

Special report: For U.S. veterans, the war after the wars

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FOREST CITY, Iowa (Reuters) - Deep in America's heartland, this small town is a world away from the heat of Iraq and the mountains of Afghanistan.

U.S. army veteran Lori Goodwin is shown in the home of Nadia McCaffrey in Tracy, California October 25, 2010. Goodwin, 28, joined the military in 2000 out of high school with the aim of eventually going to college and served in Iraq from July 2007 to October 2008. Beyond the additional nearly \$1 trillion two prominent economists estimate it will cost just to treat veterans of Afghanistan and Iraq for the next 40 years, the potential human cost is huge. Since the war began in October 2001, there have been periodic reports about substance abuse, depression, domestic violence, suicide, homelessness and violent crime among traumatized veterans of Afghanistan and Iraq. REUTERS/Robert Galbraith

But it is here in Forest City and communities across the country that families like the Jordals will battle the legacy of both conflicts for decades to come.

Surrounded by red, white and blue Americana in their powder blue Midwestern home, family matriarch Rhonda Jordal says she can deal with most of the fallout of her son Steven's two tours in Iraq.

Rhonda says she can handle his damaged memory -- Steven nearly started a fire recently when he forgot his breakfast on the stove and wandered off to feed the family's two border collies -- his daily headaches, his irritability, the 635 days it took to get him out of jail in Oklahoma City and the mountain of debt the family faces because of legal fees.

But what breaks her heart is that he will not let her hug or kiss him like he did before he went to war. "All the time he was in Iraq all I wanted was to get my baby back home," Rhonda said, breaking down for the first time in

nearly five hours of talking about her son. "But I know now he's never really coming back."

Steven, 27, stands by her side, dwarfing his mother. Hands in his pockets, he looks down and shuffles his feet, at once a man made old before his time and an awkward little boy. Beyond a scar to the left of his nose, there is no visible mark of war.

The Jordals are an unhappy microcosm of the legacy of America's two-front war in Afghanistan and in Iraq, and provide a glimpse of problems to come.

Steven has post-traumatic stress disorder (PTSD) and a mild traumatic brain injury (TBI), caused by multiple blast waves from the improvised explosive devices (IEDs), rockets and mortars during two tours in Iraq. He sees spots, has a hearing aid and is not currently capable of supporting himself.

Steven's younger brother David served in Afghanistan and is living in Minnesota "having trouble holding down a job," according to Rhonda. "He has a lot of anger issues."

David's daughter April, 5, lives with her grandparents -- David's ex-wife is long gone -- and is confused. She called Uncle Steven "daddy" by mistake when he came home from jail.

"This has been hard on April," Rhonda said.

More than nine years of war in Afghanistan and seven in Iraq have so far cost America nearly 5,800 lives lost in combat, close to 40,000 wounded and more than \$1 trillion.

Even if America starts withdrawing troops from Afghanistan in July 2011 -- the stated goal of U.S. President Barack Obama, who inherited the conflicts from his predecessor George W. Bush -- the impact of the wars

will last generations.

Beyond the additional nearly \$1 trillion two prominent economists estimate it will cost just to treat veterans of Afghanistan and Iraq for the next 40 years, the potential human cost is huge.

Since the war began in October 2001, there have been periodic reports about substance abuse, depression, domestic violence, suicide, homelessness and violent crime among traumatized veterans of Afghanistan and Iraq. High unemployment in a bad economy has merely compounded their troubles.

The experience of America's last major conflict, Vietnam, shows these problems have staying power. Many Vietnam veterans are still filing in and out of the U.S. criminal justice system and are considered a high-risk group for suicide, alongside veterans of Iraq and Afghanistan.

The trouble with assessing the legacy of Vietnam, however, is a paucity of data. And despite advances in technology, the same goes for today's wars. With a few localized exceptions, there is little data in this statistic-loving nation on how many veterans of Iraq and Afghanistan are in jail, homeless or committing suicide.

