

The Double Consciousness and Disability Dilemma: Trauma and the African American Veteran

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Abstract

Daniel Morrison and Monica Casper contend that disability studies and its cultural locations have been remarkably silent on matters of the traumatic origins of many disabilities, on the ongoing relationship between shocking events, their abrupt and chronic impact, and experiences of disability. This article explores how critical disability studies must intersect with critical trauma studies to address how the African American Vietnam war veterans who, traumatized and disabled by war and conflict, are further marginalized by societal constraints of race, class and gender. This essay focus on an understanding of W.E.B. DuBois's ideology of double-consciousness, critical race theory and cultural studies and how they can emphasize the intersection of war injury and disability with a tremendous regard for the lived racial, class and socio-economic oppressions that contributed to what military service and disabilities of the African American Vietnam veteran reveal about masculine identity.

Keywords: *double consciousness, critical trauma studies, critical disability studies, Vietnam War, African American veteran, post-traumatic stress disorder, Veterans Administration*

In 1945, Harold Wilke, a journalist for the *Baltimore Afro American* newspaper, provided a socio-political commentary on both the pity and fear that the nation exhibited toward veterans with disabilities by stating:

When you greet your wounded friend or relative for the first time, use your intelligence and imagination. Greet him as your friend, who was away and has now returned. Letting horror spread over your features and get in your voice because of his crutches or empty sleeves or sightless eyes will make him realize that you think of him, not as a personality, but as a cripple. Greet the Man, not the wound.¹

At the turn of the twentieth century, W.E.B. DuBois coined the term 'double-consciousness' describing a world which yields the African American no true self-consciousness, but only lets him see himself through the revelation of the other world. It is a peculiar sensation, this double consciousness, this sense of always looking at oneself through the eyes of others.² For African Americans who served in the Vietnam War, this double consciousness also emphasizes the encounter between race, disability and trauma, in which, as Stephen Knadler discusses, one may re-imagine questions

¹ Harold Wilke, 'Greet the Man Returning Home, Not the Wound: Tips for Welcoming the Wounded,' *Baltimore Afro-American* (20 January 1945): 5.

² W.E.B. DuBois, *The Souls of Black Folk* (Boston: Bedford, 1997), 38.

about freedom, access, mobility, rights and citizenship.³ For some veterans, their return home after war and their readjustment to civilian life was coupled with living with debilitating illnesses and injuries that were further complicated by the Veterans Administration's disability rating system. Identity for a Vietnam war veteran, although fragmented and fractured, had to be re-constructed despite their disabilities and marginalization and is rarely discussed within disability studies. To expand on these concepts, if the body itself is a link between the categories of 'disability' and 'trauma,' then what is the link between disability, trauma and war, especially for those war veterans whose lived experiences have been marked by racial injustices and systematic prejudices? This essay will reference DuBois's ideology of double consciousness, intersectionality, cultural studies and critical race theory to further explore of how critical disability studies and critical trauma studies are applicable to the lives, experiences and identity formation of the African American combat veteran who served in the Vietnam War.

Biographical Case Study: My Father's Story

The biographical case study, for this essay, is the African American combat veteran, specifically who served in the Vietnam War. It is not my contention that this population is worthy of study more than other populations. My contention is to illustrate that the relationship between trauma, war and disability is essential to understanding identity formation. I have witnessed and provided care for my father's disabled life from wounds, both seen and unseen, that contributed to an expansive understanding of DuBois' ideology of double-consciousness and how it can emphasize the intersection of war injury and disability with a tremendous regard for the lived racial, class and socio-economic oppressions that not only awaited my father's return home from war but also contributed to what his service and disabilities reveal about his masculine identity.

My father, Louis Raynor, was drafted into the U.S. Army at the age of eighteen in 1966 and served a 365-day tour of duty in Vietnam (1967-1968) with the 3rd Squad/5th Cavalry, 9th Infantry Division (Black Knights) during the Tet Offensive. As an African American man serving in the military, he was historically perceived as a cowardly and servile soldier merely because of his race. My father never imagined himself maturing into a disabled veteran at the age of forty-three with an identity based on a myriad of social constructions. As a combat veteran, which service-connected injury or illness rendered my father 'disabled'? Was it the tank explosion that caused temporary blindness and an eye injury; was it the migraine headaches that began to manifest while he was still in a combat zone; was it the diabetes that he was diagnosed with at the end of his tour of duty that lead to peripheral neuropathy resulting in his use of a motorized chair for mobility; was it the hypertension, stomach tumors or post-traumatic stress disorder (PTSD) from his service; or was it finally the diagnosis of multiple myeloma blood cancer from exposure to Agent Orange that requires chemotherapy for the rest of his life, and according the Veterans Administration (VA), comes with an automatic death benefit for my mother? During my father's tour-of-duty, he began to keep a daily diary. It was within these pages that Raynor documented combat stressors, illnesses and injuries that later became service-connected disabilities

³ Stephen Knadler, 'Dis-abled Citizenship: Narrating the Extraordinary Body in Racial Uplift', *Arizona Quarterly: A Journal of American Literature, Culture, and Theory* 69.3 (2013): 99.

