

Jennifer Hogg
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HHC, 152nd Eng Bd, 42nd INF Div

Good Afternoon. Thank you to both committees for holding this hearing. My name is Jennifer Hogg and I served from 2000-2005 in the NY Army National Guard as a 63Y track mechanic. I was activated for 9/11 and the male mechanics in my unit were deployed as infantry to Iraq, although as a female I was not sent with them. I currently work part time, attend college full time and organize with other veterans. One such way is being a co-founding member of SWAN, the Service Women's Action Network. Another is interning at the Veterans and Service Member Project at the Urban Justice Center.

I am fortunate to now live here in NYC, which I believe is one of the greatest cities in the world. I hope that with the help of veterans, concerned citizens and concerned politicians we can make NYC one of the best places possible for its veterans because throughout our country there is a lack of truly organized, efficient and complete care for our veterans. I firmly believe that listening to veterans is the way to accurately assess our needs and find ways to fulfill the promises made to us.

As female veterans there can be issues we face that we share with our male veterans as well as other issues that affect us in ways the male veterans do not experience. Some issues female veterans face are system and culture wide. What is necessary is that we begin to recognize and address those issues in the varying levels we are able to; whether they are national, state or local. I hope that through some of the examples I will share with you we can find ways to fully integrate and take care of our veterans here in NYC. I believe we as a city can do this through recognition of the differing experiences of veterans as well as the unique similarities that face our population.

One of the most frustrating things about being a female veteran is the feeling of invisibility. In a city with millions of people this is a sure fire way to feel alone. Despite having been part of an institution based on comradery, once out the service we often feel very isolated and without a support network.

There is a documentary called Lioness, recently as shown at the Tribeca Film Festival, which documents one aspect of that invisibility perfectly. The movie follows a group of women in the Army who are participating in the Lioness program which puts them inside of Iraqi homes as the male soldiers raid them. The point this film makes is that women *are* in combat, they are fighting in ways we are led to believe women do not. They are firing weapons without the training the male soldiers receive and without the recognition afterwards of the impact war can have on the lives of those involved. There are women who live here in NYC who have rode through Iraq sticking out of the top of a humvee firing a 50 caliber machine gun. The response these women too often receive is disbelief that they are more than just secretaries in the military. The VA has not caught up to these changes either. It is as though women with combat experience or combat related PTSD

do not exist. Often when they are able to get into the VA for treatment they are funneled into sexual assault related care that doesn't address their needs or male PTSD groups that, while hopefully beneficial for the male veterans, can tend to be hostile and frustrating for the women veterans.

One unfortunate aspect of being a female in the military is the rate of sexual assault. The invisibility around that subject is finally being lifted but it is not a one size fits all trauma that all women can be assumed to have experienced anymore than it can morally be ignored. This delicate issue needs to be respected on its own and properly treated. Representative Jane Harmon (D-CA) recently stated at a House Oversight Hearing that "Women serving in the U.S. military are more likely to be raped by a fellow soldier than killed by enemy fire in Iraq".

In the case where a female veteran needs sexual assault related PTSD care many aspects of daily life can be major challenges. Simply entering the VA can be re-traumatizing especially if the attitude towards her is one of dismissal. Being treated as if your PTSD is not "real" PTSD or being re-victimized by a system that does not respect you is unacceptable yet happens way too often. Many women are being denied disability claims based for sexual assault. Denials of PTSD claims can be based on reasons such as "you can't have rape related PTSD, you were an excellent sailor", a statement that was made to a fellow member of SWAN.

Both of the previous situations I have mentioned are clear cut. The last I want to mention is the effects of being a veteran without combat or sexual assault. This may very well be the most invisible one can be. In a local VA a pregnant female Iraq war veteran was told there was no sonogram for her and that she would have to come back another day because the gynecologist was only available 3 days a week. She left NYC and moved back to live with her Grandmother largely due to inadequate support and care she found in a VA that she was promised would care for her. Motherhood and veterans status is something that is in largely poorly understood. Another woman is told that her knee injuries happened not because of the Marine Corp's intensive physical activity but because she is a woman, ignoring the obvious fact that there are men with knee injuries. When I was discharged for a medical reason I was not properly explained what my status was, what the status of my benefits were or anywhere to answer any questions I might have had. I had received a portion of my promised money for college but in fear of being asked to repay that I never inquired what my status was or if I was due any VA benefits. Members of the National Guard are not entitled VA treatment unless deployed to a war zone. In fact as a non-deployed National Guard veteran I am most often not even considered a veteran on federal forms.

