



Looking Forward: The Status and Future of VA

Veterans for Common Sense

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Contact Information:

Veterans for Common Sense

Post Office Box 15514

Washington, DC 20003

Phone: (202) 558-4553

E-Mail: Paul@VeteransForCommonSense.org

Web Site: www.VeteransForCommonSense.org

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Section One: Introduction

This report provides many new and previously undisclosed official government statistics describing the current status of the Department of Veterans Affairs (VA). Veterans for Common Sense (VCS) provides the important information so VA stakeholders can evaluate VA now as well as monitor VA's progress during the next four years.

While we remain concerned about the needs of veterans from all periods of service, this report focuses primarily on the significant impact of the Iraq and Afghanistan wars on veterans, their families, and VA.

Our research reveals the need for VA leaders to more consistently, accurately, and transparently monitor VA's core responsibilities such as the quality and timeliness of healthcare and benefits delivery to our nation's veterans.

The Iraq and Afghanistan wars continue having an unprecedented impact on VA. As of September 30, 2008, VA had already treated and diagnosed more than 400,000 Iraq and Afghanistan war veterans out of a total patient load of 5.5 million veterans, or 7.3 percent of existing patients. VA has consistently underestimated the number of new patients and failed to implement a comprehensive agency-wide plan for understanding and responding to their needs and concerns.

Of the 400,000 new and unanticipated patients from the two current wars, 105,000 were diagnosed with post traumatic stress disorder (PTSD). By comparison, in 2004, VA treated 13,000 Iraq and Afghanistan war veterans, about .2 percent of existing patients. Of the 13,000 veteran patients in 2004, fewer than 700 were diagnosed with PTSD.

News accounts also describe increasing numbers of broken families, drug and alcohol abuse, crime, and homelessness among veterans and their families. Along with the tidal wave of recent war veterans flooding into VA medical facilities, there are credible reports about a growing suicide epidemic among veterans, especially younger veterans.

The facts provided in this report should concern all citizens because our veterans have served to protect and defend our Constitution. VCS agrees with the sound advice given by President George Washington to future generations of Americans:

The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the veterans of earlier wars were treated and appreciated by their nation.

VCS remains alarmed that the public is largely unaware of the broad scope of the challenges facing our returning veterans, their families, and VA. We reached this conclusion after many meetings with recent war veterans, legislative staff, reporters, and civic groups who say they want more facts about the needs of our veterans and VA.

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VCS publishes this report containing salient facts about VA's current status in an effort to raise awareness about the needs and concerns of our veterans, their families, and VA.

We hope our report will be used by VA stakeholders to mark the efforts of the previous administration as well as to assess the progress of the new administration.

During 2008, reporters interviewed representatives of VCS more than 300 times about the needs and concerns of our veterans. During the past three months VCS worked hard to raise the profile of veterans and VA. Among our efforts:

- [On November 5, 2008](#), we sent President-Elect Barack Obama our "VCS Vision for a Vibrant VA in 2009," an outline of nearly thirty suggested policy reforms. We believe VA must overhaul three areas simultaneously: leadership, policies, and appropriations.
- [On December 19, 2008](#), we posted our legislative agenda for veterans and families and VA for the 111th Congress.
- [On January 15, 2009](#), VCS asked Congress to hold hearings on Gulf War illnesses. Veterans of the 1991 conflict want to understand why they are ill. They also want to receive treatment and disability benefits for medical conditions related to their military service.
- [On January 26, 2009](#), VCS asked VA Secretary Eric Shinseki to issue regulations to make it easier for veterans and VA to process PTSD claims. With the stroke of a pen, VA can cut through the red tape and quickly approve tens of thousands of claims that currently languish months or years.

By issuing this report, VCS asks our members, reporters, and legislators to measure VA's speed and quality in these five areas: Disability Claims, Healthcare (excluding mental health), Mental Healthcare, Suicide Prevention, and Reducing Homelessness.

For this report, VCS combined facts about VA found on the agency's web site with internal VA reports and Department of Defense (DoD) reports obtained exclusively by VCS using the Freedom of Information Act (FOIA).

Additional salient facts for our report were obtained during our landmark lawsuit filed against VA on July 23, 2007, [Veterans for Common Sense and Veterans United for Truth v. R. James Nicholson, Secretary of Veterans Affairs](#).

After a two week trial in April 2008, the United States District Court, Northern District of California, issued an 83-page ruling on June 25, 2008. The ruling contained [many significant findings of fact and VA statistics revealed to the public for the first time](#).

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However, the Court ruled it [lacked jurisdiction](#) to order a desperately needed overhaul of VA. Therefore, on July 25, 2008, we filed our notice of appeal. Our opening brief was filed on December 10, 2008, with the [Ninth Circuit Court of Appeals](#). VCS and VUFT are pleased [other veterans' groups are supporting our litigation](#) on behalf of our veterans.

About Veterans for Common Sense: VCS is a non-profit 501(c)3 based in Washington, DC. VCS and our 14,400 members provide advocacy and publicity about policies related to veterans' healthcare, veterans' disability benefits, national security, and civil liberties.

VCS promotes positive, pragmatic, and progressive change for VA, the Federal Government's second largest department, second in size only to DoD. Although VA's challenges are significant, VCS is optimistic about the prospects of reform under the new administration.

