Chapter 10
The Critical Importance of Time, Place, and Type of Discharge from the Military

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Introduction

This chapter was first conceived by the editors as one on special populations "to include women, homeless, and Iraq and Afghanistan veterans". However, each service era and cohort of veterans is its own special population, often defined by where and when they served.

Thus, another way to conceptualize the veteran population is by either the time and place in which they served, conflicts in which they fought, or the period of service during peacetime.

For convenience these conflicts and/or wars are called by their most commonly used name, which is often the country in which they take place. These are summarized further below. The chapter also focuses on the "special populations" of female veterans and homeless veterans.

The chapter opens with a discussion of types of discharges veterans receive when they leave the military, as that discharge may be critically important to their future trajectory.

The chapter seeks to broaden the discussion by using a series of composite case examples. These are drawn from the authors' clinical experience, to illustrate particular points. Clinical treatment is not covered in this chapter but may be found in

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other venues (Ritchie, 2015). A limitation of this chapter is the lack of robust data to support some of the hypotheses. For example there is little to no known data on legal issues facing female veterans from any conflicts.

Discharges: Honorable, Other than Honorable, and Dishonorable Discharges

There are several ways that a military member may leave the Armed Forces. The preferred way is with an honorable discharge, either a routine administrative separation or with retirement. Administrative separations may be for a variety of reasons from a scheduled ETS (end of time in service), for pregnancy, for psychiatric reasons, and for misconduct. The administrative separations are classified as honorable, other than honorable or dishonorable. In general, honorable discharges offer access to the Veterans Health Administration (VHA) health care and may offer other financial benefits. Other-than-honorable or dishonorable discharges usually do not offer benefits. There have been some recent changes as noted below.

Retirement may occur after 20 years or more of military service, or for medical reasons. Retirement from the military usually offers both VA care and access to the military health care system, known as TRICARE. Access to the military health care system is prioritized, with active duty first, and then to dependents and retirees. There is also a priority list for the VA, with priority given to recent veterans, those with service connected disabilities and those below a certain income level. The determinations is a complex subject, covered further in other sources such as the Veterans Benefit Administration website (U.S. Department of Veterans Affairs, 2018).

Other service members may be discharged for a variety of less favorable conditions. In the past, many service members were discharged for personality disorders (Department of the Army, 2005). In the Army these were termed "5-13s", for the applicable governing regulations. Although these are technically honorable discharges, they usually did not bring VA benefits, as the condition was considered existing prior to services (EPTS) (Department of the Army, 2005).

There are other forms of other-than-honorable or dishonorable conditions. Until relatively recently (2011) service members could be discharged for being homosexual. Other service members have been discharged under a variety of chapter separations leading to "other than honorable conditions" or OTH. Often these discharges are related to drug offenses. Until recently these "OTH" veterans have had no access to VA care. Recently this has been changed to allowing them to have emergency mental health care for up to 6 months (Tsai & Rosenheck, 2018; U.S. Department of Veterans Affairs, 2017a).

Dishonorable discharges often followed allegations of misconduct, with or without judicial proceedings, such as courts martials. These are more punitive discharges as Veterans discharged this way have no VA benefits. The stain remains to follow

them into the civilian word, making employment much harder to find, especially in fields like law enforcement.

All of those with the above negative discharges are at higher risk for problems with employment, homelessness, drug issues and legal problems. Studies have shown that they are far more expensive to society as well because of the tremendous medical costs related to homelessness (Rog & Buckner, 2007).

President Trump has recently mandated in an executive order that all transitioning veterans should have access to VA care following military service for 1 year (White House, 2018). Full details of implementation of this policy are still being developed.

The Importance of Military Time Served: Legal Issues Vary

The Wars of Our Fathers: WWI and II and Korea (1918–1953)

The major combat theaters in the past century include World Wars I and II, Korea, Vietnam, the first Gulf War, and the recent wars in Afghanistan and Iraq (also known as Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and by other names). In general, large cohorts of men and women have gone to war during these periods, and often define themselves by these wartime experiences.

In the case of the first wars listed, each one has a different age group, a different cultural context and their own stressors. For example, surviving WWI vets are in their 90s, Korean vets in their 80s, and Vietnam vets in their 70s. Since the latter wars since 9/1/2001 have lasted almost 18 years, the ages of affected service members are more variable. Sometimes fathers and sons, and mothers and daughters, have served in the "Long War" which has been used to refer to the conflicts in Iraq and Afghanistan.

There have been numerous other deployments and combat operations over the last 30 years, which are not technically called "wars". These conflicts have been termed Operations Other Than War (OOTW). These include those in Panama, Haiti, Bosnia, Kosovo, Somalia and other theaters in Africa and the Middle East.