We, as a city, are not the VA. We are however equipped to fill in the gaps. Many programs are already in place to help returning veterans either fill out VA claims or find treatment outside the VA. As a city we can help make these programs work as a system instead of blips on the radar. Centralized data makes it easy for a veteran to find options to help them find the care they need but even when these programs are in place very often veterans don't know such services exist. For some woman in particular the last thing they

want to do is be around the military again. Letting people know about services as well as breaking through the walls that have built while in service is essential.

City wide advertisements in bus stops and subway trains can help both let veterans know about options as well as raise awareness about the veterans in our city. Imagine being a female combat veteran, very often without a support network of women who have had similar experiences, and seeing a subway poster about services for female combat veterans. Feeling invisible often leads to acting invisible and not seeking out or speaking out about your needs.

There are logistical barriers we as a city can address as well. We have one of the best transportation system in the world. If a veterans is unable to work it is hard to afford the Metro fare. Free fares for veterans unable to work will allow them to get to the VA.

Discounted transportation fares for veterans going to the VA or school says we want to help you integrate and use the benefits you were promised.

We don't have to re-invent the wheel, just make more room on it.

As I said before I feel that listening to veterans is the best way to assess the obstacles we face. The best recommendation I could make is to find ways for those voices to be heard. I have included the names of two women on the copies of my written testimony who I believe you or anyone interested in female veterans in NYC would find to be a wealth of information.

Thank you for inviting me here today and allowing me to be a representative of female veterans. It is incredibly empowering to be here, and to know we are increasingly visible. Thank you very much.

Additional Contacts:

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Helen Benedict - Professor Benedict is a novelist and journalist specializing in the Iraq war, women's issues, race, and literature. Her most recent nonfiction book is *The Lonely Soldier: The Private War of Women Serving in Iraq*, to be published in the spring of 2009 by Beacon Press.

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TESTIMONY OF HELEN BENEDICT

**Professor at Columbia University and author of THE LONELY SOLDIER:
THE PRIVATE WAR OF WOMEN SERVING IN IRAQ**

**To Oversight Committee - Addressing the Unique Needs of Female Veterans
Returning to New York City, Sept. 25, 2008.**

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I am not a soldier, but I have spent the past two years interviewing more than 40 female members of the Army, Air Force, and Marine Corps who have served in Iraq or Afghanistan.

These interviews, along with my research, have brought to light many urgent and alarming issues that women face as they serve at war, and as they return home to New York and elsewhere. These are issues of physical and psychological health that New York must be aware of and ready to deal with. It is the least we owe these women who have sacrificed their health, safety and wellbeing to answer the nation's call to arms.

First, some facts about women and war.

* More American women have fought and died in Iraq than in any war since World War Two.¹

* Over 191,500 women have served in the Middle East since March 2003, most of them in Iraq; nearly five times more than in the 1991 Gulf war and twenty-six times more than in Vietnam.²

* Women are still banned from combat, but because of the nature of the Iraq war, they are gunners atop tanks and trucks, are engaging in firefights, and are killing and getting killed.³

* By September 2008, 592 American female soldiers had been wounded in action and 102 had died in Iraq and supporting areas, more than in the Korean, Vietnam, first Gulf and Afghanistan wars combined.⁴

* Women now comprise 14 percent of all active duty forces, 11 percent of soldiers deployed to the Middle East, and over 17 percent of the National Guard and Reserves.⁵

* One in ten soldiers in Iraq is a woman.

* Nearly one in three female service members is raped while serving.⁶

* Some 71 percent are sexually assaulted while serving.⁷

* Nearly 90 percent are sexually harassed while serving.⁸

* Female soldiers now make up 11 percent of homeless veterans.⁹

* Forty percent of homeless female veterans were raped while serving.¹⁰

Now for other issues our soldiers face:

Mandatory Anthrax Vaccines

Anthrax is an acute infectious disease that can be used as a bacterial weapon, so the military instigated mandatory vaccinations against it in 1998. Since then, the vaccine has been given to over 1.8 million service members and civilians.¹¹

But between 1998 and 2000, a staggering 20,000 soldiers were hospitalized after receiving the vaccine. It was later revealed by a newspaper that the Pentagon had failed to report this to Congress.¹²

