

When VA Fails, States Have To Fill the Gap

by Carl Osgood

If the Veterans Affairs system were well led and fully resourced, the services that states provide to veterans would be complements to those provided at the Federal level. Instead, the states, at a time when their own budgets are being clobbered by the economic collapse, are finding that they have to deal with what has become a public health crisis, due to the Bush Administration's refusal to take responsibility for all the consequences of its wars in Iraq and Afghanistan. Suicide and domestic violence are two of the most visible results, but unemployment, and loss of families and homes are also common problems that result when veterans are not able to adjust back to civilian life after serving combat tours in Iraq or Afghanistan.

The following are a few examples of what can go wrong, when a veteran is unable to cope after returning from war.

- In January 2007, Jonathon Schulze, a former marine who had served in Iraq, went to the Veterans Affairs hospital in St. Cloud, Minn., told a staff member he was thinking of killing himself, and asked to be admitted to the mental health unit. He was told he couldn't be admitted that day, and the next day he was put on a waiting list. Four days later, he hung himself from an electrical cord in his home.

- On March 4, 2007, Montana National Guardsman Chris Dana shot himself in the head with a .22-caliber rifle, two years after returning from a tour in Iraq. According to news accounts, he had slipped into a mental abyss so quietly that, at first, no one noticed.

- On May 29, 2007, Minnesota National Guardsman Brian Skold, a veteran of a one-year tour in Iraq, was killed by state police during a confrontation on Interstate 94. Initial reports indicated that he had been suicidal in the past.

These are only three of perhaps thousands of examples of the possible impact of leaving veterans untreated for behavioral health issues arising from their service. Montana Gov. Brian Schweitzer told McClatchy Newspapers, after the Dana suicide, "The federal government does a remarkable job of converting a citizen to a warrior. I think they have an equal responsibility converting a warrior back to a citizen." This, however, is exactly where the Bush Administration, through the Department of Defense and the Department of Veterans Affairs, has largely failed. And, when the Federal government

fails to provide the benefits and care that veterans need and are entitled to, the fallout comes on the states, local governments, and the communities where the veterans live.

Evidence of Failure

A number of states have had to pick up the slack, because they, like the Federal government, have a mandate to provide for the safety and health of their citizens. For example, the Minnesota National Guard has a program called "Beyond the Yellow Ribbon," a series of day-long training events after Guardsmen return from active duty, which helps them re-learn how to be civilians. In Massachusetts, medical responders are receiving training to help them recognize and assist troubled veterans who may be engaged in risk-taking behaviors, so that they can be directly referred to the VA.

However, such state efforts are often to fill gaps left by the negligence of the VA, as a recent lawsuit in San Francisco has documented. The suit, filed last Summer, by Veterans for Common Sense (VCS) and Veterans United for Truth (VUFT), charged have "been exposed to a system-wide pattern of abusive and illegal administrative practices," including denial of medical care and disability claims. These practices, the suit said, have been enabled by "[v]arious impingements on the Constitutional rights of veterans," without remedy under existing law. The government responded by arguing that Congress has left the provision of medical care and benefits for veterans to the discretion of the Secretary of Veterans Affairs, and that the court did not have the authority to order the remedies that the veterans groups were seeking. (See "Austerity Threatens Veterans, Too," *EIR*, Feb. 29, 2008.)

After a two-week trial in April, Judge Samuel Conti ruled on June 25, in favor of the government, on legal grounds having to do with sovereign immunity and whether or not he had the jurisdiction to order the relief that the plaintiffs were seeking. Ironically, most of his factual findings were in favor of the plaintiffs. Conti noted, for example, that the defendants conceded that, indeed, veterans have complained of long wait times for treatment of post traumatic stress disorder (PTSD), and difficulties in obtaining mental health care in rural areas. He also noted that approximately one out of every three soldiers returning from Iraq was seen in the VA for a mental health issue within a year of their return. One internal VA report entered into evidence, reporting on recent trends in VA treatment of PTSD, found that while the number of veterans with PTSD doubled between 1997 and 2005, "the number of clinic contacts per veteran per year declined steadily and relatively uniformly across the years."

