like many other military spouses and families who made enormous sacrifices for their loved ones, Ariana del Negro, wife of injured service member, Army Ranger Charles Gatlin, said she “had to act on his behalf as his agent,” as “he was unable to follow conversations,” and never even received “any education about his injury” from the military or the VA.³⁴ Fortunately, del Negro worked in the health care industry so she possessed helpful knowledge about her husband’s condition, and the couple had time and energy to spend on fighting for access to better treatment. Still, she testified, that “the responsibilities that me and my husband were asked of were not fair,” and she asked the question:

If [the responsibilities] were not fair for [them], who were more independent and capable, what does that mean for these other families, for those whose husbands return far worse off than my husband, for those with children who have to work to supplement the family's income and who don't know that the care they are receiving is not what they need?³⁵

If his wife had not stepped up and taken on this enormous task, this Army Ranger Charles Gatlin would not have received the care he needed.

³⁴ U.S Congress, Senate, Committee on Veterans Affairs, *Hearing on VA and DOD Collaboration: Report of the President’s Commission on Care for America’s Returning Wounded Warriors; Report of the Veterans Disability Benefits Commission; and Other Related Reports*, 110th Cong., 1st sess., October 17th, 2007, 91-92.

³⁵ *Ibid.*

Tammy Edwards, wife of Staff Sergeant Christopher Edwards, spoke to the dilemmas many military families face when their loved ones are injured and they have to step in and support them; her testimony demonstrated the sacrifice family members made because the system failed to support them otherwise. After Edwards “suffered burns over 80 percent of his body” his wife shared that their “lives drastically changed” and she “remembers feeling completely helpless at the time” due to his injuries that required her “to become his full-time primary caregiver.”³⁶ Edwards recounted that she “resigned [her] government job to take care of Chris, and [her] mother took a leave of absence to help care for [their] son while [she] sat with Chris in the hospital.”³⁷ She urged her audience to heed her warnings as she shared, “I’m not alone in this role. There are countless stories like mine across the country...there are mothers and fathers, sisters and brothers...changing their lives, moving to unfamiliar cities, to become caregivers for their injured loved ones,” claiming that “as a wife, you think you can handle it all, but sometimes you just can’t.”³⁸ Edwards shared her statement with a sense of urgency, as she implored lawmakers in her audience to create meaningful changes within the VA that would give military families like hers a break from the exhaustive job of being the primary caregiver for her husband. Her statement evoked a wife and mother struggling to manage in the midst of her husband’s critical injuries, calling for help through this congressional committee hearing.

The circumstances surrounding the Iraq War forced family members to become more involved in their loved ones’ fight, argues both Lisa Leitz and myself. In her book *Fighting for Peace: Veterans and Military Families in the Anti-Iraq War Movement*, the author states that the Iraq War’s military “included only service

³⁶“ Care of Wounded Warriors,” C-SPAN video, 1:13:39, July 25, 2007, <https://www.c-span.org/video/?200150-1/care-wounded-warriors>.

³⁷ Ibid.

³⁸ Ibid.

members who chose to enlist,” signifying that “those who served during the Iraq War and their families had more-positive attitudes toward the use of force in American foreign relations” than other American citizens.³⁹ Moreover, “military members during the Iraq War were significantly more likely to be married or have dependents than those at any other point in U.S history,” and more likely to support their loved one’s service. I argue that because Iraq War service members’ families rallied around their service, they were more likely to be involved in their veteran’s fight for better health care.⁴⁰ Wives of Iraq War veterans were often forced to shoulder the weight of their husband’s basic care, and in their testimonies, these military wives asked to be recognized and treated with respect.

Family Members Take on Advocacy Roles on Behalf of Veterans Struggling with TBIs and Critical Injuries

Due to the limiting nature of TBIs, many service personnel relied on the support of their family members to care for them and advocate for better treatment. In the following hearing from March 13, 2008, titled “Care of Seriously Wounded after Inpatient Care,” the wife of Sergeant Edward Wade informed her audience of the challenges she and her husband faced following his diagnosis of a TBI, among other critical injuries he sustained after serving in Operation Iraqi Freedom. Sarah Wade testified that “Ted was one of the first major explosive blast ‘polytrauma’ cases” that Walter Reed or the Department of Veterans Affairs “had to rehabilitate.”⁴¹ Much of the combat veteran’s treatment “was by trial and error, as

³⁹ Lisa Leitz, *Fighting for Peace Veterans and Military Families in the Anti-Iraq War Movement* (Minneapolis: University of Minnesota Press, 2014), 13-14.

⁴⁰ *Ibid.*, 14.