When Raynor started writing in his small, leather-bound burgundy diary measuring 5.5"x4" which was compact enough for him to keep in either his footlocker or inside his uniform wrapped in plastic to protect it from rain when he was out in the field, he did not know that it would be later used as evidence to prove his service and assist in acquiring his disability ratings. In the diary, Raynor immediately redefined himself as a soldier by writing on the inside cover of the diary all of his essential and physical information. Inside the front cover of the diary, he wrote his name, rank, unit, date of departure for Vietnam, body measurements, home address, telephone number as well as the name of his girlfriend who was later to become his wife and my mother. The body measurements such as height, weight, etc. reflected a part of the physical exam given to soldiers during their official induction into the military. Including that information at the beginning of his diary helped defy the stereotypes and prove his readiness for military service and combat while also leaving a trace behind in case this was the only evidence that he participated in the war. The organization of his diary would be extremely important for medical documentation but also for verifying when he experienced the traumatic stressors of being in a combat zone.

The first page of the Raynor diary began on January 1. He recorded the events of each day on that same exact date. On the first page of the diary (January 1), he scribbled a note to turn to September 24. Since his tour of duty began September 24, 1967, the diary began in the middle and read according to the days of his tour from September 24, 1967 to September 23, 1968. The diary chronicled the dates of his tour of duty from September to December and it continued from January to September. Instead of counting the days of his tour in chronological order, from Day 1 to Day 365, Raynor did a backwards countdown, indicating his first day in Vietnam as Day 365 and to his last day as Day 1. The very first entry in the diary was September 24, 1967, which was the day he was supposed to leave for Vietnam but because of delays at the airport, he marked September 26, 1967 as Day 365, indicating the day he actually left home for a 12-month tour of duty in Vietnam. As Raynor's tour was ending, he wrote the last few days as multiple entries on the same page. He continued to count down until Day 1, September 24, 1968, which was the only blank page in his diary. On several pages in the back of the diary, he wrote the names and addresses of family and friends. On the inside back cover of the diary, there were tiny, monthly calendars for the years 1967 through 1972, where he marked the days of his time in Vietnam. Raynor creatively ordered the passing of time with the diary's unique organization.⁴

On January 31, 1968 (240 days until the end of his tour), Raynor wrote: 'I got paid today and went out on a recovery mission. First, we went to Swan-lock and pulled a P.C. pack then left and went to Apple (Red-Oak). It happened again. I stayed overnight with no sleeping gear or extra clothes. I went to the medic for some headache medicine. I have been having headaches since I've been here.' In a span of just three days, starting May 3, 1968 (146 days until the end of his tour), Raynor continued: in his diary about several injuries and enemy kills. His confession went on: 'I haven't gotten any sleep yet. I got paid. I took an engine to B-Troop's location and returned for my tools. C-Troop had lost fourteen men and 20 injured. 186 VC dead so far today. I pulled guard all night. C-Troop killed 6 VC and two G.I.s were injured. It was hot and about 105 degrees today. B-Troop was hit and a couple of G. I.s were injured.' Raynor wrote,

⁴ Louis Raynor, *Vietnam Diary*, 1967-68, MS, Personal Collection of Louis Raynor, North Carolina, Unpublished.

‘The gas exploded in my face. I was burned. I went to the 18 serge (hospital). I was treated then I returned to my location.’ On July 8, 1968 (80 days until the end of his tour), he wrote, ‘Today was a sorta wait to see what happened. My ankle and knee began to hurt so I stopped at the medic to have it checked. He said it came from working in the sand all day and standing.’ On August 2, 1968 (55 days until the end of his tour), Raynor continued, ‘I was sent to B-Troop to work on the VTR and a new tank B18. And that all I did was work on the VTR because I did not accomplish nothing only a headache. I repaired the tank and when I was done I returned back to my location and tried to rest’.⁵ By the end of his tour of duty, he returned home as a war veteran and immediately started seeking medical attention for ongoing migraine headaches and various other complications, including the trauma from combat exposure. Even later in his tour, he continued to document his condition. His writings indicated how soon into his tour his medical issues began and how they continued throughout his service in country. Multiple hospital stays and often unexplained illnesses marked his homecoming.

In 1992, when my father was only forty-three years old, according to the language used by the doctors, he was totally disabled and unable to work, but according to VA regulations and the disability rating system, he was only 10% disabled for debilitating migraine headaches. My father went from being a hard-working husband and father of five to a man who was no longer able to work and provide for his family. At that time, he went from making close to \$550 per week as a long-distance truck driver and mechanic to only \$91 a month. As my father’s health continued to decline, even after he was no longer able to work, he was further diagnosed with more illnesses that were ultimately service-connected. We, as a family, attended various appeal hearings locally in Winston-Salem, North Carolina and then even in Washington, D.C. As Gender and Women’s Studies scholar Leslie Reagan contends, women, and sometimes the children, also helped Vietnam veterans to submit claims to the VA and to voice their complaints as part of their masculine responsibility for their family’s welfare. As women fought on behalf of Vietnam veterans, they spoke their own gendered language of maternalism, wifeness, health and sacrifice on behalf of their suffering families.⁶ Encountering VA administrators and judges in Washington, D.C. who were not invested or interested in hearing his case, after merely ten minutes into the procedures, the judge rendered yet another denial of increased disability rating without looking at any evidence of documentation provided. That day, my father was the only veteran who showed up to petition his case. To better illustrate my father’s story, a few distinctions will be made between the medical model and the social model of disability studies with points of intersections with critical trauma studies. This intersectionality is further emphasized by critical race theory, cultural studies and gender and masculinity studies and how varying factors can affect veterans’ disability policies as well as their ability to seek political action and social change.