Our goals are for America to thank our veterans for their service and for VA to welcome them home with a seamless transition from military to civilian life that includes high-quality and prompt VA medical care and benefits.

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Section Two: VA Background

To properly understand the current challenges facing VA, veterans, families, and Congress, VCS strongly recommends reviewing these selected background materials that include news articles, books, reports, and government resources.

News Articles:

- **August 12, 2003**: In a profile of Afghanistan War veteran Jason Stiffler, *Wall Street Journal* reporters Robert Tomsho and Rachel Zimmerman sounded the first major alarm about the enormous systemic challenges our wounded, injured, and ill war veterans faced obtaining VA healthcare and disability benefits.
- **January 15, 2009**: Inter Press Service news agency reporter Aaron Glantz, who travelled to Iraq several times, wrote about the legacy of the Bush administration's handling of veterans' healthcare. Glantz wrote that, "Most observers agree the situation [VA Secretary Eric] Shinseki inherits is dire."
- **January 9, 2009**: McClatchy News columnist Joe Galloway, who covers military and veterans' issues, wrote an essay highly critical of VA poor planning. Galloway wrote that, "The Bush administration grossly underestimated the flood of post-traumatic stress disorder cases coming home from combat..."
- **December 14, 2008**: *The Houston Chronicle* editorialized about the disturbing plight of our veterans. The newspaper's editorial board wrote that, "Since the start of the wars in Afghanistan and Iraq and all of the resulting harms to soldiers, civilians, economies and constitutional principles, no segment of society has been more abused and neglected than returning U.S. military veterans."
- **November 10, 2008**: The PBS News Hour reported on the growing suicide epidemic among service members and veterans. PBS profiled Tennessee National Guard soldier Scott Eiswert, an Iraq War veteran diagnosed with PTSD who was denied VA disability benefits three times until reporters began asking VA questions. Eiswert's widow was denied VA life insurance benefits after her husband committed suicide. VCS was interviewed for this news segment.
- **June 11, 2007**: McClatchy News reporters Chris Adams and Stella Hopkins reported on veteran patient delays cited in a VA Inspector General report. Their investigation revealed that, "While top VA officials told Congress earlier this year that 95 percent of appointments are scheduled within 30 days of a patient's requested date, the true number is about 75 percent, according to the analysis by the department's inspector general."

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Books and Reports:

- [The Three Trillion Dollar War: the True Cost of the Iraq Conflict](#), written by Linda Bilmes and Joseph Stiglitz and published in 2008. The authors estimate up to 700,000 patients and claims resulting from the Iraq and Afghanistan wars, with a total cost to taxpayers of up to \$700 billion over the next 40 years.
- [The War Comes Home: Washington's Battle Against America's Veterans](#), written by reporter Aaron Glantz and published in 2009, documents the tragic plight of Iraq and Afghanistan war service members and veterans.
- [Combat to Community](#), prepared by the non-profit veterans' rights group Swords to Plowshares in January 2009, contains a thorough briefing describing the challenges and opportunities facing the Iraq and Afghanistan war veteran population.

Government Resources:

- [VA's Organizational Chart](#) provides a one-page overview of VA's structure. VA is comprised of three main agencies, the Veterans Health Administration (VHA) that provides medical services, the Veterans Benefits Administration (VBA) that provides non-medical benefits, and the National Cemetery Administration (NCA) that oversees national cemeteries.
- [VA's 2008 Organizational Briefing Book](#), updated in May 2008, provides 55 pages describing VA's history, mission, and function. For anyone wanting to learn more about VA, the briefing provides an excellent reference book.
- [Government Accountability Office's 2009 Congressional and Presidential Transition](#) web site contains ten distinct reports describing major VA challenges for the new administration, with a special focus on healthcare, disability benefits, and information technology. The GAO reports are a must-read for legislative staff, advocates, and reporters who want a far more detailed review of VA's inner workings.

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Section Three: Current VA Status

Here are the most recently available facts describing the status of VA.

- **Overall Size**: VA is the Federal Government's second largest agency with a \$93 billion budget and 278,000 dedicated and hard-working employees.
- **VHA Facilities**: VHA operates 153 medical centers, 909 clinics, 232 Vet Centers, plus additional facilities totaling more than 1,400 points of care.
- **VBA Regional Offices**: VBA operates 57 regional offices (RO) processing disability claims. VBA is also responsible for processing claims for VA's other "business lines" - education benefits, life insurance, vocational rehabilitation, and home loan guaranty.
- **Veteran Patients**: Out of approximately 23 million living veterans, VA currently treats approximately 5.5 million veteran patients.
- **25 Percent of Veterans Wait 30 Days or More to See Doctors**: According to three reports by VA's Office of Inspector General (OIG), up to 25 percent of veteran patients in their investigation waited more than 30 days to see a doctor. If that estimate was applied to all 5.5 million veteran patients, then as many as 1.3 million veterans are waiting too long to see a doctor. [In June 2008, the U.S. District Court](#) agreed with VA's OIG that 25 percent of patients wait more than 30 days. This claim is disputed by VA leaders who say between one and five percent of veterans wait 30 days or longer for an appointment. VCS asks the new administration to determine the facts to most accurately and consistently measure patient wait times.
- **Mental Healthcare Delays**: During the 2008 trial for our VCS and VUFT lawsuit against VA, top VA officials were forced to "concede that veterans have complained of long wait times for PTSD treatment..." Furthermore, a top VA leader "...testified that the high rates of PTSD among Iraq veterans are the result of various factors, including [multiple deployments](#), the inability to identify the enemy, the lack of real safe zones, and the inadvertent killing of innocent civilians."
- **PTSD Healthcare Delays**: Our lawsuit against VA also revealed that, "The wait times for PTSD referrals were longer [than depression], with only 33.6 percent reporting same-day evaluations, 26 percent reporting 2-4 weeks, and 5.5 percent 4-8 weeks."
- **Partially Implemented Mental Health Strategic Plan**: In 2005, the Government Accountability Office (GAO) confirmed that the Mental Health Strategic Plan (MHSP), designed to increase VA's ability to provide quality and timely PTSD

