

US commission on wounded soldiers: stopgap measures for a veterans healthcare system in “meltdown”

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The Presidential Commission on Care for America's Returning Wounded Warriors (PCCWW) issued its final report on July 25. The commission was formed in response to February 2007 reports that severely injured soldiers were being forced to wait weeks and months for treatment in vermin-infested quarters in US military hospitals.

The PCCWW report comes as a string of reports and lawsuits depict a military and Veterans Affairs (VA) hospital system nearing a breakdown. Chaired by former Senator Bob Dole, a Republican, and former Health and Human Services secretary Donna Shalala, a Democrat, the commission held a photo-op with President Bush to promote its proposals on Wednesday.

Conservative Pentagon estimates place at more than 60,000 the number of US soldiers wounded since military operations began in 2001 in Afghanistan. Seen in light of recent reports on veterans' conditions and lawsuits, the PCCWW report glosses over the crisis in healthcare for these returning soldiers from the wars in Iraq and Afghanistan and will do little to address their severe physical and psychological injuries.

Responding to the commission's report, White House spokesmen were quick to note that the PCCWW should not expect implementation of its proposals “any time soon,” as the Pentagon and Veterans Affairs (VA) needed time to review them. Any action to implement the commission's recommendations must come from the Pentagon, VA or Congress. The PCCWW report makes no mention of funding or of a timeline for its proposals.

Despite Shalala's assertion that the PCCWW “knew Band-aids were not going to cut it,” several of its proposals are clearly stopgap measures. It proposes to create “comprehensive recovery plans” for “seriously wounded” troops, whose number it estimates at a mere 3,100. Faced with a major shortage of medical staff and injuries often requiring years of hospitalization, it proposes giving veterans' relatives housing subsidies for up to six months, so they can quit their jobs and care for the wounded.

Other proposals address pressing issues facing veterans—digitizing veterans' health information (which shockingly is still kept only on paper), “restructuring” and

“eliminating inequities” in disability payments, to “aggressively prevent and treat” Post-Traumatic Stress Disorder (PTSD), and recruiting “first-rate professionals” to Walter Reed Army Medical Center.

However, such suggestions are useless unless they are well funded and implemented, and the recommended funding is woefully inadequate. Officials calculated the PCCWW proposals' yearly cost at a mere \$500 million, perhaps \$1 billion in later years. With 1.5 million to 2 million soldiers deployed in Iraq and Afghanistan, half of whom are expected to seek treatment through the military or VA, this works out to only a few hundred dollars per veteran per year.

William Rollins, field services director of Paralyzed Veterans of America, told National Public Radio (NPR) that it is “probably a bit utopian to think that everything will be fundamentally changed.” He noted that several of his recommendations—that all troops be automatically signed up for VA care after they leave the military, and that veterans with serious injuries be automatically signed up for certain benefits appropriate to the injury—had been left out of the PCCWW report.

According to a Pentagon tally publicized by Veterans for Common Sense (VCS), US casualties in Iraq through June 30, 2007, included 3,572 fatalities, 26,558 soldiers wounded in action, and 27,689 air evacuations for “non-hostile injury” and medical conditions. Corresponding figures for Afghanistan were 403 fatalities, 1,361 and 5,695. The number of non-fatal casualties thus stands at least at 61,303.

This roughly 15:1 wounded-to-fatality ratio is unprecedented in modern warfare. The ratio was about 2:1 in World War II (about one third of casualties were fatalities), and 2.6:1 in Vietnam. Medical advances and US control of Iraqi battlefields have resulted in an upsurge of US troops surviving with extremely serious injuries.

A January 2007 study by Harvard University Public Finance Professor Linda Bilmes cites Pentagon figures, backed by several press reports on the percentage of seriously wounded troops, that at least 10,000 wounded have suffered brain trauma, spinal injuries, or amputations. Inexplicably, the

PCCWW report listed only 3,464 soldiers with these conditions.