⁴¹ U.S Congress, House of Representatives, Subcommittee on Oversight and Investigations, Committee on Veterans Affairs, *Care of Seriously Wounded After Inpatient Care*. 110th Cong., 2nd sess., March 13th, 2008, 52-53.

there was no model system of care for a patient like Ted,” his wife claimed, adding that “there is still no long-term model today.”⁴² Wade outlined her husband’s rocky road to recovery, which she called “an enormous challenge,” as neither Walter Reed nor the VA “were staffed to provide appropriate behavioral health care for a patient with a severe TBI,” leading Ted to suffer “a significant setback in 2005, that put him in the hospital for 2 weeks, and would take a year to rebound from.”⁴³ Both veterans and their families expected top-notch care from the military once they returned home from a deployment, yet this was not the reality many Iraq War veterans faced. The health care crisis surrounding veterans and their families, particularly those dealing with a TBI, was one of the most significant instances in which family members took on primary roles as their loved ones’ caregivers, as injured veterans were not able to fight for care for themselves. The unique circumstances regarding a traumatic head injury required effort and tenacity not only from veterans, but from their family members, as well. Due to the fact that Ted was in a coma for two months following his injury, his wife had to work on his behalf in order to secure his medical care.

Sarah Wade’s fight for her husband’s TBI treatment was unfortunately not an isolated incident, as many military families stood up and demanded a different approach to treating these head wounds amidst a lack of recognition and treatment from the military. Del Negro testified in August 2007 about the roadblocks her husband faced in receiving treatment for a TBI. Del Negro explained that she was not alone in this fight for better treatment from the military: “...sadly, I represent one of the many military wives or caregivers coping with the hardships of having a soldier return wounded from Iraq or Afghanistan,” claiming that the treatment her husband received “fell short of what the standard of care should be for those who fought to protect democracy and

⁴² Ibid.

⁴³ Ibid.

freedom” and she hopes sharing their story “will increase awareness regarding the gaps in care for TBI...”⁴⁴ Del Negro finished her statement with a powerful message urging lawmakers to enact real change; “Senators, I urge you and your colleagues to remain steadfast in your endeavors to ensure that programs are instituted to increase awareness of the signs, symptoms and appropriate treatments for TBI especially closed-head TBI,” and “that soldiers with TBI and their families receive education about the injury...” and lastly “that appropriate and early referrals are made to dedicated centers adequately prepared to treat the complexities of Traumatic Brain Injury.”⁴⁵ Her powerful testimony exemplified the struggles so many military families faced while their loved ones navigated long-term injuries; moreover, the recommendations she laid out in front of Congress reflected her persistence in fighting for change for future veterans and their families. Not only did del Negro voice her story to a public audience, but she detailed specific ways in which veteran healthcare could be improved.

Military Families Made Significant Sacrifices to Care for Loved Ones Left Behind by the VA

Given earlier family testimonies in 2007 and 2008, Congress responded by creating the congressional hearing “Meeting the Needs of Family Caregivers of Veterans” in 2009. The goal was to “to identify the gaps in supportive services for family caregivers,” and to seek a better understanding of the VA’s “current efforts to see the needs of family caregivers of veterans.”⁴⁶ The hearing gave voice to Anna Frese, a Family Outreach Coordinator at the

⁴⁴ U.S Congress, Senate, Committee on Veterans Affairs, *Access to VA Health Care and Benefits in Hawaii*, 110th Cong., 22nd sess., August 21, 2007, 5-6.

⁴⁵ *Ibid.*

⁴⁶ U.S Congress, House of Representatives, Subcommittee on Health, Committee on Veterans Affairs, *Meeting the Needs of Family Caregivers of Veterans*, 111th Cong., 1st sess., June 4, 2009, 3-4.

Wounded Warrior Project, and the sister of injured Army Sergeant Eric Edmundson. Her brother “ended up fighting for his life” after an IED (improvised explosive device) attack on October 2nd, 2005, and fortunately has made some recovery.⁴⁷ Frese began her statement by appealing to her audience and asked them to consider the basic activities they did every day, without issue. Think about “raising your arm to reach for a bedside light switch, moving a finger to wipe the sleep from your eyes, getting out of bed, walking to the bathroom,” Frese stated. “While most of us take this for granted, severely injured servicemembers like my brother, Eric, can no longer carry out these basic activities of daily living without assistance.”⁴⁸ Frese said her brother, living with “a traumatic and an anoxic brain injury...requires full-time assistance from [their] father, Ed,” who “quit his job” in order to “assist his son in adapting to the new normal of life after injury and provide quality of life.”⁴⁹ She argued that Ed’s sacrifice to help his son helped her brother enormously, but it came with a cost. Frese testified that her dad’s support “has been the driving force behind Eric’s progress toward recovery,” and while he “does it with pride and great respect,” their father “is no longer employed, has used up his retirement funds and savings. He no longer has health insurance and has not contributed to Social Security in almost 4 years.”⁵⁰ After witnessing the challenging situation her family lived through following her brother Eric’s deployment in Iraq, Frese shared her story in hopes of gaining support for fellow military families in need. Iraq War veterans and their families recognized that they deserved better treatment and showed up in large numbers to demand more from their government —particularly financial compensation for the times they stepped in to support their veteran

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.

loved ones because the government proved they were unable to do so.