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treatment, was not implemented. A key measure in 2009 and beyond will be for VA to implement and to provide oversight for the MHSP.

- **[Disability Rolls](#)**: As of January 2009, VBA reported 3.7 million veterans and surviving family members were receiving disability compensation or pension benefits.
- **[Claim Backlog](#)**: As of January 6, 2009, VBA reported 625,000 backlogged disability claims, and the Board of Veterans Appeals reported 184,000 backlogged claims, a total of 809,000 claims. VBA leaders define the backlog as only those claims awaiting a disability rating decision for longer than six months. [VA's OIG recommends](#) that VBA create a realistic definition for the "claims backlog" so the issue can be accurately and consistently monitored.
- **[Initial Decision Delay](#)**: With some minor fluctuation, VA reports veterans wait, on average, more than six months for an initial disability rating decision from VA. VA confirms that [adjudicating PTSD claims takes "longer" than non-PTSD claims](#). VA should determine exactly how much "longer" it actually takes to process PTSD claims. The VA claim process requires a fundamental restructuring.
- **[Appeal Delay](#)**: If a veteran or family member appeals a VBA decision, then the veteran waits another 1,419 days (nearly four more years) for an answer.
- **[Big Office, Long Delays](#)**: At VBA's New York RO, one of the agency's largest, at least 35 percent of veterans have already waited more than 180 days for a claim decision from VBA.
- **[Claim Delays Harm Veterans](#)**: In June 2008, the District Court found that, "It is beyond doubt that disability benefits are critical to many veterans and any delay in receiving these benefits can result in substantial and severe adverse consequences, including the inability to make mortgage or car payments."
- **[New Staff](#)**: After Congress appropriated \$1.8 billion in emergency spending in 2007, a move supported by VCS, VA hired thousands of additional claims adjudicators and medical professionals to increase capacity to process disability claims and provide medical care. As suggested by GAO, the incoming administration should monitor the performance of this new cohort of employees by measuring their productivity, turn-over, and training. In addition to more staff, VA must streamline policies and procedures as well as hold VA leaders accountable for failing to reduce the number of claims in the claim backlog and the amount of time VA takes to adjudicate claims.
- **[Suicide Attempts](#)**: In 2008, an internal VA e-mail revealed that 12,000 veterans under VA care attempted suicide each year, an average of 33 attempts a day.

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- **[Suicide Completions](#)**: In November 2007, the CBS Evening News teamed up with VCS to conduct a five-month investigation of veteran suicides. The University of Georgia analyzed data from 45 states and determined there were more than 6,200 veteran suicides in 2005, an average of 17 completed suicides per day. VCS awaits a comprehensive VA study to determine the scope of the suicide crisis.
- **[Suicide Epidemic](#)**: Also in November 2007, the CBS Evening News reported that, “Veterans aged 20 through 24, who have served during the war on terror had the highest suicide rate among all veterans, estimated at between two and four times higher than civilians the same age. (The suicide rate for non-veterans is 8.3 per 100,000, while the rate for veterans was found to be between 22.9 and 31.9 per 100,000.)”
- **[Suicide Prevention](#)**: In July 2007, after VCS filed suit against VA about delays in accessing mental health care, VA established a toll-free suicide prevention hotline. In the first 18 months of operation, the VA hotline received more than 100,000 calls and performed more than 2,600 rescues that brought veterans in for VA treatment. While highly commendable as an effort to save veterans’ lives, VA should be monitoring the long-term impact of the hotline to determine who is using the hotline, why they are using it, and any improvements that can be made.
- **[Homeless Veterans](#)**: In 2008, VA estimated there were 154,000 homeless veterans from all periods of service. According to VA, about [1,800 Iraq and Afghanistan war veterans were homeless in 2008](#). There should be zero tolerance for homelessness. To learn more about the needs and concerns of our homeless veterans, please read the [Swords to Plowshares statement to the Presidential Transition Team](#).

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Section Four: Existing Impact of Iraq and Afghanistan Wars on VA Healthcare

Starting with the widely publicized [VA budget shortfalls in 2005](#), the Iraq and Afghanistan wars continue having a significant impact on VA healthcare by placing an increasing demand on VA services.

Here are official statistics obtained from DoD and VA that show the current impact of the two wars will continue for decades. Most of the new statistics about the Iraq and Afghanistan wars were obtained exclusively by VCS using FOIA.

