



BACKGROUND

Published by the Truman National Security Project

Forgetting Our Finest

Even After Headlines, Injured Combat Veterans Have to Fight for Needed Treatment

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14 November 2007

When the terrible conditions at the Walter Reed Medical Center made headlines earlier this year, the state of veterans' health care in the U.S. became a national embarrassment. But the Walter Reed scandal was a wake up call to a broader ongoing scandal: our veterans are not being afforded the respect they are owed, the benefits they deserve, or the treatment they need. Inquiries such as the recent Dole-Shalala Commission on Wounded Warriors have begun the process of addressing this situation, but much remains to be done.

Veterans deserve quality health care to heal their injuries from combat and assist them in their civilian lives. Nothing could be less controversial or more obvious. Not every citizen chooses to put their life on the line for their country; it is because of those citizens who willingly join our all-volunteer military that we do not need a draft. Our nation has a duty to take care of its sons and daughters who serve; in particular, we must treat those who are injured in the line of duty, and help them transition back into civilian life when they finish their service.

A few stark facts show just how far we have fallen:

Veterans Are Left Without Health Care

Being a veteran is not enough by itself to get access to Veterans' Administration (VA) care. VA funding is not an entitlement in the federal budget; it is considered discretionary spending. Decades of underfunding the VA have left the agency without the resources to care for all veterans as needed. And in 2005 and 2006, "unrealistic

assumptions, errors in estimation and insufficient data" lead to a VA budget shortfall of about \$3 billion, according to testimony before a House subcommittee.

Starting in 2003, just as we invaded Iraq, the Bush administration limited VA health care eligibility to veterans earning below certain income levels and those with combat-related health problems. In practice, this new priority system now excludes hundreds of thousands of lower middle-class veterans from obtaining VA medical care.

In addition, many veterans qualify for VA care but are too far away from VA facilities to claim their benefits. As of 2004, almost one million eligible American veterans went without

VA medical care.

Tens of thousands of veterans are waiting for their primary-care appointment to be scheduled. Between April 2005 and April 2006, the number waiting actually doubled, from 15,211 to 30,475.

In February 2006, the VA claimed it was expecting only 2,900 new veteran PTSD cases in FY 2006. The actual number is likely to be about six times that, according to the most recent Department of Defense Mental Health Assessment Team study. Despite more than 6,000 Iraq and Afghanistan vets seen at Vet Centers for PTSD, Vet Center staff has only increased by 10%. In October 2006, almost one-third of Vet Centers said they needed more staff. Even a VA Deputy Undersecretary has admitted that waiting lists render mental health and sub-

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stance abuse care "virtually inaccessible."

Veterans Face Long Waits for Disability Claims

The VA has about 400,000 pending disability claims, including 83,000 that have been waiting six months or more to be processed. Since 2003, the VA claims backlog has increased by over 50% to 378,000 pending disability claims. Average wait time on a VA claim is 177 days. The VA is currently projecting "relatively flat claim receipts in fiscal years 2007 and 2008" even as House subcommittee testimony suggests that the VA "will see 638,000 new first-time claims in the next five years due to the Iraq war."

Adding to the delays, there are fewer VA employees reviewing and approving veterans' disability claims now than before the U.S. invaded Iraq in 2003. According to the American Federation of Government Employees, the VA has cut over 100 veterans' service representatives since 2003. Inexplicably, these cuts were made in the months immediately before the invasion of Iraq, leaving the VA less capable of taking care of its new generation of combat veterans.

Furthermore, according to a recent GAO report, 12% of VA ratings decisions are inaccurate. And the average wait time for VA claim to be adjudicated through the appeals process is 657 days. Some cases have taken decades, and veterans receive no benefits while their appeal claims are pending, although if they succeed, their benefits will be backdated to the date of their application.

Constant Budget Cuts Penalize Vets

Balancing the budget has been one of our primary goals as we, as a nation, sink further into debt. But the current administration has determined that the obligations we owe our veterans are optional, and that shortchanging wounded vets is an appropriate way to save money.

Taking Away Bonuses: The Department of Defense has chosen to take money back from veterans who cannot complete their enlistments for medical reasons, by taking back their enlistment bonuses. This is wrong. If a veteran is wounded in the line of duty, he or she should not have to pay the government back for educational benefits or cash bonuses.

Increasing Fees and Co-Pays: These cuts have not yet gone into effect, but the administration has proposed sparing government costs by requiring that veterans with no service-connected disabilities pay a \$250 enrollment fee, or that members pay \$250 annually just to receive their VA benefits. Also, the administration has proposed

doubling the cost of prescription co-payments.

