

Museum Engagement with Veterans, and Representations of War and PTSD

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“There are American veterans who live amongst us. Yet, most of the time we don’t even know it. Unless they are family members, we tend not to notice them.”

~Beryl Brenner, Art Therapist

Abstract

While museums, in particular history and military museums, have long included representations of war and soldiers, there is one area that is not as visible: that of the veteran who returns home from war physically intact, but psychologically scarred, perhaps suffering from post-traumatic stress disorder (PTSD). There has been little research into how museums are addressing this aspect of war and if they are actively engaging with this component of the veteran community. With the large numbers of veterans returning from Iraq and Afghanistan, this has become a more significant and timely subject.

The purpose behind this qualitative exploratory research study is to explore the ways in which museums are engaging with veterans, and to what degree, while also looking at the ways in which the sensitive topic of PTSD in veterans is being represented. The methods include a site visit and interviews with staff at the National Veterans Art Museum in Chicago as well as collecting descriptive data about museums that are conducting these types of programs.

The findings suggest that while some museums are engaging with this audience and addressing the issues in question, it is on a fairly small scale. Some museums are collaborating with Veterans Administration hospitals in art therapy programs while others are exhibiting works that depict PTSD. For example, the Whitney Museum of American Art in New York has worked with the VA to host an exhibit of photographs taken by veterans. From this research, it is anticipated that museums may show a greater interest in this particular audience and expand their programming as deemed appropriate.

TABLE OF CONTENTS

Chapter 1	
Introduction	3
Chapter 2	
Literature Review	8
Literature Related to Veterans and PTSD	8
Literature Related to Museums and War, Veterans, and PTSD	20
Chapter 3	
Methodology	28
Chapter 4	
Findings and Discussion	31
Case Study: National Veterans Art Museum	33
Site Visit	36
Museum of Modern Art (MOMA)	40
The Whitney Museum	41
Further Examples	43
Limitations	48
Conclusions and Recommendations	49
References	53

To my very patient and understanding wife, Karen.

Chapter One: Introduction

Military veterans can face many challenges as they transition from a war zone back to civilian life; these challenges can include the possibility of suffering from PTSD. Museum programming can play a significant role in helping veterans deal with post-traumatic stress disorder (PTSD). PTSD is a type of anxiety disorder that can occur after one has seen or experienced a traumatic event that involved the threat of injury or death. PTSD can affect people of all ages. It can follow a natural disaster such as a flood or fire, or events such as: assault, domestic abuse, a stay in prison, rape, terrorism, and of course, war/combat, which is the type of event that we will look at. This research paper will focus on PTSD in returning veterans, the larger subject of war, and how museums are addressing the topic of PTSD. The paper will also look at ways that museums may be able to engage with veterans and help in some way to deal with the PTSD caused by their experiences in war.

Although not always defined as PTSD, there have been links associated between combat experiences and mental and physical health since at least the nineteenth century when it was observed that Civil War veterans suffered from cardiac and respiratory problems connected to anxiety. During this war, the condition above was called, “irritable heart” and then “soldier’s heart.” Later, during World War I, this condition was known as “shell shock” or “combat neurosis” and throughout World War II, what we now know as PTSD was referred to as “battle fatigue” or “operational fatigue.” (Paulson and Krippner, 2007, p. 9)

PTSD can affect soldiers and veterans who have returned from Iraq and Afghanistan, as well as their families and even complete strangers. There are extreme examples of how the possibility of untreated PTSD in veterans is something that should be of concern to all

communities, not just the military. PTSD is thought to be a possible factor in several high-profile acts of violence, and many others that are not so high-profile.

In January of 2012, Iraq war veteran Itzcoatl Ocampo was arrested and charged with four counts of first-degree murder for stabbing four homeless people to death in Southern California. Although the prosecutor said that there was no signs of mental illness in Ocampo, a friend told the press that "something happened" to Ocampo after he returned home from his stint with the Marines. The veteran's father, Refugio Ocampo, said that his son had returned from Iraq as a "changed man" and that, "They killed the person he was and that's the only possibility I can think of that he would do something like that." (CNN, 2012)

In Gilroy, California, an Iraq veteran committed suicide after first murdering his younger sister and his mother in March of 2012. It is not known if the veteran, Abel Gutierrez, had been diagnosed with any kind of mental illness, but family members "suspected" that Gutierrez suffered from PTSD and that they had been working with the police and the office of the VA to arrange treatment for Gutierrez. (CBS News, 2012) In July 2010, an Iraq veteran from Joint Base Lewis-McChord (JBLM) in Washington state plead guilty to the 2nd degree murder of his wife, who was also an Iraq veteran. On New Year's Day 2012, in another case involving an Iraq war veteran from JBLM, Benjamin Colton Barnes shot and killed a park ranger at Mount Rainier National Park, and was later found dead in the park, likely from exposure. (Tacoma News Tribune, 2012) In January of 2010, a veteran of the Iraq war, Joshua Ryan Tabor, was arrested and charged with assaulting a child in Yelm, Washington, after it was discovered that he had "water boarded" his four year old daughter as a punishment for not reciting the alphabet. (ABC News, 2010)

Finally, there is the infamous case of Staff Sergeant Robert Bales, who is accused of murdering seventeen Afghan civilians in their sleep and then setting the bodies on fire in early 2012. As of May 2012, he has also been charged with six counts of attempted murder and six counts of assault. While this is an admittedly extreme example of what could possibly be attributed to PTSD (and we may never know all the facts surrounding this case), the cases of domestic violence and other crimes including murder are, unfortunately, not that uncommon across the United States (and sometimes occurring at military bases overseas); the cases listed above are a small sampling of incidents involving recently returned Iraq and Afghanistan veterans.

In discussing the Bales case, it was brought to the attention of the media by his wife (who denies that her husband showed any symptoms of PTSD or TBI) that the incident could have been brought on by the use of the anti-malarial drug Mefloquine, also known as Lariam, which was developed by the Army. (Quigley, 2012) Interestingly, Ilona Meagher addresses this possibility when she writes about another case: Chief Warrant Officer William Howell, who killed himself in front of his wife in March 2004, only three weeks after returning home from Iraq. In this case, Howell's wife also believed that the drug may have had something to with Howell's final actions. The Army does not agree with this, even though the Food and Drug Administration has a warning for the drug: "Lariam can cause panic attacks, thoughts of suicide, depression, anxiety, paranoia, delusions and psychosis that can occur long after taking the drug." (Meagher, 2007, p. 28-30) This possibility is something that may be getting more scrutiny as the Bales case makes its way through the (military) legal system, although it is far more likely that Bales' attorneys will pursue a defense related to PTSD.

Statistics relating to veterans in the categories of suicides, homelessness, divorce and crime are all higher than average when compared to non-veterans. When taken together, the combined statistics of suicide rates (Harrell and Berglass, 2011), homelessness rates (Veterans Administration, Glantz, 2009), crime rates, (Glantz, 2009) and divorce rates (Glantz, 2009) all paint a bleak picture of the future for some of these former and current soldiers.

What do all of the above cases have to do with museums? The following research explores how museums, usually in collaboration with a veterans group or hospital, but in some cases, on their own, are contributing to the healing process of those who suffer from PTSD. The current state of published information regarding the collaboration of museums and those who work with former servicemen and women who may have PTSD is minimal at best. It is not known how many museums (other than local and state veterans museums), or what percentage of museums actively engage with the veteran population. In order to provide those kinds of statistics, a large-scale survey would be required and that is not the purpose or goal of this research. There is however, quite a bit of published information regarding museums and how they present the broader topic of war, usually through the form of exhibition reviews and exhibition catalogs.

The goal of this research is to find out not only the ways in which museums are representing the topic of PTSD in veterans, as well as war, but the ways in which museums are engaging with this underrepresented audience. The research also looks at the ways in which museums, through their exhibits and interpretation, may be under-representing this rather sensitive topic. This could lead to broader awareness among museums of all types regarding the scope of this issue and perhaps encourage museums to be more active in engaging with this demographic.

Museums in today's world are becoming more aware of their potential as "agents of human well-being and social change." (Silverman, 2010, p. 26) In addition, certain activities or experiences at museums "can and do offer interesting techniques and mechanisms for psychotherapy, advocacy, mediation, social planning..." (Silverman, 2010, p. 35) Several examples of some of these museum activities and experiences as they relate to veterans and/or PTSD will be explored in detail below.

The concept of museums working with veterans and providing therapy or a venue for therapy is not a new one however; in 1942 the American Red Cross introduced an "Arts and Skills Program" in collaboration with museums, that was intended to help with the rehabilitation of veterans that had been injured in World War II, both physically and mentally. (American Red Cross, 2012) The Seattle Art Museum (SAM) and the San Francisco Museum of Modern Art (SFMOMA) both partnered with the Red Cross in this program that taught veterans skills in the creative arts and crafts under the supervision of trained artists and craftsmen.

