

Gravely Wounded Still Shut Out of Treatment

by Carl Osgood

Despite four and a half years of scandals and bad publicity, horror stories continue to emerge about the poor treatment of soldiers and Marines, wounded in combat in Iraq and Afghanistan. The continuing scandals are feeding a growing movement of activists who are dedicated to moving the Bush Administration and the Congress to provide the care that many of these veterans will need for the rest of their lives. The exposés, however, as much as they have accomplished in putting a spotlight on the problem, avoid the crucial issue: that is, the nature of the Bush/Cheney regime that has put so many of these young men and women in harm's way, not for "freedom," as they claim, but to further their imperial schemes, on behalf of the international financial oligarchy, as the global financial system is blowing apart.

The impact of the war policy on those sent into combat was evident at a forum co-sponsored by the U.S. Naval Institute and the Military Officers Association, in Washington, D.C., on Sept. 18, on the subject of the treatment of "wounded warriors," particularly on panels focused on traumatic brain injury (TBI) and on post-traumatic stress disorder (PTSD). The lack of screening for symptoms of mild to moderate TBI, which results from blast exposure, is an ongoing scandal. Even speakers from the Defense Department, who were mostly military doctors, admitted that the DoD is not doing enough to screen combat veterans for these grave medical problems. Too many soldiers and Marines who have been exposed to repeated blast incidents but have no visible injuries are being discharged from the military for "personality disorders" and other specious reasons. Those who receive discharges have no benefits and, therefore, no access to the care they really need. The transition of the wounded from the Defense Department medical system to that of Veterans Affairs remains a serious issue as well.

Col. Peter Bunce, a retired Air Force officer, described the difficulties he has had getting help for his son, a Marine who was wounded by a roadside bomb in Iraq's Al Anbar province in March of 2004. He described his own experience trying to get his son through the transition from the DoD system to the Veterans Administration, which, he said, "didn't work." He called the mountains of VA paperwork "daunting," and because of his son's injuries, he cannot handle it alone. Just the previous day, Bunce reported, the VA sent a letter threatening to cut off his son's benefits because he is unable to manage his own affairs. Dr. Susan Connor, the CEO of the Brain Injury Association, confirmed Bunce's experience; she explained

that the frontal lobe of the brain "is where it's all processed," that is, thinking, judgment, memory, speech, and other cognitive functions. If a person sustains a brain injury and has pages of paperwork shoved in front of him, he will not be able to handle it. The administrative processes in the DoD and the VA "seem to be against everything that an individual with brain injury is able to handle," she said.

No Screening for Brain Injury or PTSD

As bad as the VA system is, however, the scandal of the lack of systematic screening for TBI and PTSD means that many soldiers and Marines who need the benefits are not even getting into the VA system. Veterans' advocate Steve Robinson told this reporter that, "visible injuries to the head get you into the system." The problem is what happens to those whose injuries are not visible. There is no mechanism, Robinson said, to record the exposure of soldiers and Marines to the kinds of blast events that result in non-penetrating injuries. Neurocognitive changes that have not been diagnosed look like malingering or any number of other disciplinary or behavioral problems and, too often, are treated as such.

Charles Gittens, a lawyer who has represented many discharged soldiers, told the forum that "too many military personnel with trauma have been identified with problems that become legal problems." Oftentimes, he said, when someone gets into legal trouble, it is the first time that a commander even knows that that person has a problem. When that person is forced out of the military with other than an honorable discharge, or a bad conduct discharge, that discharge cuts them off from the benefits they may need, and even becomes an impediment to being properly evaluated. "The military has to have a way of taking care of people who have been psychically injured, even if their service ends badly," Gittens said.

The Congress continues to keep an eye on this ongoing scandal, as well, as shown by a Sept. 26 hearing of the National Security Subcommittee of the House Oversight Committee on continuing problems at Walter Reed Army Medical Center, and in the Army medical system in general. Oversight Committee chairman Henry Waxman (D-Calif.), reported that the committee has received "deeply troubling" reports from Fort Carson, Colo., "that soldiers with PTSD and TBI are being dishonorably discharged under the pretense of having preexisting personality disorders. We've heard of one soldier who was ordered back to Iraq despite a diagnosis of PTSD and TBI." Waxman also noted that both the Army and the VA have hundreds of unfilled psychologist and psychiatric positions, despite the huge need for mental-health care. At the same hearing, the Government Accountability Office testified that, although some improvements have been made at Walter Reed and elsewhere in the Army's medical system, critical staffing shortages mean that 46% of the soldiers entering the medical system are still not getting the coordination of their care that the Army has promised.