Denying Disability Payments: The administration has also proposed ending disability payments for veterans addicted to drugs or alcohol, even though drug and alcohol abuse are among the most common problems associated with combat stress.

Critical Staff Cutbacks: The number of licensed psychologists in the military has dropped by more than 20% in the last few years, even as rates of Traumatic Brain Injury and Post-Traumatic Stress Disorder have skyrocketed.

In its seemingly never-ending quest to short-change veterans, this administration is cutting corners everywhere it can. Congress needs to remain firm, as it has on some of the most egregious issues, and work to restore adequate funding for veterans' benefits.

Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD) Are Overlooked and Under-Treated

Traumatic Brain Injury is a growing problem in modern combat, and PTSD remains a major problem as well. TBI and PTSD screenings are not always conducted for returning veterans, or not detected because these can remain latent for months or years after combat. One study found that between 10 and 20 percent of otherwise healthy Iraq veterans have some level of TBI. This figure rises to one-third for wounded troops. Another study found that one in seven Iraq veterans suffers the symptoms of PTSD; the Department of Defense's latest Mental Health Assessment Team reports a much higher number, finding PTSD symptoms in one third of returning combat veterans.

Often, when PTSD or TBI is not recognized, a service member's symptoms may manifest themselves as inability to follow rules, and he/she may be dishonorably discharged with the damning label "personality disorder" and denied any further benefits. The services must get better at diagnosing PTSD and TBI in order to avoid this mislabeling, and the punishment of those who need help the most.

Current VA policy requires the veteran to prove his or her PTSD, and does not give the veteran the benefit of a doubt. This is wrong. The VA disability process should have a rebuttable presumption in favor of the veteran where the veteran can document his or her service and state that he or she suffered a combat injury. The system should not add to the injury by denying care.

There are also disturbing reports about informal prac-



tices by DoD and VA disability boards which have been used to suppress the disability ratings of troops. In February 2007, an Army inspector general found 87 separate problems with the Army's system for the medical evaluation of troops. Ron Smith, deputy general counsel for Disabled American Veterans, said "These people are being systematically underrated. It's a bureaucratic game to preserve the budget, and it's having an adverse affect on service members." Another investigation by the Tacoma News Tribune, looking into disability evaluations at Fort Lewis, WA, found that some raters were using a "Wal-Mart Greeter" standard to determine disability ratings: if the soldier was well enough to stand, smile and say hello, he or she would receive no more than a 10% disability rating. The DoD and VA need to conduct a top-to-bottom review of their antiquated disability ratings systems, and eliminate these kinds of abuses.

Most critically, every service member returning home from Iraq or Afghanistan should be properly screened for PTSD and TBI. Also critically important is to reduce the stigma associated with these two injuries - what many have called the signature wounds of the Iraq and Afghanistan wars. Congress must enact measures to reduce this stigma, to insist that the services take care of their own.

Finally, treatment for these conditions must be improved. The military is woefully short of expertise in this regard. One study found that only 10% of military psychiatrists, psychologists, and social workers reported having training in the VA and DOD recommended treatments for PTSD.

Ineffective Vocational Rehabilitation Clouds Vets' Future:

With proper treatment, injuries sustained during service do not have to impact a veteran's future career or health. The VA's Vocational Rehabilitation and Employment (VRE) program is a weak attempt to ease the transition into non-service life. Today, only 50 percent of those who apply for vocational rehabilitation and employment are accepted by the VA. With a 40 percent completion rate, this means that ultimately only one in five veterans who seek rehabilitation is successful.

This does not even scratch the surface of rehabilitation for PTSD or TBI sufferers. Exempting a special allowance, veterans are required to have a minimum 20% disability rating from the VA to be eligible for VRE. Veterans who suffer from PTSD or TBI have to struggle to obtain any disability rating, much less reach the 20% required to qualify for vocational benefits.

Our troops have sacrificed willingly and proudly for our

country, often for many tours of duty. Some have sacrificed life itself; others have sacrificed health, livelihoods, marriages, families. If veterans cannot get the health care they deserve after their service, many will lose their civilian futures as well. The systematic neglect of our veterans is also as shortsighted as it is shameful: today's troops, and tomorrow's potential troops, will decide whether to serve in the military in the future based in part on how they see veterans treated today.

Our veterans deserve our profound gratitude, respect, and support. They sacrificed for us. We owe them.

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