⁵ Raynor.

⁶ Leslie J. Reagan, “‘My Daughter was Genetically Drafted with Me’: US-Vietnam War Veterans’, *Disabilities and Gender, Gender and History* 28.3 (2016): 844-5.

Veteran's Disability Policies

According to the VA, a service-connected disability is a disability, disease, or injury incurred or aggravated during active military service. The amount of basic benefit paid depends on how disabled the veteran is determined to be. The VA makes a determination about the severity of the veteran's disability based on the evidence he submits as part of his claim, or that VA obtains from his military records. VA rates disability from 0% to 100% in 10% increments (i.e. 10%, 20%, 30% etc.). Certain circumstances may warrant receiving additional amounts. These include if the veteran has very severe disabilities or loss of limb(s); the veteran has a spouse, child(ren), or dependent parent(s); and/ or he has a seriously disabled spouse. If the VA finds that a veteran has multiple disabilities, the disability ratings are not additive, meaning that if a veteran has one disability rated 60% and a second disability rated 20%, the combined rating is not 80%. This is because subsequent disability ratings are applied to an already disabled veteran, so the 20% disability is applied to a veteran who is already 60% disabled. The disabilities are first arranged in the exact order of their severity, beginning with the greatest disability and then combined with a ratings table that involves intersecting, combining and calculating the subsequent disabilities to nearest degree divisible by 10. The VA calculates the total service-connected disability rating by combining evaluations of each disability rather than adding the individual ratings together. Disabilities that were due to military service but not considered disabling are assigned as 0%.⁷

As a part of the veteran's disability application, the veteran must submit all relevant evidence in their possession and/or provide information sufficient to enable the VA to obtain all relevant evidence not in their possession, such evidence may include the following as part of the application: discharge or separation papers (DD214 or equivalent); service treatment records; and medical evidence (doctor and hospital reports). The application will then go through either fully developed claims or standard claims process, which could take up to a year or longer. The VA will also assist in obtaining relevant records, providing medical exams and obtaining medical opinions. When the VA makes a determination that a compensation award is to be paid based on a claim, an effective date is also assigned. The effective date determines when benefits are payable. Effective dates can vary based on the type of benefit and the circumstances of the claim, which are deemed either direct service-connection or presumptive service-connection. Other regulations that are often not talked about or shared include: the veteran must attend the VA hospital or clinic closest to their residence (even if that facilitate does not provide the best care); and the veteran should attend all scheduled doctor's appointments and pick up all prescribed medications. Failing to do any of these may also affect the disability application.

Historian Robert F. Jefferson contends that the history of the development of service-related disability policies in the twentieth century often reflected nonclinical evaluative practices couched in cultural and racial values. For example, Veterans Bureau physicians and administrators defined disability with reference to medical characteristics they thought innate to each race and that distinguished racial groups of veterans from one another. To further emphasize how this practice was employed,

⁷ Veterans Administration, U.S. Department of Veterans Affairs; Compensation; available at <https://www.benefits.va.gov/compensation/rates-index.asp#howcal> [accessed 3 June 2018].

medical authorities considered African American soldiers to be biologically prone to upper respiratory and venereal disease, to possess below average intelligence, more liable to succumb to the emotional strain of warfare and combat, and readily predisposed to malingering. Since they utilized these nonclinical assessments, doctors would often reduce or deny the disability claims of African American veterans, attributing their injuries to experiences that had taken place prior to their entrance into military service. By rejecting the claims of disabled African American GIs, VA physicians were not only questioning the image that their military service signified, but also challenging African American veterans' claims to access and rights.⁸ For example, in the progress notes of my father's medical records, the attending physicians used descriptive language such as 'pleasant African American gentlemen,' 'well-appearing,' and 'appropriately interactive' to describe the person who was seeking treatment. This type of language, while may be standard practice for physicians creates a very specific stigma for the veteran. As K. Walter Hickel states: 'Veterans Bureau administrators and physicians defined disability with reference to medical characteristics they thought innate to each race and that distinguished racial groups of veterans from one another.'⁹ Understanding these policies and how they can be complicated by race, class, gender, environmental and cultural factors provides an underlying premise of why disability studies, as Tobin Siebers insist, should include trauma within its definition of disability and that trauma studies accept disability as a key concept and allow a conception of wounds as disability representations just as they are considered in disability studies.¹⁰ Maurice Stevens also adds that what and who we have come to know as the disabled is produced by and within norms of ability, while what and who we have come to know as the traumatized is produced by and within discursive and institutional conventions of the traumatic.¹¹

