

Helping our Heroes: The Case for Veteran's Benefits Reform

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You are a member of the US Armed Forces and are deployed overseas to fight in the War on Terror. You spend months or years of your life in the war zone, getting shot at, risking your life on a daily basis. You pray that you will be fortunate enough to return home safely to see your family and loved ones again, and you are overwhelmed with joy when you finally do. However, your battle isn't over yet. You are likely still grappling with wounds, either physical or mental. You may often awake in the night terrified from a nightmare about the war, or have trouble going about your day-to-day life because of a physical disability as a result of combat. And you have a new enemy: government bureaucracy. The next few years will entail endless paperwork, waiting lines, job searching, and financial burden as you wait for healthcare from the government.

Such a story is a reality for hundreds of thousands of veterans returning home. There is no doubt that our nation appreciates their service: bumper stickers saying "Support Our Veterans" are a common sight, and this year's Veteran's Day featured countless parades and celebrations. However, our nation has not done enough to support veterans of Iraq and Afghanistan in readjusting back into their civilian lives, and our governmental policies have left many heroes feeling helpless and forgotten. Psychological and physical illness as a result of their time spent in the warzone, like post-traumatic stress disorder, depression, and traumatic brain injury, are all too common, and those who suffer from them find difficulty getting medical treatment. Also, many veterans are suffering economically as well as psychologically from homelessness, joblessness, and financial troubles, and monetary benefits promised to them are often delayed. Our nation needs to reform the policies of the Departments of Defense and Veteran's Affairs (VA) to ensure that those who fought for our country get the help they deserve.

Psychological illness is a huge problem affecting many veterans. Although the wars in Iraq and Afghanistan have produced far fewer physical casualties than past US wars, the extreme conditions of combat still exist: the constant fear of danger, the loud noise of explosions and gunfire, and the horror of seeing a comrade wounded or killed. Along with these factors, conditions unique to the War on Terror, like extended tours of duty and the high survivability rate of wounds, make recent veterans especially vulnerable to psychological illness (Tanielian 5). It is estimated that between one-quarter and one-third of all veterans who have served in the War or Terror suffer from some degree of mental illness. This means that of the population of approximately 1.64 million Americans who served, around 500,000 need treatment for their mental wounds (Tanielian iii).

The most common mental wounds are post-traumatic stress disorder (PTSD), depression, and traumatic brain injury. PTSD is an anxiety disorder that develops after experiencing a traumatic event, and can carry symptoms like flashbacks, nightmares, and frequent psychological distress (Pukay-Martin et al. 579). Veterans of war are highly susceptible to PTSD, especially those who

have seen combat. Another common injury, traumatic brain injury (TBI), also affects many veterans. TBI is caused when the brain is rocked up against the inside of the skull causing severe damage, often the result of close proximity to an explosion (Tanielian 6). Finally, many veterans suffer from depression. A 2012 study concluded that there is a high comorbidity between PTSD and major depression disorder, indicating that veterans are highly susceptible to depression if they have witnessed a traumatic event, such as the death of a comrade (Pukay-Martin et al. 582). These three illnesses can place a huge mental burden on veterans returning home.

Take Private Nic DeNinno as an example. DeNinno enlisted in the Army wanting to serve his country and was deployed in Baghdad for fourteen months in 2007-2008. His unit saw intense fighting, and DeNinno was forced to kill enemy insurgents and beat up an Iraqi man on one occasion. Upon coming home, DeNinno began having nightmares and flashbacks and had to be institutionalized after attempting suicide. In the hospital he was diagnosed with PTSD and put on anti-depressants, which he still takes today (Finkel). DeNinno's story is representative of tens of thousands of veterans who face similar problems, an issue that is becoming increasingly apparent to the American public.