Humanitarian assistance and disaster relief may also be central to the military and mission. Although not technically wars between nations they have often been very dangerous operations, with both combat and other violence. For example, "Operation Restore Hope" in Somalia transitioned from a humanitarian mission into armed conflict. Many service members have served in multiple OOTWs during their military career.

Whether the veteran was drafted or enlisted voluntarily affects their views of their service. In World Wars I and II, Korea and Vietnam, most service members either volunteered or were drafted. In the World Wars serving was seen as a patriotic duty. Units were deployed together, in formations such as battalions or companies. They stayed together until the wars ended, perhaps for 3 or more years. They also

returned home from overseas together by ship, to a welcoming United States (Ritchie, 2002).

In the Korean War (1950–1953) and the Vietnam War (1964–1972) service members usually deployed to the theater as individuals for 1 year, rather than as a unit. Thus, they had less unit cohesion. "Old timers" who were looking forward to heading home did not find much point in getting to know the new Soldiers.

The Korean War has often been called the "Forgotten War", coming so soon after World War II. In many ways it was a proxy war between the superpowers during the Cold War. The return home of American veterans from Korea was further tainted by fears about "brainwashing", especially among those taken Prisoner of War (POW) by the Chinese. Thus, many veterans slipped quietly back in US society, without highlighting their veteran status (Ritchie, 2002).

There is little known data about criminal activity from veterans in World War I and II, and other conflicts prior to Vietnam. Whether that was due to an actual lack of problems or a lack of data collection is not clear. However, those veterans, now generally dead or in their nineties, will not further be discussed here.

The Vietnam War and Aftermath

The Vietnam War is usually considered to have lasted between 1964 and 1972 although both the beginning and ending had murky dates. Many soldiers and other service members were drafted or enlisted to avoid the draft.

The Tet Offensive in 1968 led to both major offensives by the North Vietnamese and a rejection of the war back in the United States. Especially after 1968 many Service members had mixed feelings about serving—or were decidedly negative. Large protests against the war escalated throughout the country. The US received Soldiers back by spitting in their faces and calling them "baby killers" (Camp, 2011).

Veterans from the 8 years of war in Vietnam—until recently, the longest one in our history—are a very large cohort. They currently are mainly in their 70s. Thus, they are an aging but still vigorous population. However, the wear and tear of aging— no longer working, failing bodies, losing spouses—is taking its toll.

As mentioned above, veterans who served in Vietnam came home to a changing and often hostile United States (Camp, 2011). Many "dropped out" of conventional society. They often shunned the Veterans Affairs hospitals (Camp, 2011).

There was little mental health support back home for the veterans on their return. Importantly the formal concept of post-traumatic stress disorder (PTSD) had yet to be developed. Over time, however, many more mental health services were developed. In the VA system, veteran centers ("Vet centers") were fielded to provide "store front counselors".

PTSD emerged as a diagnosis in 1980, mainly based on the psychological sequelae of combat from Vietnam. PTSD was characterized by flashbacks, numbness and avoidance, and hypervigilance (8, DSM III). Along with the emergence of this new diagnosis, grew fears of "ticking time bombs" who were feared to be prone to unprovoked violence.

A far more common problem was and is unemployment and homelessness. Of course, homelessness is a ubiquitous problem, both among veterans and the civilian population. However, it was with Vietnam veterans that their homelessness really claimed public attention.

In the author's experience in working with both Vietnam and other veterans, in many cases the slide into homelessness is gradual. Musculoskeletal problems or other disorders may prevent working. Problems with relationships lead to the end of a relationship and moving out of a wife or girlfriend's house. Coach surfing yields to sleeping in a car, and then to the shelter or street.

In regards to the legal system, homeless individuals are far more likely to commit so called "nuisance crimes", e.g., trespassing or urinating in public places. They often rotate between the streets, the jails and psychiatric hospitals. Where they end up depends more on the customs and culture of the native police force and the judiciary than on the actual crimes.

It has long been known that jails are now where most mentally ill are housed. It is generally estimated that about 10% of the inmates in jails are veterans. (These issues are covered in more detail in other chapters in this volume.)

The Veterans Administration has made heroic efforts to minimize homelessness. If a veteran is eligible for services, they may receive a variety of benefits (please see other chapters for details).

Case Example

Mike is a 75-year-old veteran who presented to the homeless center of the VA for clearance for a housing voucher. He was not interested in treatment for his alcohol use or PTSD symptoms.