It is with this in mind that the importance of this research becomes clearer: it is socially responsible for museums to engage with veterans, active-duty servicemen and women, and their families, especially those soldiers who may have returned home with physical or mental trauma. The Blue Star Museums Program, discussed below, is an excellent starting point for any museum and is not difficult to implement. Some museums, most notably art museums, are currently collaborating with VA hospitals and veterans organizations to be a part of art therapy programs designed to help soldiers who have returned from the wars in Iraq and Afghanistan. It is hoped that this research may provide an incentive for museums to look further into some of the programs that are discussed and perhaps make the decision to implement their own programming

or enter into a collaborative partnership with another institution to provide programming for this largely overlooked audience.

Chapter Two: Literature Review

This literature review begins with the definition of PTSD, and how it can affect different people and then looks at the effects of PTSD among veterans that have returned from Afghanistan and Iraq as well as veterans from the Vietnam War era. Some of the current literature focuses on the Veterans Administration (VA) and how it can be difficult for veterans to obtain the services and treatments they need. There is relatively little literature that specifically discusses the relationship between PTSD, veterans, and museums; however, there is information regarding museum programs and exhibits on museum websites. There are a fair amount of reviews of exhibitions, including *The Price of Freedom: Americans at War*, which is now on permanent display at the Smithsonian American History Museum.

Literature Related to Veterans and PTSD

The American Psychiatric Association's *Diagnostic and Statistical Manual*, 4th Edition, Text Revision (*DSM-IV-TR*) defines PTSD as a condition that results from experiencing or witnessing life-threatening events that extend beyond one's coping capacity, emotional resources, and/or existential worldview. Paulson and Krippner (2007) note that unlike a physical wound that can be healed, the traumas that are responsible for PTSD remain a source of suffering. In other words, the original event or trauma is still influencing a person's behavior, rather than allowing the person to move forward without said influence. For example, a learned response in

a combat situation, such as throwing oneself to the ground or ducking when being fired upon, is obviously not an appropriate response (if one hears the sharp noise like the backfire of a car, for example) when one has returned to civilian life. *DSM-IV-TR* states that:

The essential feature of post-traumatic stress disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person, or learning about unexpected or violent death, serious harm, threat of death or injury experienced my family member or close associate. (p.424)

Paulson and Krippner argue that a soldier's psychological return from battle does not occur at the same time as his or hers physical return; the authors refer to this as "pseudo-return." The true return requires the veteran to actually deal openly and honestly with the memories of their wartime experiences. This is, of course, much easier said than done, as the authors go on to report that most of the veterans of the Iraq war that they interviewed were not able to speak openly with their families, friends, and even spouses and significant others about their experiences and what they saw while overseas.

The significance of this is notable when one looks at the startling statistics regarding divorce rates, suicides, crime rates, and homelessness among veterans.

Glantz (2009) reports that in 2004, 7,152 enlisted soldiers got divorced which is 28% more than in 2003 (the year that the U.S. invaded Iraq) and 53% more than in 2000. Also in 2004, 3,325 Army officers were divorced, a rate that was up 78% from 2003, and more than 3 1/2 times the number of divorces in 2000. The author states that while there are no figures on divorce rates regarding Iraq or Afghanistan veterans after they have left the military at the time of writing, he

does offer a comparison: Vietnam veterans had divorce rates of nearly 40% within six months of the veteran returning home to the U.S.

The Veterans Administration (VA) has estimated that on any given night, there almost 200,000 veterans that do not have a home to sleep in, and that almost 400,000 will experience homelessness over the course of a year. The National Council for Homeless Veterans estimates that one out of three men that are forced to sleep outside is a veteran. Of the 400,000, approximately half are veterans of the Vietnam era, but it has been noted by caregivers for veterans, that these men usually did not become homeless until nine to twelve years after their discharge from the military. In comparison, some veterans from the Iraq war have become homeless within a very short time after returning to the U.S. Rachel Feldstein, associate director for New Directions, a residential care facility for homeless veterans, states, “These are guys who are pretty much going straight from deployment to the streets.” (Glantz, 2009, p.159, 160)

The statistics relating to crime among veterans is also disturbing and could point the way to a larger problem: the possibility of a veteran turning to crime after military service. In 1986, the National Vietnam Veterans Readjustment Survey showed that nearly half of all male Vietnam veterans that had PTSD had been arrested or jailed at least one time, and 34.2 percent more than once, with 11.5 percent having been convicted of a felony. Glantz quotes Dr. Jonathan Shay, a psychiatrist who works with veterans: “Combat service smoothes the way into criminal careers afterward in civilian life...A criminal career allows a veteran to stay in combat mode, use his hard-earned skills and even to relive aspects of his experience.” He bases this statement on the fact that combat experience does not provide much in the way of training and skills that are easily transferable to jobs in the civilian world.

The Department of Veterans Affairs estimates that a veteran dies by suicide every 80 minutes, or eighteen veterans per day, although they do not actually track these numbers once members of the military have left the service. The Army reported a record-high number of suicides in July 2011 with the deaths of 33 active and reserve component service members reported as suicides. (Harrell and Berglass, 2011, p.1) Glantz also cites a 2007 *CBS News* story that discovered that 120 veterans died from suicide every week, which is pretty close to the VA estimate, as well as a study published in the *Journal of Epidemiology and Community Health* which found that male veterans were twice as likely to commit suicide as men who had never been in the military. Harrell and Berglass also point out that although only 1 percent of Americans have served in the military, former members of the armed forces account for 20 percent of suicides in the United States.

The high rates of suicide appear to correlate with high rates of PTSD being diagnosed in returning veterans, but why is there such a high rate of PTSD among veterans of the current wars? Robert Salvatore (2009) suggests that the higher rate may be influenced by several factors:

- U.S. soldiers have been fighting in areas where enemy combatants are not easily distinguished from civilians. Our current enemies do not wear a specific uniform and therefore any typically dressed person could be a suicide bomber or other assailant.
- The length and the number of tours of duty have increased. In both Iraq and Afghanistan, tours last 12 to 15 months with some units being deployed up to four times. As a comparison, a tour during the Vietnam War was one year and was not extended further unless the soldier volunteered.
- More veterans of today's wars are able to survive their wounds due to advances in medical technology; some of these wounds would not have been survivable in the

past. This includes severe wounds and head injuries as well as injuries that may mean a loss of a limb.

- Unlike the war in Vietnam, many of the soldiers that are deployed to Iraq and Afghanistan are not full-time military personnel; they belong to the National Guard and have (or had) full-time jobs that they would return to once their deployment ended.

Salvatore has noted that most veterans are not willing to ask for help with what may be PTSD symptoms because of the possibility that by doing so, it will affect their chances for promotion and advancement in their military careers. He recommends treating PTSD using a psycho-therapeutic method called eye movement desensitization and reprocessing (EMDR). Although he touts the effectiveness of this treatment, and relates that is recommended by the American Psychiatric Association, the VA, and Department of Defense, he does not specifically state what the treatment is. Very briefly, “EMDR therapy incorporates eye movements into a comprehensive approach that processes and releases information trapped in the body-mind, freeing people from disturbing images and body sensations, debilitating emotions, and restrictive beliefs.” (Parnell, 1997)

As noted above, veterans usually do not like to discuss their experiences in combat with people that are not veterans, and Salvatore points out that one of the main benefits of using EMDR therapy is that the patients do not have to talk about the details of the trauma that they have experienced. Salvatore also noted that there are many clinical social workers and other professionals in the health care field that are not familiar with EMDR as an effective treatment

for PTSD; he also states that every combat veteran that he has treated “recovered” within 1 to 8 sessions of EMDR therapy.

Edward Tick takes a different approach when it comes to helping veterans who suffer from PTSD; he looks at PTSD as “a disorder of identity itself.” He states, that in order to heal the damage, “we must step into the eye of this destructive conflagration that has dominated human history to examine its nature and discover its truth...we must become aware of the spiritual dimensions of war, for therein lies its great power over us.”(Tick, 2005, p. 24) Tick compares the act of joining the military in today’s world to a traditional rite of passage for an adolescent to become a man, in particular the time-honored warfare of the Plains Indians of the U.S. In this tradition, called “counting coup,” the warrior would get close enough to strike his enemy with a coup stick, and in many cases this alone was enough to be considered a victory for the warrior. (Tick, 2005, p. 63-64)

Tick notes that “we” typically discourage people who suffer from PTSD from relating stories that may be disturbing to our ears, while at the same time wanting them to return to “mainstream functioning as civilians, consumers, producer, and wage earners.” Medications, stress reduction and relaxation techniques, and rapid-eye movements therapy (as mentioned by Salvatore, 2009) are several ways that PTSD is treated today. Tick also mentions “soldier’s heart,” although he believes the term is an indication that the heart has been changed by war. He also quotes a veteran who states that the term “PTSD” is “a name drained of both poetry and blame” and “soldier’s heart” is a “disorder of warriors...who followed orders and who at a young age put their feelings aside and performed unimaginable tasks...PTSD is a disorder of a good warrior.” (Tick, 2005, p. 100)

For many veterans, the symptoms of PTSD may not show up until days, weeks, or months after returning home; this is partly due to the speed at which soldiers are processed out of a combat zone and returned to their home base. Unlike wars in the late 19th and early to mid-20th centuries, a soldier at the end of his tour can be transferred from a combat zone in Afghanistan or Iraq and could find him or herself in their homes within 24 to 48 hours. This does not allow any time for decompression or gradual transfer from a hostile war zone to the safety of one's own home, compared to the weeks or months of travel by horse, wagon, or ship. One veteran has stated, "I had been in Baghdad one month and Brooklyn the next, and adjustment was tough. As I walked in New York City, stimuli overwhelmed me. People shouting, horns blowing, sirens wailing. It all seemed to reverberate inside my head like a Ping-Pong ball." (Meagher, 2007, p. 121)

Meagher (2007) also points out that one of the main problems that veterans, as well as active duty soldiers have in getting treatment for PTSD is the culture of the military, where psychological problems or injuries are perceived as a sign of weakness. Veterans returning from a combat zone are not encouraged to ask for help; in fact they are more likely to be actively discouraged from asking for help, simply being told to "get over it" and move on with their lives. For example, one soldier succinctly stated, when his friends were trying to get him to seek help for his PTSD symptoms, "I'm a soldier, I suck it up." (Meagher, 2007, p.55) Soldiers are required to fill out post-deployment evaluation forms before returning home once their tour has ended. Some examples of the questions asked on this form include:

- Did you see any dead bodies?
- Are you having trouble sleeping?
- Have you thought of killing yourself or others?