Although the current issue of psychological illness in veterans is widely recognized, the situation is not getting better. Many veterans who may suffer from PTSD or TBI are never evaluated; a study by the think tank RAND Corporation found that more than half of those at risk never reach out for help (Tanielian xxi). This could be a result of the lack of psychological screening by the Army on soldiers returning from combat and also from prevailing cultural attitudes that view mental illness as a stigma. These attitudes may be highly prevalent in the armed forces, where those who are disturbed by combat may think of themselves as "cowardly" or "not tough enough," and be reluctant to admit they have a problem (Leal). One soldier, expressing his concern over his recent diagnosis of PTSD on an online forum for veterans, worried that people would "never look at [him] the same" (Koalabiter). Cultural attitudes like this one, that view mental illness as a weakness rather than a commonly occurring disease that the sufferer has no control over, can bar receiving treatment.

Another barrier to treatment is the government's policy. Secretary of the Department of Veteran's Affairs Eric K. Shinseki said in 2009, "this nation has a solemn obligation to the men and women who have honorably served this country and suffer from the often devastating emotional wounds of war" ("Federal"). While the VA's intentions are good, their policies have not been effective in fulfilling the obligation Secretary Shinseki speaks of and are actually preventing this goal from being achieved. To begin with, veterans have to request to be evaluated for mental illness, which many refrain from doing because of cultural attitudes. If they do seek treatment, it could take months for them to receive it, and treatment at VA hospitals is not confidential, which many veterans feel will hurt their career opportunities (Tanielian 436). Another bizarre policy by the VA is that all diagnoses of PTSD are automatically entitled to a 50% disability payment, or half of one's enlisted salary. This creates a conflict of interest for those seeking treatment: they may feign symptoms of PTSD in order to receive greater benefits when they really suffer from a different illness that requires totally different treatment (Ritchie). Finally, there is the issue of government funding. Budget deficits in the federal government and many states have forced VA hospitals and clinics to ration their care for the 6 million veterans who depend on them (Leal). While VA should

be committed to caring for every veteran who needs help, shortcomings in funding pose a serious obstacle to this goal.

The budget problem can be solved by reforming VA's policies. Reynaldo Leal, an Army veteran and representative for the group Iraq and Afghanistan Veterans of America, testified before Congress about the challenges facing veterans and explored possible solutions. Mr. Leal suggested that the VA health care budget be funded one full year in advance. This way VA can continue to give care without having to worry about losing funds (Leal). As for the huge cost of treating every case of illness, RAND estimates that the amount is much less than the cost of lost productivity if illness is left untreated (Tanielian 440). The disability policy for PTSD can also be changed so that disability levels are determined on a case-by-case basis, so that the most severe cases are given more benefits. The VA or Army can also implement mandatory, confidential psychological evaluations as soon as a soldier is discharged that will catch cases of psychological illness early on. In addition to this, attitudinal barriers to receiving care need to be torn down. The VA can establish reach-out programs for veterans who may be suffering, and the Army can implement programs that encourage veterans to get treatment and let them know that there is no shame in seeking help. In these ways the VA can change so that every veteran receives adequate care for his or her psychological wounds.

These policy adjustments will do much to help the emotionally wounded, but wider changes in the way the VA processes benefits claims are needed to ensure all veterans get care. All veterans who are entitled to government benefits, not limited to those who need them from psychological illness, are affected by the huge backlog of applications in the VA. Many veterans qualify for benefits in the form of medical or psychological treatment, disability compensation for wounds, and employment and education support. These benefits are one way we help veterans reenter civilian life upon returning home.

Translating military skills into civilian ones can be difficult, and translating mindsets can be even harder. Bob Woodruff is a journalist for ABC who spent almost a year with our soldiers in Iraq reporting on the war. Mr. Woodruff has started a foundation that raises money to fund programs that support veterans. He says of the transition back into civilian life, "[l]ife gets a little more simple when you're in the warzone and you've got *x* to accomplish, you get up and this is your schedule. And you've got your friends, who you're so close with. Then you go back to the civilian world, and you've got this gigantic world. What are you going to do the day you get back? And then when you add some kind of wound, visible or invisible, and you can't imagine how it is to adjust to that" (Woodruff). During the war, soldiers are thinking about accomplishing their mission, looking out for their friends, and staying alive day to day. When they come home, although they no longer face the dangers of combat, a whole new set of troubles confronts them, in which they have to finish school, find a job, and pay the rent. Dealing with a wound can make this even more difficult. Poverty, unemployment and debt are disproportionately high among veterans compared to the rest of the population. The Bureau of Labor Statistics shows that 30% of veterans ages 18-24 are unemployed, and it is estimated that one in seven homeless people are veterans (Hawryluk and Ridley-Kerr). Also, many veterans come home without confidence in their ability to get a job. In a 2007 survey by the Center for American Progress on Iraq and Afghanistan vets, more than half of all veterans were unsure of how to professionally network, and nearly three in four felt unprepared to negotiate salary and benefits and/or unable to effectively translate