Given the financial toll veteran care took on her family, Anna Frese urged Congress to enact the “Wounded Warrior Project Family Caregiver Act,” which she stated “would help ensure that these severely wounded veterans who need ongoing help can get the loving care at home and that care can be sustained.”⁵¹ This sister-turned-veteran-advocate argued in front of a wide audience that family caregivers struggle as “they have no formal support network...no access to health care, respite care, counseling, or a way to replace lost income.”⁵² Frese also publicly chastised the Department of Veterans Affairs, claiming it “gives very little attention to family caregivers” and in turn, “families are largely coping on their own.”⁵³ Utilizing a personal anecdote, Frese testified that the VA’s involvement “was more troublesome than helpful” in her brother’s recovery.⁵⁴ This sister came forward urging politicians to pass legislation that would make life easier for the caregivers of veterans, including her father. Although they might not make as big of a sacrifice as their loved ones who served in the military, families of veterans relinquished their own freedoms when they put aside their own lives and careers to care for them. Anna Frese stood in front of Congress in order to fight for the financial rights and respect of these family members, especially those of her father, Ed.

Family Caregivers Explored Other Avenues for Outside Help

Desperate to help improve their loved ones’ health conditions, military families exhausted their resources and did everything in their power to create change for these veterans, even bypassing the

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

⁵⁴ Ibid.

VA in order to do so. Annette McLeod, wife of former Army Corporal Wendell McLeod, was persistent in organizing treatment for her husband and says she “went to his case manager. I went as far as the commander. I went to the generals,” and she even took a temporarily leave from her job to care for McLeod.⁵⁵ She claimed that she “fought tooth and nail...because he should have been taken care of,” and that she and her husband “were fortunate because I didn’t give up.”⁵⁶ Through her testimony, McLeod attempted to gain empathy from the committee, as well as a wider audience: the American public. She delivered an emotionally moving story about her injured husband and the disgraceful treatment they received from the institutions designated to support them. Family members, such as McLeod, appealed up the chain of command at Walter Reed, and still, nothing was done. By testifying in front of Congress, she vowed to keep her story in the headlines and, therefore, refused to let the VA get away with such negligence. McLeod relied less on support from large veteran organizations and picked up the pieces herself to advocate for better healthcare.

Military families explored other avenues of support throughout the challenging process of caring for a loved one, such as seeking help from other veterans and families. Because the administration did not listen to them, spouses and parents of injured service personnel were more inclined to form bonds with others experiencing the same challenges they were. McLeod illustrated the struggles she faced in the system, although she was not the one injured. Faced with the strenuous process of locating assistance for her husband, she said she “would talk to anyone that would listen,” and “it took the aid of another soldier who actually heard [her] cry...one day. He said this is a number. Make a call.”⁵⁷

⁵⁵ U.S Congress, House of Representatives, Committee on Oversight and Government Reform, *Is this any way to treat our troops?* 110th Cong., 1st sess., March 5th, 2007, 46-47.

⁵⁶ Ibid.

⁵⁷ Ibid.

While she capitalized on the support she received from other veterans and their families, McLeod was sure to include the lack of support she received from actual military and federal personnel; after a member of the committee asked if she had any questions for Major General George Weightman and Lieutenant General Kiley, respective commander and chief of the Walter Reed Army Medical Center, she replied “I have one question. Were they deaf?”⁵⁸ By publicly chastising high-up officials at Walter Reed, Annette McLeod displayed her frustration with the lack of support she has found in military health care. Furthermore, she helped convince her audience of the VA’s inadequacy, a federal institution that was supposed to wholly assist her injured husband.

Veterans and Family Members Gained Recognition and Helped Usher in Key Legislation Through their Congressional Testimonies

We can observe a series of improvements made within the VA thanks to the testimonies of veterans and their family members. Since the Walter Reed scandal sixteen years ago, VA officials have made efforts to remedy the obstacles many veterans and their families faced in their bureaucratic system. As a result of veteran efforts, by 2011 the Army hired “about 3,500 new staff” to help care for injured veterans, and established “Warrior Transition Units at Walter Reed and around the nation” to provide care for about 10,00 soldiers.⁵⁹ Further, in May 2010, on the heels of congressional hearings, President Obama signed the Caregivers and Veterans Omnibus Health Services Act, legislation that recognized the sacrifice caregivers make, and expanded their

⁵⁸ Ibid.

