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Aaron Glantz, *The War Comes Home: Washington's Battle against America's Veterans*. Berkeley: Univ. of California Press, 2009. Pp. xxiv, 254. ISBN 978-0-520-25612-5.

Reviewed by James R. McIntyre, Moraine Valley Community College (mcintyrej@morainevalley.edu)

Although the wars in Iraq and Afghanistan have been subjects of a great deal of writing, the scope of this material has remained comparatively narrow, focused on aspects of combat, ranging from strategic decision-making processes to first-hand accounts of soldiers. Journalist Aaron Glantz<sup>1</sup> adopts a different perspective: *The War Comes Home* is "one of the first attempts to systematically explain what Iraq and Afghanistan veterans face when they return home" (xxi). The motivation for this tale is his own experience as a returning war correspondent. Much of the book's opening is dedicated to developing its author's qualifications. While he is not a combat veteran, he is certainly a veteran of combat. In Iraq, Glantz has seen the grisly face of war close up, even if he was not embedded with a military unit. His reporting on conditions there and his difficulties adjusting to life back in the United States eventually became the launching pad for this work.

Upon returning to the United States, Glantz came to two significant realizations. First, that he was suffering from Post Traumatic Stress Disorder (PTSD) due to the events he witnessed while covering the war. Second, that there was little guidance available to him in his attempt to readjust to civilian life. These discoveries led him to investigate the treatment received by returning veterans in order to help them cope with the same issues he encountered. *The War Comes Home* is, in part, an attempt at self therapy.

Glantz next launches into his main topic: the experiences of service men and women as they transition from active military service in Iraq or Afghanistan to civilian life in the United States. Starting from the American Psychiatric Association's definition of PTSD (8-9), he notes that the diagnosis remains controversial both within and outside the military. Glantz observes that these are the first wars in which the United States has deployed large numbers of women to the combat zone, which raises a host of new challenges for the traditional veterans' support systems.

Glantz seeks to establish a historical perspective on the veterans' plight by comparing their experiences to those of Vietnam War veterans. Most striking is the improved level of medical care given soldiers in the combat zone. This has led to both a much higher survival rate for soldiers and marines in Iraq than in previous conflicts and new concerns for both the U.S. military establishment and the Veterans' Administration. Glantz cites a RAND Corporation survey that suggests traumatic brain injury (TBI) resulting from the blast of roadside bombs is one of the primary wounds encountered by combat veterans of the Iraq War, affecting far more soldiers than indicated by either official armed forces or VA figures (36). An April 2007 report by military doctors at Fort Carson, Colorado, confirmed that eighteen percent of those deployed to Iraq and Afghanistan exhibited at least one symptom of mild TBI.

This study's results, if extrapolated across all soldiers and Marines deployed in the war (and there's no reason to expect soldiers from different bases had different experiences in Iraq), would mean more than three hundred twenty thousand Iraq and Afghanistan war veterans suffer from some form of traumatic brain injury. These statistics from Fort Carson are consistent with the RAND Corporation figure mentioned above. Yet only a few thousand cases have been diagnosed (39).

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<sup>1</sup> Author of *How America Lost Iraq* (NY: Tarcher/Penguin, 2005), *Winter Soldier, Iraq and Afghanistan: Eyewitness Accounts of the Occupations* (Chicago: Haymarket, 2008), and numerous articles in both newspapers and online publications; for the latter, see, e.g., the archives at *Antiwar.com* <[www.miwsr.com/rd/0917.htm](http://www.miwsr.com/rd/0917.htm)>.

In addition, given the paucity of official data, there are no clear protocols on how to address the condition and its debilitating effects. Glantz recommends pre- and post-deployment brain exams, a proposal the Pentagon has previously pushed aside, most likely, he maintains, because the government does not wish to discover the full extent of the problem. Further, many of the servicemen and women liable to be diagnosed with TBIs sustained them during second, third, or fourth deployments in Iraq. Thus, his criticism runs, the problem is not lack of facilities, but a fear of jeopardizing the ability to put troops in the field or of learning that they may not be physically capable of the tasks assigned to them. The author lays the blame for this situation directly at the feet of the Bush administration.