- **Cumulative Deployment Count:** As of October 31, 2008, DoD had deployed 1.83 million service members to the Iraq and Afghanistan wars.¹
- **Repeated Deployment Count:** DoD reported more than 717,000 service members, or nearly 40 percent, had been deployed two or more times.² Army studies show repeated deployment to the war zone [significantly raises the risk of developing PTSD among veterans](#).
- **Number of Veterans:** Of the 1.83 million deployed, 969,000 are veterans discharged from the military and now eligible for VA medical care and benefits.³
- **Number of Patients:** More than 400,000 unexpected new patients were already treated at VA hospitals.⁴ That means 41 percent of Iraq and Afghanistan war veterans are already patients at VA hospitals and clinics.⁵ In 2004, VA was treating 13,000 patients from the two wars.⁶
- **Number of Mental Health Patients:** More than 178,000, or 45 percent of the patients, were treated for one or more mental health condition.⁷
- **Rising Percentage of Mental Health Patients:** The percentage of Iraq and Afghanistan war veterans returning home with a mental health diagnosis more than tripled between 2004 and 2009, ballooning from 14 percent to 45 percent.⁸

¹ DoD, Defense Manpower Data Center, Contingency Tracking System Deployment File. *Deployment File for OEF & OIF*, as of October 31, 2008 ("DoD CTS").

² DoD CTS, October 31, 2008

³ VA, Veterans Benefits Administration, Office of Performance Analysis & Integrity. *VA Benefits Activity: Veterans Deployed to the Global War on Terror*, September 2008 ("VA GWOT Benefits Report").

⁴ VA, Veterans Health Administration, Office of Public Health and Environmental Hazards. *Analysis of Health Care Utilization Among US Global War on Terror Veterans*, January 2009 ("VA GWOT Healthcare Use Report").

⁵ Ibid.

⁶ VA GWOT Healthcare Use Report, March 2004.

⁷ VA GWOT Healthcare Use Report, January 2009.

⁸ VA GWOT Healthcare Use Report, March 2004 and January 2009.

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- **PTSD Patients:** By September 2008, VA had diagnosed more than 105,000 Iraq and Afghanistan war veterans with PTSD, a figure that accounted for 26 percent of VA patients from the two wars. In 2004, VA treated only 700 veterans diagnosed with PTSD from the two current wars, or 5 percent of patients.⁹
- **Women Patients:** According to DoD, more than 206,000 of our service members sent to the two wars are women, or about 11 percent of all service members deployed.¹⁰ VA should be monitoring this particular population for PTSD and TBI as it should for all veterans. VA should be increasing capacity to provide treatment for military sexual trauma (MST), where one service member is raped by another. A recent VA study concluded that 15 percent of women and .7 percent of men who served in the Iraq and Afghanistan wars reported [MST during their military service](#).
- **Drug Dependence Patients:** By September 2008, VA had diagnosed 7,412 Iraq and Afghanistan war veterans with drug dependence, nearly two percent of all patients from the two wars.¹¹ In February 2005, the count was 238.¹² According to a recent news broadcast, an increasing number of Iraq and Afghanistan war veterans appear to be turning toward [self-medication using illegal drugs](#) as a means to cope with the physical and psychological wounds of war. More research is needed to monitor drug abuse and drug dependence among our new war veterans, especially among veterans diagnosed with PTSD and/or TBI.

⁹ Ibid.

¹⁰ DoD CTS, October 31, 2008.

¹¹ VA GWOT Healthcare Use Report, January 2009.

¹² VA GWOT Healthcare Use Report, February 2005.

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Section Five: Future Impact of Iraq and Afghanistan Wars on VA Healthcare

What can the Obama administration expect in terms of new VHA patients from the Iraq and Afghanistan wars? The estimated range of potential patients is wide.

- If the current rate of 41 percent of Iraq and Afghanistan war veterans using VA healthcare remains the same, and if both wars ended today and all 1.83 million service members returned home immediately, then VHA may expect up to 750,000 veteran patients from the two wars.
- Based on a 2006 deployment population of 1.64 million service members, RAND estimated that more than 300,000 veterans, about 18.5 percent, would develop PTSD or depression from the two wars.¹³
- In October 2008, the cumulative number of our service members deployed to the Iraq and Afghanistan wars rose to 1.83 million. Using the RAND rate of 18.5 percent, the number of estimated PTSD and depression cases among returning veterans may rise to as high as 338,000.
- Based on a 2006 deployment population of 1.64 million, RAND estimated that more than 320,000 veterans, or 19.5 percent, were at risk for TBI due to exposure to a roadside bomb blast.¹⁴
- In October 2008, the number deployed had increased to 1.83 million. Using RAND's estimated rate of 19.5 percent, the number of estimated TBI cases may rise to as high as 357,000. Clearly, as the two wars continue and new service members deploy for the first time and other service members deploy for a second or third time, the risk increases for TBI, PTSD, and suicide.
- There appears to be a wide range of estimated potential PTSD and depression patients from the Iraq and Afghanistan wars – from a low of 18.5 percent to a high of 48 percent. This means a total of somewhere between 340,000 and 880,000 Iraq and Afghanistan war veterans may seek VA mental healthcare. For consistent planning purposes, VA leaders should work closely with the academic community, veterans' groups, plus VHA, VBA, and Vet Center leaders to monitor PTSD and depression diagnoses more systematically.
- In 2006, a second post-deployment mental health assessment of Iraq and Afghanistan war veterans by the military identified as many as 44 percent with

¹³ RAND, Center for Military Health Policy Research, "Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans, April 17, 2008 ("RAND").