JOBS, JUSTICE AND SOMEONE TO TALK TO

A three-month search for data and many dozens of interviews with officials, veterans, their families and veteran advocates provides some insight on future challenges for America's government and people.

The first is while Americans have been focused on their economy, a rather frank discussion appears to be ongoing in military circles on how worn out America's volunteer military is after nine years of war. Just 2 million men and women out of a population of 300 million have been deployed.

“As a result of the multiple tours involved with these two wars there is a huge amount of burnout across the military,” said retired Brigadier General Stephen Xenakis, a psychiatrist and advisor to the Chairman of the Joint Chiefs of Staff from 2007 to 2009. “If the situation doesn’t improve it could have an adverse effect on America’s ability to sustain a top-flight military in the field.”

Multiple tours are obviously tough on families. They also multiply the likelihood of PTSD, which in turn leads to higher substance abuse and domestic violence. Dubbed the “signature wounds” of Iraq and Afghanistan, PTSD and TBI make it harder for veterans to reintegrate into society with each additional tour.

In its landmark 2008 study “Invisible Wounds of War,” RAND Corp estimated up to one third of those previously in Iraq and Afghanistan were suffering PTSD, TBI or major depression.

Yet, finding veterans with PTSD can be difficult. The illness is apparently grossly underreported because of a stigma attached to mental issues. In addition, troops fear opening up about it will harm their careers.

“I believe our hardest work is yet to come,” said Jan Kemp, who heads the VA’s national suicide prevention program.

Gallup asked voters in September to rank the country’s “most important problem.” One percent mentioned Iraq and less than half of 1 percent said Afghanistan. A group that is keenly aware of their plight is Vietnam veterans, many of whom now work on behalf of the new generation of U.S. veterans.

Vietnam veterans speak of the hostility they encountered upon returning from a deeply unpopular war and feel they were abandoned. While Americans are more supportive of today’s troops, those who fought in Vietnam say inattention and a lack of understanding could produce the

same result.

"We are determined not to let you cast aside these new kids like you did us," said Tom Berger, national chair on substance abuse and PTSD at Vietnam Veterans of America.

According to veterans' advocates, a lot of problems can be avoided by helping veterans find jobs (though funding for new programs may prove tough given the Republican Party's stated intent of cutting government spending.) They say it is also imperative to provide someone to talk to, preferably a veteran. A safety net to redirect them away from the criminal justice system and allow them to rebuild their lives is also critical.

"America faces a decision over whether we want to change history or doom ourselves to repeat it," said veterans advocate Robert Alvarez. "The time to make that decision is now."

Veteran advocates also warn that if Iraq and Afghanistan veterans are neglected, future recruitment could suffer.

A certificate on the wall in the Jordal household in Forest City announces that a great grandfather of Dale Jordal, Rhonda's husband, left his a musketeer regiment in Norway in 1849 prior to coming to America. One of Rhonda's own great grandfathers served in the Civil War. Seven members of her extended family have served in Iraq or Afghanistan. Rhonda's cell phone ring is the "Star Spangled Banner."

"We're very proud of our service in this family, but we can't have a repeat of Vietnam," she said. "We let that whole generation down, we can't let this generation down too. If we do, how does America expect families like ours to keep sending our children to serve?"

"100 PERCENT UNEMPLOYABLE"

Stephen Edwards is not sure when the IED hit his Humvee, but it was

either November or December of 2004 in Iraq. The blast bounced him up into the vehicle's roof, knocking him unconscious.

"I felt like I'd been kicked in the gut," said Edwards, 44, a former combat engineer in the National Guard.

Sent to the company medic, he was given painkillers and told to rest. "We had a mission to run and people relying on us, so I went back out instead," he said.

For two years after his return, Edwards complained to the VA of chronic back and neck pain until he underwent an operation in 2007 that left him with a titanium plate in his neck. He walks with a cane and takes multiple medications.