Early in the trial, the plaintiffs entered into evidence two internal VA e-mails that tended to reinforce the belief among veterans groups that the VA has been trying to cover up the magnitude of the problem of suicide among veterans. In one, dated Dec. 15, 2007, Dr. Ira Katz, the VA's top mental health official, wrote that "there are about 18 suicides per day among America's 25 million veterans" and that the "VA's own data



A medic cares for a soldier injured during a rocket attack in Baghdad. The wars in Iraq and Afghanistan have created what one expert calls a “behavioral health epidemic,” as soldiers and their families have to cope with both the horrors of war and the difficulties of reintegrating into civilian society.

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demonstrate 4-5 suicides per day among those who receive care from us.” Katz wrote this e-mail approximately one month after a CBS News investigation, based on suicide data from 45 of the 50 states, discovered that 6,256 veterans had committed suicide in 2005, an average of 120 per week. At that time, Katz disputed the CBS findings, arguing that the figures were wrong, and declaring that, “there is no epidemic of suicide in [the] VA.”

Three months later, on Feb. 13, 2008, Katz wrote in another e-mail: “*Shh! Our suicide prevention coordinators are identifying about 1,000 suicide attempts per month among 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?*” (emphasis added).

Roundtable Discussion in Washington

Regardless of whether the delays that veterans experience in getting care and benefits is systemic, an assertion that was disputed by Judge Conti, the fact is, that when a veteran falls through the cracks, he or she has to be picked up by the state. And while many states have special programs for veterans, for the most part, existing state agencies and services have to provide for them. This was the subject of a June 30 roundtable discussion organized in Washington, D.C. by Dr. Tom Frazier, a Virginia-based psychologist and long-time activist in promoting increased awareness of issues relating to food security, biological warfare dangers, among others, who has sponsored a series of public seminars drawing together government and private-sector experts.

The roundtable was attended by state officials from Vir-

ginia, officials from the Department of Defense (DoD), and other experts who testified to the magnitude of the problem faced by Virginia. Vincent Burgess, the state Commissioner of Veterans Services, reported that Virginia is one of the top three states in the number of troops it deploys, behind only California and North Carolina. He described the the Virginia Wounded Warrior Program, created by the state legislature earlier this year, which will have \$4.5 million to spend over the next two years to coordinate existing services so that every veteran has access to all of the services he needs.

David McGinnis, of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, declared that the wars in Iraq and Afghanistan have created a “behavioral health epidemic.” He reported that the state estimates it will get 60,000 veterans with behavioral health issues over the next 20 years, and when affected family members are included, the behavioral health problems in the state will have been doubled. “We [the state] are responsible for the quality of life of all the citizens of the Commonwealth of Virginia,” he said. Therefore, “We have a responsibility to protect Virginians from burdens created by outside agencies,” emphatically including the DoD and the VA. “Virginia has full status in this regard,” he added.

McGinnis later explained to *EIR* that both the VA system and the Virginia mental health system are meant to deal with the acute-care patient, that is, someone who’s already fallen out of society’s mainstream. When so many new veterans started falling out, this raised the question: “How many times are we going to let these guys down, as a nation, before they hit bottom?” This, he said, is what drove Virginia’s Wounded

Warrior Program. As for Virginia's responsibility, he said that, by law, "my department is the final safety net for everyone, including veterans. If they fall through the social system, it's our job to catch them." Just how many veterans are falling through the social services system, however, is not known, as Virginia, and probably most other states, have no way of tracking how many vets are in the mental health system, the justice system, or any other part of the social system. This makes it difficult to quantify the cost to the state for providing for this particular population.

McGinnis commented that the VCS/VUFT lawsuit parallels many of the issues that the state deals with, in terms of providing access to care at the right time, to be meaningful to recovery. It's no secret that the earlier a veteran gets a diagnosis of PTSD or other mental illness, the easier it is to treat him. "If we don't get these things early, it's more difficult and more costly to deal with," he said, and more veterans will have more significant problems as a result.

Ultimately, however, it's a political question. Congress is going to have to thoroughly investigate and act on the malfeasance of the Bush/Cheney regime, and new leadership will have to take over the White House that not only makes care of veterans a top priority, but also pursues a strategic policy that would not create yet another generation of damaged veterans, resulting from the failure to consider the consequences of another Vietnam- or Iraq-style war.