By 2001, there were so many reports of adverse reactions to the vaccine that Congress directed the Defense Department to establish a Healthcare Center Network to monitor reactions and research safer ways to administer the shots. Four such centers were set up, but none have ever made their findings public.¹³

In 2004, a federal judge ruled that the military was acting illegally in forcing the vaccine on its personnel. The military stopped giving it for a few months, until the FDA did approve the shots in 2005, although it allowed only voluntary injections. By then so many soldiers were leery of the side effects that half of them declined.¹⁴

Now the vaccine is mandatory again. In March 2007, the military resumed the shots for all soldiers serving in the Middle East or Korea, maintaining that the vaccination is well studied and safe.¹⁵ Yet doctors have documented a long list of adverse

reactions to it, including pains in muscles and joints, short-term memory loss, inflammatory bowel disease, autoimmune and thyroid disorders, and multiple sclerosis.¹⁶

Women have all these risks and more. Studies found a whopping *39 percent rise in birth defects* for pregnant women who take the vaccine in their first trimester, as well as a rise in the likelihood of miscarriage.¹⁷ Breast and genito-urinary cancer hospitalizations occurred three and a half times as often after anthrax vaccinations as before, and abnormal PAP smears led to hospitalization more than five times as often.¹⁸

Dr. Meryl Nass, an expert on anthrax, says these findings are so alarming they should be enough to halt the use of the anthrax vaccine immediately. But she also opposes it for another reason: the DOD has never even been able to prove it protects anyone from anthrax in the first place.¹⁹ She's not alone in her opposition. In May 2006, the GOA issued a report that called for "a better, alternative vaccine," saying it "has not been adequately tested on humans."²⁰

Nonetheless, the military is still forcing the shots on every soldier going to Iraq or Afghanistan.

New York veteran centers must hire and train medical staff prepared to test, recognize, and deal with women contaminated by the anthrax shots.

Contaminated Water

Many soldiers stationed in Iraq spend their entire deployment struggling with their health. Many lose weight, unable to retain their food; women tend to stop menstruating; many suffer from urinary infections; and others find themselves feeling mysteriously poisoned. One Army sergeant, who served there from 2003-2004, came home seriously ill with liver failure. "Nobody knows why, but a number of us had it," she told me. "Some of them died in Germany, one died on the flight. We'd all been in the same area. But the Army isn't even acknowledging there's a problem."

Diseases like this are commonly caused by contaminated drinking water. In Iraq the job of supplying and cleaning the water belongs to KBR/Halliburton. In 2005, water purification specialist Ben Carter tested the water at Camp Ramadi Marine base in Iraq, and reported that of the 67 tanks he examined, 63 had no chlorine and were dangerously polluted with malaria, typhus, and a long list of other microbes, including coliform.

bacteria from human and animal excrement, as well as a flesh-eating bacterium common in the region. “There’s a lot of soldiers over there who might not come home with a bullet wound, but who will come home with pathogens in their blood because of Halliburton. And they don’t even know to get tested for it,” he said.²¹

In January 2006, Carter and several other Halliburton employees testified before a committee of Democratic senators, accusing the company of serving contaminated water to the troops. The company denied every charge, but on March 10, 2008, a Defense Department Inspector General’s report confirmed Carter’s findings, adding that soldiers at five different bases had come down with skin abscesses and infections, diarrhea, and other illnesses from the water.²² Yet Halliburton is controlling the water supply for soldiers to this day.

New York Veteran centers must hire and train medical staff to test every returning soldier for these foreign pathogens, to recognize them, and to treat them.

Depleted Uranium

Depleted uranium (DU) is a waste product from the manufacture of nuclear weapons, and the U.S. and Britain use it in shells and armor because it’s so hard it can slice through enemy armor and deflect bullets. But DU is highly flammable, and each time such a weapon explodes, or an armored vehicle catches on fire, radioactive particles are released into the air.²³

Numerous researchers have tried to document the dangers of DU, with varying results. Some say Iraqi children exposed to DU in 1991 had four times the normal rates of birth defects and cancer; and that similar findings have been reported in the former Yugoslavia, where DU was used in the Balkan wars.²⁴ Others dispute these findings. But two recent studies have found dramatic increases in birth defects among the children of Gulf war veterans that mirror those seen in Iraq: female veterans were nearly *three* times as likely to have children with birth defects as is normal, while veteran fathers were nearly twice as likely.²⁵