Meagher notes the “superficiality” of these questions, but perhaps more importantly, members of the military have cause to be concerned about answering these questions truthfully. There is a real possibility that if they answer the questions honestly, they may be ridiculed, ostracized, lose a promotion, be deemed unsuitable for certain missions, have their end of tour date pushed back, or even worse. For example, in October 2003, Georg-Andreas Pogany, an interrogator for the 10th Special Forces Group, asked for help from his superiors after experiencing “intense physical reactions” after seeing an Iraqi who had been killed by machine-gun fire. A military psychologist recommended rest and care, but this was refused by his superiors, and instead Pogany was charged with cowardice, the first soldier since the Vietnam War to face this charge which can carry the death penalty. (Meagher, 2007) Pogany was not convicted of anything; his attorney showed evidence that his client’s “breakdown” was caused by the drug Lariam (discussed in the Introduction of this paper). The charges against Pogany were eventually dropped by the Army after finding that Pogany had “a medical problem that requires care and treatment.” (Arrillaga, 2010)

In another case, Private Ryan Lockwood, who served in Iraq for a year and earned a Combat Infantry Badge, returned home in 2005 suffering from PTSD. He reported that one of his superior officers had “threatened that if I tried to get a medical disability for my PTSD, he would make my life a living hell.” Lockwood began self-medicating with heavy alcohol use and was ordered into a two-hour substance abuse treatment program; he participated but did not receive any additional help in treating his PTSD symptoms that included nightmares. Eventually, the Army sought to discharge Lockwood who states, “They cast me out. I was having problems with day-to-day duties, so they just decided to get rid of me, despite my service to my country.”(Meagher, 2007, p.65) This is due to the military culture that still believes that

psychological injuries are a sign of weakness, despite all evidence to the contrary. Meagher notes that soldiers who return home from war are “forced to do battle with an under-funded bureaucracy in thrall to a partisan political agenda...” when trying to receive help or benefits from the government.

If a veteran is diagnosed with any physical and/or mental health issues that can be confirmed as a “direct result” of his or her military service, then that veteran is eligible to begin the process of applying for compensation, via a claim to the VA. (Finley, 2011) In most cases, this will require at least one additional health evaluation, if not more, depending on what health issues are being claimed. The results and records of these examinations are then submitted to the Veterans Benefits Administration (VBA), which is a separate organization from the Veterans Health Administration, and directs all VA clinics and hospitals.

In addition to the administrative paperwork, Finley also addresses the possibility of the VA misclassifying PTSD as a preexisting personality disorder in order to evade paying a claim to a veteran that has been suffering from PTSD symptoms but has not yet been officially diagnosed with PTSD. In 2007, a group called Veterans for Common Sense filed a lawsuit accusing the VA of “deliberately cheating some veterans by working with the Pentagon” to do just that. (Finley, 2011, p. 128) There is much debate over whether PTSD is being correctly diagnosed or even over-diagnosed; Sally Satel argues that the “generous VA disability payments may act as a disincentive to recovery [from PTSD] and that the agency itself (the VA) “almost certainly played a role in many veterans becoming lasting psychiatric casualties of war.”(Satel, 2005 in Haerens, 2011, p. 155)

There is another argument put forward by Kelly Vlahos, who believes that some veterans may be suffering from traumatic brain injury (TBI) that is being misdiagnosed as PTSD. Those

who are affected by PTSD or TBI can share some of the same symptoms: anger, sleeplessness, and restlessness, to name a few. Similar to Satel and Meagher above, Vlahos notes that veterans can return home and appeared to be in physically good health, but are concerned about seeking help for symptoms that may be either caused by PTSD or TBI. It is also possible that PTSD can occur simultaneously with TBI, especially in a veteran who has been involved in an incident with an improvised explosive device (IED), a common offensive weapon used in Iraq and Afghanistan. As an example, Vlahos sites Army veteran Samuel Vaughn Wilson who served as a combat medic with the 508th Parachute Infantry in Afghanistan. Wilson is the survivor of four IED attacks, several firefights, and a rocket propelled grenade that went through his vehicle close enough to singe the nerves inside his mouth; in 2006 his military career of 11 years ended after he received a medical discharge for PTSD. However, he believes that he could also have TBI, especially when one considers his combat experiences. Unfortunately he is having difficulty getting screened for TBI by the VA; he states, “We’ve looked into it but I’ve gotten nowhere in the VA system yet.” (Vlahos, 2007, in Haerens, 2011, p. 158)

On September 17th, 1945, *Life* magazine ran an advertisement for Wyeth Pharmaceuticals titled, “Three Lives Brightened by Deadly Nightshade.” Deadly Nightshade is a medicinal plant that is used as an antidote to some poisons. The ad depicts a service member that has just returned from the war, hugging his son while his wife looks on. The text reads: “Sergeant Bob not long ago was suffering from what they call ‘shell shock’ in World War I. Today it’s called ‘battle reaction’ or ‘mental trauma.’ Bad stuff. But Uncle Sam’s doctors cured the Sergeant with modern psychiatric treatment and the help of Deadly Nightshade.” (Meagher, 2007, p.61) The significance of this ad, as noted by Meagher, is that shell shock or battle reaction and what we know as PTSD, is presented as a normal after-effect of war. It is also significant because it plays

up the benefits of an “interdisciplinary treatment approach” for returning soldiers that suffered from the stresses of combat. (Meagher, 2007, p.61)

Paula Caplan argues that in labeling the psychological effects of war as a mental illness sanitizes the effects of war on an individual, and to label a veteran as mentally ill only serves to create a group that is “different and thus separate from the rest of us.” (Caplan, 2011, p.2) She also points out that the United States has not learned from previous wars what is necessary to help soldiers and veterans deal with any emotional damage that they may suffer after going to war and that it has been, and continues to be, far too easy for most of this nation’s citizens to remain untouched by the effects of war, given that less than 1% of Americans are currently serving in the armed forces. The VA and the military itself has also not learned from the earlier wars either; as an example, Caplan notes that the number of veterans from the Vietnam war that are looking for help with emotional trauma is increasing, although the last troops left Vietnam in 1975. Another statistic of significance is that as of 2008, there were still almost 1,000,000 Vietnam veterans, more than 200,000 Gulf War veterans, more than 300,000 World War II veterans and more than 160,000 Korean War veterans that are collecting disability pay. (Caplan, 2011)

In the documentary film, *Wartorn 1861-2010*, which traces the history of PTSD from the Civil War through the current conflicts in the Middle East, the opening scene is footage of a (presumably) psychiatrist or psychologist interviewing a soldier between battles during World War II:

Soldier: Can’t stand the killing no more, the last time up there I broke down. I had a section to lead. I was just no good to them.

Medical officer: What do you mean, you broke down?

Soldier: During the last shelling we took up there, it had me crying all night.

Medical officer (to different soldier): What’s your trouble?

Soldier: I can’t stand seeing people killed.

Medical officer: Did you see people killed?

Soldier: Lots of them.

Medical officer: What does that do to you?

