

## 2006 GAO Report Confirms Iraq War Veteran PTSD Health Care Is a Nightmare

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The Iraq War is literally a continuing nightmare for over 9,000 of the OEF (Operation Enduring Freedom) and OIF (Operation Iraqi Freedom) veterans at risk for Post-Traumatic Stress Disorder (PTSD) and their families. The network that comprises the National Center for PTSD, begun in 1989 by the Department of Veterans Affairs (VA), demonstrates that that PTSD is recognized as a predictable combat injury. However, a government study published in May 2006 clearly presents the inadequacies of the system in three vital areas: 1) adequately screening OEF/OIF veterans for PTSD, 2) providing effective medical care referrals after screening, and 3) assessing and planning for the increased demands on the VA medical care delivery system for the significant and increasing numbers of veterans who need specialized mental health care for PTSD.

In 2004 Congress was aware that “15 percent or more” of the Afghan – Iraq War veterans would develop PTSD, which is caused by an extremely stressful event such as the potential loss of life or limb in combat activity.<sup>1</sup> At that time, the VA approximated the prevalence from the statistics of Vietnam War veterans with PTSD receiving care at VA centers. The VA also knew, in 2004, that the effects of PTSD could appear within days or months or could be delayed for years; could include such significant adverse health effects as persistent insomnia, intense anxiety, recurring nightmares, and inability to cope with work, family and social relationships; and that the symptoms could be lessened with early detection and treatment, despite the lack of a known cure.<sup>2</sup>

In 2004, Rep. Lane Evans had requested that the GAO investigate the Department of Defense’s (DOD) efforts to identify those at risk and whether the VA was ensuring the availability of veteran medical care for PTSD.<sup>3</sup> The investigation revealed that the Office of the Inspector General (OIG) could not rely on the VA’s capacity reports, and that the databases with the relevant Vet Center PTSD information were kept separate from the VA medical centers’ information databases. Thus, veterans receiving VA PTSD services could be included in one, both, or neither sets of databases.<sup>4</sup>

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<sup>1</sup> GENERAL ACCOUNTABILITY OFFICE, VA AND DEFENSE HEALTH CARE: MORE INFORMATION NEEDED TO DETERMINE IF VA CAN MEET AN INCREASE IN DEMAND FOR POST-TRAUMATIC STRESS DISORDER SERVICES 4 – 5 (2004), <http://www.gao.gov/new.items/d041069.pdf>.

<sup>2</sup> *Id.*

<sup>3</sup> The VA has eight major medical treatment centers throughout the United States, with each injured veteran processed initially at Walter Reed Army Medical Center (WRAMC) in Washington, D.C. After the initial assessments at WRAMC, each veteran is referred to any of the other seven medical centers, as required, for continued in- and out-patient care. The VA also has 207 community-based facilities, known as “Vet Centers,” that offer counseling and referrals to outpatient clinics. See Defense and Veterans Brain Injury Center, DVBIC Sites, available at [www.dvbic.org/cms.php?p=Dvbic\\_sites](http://www.dvbic.org/cms.php?p=Dvbic_sites) (last viewed Oct. 20, 2006); and Defense and Veterans Brain Injury Center, Frequently Asked Questions, available at [www.dvbic.org/cms.php?p=FAQ](http://www.dvbic.org/cms.php?p=FAQ) (last viewed Oct. 20, 2006). For more information sources on PTSD see Defense and Veterans Brain Injury Center, Links of Helpful Sites, available at [www.dvbic.org/cms.php?p=Links\\_page](http://www.dvbic.org/cms.php?p=Links_page) (last viewed Oct. 20, 2006).

<sup>4</sup> GENERAL ACCOUNTABILITY OFFICE, VA AND DEFENSE HEALTH CARE: MORE INFORMATION NEEDED TO DETERMINE IF VA CAN MEET AN INCREASE IN DEMAND FOR POST-TRAUMATIC STRESS DISORDER SERVICES 3 (2004), <http://www.gao.gov/new.items/d041069.pdf>. The VA provides medical benefits to veterans for two years at no cost, with subsequent care under VA eligibility rules and possible co-payments. The DOD offers medical benefits for eligible veterans for up to 180 days following discharge or release from active duty.

The study further found that the “VA does not know the number of veterans it now treats for PTSD,” and more significantly, that the “VA will be unable to estimate its capacity for treating additional veterans. . . and therefore, unable to plan for an increase in demand for these services.”<sup>5</sup>

By January 2005, the wars had resulted in over 10,000 seriously injured veterans, and the GAO was investigating the VA’s rehabilitation programs.<sup>6</sup> The GAO found that: 1) the VA’s efforts to rehabilitate veterans were at “cross purposes to the military’s retention goals,” since the VA’s programs were intended to transition the veterans into civilian jobs versus the DOD’s emphasis on return to military duty, and 2) the VA could not “ensure that all . . . veterans who could benefit . . . have the opportunity to receive services at the appropriate time.”<sup>7</sup> The following month, the GAO published tables that identified 24 clinical care and education recommendations by the VA Special Committee on PTSD based on 15 reports to Congress between 1985 and 2004.<sup>8</sup> That report concluded that of the 24 recommendations, 14 were only partially met and 10 were not met at all.<sup>9</sup> Notable were the VA’s failures to “[p]rovide sustained treatment settings for PTSD and coexisting psychiatric and medical conditions” and “[e]xtend efforts to monitor productivity and quality of specialized services across the PTSD continuum of care.”<sup>10</sup> The GAO also recognized the VA’s failure to “[e]xpand PTSD treatment to include family assessment and treatment services.”<sup>11</sup>

The following month, the GAO Director of Health Care issues, Cynthia A. Bascetta, testified before the Senate Committee of Veterans’ Affairs. She noted that the VA had been working with the DOD to “develop a formal agreement” to share information on seriously injured veterans.<sup>12</sup> As part of that collaboration, the VA and the DOD had developed a four-part assessment questionnaire to screen for PTSD:

Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month you

- have had any nightmares about it or thought about it when you did not want to?
- tried hard not to think about it or went out of your way to avoid situations that remind you of it?
- were constantly on guard, watchful, or easily started?