He had been housed until a break-up with his girlfriend 5 years earlier. He stayed with friends and family for a while, but wore out his welcome there, so he slept in his car. He refused to go to a shelter.

He had been in and out of jail, mainly for trespassing and public drunkenness. His jail stays were typically brief.

He eventually got housing through the VA and the "Housing First" program, which did not require sobriety. A public defender worked with him to get him into a veteran's court.

He finally decided to seek help for his PTSD and heavy alcohol use. Although he did not achieve complete sobriety, his symptoms dramatically improved and his quality of live was much better, once he was off the streets.

1990 Onwards

After Vietnam, the draft essentially ended. Since then, service members in the US military have been voluntary enlistees.

The first Gulf War (1990–1991) was relatively very brief, with few casualties, and considered a victory. PTSD and other psychological consequences of war were relatively rare. However, there was the emergence of mysterious physical illnesses,

known then as "Gulf War syndrome". In general, this syndrome is believed to be related to a combination of toxic exposures, to include nerve agents, sand, petroleum products and other stressors.

There were numerous operations other than war (OOTW) before and after the first Gulf War. This author deployed to Somalia in 1993. Although Operations Restore Hope started as a humanitarian mission it turned into a combat one. The events depicted in "Black Hawk Down" lead to the cessation of American involvement in Africa for many years. However, allies served in Rwanda, the Congo and other bloody scenarios.

There is little hard data in the legal system available for these conflicts between Vietnam and the wars before 9/11. There does appears to be a connection between the use of an antimalarial medication, mefloquine, and suicide and violence. Mefloquine was used by in Somalia in 1992–1993, numerous other African nations throughout the last thirst years, the first year in the Iraq War, and the first 10 years of war in Afghanistan. There have been anecdotal reports of major psychiatric problems in Soldiers and Marines (Nevin & Ritchie, 2015).

Peacetime Veterans

There are many millions of veterans who served in times of relative peace, or who served in non-conflicts during wartime and other conflicts. Again, data is not available as to what their rate of criminal offenses are compared to other combat veterans.

Anecdotally, however, these veterans do not do as well as those who have served in combat (personal communication, Dr. Maria Llorente, March 2018). Why is that? There are several reasons. Non-combat veterans are less likely to receive benefits from the VA. These benefits are both financial (e.g., service connection disability, pensions, etc.) and health care related.

In addition, they probably have less of a social connection to other veterans. They are also less likely to receive a "hero's welcome" home or to get other services offered to combat veterans.

9/11 and the Aftermath

Troops deployed into Afghanistan shortly after 9/11/2001. They invaded Iraq in March of 2003. Veterans from these conflicts will be considered together, since many deployed repeatedly to one or both theaters of war. There were some differences and some similarities.

For many years after the initial invasion in 2001, the Afghanistan war was slower paced. On the other hand, the fighting in Iraq was especially intense during 2004–2008. Troops mainly withdrew from Iraq in 2010, but there is a continued military presence in Afghanistan.

Soldiers were usually sent for a year, although some were extended up to 15 months during the "surge" in 2005–2006. Marines usually went for 6–7 months. All services faced frequent deployments with short "dwell times" (times back in garrison).

Troops faced improvised explosive devices (IEDs) and other forms of bombs, initially mainly in Iraq and then in both conflicts. As a result, many suffered from a wide variety of injuries, to include facial burns, amputations and traumatic brain injury (TBI).

The most recent wars in the Middle East have produced robust advances in screening, detection and treatment of both PTSD and TBI. Research both in the theater of war and back home has been extraordinary (Gallaway, Millikan, Bell, & Ritchie, 2014). With awareness of the prevalence of PTSD and TBI have come monies for reintegration and treatment.

PTSD and TBI became the "signature wounds" of the war. Both were often due to the "signature weapon" of the war, the blast. Soldiers suffered multiple other severe and mild injuries, to include amputations and genital injuries. Both PTSD and TBI can contribute to increased irritability and impulsivity. Pain is another trigger.

While it is unclear as to the exact contributing factors of PTSD, TBI, pain and other injuries, there is an increase in several types of charges in recent veterans. These include domestic violence and weapons charges. There is not much published research on this topic. Research has shown increased violence associated with younger age, lower ranks and more exposure to combat (Gallaway et al., 2014).

There have also been about 50,000 wounded in these last wars. Many survived severe injuries which would have killed them in other years, such as multiple amputations and head wounds. Along with injury comes pain, disabilities, and addiction to opiates.

Many veterans also use marijuana to counter act their post-traumatic stress symptoms. With the decriminalization and/or use of medical marijuana common trends in America, it is hoped that this will not lead to a new wave of incarceration.