Most researchers do not question the rise in birth defects, cancer, and early deaths among Iraqis and first Gulf war veterans, only their causes. The U.S. and British governments blame malnutrition, lack of B vitamins, and other environmental pollutants,

while maintaining DU is safe.²⁶ The UN does not agree. In 2002 it declared the use of DU weapons a violation of human rights, saying the substance will pollute the ecosystem of the Gulf for generations, and that “some 500,000 will die before the end of the century from the radioactive debris left in the desert.”²⁷

Recent studies back this up. In 2005, a significant rise in cancer was found among American workers who had been exposed to DU and none of the other factors in Iraq.²⁸ In 2003, DU was proven to damage nerves.²⁹

America and Britain are still using DU, which frightens Iraqis and coalition soldiers alike, especially those who plan to have children.

New York Veteran centers must train and hire medical personnel to test for and recognize DU poisoning in returning soldiers, and treat where possible.

Sexual Assault, Harassment, and Rape

Rape in civilian life is already unacceptably frequent (one in six women is raped or sexually assaulted in her lifetime³⁰), but in the military the picture is even worse. Rape is twice as common as it is among civilians, especially in wartime³¹; soldiers are taught to regard one another as family, so military rape is like incest; and most of the soldiers who rape are older and of higher rank than their victims, so are taking advantage of their authority to abuse the very people they are supposed to protect.³²

From 2005 to 2006, reports of sexual assaults jumped 40 percent, and the following year they jumped another 24 percent. (In 2007, the number declined 9 percent, but the method of accounting changed from calendar years to fiscal years, so the numbers cannot be compared.)³³ In 2007, the Department of Veteran’s Affairs reported that 20 percent of female veterans seen at its facilities nationwide said they had been raped or sexually assaulted while serving.³⁴ And, as mentioned above, other veteran studies put the incidence of rape at nearly one-third of all women in the military force.³⁵

Not only that, 80 percent of rapes in the military are never reported at all because women (and the men who are raped, too) fear ostracism, punishment and loss of careers.³⁶ In civilian life, 60 percent of rapes go unreported.³⁷

This is not to say that no progress at all has been made. In 2005, rape evidence kits, anonymous reporting, victim advocates and training aimed at preventing assault

were brought into the military. But these measures are so irregularly implemented that they have failed to change the dismal picture for women in any significant way. Instead, a punitive and hostile attitude still meets any woman who reports a sexual assault. Some examples:

Army Lieutenant Jennifer Dyer was threatened with prosecution for desertion because she refused to return to post with an officer she had reported for raping her.³⁸ Army Specialist Suzanne Swift was court-martialed for desertion, demoted, and put in prison for a month for refusing to redeploy under a sergeant whom she had reported for repeatedly raping her.³⁹ Cassandra Hernandez of the Air Force was charged with indecent behavior after she reported being gang-raped by three comrades.⁴⁰ And when Air Force Sergeant Marti Ribeiro reported having been raped by a fellow soldier while on guard duty in Afghanistan, her superiors told her that she would be charged with dereliction of duty for having left her weapon unattended just before she was attacked.

The Defense Department claims that since 2005, its reforms have created a “climate of confidentiality” that allows women to report without fear of being disbelieved, blamed, or punished like this. But all the cases described above happened *after* the reforms of 2005.

Women who come home after experiencing treatment like these are multiply traumatized. They have combat, sexual assault, and the grotesquely unjust treatment by their superiors to deal with. Veterans organizations must be equipped with properly trained therapists and psychologist to help these women recover.

Homelessness and Job Loss

The military promises recruits they will come out of the Service with experience and education that will make them more employable than before, but for Iraq war veterans the case is often quite the reverse. Many are too physically or psychologically injured to work. Others have family troubles that mounted while they were gone and now get in the way. And an alarming number run into employers who either have no respect for their experience or regard them as too risky to hire. By the end of 2007, tens of thousands of National Guard troops and reservists had lost seniority, pay, benefits, or the jobs that were supposed to be held for them while they were serving.⁴¹ As a result of all

this – along with ever-mounting rents -- Iraq and Afghanistan war veterans are slipping into poverty and homelessness much sooner than did the veterans of previous wars. Eleven percent of these new homeless veterans are women.⁴²

Tragically, sexual violence seems to be a major cause of homelessness among female veterans (as said, 40 percent of homeless veteran women say they were sexually assaulted in the military), and one of the main reasons is lack of support.⁴³ Nothing helps a person recover from rape better than an understanding partner or family, but many women join the military exactly because they have no such thing. When a woman is assaulted and has no one to turn to for help, she can spiral into just the sort of depression and self-destruction that makes people lose their jobs and homes.