Building his case for the government's lack of concern for veterans, Glantz next approaches the scandal at Walter Reed Army Medical Center. He portrays conditions there, first brought to public attention in a *Washington Post* article,<sup>2</sup> as typifying an essentially broken system of care. Again, the root problem is lack of funding by the government. "It's not that the administration officials didn't know about Walter Reed's problems. It's just that they had other priorities" (51-52). Conceding that the Bush administration did not consciously set out to neglect veterans, he argues that it did allow a system to develop in which there was a far greater chance of such neglect. In the end, according to Glantz, money was the problem: money spent on the care of veterans was money not spent recruiting or arming troops for the current wars.

Glantz now moves to developing a historical context for understanding the current situation regarding veterans' benefits. Delineating the challenges that confront veterans trying to claim their education benefits, he examines the historical conditions prevalent when such benefits were inaugurated by the G.I. Bill in World War II. In Glantz's analysis, the impetus to draft legislation covering veterans' benefits arose as a result of the poor treatment accorded many returning soldiers who had been invalidated out of active service due to their wounds. Mounting public opinion in support of these men pushed legislators to take action. Tracing the history of veterans' benefits back even further, Glantz includes a brief discussion of the Bonus Army of the early 1930s. When, during the Great Depression, WWI vets came to Washington to ask for previously promised benefits, they were driven from the capital mall by uniformed U.S. troops. The purpose of this brief, incomplete history of veterans' benefits in the twentieth century is to support one of the author's key contentions—that popular opinion is crucial in motivating change on the part of Washington bureaucrats.

After this historical background, Glantz describes the many ways that veterans of the wars in Iraq and Afghanistan can lose their benefits. These include being diagnosed with alcoholism and/or drug addiction while actively serving, which can lead to dishonorable discharge. Glantz emphasizes that one cause of such addictions is the lack of adequate support for troops dealing with the psychological and emotional stresses of active service. Yet procedures for granting discharges are more streamlined than those in place for addressing substance abuse: the bureaucracy, Glantz contends, has created a system that too often removes people from the service instead of caring for them. He also examines the high crime and homeless rates among veterans in separate chapters, attributing them to institutional failures on the part of the VA.

The last section of the book is a call to action in which the author suggests that the various veterans groups would be more effective if they pooled their resources. He returns to the example of the G.I. Bill and how, in his view, popular opinion, mobilized on behalf of the veterans, resulted in positive legislation.

How useful this book will be to historians, only time will tell. While the author is treating contemporary problems, several chapters include extensive historical background on veterans' legislation. Unfortunately, these lack the nuance that a historian would bring to an examination of the subject. Glantz concentrates on the political context of veterans' benefit legislation during the Second World War, Korea, and Vietnam, neglecting such other important factors as popular opinion concerning these conflicts and the economic situation on the home front at these various junctures. Both factors influenced what legislators could accomplish at any given time. Glantz also rightly criticizes politicians, especially Republican poli-

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<sup>2</sup> See Dana Priest & Anne Hull, "Soldiers Face Neglect, Frustrations at Army's Top Medical Facility," *Washington Post* (18 Feb 2007) A01 <[www.miwsr.com/rd/0918.htm](http://www.miwsr.com/rd/0918.htm)>.

ticians during the administration of George W. Bush, when the poor treatment of veterans chronicled in *When War Comes Home* was occurring.

Insofar as the construction of the work is concerned, most chapters begin with the experiences of a single veteran, as Glantz draws on personal accounts to put a human face on the difficulties faced by many soldiers returning home. But do the problems depicted in these opening vignettes typify those faced by most returning servicemen and women? It's a matter of degree. While Glantz does draw on some specific statistical evidence to support his claims, it is unclear whether veterans in general suffer so profoundly from the handicaps he describes.

Glantz's work will find a ready readership among those concerned with the current conflicts in Iraq and Afghanistan, as well as those interested in the treatment of veterans, in other words, all American adults. The text is very readable, and its arguments rationally developed. While future scholars may challenge and perhaps revise some of Glantz's conclusions, his book has great merit as an investigation of poor treatment of veterans at the present time.