

USA TODAY DEBATE 052308 - Wars take a deadly toll, even after vets return home

Our view on mental health and the military: Wars take a deadly toll, even after vets return home

VA, ill-equipped to handle suicide problem, plays it down instead.

When a top doctor at the Department of Veterans Affairs learned in February that about 1,000 veterans under VA care attempt suicide each month, he knew just what was needed: A smart public relations strategy.

(Photo - "Those soldiers, as well as our son Timothy, can never be / Susan Walsh, AP)#Mike and Kim Bowman.brought back." —

Ira Katz, the agency's deputy chief for mental health care, [sought advice](#) from an agency public affairs officer. "Shh!" he wrote in an e-mail. "Is this something we should (carefully) address ourselves in some sort of release before someone stumbles on it?"

This approach toward a tragic statistic is just one indication that the agency in charge of caring for veterans is more interested in minimizing the extent of mental health problems that today's veterans face than it is in tackling them.

On Memorial Day, the nation will honor those who have given their lives in service to their country, including the more than [4,500 men and women killed in Iraq and Afghanistan](#) since 2001. But the nearly 37,000 who have been wounded in those wars often remain in the shadows. Even less attention goes to those suffering from invisible wounds.

Nearly [20% of servicemembers](#) who have returned from Iraq and Afghanistan report symptoms of post-traumatic stress disorder (PTSD) and major depression; only half have sought treatment, according to a survey released last month by the RAND Corp., a non-profit think tank.

RAND found that the [majority of the returning veterans](#) have experienced the kind of traumatic events — seeing friends and non-combatants seriously injured or killed, smelling decomposing bodies, being knocked over by an explosion — that can trigger PTSD and depression.

A VA study in February found more than 8,200 suicides among VA patients from 2001 through 2005 — a rate more than three times the general population. And just as surely as there is a suicide problem, the VA is ill-equipped to handle it, according to several independent reports.

RAND found that while the VA's 153 medical centers offer quality treatment, a confusing system makes it hard to access. Many of today's vets seek treatment at local VA centers, where specialized service is harder to find.

A 2007 [report by the VA's inspector general](#) found that much of the agency's 2004 plan to upgrade suicide prevention services was unfinished, with several initiatives still in the pilot stage.

And Ronald Maris, a University of South Carolina suicide expert, told Congress this month that the VA's routine questioning to determine whether a patient is a suicide risk is "woefully inadequate."

RAND and others agree that the VA's mental-health system needs to be less confusing and more accessible. The military also needs to remove cultural barriers that discourage soldiers and veterans, who fear stigma, from seeking treatment. Simple tools exist to assess risk, and at-risk veterans need their cases followed. RAND says [better treatment would ultimately pay for itself](#) or save the nation money, given the costs of problems associated with mental illness — such as homelessness, domestic violence and substance abuse.

A powerful case for change was made last year by Mike and Kim Bowman, whose son Timothy survived service in Baghdad as a gunner, only to return home and kill himself in 2005. Many soldiers are turned away or misdiagnosed at VA facilities, the [Bowmans told Congress](#) in December. Then, like their son, they lose "their battle with their demons."

It's the VA's duty to ensure that fewer of these demons win.

Opposing view: VA is reaching out

We're spending billions to improve veterans' mental-health programs.

By James Peake

Suicide and [suicide prevention](#) for veterans are real and important issues.

The [Department of Veterans Affairs](#) is leaning forward to address suicide and the larger mental health issues of our returning veterans. Spending on mental health programs throughout our system of medical centers, community clinics and vet centers will reach more than \$3.5 billion this year alone, and grow to \$3.9 billion in 2009.

VA is reaching out to more than 500,000 combat veterans of the global war on terror who have not come to the VA for care. We want to ensure that they know about VA medical services and benefits. We are specifically targeting an additional 17,000 veterans who are sick or were injured during their service to ensure that they have a case manager, trained to recognize mental health issues, to support their health care needs.

VA's successful vet center program is expanding with 23 new sites this year for a total of 232 around the country providing individual, group and family counseling to veterans of all wars who have served in combat. VA has hired more than 3,800 new mental health workers in the past three years and increased the hours of operation at mental health clinics.

VA provides initial evaluations within 24 hours for patients with mental health issues, and full assessments within 14 days for those not needing immediate care. Suicide prevention coordinators are located in each VA hospital. Last July, the VA suicide prevention hotline was launched; it has received 43,294 phone calls and initiated 885 rescues as of the end of last month.

I have convened a Blue Ribbon Work Group to review all our data as well as other studies, such as the recently released [RAND Corp. report](#), and to make recommendations on ways the VA can improve its programs in suicide prevention, research and education. There is nothing more tragic than the loss of even one of our great servicemembers who have served our nation. No health care system is more serious than our VA in dealing with this issue.

Dr. James Peake, a cardiac surgeon and former Army Surgeon General, is secretary of Veterans Affairs.