

Needs outstrip military health services for returning US veterans

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While President Bush's 2009 fiscal year budget calls for nearly \$94 billion in Veterans Affairs (VA) spending, indications of massive inadequacies in medical and mental health care programs for veterans continue to emerge. Hundreds of thousands of Iraq and Afghanistan veterans contending with urgent health needs are forced to wait months for care, in many cases compounding medical and domestic problems, with no end to the war in sight.

Announced February 4, the president's 2009 budget proposal calls for some \$47 billion in discretionary funding for the VA, mostly for health care. Approximately \$41 billion has been requested for medical care, of which \$34 billion would fund medical services and \$4.66 billion would serve medical facilities. The VA requested another \$46 billion in mandatory funding for pensions, education, home loans, and other veteran benefit programs.

The budget must provide for the treatment of 5.8 million patients in VA facilities, including 3.9 million returning veterans from occupied Iraq and Afghanistan. Many of these military personnel suffer extremely serious injuries and mental trauma and have little in the way of economic security. They are dependent on the military to provide care and stability.

The VA estimates it will treat 333,000 Iraq and Afghanistan veterans in 2009, a 14 percent increase over its 2008 estimated figure. Spending on benefits and programs for this group would increase by \$216 million in 2009, to \$1.27 billion.

Some sense of proportion is needed to interpret these figures. Although \$1.27 billion represents a 21 percent increase over 2008 spending for Iraq and Afghanistan veterans, the amount is barely a drop in the bucket when compared to overall federal spending on the military. By contrast, Congressional Budget Office estimates put the current cost of the Iraq occupation alone in excess of \$1.3 billion every five days. The 2009 budget calls for \$730 billion for defense spending, and even this huge amount undoubtedly represents only a fraction of what will be the eventual 2009 defense spending total.

The budget also calls for higher co-pays for prescription drug costs and other fees, making up \$5 billion of the proposal.

Total proposed veterans' mental health spending for 2009 would increase by 9 percent over the current fiscal year, to \$3.9 billion, a figure that comes nowhere near to managing the widespread incidence and worsening severity of mental trauma. The Defense Department estimates as many as 230,000 returning veterans—one in five—have suffered traumatic brain injury, and various estimates

put post-traumatic stress disorder prevalence as high as 36 percent, or 600,000 troops back from deployment.

In a 28 percent increase over 2008, \$762 million is requested for non-institutional long-term care of severely disabled veterans. Yet the increase actually constitutes a decline in per-person spending, since this group is expected to grow over the period by 38 percent, to 61,000.

The budget would also cut research programs, including an 8 percent cut in the VA medical and prosthetic research budget, and a 7 percent cut in rehabilitation research.

Cuts to sorely needed medical facility construction funds are also proposed. Funds for new facilities would be cut by 44 percent, and grants for extended care facility construction cut in half.

VA spending is predictably held up as evidence that the Bush administration and the Democratic Congress "support the troops," yet the VA cannot accommodate huge numbers of veterans seeking treatment. The VA has announced, somewhat ironically, that in addition to setting "the national standard of excellence for the health care industry," the proposed budget would "provide resources for VA to virtually eliminate the patient waiting list"—but not until the end of 2009.

The backlog is severe. According to the VA's inspector general, fully a quarter of those attempting to see a VA doctor must wait more than a month. Veterans' advocacy group Veterans for Common Sense (VCS) reports that internal VA reports suggest one third of Iraq and Afghanistan veterans seeking medical help wait for more than a month.

American Veterans communications director Jay Agg said in a February 14 VCS press release that 870,000 veterans currently await claims decisions from the VA. "That's about the same size as 15 Yankee Stadiums full of veterans." Veterans filing compensation claims wait an average of 183 days. The VA has said the 2009 proposal would reduce this wait time to 145 days.

VCS estimates that because of growing needs, the 2009 budget would substantially underfund medical care for Iraq and Afghanistan veterans. Testifying before Congress February 7 on the budget proposal, VCS director Paul Sullivan noted that the VA spends an average of \$7,100 per veteran, but the 2009 budget allocates "only \$3,900 per new veteran."

In fact, in carrying out their "war on terror," the military and political establishment has sought to squeeze as much service from troops at as little cost as possible. As a result, veterans have been subjected to long, harrowing, and repeated deployments to Iraq

and Afghanistan, with shortened recuperation periods and denial of psychological distress.