Edwards' marriage fell apart because of his PTSD. "I don't blame my ex-wife," he said. "She said she felt like she was married to a stranger. And it's true, I am not the same man that left."

Five years after leaving Iraq, he still does his surveillance routine when parking his car and never sits with his back to a door at a restaurant. He tried returning to work at his old company in the customer service department. But that went sour when he encountered a condescending customer.

"Before I went to Iraq I could have laughed it off as his problem," he said. "But I was about to punch him in the throat when my supervisor stepped in and suggested I take a break. The VA heard about it and now I am listed as 80 percent disabled and 100 percent unemployable."

The mild TBI he sustained has left him with memory problems and trouble reading. Apart from occasional "dark" periods, Edwards lives contentedly in Tracy, California, looking after his girlfriend's children and dogs, "enjoying the quiet and solitude" and avoiding contact with most people.

Edwards is part of a new generation of patients for the VA, which prior to Iraq and Afghanistan was focused on an aging veteran population.

At the Edward Hines, Jr. VA Hospital 12 miles from downtown Chicago, which sees 2,000 outpatients a day, an influx that has wrought changes at every level. "A few years ago the main recreation here was bingo," said spokeswoman Maureen Dyman during a tour. "Now we have family fun days."

SIGNATURE WOUNDS

The new wars have also brought new problems. While PTSD has been recognized as a condition since 1980, TBI has become a major issue in Iraq and Afghanistan because while armor protects troops from external injuries, blast waves affect their brains.

"In previous wars a lot of veterans never had these issues," said Mike Erwin an active duty captain and founder of Team Red White and Blue, which pairs up volunteers with wounded veterans to help them reintegrate into society. "They never made it home because they died on the battlefield."

Of the more than 178,000 TBI cases reported from 2000 to the first quarter of 2010 in the U.S. military, 1,891 were severe and 3,175 were penetrating. Those are the easy ones to diagnose as there is physical damage to the outside of the head. But more than 168,000 were mild or moderate, where there is no external sign of injury.

At Hines VA, a team of rehabilitation specialists tries to diagnose veterans with TBI and PTSD. This is difficult because the symptoms for both are similar. What is more, mild and moderate TBI often does not show up on an MRI or CAT Scan.

"Screening is not the issue when it comes to TBI, diagnosis is the issue,"

said Melanie Querubin, whose job is to provide a diagnosis. "What we do is detective work, piecing together events from two or five years ago based on veterans 'vague recollections."

"It is particularly frustrating if you get it wrong."

Staff here said it is even more frustrating when troops are redeployed, as a fresh tour delays treatment and can make the injury worse.

The Defense Centers of Excellence (DCoE), set up by the military in 2007 to deal with psychological health and TBI issues, are researching technologies to screen for moderate and mild TBI. But Katherine Helmick, DCoE senior executive director for TBI, said it could be 12 to 18 months before they may be widely used.

The long-term effects of TBI are unknown. Clinical psychologists like Jaine Darwin, co-director of SOFAR, a group providing free counseling to veterans' families, compared the issue to the growing school of thought that multiple concussions in the National Football League may cause early dementia.

"Wounded people don't age well and we could see a lot with dementia 30 years early," Darwin said. "I believe we're going to face a public health crisis for the next 20 years."

The VA's Kemp said another unknown is what impact TBI will have on veterans' suicide risk. From 2005 to 2009, some 1,100 active duty service members killed themselves, one every 36 hours. In a report unveiled in September, officials said suicide prevention efforts were failing partly because troops do not trust the military to help.

"The force is out of balance," Colonel John Bradley, chief of psychiatry at Walter Reed Hospital said of America's overstretched military. "The force is fatigued. Anyone who doesn't believe that has their eyes closed."

Lieutenant Colonel Christopher Robinson, the DCoE's senior executive director of psychological health, mentions a sergeant he has been counseling who has spent five years in combat plus a year in Korea in the past decade and is struggling to go on.

