

Will Johnny March Home Again?(Analysis of Veterans' Care)

mental illness

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Purpose of this analytical report:

Veterans' care should be geared towards veterans being able to be successful in the civilian world. The dignity of the human condition depends upon our responsibility to the individuals who protect our freedom. We as the United States public should not want to create a sub-society of soldiers and spit them out when they can no longer function on the job. This is key to having a volunteer army... you simply take care of them. The principals and practices of our founding fathers had been born out of this concept. An honest day's work should lead to prosperity of one's family. Any officer or enlisted service member would say that war is horrible. These individuals know this when they take the oath, however they do this with the promise that whatever happens to them in defending freedom, their country will support them. Our system of medical care has fallen short of that promise. The promised total care which includes mental illness, post traumatic stress disorder, alcoholism and other conditions has not been fulfilled. The credo that a soldier has

to “suck it up and drive on” may be true for those on active duty but for veterans it is not.

#### Citizenship:

All United States soldiers are citizen-soldiers. This concept is key to understanding the precepts of democracy. The private rights are sacrificed when on active duty but the human rights are not. The army leadership must support the humanity of the individual in order to maintain a volunteer army. Certain rights must always be ensured to include: the right to worship, the right to improve oneself through education and the right to obtain legal counsel when needed. The life of a soldier often makes securing these rights difficult due to the environmental limitations. The absence of these conditions contributes to alienation of the individual. Many soldiers return from their active duty and continue on this path. Many end up homeless and unable to function in society.

#### Veterans' Syndrome:

This is a disorder not characterized in the Diagnostic and Statistical Manual of Mental Disorders. It is simply a condition or frame of mind a service member experiences when he or she feels cheated by the government that has defaulted on the promises previously mentioned. Our country is not unique in this regard nor is this point in history different from any other. One example is Revolutionary War soldiers who had to sell their pay vouchers simply to return home to their families. Another example is the Bonus March of the 1930's where soldiers were labeled as communists because they wanted their bonus they were promised after World War One. A veteran today has no fear of getting into trouble for speaking out because this freedom is protected in the Veterans Bill of Rights. A veteran should no longer have to “suck it up and drive on”, he or she as a veteran has already completed the race.

#### Education:

The Montgomery GI Bill, although a good program in many ways, still has one fault. It is not automatically given to service members. A service member has to register for this or her course and then use their own money to get the program going. A veteran signs his intent to take classes and is responsible for the payment even if there are administrative problems in processing the veteran's benefit. An additional problem is the original program enrollment which is limited to those soldiers who can afford to have \$100.00 taken out of their check every month for a period of a year while enlisted on active duty. For many young service members this presents a barrier to acceptance of the GI Bill. A junior enlisted soldier is expected to feed and care for his family with the remaining \$900.00 each month. Many, therefore, are forced to rely upon food stamps and WIC in order to survive. Many, unfortunately opt not to sign up for the Montgomery GI Bill and lose out on a benefit which can pay for 36 months of schooling.

After serving on active duty, it is difficult to transition to the life of a student while still maintaining a household. The limited financial benefits the military provides, often places the returning soldier in a position of indebtedness. Families often find it difficult to remain together as a result of army life. The soldier is then faced with all the difficulties of broken families.

My solution to the GI Bill problem is to give everyone an enlistment bonus without any contribution towards the GI Bill. This will enable everyone to have the same opportunities. Also, if a soldier chooses not to attend school, he or she should be able to transfer this benefit to another family member.

Transportation:

Facilities that treat veterans are not always conveniently located. Often there is no public transportation for a veteran to utilize in order to receive his or her medical care. Some organizations can be helpful but

these services are unknown to many of the veterans who can utilize them. Organizations such as the American Legion have television time to advertise at no cost.

#### VA Claim:

Forms filled out and turned in to the Veterans' Affairs office are often unacknowledged. The veteran has little recourse but to sit and wait for a call. The VA must locate medical records which can take up to a year's time. These records could be housed in small clinics called tactical mobile clinics instead of large medical centers that are easily located. The records are often paper and not electronic. Many records are often lost or destroyed by environmental conditions.

The problems this causes the Veterans Affairs office are enormous. The hardship that the veteran experiences while waiting for a claim to be processed can be overwhelming. Many administrative requirements for determining eligibility are time-consuming. The bureaucracy of the Veterans Affairs office prevents the veteran from gaining access to the process itself. Often the applicant is in the dark.

The Veterans Affairs office schedules an exam called "compensation and pension exam". After the exam the person decides upon the disability rating that the veteran will receive. This process is long and can

take several years including appeals.

#### Debt Relief Proposal:

Service members should get debt relief for two years after leaving the service. Service members get medical care for a few years and base privileges and commissary use. I am proposing they also get a fixed 9.0

rate on all credit cards. This would lessen the financial burden and help keep families together while still maintaining a healthy economy. This program should be something they have to activate so every veteran would have a chance to use it.