After 9/11/2001, with the conflicts in Afghanistan and Iraq, there was a tremendously positive attitude towards the military members, which persists today. There is tremendous support for the recent veterans.

Case Example

Sean was a 34 year old veteran of both Afghanistan and Iraq who had been honorably discharged 5 years prior to being arrested for breaking and entering. He was working as a contractor doing security when he gathered with fellow veterans from his Army unit. One night they mourned the loss of one of their colleagues who had killed himself recently.

Sean got very drunk, and apparently had a flashback. He entered a neighboring bar and moved through it room by room, apparently clearing the rooms. He was apprehended by local police but fought with them, kicking one in the kneecap.

The next morning he awoke in jail. He did not remember any of the prior nights events. However a video camera had recorded his strange movements.

After learning of his service and numerous medals the judge sentenced him to time served and probation.

Female Veterans

Although there is a lot of information about clinical issues for female service members and veterans, there is a dearth of published information about legal and forensic issues. That is likely because women commit crimes less often, in general and in particular for female veterans. Having said that there is no data known to this author on the relationship between female veterans and the criminal justice system. Therefore, this section will attempt to discuss what is known and to speculate how these issues may intersect with legal issues in the coming years.

We do know that the suicide rate among female veterans is about 4 times as high as their civilian counterparts. This is likely reflective of their increased familiarity and possession of firearms (Ghahramanlou-Holloway, George, Careno-Ponce, & Garrick, 2015; Price, 2018; U.S. Department of Veterans Affairs, 2017b).

The prevalence of sexual trauma in the military has been widely reported on. The combination of sexual trauma and trauma from combat leads to higher rates of PTSD, depression, substance abuse. For a summary see (Bell & McCutcheon, 2015).

Women in the military are of reproductive age. There is a high rate of unintended pregnancy, often cited as twice the civilian rate for matched cohorts (Grindlay & Grossman, 2013; Lindberg, 2011; Robbins, Chao, Frost, & Fonseca, 2005). This is probably due to a number of factors: in deployed environments birth control may or may not be easily accessible. In many countries where service women are stationed, such as Korea and Japan, abortion is illegal. TRICARE, the military health care system, does not cover abortion, except in the case of rape or incest. There is also a high rate of divorce for enlisted female service members compared to their civilian counterparts (Karney, Loughran, & Pollard, 2012). So, many young women find themselves as single mothers. They may or may not be able to sustain both a military career and motherhood, often depending on what family support is available.

So, they often decide to leave the military, planning to get a job or go back to school. But the cost of childcare may make those goals difficult. Thus, like their male counterparts they may end up staying with family or friends or otherwise couch surfing. Shelters are primarily available to men without families.

In the authors' experiences, but not yet in the literature, the legal difficulties female veterans get into are related to drug abuse, and domestic violence. Perhaps they may remain in a relationship with someone who is sexually trafficking them, because they are dependent on heroin or other substances.

Case Example

Ashley is a 28 year old single mother of 2 children, ages 2 and 4. She had done well in the military, raising quickly to the rank of sergeant. However when she became pregnant for the second time, she decided she could not maintain a military career and deploy, while being a mother.

She thought she would go back to school and get a business degree. However, despite some help from her mother, she could not afford rent and child care. She accumulated debt and was evicted from her apartment.

She lived with her mother and her children for a while, but it was cramped quarters. Her mother's boyfriend insisted that she leave by the end of the month. She left her children off at child care, penned a note, saying she loved them, then went to a park and shot herself with her mother's boyfriends' Glock.

Conclusion

Veterans are a varied group, ranging from their early 20s to centenarians. While drawn from many segments of the American population, they often define themselves depending on the time and war in which they served. These include both major conflicts, such World War II, Korea and Vietnam and the recent wars, and smaller scale missions such as in Bosnia, Somalia and humanitarian missions.

Depending on the time in service, their homecoming, and numerous other factors, they thrive—or do not—in US society. Those who do not thrive and become homeless are often entangled in the legal system often for relatively minor crimes Rarely, serious crimes occur, often dealing with domestic violence and gun charges (Gallaway et al., 2014). Other risk factors for legal problems include the physical and psychological effects of war. These include, but are not limited to, PTSD, TBI, and addiction to narcotics.

The wars in Iraq and Afghanistan have dragged on, without clear victories. At the time of writing of this chapter, the United States has been in Afghanistan for almost 18 years. Patriotic support for the military persists, but the funding for various military and veterans health and addiction programs is less clear. We believe that funding is essential to decrease entanglement in the criminal justice system.

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