Soldier: Scares me. (Alpert, 2011)

The film also includes interviews with Colonel John Bradley, M.D., Chief of Psychology at Walter Reed Army Hospital as well as General Raymond Odierno, Commander of U.S. Forces in Iraq, and General Peter Chiarelli, Commander of Multi-National Corps in Iraq (since retired). In describing PTSD Bradley stated, “The hallmark symptoms are the agitation, being keyed up and on edge. What we call hyper–arousal where, as soldiers say ‘I’m just jacked up, ready for a fight. I’m ready to save someone’s life. I’m ready to combat the enemy.’ With PTSD these symptoms don’t go away. I would say that nobody is really unscathed unless you really have no compassion for human life. If you have a total disregard, maybe the only thing you feel is recoil [from the rifle]. Everyone else carries something with them.” (Alpert)

When asked if he thought PTSD was more prevalent in the Iraq war than in other wars, Odierno replied, “I think society changes over the years. I think we are much more aware that there are problems with PTSD. There have been so many Vietnam veterans with PTSD and we’ve never dealt with that problem. When you first come into the Army, more than anything else it’s about being mentally and physically tough, so it becomes difficult for some of these individuals to admit they have a problem.” Speaking on the subject of the goal of reducing suicides in the Army, Chiarelli stated, “it’s a very difficult thing because you’re fighting a culture, a culture that doesn’t believe in these things. It doesn’t believe that the injuries you can’t see can be as serious as those you can see.” (Alpert)

Yvonne Latty (2006) spoke with more than two dozen Iraq veterans, members of the Army, Marines and National Guard, about their experiences in Iraq and what motivated them to enlist in the armed forces, as well as what they experienced once they returned home. The

responses ranged from detached to uncertainty to anger and regret. For example, Jon Soltz, an Army captain who served in Iraq from May to September 2003 and started graduate school at the University of Pittsburgh, stated “I wrote this paper on Iraq and e-mailed it to everyone I knew because I didn't want to talk about it. Meanwhile, I'm having dreams that I killed four people. I couldn't relate to anyone my age. I didn't know anyone who had been to Iraq, no one understood me. I was convinced I had PTSD. I couldn't concentrate.” (Latty, 2006, p. 61) Soltz sought help from the VA and ended up working with John Kerry as his veterans’ coordinator for Pennsylvania.

Another soldier, Army Private First Class, Herold Noel told Latty about a period of homelessness he went through and how angry it made him feel: “people were frightened during 9/11, but that was a wake-up call to these people who drink their lattes and think life is so sweet. It's probably going to happen again. Next time it happens, it may be a soldier who does something, a soldier who just doesn't give a damn. I am just waiting for the first disgruntled soldier to walk in that building and blow that shit up. You are mistreating these soldiers and putting them out in the street. What's going to happen when the soldier is an explosives expert? He's going to say, ‘Fuck this. I'm going to make them feel my pain.’ Look at all the Vietnam veterans sleeping on the streets. How long is it going to take before Iraq vets come back and they are sleeping on the streets too? It's just repeating itself.” (Latty, 2006, p. 87)

Literature Related to Museums and the Subjects of War, Veterans, and PTSD

The literature directly related to museums, veterans, and PTSD is, not surprisingly, rather limited; this is likely to change over the next several years as more of America’s veterans return

home from overseas deployments and become a larger demographic than they are today. However, there are reviews of war or veteran-related museums and exhibitions, as well as exhibition catalogs featuring art by, for, or about veterans and soldiers. Their experiences during war and combat are usually a central theme throughout these works, as well as experiences and feelings experienced after their time in the military is over; these feelings can and do occur anywhere from months to years later.

Victor D'Amico, writing in *The Museum of Modern Art Bulletin*, about the War Veterans Art Center, (established by the Museum of Modern Art in October 1944) notes that the main purpose of the center is “not to find artists, but to help veterans find themselves...so that he may feel a real sense of fulfillment...” (D'Amico, 1945, p.3-4) at the arts center, most of the participants use art as a way “of getting rid of disturbing experiences which they try to project onto paper or canvas.” The idea behind this is that “after this period of emotional release, the veteran relinquishes his preoccupation with the war.” One former soldier enrolled in a jewelry making class states that the jewelry making has helped him to “overcome many troublesome thoughts.” Once the veteran has put his war experiences into some type of an art form he therefore has re-created it and “divorces it from himself forever.” (D'Amico, 1945, p. 5)

It is possible that any museum can be influenced by politics, but the possibility increases with a national museum, such as the Smithsonian. In his review of *The Price of Freedom: Americans at War*, a permanent exhibit that opened at the National Museum of American History (NMAH) in 2004, Scott Boehm discusses how politics and donors can play a large role in influencing a museum exhibit (in this case, on the national stage), especially when it comes to war and related topics. Even the title of this exhibition may have been influenced by an outside source, that of Kenneth Behring, who donated \$80 million to the museum in 2000. Boehm

maintains that this donation was not without strings attached, the main one being that the NMAH “maintain a close cooperative relationship” with Behring, as well as having “Behring Center” added to the Museum's name and ensuring that it was “displayed prominently” on the National Mall and Constitution Avenue entrances. (Boehm, 2006, p. 1148) Boehm also asserts that this exhibit is an example of what happens when a public space becomes privatized by a “militantly patriotic” donor who demands a say in how the money is spent. (Boehm, 2006, p. 1164)

Boehm also argues that *The Price of Freedom* not only glorifies campaigns conducted by the U.S. military by not offering any alternatives to armed conflict, but instead “openly asserts state violence is the principal rational response to international conflict, circumventing diplomacy and the question of how U.S. Imperial ambition factors into its historical belligerence.” (Boehm, 2006, p. 1150) The author says that *The Price of Freedom* illustrates what he terms “the post 9/11 politics of display” in which the shock of the 9/11 attacks “engenders a hegemonic cultural re-membering of U.S. wars as a means to reconstruct the wounded national body within sites of public memory.” (Boehm, 2006, p. 1150)

One of the most prominent artifacts on display in *The Price of Freedom* is a twisted steel column assembly that came from the 70th floor of the south tower of the World Trade Center; Boehm notes that the exhibit feels like a “melancholic memorial” to the events of 9/11. This has led to some disagreement over how 9/11 is presented in *The Price of Freedom*; memorialization is generally viewed by the staff as “unprofessional and dangerous.” (Boehm, 2006, p. D152) When discussing the World War II section of the exhibit, and in particular Pearl Harbor, he also argues that through a process of “historical transference,” the trauma of the 9/11 attacks has been conveyed onto Pearl Harbor as another narrative of vengeance.

Politics played a much larger role in another Smithsonian institution exhibition: the *Enola Gay*, which ran for almost three years, from June 28, 1995 to May 19, 1998, at the National Air and Space Museum (NASM) in Washington D.C. The exhibit that opened was not the exhibit that the Museum had originally planned, but a different version that had been scaled down in both size and content; the original exhibit design had been canceled in January of 1995. Otto Mayr points out that during the *Enola Gay* controversy, the museum was often thought to be erring on the side of political correctness in its attitude toward exhibits. He notes that the Smithsonian had found it both “safe and rewarding” to direct its exhibitions to “liberal” visitors, during the previous decades when there were liberal majorities in both branches of Congress. (Mayr, 1998, p.463)

In discussing the *Enola Gay*, Alex Roland argues that the staff of the NASM insisted on a powerful interpretation when it came to the planned exhibit, meaning that the exhibit not only pointed out the artifacts and questions, but also pointed to the conclusions. Roland says that the Smithsonian and NASM were “self-consciously interposing themselves between the visitor and the artifact.” (Roland, 1998, p.483) he also quotes the lead curator of the exhibit, Tom Crouch (speaking to NASM Director Martin Harwit in regards to the plan interpretation), “Do you want to have an exhibition intended to make veterans feel good, or do you want to have an exhibition that will lead our visitors to think about the consequences of the atomic bombing of Japan? Frankly, I don't think we can do both.” (Roland, 1998, p.484)

Sally Chivers looks at the representations in the media of Canadian veterans who have returned from being deployed in Afghanistan, from a disability studies perspective, specifically questioning the absence of psychiatric disabilities from sites of public discussion, including museums. She discusses the Canadian War Museum’s exhibit on the Afghanistan war titled,

Afghanistan: A Glimpse of War, which focuses on the role Canada has played in that conflict. Chivers notes that while there are photographs of Afghani children amputees (labeled as wounded by the Taliban), and several “gory” videos depicting surgery on the battlefield, there is no other mention of disabilities and “PTSD or any other mental disability is entirely absent.” (Chivers, 2009, p. 338) Chivers also references Dr. Mark Zamorski, head of the deployment health section with the Canadian Forces Health Services Group, who said that five percent of returning (Canadian) veterans are diagnosed with PTSD and another five percent with major depression. (Chivers, 2009)

In the introduction to the Canadian War Museum’s Exhibition Guide to *A Brush with War*, Dr. Laura Brandon discusses the Canadian Armed Forces Civilian Artists Program and the Canadian Forces Art Program. She notes that many post-1945 military artists produced work based on “important themes” while virtually ignoring subject matter of “less immediate relevance or obvious significance.” For example, Brandon points out that it is difficult to locate “historic images of post-war military housing, families, the effects of combat-related stress, or scenes of clerical and support activities.” (Brandon, 2009, p. 9) In speaking of World War II, Brandon notes that this was considered a “just war, essential to the preservation of freedom and democracy” despite the “tremendous loss of human life...and myriad previously unimagined atrocities.” Most of the artworks created during this time reflect this, and depict a “good war” without any large works focusing on “destruction and misery.” (Brandon, 2006, xvii-xviii)

Unlike the exhibition cited above, it is not difficult to find images of combat-related stress, as well as the many horrors and other unpleasant aspects of war and combat, in the National Vietnam Veterans Art Museum (now the National Veterans Art Museum), located in Chicago. Speaking of some of the artists whose work is displayed in this museum, Sondra Varco,

then Executive Director of the NVVAM: “These artists are full of incongruities. They say they built fortresses around themselves against the world. Then they made the artwork that tells the story shows of the individually confronted, firsthand, the darkest side of themselves.” (Varco in Sinaiko and Janson, 1998, p. 10)