The advocacy organization Veterans for America released a report February 12 that detailed the conditions of mental health care at the Fort Drum Army base in New York. Some 3,500 Fort Drum troops with the 2nd Brigade Combat Team have spent more than 40 months deployed since September 11, 2001, on four separate deployments, making them the most deployed brigade in the Army.

The report states that members of the 2nd Brigade were more than five times more likely to have been killed and over four times as likely to have been wounded than others who have served tours in Iraq and Afghanistan. During its most recent deployment, the report notes, the 2nd Brigade encountered intense combat; 52 members were killed in action, 270 others were classified as “non-fatality casualties,” and 2 members remain missing in action. Military studies suggest that the likelihood of a soldier developing mental health problems increases by 60 percent with each deployment.

The situation at the base represents in more apparent form the problems confronting active duty troops at bases nationwide. Rates of drunken driving, going absent without leave, and stress disorders at Fort Drum are high and morale is low, the VFA report found. Yet, when soldiers sought mental health treatment with on-base psychiatrists, they frequently waited months.

In response, the military has attempted to shift its resources around, effectively putting more strain on its medical system and personnel. In January 2008, three psychiatrists from Walter Reed Medical Center were assigned to the base to help the three permanently stationed psychiatrists with the large number of mentally distressed soldiers. The VFA report points out that this “temporary fix” will last only a few weeks, and that assigned psychiatrists “left crucial positions at Walter Reed, in some cases creating gaps in coverage and discontinuities in care for severely mentally wounded soldiers” at the Washington, D.C., facility.

Fort Drum has no hospital, and any soldier needing emergency or in-patient care must be sent to a regional hospital with only 32 beds for psychiatric patients. According to the VFA, soldiers distrusted the local hospital and have opted to drive over an hour to another hospital because of the fear that doctors will side with military higher-ups who “in some cases, cast doubt on the legitimacy of combat-related mental health wounds.”

The military has cultivated a profound stigma regarding mental disorders and brain injury. At Fort Drum, soldiers reported that the director of the base mental health clinic told them not to discuss their mental health problems with people outside the base. The VFA noted, “Attempts to keep matters ‘in house’ foster an atmosphere of secrecy and shame that is not conducive to proper treatment for combat-related mental health injuries.”

There is an undeniable connection between traumatic combat experiences and mental disorders. Left untreated and, in many cases, unacknowledged, these manifest themselves in society. Recurrent deployments and carrying out brutal orders leave deep scars on soldiers, and the most disturbed are at risk of being abandoned by the military medical system. Domestic violence, suicides, homelessness, and drug dependence are all increasingly

common among veterans, considered by the military as one more component of “collateral damage” in the wars and occupations.

Many soldiers and veterans of the current wars are already on the edge of crisis due to economic stresses. In contrast to the composition of the military in wars past, soldiers deployed to Iraq and Afghanistan—especially those who joined through the National Guard reserves—are older, have children, mortgage payments, and other obligations that long deployments disrupt. As with the working class at large, family breakdown, divorce, job insecurity, debt and home foreclosure are consequently also common sources of stress for soldiers.

In its ongoing series “War Torn,” an examination of violence committed by returned veterans, the *New York Times* identified 150 cases of fatal domestic violence or child abuse involving new veterans and service members from October 2001 to the present. In a third of the cases, the paper determined that the service members had served in Iraq or Afghanistan; in another third, the offender had not been deployed.

Based on interviews and court documents, the *Times* found that the military had deployed some soldiers who had already been charged and in some cases convicted of domestic violence crimes. This constitutes a violation of military regulations, and in some cases, federal laws prohibiting individuals convicted of domestic violence crimes from carrying firearms.

To wage dual open-ended occupations, and wary of reinstating the draft, the military has lowered its standards on mental health and criminal records for new recruits. Soldiers known to suffer from PTSD and other mental disorders have been sent into combat, compounding these problems.

The military, and with it the political establishment, has strong motivation to downplay or ignore growing psychological ailments among the veteran population. Indeed, while the Bush administration’s proposed VA budget would provide \$252 million for research projects on returning veterans, no funding request was made to establish promised PTSD and traumatic brain injury screening for active duty service members.



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