⁵⁹ Tom Bowman, “Walter Reed Was the Army’s Wakeup Call in 2007,” *NPR*, August 31, 2011. <https://www.npr.org/2011/08/31/139641856/in-2007-walter-reed-was-the-armys-wakeup-call>.

benefits.⁶⁰ Family caregivers received a stipend to care for a *Report*, 208 severely wounded service member, and training was even offered to prepare family members to step into this caregiving role.⁶¹ Most importantly, President Obama recognized the great sacrifice family caregivers made on behalf of their loved ones in the wake of the Iraq War: “These caregivers put their own lives on hold, their own careers and dreams aside, to care for a loved one,” and “they do it every day, often around the clock. As Sarah [Wade] can tell you, it's hard physically and it's hard emotionally. It's certainly hard financially. And these tireless caregivers shouldn't have to do it alone.”⁶²

VA officials also publicly admitted to previous mistakes regarding the treatment of Iraq War veterans. In 2011, after the majority of congressional hearings had taken place, a VA official explained that “at the outset of the current conflicts, it is fair to say we were unprepared for the complexity of injuries,” and in that same year, the National Academics of Sciences, Engineering, and Medicine of the United States declared there was “a critical shortage of healthcare professionals...to meet the demands of people returning home from theater in Iraq...and their family members.”⁶³ In general, there was wide recognition among VA personnel and political leadership that “the VA was unprepared to treat both physical and psychological disorders.”⁶⁴

⁶⁰ Jim Garamone, “Obama Signs Veterans, Caregivers Legislation.” *National Guard*, May 6, 2010. <https://www.nationalguard.mil/News/Family-Programs/Article/574713/obama-signs-veterans-caregivers-legislation/>.

⁶¹ Ibid.

⁶² Ibid.

⁶³ Richard Immerman and Beth Bailey, *Understanding the US Wars in Iraq and Afghanistan*, (New York: NYU Press, 2015), 267.

⁶⁴ Ibid.

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Conclusion: How have Iraq War Veterans Risen up American Political Ranks?

Veterans are incredibly valuable members of our society, yet in recent years, federal institutions have neglected to properly care for them. Given the major sacrifices American military personnel made in Iraq, they deserved top-notch care from the Department of Veterans Affairs, not to be treated as cogs in a machine. As much as our country boasts about our Armed Forces, our military budget should include adequate resources for U.S veterans when they return home from war.

One question raised by my research is how Iraq War veterans have further engaged in the political sphere. Due to the fact that they spoke directly to politicians and lawmakers in their testimonies, research on any further political roles these individual veterans took on in later years would be valuable. Although not amongst the veterans previously mentioned in this paper, Senator Tammy Duckworth (D-IL) followed a very similar path. She served twenty-three years in the Reserve Forces as a pilot for the Illinois Army National Guard when she was “struck by a RPG (rocket-propelled grenade) and crashed. She lost her legs and partial use of her right arm.”⁶⁵ While recovering at Walter Reed for a year in 2005, the future senator “found herself in an advocacy role for fellow veterans and wounded warriors — including testifying before Congress,” as she bore witness to the poor treatment her fellow veterans and their families experienced at the hands of hospital administration and the VA.⁶⁶ Duckworth claimed she “never wanted to run for office,” but her experience at Walter Reed politicized her, as she was inspired by “trying to be a good

⁶⁵ Bianca Strzalkowski, “Senator Duckworth Educates Congress on Impacts of Military Decisions.” *Military Families*, October 18, 2008, <https://militaryfamilies.com/military-news/senator-duckworth-educates-congress-on-impacts-of-military-decisions/>.

⁶⁶ *Ibid.*

benefits.⁶⁰ Family caregivers received a stipend to care for a *Report*, 208

officer and taking care of [her] soldiers.”⁶⁷ After watching “up close as soldiers and their families were being put through unnecessary stressors,” she took on the bureaucratic issues and later met with politicians like Senator Obama to engender change.⁶⁸ Today, Senator Duckworth’s unique status as a former combat soldier allows her the perspective of seeing how lawmakers and “decisions in Washington D.C. affect the total military.”⁶⁹ She serves as a compelling example of a veteran who rose above adversity and was inspired by personal experiences within the military to make a career out of pioneering veterans’ rights. Further research on the connection between veterans who testified at congressional hearings between 2007 and 2011, and those who sought a subsequent career in politics, would offer a crucial glimpse into the links between our society, military, and the government.

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ Ibid.