GI Fixed Interest Rate Program is another suggestion I think would help. This program could be used to help veterans improve their credit and recover from the years of hardship they and their families experienced while serving away from home. An agency could help the veteran develop a financial plan over time.

The Last Muster Program:

A program should be invented to follow up on service members and should be run much like a National Guard unit drill weekend. The duration of this program should be six months to a year. It should be a monitoring program to see if the service member is getting all his or her benefits. This program should be a program which offers a stipend to the veteran. The service member does some community outreach while in transition. The Last Muster Program will ensure that the veteran has an understanding of the available benefits. It can be administered by an existing program, "The Army Career Alumni Program" or ACAP. This organization can work with existing state entities which as state employment agencies. The Last Muster Program will ensure that the medical records from active duty are available to the follow-up medical center which will be treating the veteran. The Last Muster Program will help the soldier get his or her GI Bill benefits and other benefits available to the veteran. This program would reduce the number of homeless veterans and increase the chances of veterans to lead productive lives as contributing members of society.

Is our American society charging the poor amongst us to be productive or is it simply enabling some to become rich off the sacrifices of others? Does the average person wonder who those people are who are living under bridges? Let us say to our veterans that no longer must they "suck it up and drive on". Instead, let us say that you have won the race and let us help everyone get on a new track.

## Conclusions/Recommendations:

Education is paramount; some of my programs suggested may overlap. Many programs have been unchanged for over fifty years and need revision. United States politicians need to work on making life better for veterans. The veterans group is growing due to the war in the Middle East. We need to pay more attention to this issue. The question of Johnny returning home whole again can be answered if Americans are willing to do what is necessary to make that occur. Will all veterans be able to forgive their enemies and themselves and enjoy freedom? Let us home so as no one deserves it more.

## MENTAL ILLNESS AND VETERANS

- The number of Iraq and Afghanistan war veterans seeking treatment for post-traumatic stress disorder from the Department of Veterans Affairs jumped by nearly 20,000 — almost 70% — in the 12 months ending June 30, 2007, VA records show. [1]
- More than 100,000 combat veterans sought help for mental illness since the start of the war in Afghanistan in 2001, about one in seven of those who have left active duty since then, according to VA records collected through June. Almost half of those were PTSD cases.[1]
- The total of mental health cases among war veterans grew by 58% from 63,767 on June 30, 2006, to 100,580 on June 30, 2007, VA records show. The mental health issues include PTSD, drug and alcohol

dependency, and depression. They involve troops who left the military and sought health care from the veterans department.[1]

- A study released on 3/12/07 stated that of 103,788 Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans seen at VA health care facilities, 25,658 (25%) received mental health diagnoses; 56% of whom had 2 or more distinct mental health diagnoses.[2]

- Overall, 32,010 (31%) of veterans in the 3/12/07 study received mental health and/or psychosocial diagnoses. The youngest group of OEF/OIF veterans (age, 18-24 years) were at greatest risk for receiving mental health or posttraumatic stress disorder diagnoses compared with veterans 40 years or older.[2]

- In 2003, an estimated 56.6 percent of veterans used alcohol in the past month compared with 50.8 percent of comparable nonveterans. An estimated 13.2 percent of veterans reported driving while under the influence of alcohol or illicit drugs in the past year compared with 12.2 percent of comparable nonveterans. Daily cigarette use was more common among veterans, with an estimated 18.8 percent smoking cigarettes daily in the past month compared with 14.3 percent of comparable nonveterans.[3]

- In 2002/2003, an estimated 1.2 million male veterans were identified as suffering from serious mental illnesses. Approximately 340,000 of these individuals had co-occurring substance abuse disorders. Approximately 209,000 female veterans (13.1 percent) reported serious mental illness, and 25,000 (1.6 percent) reported co-occurring substance use disorder and SMI.[4]

[1] "Veterans Stress Cases Up Sharply," USA Today, Oct. 18, 2007, HYPERLINK "

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[http://www.usatoday.com/news/washington/2007-10-18-veterans-stress\\_N.htm](http://www.usatoday.com/news/washington/2007-10-18-veterans-stress_N.htm)

[2] K.H. SEAL, ET AL, "BRINGING THE WAR BACK HOME: MENTAL HEALTH DISORDERS AMONG 103,788 US VETERANS RETURNING FROM IRAQ AND AFGHANISTAN SEEN AT DEPARTMENT OF VETERANS AFFAIRS FACILITIES," ARCHIVES OF INTERNAL MEDICINE, VOL. 167, NO. 5, MARCH 12, 2007: 476-482.