New York veterans centers must do all they can to prevent traumatized women from slipping into isolation, despair and homelessness.

Women and the Department of Veterans Affairs

At least 95,000 women will soon be returning from war, adding to the 1.7 million female vets already here. Yet the VA has only six inpatient PTSD programs for women, most VA hospitals were built with large open wards intended only for men, and although all the nation's 153 VA hospitals treat women, there are a mere 22 stand-alone women's health clinics that offer a full range of services. Many of these clinics are miles from where veterans live, and are open only a couple hours a week.⁴⁴

This lack of services is disastrous. Women make up the fastest growing group of veterans today, have different needs than men, and do not necessarily feel safe in a male therapy group or with a male doctor or counselor; it is too reminiscent of being outnumbered by men at war. They have different PTSD symptoms, medical problems, and need different treatment.⁴⁵

In 2008, the VA said it is planning to open more PTSD clinics in the future, although how many will be just for women remains undecided. Meanwhile, the shortage of services for women is already leaving many with no health coverage at all.⁴⁶

New York must open more clinics just for women, and keep them open longer hours.

What New York Can Do

Open more health clinics for female veterans.

Keep those clinics open for more hours.

Train psychologists and therapists to understand and recognize military sexual assault, and not to perpetuate the military's institutional blame of victims.

Train said therapists to deal with the multiple traumas modern military women face - combat and sexual.

Hire and train more doctors to recognize and treat poisoning by DU, anthrax, contaminated water, and other pollutants common in the Middle East wars.

And last but not least, recognize that women veterans of Iraq and Afghanistan are combat veterans who will be returning in increasing numbers traumatized by a grizzly and brutal war. Recognize them, and give them the respect and treatment they have earned.

Thank you for your attention.

Helen Benedict

NOTES

¹ Department of Defense; WREI-Women's Research & Education Institute, www.wrei.org.

² *ibid.*

³ My two years of research and interviews with 40 female vets of Iraq war.

⁴ DoD Databases.

⁵ DOD Databases and Defense Dept. Advisory Committee on Women in the Services, DACOWITZ, 2007 Annual Report, p. i.

⁶ Sadler, "Factors Associated With Women's Risk of Rape in the Military Environment" (2003). See Erratum: *American Journal of Industrial Medicine*: 44:110 (2003), which corrects rape rate from 28 to 30 percent.

⁷ Maureen Murdock, "Prevalence of In-Service and Post-Service Sexual Assault among Combat and Noncombat Veterans Applying for Department of Veterans Affairs Posttraumatic Stress Disorder Disability Benefits," *Military Medicine* 169 no. 5 (2004).

⁸ Murdoch M, Nichol KL, "Women veterans' experiences with domestic violence and with sexual harassment while in the military," *Archives of Family Medicine*, 1995 May; 4 (5): 411-8.

⁹ National Center for Homeless Veterans - Women Veterans.

¹⁰ Erik Eckholm, "Surge in Number of Homeless Veterans Is Anticipated," *The New York Times*, Nov. 8, 2007, A22.

¹¹ www.vaccines.mil

¹² "Effects of Anthrax Vaccine Downplayed," *Vermont Gaurdian*, December 20, 2005.

¹³ Dr. Meryl Nass, "DoD Anthrax Safety Claims Debunked," www.anthraxvaccine.org.

¹⁴ Centers for Disease Control and Prevention, David Ruppe, "DoD Switches Policy on Voluntary Vaccinations," *Global Security Newswire*, May 6, 2005.

¹⁵ "Vaccine Side Effects," Centers for Disease Control and Prevention website, May 28, 2007.

¹⁶ Nass, www.anthraxvaccine.org.

¹⁷ "Anthrax Vaccine," Health Protection Agency Website, May 27, 2007.

¹⁸ Nass, anthraxvaccine.blogspot.com.

¹⁹ Nass, "Back to Basics: What's the evidence that anthrax vaccine will protect people after a bioterrorist attack?" *MBVP News*, June 5, 2007.

²⁰ Julie Weisberg, "Pentagon conducting research into adverse effects of anthrax vaccine while maintaining it is safe," *The Raw Story*, 3/27/07.