Veterans are also flooding into VA hospitals. VA figures collected by Bilmes show that, as of January 2007, 205,097 discharged veterans had applied for VA treatment. They exhibited many illnesses, notably musculo-skeletal diseases (87,590 cases), mental disorders (73,157), “ill-defined” conditions (67,743), digestive diseases (63,002) and infectious or parasitic diseases (21,362).

Other studies suggest even higher disease rates among veterans. Bilmes estimated the cost over the next 40 years of treating Iraq and Afghanistan veterans at between \$349 billion and \$663 billion (2007 dollars), with the higher figure more likely due to the ongoing “surge” of US forces in Iraq and rising healthcare costs.

A May 2007 survey in the *Journal of Occupational and Environmental Medicine* found veterans had an average of four health concerns and 2.7 exposure concerns (typically to garbage and human waste, dangerous vaccines, and depleted uranium). According to this study, an amazing 49 percent of reservist veterans and 35 percent of regular veterans of the Iraq and Afghanistan wars had Post-Traumatic Stress Disorder (PTSD).

VA and military hospitals are overwhelmed. Press reports estimate the VA’s current backlog of cases at 600,000. The average adjudication period for a request is about six months (177 days), with appeals of denials averaging two years, whereas the health insurance industry average for adjudicating a request (including appeals) is 89.7 days. Discontent is mounting, according to the PCCWW report—under 40 percent of troops and veterans claim to be “satisfied” with disability benefits, and only 42 percent of troops and veterans claim to understand the process of filing for VA benefits.

The inadequacy of the current VA systems was underscored by a lawsuit filed against the VA in the District Court of Northern California by two veterans’ organizations, VCS and California’s Veterans United for Truth (VUFT). Citing backlogs and challenging VA treatment practices, it charged that “shameful failures” by the VA administration “have led to a virtual meltdown in the VA’s ability to provide appropriate healthcare and benefits” for US veterans of Iraq and Afghanistan.

The suit details two particular weaknesses of the VA: its inability to treat veterans with PTSD, and the massive legal logjam created by appeals to VA rejections of claims. It states that only 27 of 1,400 VA facilities nationwide have inpatient PTSD facilities, and notes the link between failure to treat PTSD and the very high suicide rate among veterans of the current wars. It quotes Judge Paul Michel on the risk that veterans’ appeals of VA denials “could swamp” the Federal Circuit Court of Appeals, with “catastrophic” effects.

The suit seeks to bar “challenged VA practices,” including protracted delays in adjudicating veterans’ claims, pressure by the VA administration on local VA offices to deny claims, and

“alteration or doctoring” of veterans’ files by VA staff.

Further underhanded practices are coming to light with mounting evidence of an official military policy to cut down on reporting of PTSD. In several cases documented by NPR, soldiers who reported having PTSD to their superiors were discouraged from going to the hospital, then ultimately forced out of the army for misconduct and drug abuse related to their illness.

Richard Travis, a former army prosecutor, explained to NPR the obvious financial incentive for the armed forces in discouraging treatment of PTSD: “The Army has to pay special mental health benefits to soldiers discharged due to PTSD. But soldiers discharged for breaking the rules receive fewer or even no benefits.” Many such soldiers receive dishonorable discharges, which do lasting damage to their civilian careers.

In fact, according to the July 23 findings of the Veterans Affairs Committee of the US House of Representatives, the military has discharged over 22,500 troops for personality disorders since 2001. Its press release noted that soldiers are psychologically screened twice before being sent into combat, so that any personality disorders discovered after combat are the responsibility of the armed forces. In short, these 22,500 troops have been psychologically traumatized and then disposed of, financially and medically speaking, by the military.

The human cost of the failure to treat veterans’ PTSD was underlined by the July 26 decision by the family of the late Lance Corporal Jeffrey Lucey to sue the VA on wrongful death charges. Lucey returned from Iraq deeply traumatized, and told his family he was a “murderer” for having followed orders to shoot unarmed Iraqi prisoners. His family sent him to a VA medical center in May 2004, but the VA discharged him after four days, refusing to say whether he had PTSD; it refused to re-admit him in June. Lucey hanged himself on June 22, 2004.



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