Varco also discusses the early days of the museum; as the public and press took notice, they began to find themselves being offered shows at private galleries, but with the stipulation that the curators “modify” the exhibition. The private galleries were not interested in art that might be “offensive or disturbing” to their clients. The museum was asked by one interested party if they had any art that was “not so depressing or any paintings of general saluting troops in formation.” They did not, and resolved to keep to their original vision of allowing the artists free expression even if that meant turning down offers from some galleries. (Varco in Sinaiko and Janson, 1998, p. 11)

Although the Vietnam Veterans Memorial (the Wall) is not a museum, *per se*, the National Park Service maintains a collection of most of the objects that are left at the Memorial. The objects that are not kept include flowers and floral wreaths; any ribbons or messages that were a part of the floral offerings are kept, however. American flags that do not have any messages written on them are donated to the Boy Scouts and Girl Scouts and other organizations. Drugs and drug paraphernalia are “routinely confiscated as contraband” although “at least one joint and one roach clip somehow made it into the collection.” (Turner, 1995, p.11) The National Park Service’s regional curator, Pamela Beth West, had the foresight to have the objects left at the Wall stored, cataloged, and preserved as a “museum collection,” as defined by the Park Service. She states that, “This collection is a harvest contributed by living participants, surviving friends, and relatives of those who died on the battlefields of Vietnam. The power of the

Memorial and the individual stories behind these objects is really the focus of this collection.”
(West, in Turner, 1995, p. 5)

In his review of the Wisconsin Veterans Museum, Dennis McDaniel praises the exhibits and collections, which range from the Civil War through the Persian Gulf (at the time of writing). This museum is administered by the Wisconsin Department of Veterans Affairs, and McDaniel notes that the influences by the agency and the veterans are “nicely balanced by the evident desire of the museum staff to present an intellectually substantial story that conveys up-to-date, serious, historical interpretations.” (McDaniel, 1994, p. 212) It is also noted in this review that there is a temporary exhibit titled, *The Rise of Veterans Organizations*, and that it is likely singular in its subject matter among U.S. museums; this exhibit includes a representation by an anti-war group called “Vets for Peace in Vietnam,” among others. For this literature review, this is the only exhibit that was found to have covered this particular subject.

What is clear from the review of the literature is that PTSD is and will continue to be a real problem for many returning veterans. When taken together, the combined statistics of suicide rates (Harrell and Berglass, 2011), homelessness rates (Veterans Administration, Glantz, 2009), crime rates, (Glantz, 2009) and divorce rates (Glantz, 2009) all paint a bleak picture of the future for some of these former and current soldiers.

On the other hand, determining what museums are doing in the way of addressing the subjects of war, veterans and the admittedly more uncomfortable topic of PTSD is a slightly less formidable task. In some exhibits, as Brandon and Ogden note, (2009) there may be a dearth of any artworks related to PTSD or “the effects of combat-related stress” because this subject is not considered an “important theme” in the context of the history of combat art in the Canadian Armed Forces. In other exhibitions, such as *The Price of Freedom: Americans at War*, as

reviewed by Scott Boehm, politics and influential private donors can play a role in what is displayed and in what context it may be meant to be viewed. This could lead to certain representational images or topics, such as PTSD, being suppressed because they do not fit the narrative of the “good and just war” or the “strong stoic soldier” who comes home from war and returns to family and work life as if he had never left.

To summarize, war and combat can and does affect individuals differently, from a soldier who comes home seemingly unscathed, either physically, mentally, or both, to the veteran who returns home full of anger and rage. Treatment can also vary wildly: from working on one’s spirituality and soul (Tick, 2005), to eye movement desensitization and reprocessing (EMDR) (Salvatore, 2009) to art therapy (D’Amico, Victor, 1945 and Sinaiko and Janson, 1998) and different types of medications. Each of the treatment methods has positive and negative aspects, depending upon the person being treated and the person or facility that is providing the treatment. Museums have begun to explore their place and role in these efforts.

Chapter Three: Methodology

The methodology for this research was based in the format of a qualitative exploratory research study that included a review of activities across the field and a case study of one example. The criteria used to identify museums to be included in the study included:

- Did the museum currently have any programs in place that were directed towards veterans?
- If the museum did have programs for veterans, were they related either directly or indirectly to veterans who suffer from PTSD?
- Did the museum currently or in the recent past have any exhibitions that represented PTSD among the veteran population?
- Did the museum have any works of art or artifacts that represented PTSD in their permanent collection?
- Did the museum have any history of programs or exhibits directed at veterans with PTSD?

While the criteria for a museum to be included in the study were based on contemporary examples, there are a few historic examples cited in order to provide context for current museum programming. To illustrate how infrequently the topic of PTSD is mentioned in a museum's literature or website, the following example is provided: a keyword search at the Smithsonian Institution website for the term "PTSD" yielded only two results: one was contained in the biography of a participant in the Veterans History Project sponsored by the Smithsonian Center for Folklife and Cultural Heritage, the other was contained in a response to a blog from the Kenneth E. Behring Center at the National Museum of American History.

The research method involved two tiers of data collections; the first tier consisted of collecting descriptive data about museums that are conducting veteran and/or PTSD-related programming. Examples of museums that were found to have this type of programming are as follows:

- National Veterans Art Museum, Chicago, Illinois
- Museum of Modern Art (MOMA), New York, New York
- Whitney Museum of American Art, New York, New York
- Canadian War Museum, Ottawa, Canada
- Milwaukee Art Museum, Milwaukee, Wisconsin
- Smithsonian Institution, Washington, D.C.
- Art Institute of Chicago, Chicago, Illinois

It should be noted that, although there are some institutions that represent veterans (whether or not they have PTSD) in other formats such as oral histories and writing, this research project is not looking at these formats, except in passing; this project is focused primarily on exhibit-based museums. With this in mind, I chose to look at exhibit-based museums that currently have programs in place that focus on veterans and/or PTSD as possible case studies. The individual museums and their programs or exhibits will be discussed in detail in Chapter Four: Findings and Discussion. Because of the site visit and the mission of this particular museum, the NVAM will be the main focus of discussion to follow.

Based upon the first tier of study, I selected the National Veterans Art Museum to conduct an in-person site visit to learn more about the NVAM and its exhibits and programs that focused on healing and the ways that art can help in the healing process. I arranged (through

phone calls and email) in advance to have someone available to speak with me when I arrived. I visited the museum and was introduced to Joe Fornelli, a founding member of the Vietnam Veteran Artist Group, (which preceded the actual museum) who is also the artist liaison and art preparator/conservator for the museum. I also met William (Bill) Crist, an artist and volunteer with the museum. Both of these individuals were willing to be interviewed and I was able to sit down with each of them for a reasonable length of time: about an hour with Bill and about forty-five minutes with Joe.

The open-ended interviews were guided by a topical list of questions I had prepared in advance of the visit and the interviews were recorded and supported by field notes. While the list of questions served as a guide, the interviews were more akin to a conversation; both veterans were quite willing to discuss events they had experienced while in Vietnam as well as after they had returned home. The questions included the following:

- Are there any other museums that you know of that work closely with veterans and/or PTSD?
- What are some of the challenges that you face in this museum?
- Do you work with any other museums on programs for veterans?
- Are there any programs or ideas that other museums could implement to engage with veterans?
- What would you suggest to other museums that want to become more involved with programs for veterans?

I then engaged in iterative listening while taking notes on anything related to the research and questions. While reviewing the recordings, I listened for patterns, themes, or interesting

anomalies that may be revealed through repeated listening. The results are reported in Chapter Four: Findings and Discussion.

Chapter Four: Findings and Discussion

Probably the most popular and widespread program aimed at soldiers and their families (active-duty) is the Blue Star Museums program. Blue Star Museums was started as a pilot partnership between the National Endowment for the Arts, Blue Star Families, and more than 1,500 museums, to offer free admission to families with a parent or spouse serving during this time of combat in Afghanistan and Iraq, especially focusing on the approximately 1 million children who have had at least one parent deployed. This program offers families a chance to visit museums when many have limited resources and limited time to be together, beginning Memorial Day, and continuing through Labor Day. While this program was not specifically aimed at soldiers or veterans with PTSD, it serves as an example of museums reaching out to this very large community that may be underrepresented as visitors to museums. The Blue Star Museum program, which began in 2010, is scheduled to again offer soldiers and their families' museum admission for 2012, beginning on Memorial Day weekend.

According to Navy Captain Brad Cooper, Executive Director of Joining Forces, "A large percentage of moves happen over the course of the summer. Opening access to museums really just opens up the aperture of what families are able to do in their travels and their vacation time." (Zongker, 2012) The chairman of the National Endowment for the Arts, Rocco Landesman, notes that the program is also good for museums: "This is both an opportunity to thank military families for their service and sacrifice, as well as a chance to create

connections between museums and these families that will continue throughout the year.”
 (Zongker, 2012)

The chart below represents the museums identified and the nature of their programming, exhibits, or objects (artwork or artifacts) in their permanent collections. Most of the museums are art museums, with the exception of the Canadian War Museum. This may be because the art museums can more easily lend themselves to collaborating with the art therapy programs that are offered by some VA hospitals.