¹⁴ Ibid.

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PTSD or depression.¹⁵ Based on this rate, an estimated 800,000 veterans could return home from the two wars with PTSD or depression.

- [In 2008, a news report about a study of West Virginia](#) veterans sent to Iraq and Afghanistan estimated 48 percent returned home with PTSD or depression. Using this rate, as many as 880,000 veterans may return home from Iraq and Afghanistan with PTSD or depression.
- [In 2007, VA stated that suicide research was ongoing](#). VCS is not aware of any official, publicly released VA research on veteran suicides. VCS urges Congress to ask VA to release consistent, complete, and accurate suicide research data on a quarterly basis so Congress can conduct oversight and appropriate sufficient funds for suicide prevention. VCS applauds VA's hiring of suicide prevention coordinators at VA medical centers, and we believe more should be hired at VA's community based outpatient clinics. VA should work closely with academics and suicide experts to monitor and reduce suicides.
- [In 2009, DoD reported record rates of suicide](#). The Army has the highest rate of suicide in 30 years, a very troubling sign of what may come over the horizon as service members leave the military and seek VA mental healthcare for themselves, or in reaction to the deaths of their fellow service members.
- [In 2009, VA and DoD continue improving and expanding record sharing](#). Most of the existing record sharing involves medical records for tens of thousands of seriously wounded service members. As DoD expands record sharing from tens of thousands to nearly two million deployed service members, then VA may see an improvement in the timeliness of claims processing. With both a higher quality and a higher quantity of medical and service records, then VA may also realize cost savings by not having to repeat medical tests and exams recently completed by the military. To make it easier and more seamless for our service members leaving the military, all of the records, medical care, and benefits transition programs operated by VA, DoD, and DoL should be consolidated under VA within a single office. And VA should establish permanent offices at all DoD facilities staffed with VA employees authorized to make initial claim and healthcare enrollment decisions.

¹⁵ VA Puget Sound Healthcare System, Seattle, Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. Providing care to OIF/OEF Veterans (power point presentation) 2006.

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Section Six: Significant New Factors May Further Increase Demand for VA Healthcare Among Iraq and Afghanistan War Veterans

In their book [The Three Trillion Dollar War](#), Linda Bilmes and Joseph Stiglitz conservatively estimated that, among 1.6 million deployed service members, as many as 700,000 Iraq and Afghanistan war veterans may use VA healthcare by the year 2048.¹⁶ The authors calculated their estimate by using VA healthcare and benefit reports on Iraq and Afghanistan war veterans obtained by VCS using FOIA as well as by analyzing the healthcare activity of 700,000 veterans of the 1991 Gulf War.

However, current war veterans are already using VA healthcare at a higher rate than Gulf War veterans. Over a period of seven years, 41 percent of Iraq and Afghanistan war veterans were treated at VA facilities. In contrast, during a period of 18 years, VA treated 40 percent of Gulf War veterans.¹⁷

Six new significant factors may increase the number of Iraq and Afghanistan war veterans seeking VA medical care for the physical and psychological wounds of war. These factors should be monitored closely by the incoming administration.

1. **[Five Years of Free Healthcare](#)**: On January 28, 2008, Congress extended free healthcare for Iraq and Afghanistan war veterans from two years to five years. VA can reasonably expect more veterans to take advantage of the additional free healthcare allowed under the new law.
2. **Serious Economic Recession**: Our economy continues spiraling downward, with fewer jobs for returning younger veterans, who are more likely to be unemployed than non-veterans. According to VA report mentioned in the New York Times, [a 2007 VA survey of returning veterans found 18 percent were unemployed, nearly three times as high as the 6.5 percent](#) reported for non-veterans. Without a paycheck and without employer-provided medical insurance, more new young veterans may turn to VA for healthcare. VCS recommends that VA and Congress closely monitor the impact of the deteriorating economy on rising demand for VA healthcare and benefits among all veterans, with a careful focus on recent war veterans.
3. **De-Stigmatizing PTSD**: According to the 2008 RAND report, about half of the veterans believed to be at increased risk for PTSD did not seek care due to stigma – the fear of discrimination.¹⁸ Therefore, a large pool of potential PTSD patients may enter VA's healthcare system as a result of VA's recently started campaign to de-stigmatize mental healthcare. We are hopeful that these efforts

¹⁶ Stiglitz, Joseph E., and Linda J. Bilmes. *The Three Trillion Dollar War: The True Cost of the Iraq Conflict*. New York: Norton & Company, 2008.

¹⁷ VA, Veterans Benefits Administration, Office of Performance Analysis & Integrity. *Gulf War Veterans Information System*, 2007 ("VA GWVIS").

¹⁸ RAND.

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will encourage veterans who may need some help in that area to seek assistance. VCS suggests viewing [VA's new pilot program of television advertisements](#) featuring actor Gary Sinise. VCS commends three Army generals who recently stepped forward to seek mental healthcare: General [Carter Ham](#), Major General [Tony Cucolo](#), and Major General [David Blackledge](#). VCS also suggests visiting the Department of Labor's (DoL) superb new web site de-stigmatizing PTSD and TBI, "[America's Heroes at Work](#)."