²¹ *Iraq for Sale: The War Profiteers*, DVD, produced and directed by Robert Greenwald (Culver City, CA: Brave New Films, 2006).

²² http://democrats.senate.gov/dpc/dpc-new.cfm?doc_name=pr-110-2-43

²³ Y.K.J. Yeung Sk Yuen, "Human Rights and Weapons of Mass Destruction, or With Indiscriminate Effect, or of a Nature to Cause Superfluous Injury or Unnecessary Suffering," Economic and Social Council, United Nations Commission on Human Rights, June 27, 2002, 33.

²⁴ “US/British Forces Continue Use of Depleted Uranium Weapons Despite Massive Evidence of Negative Health Effects,” *Project Censored*; Neil Mackay, “US Forces ‘Use of Depleted Uranium Weapons is Illegal’,” *The Sunday Herald*, March 30, 2003; Dan Kaplevitz, “Toxic Troops: What our Soldiers Can Expect in Gulf War II,” *Hustler Magazine*, June 2003; Reese Erlich, “The Hidden Killer” *ChildrenofWar.Org*, March 2003.

²⁵ Asaf Durakovic, “On Depleted Uranium: Gulf War and Balkan Syndrome,” *Croatian Medical Journal* 42 (2001); Mike Barber, “First Gulf War still claims lives,” *Seattle Post-Intelligencer*, January 16, 2006; Byron Harris, “Studies link birth defects, Gulf War. Pentagon says there is no proven correlation,” *WFAA-TV*, February 24, 2004; Maria Rosario G. Araneta et al., “Prevalence of Birth Defects Among Infants of Gulf War Veterans in Arkansas, Arizona, California, Georgia, Hawaii, and Iowa, 1980-1992,” *Dept. of Defense Center for Deployment Health Research, etc. Birth Defects Research (Part A)*, 67 (2003); H. Kang et al., “Pregnancy Outcomes Among U.S. Gulf War Veterans: A Population-Based Survey of 30,000 Veterans,” *Annals of Epidemiology* 11, (2001); Martin Williams, “First Awarded for Depleted Uranium Claim,” *The Herald (Glasgow)*, February 9, 2004.

²⁶ Richard Garfield, Professor of Nursing at Columbia University, in an e-mail interview with the author, October 29, 2007.

²⁷ Yuen, “Human Rights and Weapons of Mass Destruction.”

²⁸ Kristen Lombardi, “Stirring up the Toxic Dust,” *VillageVoice.com*, June 21, 2005.

²⁹ G.C. Jiang and M. Aschner, “Neurotoxicity of Depleted Uranium: Reasons for Increased Concern,” *Biological Trace Element Research*, 110 (2003)

³⁰ www.rainn.org.

³¹ Madeline Morris, “By Force of Arms: Rape, War, and Military Culture” (*Duke Law Journal*, 1996), 653; Sadler above.

³² Uniform Code of Military Justice, 10 USC § 920, Art. 120. www.sapr.mil.

³³ DoD annual report on military services sexual assault for CY 2006.

³⁴ Congresswoman Jan Harman,
”<http://nationalsecurity.oversight.house.gov/documents/20080731133916.pdf>

³⁵ Ibid; Sadler and Murdock, above.

³⁶ www.sapr.mil; Hon. Louise M. Slaughter,
<http://nationalsecurity.oversight.house.gov/documents/20080731133837.pdf>

³⁷ www.rainn.org.

³⁸ "Army Rape Accuser Speaks Out," *CBS News*, Feb. 20, 2005.

³⁹ Suzanne Swift's mother in several interviews with the author in 2006-7.
www.suzanneswift.org.

⁴⁰ Erik Holmes, "Woman Who Claimed Gang Rape Faces Trial," *AirForce Times*, Aug. 19, 2007.

⁴¹ "The Plight of American Veterans," *The New York Times*, Nov. 12, 2007.

⁴² Eckholm, "Surge in Number of Homeless Veterans Is Anticipated," (2007).

⁴³ *ibid.*

⁴⁴ Author interviews with Major General Irene Trowell-Harris, Director of VA Center for Women Veterans. Dept. of VA Report, "Women Veterans: Past, Present and Future, Revised and Updated, Sept. 2007."