Museum	Programs	Exhibits	Permanent Collection *
National Veterans Art Museum	✓	✓	✓
Museum of Modern Art (MOMA)	✓	✓	
Whitney Museum of American Art	✓	✓	
Art Institute of Chicago		✓	
Canadian War Museum	✓	✓	✓
Milwaukee Art Museum		✓	

* Based on information available on museum website

Case Study: National Veterans Art Museum

The National Veterans Art Museum (formerly the National Vietnam Veterans Art Museum), located in Chicago, Illinois, is unique among the museums in the United States; it is likely the only museum that is devoted solely to the art work inspired by combat and created by veterans of the U.S. Armed Forces. The museum began in 1981 as a group of artists that were all veterans of the war in Vietnam and thus named themselves the Vietnam Veterans Art Group. Initially, the group (and later, the museum) was comprised only of Vietnam veterans, but since 2003, the museum began to include art and artists from other wars, primarily Iraq and Afghanistan. In 2010, the museum dropped the “Vietnam” from their name and became the National Veterans Art Museum (NVAM). The mission statement reads: “The National Veterans Art Museum inspires greater understanding of the real impact of war with a focus on Vietnam. The museum collects, preserves, and exhibits art inspired by combat and created by veterans.”

This museum is not only involved with the display, curation, and collecting of this type of art, but is also actively engaged with the community of veterans in the geographic area (and beyond). The following are examples of exhibits and programs that speak directly to the kind of collaboration that is possible between museums and veterans who may suffer from PTSD and other trauma, physical or otherwise, related to combat.

The exhibition *Trauma & Metamorphosis* opened at NVAM in 2003 and explored the ways in which “military personal returning from war are changed forever by the impact of post-traumatic stress disorder.” (NVAM, 2011) In speaking to the power of this exhibition and its relation to PTSD, art historian Michael Bonesteel stated, "Psychotherapy is one tool that can be used, however making art is another and perhaps, a far more important one, for it requires

complete participation on the part of the maker.” (NVAM) This exhibition was followed by *Trauma & Metamorphosis II*, in 2005 and continued the use of art as therapy to help those veterans with PTSD. The press release from 2005 reads, in part: *Trauma & Metamorphosis II* shows the transfiguration of these soldiers’ memories of the atrocities they’ve experienced, turning it into art. For the first time, these veterans and artists gain some measure of control over their Vietnam traumas, allowing the process of healing to begin. All of *Trauma & Metamorphosis*’ artists endure symptoms of PTSD in varying degrees and have chosen to share their journey of healing through this very special exhibit.” (NVAM, 2005)

The NVAM also addresses other non-traditional topics such as Military Sexual Trauma (MST) and women in the military. One of the most recent projects that dealt with MST was called *Fatigue Clothesline*, a workshop that was designed to help women and men cope with the after-effects of MST. From the NVAM website: “Participants are asked to write, draw, or paint on an inside-out uniform shirt, jacket or T-shirt. Through the work of art, it gives the survivor the power to express themselves freely whether it be through drawing, writing and or painting. If the participant wishes, the fatigues from the workshop will be displayed at the NVAM’s exhibition *Overlooked/Looked Over*.” (NVAM, 2012) The workshops for men and women were held in separate rooms and the resulting works were displayed in conjunction with the exhibit mentioned above. Regina Vasquez, a Marine Corps veteran, and the founder of *Fatigue Clothesline*, shares one of the reasons behind the workshops and exhibit: “The point of the exhibit is that we took pride in the uniform, and everything bad that happened to us we held inside where nobody could see. Now, when you wear the uniform correctly, you notice that the markings soak through, and that's the PTSD we all go through.” (Trice, 2012)

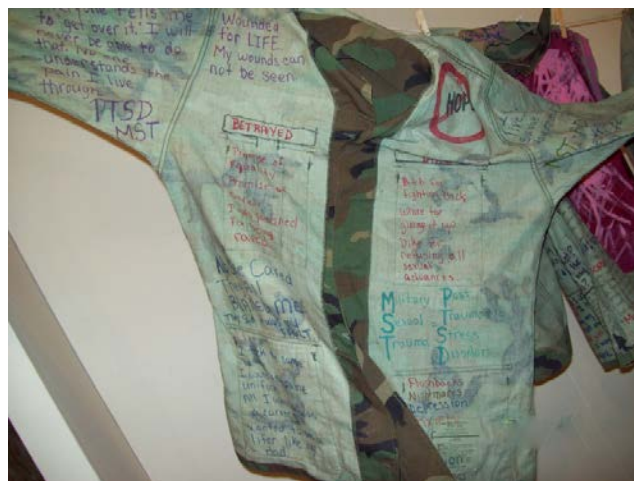
The exhibit *Overlooked/Looked Over*, features art created by eight women veterans and is meant to give an insight into the way women see themselves and their experiences during war and as members of the military. The exhibit title is taken from a quote allegedly made by the actress Mae West: “I’d rather be looked over than overlooked.” Erica Slone, the curator for the exhibit sees this as an opportunity to address the “false dichotomy of attitudes about women and the way these polar attitudes toward women are exacerbated within our armed forces.” (NVAM, 2012) Slone, an Air Force veteran who served from 2002 to 2008, elaborates on this: “The dichotomy is that women are either viewed not at all, or through their sexuality. That exists within civilian society, but it’s exacerbated in the armed forces. I think it has to do with conditioning, creating people to be super-aggressive. In order to train people to kill, you have to train them to see their targets as ‘others.’ Unfortunately, women servicemen tend to fit in that category.” (Trice, 2012)



Overlooked/Looked Over, NVAM, Photo by author

Site Visit

This exhibit is an example of a museum working with the local veteran community (although it was open to any veterans) and providing a real form of therapy to this group. I had the chance to see this exhibit and others, in person when I visited the NVAM in May of 2012, and to say it was a powerful and moving experience would be an understatement; some of the statements written on the fatigues would likely be considered shocking to most viewers outside of the military. The photographs of the exhibit on the NVAM website and in the Chicago Tribune simply do not do it justice; one must be able to read the words that were written in order to fully appreciate this exhibit and what these (mostly) women soldiers went through while serving their country. There were stories of rape, assault, retaliation, careers that were cut short, fear, ostracization, and others. For example, on the fatigues shirt below, some of the trauma that the veteran wrote about includes these statements: “Promise of equality. Promise of career. I was punished for being raped.” “Bitch for fighting back, whore for giving it up, dyke for refusing all sexual advances,” and “MST = PTSD.”



Detail of *Overlooked/Looked Over*, NVAM, Photo by author

Work created by veterans from Iraq, Afghanistan, and the “Global War on Terror” make up another exhibit at the NVAM, *Radical Vulnerability*, one of the featured artists, Greg Broseus, Army National Guard, had these telling statements regarding his work and life after the military, “In the military we’re taught that the strong survive while the weak perish. The idea is that if you show weakness in combat, you show vulnerability to attack. This idea is instilled into military personnel and *often soldiers hold on to this sentiment when they’ve returned home from combat. Not showing vulnerability is damaging to soldiers, their families, and society as a whole.* In my work I’ve opened my vulnerable side partly to heal as well as provide access to an experience many veterans share but most people don’t see.” (NVAM, 2011) Italics added by author.

The NVAM, in addition to its programs and exhibits discussed above, is (or soon will be) a partner with the Warrior Arts Studio, in the creation of the Veterans Cultural Center of Chicago, “a place where all things creative and therapeutic converge.” (NVAM, 2011) The Warrior Arts Studio states: “By bringing artists and veterans into a common space, we foster an environment of community support, positive learning, artistic collaboration, and honest storytelling.” (Warrior Arts Studio, 2011) While the Warrior Arts Studio is not a therapy-based organization, the act of creating art has been used as therapy for several years now and appears to be gaining in acceptance and popularity.

Laura Jacob, an art therapist based in Chicago, states that veterans creating images is important because “visual trauma gets stuck in the brain. Art therapy uses visual components...It’s those repeated patterns that get stuck, and art is able to tap into that part of the brain.” (Tomala, 2011) At the same time, Jerry Kykisz, one of the founding members of NVAM, and a Vietnam veteran, said some artists don’t view their work as therapy: “They use it

as expression and say that they don't have emotional issues or PTSD. They don't like being lumped into that group. On the other hand, we have used our artwork as therapy for a long time." Bill Crist, a Vietnam veteran who does have PTSD and volunteers at the museum, said his work is not exactly art therapy; "I use props as a kind of art alongside my drawings. You can't really see it, but you can feel it. You can touch it." (Tomala, 2011) In creating these images, whether on paper, canvas, words, or in three dimensions, veterans are able to articulate personal subjects that may be difficult to discuss otherwise.

While visiting the NVAM, I had the chance to speak with veteran and artist, William (Bill) Crist, (quoted by C. Tomala above) who has benefited from art therapy through the Edward Hines, Jr. VA Hospital in Hines, Illinois. Bill began art therapy in 1999 to help him deal with the effects of the PTSD he suffered as the result of his combat experiences in Vietnam where he served with the Army as a medic in 1970-1971. The art that Bill creates is a way for him to communicate his experiences to others through drawings and color, as well as words. Although Bill is now retired, he works at the NVAM as a volunteer where he speaks to groups of middle and high school age students. On the day I visited, he was to speak to students regarding an exhibit currently on display: *The Things They Carried*, which as the title implies, is about the many physical items the American soldiers in Vietnam were required to carry with them on a daily basis. There is a teacher resource packet that goes along with this exhibit (as well as others), and according to Joseph Fornelli, a Vietnam veteran and the artist liaison for the museum, the schools seek out the museum as an educational experience with very little promotion on the part of NVAM.