4. **More Health Screenings:** VA and DoD recently began offering more screenings for mental health and TBI. VA's [new training for primary care providers](#) is expected to help VA identify more veterans who may need continuing VA treatment for TBI and PTSD after they leave the military. DoD has started post-deployment medical exams for some (but not all) service members deployed to the war zones. This, too, should identify more injured and ill veterans.
5. **More Deployed to War Twice or More:** The number of service members deployed to war two or more times has passed 717,000.¹⁹ In 2003, very few service members had deployed twice or more. By 2008, nearly 40 percent of service members had deployed twice or more, thus increasing the number of veterans at [increased risk of exposure to roadside bombs and the psychological horrors of war](#). Therefore, more veterans may seek VA medical care for TBI, PTSD, depression, and other mental health conditions.
6. **Afghanistan War Surge:** The new administration is deploying between [20,000 and 30,000 more service members to the Afghanistan war](#). When deployments to both conflicts are combined, the total deployment population may reach or even exceed two million by the end of 2010. As of January 31, 2009, DoD officially counted more than 77,000 non-fatal battlefield casualties (defined by the military as wounded plus those medically evacuated due to injury or illness) for the [Iraq War](#) and the [Afghanistan War](#), according to DoD reports obtained by VCS using FOIA. When combined, the two wars cause an average of 1,000 non-fatal battlefield casualties per month – casualties eventually cared for by VA.

VCS projects the total number of VA patients from the two wars could reach one million in ten years, or by the end of 2018 when these six factors are considered in combination with the conservative estimates in the book, [The Three Trillion Dollar War](#). In a worst case scenario, one in which more than 10,000 new Iraq and Afghanistan war veterans continue flooding into VA medical facilities each month as they have the past five months, it is possible VA may treat one million patients from the two wars in as few as five years – by the end of 2013.²⁰ This is why close cooperation between VA and DoD to monitor deployments and new veteran patients has now become absolutely essential for long-term budgeting, staffing, and policy considerations.

¹⁹ DoD CTS, October 31, 2008.

²⁰ VA GWOT Healthcare Use, January 2009.

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Section Seven: Impact of Iraq and Afghanistan Wars on VA Disability Claims System

At VBA, the agency responsible for processing disability compensation and pension claims, the situation is dire, and VCS expects the crisis to worsen, at least in the short-term, over the next few years.

- **Number of Claims Filed:** Of the 969,000 Iraq and Afghanistan war veterans discharged from the military and now eligible for VA disability benefits, 329,000, or 34 percent, have already filed claims against VBA.²¹
- **Number of Claims Pending:** Of the 329,000 claims filed by Iraq and Afghanistan war veterans, nearly 54,000 still have a pending claim, meaning the veterans are awaiting an answer from VBA on a new or re-opened claim.²²
- **Number of PTSD Claims Approved:** VA has diagnosed more than 105,000 Iraq and Afghanistan war veterans with PTSD.²³ However, VA has only approved PTSD disability claims for 42,000 veterans.²⁴ Clearly, the difference of approximately 63,000 includes veterans who have not yet filed a claim, veterans with a claim pending, and veterans with a claim denied (some may in appeal status). VBA should determine the reason(s) for this difference between the number diagnosed and the number granted disability benefits and then attempt to address it. If the discrepancy is caused by the fact that the veterans have not yet filed PTSD claims, then VBA may eventually see more PTSD claims above the current caseload. VCS has long maintained that VA may use existing rule-making authority and issue regulations granting PTSD claims for veterans deployed to war zones who are diagnosed with PTSD.
- **Comparison with Gulf War:** Iraq and Afghanistan war veterans are less likely to file a disability claim against VA than Gulf War veterans. Among Gulf War veterans, 46 percent, or more than 290,000, filed claims.²⁵ In contrast, only 34 percent, or 329,000 Iraq and Afghanistan war veterans filed claims.²⁶ The Gulf War rate may be higher because Gulf War veterans are required to prove their condition was connected with their military service before receiving VHA medical care. In contrast, Iraq and Afghanistan war veterans receive five years of free VHA healthcare after discharge without such restrictions.
- **Potential Claim Surge in Five Years:** As the five-year period of free VHA healthcare begins to expire for Iraq and Afghanistan war veterans, VCS

²¹ VA GWOT Benefits Report, September 2008.

²² Ibid.

²³ VA GWOT Healthcare Use Report, January 2009.

²⁴ VA GWOT Benefits Report, September 2008.

²⁵ VA GWVIS, February 2008.

²⁶ VA GWOT Benefits Report, September 2008.

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anticipates VBA leaders may see a surge in disability claims among the approximately 71,000 veterans who used VHA healthcare without filing a disability claim against VBA. VCS recommends that VHA and VBA work together to monitor the impact of the new law providing five years of free healthcare may have on veterans' disability claim activity.

