

# US veteran population: a mounting social catastrophe

Naomi Spencer

20 November 2007

As thousands of troops from Iraq and Afghanistan return to the US, the dimensions of the social burden of war are beginning to take shape. A number of recent reports highlight the toll colonial occupation has taken on the physical and mental health of military personnel, as well as the lack of US government medical and financial assistance awaiting them on their return.

Incidence of veteran suicide, homelessness, drug addiction, incarceration, severe poverty, unmanaged mental illness, and the redeployment of mentally unstable troops all point to a growing social crisis faced by returning soldiers and a military on the verge of collapse.

More than 3,860 US troops have been killed in Iraq, and well over 60,000 soldiers have been wounded in Iraq and Afghanistan since 2001. Because of medical and technological advances, the ratio of survivors to fatalities in the current war operations is greater than in any other war in modern history. Thousands of wounded soldiers are surviving with extremely serious injuries, and many more suffer untreated psychological and brain trauma on the battlefield.

When these soldiers return to the United States, they face long waits for medical care in overcrowded, mismanaged, and underfunded Department of Veterans Affairs (VA) facilities—or drop out of the system entirely, into all manner of social misery.

The volume of cases is overwhelming an already ill-prepared system. On November 14, Veterans for Common Sense reported that the VA admitted in court filings related to a lawsuit against it by the group that nearly 264,000 Iraq and Afghanistan veterans were treated in VA hospitals and clinics through October 2007. In 2008, the VA expects to treat 300,000 Iraq and Afghanistan veterans, according to House Veterans' Affairs Committee Chairman Bob Filer. The government estimates healthcare will cost upwards of \$650 billion for veterans of the two wars.

Even conservative estimates from the military suggest an epidemic of mental trauma among new veterans. The Pentagon reported earlier this year that of the 1.6 million military personnel deployed to Iraq and Afghanistan, 38 percent of Army and fully half of National Guard service members have been diagnosed with mental illness.

One of the most common injuries is among the most difficult to diagnose and treat: traumatic brain injury, or TBI. Symptoms, which can range from irritability and dizziness to forgetting how to walk and talk, often take weeks to surface and worsen over time.

According to the Defense and Veterans Brain Injury Center, more than 4,200 returned troops have been seen for TBI at military hospitals this year. Doctors believe that thousands more troops suffer TBI but have not reported it. Post-deployment screenings of returning troops suggest that one in five have sustained TBI, most from proximity to roadside bomb detonations.

Reflecting the brutal nature of the occupation, Post Traumatic Stress Disorder, PTSD, has also been diagnosed in a large percentage of returned combat troops. A recent survey conducted by the Walter Reed Army

Institute of Research found that, of nearly 22,000 returned personnel diagnosed with PTSD, four in five had either fired weapons in order to kill or witnessed someone being killed or wounded.

A new study by the institute of 88,235 soldiers, published in the *Journal of the American Medical Association* November 14, revealed that while only 4 to 5 percent of soldiers were referred for mental health care in their initial Post-Deployment Health Assessment, the percentage leaped up in follow-up exams.

After three to six months, more than 20 percent of active-duty soldiers and more than 42 percent of reserve soldiers who had served in Iraq or Afghanistan were recommended for mental healthcare for post-combat stress and PTSD. Severe depression rates doubled, from 5 percent to 1 in 10 soldiers; reports of conflict with family and friends rose from 3.5 to 14 percent for active-duty personnel and from 4 to 21 percent for returned reservists.

The institute concluded that earlier estimates were inaccurate assessments of the prevalence of trauma because of the early timing of mental health screenings. "The study shows that the rates that we previously reported based on surveys taken immediately on return from deployment substantially underestimate the mental health burden," the authors wrote.

The result of underestimation is lack of care for traumatized veterans. A September report from the Government Accountability Office (GAO) suggested that half of the military's so-called Warrior Transition Units had "significant shortfalls" of caregiving staff. The GAO stated that "46 percent of the Army's returning service members who were eligible to be assigned to a [Warrior Transition] unit had not been assigned due in part to staffing shortages," and that over half of the units had staffing shortfalls of more than 50 percent.

Large numbers of new veterans are abandoned by the military both financially and medically, and the burden of medical care falls overwhelmingly onto the shoulders of those least prepared to cope, family members or the soldiers themselves.

Soldiers recruited from economically distressed areas are thrust back into them with enormous medical and psychological challenges. According to the National Alliance to End Homelessness (NAEH), thousands of returned Iraq and Afghanistan veterans have already been identified among the millions of homeless in America.

Based on 2005 figures from the VA and the Census Bureau, the NAEH estimated that in 2006, on any given night, 194,254 homeless people were veterans. Just under half a million combat veterans—one in four homeless persons—lived on the street for at least part of the year.

The government actually puts the proportion higher. As of August 2007, the VA estimates that one in three homeless people are veterans. While there are nearly 200,000 homeless veterans, the government provides only 15,000 shelter beds nationwide to supplement the 8,000 supplied by local non-profit organizations. The VA web site notes, "Many other veterans are considered near homeless or at risk because of their poverty, lack of

support from family and friends, and dismal living conditions in cheap hotels or in overcrowded or substandard housing.”

Ricky Singh of Black Veterans for Social Justice told OneWorld news service, “What typically happens to young adults who go into the military at 17 or 18, when they return home, the same kind of economic conditions that forced them towards the military still exist or have gotten worse.”