"He's just worn out and tired of it all," Robinson said. "We're starting to see more and more of that."

There is little reliable data on veteran suicides. Only 16 U.S. states collect data on veterans for death certificates and the VA gets that with a two-year delay. "It is very frustrating," said the VA's Kemp, who noted that the U.S. Secretary of Veterans Affairs Eric Shinseki has been pushing for all states to provide more recent data. "The data we do have suggests that suicides are maybe lower among veterans receiving treatment," she said.

There are some 950 recorded suicide attempts a month within the VA system, though Kemp said the real number could be twice that. The VA's suicide prevention hotline gets up to 13,000 calls a month.

"We are looking to communities around America to help us avert veteran suicide," she said. "This is a national issue."

\$1 TRILLION UNFUNDED LIABILITY

Lori Goodwin is another sign of changing times for the VA, as she is one of a growing number of female veterans.

Goodwin, 28, joined the military in 2000 out of high school in tiny Twin Rocks, Pennsylvania, with the aim of eventually going to college. She served in Iraq from July 2007 to October 2008 in a "medevac" team, and for much of the time she was there the base where she was stationed was pounded daily by mortars and rocket-propelled grenades.

Goodwin recalls explosions that would bounce her out of her bed, but as she was asleep, she does not know if she lost consciousness. She was

discharged last April with fibromyalgia, despite mentioning she thought she had TBI. "I was told if you don't remember being knocked out, you don't have it," she said.

Since then Goodwin has been wading through the VA system in California and complains she could not get an appointment for nearly five months. "We were promised we'd be taken care of if we served," she said. "But instead of taking care of us we have to fight for everything."

"We already had to fight overseas. We don't want to fight here to get help."

Complaints about maddening bureaucracy, lengthy delays and a tendency to overmedicate at the VA are common. But veterans' advocates say the VA has come a long way in the past few years under Secretary Shinseki, who was appointed by Obama.

"Shinseki is a leader for our times," said John Driscoll, president of the National Coalition for Homeless Veterans.

The VA has hired 6,000 mental health professionals over the past four years and is seeking new ways to reach veterans outside the system.

The U.S. Congress has fewer fans in these circles. Tom Tarantino, a legislative associate at nonpartisan group Iraq and Afghanistan Veterans of America (IAVA), said 2009 was a revolutionary year where Congress passed a new GI Bill and a law providing funding for the VA two years in advance. But 2010 was a dud.

Bills to overhaul the VA disability process and provide veteran employment opportunities went nowhere. An October IAVA report card on the current Congress gave Democratic leaders mostly Bs and Cs, while Republican leaders all got Ds.

"I guess they were all busy seeking reelection," Tarantino said. "I'm sorry,

but Congress doesn't get to take a year off in the middle of two wars. That's unacceptable."

Another major critique of the government is while the Bush and then Obama administrations have sought massive appropriations to fight two wars, no one has tallied the future cost of veteran care.

Linda Bilmes, who teaches at Harvard University's Kennedy School of Government and Columbia University Professor Joseph Stiglitz estimated in their 2008 book "The Three Trillion Dollar War: The True Cost of the Iraq Conflict" that taking care of veterans of Iraq and Afghanistan would cost between \$400 billion and \$700 billion over the next 40 years.

But because disability applications have already passed their original expectations for 2013, they have raised that estimate to a range of \$589 billion to \$934 billion. Bilmes described this as a "massive unfunded liability." By comparison, America's unfunded social security liability is often estimated at \$8 trillion.

"We think it is very bad policy to appropriate large sums to wage war without including the inevitable cost for treating veterans," she said.

Veterans groups like Veterans of Modern Warfare (VMW) plan to pressure Congress to assess the total cost of war before future conflicts. "If Congress has to assess 60 years of care, maybe they'll think twice about the cost of future wars," said VMW executive director Donald Overton.