- **Claim Discrepancy for National Guard and Reserve:** Based on an analysis conducted by VCS, the [Army Times reported on October 8, 2008](#), that “National Guard and reserve service members are more likely than active-duty Iraq and Afghanistan war veterans to have disability claims denied and more likely to receive the lowest possible disability ratings – even though they are only half as likely to file claims in the first place.” Congress has ordered VA to investigate this discrepancy, and we look forward to learning the causes of the problem and how it can be resolved.
- **Six Factors Apply to Claims:** The same six factors that apply to a potential increase in VHA healthcare activity among Iraq and Afghanistan war veterans may also apply to VBA. VCS estimates that VBA may count up to one million Iraq and Afghanistan war veteran disability claims by 2018. VA leaders should quickly identify the entire population of Iraq and Afghanistan war veterans using VA healthcare, VA disability benefits, and VA's Vet Centers to determine if there is any overlap. Any changes to laws or regulations regarding PTSD and TBI may also increase the number of claims filed, claims approved, and appealed claims.

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Section Eight: Significant Challenges and Opportunities for the Obama Administration

In the face of such an enormous set of existing challenges, how can the Obama administration care for those already in the VA system while also preparing for hundreds of thousands of new patients and claims caused by the Iraq and Afghanistan wars? How long will the monthly flood of more than 10,000 new war veterans entering VA's healthcare system continue, and how many of those will be diagnosed with TBI and/or PTSD?

The first order of business should be for VA leaders to develop a reliable, consistent, and accurate model forecasting healthcare and benefit activity among recent war veterans as a distinct population. VA should invite leaders from VHA, VBA, VA's Vet Centers, academic experts, Congressional staff, and veterans' groups to review the situation and develop options. The forecasting should include a special emphasis on future expenditures and staffing requirements, especially for treatment of TBI and PTSD. VA's leaders should "think outside the box" and collaborate with others to craft a fundamental restructuring of VA's entire disability claim process.

Outside experts are needed because prior VA estimates of patient load and costs associated with the Iraq and Afghanistan wars have been consistently low. For example, former VA Secretary James Peake significantly underestimated the number of new patients during a Congressional hearing. On [February 7, 2008, VA estimated it would treat 333,000 Iraq and Afghanistan war veteran patients during 2009](#). However, VA had already treated 400,000 new war veterans by September 2008.

The situation at VA has reached a crisis level. Based on the current trend of 10,000 new war veteran patients entering VA's healthcare system each month, VA is on track to treat a total of 550,000 Iraq and Afghanistan war patients in the next 15 months. Thus, by the end of calendar year 2009, VA may be treating 200,000 more Iraq and Afghanistan war veterans than projected one year ago.

On August 21, 2007, Democratic Presidential Candidate Barack Obama indicated the medical care and benefits of [all our Nation's veterans would be a priority](#). He shared his vision with America when he said, "Keeping faith with those who serve must always be a core American value and a cornerstone of American patriotism. Because America's commitment to its servicemen and women begins at enlistment, and it must never end."

In our view, Obama understands the moral and legal social contract between our nation and those who protect and defend our Constitution. His understanding is demonstrated by his first two veteran policy decisions since he was elected.

President-Elect Obama's first major decision after being elected to office last November was a superb one. He named retired Army General Eric Shinseki the new Secretary of Veterans Affairs. General Shinseki's confirmation hearing on January 14, 2009, went

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smoothly, and VCS is please to see he began leading VA shortly after January 20, 2009.

On January 14, 2009, [General Shinseki's opening statement to Senators](#) during his confirmation hearing was concise. He said he was “fully committed to fulfilling [Obama's] charge to . . . transform the Department of Veterans Affairs into a 21st Century Organization. [A]t the end of each day, our true measure of success is the timeliness and excellence of services and support to veterans.”

Obama's second policy decision is equally commendable. The new administration published its excellent plan to fix VA and prepare for the future. [VCS asks our members to read his plan](#). VCS urges our members to share their views about veterans and VA with the new administration.

Congress has played a major leading role reforming VA, especially in the past two years. VA will be busy implementing [legislation enacted by the 110th Congress](#), especially several pilot programs to access to mental healthcare and to streamline the disability claims process.

Using the statistics in this report, VCS plans to monitor the incoming administration's implementation of its transformational plan. We hope they act quickly and completely so our government honors what President Obama promised.

While our expectations are high, we have confidence in the new administration, and we understand it may take years to implement its mission to transform VA for the 21st Century.

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Section Nine: Measuring Success at VA in 2009 and Beyond

When Jesse Brown became Secretary of Veterans Affairs in 1993, he initiated a program where VA “Put Veterans First.”

The initial step on the road for success for VA in 2009 should be to reform VA’s institutional culture. We would welcome VA efforts to reduce the often adversarial nature of the disability claims system and follow the wisdom of Omar Bradley, a retired World War II Army General who led the Veterans Administration after that war:

We are dealing with veterans, not procedures – with their problems, not ours.

Following VA Secretary Shinseki’s lead to transform VA, VCS suggests veterans, families, VA, Congress, journalists and the public focus on a narrow set of five key measures to monitor the progress of the incoming administration.