During the interview, Crist discussed how a large number of veterans do not trust the VA to get the help that they need, and that it is still considered a sign of weakness to ask for help or

even the benefits that one is entitled to after serving in the military. He recalled World War II veterans calling the Vietnam veterans “cry-babies” simply because they were asking for benefits for the physical damage done to their bodies by the use of Agent Orange in the jungles of Vietnam. This is not very different from the challenges that veterans from Afghanistan and Iraq are facing today when dealing with the VA. Gulf War (Operation Desert Storm) veterans, who have not comprised a large part of this paper, due to their much smaller numbers and shorter deployments, also face challenges in simply getting the U.S. government to admit that there is such a thing as “Gulf War Syndrome,” let alone in getting awarded any benefits for damages.

Crist has on-going speaking engagements where he talks to student nurses at Loyola University about the challenges that patients who are veterans may be facing and how to engage with them better. He related that many nurses were not aware of the difficulties that many veterans face that are unique to their experiences, when compared to non-veteran patients that the nurses will encounter in their future careers. Crist will also be talking to nurses at the different VA hospitals in the Chicago area, as he feels that this is a way that he can make a difference for other veterans. He stated, “There is nothing you can do about the past, but you can sure as hell change the future.” There is also the possibility of working on a project, yet to be determined, with the Art Institute of Chicago. (Crist, 2012) Fornelli emphasized to me that this artist and volunteer is a great representative for the museum in his role as a speaker and artist.

Crist’s comments suggest that art therapy has helped him deal with his PTSD in a very positive manner, so much so that he is now an “artist in residence” for the Hines VA Hospital in their art therapy program. During our interview, he showed me a portfolio of his work, describing in detail the images and what they meant to him. The works ranged from an image of the artist (Crist) waking up to cat-sized rats crawling over and around him in the jungle, to

television's portrayal of the war, to the transformation of a soldier (himself) from "innocent little pacifist who didn't believe in killing" to what he saw as a different type of person or even what could be described as a monster or creature. What was most striking about the art and descriptions was how the veteran was able to get these thoughts out of his head and onto paper (or canvas or sculpture).

I interviewed the NVAM artist liaison and art preparator/conservator (and founding member of the NVAM) and in speaking about the continued existence of the NVAM through lean financial times, he had this to say: "It's really about the evidence of the power of art. We've never had any really big patrons...we've had some help, but it's the power of art that keeps us going." I asked him if he had any ideas or suggestions that other museums could implement in order to be more engaging or inviting to veterans, and he mentioned that discussion panels or groups could be helpful. Again, this is an idea that a museum, whether history, art, military, or veterans, could put into action with some planning and forethought.

Museum of Modern Art (MOMA)

The Museum of Modern Art (MOMA) in New York City has a history of working with soldiers and veterans that goes back to World War II and the formation of the Armed Services Program, which provided art materials to United Service Organization (USO) camp bases for use by active-duty soldiers. With their War Veterans Art Center which opened in 1944, MOMA continued to work with veterans upon their return from Europe and the Pacific. The War Veterans Art Center remained in operation until 1948, when it was absorbed into The People's Art Center which was open to both veterans and non-veterans alike. The goal of the Center was

“to discover the best and the most effective ways of bringing about, through the arts, the readjustment of the veteran to civilian life.” (MOMA, 2011)

Since 2007, Sally Paul, an educator with Community and Access Programs at MOMA, has been working with Creative Arts Therapist Beryl Brenner of the Veteran Support Center at the Brooklyn VA office. Together, they coordinate visits to the museum as well as conduct off-site workshops where veterans can talk about their experiences while also creating and discussing art. In late 2011, they made the decision to host an exhibition of the veteran’s artwork where the theme centered on the designs and imagery of tattoos, a good choice when one considers the popularity of tattoos among members of the military. The exhibition was titled *Inked Identity* and featured work by veterans from the current wars in Afghanistan and Iraq as well as Vietnam veterans. Therapist Brenner, in speaking about the museum and exhibit stated, “It’s part museum and part temple. The artists on exhibit here are all about freedom of expression and this is a place where veteran artists can come clean about who they are and live comfortably within their own skins.” Another comment about the therapeutic power of art came from artist and workshop participant Louis Robert Cadet, Jr., who said “Many people do not get the opportunity to express themselves. Thank you for giving us the chance to express ourselves through art and make art a part of our healing process.” (MOMA, 2011)

The Whitney Museum

The Whitney Museum of American Art, also located in New York City, in collaboration with the VA New York Harbor Healthcare System, hosted an exhibition of photography that was done by veterans in the summer of 2011. Melanie Adsit, an educator with the Whitney, along

with Nina Berman, an artist and photojournalist, co-taught a series of hands-on photography workshops at the Veterans hospital in Brooklyn. These veterans had participated in an art therapy program over the course of several months that focused on the topic of identity through the medium of photography. These workshops culminated in an exhibition titled *The Veterans Lens*.

Through the workshops, the veterans learned various lighting and photography techniques and also had discussions about the photographs in the Whitney's collection. Berman, whose work includes images of veterans who have been injured, in some cases severely, had not previously worked with veterans in this type of setting, where they are creating their own photographic works while learning from her. Berman relates, "The group surprised me at first with their level of visual sophistication. They were so articulate and honest in their opinions and perceptions, not just about their own images, but in their analysis of other photographs. Seeing them hold and aim a camera, which is a kind of scope, made me realize that photography can be an ideal medium for veterans seeking to embrace life and express themselves after the experience of war." (Berman, 2011)

The exhibit, along with the workshops, provides another example of a museum collaborating with an art therapy program and veterans hospital to provide a much needed service to former servicemen and women. The art therapist that worked with the participants in the workshops, Beryl Brenner stated, "*The Veteran's Lens* is a unique exhibition. It provided the veterans with an exceptional opportunity to present them as they see themselves. They enlisted fellow veterans as photographers and this helped to create an open and honest environment." (Brenner, 2011)

Further Examples

In addition to the primary examples of museums discussed above, there are others that engage with veterans in a different fashion; the Museum of Flight in Seattle has an annual Veterans Day Ceremony with live music, guest speakers from the world of aviation, and free admission for U.S. veterans and active military personnel. The National Museum of the American Indian (NMAI) hosted a program called *Our Warrior Spirit: Native Americans in the U.S. Military* in December 2011, which featured veterans from WW II to Iraq speaking about their experiences as Native Americans in a war zone. The Smithsonian Center for Folklife and Cultural Heritage has a Veterans History Project, a program where veterans can visit the Center and orally tell their stories or drop off written memoirs. These stories will be archived at the Library of Congress American Folklife Center. Another Smithsonian institution with an exhibit geared toward veterans, as well as the general public, is the American History Museum with its permanent exhibition, *The Price of Freedom: Americans at War*, which chronicles the history of America at war, but interestingly, also explores the social dimensions of America's wars, “presenting the link between military conflict and American political leadership, social values, technological innovation, and personal sacrifice.” (Smithsonian Institution, 2011) This exhibit (which was discussed in the review of literature) also features veterans who have received the Medal of Honor telling of their experiences on video.

There are several other examples of museums and memorials that are directed towards veterans, if not to the issue of PTSD directly; the Milwaukee Art Museum held an exhibition titled, *War, Art, and the Veteran* that was on display in 2009 that featured paintings, sculptures, and photographs created by combat veterans. The Mountaineer Military Museum, in West

Virginia, held a Memorial Day Weekend Vet-together this year that featured guest speaker Dr. Greenbrier R. Almond, who has worked for many years with veterans and PTSD. He created a DVD to assist other doctors in the treatment of PTSD and then donated 100 DVDs to the museum that can be sold as a fund-raiser. (The Reenactor Post, 2011)

The Canadian War Museum (CWM) in Ottawa provides an example of a museum addressing the issue of PTSD among veterans: a painting by Colin Gill called *Canadian Observation Post* has been used to help treat PTSD among Canadian soldiers. This 1920 painting shows a World War I soldier suffering from “shell shock”, which we now refer to as PTSD. Alison Howell writes that the painting, which until recently has spent the past eighty years in storage, “has come to be displayed in museums across Canada, and has been featured in various special reports, opinion pieces, and other publications produced by the military’s Ombudsman.” (Howell, 2008) Howell argues that the painting is being used “to visually constitute PTSD as an illness, and one that soldiers have always experienced.” (Howell)



Canadian Observation Post, Colin Gill, 1920, Canadian War Museum

The CWM also had an exhibition titled *War + Medicine* that ran from May to November of 2011. This exhibit included a component that addressed non-physical injuries including PTSD. The component was entitled “The Mind” and included the following statement as an introduction to the art and artifacts that are a part of the exhibit: “War and violence can cause invisible injuries. Psychological injuries pose challenges of diagnosis and treatment. The lingering effects of war on the mind can last long after the fighting ends.” (CWM, 2011) One work in this exhibit stands out not only because of its title, *Injured: PTSD*, but because of the description that accompanies it: “In this work commissioned by Veterans Affairs Canada, the artist Gertrude Kearns depicts a soldier suffering from post-traumatic stress disorder. The subject of the painting agreed to sit for the portrait as long as he remained anonymous. There are no insignia or patches on his uniform that would indicate his name, rank, or unit, because he wanted soldiers who were suffering to be able to see themselves in the painting.” (CWM)

There is not a comparable counterpart to the CWM in addressing the topic of veterans who suffer from PTSD. Although plans were announced in November of 2001 to build a National Veterans Museum in the U.S., to be located at the VA’s headquarters in Washington D.C., at the time of this writing, there has been no further action taken (that is visible to the public).