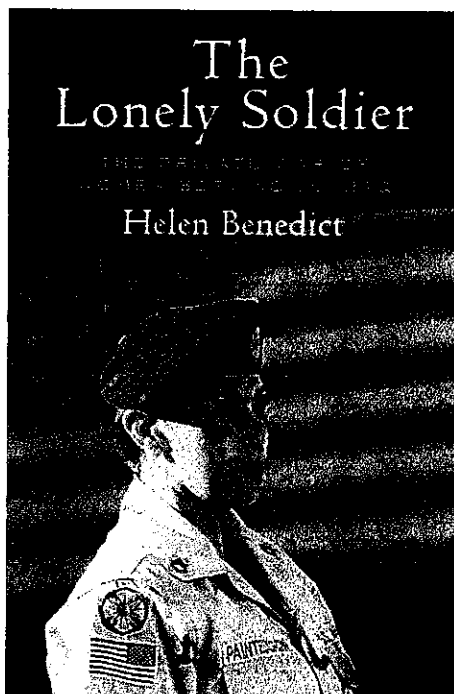
⁴⁵ Dawne Vogt, "Trauma and PTSD in Women," Women's Health Sciences Division, National Center for PTSD Fact Sheet.

⁴⁶ Himmelstein, DU, Lasser KE, McCormick D, Bor DH, Boyd JW, and Woolhandler S. "Lack of Health Insurance Coverage Among U.S. Veterans from 1987 to 2004," *American Journal of Public Health*, December 2007.

THE LONELY SOLDIER

The Private War of Women Serving in Iraq

HELEN BENEDICT



More women soldiers are fighting in Iraq than in any other American war in history, yet they face a dual challenge: They are participating in combat more than ever before, but because only one in ten soldiers is female, they are often painfully alone. This isolation, along with a military culture hostile to women, denies them the camaraderie soldiers depend on for survival and subjects them to sexual persecution by their comrades. As one soldier said, "I ended up waging my own war against an enemy dressed in the same uniform as mine."

In *The Lonely Soldier*, Benedict humanizes the complex issues of war, misogyny, class, race, homophobia, PTSD, and more through the compelling stories of five women of diverse ethnicities and backgrounds who served in Iraq between 2003 and 2006. By following these women from their childhoods through enlistment, training, active duty in Iraq, and home again, she vividly brings to life their struggles and challenges. Between their stories she weaves in accounts from numerous other Iraq war veterans, illuminating the wrenching and private war of female soldiers.

Benedict ends by showing how these women came to face the truth of war and by offering suggestions for how the military can improve.

"Once again, Helen Benedict reports what others sweep under the rug, and reveals a pattern where others see random events. *The Lonely Soldier* will shock you and enrage you and bring you to tears. It's must reading for everyone who cares about women, justice, fairness, the military, and the United States."
—Katha Pollitt, contributor to *The Nation*

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"It is hard to determine what is most disturbing about this book—the devious and immoral tactics used by leaders and recruiters to get women to join the military, the terrible poverty and personal violence women were escaping that lead them to be vulnerable to such manipulation, the raping and harassing of women soldiers by their superiors and comrades once they got to Iraq, or the untreated homelessness, illnesses and madness that have haunted women since they came home. *The Lonely Soldier* is an important book, a crucial accounting of the shameful war on women who gave their bodies, lives and souls for their country."

—Eve Ensler, playwright, performer, activist and author of *The Vagina Monologues*

Helen Benedict, a novelist and journalism professor at Columbia University, has written frequently on women, race, and justice. She lives in New York.

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**TESTIMONY OF ROGER K. NEWMAN,
COMMISSIONER, MAYOR'S OFFICE OF VETERANS AFFAIRS, BEFORE
THE NYC COUNCIL COMMITTEE ON VETERANS AFFAIRS
ON THE UNIQUE NEEDS OF FEMALE VETERANS RETURNING
TO NEW YORK CITY**

SEPTEMBER 25, 2008

Good afternoon Chair Monserrate, Chair Sears, and members of the Committee; my name is Roger K. Newman and I am Commissioner of the Mayor's Office of Veterans' Affairs (MOVA). I am here today with MOVA's Service Coordinator, Latisha Lemott, to testify regarding issues affecting female veterans returning to New York.

MOVA Update: Let me first take this opportunity to inform you of the achievements MOVA has made since I last testified before you. The transformation of Veterans Memorial Hall to a multi-service center for veterans and their families is taking shape. First, America Works, a non-profit organization that secures employment for veterans in the private sector, will soon occupy space at Veterans Memorial Hall. Veterans will be identified in cooperation with the City's Human Resources Administration ("HRA") and the Department of Homeless Services ("DHS"). The general veterans population, including residents of DHS's Borden Avenue facility, which houses homeless male and female veterans, will be eligible for this program. The location of America Works within Veterans Memorial Hall will enable veterans to receive other specific services if needed. It is anticipated that America Works will begin its occupancy by the third week of October 2008.