[3] National Survey on Drug Use and Health, "Alcohol Use and Alcohol-Related Risk Behaviors Among Veterans," Nov. 10, 2005, HYPERLINK "<http://www.oas.samhsa.gov/2k5/vetsAlc/vetsAlc.pdf>"  
<http://www.oas.samhsa.gov/2k5/vetsAlc/vetsAlc.pdf>

[4 NATIONAL SURVEY ON DRUG USE AND HEALTH, "MALE USERS WITH CO-OCCURRING SERIOUS MENTAL ILLNESS AND A SUBSTANCE USE DISORDER," NOV.11, 2004, HYPERLINK "<HTTP://WWW.OAS.SAMHSA.GOV/2K4/VETSDUALDX/VETSDUALDX.HTM>" \T "\_BLANK"  
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Number of Homeless Veterans and VA Beds by State

THE FOLLOWING TABLE SHOWS THE NUMBER OF BEDS FUNDED BY THE DEPARTMENT OF VETERANS AFFAIRS (VA) HOMELESS PROVIDERS GRANT AND PER DIEM PROGRAM IN EACH STATE COMPARED TO THE ESTIMATED NUMBER OF HOMELESS VETERANS REPORTED IN EACH STATE. THIS INFORMATION WAS TAKEN FROM THE 2006 VA CHALLENGE REPORT. THE ENTIRE REPORT CAN BE FOUND AT <HTTP://WWW1.VA.GOV/HOMELESS/PAGE.CFM?PG=17>.

PER DIEM FUNDS UNDER THE GRANT AND PER DIEM PROGRAM ARE AWARDED, ON A COMPETITIVE BASIS, TO COMMUNITY-BASED PROGRAMS THAT OFFER SUPPORTIVE HOUSING AND SERVICES TO HOMELESS VETERANS. NOTICES OF FUNDING AVAILABILITY ARE PUBLISHED IN THE FEDERAL REGISTER, USUALLY IN THE SPRING. THE PROGRAM FUNDING LEVEL IS DETERMINED INTERNALLY BY THE VA AFTER CONGRESS APPROVES APPROPRIATIONS EACH YEAR. FOR MORE INFORMATION ABOUT THE VA HOMELESS PROVIDERS GRANT AND PER DIEM PROGRAM, GO TO:  
[HTTP://WWW1.VA.GOV/HOMELESS/PAGE.CFM?PG=3.](http://www1.va.gov/homeless/page.cfm?pg=3)

State

Funded

Beds

Homeless Veterans

AK 0 600

AL 42 824

AR 40 850

AZ 199 3,970

CA 1,875 49,724

CO 102 1,203

CT 103 5,000

DC 43 2,500

DE 15 550

FL 430 18,910

GA 165 3,297

HI 118 800

IA 56 547

ID 10 500

IL 136

2,197

IN 108 1,200

KS 47 601

KY 115 425

LA 150 9,950

MA 378 1,700

MD 241 3,300

ME 0 100

MI 139 3,513

MN 23 523

MO 82 3,325

MS 60 1,579

MT 17 232

NC 182 1,659

ND 0 1,000

NE 12 770

NH 36 257

NJ 142 6,500

NM 30 860

NV 201 4,715

NY 274 21,147

OH 261 1,710

OK 27 500

OR 159 5,891

PA 332 2,784

RI 23 175

SC 110 1,375

SD 42 170

TN 241 2,844

TX 233 15,967

UT 145 530

VA 86 870

VT 10 30

WA 167 6,800

WI 209 828

WV 41 347

WY 31 98

PR 12 80

TOTAL 7,700 195,827

Examples of what happens to a service member: Figure3.

PVT Everclear

She tried to kill herself by lying under a five ton, while it was running. She was outside (this was during command maintenance. The whole company was looking at her vehicles. She was not successful in her suicide attempt. This individual worked in supply

which was not an interactive position frequently.

SGT Nirvana

This soldier was treated in the psychiatric inpatient unit at Madigan Medical Center. He had a family whom he tried to impose military rules upon. He was discharged with good result.

## SGT Blue Jeans

This soldier served in Panama. He planned to return to civilian life as a carpenter. He failed the army drug and alcohol program and was administratively discharged.

## SGT Tattoo

He served in Korea where he got many tattoos. He attended the army's drug and alcohol program and then completed his military obligation and was honorably discharged.

## SGT Longfellow

He served in Desert Storm but was discharge afterwards. They said he had a Personality Disorder.

## Glossary:

“Suck it up and drive on”

This term, in effect, means that no one is interested in your injuries. You are expected to work injured or not.

## Administrative Separation

This phrase refers to the process of discharging a soldier who has not completed his obligation but has committed no offense or has no medical reason for discharge.

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National Coalition for Homeless Veterans; Number of Homeless Veterans and VA Beds by State: [http://www.nchv.org/page.cfm?id=81;2005\(3\)](http://www.nchv.org/page.cfm?id=81;2005(3))

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