Understanding Disability, Trauma, Race and Identity

The medical model of disability studies, according to Justin Anthony Hegel and Samuel Hodge, is based on an individual and/or a medical phenomenon that results in limited functioning that is seen and understood as a deficiency. The disability is considered to be a result of the impairment of the body and/or mind and how they function. In this model, the disability can also be caused by disease, injury or health conditions; therefore, the disability becomes the defining characteristic of the person. In this model, treatment for the disability is to eradicate what causes it or fix the impairment.¹² In the case of disabled war veterans whose disabilities may be a result of wounding during combat or trauma, this model does not seem to include war injuries that can neither be fixed or eradicated. This disconnection leads to the social model of disability studies which contends that society actually imposes disability on individuals with

⁸ Robert F. Jefferson, 'Enabled Courage: Race, Disability, and Black World War II Veterans in Postwar America', *The Historian* 65.5 (2003): 4.

⁹ K. Walter Hickel, 'Medicine, Bureaucracy, and Social Welfare: The Politics of Disability Compensation for American Veterans of World War I,' in *The New Disability History: American Perspectives*, ed. Paul Longmore and Lauri Umansky (New York: New York University Press, 2001), 256.

¹⁰ Tobin Siebers, *Disability Aesthetics* (Ann Arbor: University of Michigan Press, 2010), 103.

¹¹ Maurice E. Stevens, 'Trauma's Essential Bodies', in *Corpus: An Interdisciplinary Reader on Bodies and Knowledge*, eds Monica J. Casper and Paisley Currah (New York: Palgrave Macmillan, 2011), 173.

¹² Justin Anthony Hegel and Samuel Hodge, 'Disability Discourse: Overview and Critiques of the Medical and Social Models', *QUEST* 68.2 (2016): 195.

impairments. In this model, according to Dan Goodley, the concepts of disability and impairment are viewed separately. Impairment is considered an abnormality of the body such as a malfunction of a limb; whereas, a disability is viewed as a disadvantage or restriction of activity caused by a society organization that does not take into consideration those who have disabilities and are excluded from community life. In other words, the social model suggests that it is society that limits a person's abilities not one's bodily functions. This is an important intersection for disability and trauma studies because the social model suggests solutions should be directed at society and not the individual. This is very significant for veterans disabled by war injury or trauma because improvements for their lives must be through social and political change and action rather than expecting changes in their physical bodies. However, the social model has its disadvantages. It neither addresses an impairment as an observable attribute of a person that is an essential aspect of their lived experience nor does it account for differences between individuals with disabilities.¹³ This essay is designed to expand the conversation of the social model to include war and trauma. These intersectionalities will create a space to discuss how different forms of oppression or oppressive social, cultural, economic, and environmental conditions further affect a war veteran's abilities to function when institutionalized discrimination has been a part of his lived experiences. This connects directly to how war veterans are systematically declared disabled by varying factors within the VA system.

According to The Center on Human Policy, Law, and Disability Studies, disability studies generally refers to the examination of disability as a social, cultural, and political phenomenon and focuses on how disability is defined and represented in society, which is in contrast to clinical, medical, or therapeutic perspectives on disability. Because it makes a distinction between impairment and the disabling barriers constructed by society. It is perceived that once people with disabilities are recognized to be an oppressed group that has to fight for its rights, access, mobility and freedoms, it is easier to contextualize and frame disability as we do 'race' and examine it through comparisons to the African-American civil rights movement. Within this context, it sets the premise to further expand this examination to include trauma studies and critical race theory in light of how African American soldiers were viewed historically and how this created a framework for the way in which not only their military service but also their disabilities would be clouded with prejudices and stereotypes.¹⁴

The editorial scholars of 'Critical Disability Studies (1990s to Present)', Allen Brizee, J. Case Tompkins, Libby Chernouski, Elizabeth Boyle and Sebastian Williams, discuss how it is important to understand disability as part of one's identity, much like race, class, gender, sexuality, and nationality.¹⁵ Because of its concern with the body and embodiment, disability studies also intersect with other critical schools like critical race theory and trauma studies. The racialization of disability pertains to have 'disability

¹³ Dan Goodley, 'Learning Difficulties, the Social Model of Disability and Impairment: Challenging Epistemologies.' *Disability and Society* 16 (2001): 210-212.

¹⁴ The Center on Human Policy, Law, and Disability Studies. NCR Fact Sheet; available at http://thechp.syr.edu/wp-content/uploads/2013/10/fs_disabilitystudies1.pdf [accessed 28 June, 2018].