military skills (Hawryluk and Ridley-Kerr). These heroes literally risk taking a bullet for our freedom, but they need our help getting on their feet. The VA benefits system exists for this purpose.

To receive these benefits, a veteran must file a paper application and send it in by mail, as the VA does not have an online system set up to manage benefits claims. This application is then mailed to a regional VA office where it is shoved into a file cabinet and waits to be processed. The all-paper system used by the VA is horribly inefficient and error-prone: as of March 2013, 600,000 veterans were awaiting their first payment, with an average waiting time of 272 days. Some veterans have been waiting for several years, and when their claim is finally processed there is a 30% chance that there will be an error and it will be sent back into the massive backlog (Reno). This problem can keep those with mental illness from receiving treatment, or those who need the money to make ends meet have to sleep on the street.

To understand the VA's perspective on the backlog issue, I interviewed Jose Llamas, a Public Relations Specialist at the Department of Veteran's Affairs. Mr. Llamas gave me some insight into how VA is dealing with this issue. While the backlog of claims is massive, the VA is making slow but steady progress, and estimates that it the number will be down to around 400,000 claims by the end of 2013 from the 600,000-claim peak in March. The oldest claims are being processed first, to serve the veterans who have been waiting the longest, and the error rate has also improved (Llamas). While this is a slight improvement, it is not enough to completely ameliorate the situation. 400,000 is still a high number, and at this rate the backlog will not be solved for another two years. That is still a lot of time for veterans to wait. Also, VA has to expect even more claims to be filed as more soldiers return home from duty.

The delay in benefits is a huge burden for veterans. When you have depression and need therapy or medication, or are unemployed and need to eat, you can't wait for 272 days for a check in the mail. You need the money right away. The VA needs to make system-level changes so that benefits claims can be processed more efficiently and correctly. The first thing they can do to fix this bureaucratic mess is design a website where veterans can go to file an online claim. A paperless system not only gets rid of time spent in the mail, but also provides a way where all benefits can be sorted and processed electronically by a computer system rather than a human worker. This will keep the current backlog from piling up further and provide a future method to handle benefit claims. With the recent failure of healthcare.gov, many Americans may doubt the government's ability to produce a website that works. But this is the military we're talking about, the organization that has satellites that can read a newspaper from outer space, and guidance systems that can put a missile down a chimney. They certainly have no shortage of technology experts available who can design a website to help their comrades.

Earlier this year the American Legion submitted some suggestions to the House of Representatives on ways to reform the benefits process. To solve problems with errors, they told the VA to implement a credit system for the regional offices that process claims. For example, if an office completed 5,000 claims but 20% of them had errors, they would only get paid for 4,000 of them. That would create an incentive for workers to be extra careful in their work and keep the error rate low (Legion). Also, the Legion offered a clever idea on how to handle backlogged claims: hire veterans to do the work. Many veterans need employment, and they have special knowledge about

military jargon needed to interpret the applications (Legion). Hiring veterans could speed up the benefits processing, reduce errors, and give veterans a steady income that could result in fewer claims being filed in the first place.

Another way VA can help veterans get on their feet is by making veterans more attractive candidates for civilian jobs. In the American Progress 2007 survey, less than half of employers surveyed understood the special protections they must give to veteran employees, and most did not understand the job qualifications of military service. As mentioned earlier, the same survey showed that three fourths of veterans were unsure of their ability to professionally network and negotiate their salary (Hawryluk and Ridley-Kerr). The VA can combat this by starting a campaign that informs employers about the special skills veterans gain from their military experience, such as leadership and initiative, which can be highly valuable in the civilian market. They can also give veterans career advice on how to find a job that suits their skills, along with offering classes that teach interviewing, networking, and negotiating skills, and providing other information needed for finding and maintaining a good job. These are some of the steps that can be taken to reduce veteran unemployment.