"FIGHT OR FLIGHT"

Before the VA can treat veterans, it must find them.

David Cifu, VA head of physical medicine and rehabilitation, says while nearly 500,000 veterans have undergone TBI and PTSD screening "there are another 500,000 out there who aren't coming to us."

As TBI worsens with time, Cifu said this is a concern. "Three years out my chances of treating your TBI are less than 10 percent to 20 percent," he said.

The problem is often a matter of geography or stigma.

When Jessie Bratcher, 28, came back from Iraq in 2004 to Prairie City in rural eastern Oregon (population around 1,000) he found it hard to adjust. So he went to the nearest VA hospital 180 miles away, where he was given "weird meds," diagnosed with PTSD and took part in a few counseling sessions.

While in Iraq with the National Guard, Bratcher saw his best friend die after taking his place in a convoy and was near a large number of blasts. In one incident, his Humvee was hit so hard by an IED the soldiers in the vehicle behind it thought it had disintegrated.

Back home, Bratcher bought guns (he never owned a gun before Iraq) and went on night patrols in the mountains. He lost his job at a grocery store because he could not deal with the customers.

In late 2007 Bratcher fell in love with a girl and was delighted in the summer of 2008 when she said she was pregnant. Delight turned to horror when she said she had been raped and the baby might not be his.

After spending nearly 48 hours awake and nearly committing suicide, he bought a handgun and went to confront the man, Jose Medina. Bratcher says Medina threatened and then shoved him, at which point "it was a choice between fight or flight."

"I felt threatened, so I pulled out my gun," Bratcher said. He shot Medina six times.

At his murder trial, Bratcher's defense team successfully argued he was insane at the time of the shooting (a defense allowed under Oregon state

law) and he is now in Oregon State Hospital.

"I just want to get out of here and get back to my family," he said in a telephone interview.

Markku Sario, Bratcher's lawyer, noted the hospital does not have any programs focused on PTSD. "If there's no treatment for Jessie, he'll just end up stuck in there until he's 60," he said.

STIGMA AND GEOGRAPHY

A significant obstacle to treating veterans with mental health issues is that so many are from remote rural areas.

In October Hines VA opened a satellite clinic in Peru, a small town in central Illinois. Around 350 veterans appeared on opening day, though most were older veterans and not those who had served in Iraq or Afghanistan.

Another issue is the stigma associated with admitting mental issues, which the military and the VA have been working hard to counter.

Chairman of the Joint Chiefs of Staff Admiral Mike Mullen said during a visit to the Executives' Club of Chicago in August that "PTSD is a natural reaction to what troops experience in combat."

The DCoE runs the Real Warriors program to battle that stigma, with videos of soldiers saying opening up shows strength, not weakness. The U.S. military has more mental health professionals in forward areas to help soldiers in combat.

But the reluctance to talk about PTSD also stems from soldiers' fears they will be separated from their families and their future prospects will be damaged.

For a study on veterans released in September, Mary Beth Dunkenberger, senior program director at the Institute for Policy and Governance at Virginia Tech, held focus groups in which veterans of Iraq and Afghanistan said just before being reunited with loved ones they were asked if they had PTSD.

"If they admit to having PTSD, they know it could be weeks until they see their families so there is a tendency to minimize their symptoms," she said. "Also career soldiers are reluctant to speak up because they're afraid it could hurt their future prospects in the military while those returning to civilian life are afraid that no one will employ them if they're known to suffer from PTSD."

That study also showed that decades after that war ended, Vietnam veterans still have a higher rate of PTSD and depression than veterans of Iraq and Afghanistan.

Bruce Roberts, head of mental health at Hines VA, said many returning troops want to go into law enforcement, but cannot if they have mental health issues.

"So they say nothing in order to get on," he said.

MEAT GRINDER

Another problem is that symptoms of PTSD often do not appear until weeks or months after demobilization. Having been in a high-stress situation for months on end, it is natural for veterans with PTSD to experience nightmares and be in a constant state of hyper-arousal and hyper-vigilance.