¹⁵ Allen J. Brizee, Case Tompkins, Libby Chernouski, Elizabeth Boyle and Sebastian Williams, 'Critical Disability Studies (1990s to Present)'; available at <https://owl.english.purdue.edu/owl/resource/722/15/>. [accessed 7 June 2018].

has always been racialized and how race has been conceived as disability'.¹⁶ Since at least the 19th century, race and disability have been intertwined and linked to ideologies of evolutionary hierarchy. Attributions of disability were often used to justify the institution of slavery and deny basic rights to African Americans have had concomitant negative consequences, such as denial of benefits.¹⁷

As Daniel Morrison and Monica Casper believe that disability studies have erased the moment(s) of trauma in service to a social constructionist framework.¹⁸ Trauma theorist Cathy Caruth further defines trauma as:

An overwhelming experience of a sudden or catastrophic event in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucination and other intrusive phenomena. The experience of the soldier faced with sudden and massive death around him, for example, who suffers this sight in a numbed state, only to relive it later in a repeated nightmare, is a central and recurring image of trauma.¹⁹

Women's and Gender Studies scholar Leigh Gilmore claims that trauma, that comes from the Greek τραῦμα, meaning 'wound', refers to the self-altering, even self-shattering experience of violence, injury, and harm or as a wound of the soul- a spiritual or mental injury that is linked to memory. Trauma, in this sense, not only injures the body, but it also wounds the memory.²⁰

In disability studies, Morrison and Casper argue that trauma is not understood metaphorically, but rather practically and politically. They draw a distinction in their work between trauma as a marker and critical trauma studies as a reflexive analytical perspective. Such a distinction is similar to that drawn between disability as an indicator and the critical focus of disability studies. To further emphasize this, the significant part of critical trauma studies is the tensions between everyday occurrences and the extreme, between individual identity and collective experience, between history and the present, between experience and representation, between facts and memory, and between the 'clinical' and the 'cultural'. Trauma is therefore interrogated to determine its own capacity for political and cultural work. Thus, while both trauma studies and disability studies focus on the body and its harms, each field has its own premises, goals and limitations. Peering at disability through a trauma studies lens would, on the surface, seem to amplify precisely those embodied disruptions that disability scholars often seek to minimize or contextualize.²¹ Did the war take the identity of the African American Vietnam veteran? Did the trauma of war, as Leigh Gilmore suggests, wound his soul?

¹⁶ Stella Bolaki, 'Challenging Invisibility, Making Connections: Illness, Survival, and Black Struggles in Audre Lorde's Work', in *Blackness and Disability: Critical Examinations and Cultural Interventions*, ed. Chris Bell (East Lansing, MI: Michigan State University Press, 2011), 48.

¹⁷ Douglas C. Baynton, 'Disability and the Justification of Inequality in American History', in *The New Disability History: American Perspectives*, eds Paul K. Longmore and Lauri Umansky (New York: New York University Press, 2001), 36.

¹⁸ Daniel J. Morrison and Monica Casper, 'Intersections of Disability Studies and Critical Trauma Studies: A Provocation', *Disability Studies* 32.2 (2012): no pagination; available at <http://dsq-sds.org/article/view/3189/3073>. [accessed 28 June 2018].

¹⁹ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 1996): 11.

²⁰ Leigh Gilmore, *The Limits of Autobiography: Trauma and Testimony* (Ithaca: Cornell UP, 2001), 6, 25.

²¹ Daniel J. Morrison and Monica Casper, 'Intersections of Disability Studies and Critical Trauma Studies: A Provocation', *Disability Studies* 32. 2 (2012): no pagination; available at <http://dsq-sds.org/article/view/3189/3073>. [accessed 28 June 2018].

Did fighting in a war for civil liberties for others diminish his own fight for civil rights at home? Did being viewed and treated as a second-class citizen further burden his identity once home from the war? A more detailed profile of the African American soldier might help provide some insight and answers to these aforementioned questions.

The African American Soldier

Historically speaking, the African American soldier was stereotyped as ‘child-like, careless, shiftless, irresponsible, secretive, superstitious, more likely to be guilty of moral turpitude, comic, emotionally unstable, musically inclined, with good rhythm - if fed, loyal and compliant - lacking in physical courage and psychological characteristics which make him inherently inferior.’ White officers who commanded Black troops in World War I made these remarks in a War College report of 1936.²² These stereotypical images have distorted the perception and expectations of all African American servicemen. *The New Yorker* writer, Peter Baker, shares that when World War I started, it was questioned whether African Americans should fight for a country that was denying them rights to full citizenship. 380,000 African American men heeded W.E.B. DuBois’s call to enlist in a segregated Army in hopes of improving the conditions for African Americans at home. However, they were still confronted with how their service might undercut the racial hierarchy of the nation. Despite this, 1.3 million African Americans enlisted during World War II.²³ As Todd C. Shaw discusses even after emancipation from slavery, African Americans were still denied meaningful citizenship rights by the ‘veil’ of race and racism though they contributed what DuBois calls the ‘gifts’ of their souls. Thus, American racism imposed an identity dilemma upon African Americans and affected their expressions of patriotism.²⁴

To better understand the racial demographics of the Vietnam War and how that impacted the exposure to injuries and combat trauma, the *VFW Magazine* and the Public Information Office published a statistical profile. 88.4% of the men who actually served in Vietnam were Caucasian; 10.6% (275,000) were black; 1% belonged to other races. 86.3% of the men who died in Vietnam were Caucasian (includes Hispanics); 12.5% (7,241) were African American; 1.2% belonged to other races. 86.8% of the men who were killed as a result of hostile action were Caucasian; 12.1% (5,711) were African American; 1.1% belonged to other races. 14.6% (1,530) of non-combat deaths were among blacks. 34% of African Americans who enlisted volunteered for the combat arms. Overall, African Americans suffered 12.5% of the deaths in Vietnam at a time when the percentage of African Americans of military age was 13.5% of the total population.²⁵ As shown in ‘Vietnam War Casualties by Race, Ethnicity and Origin,’ the combination of our selective service policies, testing of both drafted and volunteers, the need for skilled enlisted men in many areas of the armed forces, all conspired to assign

²² John Hoberman, *Darwin’s Athletes: How Sport Has Damaged Black America and Preserved the Myth of Race* (New York: Houghton Mifflin, 1997), 67.