As the situation stands now, veterans are facing huge problems of mental illness, unemployment, homelessness, and poverty. Failing to remedy these issues will have huge consequences not only for our veterans, but also for our entire country. These problems affect about 1 million veterans of Iraq and Afghanistan. One million human beings who have risked their lives for our security and are now being ignored. One million lives close to ruin because of mental illness and economic adversity. Letting these problems go will have disastrous results for veterans and their families for decades to come. The costs for treating mental illness over years or decades will be carried by the veterans who suffer, and they will probably be more than most can afford. Along with paying these huge bills, veterans will have even greater economic troubles as they find it impossible to find a good job and make ends meet. There will likely be an increase in veteran unemployment, homelessness, and suicide. As for our nation, we will experience huge economic and moral consequences. One million people who cannot participate in the labor force make up a large loss in potential economic gain and productivity. Although treating all cases of veteran mental illness will be expensive, RAND Corporation estimates that the cost is tiny compared to the loss in economic productivity from leaving illness untreated (Tanielian 439). Also, ignoring veterans after they serve will likely be a deterrent to future Americans who are thinking about joining the military, which will bring major national security problems if we find ourselves entering another war. Yet the consequences for our nation are not coldly utilitarian: we will also hurt our image and our consciences. How will other countries view us, making our young men and women fight for us and then turning our backs on them? Will we as a country look back at our inaction as a great mistake in American history? We cannot let this happen. The VA needs to act now.

Despite its flaws, the VA's intentions remain pure. They sincerely want to help all of the veterans they can, and the number of veterans they have successfully delivered benefits or treated for mental illness cannot be understated. The problems with the VA are merely technical, which means that they can be easily identified and analyzed for possible solutions. And these solutions are clear: implement more proactive policies for treating mental illness. Fix existing policies about mental illness so that they are fairer. Reform the system for applying for benefits so that they can be given to deserving veterans on a timely basis. And aid veterans in finding jobs after their service. These

changes may not be easy ones to make, since unfortunately very little is done quickly and without resistance in government. But the good news is that we know what needs to be done, and we all agree that our veterans deserve all the help we can give them. Let's not forget all of the many great things our nation has accomplished when we unified our purpose. We have created a Constitution that revolutionized world politics, defeated tyranny abroad, and put human beings on the moon. Fixing the way our veterans get help should be a small task to what we, as a great nation, have already done.

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Post Script

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In late April of 2014, reporters at CNN announced that 35 veterans in the Phoenix, Arizona Veteran's Hospital Administration had died while awaiting treatment. A following investigation into the conduct of the VA by federal officials uncovered that 120,000 veterans were left waiting for care or forgotten altogether, and that the VA made efforts to alter documents and schedules to make waiting times seem more palatable. The scandal shocked the nation, and many VA officials, including Secretary Eric Shinseki, resigned. While this event surprised the nation and the government, existing problems with veteran's health management, many of which led me to write this paper, provided clear signs that such an event was inevitable. One needed only to pay attention to early reports of VA incompetence, innumerable complaints by veteran's interest groups, or even Jon Stewart's discourse on *The Daily Show* to see that huge problems lingered just under our noses. It was these signs that led me to pursue the issue of veteran's benefits reform. While my research at first dealt with changes that could be made to entitlement policies, by far the most troubling information I uncovered dealt with veteran's healthcare. Huge backlogs in health care requests, bizarre policies for sufferers of PTSD, and an egregiously ineffective claims handling system were only a few of the signs I found that the VA must immediately adjust its health management policies. While I wish that the deaths of the Phoenix area veterans and the delays caused to hundreds of thousands of others could have been prevented, this scandal proves the urgency with which this problem needs to be addressed.