"We are not designed to survive for long periods of time at that level of arousal," said Portland, Oregon-based neuropsychologist Robert Stanulis. "It has a damaging effect."

The strain of untreated PTSD can cause high-blood pressure, as well as heart and other problems. Studies have shown up to 80 percent of PTSD sufferers resort to substance abuse to ease their symptoms, from alcohol to illegal drugs.

PTSD is also linked to domestic violence. A study published by researchers in the VA Puget Sound Healthcare System in 2007 showed that 53.2 percent of PTSD sufferers in a test group reported at least one act of aggression in the previous 4 months.

April Gerlock, a research scientist in the same system, is conducting research with couples across age groups where one partner is a veteran and said the tendency toward violence actually increases with time.

"I think this has only just begun," she said.

PTSD can last years. According to the National Vietnam Veterans' Readjustment Study, conducted in 1987 (long after the war ended in 1975) and based on interviews with more than 1,600 veterans, 15.2 percent met the criteria for suffering from PTSD. Among men with a high combat exposure it was 35.8 percent.

Some 18.7 percent of veterans in the study had served more than one tour. Most did not because America had a draft in the Vietnam era.

"There is general agreement that there is a connection between multiple tours and PTSD," said Randy Petzel, the VA's Under Secretary for Health.

According to the U.S. Defense Manpower Data Center, as of September 2010 more than 270,000 active duty Army and Marine Corps personnel had been deployed more than once. That is more than 50 percent of the total deployed for both services. Roughly a third of National Guard and Reservist troops in both services had served more than one tour. More than 110,000 active duty Army and Marine Corps troops have served

three or four tours, more than a fifth of the total deployed.

Multiple tours grind down families. "The divorce rate is so high on some bases it's called the Black Plague," said Brad Gallup, who runs the Colorado section of hirepatriots.com, which links veterans to employers. "It's a meat grinder."

Ivy Lloyd, who heads a program for Iraq and Afghanistan veterans at Hines VA, said simply: "The greatest casualty of this war has been the family."

Between 2002 and the third quarter of 2010, 156,866 veterans of Afghanistan and Iraq have received a provisional diagnosis of PTSD from the VA, or 13 percent of those eligible.

Bob Adams served in Vietnam 42 years ago as a medic and still experiences unexpected flashbacks of events his mind had blocked at the time. He now runs the Midwest Shelter for Homeless Veterans in Wheaton, a Chicago suburb.

Adams has seen Iraq and Afghanistan veterans end up on the streets faster than Vietnam veterans did because their multiple tours have eroded family bonds. He expects many more.

"The worst affected Vietnam veterans we've seen had more than one tour," he said. "When you have multiple tours in any war you're going to see problems you don't get with one tour. One tour is enough."

Also, Iraq and Afghanistan are unlike Vietnam in that there is no rear area and troops have served under constant duress for months at a time.

The Department of Housing and Urban Development estimates that last year around 13 percent of America's homeless population were veterans.

THROWAWAY SOLDIERS

Two groups that fall outside the system may be additional cause for concern.

The first is former soldiers with a less than honorable discharge -- including misconduct and drug use -- who have little access to VA services. According to Army data, there have been around 50,000 such discharges since 2002. VMW's Overton said many of those men and women may be PTSD sufferers forced out because their condition made them unfit for duty.

"These young men and women have become our throwaway soldiers," he said.

The other group consists of private contractors, used extensively in both wars. According to a July report to Congress, there were almost as many contractors in Iraq as troops in March of this year and 1.4 contractors for every service member in Afghanistan. Many of the contractors providing security formerly served in special forces units.

"One thing that makes the hairs stand up on the back of my neck is the trigger-pulling military contractors being repatriated to the United States," said Jonathan Shay, a psychiatrist who specializes in war trauma. "They may not get the benefits and support services they need down the line."