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<sup>5</sup> *Id.* at 16. A subsequent report released in May 2006 confirmed that the inability of the VA to effectively track, plan, and deliver veteran health care has continued unabated. GENERAL ACCOUNTABILITY OFFICE, POST-TRAUMATIC STRESS DISORDER: DOD NEEDS TO IDENTIFY THE FACTORS ITS PROVIDERS USE TO MAKE MENTAL HEALTH EVALUATION REFERRALS FOR SERVICEMEMBERS 4 (2006), [www.gao.gov/new.items/d06397.pdf](http://www.gao.gov/new.items/d06397.pdf).

<sup>6</sup> GENERAL ACCOUNTABILITY OFFICE, VOCATIONAL REHABILITATION: MORE VA AND DOD COLLABORATION NEEDED TO EXPEDITE SERVICES FOR SERIOUSLY INJURED SERVICEMEMBERS 4 (2005), <http://www.gao.gov/new.items/d05167.pdf>. Most of the “non-medical benefits” are cash compensation benefits for disabled veterans.

<sup>7</sup> *Id.* at 12.

<sup>8</sup> GENERAL ACCOUNTABILITY OFFICE, VA HEALTH CARE: VA SHOULD EXPEDITE THE IMPLEMENTATION OF RECOMMENDATIONS NEEDED TO IMPROVE POST-TRAUMATIC STRESS DISORDER SERVICES 44 (2005), [www.gao.gov/new.items/d05287.pdf](http://www.gao.gov/new.items/d05287.pdf).

<sup>9</sup> *Id.* at 46-52.

<sup>10</sup> *Id.* at 51.

<sup>11</sup> *Id.*

<sup>12</sup> GENERAL ACCOUNTABILITY OFFICE, VA DISABILITY BENEFITS AND HEALTH CARE: PROVIDING CERTAIN SERVICES TO THE SERIOUSLY INJURED POSES CHALLENGES 3 (2005), [www.gao.gov/new.items/d05444t.pdf](http://www.gao.gov/new.items/d05444t.pdf).

- felt numb or detached from others, activities or your surroundings?<sup>13</sup>

The recent May 2006 GAO report concluded that this screening tool, which had been implemented after the September 2004 report, was ineffective in assuring that veterans at risk for PTSD received an appropriate early medical referral and intervention because the referrals depended on the individual clinical judgment of the provider reviewers without any clear guidance on the referral factors.<sup>14</sup> Despite the fact that active combat is a recognized cause of PTSD with a high prevalence among veterans, the screening tool found only about 5 percent of veterans to be at-risk and in need of further medical referral (9,145 out of 178,664). In addition, the referrals for further medical evaluation and treatment of PTSD differed between the services, with none of the services referring all of those identified as at-risk (Army 23%, Air Force 23%, Navy 18%, and Marines 15%). This left the majority of such veterans without adequate medical care.<sup>15</sup> The report concluded that the DOD could not “provide reasonable assurance that OEF/OIF servicemembers who need referrals” for PTSD evaluations in fact receive a referral.<sup>16</sup> Most astounding is the finding that the VA provider who reviews the questionnaires “does not generally arrange for a mental health evaluation appointment;” rather, the provider merely “checks” the box on the form and “gives the servicemember information about PTSD.” Our wounded veterans are then left to their own devices to find the help they need through the maze of the VA.

The GAO has documented that the needs of countless thousands of veterans with PTSD and their families, increasing by the day, have been ignored. The VA, the DOD, Congress and America need to wake up and attend to their pain by taking the following actions:

- 1) the VA should coordinate with the DOD to ensure that each veteran, whether visibly physically disabled or not, receives PTSD screening;
- 2) the DOD should ensure that the PTSD screening reviewers have clear directives on requirements for further clinical referrals of the returning veterans;
- 3) Congress should ensure that appropriate funding is available to meet the recommendations of the GAO committee reports it has requested since 1985; and
- 4) voters should express their concern by direct communication to elected members of Congress and those running for Congress.

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<sup>13</sup> *Id.* at 4. (This screening tool is very condensed as compared with what the American Psychiatric Association had included in the *Diagnostic and Statistical Manual of Mental Disorders-IV* (4<sup>th</sup> ed. 2000). The DSM-IV includes 6 major criteria and 19 sub-points, for a total of 25 different diagnostic elements, each of which should be considered together with duration specifics (acute, chronic, or delayed onset), associated descriptive features and mental disorders, associated laboratory findings, and associated physical examination findings and general medical conditions. *DSM-IV* at 463-468. The VA/DOD short-form questionnaire has omitted details that may result in false negative outcomes and under-referrals for further clinical evaluation.

<sup>14</sup> GENERAL ACCOUNTABILITY OFFICE, POST-TRAUMATIC STRESS DISORDER: DOD NEEDS TO IDENTIFY THE FACTORS ITS PROVIDERS USE TO MAKE MENTAL HEALTH EVALUATION REFERRALS FOR SERVICEMEMBERS 5 (2006), [www.gao.gov/new.items/d06397.pdf](http://www.gao.gov/new.items/d06397.pdf).

<sup>15</sup> *Id.*

<sup>16</sup> *Id.*