The vast majority of homeless veterans are single males from poor economic backgrounds. About 45 percent suffer mental illness, and 70 percent suffer alcoholism or other drug dependency; 56 percent are ethnic minorities.

Unsurprisingly, a large number of veterans are also incarcerated. Justice Department statistics suggest roughly 12 percent of the 7 million people within the corrections system—in prison, jail, or on parole—have served in the military. Four in five incarcerated veterans reported drug dependency, and nearly a quarter held in jails were homeless in the year before arrest. A quarter were also identified as mentally ill.

Lack of affordable housing is the primary driver of homelessness in general, the NAEH states, and while veterans as a subset of the population in general have high rates of home ownership, a significant segment of the Vietnam and post-Vietnam veteran population face severe housing burdens. Rather than returning to an economic boom, veterans from wars of the past four decades have come home to an economic vacuum, particularly in the manufacturing sector where veterans of previous generations were able to enter the workforce.

Besides the half a million homeless veterans, the NAEH estimates 467,877 veterans were “severely rent burdened and paying more than 50 percent of their income for rent.” This group is considered at risk for homelessness. “More than half (55 percent) of veterans with severe housing cost burden fell below the poverty level and 43 percent were receiving food stamps,” the report states.

The plight of mentally ill veterans does not end with adjustment problems in the United States. Many are sent back into war, dangerously compounding psychiatric trauma.

Reflecting the unpopularity of both the war and the prospect of a draft, enlistment standards have been substantially relaxed over the past few years to allow recruitment of people with mental illness and criminal records. At the same time, the Pentagon has extended tours and made it much more difficult to leave the military and still qualify for disability benefits.

Even so, the military is experiencing a significant troop shortage in the two wars, creating a numbers problem for the Bush administration’s plans for a war against Iran.

Current military policy allows soldiers diagnosed with serious mental problems to be redeployed to combat zones if they are assessed as stable for three months. According to a November 11 investigation by Boston’s ABC affiliate station, WCVB TV/DT Channel 5, the National Guard and Army were redeploying soldiers diagnosed with PTSD in direct violation of already lax standards.

The report cited the redeployment of a 25-year-old soldier, Damian Fernandez, who had been classified as 70 percent disabled from PTSD. “Everyday, for 365 days, they were under attack there,” his mother told WCVB. “Bombings and land mines were in the street and he saw his fellow soldiers killed.” After Fernandez got his order to redeploy, his mother said, “All day long he was just getting more and more agitated until he said he was going to kill himself rather than go back.”

An Army soldier, Michael DeVlieger, got the order to redeploy just one day after being released from a Kentucky military hospital for acute stress disorder, the station reported. “The closer that it got, he kept saying, ‘Mom, I’m going to die, I’m not coming back this time. I’m feeling it, I’m dreaming it. I’m not coming back,’ ” his mother said.

Extreme psychological distress among active-duty troops is reflected in the occasional official figures released concerning suicide and self-harm.

The Department of Defense recognizes 130 self-inflicted fatalities among US personnel since 2003 in Iraq.

This is a substantial understatement of suicide rates in the military. An Army Suicide Event Report made public in August 2007 revealed 97 cases of suicide among US Army personnel last year alone—the highest rate of suicide in 26 years. The report documented at least 948 suicide attempts by Army personnel in 2006.

Yet an investigation by CBS News suggests these suicide figures are barely the tip of the iceberg. As reported by Armen Kieteyian on CBS Evening News November 13, suicides are not systematically tracked by the military. Through a Freedom of Information Act request, the network obtained Defense Department documents enumerating nearly 2,200 suicides among active-duty personnel between 1995 and 2007, including 188 in the past year.

When CBS related the figures to Ira Katz, head of the VA’s mental health division, asking why the military has not conducted a national study, Katz told the network, “There is no epidemic in suicide in the VA, but suicide is a major problem.”

CBS requested information from state vital statistics agencies on suicide data for veterans and non-veterans dating back to 1995. The figures for 45 states that returned data were staggering: CBS reported that in 2005 alone, there were at least 6,256 suicides among veterans. That averages out to 120 each week, or 17 each day. By comparison, the daily average for total US military deaths in Iraq since 2003 is about 2.4 per day, or 17 per week.

An analysis of the raw data by University of Georgia Epidemiology and Biostatistics Department head Steve Rathbun found that veterans were more than twice as likely to commit suicide as non-veterans in 2005. The 20-to-24-year-old age group had the highest suicide rate among all veterans, and rates two to four times higher (22.9-31.9 per 100,000) than civilians the same age (8.3 per 100,000).

“Let’s put this into perspective,” Paul Sullivan of Veterans for Common Sense told reporter Kieteyian in an interview. “Of the one and a half million service members put into the two wars, we’re estimating about a third will come home with some kind of mental health problem.” Sullivan, who was a data analyst for the VA from 2000 to 2006, said the government operated on a “ ‘don’t look, don’t find’ policy.”

“Instead of finding out how many veterans are in need of health care to prevent suicide, the VA is simply ignoring the problem,” Sullivan said. “Given the lessons from the Vietnam War, when some veterans committed suicide after they came home, and the same happened after the Gulf War, our country should know better. These political appointees, instead of doing the right thing, are doing the wrong thing and they should be held accountable.”



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