"The royal road to recovery lies through talking to other veterans. If you don't have that, the road may be closed."

JUDGMENT PROBLEMS

After his second tour in Iraq in 2006, Steven Jordal's family noticed something was wrong.

"We knew war changed people so we thought if we left him alone he'd work through it," Steven's father Dale said. "It turns out we were wrong."

Steven got divorced in early 2008, then tried to commit suicide. He also almost crashed his motorcycle a couple of times going at 155 mph. At least two men in his old unit have died in crashes since returning.

His nightmares were so bad he ground his teeth so hard in his sleep that three broke. To stop them he started smoking marijuana.

Then his drug dealer in Oklahoma City asked him to make an incendiary device to burn a rival's car. Steven agreed, but the drug dealer was arrested and offered the authorities Steven instead. He was arrested in December 2008.

Robert Mitchell, an attorney who represented Steven, said the multiple concussions he had sustained had affected his frontal lobes and impaired his ability to tell right from wrong. Neuropsychologists confirmed that is a common outcome.

The charges against Steven could have landed him in prison for up to 30 years. Led by Rhonda, the Jordals fought back for nearly two years until a doctor told them Steven was deteriorating and needed treatment. So a deal was struck and Steven will serve 10 years probation.

"To their credit, the authorities did come around and finally agreed with us," Mitchell said. "This is Oklahoma City after all."

"But the criminal justice system needs to understand this is a legitimate mitigating circumstance, if not a complete defense."

Oklahoma City lives in the shadow of the 1995 bombing by Gulf War veteran Timothy McVeigh, who blew up the Alfred P. Murrah Building, killing 168 people.

VETERAN JUSTICE

There is scant data on Iraq and Afghanistan veterans in America's

prisons. The U.S. Department of Justice's Bureau of Justice Statistics (BJS) has previously conducted surveys of veterans in prisons. The last one was in 2004 and found that Vietnam veterans made up 36 percent of the veteran population in state prisons and 39 percent in federal prisons. Only a few years into the war in Afghanistan, 4 percent of veterans in state and federal prisons had served there or in Iraq.

The next survey is not planned until 2013, with the results due in 2015. A BJS spokeswoman said in an email those dates are "subject to change, pending funding and other considerations."

Guy Gambill, a senior justice fellow at the Open Society Institute, has worked with over 300 families over the past nine years and said 2015 was "simply too late."

So instead there is fragmentary local data.

In 2007, for instance, William "Bud" Brown, a sociology professor at Western Oregon University and a Vietnam veteran, surveyed jail inmates in Marion County. Only 31, or about 5.5 percent of the total, said they were veterans. But 19 had served in Iraq or Afghanistan. All had experienced combat.

"No one really wants to know how many veterans there are in our jails," Brown said. "I guess that would be too embarrassing."

Brown is currently helping 16 veterans in criminal cases, 14 on murder or attempted murder charges.

The jail in El Paso County, Colorado, counts veterans as there are five military bases nearby. Charles Corry, president of the Equal Justice Foundation, says preliminary data show up to 270 veterans are booked there monthly and noted three murder charges in the three months up to the middle of October.

Veterans' advocates say America's tough criminal justice system creates more problems by giving veterans a criminal record for petty crimes like substance abuse (a natural reaction to PTSD) cutting them off from most jobs and leaving them to drift, often toward violent crime.

Floyd "Shad" Meshad, a medical officer in Vietnam, says the uncompromising attitude of many courts undermines Americans' claims to back soldiers, typified by the yellow stickers on many cars saying "support our troops."

"If you are blown away 15 years from now by a traumatized vet who didn't get a second chance, I wonder what good that sticker will do you," Meshad said.

Instead, many advocates say "veterans' treatment courts" may be a solution, as they offer a way out of jail for veterans if they clean up and stay out of trouble. There are more than 40 of these courts operating around the country and about a dozen more are planned. Many, though not all, try to leave veterans who clean up without a criminal record.