One last example speaks specifically to the potential of museums to provide bereavement services to widowed military spouses (Silverman, 2010, 86). The San Diego Veterans Museum and Memorial Center’s *Eagle’s Wings* program consists of a series of four presentations that provide information about the grieving process; after each session there are small group sessions where people can talk openly about their loss and how they are dealing with it.

There are many other veterans' museums across the U.S.; most states have one that is dedicated to the veterans from that state. However, it appears that there is not very much in the way of addressing the issue of PTSD among them. One reason for this may be that many active and retired service members are reluctant to speak about their experiences in a war or combat zone and how those experiences are affecting them once they are home. It seems that there is still a stigma attached to the idea of a soldier seeking help for mental problems and stress, and in some cases, soldiers are even actively discouraged from seeking help. On the other hand, there are museums like the New Jersey Vietnam Veterans Memorial and Vietnam Era Museum and Educational Center, (at the same location) where they have a substantial collection of PTSD-related materials in their onsite reference library. This not only shows the acknowledgement of the problems of PTSD among veterans, but is a place where veterans can come for information without worrying about the possibility of being judged or feared.

In reviewing an exhibit catalog entitled *Fire and Ice: Marine Corps Combat Art from Afghanistan and Iraq*, one painting depicts a soldier with prosthetic lower legs sitting in a chair. This painting, *LCpl Andrian Jones*, by Michael D. Fay, a Marine artist, appears to be fairly unique in that it touches on the subject of a traumatic injury and how it will affect that injured soldier for the rest of his life. This is noteworthy because of the way in which soldiers are usually depicted in museums: either as glorious victor, or martyred hero who sacrificed his life for the greater good of his nation, countrymen, and/or his fellow soldiers. The artist states, "If something I do is controversial, then the reality is controversial." (Fay, BBC News, 2007) This particular painting was part of an exhibition that ran in 2005 and 2007 at the Farnsworth Art Museum (Rockland, Maine) and the James A. Michener Art Museum (Doylestown, Pennsylvania) and featured works from the Marine Corps Collection. This was also one of the first non-military or

federal government-sponsored exhibitions of works from this collection which by itself is noteworthy. (Crosman in Fay, 2007)

Other museums and collections of war art include the Canadian War Museum with their Canadian Armed Forces Civilian Artist and Canadian Forces Artist Programs collection, as well as the Marine Corps collection of combat art that depict events and activities related to combat and military life. However, these two examples are made up of works that are done by an individual “combat artist” in the theatre of war, whose specific, assigned job it is to depict these types of images. I have included these collections because some of the images they contain contribute to the discussion reflected in this paper, but I believe that these works belong in a separate category from the other museums and exhibitions that are being researched. The collection in the NVAM does not include any works by combat artists, only work that was created by veteran artists that was motivated by combat and war experiences.

Limitations

The main limitation to this descriptive study is the low number of in-depth case studies due to the relatively limited amount of specific museum programming related to PTSD among veterans and the after-effects of war and combat. It is within the realm of possibility that a study could be conducted whereby a more complete survey of museums was undertaken; this could be accomplished on a state-by-state basis, or perhaps using information from museums that are members of the American Association of Museums (AAM) to use as a starting point. Another significant limitation of this research are the very different missions of each of the institutions that were looked at; for example, the NVAM has been, and remains more focused on a specific group of artists and the reason behind the art, while a large museum such as MOMA has a much broader focus and audience.

Chapter Five: Conclusions and Recommendations

The issue of PTSD has come to the forefront across the United States due to America's involvement in not one, but two, prolonged wars that have seen thousands of U.S. soldiers killed and wounded, with many returning to civilian life as a changed person. As of November of 2011, there have been 1,832 U.S. deaths in Operation Enduring Freedom (Afghanistan) and 4,483 in Operation Iraqi Freedom (Iraq) as well as a total of 46,542 wounded in both conflicts. (icasualties.org, 2011) That is a staggering number of veterans and active duty soldiers that have the potential to be affected by PTSD, and that does not include the physically unwounded men and women that have returned home from the wars.

There are a number of reasons for museums to become involved and engaged with veterans and their families: one, they are a significant part of the nation's population, almost 23 million as of 2007, (U. S. Dept. of Veterans Affairs 2011) two, it is in the best interest of the museums to engage with this community, as it represents potential future visitors, and three, it seems that it is simply a socially responsible thing to do, given the sacrifices that these men and women and their families have made while choosing to serve their country in a time of war. There is another, more troubling reason, why engaging with veterans, especially those who have or may have PTSD: the increasing rate of suicides among this segment of the population, as well as higher rates of unemployment and homelessness, as mentioned above.

While the discussion of art therapy and the psychological aspects of how it works in the treatment of PTSD are beyond the scope of this paper, it is certainly something that appears to have a positive effect on veterans, whether or not they have been clinically diagnosed with PTSD. Art therapy is something that museums, especially art museums, can be a part of, even by something as simple as providing a space to create art or a space to display it. The exhibit

discussed in Chapter Four, *Fatigue Clothesline*, is an example of this. However shocking and brutal some of those stories are, the important point to remember is that this is a way for these veterans to communicate their trauma to people outside of the military, while at the same time remaining anonymous.

Some museums are at the forefront of this area, most notably the National Veterans Art Museum, as well as the Museum of Modern Art; both of these institutions are actively involved with veterans' programs that help former soldiers cope with PTSD and related issues. They both also have a history of being involved in reaching out to the veteran community. The Blue Star Museums program is another positive indicator of larger museum involvement with soldiers and their families; the fact that it is going to be in place again for 2012 is very encouraging. Although the Blue Star program is aimed at active-duty service members and their families and not at veterans, it still represents a great opportunity for museums to widen their audience while at the same time being able to provide a safe, welcoming space for this community.

Looking at the political aspects of the topic of this paper, it seems very possible that politics can and do play a role in how museums address the uglier sides of war, even in museums that are not specifically associated with veterans, the military, or the federal government. The politics related to museums and their exhibitions are among the reasons why I researched and reviewed exhibits and specific museums. This is particularly troubling when one considers just how important it is for the topic of PTSD in returning veterans to be addressed in a public forum, and museums can provide one of those public forums, especially in a military or veterans museum. It should not be something that is hidden from view or swept under the rug just because it happens to be one of the uglier faces of war. It is far too easy for museums to ignore this issue

because it does not fit the narrative of the “strong, stoic soldier” or the glory of the warrior in battle.

The low number of images or exhibits in museums that depict the negative aspects of war, from the mundane to the horrifying, can also be seen as related to the ways in which the news media in the United States has been severely censored (sometimes by their own policies and other times by the federal government) in regards to the war images they choose to publish from Iraq and Afghanistan. In speaking of the 1991 Gulf War, Margot Norris writes,

“Censorship has enabled Americans to adopt an image of the Persian Gulf War as a virtually bloodless war-‘a clean win,’ General Colin Powell has called it-even though, according to the available estimates, approximately double the number of Iraqis were killed in six weeks of combat as U.S. casualties produced by a decade of fighting in Vietnam.” (Norris, 1991)

Although the casualty rate for the U.S. is much higher for the current wars in the Middle East than in the first Gulf War, the way in which those casualties are reported remains very similar to 1991, with the result being that for most Americans, the wars are very distant and disconnected from their everyday lives. While museums should not necessarily become involved in the politics of war, they might be able to present a more balanced or accurate picture of the realities of war.

Iiona Meagher offers a list of recommendations for what regular citizens can do to help veterans, including:

- Writers: can write articles about PTSD and send them to national or local newspapers and magazines.
- Artists: can donate their time to teaching therapeutic art classes at the VA which we have seen, can be beneficial to those suffering from PTSD.

- Social workers and counselors: can donate their time to the local VA or offer their services pro bono if in private practice. (Meagher, 2007)

My own suggestions to improve on the overall knowledge base of this rather specialized topic include: a broad survey of museums that offer programming directly related to veterans, the organization of that information into an easily accessible database, and the dissemination of that material to veterans organizations and VA hospitals across the United States. This can be especially valuable in areas that are home to a military base, whether Army, Navy, Marine, and or Air Force. While museums have been fairly slow to respond to this audience, I feel that there have been great strides made, especially over the past several years. While there will always be room for improvement, it appears that museums are improving their efforts to engage with the veteran community.

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