Once definitions for the measures are consistent and accurate, then we propose a simple matrix that grades the most critical items at VA in terms of quality and timeliness. Specifically, VA can and must do better addressing five key areas:

1. Healthcare – excluding mental health
2. Healthcare – mental health
3. Suicide prevention
4. Homelessness
5. Disability benefits, including compensation, pension, education benefits, vocational rehabilitation, home loan guaranty, and insurance

There are other items that can be measured, such as funding, leadership, staff morale, and facility maintenance. Yet VCS believes a very heavy focus should remain on performing the most important items – the timely delivery of healthcare and benefits – that determine if VA lives up to the sacred honor spoken by [President Abraham Lincoln during his second inaugural address](#).

With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation’s wounds, to care for him who shall have borne the battle and for his widow and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.

Clearly, more information and greater transparency may reveal additional challenges not identified or addressed here. VCS hopes this report forms the start of an important dialog between VA, veterans’ groups, legislators, academics, and journalists focusing on the needs all our veterans so they may have a smoother transition from service member to veteran.

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Section Ten: Acknowledgements

VCS dedicates this report to our nation's veterans, their families, and the hard-working employees at VA.

VCS thanks the following individuals and organizations who made this report possible:

Our 14,400 VCS members, supporters, and donors. Our strength advocating for improvements comes directly from our members' personal stories and their strong support of our goals. We thank all of you for standing with America's veterans and their families.

Meredith Fuchs and the **National Security Archives**. She has provided FOIA expertise to VCS for several years. [Under threat of litigation](#), VA was forced to release much of the information presented here. [NSA is a non-profit housed at George Washington University](#).

Linda Bilmes and **Joseph Stiglitz**, authors of [The Three Trillion Dollar War: the True Cost of the Iraq Conflict](#), for their leading role in using our statistics obtained under FOIA to estimate the future human and financial costs.

Aaron Glantz, author of [The War Comes Home: Washington's Battle Against America's Veterans](#), for documenting the stories of many individual service members and veterans. His superb reporting highlighted the impact of the wars on people, families, and communities in the United States and Iraq.

Swords to Plowshares, for their briefing paper, [Combat to Community](#), and their efforts over the past 30 years assisting veterans. [Swords to Plowshares](#) staff members working with VCS include Michael Blecker, Amy Fairweather, Elinor Roberts, Tia Christopher, Ernesto Estrada, Mai-Ling Garcia, Mary Moran, and Shannon Kissinger.

Robert Tomsho and **Rachel Zimmerman**, the *Wall Street Journal* reporters, for their [groundbreaking August 2003 investigative news article](#) about Jason Stiffler, an Afghanistan War veteran who fell through the cracks after his discharge from Walter Reed Army Medical Center.

Morrison & Foerster and **Disability Rights Advocates**, for their outstanding efforts in our lawsuit, [Veterans for Common Sense and Veterans United for Truth v. R. James Nicholson, Secretary of Veterans Affairs](#). Dozens of attorneys and staff at [Morrison & Foerster](#), led by Gordon Erspamer and Arturo Gonzalez, have worked diligently for two years on our landmark case. Sid Wolinski and his team at [Disability Rights Advocates](#) spent untold hundreds of hours fighting for all of our Nation's veterans. Your valiant *pro bono* legal efforts saved thousands of veterans' lives.

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Reporters. There are dozens of reporters we could thank that would fill up pages. Your listening to the needs and concerns of our veterans has made a real difference in making sure our veterans receive the square deal they earned after defending our Constitution. As of February 2009, no major media outlet had a full-time reporter assigned permanently to cover veterans and VA, a fact we hope changes soon.

Legislators and their staff. Tremendous progress has been made improving VA due in large part to the key role Congress plays providing oversight. The House and Senate Veterans' Affairs committees deserve special recognition for their investigative hearings and [reform legislation](#).

Anthony Principi, the former Secretary of Veterans Affairs from 2001 to 2004. He was the first to openly acknowledge the transition crisis among Iraq and Afghanistan war veterans. After the *Wall Street Journal* reported about Afghanistan [war veteran Jason Stiffler in 2003](#), Principi quickly formed VA's "Seamless Transition Task Force," the first significant attempt to identify veterans' concerns and address systemic challenges within VA.

Christie Sullivan, our VCS FOIA researcher. She diligently prepared more than 100 FOIA requests in the past three years to several different government agencies. Without her efforts, VCS, veterans, veterans' groups, Congress, journalists, and the public would not know the true extent of the enormous human suffering among U.S. service members and veterans caused by the Iraq and Afghanistan wars.

Lekan Oguntoyinbo, Libby Creagh, Danielle Sullivan, Thomas Bandzul, Dan Fahey, and Paul Sullivan who prepared and edited this report.

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Section Eleven: Index of Acronyms

Acronym	Description
DoD	Department of Defense
DoL	Department of Labor
FOIA	Freedom of Information Act
GAO	Government Accountability Office
GWOT	Global War on Terror, the government name for OEF and OIF
GWVIS	Gulf War Veterans Information System
MHSP	Mental Health Strategic Plan
MST	Military Sexual Trauma
NCA	National Cemetery Administration
OEF	Operation Enduring Freedom, the Afghanistan War
OIF	Operation Iraqi Freedom, the Iraq War
PTSD	Post Traumatic Stress Disorder
TBI	Traumatic Brain Injury
VA	Department of Veterans Affairs
VBA	Veterans Benefits Administration
VCS	Veterans for Common
VHA	Veterans Health Administration
VUFT	Veterans United for Truth