Second, MOVA has entered into partnerships in order to provide medical and mental health services for military family members who are not covered by TRICARE (public health insurance for members of the active and retired military or Reserves), the VA or other forms of health insurance. Third and finally, as you know, MOVA worked with HRA earlier this year to establish a program to ensure that two non-profit organizations were certified as "organizational friends" to assist in the burial of veterans without next-of-kin at Calverton National Cemetery

Female Veterans: Now to the specific issues of female veterans: According to the New York State Division of Veterans' Affairs, New York's female veterans population is

the fifth largest in the nation, behind California, Florida, Texas and Virginia. Female veterans represent 6% of New York's total veterans population. And, since there are a higher percentage of females in the military today as compared to previous years, we can expect a larger number of them returning home to New York as veterans in the future. So today's topic is extremely timely.

To better understand the more common concerns of female veterans, I will now introduce you to MOVA's Service Coordinator, Ms. Latisha Lemott, who has been working specifically on these issues: Ms. Lemott is an Air Force veteran who served in support of operation Desert Storm and comes from a military family. Two of her brothers and her sister are currently on active military duty; one of her brothers will be deployed to Iraq for a second tour with the Army in October. Her father is a retired Army Sergeant First Class who is currently a civilian contractor for the Army in Saudi Arabia. Prior to joining MOVA, Ms. Lemott worked for several years as the Veteran Liaison with the Bronx Borough President's Office.

**TESTIMONY OF LATISHA LEMOTT,
SERVICE COORDINATOR, MAYOR'S OFFICE OF VETERANS AFFAIRS**

Good afternoon Chair Monserrate, Chair Sears and members of the Committee, my name is Latisha Lemott, MOVA Service Coordinator.

As you would expect, MOVA is sensitive to the issues affecting female veterans and has actively engaged with female veteran constituents and attended conferences addressing female veterans issues. We have done so with the aim of ensuring our outreach and programs are properly targeted at addressing their specific needs. Indeed, we have identified a number of common issues in the varied experiences of these women.

At the June 2008 National Summit on Women's Issues, sponsored by the U.S. Department of Veterans Affairs, in Washington, D.C., I heard the testimony of female veterans and active military officers and other enlisted women. Namely, while many of these individuals have had positive experiences in service and post-service, some women at the conference said that they experienced gender-based harassment and discrimination. For instance, their perception is if a female veteran applies for VA benefits as a combat veteran her case is met with skepticism and is more stringently screened because historically women are not in combat. Some also claimed to suffer psychological trauma as a result of sexual harassment, psycho-sexual trauma stemming from being sexually abused, or suffer from Post Traumatic Stress Disorder from the aforementioned experiences or being in a combat situation. Some also claimed to suffer psychological trauma from these experiences. What we heard in Washington is not inconsistent with the experiences that female veterans returning to New York City have reported to MOVA. Additionally, female veterans expressed that, regardless of who their offenders were, there are not enough female psychologists, psychiatrists, and social workers from which to receive services.

Based on this and other information, including the availability of health care, MOVA will be evaluating and addressing any health and social service gaps for returning female veterans as follows:

- Currently there are fifteen veterans' organizations at Veterans Memorial Hall, whose membership is predominantly comprised of male veterans. MOVA is aggressively seeking to engage female-centered veterans service organizations and provide them with opportunities to be located in Veterans Memorial Hall.
- MOVA will host a summit for female veterans in consultation with MOVA partners, such as the City's Commission on Women's Issues and the Mayor's Office to Combat Domestic Violence.
- MOVA will sponsor monthly support group counseling for women by women in collaboration with VA military mental health counselors and other service providers.

In closing, MOVA will continue to assist both female and male veterans. We are committed to improving services and quality of life for all veterans. That is why we are taking steps to ensure that female veterans receive equal care, services and resources regardless of their discharge status. MOVA recognizes that female veterans have specific needs, and we are pleased to say that we are actively working with the VA and other partners to either identify or create the most appropriate solutions to address these very real issues.

Thank you Chair Monserrate, Chair Sears and members of the Committee for giving me the opportunity to give a voice to the many female veterans in New York City.