²³ Peter Baker, ‘The Tragic, Forgotten History of Black Military Veterans’, *The New Yorker* (27 November 2016); available at <https://www.newyorker.com/news/news-desk/the-tragic-forgotten-history-of-black-military-veterans>. [accessed 7 June 2018].

²⁴ Todd C. Shaw, ‘Two Warring Ideals: Double Consciousness, Dialogue, and African American Patriotism Post-9/11’, *Journal of African American Studies* 8.1-2 (2004): 20.

²⁵ ‘Vietnam War Statistics’, *VFW Magazine* and the Public Information. HQ CP Forward Observer -1st Recon Office April 12, 1997; available at http://history-world.org/vietnam_war_statistics.htm. [accessed 27 June 2018].

African Americans in greater numbers to the combat units of the Army and Marine Corps. Early in the war during 1965 and 1966, when African Americans made up about 11.0% of the Vietnam force, African American casualties soared to over 20% of the total. After African American leaders protested and President Johnson ordered that African American participation should be cut back in the combat units, the African American casualty rate was cut to 11.5% by 1969.²⁶ As further discussed by *Encyclopedia of the Vietnam War: A Political, Social, and Military History*, African Americans often did supply a disproportionate number of combat troops and represented almost one-fourth of the Army's killed in action. In 1968, African Americans, who made up roughly 12% of Army and Marine total strengths, frequently contributed half the men in front-line combat units, especially in rifle squads and fire teams. Under heavy criticism, Army and Marine commanders worked to lessen African American casualties after 1966, and by the end of the conflict, African American combat deaths amounted to approximately 12%—more in line with national population figures.²⁷

By the time the last American troops pulled out in 1973, according to Brende and Parson, nearly 2.8 million soldiers had been deployed to Vietnam. Nearly 100,000 American soldiers left Vietnam with physical disabilities with approximately '800,000 war veterans suffering from varying degrees of post-traumatic stress disorder, disorders that are significantly intrusive enough to rob their lives of fulfillment and meaning'.²⁸ Estimates place the casualties of American troops at close to 58,000 which includes over 10,000 lost to accidents and/or disease and the number of the wounded is well over 300,000. Sociologist Terri Kovach discusses that nearly a third of the hundreds of thousands of heavy combat veterans from the Vietnam War suffered from severe PTSD. Vietnam Veterans were particularly vulnerable to stress symptoms because of the length of the war, deployment patterns, guerilla tactics, the perceived lack of purpose, and the increasing unpopularity of the war, often resulting in veterans being treated with contempt.²⁹ Some elements of the homecoming experience are more likely than others to predict PTSD. David Johnson and other scholars discuss how the negative personal interaction, resentment, and shame within the first few months of homecoming were also associated with the PTSD. Other predictors of PTSD followed by combat exposure, pre-military factors, and postmilitary stress, even though some of the homecoming stress may have been compounded by PTSD symptoms that were already present in the returning veteran.³⁰ Health economist Emilia Simeonova adds that the large and persistent differences in health outcomes between African Americans and whites have sometimes been attributed to differences in the quality of the facilities in which they receive care based on access, socio-economic patient population, the level of segregation in health care facilities and disparities in minority health care. Researchers in

²⁶ 'Vietnam War Casualties by Race, Ethnicity and Origin'; available at <http://www.americanwarlibrary.com/vietnam/vwc10.htm>. [accessed 15 June 2018].

²⁷ Spencer Tucker, ed. *Encyclopedia of the Vietnam War: A Political, Social, and Military History and Military History* (Oxford: ABC-CLIO, 1998); available at http://www.english.illinois.edu/maps/poets/s_z/stevens/africanamer.htm. [accessed 18 June 2018].

²⁸ Joel Osler Brende and Erwin Randolph Parson, *Vietnam Veterans: The Road to Recovery* (New York: Plenum Press, 1985), ix.

²⁹ Terri Kovach, 'Vietnam in the Later Family: Self-reported Symptoms and Interpretations of Posttraumatic Stress', *Michigan Family Review* 17.1 (2013): 44.

