

US: Emails suggest Veterans Administration cover-up of suicide rate

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Internal emails from the Department of Veterans Affairs (VA) turned over to a federal district court in San Francisco this week reveal that the agency's mental health unit saw a staggering 1,000 suicide attempts every month among veterans receiving government care last year. emails also indicated that among all US veterans, the VA was aware of a suicide rate of 6,570 per year, or 18 suicides every day on average.

This figure—which corresponds to the suicide estimate CBS News arrived at independently last fall and which VA officials vehemently contested—further underscores the social costs of the occupations of Iraq and Afghanistan. The emails also reveal the attitudes and policies of Bush administration and military officials regarding the suffering of veterans and the public's right to know.

The emails were reviewed by the federal District Court of Northern California on Monday, where a lawsuit against the VA is being heard. The suit, brought by the veterans' advocacy groups Veterans for Common Sense and Veterans United for Truth, is seeking to force a restructuring of the veterans' medical system in light of an enormous backlog of healthcare claims, large numbers of suicides and cases of untreated mental trauma among military personnel returning from Iraq and Afghanistan.

One of the most damning emails, made available by CBS on its web site April 21, was written by VA Mental Health director Ira Katz and headed with the subject line "Not for the CBS News Interview Request."

Katz sent the message to the agency's media relations chief February 13: "Shh! Our suicide prevention coordinators are identifying about 1,000 suicide attempts per month among the veterans we see in our medical facilities. Is this something we should (carefully) address ourselves in some sort of release before someone stumbles on it?"

Everett Chasen, the VA's chief communications officer, replied: "I think this is something we should discuss among ourselves, before issuing a release.... It might be something we drop into a general release about our suicide prevention efforts, which (as you know far better than I) prominently include training employees to recognize the warning signs of suicide."

In November, CBS News published the results of a study it commissioned of state-by-state death statistics for 2005.

Among the 45 of 50 states for which data was returned, the study found that at least 6,256 veterans had committed suicide that year.

By the network's calculations, 120 veterans took their own lives each week on average, or about 17 every single day.

At the time of the CBS report, Katz insisted that "Their number is not, in fact, an accurate reflection of the rate." According to the network, three days after making this statement, Katz admitted in an email, "there are about 18 suicides per day among America's 25 million veterans," or about 6,570 per year. This figure, Katz wrote, "is supported by the CBS numbers."

In contrast, when asked by CBS why the military had not conducted a national study of suicides, Katz told the network, "There is no epidemic of suicide in the VA, but suicide is a major problem."

Another email exchange turned over to the court, between Katz and VA undersecretary Michael Kussman from December 15, further confirms that top VA officials knew the suicide rate they publicly disclosed was far lower than the actual rate. Kussman wrote, "McClatchy [news agency] alleges that 18 veterans kill themselves everyday and this is confirmed by the VA's own statistics. Is that true? Sounds awful but if one is considering 24 million veterans."

In his reply, Katz confirmed the validity of the reports and added that "VA's own data demonstrate 4-5 suicides per day among those who receive care from us."

Yet on February 5, VA Secretary James Peake issued a letter to Congress stating that between October 2001 and December 2005, VA records indicated only 144 combat veterans of Iraq and Afghanistan had committed suicide. In March, the VA provided CBS data suggesting that among recently treated VA patients, there were 790 attempted suicides for 2007.

The disparity between the content of internal correspondence and public statements of VA officials suggests a cover-up. Indeed, in one email reviewed by the court, dated March 10, communications officer Chasen commented, "I don't want to give CBS any more numbers on veterans suicides or attempts than they already have—it will only lead to more questions."

Since Veterans for Common Sense and Veterans United for Truth filed suit against the government last July, the Bush

administration has sought to have the case dismissed. According to the Justice Department, the advocacy groups did not have the right to sue because they were associations rather than individuals. The Justice Department further declared that veterans were not legally entitled to bring a class action lawsuit against the government. These arguments were rejected in district court, but it is likely that the administration will challenge any unfavorable ruling.