Robert Russell, a judge in Buffalo, New York, launched the first veterans' treatment court in 2008. There is a VA representative in his courtroom and volunteers, many of them veterans, help defendants, for example by getting them treatment for PTSD or substance abuse.

"When one veteran speaks to another it appears to have an encouraging and motivating effect," Russell said.

So far 181 veterans have been through his court, 86 percent of whom have stayed clean. About one third of those veterans served in Iraq and Afghanistan, another third in Vietnam.

Veterans' courts can also save states money.

Judge John Kirby started his veterans' court in Cook County, Illinois, in

February 2009 and has so far seen 75 veterans come through. In the year before his court began, there were 278 arrests in that group at a cost of \$432,000. The year after, there were four arrests costing \$32,000.

Others say veterans' treatment courts show potential, but may need to include domestic violence cases, which the BWJP's Tinney says could make up to between 25 percent and 50 percent of all cases involving veterans.

"COMING BACK IS HARD"

Alex Garcia, 26, considers himself lucky, though it was not always that way.

When he first came back from Iraq in September 2005 to the Chicago suburb of Aurora after a 15-month tour, his life began to unravel. He became angry for no reason, flashbacks and nightmares led him to alcohol, which provided temporary relief from his PTSD.

"There was a lot of emotion I pushed down," he said. "I didn't want to talk about it because I didn't want to seem weak and look like a crazy guy."

But in 2007, Garcia heard there was a job opening at the Midwest Shelter for Homeless Veterans in Wheaton. He got the job, which was his first piece of good news.

"I was feeling lost and I don't know what would have happened if I hadn't found this job," Garcia said.

Before long he was opening up to Vietnam veteran Bob Adams, "who got what I went through." Now, Garcia has a girlfriend, an infant son and is getting used to civilian life.

"I take it a day at a time. I am comfortable now knowing that a part of my soul is and always will be in Iraq."

Veterans' advocates say a job is a major step toward reintegrating into society.

"Mental health support is important, but all the mental health support in the world won't solve the problem," Meshad said. "The key to helping these veterans reintegrate into society is jobs. What we need is a national jobs program for them."

But John Keaveney, founder of New Directions, which helps homeless veterans in Los Angeles, warns that in the wake of the midterm elections resurgent Republicans want to cut spending.

"We're going to have to do more with less," he said.

At his Executives' Club of Chicago visit Admiral Mullen asked local businesses to hire veterans. When asked to sum up veterans' best qualities Mullen said emphatically they are loyal, disciplined and honest. But then he struck a plaintive note.

"For those who don't know us, take a chance," he said. "It's worth the risk."

But with the national unemployment rate at 10.2 percent for Iraq and Afghanistan veterans (advocates believe the real number is higher) in September, above the national rate of 9.6 percent, jobs are scarce.

Rajiv Srinivasan is CEO of myvetnetwork.com, a job service for veterans that teaches them how to translate their wealth of military experience for prospective civilian employers.

"No piece of legislation, no derivative on Wall Street is going to get us out of this economic mess," he said. "Veterans are the independent leaders and thinkers who will lead the way."

Srinivasan says failure to provide jobs for these new veterans would be a

disaster for the U.S. military.

“This is not just an economic issue, it’s a national security issue,” he said. “If American kids see veterans without jobs, without healthcare and no education, then they’re just going to see military service as a dead-end career and they won’t sign up.”

“Hundreds of thousands of soldiers will leave the military in the next few years,” he added. “This is only going to get bigger.”

As for Steven Jordal over in Forest City, Iowa, he regrets that he tore ligaments in his knee on his second tour and cannot serve. Otherwise he would be in Iraq.

“Getting deployed is easy,” he said, with a flash of the smile his mother said he wore constantly before the war. “It’s coming back that’s the hard part.” (Editing by Jim Impoco and Claudia Parsons)