³⁰ D.R. Johnson, Lubin, Fontana Rosenheck and Charney Southwick, 'The Impact of the Homecoming Reception on the Development of Posttraumatic Stress Disorder: The West Haven Homecoming Stress Scale (WHHSS)', *Journal of Traumatic Stress* 10 (1997): 262.

psychology have examined combat veterans in relation to identity formation, quality of life, and resilience.³¹ *Military Times* writer, Carl Prine discusses how African Americans suffered higher rates of post-traumatic stress disorder and other mental health problems than other races, mostly because they were more likely to experience combat because they served in ground units. African Americans were also more likely to have been exposed to the Agent Orange dioxin while serving in Vietnam which was ultimately linked to such conditions as cancer and heart disease.³² Don Wilkins adds that it was not until 1991 that Congress passed the Agent Orange Act that gave the Department of Veterans Affairs the power to declare certain health conditions as 'presumptive' to dioxin exposure.³³

James Westheider contends that while combat duties created significant stressors for soldiers and PTSD is a serious disorder that affects veterans of all races, it often affects African American veterans most frequently, with one study reporting that nearly 40 percent of all [African American] veterans showed symptoms of stress disorder, compared to about one in five whites.³⁴ Brende and Parson further define PTSD (historically known as shell shock or combat stress) as the development of characteristic symptoms following a psychologically traumatic event that is generally outside the range of usual human experience. The characteristic symptoms involve re-experiencing the traumatic, numbing of responsiveness, reduced involvement with the external world, symptoms of depression and anxiety, increased irritability associated with unpredictable explosions of aggressive behavior, hyper-alertness or exaggerated startle response, sleep disturbances, recurring nightmares, guilt about surviving when others have not, guilt about behavior required for survival, memory impairment, trouble concentrating, avoidance of activities that arouse recollection of the traumatic event, and/or feelings of detachment or estrangement from other people.³⁵

According to Todd Shaw, approximately sixty-two years after DuBois first wrote about double consciousness, his demands of Black political, economic, and social equality were fulfilled by the 1964 Civil Rights Act and 1965 Voting Rights Act. But now more than fifty years after those reforms and more than forty years since the end of the Vietnam War, there has been significant change in the specific manifestations that race and racism have assumed since the days of strict Jim Crow segregation. For African American Vietnam Veterans, their experiences and identities, since their homecomings, as disabled veterans, clash with racial structures that underlie the DuBois notion of the veil of race and emphasize other forms of unequal double-ness that they have encountered in the healthcare system.³⁶ To further expand on what Leslie Reagan believes, the field of disabilities should not only focus on the damage done to bodies in

³¹ Emilia Simeonova, 'Race, Quality of Care and Patient Outcomes: What Can We Learn from the Department of Veterans Affairs', *International Atlantic Economic Society* 37 (2009): 279.

³² Carl Prine, 'Black Vets Accuse VA of Unfair Treatment', *TribLiv* May 26, 2013; available at <https://triblive.com/news/allegheeny/4074530-74/veterans-hill-claim>. [accessed 28 June 2018]

³³ Don Wilkins, 'Agent Orange Catching Up to Vietnam Veterans Decades Later', *Military Times* (27 February 2016); available at <https://www.militarytimes.com/veterans/2016/02/27/agent-orange-catching-up-to-vietnam-veterans-decades-later/>. [accessed 28 June 2018].

³⁴ James Westheider, *Fighting on Two Fronts: African Americans and the Vietnam War* (New York: New York University Press, 1997), 175.

³⁵ Joel Osler Brende and Erwin Randolph Parson. *Vietnam Veterans: The Road to Recovery* (New York: Plenum Press, 1985), 77-8.

³⁶ Todd C. Shaw, 'Two Warring Ideals: Double Consciousness, Dialogue, and African American Patriotism Post-9/11', *Journal of African American Studies* 8. 1-2 (2004): 20-37.

war and the reaction to, treatment of and debate about veteran bodies in post-war years but also on the catastrophic and traumatic efforts that rendered the bodies such damage.³⁷ Alan Foley adds to the discussion that often disability studies view disability in terms of culture and identity and/or as a label and a social construct while also using different language to refer to the people at the center of inquiry in this discourse.³⁸

Expanding the Discussion: Critical Trauma Studies and Critical Disability Studies

Vietnam veterans must continue to name their service, reference other veterans and emphasize their patriotism and willingness to serve, their masculine identity is firmly displayed based on their own morals. Despite systematic racial disparities in healthcare, the African American Vietnam veterans have also been able to fight and secure the health services and disabilities payments they sought and earned through their service and honor and quite honestly, that they were owed.³⁹ As an African American soldier fighting in Vietnam during the Civil Rights Movement, his identity was already conflicted by societal pressures, so my father's wartime diary emphasized the inevitable destruction war has on the lives of those who fought it. If, as Morrison and Casper argue, critical trauma studies and critical disability studies might usefully engage one another on a level in which we understand the notion that traumatic events may cause disability and that disabilities are often perceived as traumatic, then what might the social structure become for African American Vietnam veterans and how might we expand the discussion beyond just TBI (traumatic brain injury) and PTSD to offer additional insight into war, suffering, politics of diagnosis and/or lived experiences. Disability is a socially constructed definition imposed on people who may or may not agree to this characterization, and a disabled person is used to draw attention to the centrality of disability in individual identity. In fact, many races, classes, ethnicities, and other parts of identity have been classified as or associated with disabilities in the past. Thus, intersectionality affords crucial insights about the racialization of disability, compelling us to focus on both the power of assigning categories to individuals and on the authority of those categories to have social and material consequences and to refocus attention on the physical acts of disabling—the signal moments of bodily breach and psychic tear—feels dangerous.⁴⁰ This speaks directly to the essential need for political action and social change so imposed labels and definitions do not further marginalize war veterans beyond the trauma of war.