In court this week, VA officials were defensive about the agency's mental health management system. In an opening statement Tuesday, Justice Department lawyer Richard Lepley told the court that medical claims have increased at the VA by 25 percent since 2001, from 675,000 to 838,000 in 2007. The defense maintained that this increase was mainly attributable to aging Vietnam veterans seeking medical care.

Because of this increase, Lepley said, the VA had failed to reduce the long waiting period for claims processing as it had pledged to do last year. The agency had announced it would shorten the average processing time to 125 days. According to Gordon Erspamer, an attorney representing the veterans' groups, the VA takes as long as 15 years before compensating veterans for psychological disorders.

Lepley told the court the VA currently took 185 days on average to attend to medical claims. The defense called this processing time "reasonable."

Kerri Childress, a spokesperson for the California VA in attendance at the trial, told the *New York Times* Tuesday that, in the newspaper's words, "News coverage from the current wars has also led to new mental health problems among Vietnam veterans." Referring to the war in Iraq, Childress told the *Times*, "I don't think anybody had any idea how long the war was going to go on," adding that, as the paper put it, "there was no way to fully anticipate the demand for medical care from Vietnam veterans."

The connection between the brutality of war, especially colonial war, and psychological trauma is historically well established. Moreover, it is widely acknowledged among sections of the military brass that current US forces are being stretched to the breaking point, and the entire political establishment agrees that the so-called "war on terror" and particularly the occupation of Iraq are intentionally open-ended.

A multitude of social problems and military policies account for the large number of suicides among returning Iraq and Afghanistan veterans: the recruitment of soldiers with preexisting psychological problems, long and repeated deployments, widespread reliance upon anti-depressants and other drugs to dull mental trauma, as well as the underfunding of post-deployment mental health care and the stigmatization of mental illness within the military. Fundamentally, however, both the mounting social crisis among returning veterans and the VA's negligence have their source in the nature of the war itself.

In light of the publication of the VA internal emails, Senate

Democrats have called for the resignation of Mental Health director Katz. On Wednesday, during a Veterans' Affairs committee hearing, Washington Democratic Sen. Patty Murray told VA officials that the agency faced a credibility crisis. "The culture of the VA has to change.... The whole culture is repressing information. We are not your enemy. We are your support system."

Katz was not present at the hearing. Deputy VA secretary Gordon Mansfield offered to "apologize for the implications here," but denied that the agency made any effort to stonewall or obfuscate suicide data.

VA personnel undersecretary David Chu suggested that although suicides have increased, it was "good news" that the rate was lower than the national average. This is a gross distortion. The CBS News survey found that among veterans aged 20-24, the suicide rate was between 2.5 and 4 times higher than for non-veterans of the same age. For a subgroup of the population that is young, fit and ostensibly screened for mental problems, the suicide rate is alarmingly high—between 23 and 33 per 100,000 young veterans killed themselves in 2005.

On April 17, the RAND Corporation think-tank released a study that found symptoms of post-traumatic stress disorder (PTSD) or major depression among 300,000 returned military personnel—nearly a fifth of all those who have served in Iraq and Afghanistan.

Based on interviews of 1,965 service members from 24 areas throughout the US, the study found that of those reporting PTSD or depressive symptoms, only 53 percent have sought treatment for their trauma.

The RAND survey also found that 19 percent of returned veterans—320,000 individuals—had experienced possible traumatic brain injury (TBI), called the "signature wound" of the Iraq occupation because of the frequency of improvised explosive devices, the primary cause of active-duty troop brain injuries. According to the report, "Of those reporting a probable TBI, 57 percent had not been evaluated by a physician for brain injury."

Despite the fact that the VA has handled some 300,000 cases from Iraq and Afghanistan, the RAND findings suggest that the majority of mentally traumatized veterans go without care. Furthermore, the report notes, "Even when individuals receive care, too few receive quality care. Of those who have a mental disorder and also sought medical care for that problem, just over half received a minimally adequate treatment. The number who received quality care (i.e., a treatment that has been demonstrated to be effective) would be expected to be even smaller."



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