Since the Veterans Administration requires evidence of service and medical records as a part of the disability application, my father was able to use not only the medical reports that began during his service and beyond but also the diary that he kept during his tour-of-duty. His writings not only helped him define himself as a young African American man and soldier, but it also marked moments of stress and injury. American Studies scholar Simon Wendt contends that a crucial affirmation of African

³⁷ Leslie J. Reagan, 'My Daughter was Genetically Drafted with Me': US-Vietnam War Veterans, Disabilities and Gender', *Gender and History* 28.3 (2016): 834.

³⁸ Foley, Alan. 'What Is Disability Studies?', Syracuse University; available at <http://disabilitystudies.syr.edu/question/what-is-disability-studies/>. [accessed 05 June 2018].

³⁹ Leslie J. Reagan, 'My Daughter was Genetically Drafted with Me': US-Vietnam War Veterans, Disabilities and Gender', *Gender and History* 28.3 (2016): 834.

⁴⁰ Morrison and Casper.

American manhood is often connected to violence, whether it is by armed resistance, the physical necessity to confront racist attackers, the ability to protect one's family, especially the women, from insult or attack, or the ability to disprove and defy racist stereotypes while not acknowledging the actual shaming that racism inflicts, which some of these aspects became a part of my father's journey through the VA system.⁴¹ At the age of 71, my father's service-connected illnesses and injuries include chloracne, migraines, hypertension, diabetes mellitus type 2 with neurological manifestations and peripheral circulatory disorders; peripheral neuropathy, moderate nonproliferative diabetic retinopathy, diabetic macular edema, prostate cancer, elevated prostate specific antigen (PSA), malignant stomach tumor, colonic polyps, hyperlipidemia, bone marrow metastasis, acquired onychodystrophy/onycholysis, diastolic heart failure, restrictive lung disease, spinal stenosis in cervical region, anemia due to unknown mechanism, benign essential hypertension, personal history of exposure to Agent Orange, multiple myeloma and PTSD. He is prescribed at least twenty-three (23) medications. With each disability, the severity must be re-evaluated so the compensation, based on the VA's combined rating scale, reflects the accuracy of having multiple service-connected disabilities. Now, his identity is defined by a social construct devised by the VA based on rating scales, percentages, denials and approvals. In 2003, after eleven years of fighting the bureaucracy of the VA system, writing several letters to our local representatives and Congressmen, my father, with his combined disabilities, finally received a high enough percentage on the disability rating scale to be declared total and permanently disabled. His personal struggle for social change within the VA system lasted for over a decade. This battle burdened by his multiple disabilities that can neither be eradicated nor fixed, as the medical model of disability studies suggests, speaks directly to the need to expand both the medical and social model of disability studies. This expansion should include critical trauma studies and take into consideration that the traumatic events of war can cause war injuries and disabilities and those disabilities may, in turn, create a traumatic lived experience for a veteran living in a society that has historically marginalized his very existence. The scope of critical trauma studies should include the notion of the social construction of disability; thereby, emphasizing how trauma can be created or even exacerbated by a disabling society.

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⁴¹ Simon Wendt, 'They Finally Found Out that We Really Are Men': Violence, Non-Violence and Black Manhood in the Civil Rights Era', *Gender & History* 19.3 (2007): 523-59.

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Dubla conștiință și dilema dizabilității. Trauma și veteranul afro-american

Rezumat

Daniel Morrison și Monica Casper susțin că studiile despre dizabilitate și localizările lor culturale au fost remarcabil de tăcute în a face publice aspecte traumatice ale dizabilității. Studiile despre dizabilitate au păstrat tăcerea și în ceea ce privește relația continuă dintre evenimente șocante, impactul lor abrupt și cronic și nu au comunicat experiențe ale dizabilității. Acest articol explorează întâlnirea care ar trebui să aibă loc între studiile critice despre dizabilitate și studiile critice despre traumă pentru a explora modul în care veteranii de război de origine afro-americană, care au trăit trauma războiului și conflictului și au devenit persoane cu dizabilități sunt în continuare marginalizate de constrângerile referitoare la rasă, la clasa socială sau la gen ale societății. Acest eseu se concentrează pe înțelegerea ideologiei dublei conștiințe a sociologului și istoricului W.E.B. DuBois, a teoriei critice rasiale și a studiilor culturale și reflectează asupra modului în care acestea au subliniat cu precădere intersecția dintre rănilor provocate de război și dizabilitate, cu un mare impact asupra opresiunii rasiale, de clasă și socio-economice trăite de veterani, studii care au contribuit la ceea ce serviciul militar și dizabilitățile veteranului afro-american relevă despre identitatea masculină.