

The New York Times

ROOM DEBATE

A Running Commentary on the News

JULY 8, 2010, 10:07 PM

Should More Veterans Get P.T.S.D. Benefits?

By *THE EDITORS*

Nicole Bengiveno/New York Times Joe Chang, right, uses acupuncture to reduce post-traumatic stress symptoms at the Warrior Combat Stress Reset Program at Fort Hood, Texas.

Updated, July 9, 5:10 p.m. | Meg McLagan and Daria Sommers, makers of a film about women in combat, join the discussion.

The [Department of Veterans Affairs is preparing to issue new rules](#) to make it easier for veterans who have been diagnosed with post-traumatic stress disorder to receive disability benefits. The new regulations, which apply to veterans of all wars and will cost as much as \$5 billion over several years, essentially eliminate a requirement that veterans document specific events that might have caused their P.T.S.D. and simply require those with the illness to show that they served in a war zone.

Given the research that exists about P.T.S.D., is this a step forward?

- [Sally Satel](#), American Enterprise Institute
- [Charles Figley](#), mental health and trauma specialist
- [Anuradha K. Bhagwati](#), Service Women's Action Network
- [B. Christopher Frueh](#), professor of psychology
- [Meg McLagan and Daria Sommers](#), filmmakers

Now Fix the Disability System

***Sally Satel** is a psychiatrist and resident scholar at the American Enterprise Institute.*

The Department of Veterans Affairs has a moral obligation to veterans. The pending change in regulations is an effort to meet that duty. But as the number of veterans who will now apply to enter the disability system increases, the V.A. must turn its attention to that troubled system itself. Two overarching problems need urgent remedy.

The first is that diagnostic screening for post-traumatic stress disorder is often inadequate. It is a real and potentially devastating disorder, but not every veteran with post-war distress has a mental illness — there is a continuum ranging from normal, if painful, readjustment difficulties to chronic, debilitating pathology.

While disability status is a blessing for true P.T.S.D. sufferers, for those who are capable of recovering, it can be a curse.

This distinction matters when the veteran is seeking total and permanent disability status.

[Continue Reading](#)

Unconscionable Red Tape

***Charles Figley** holds an endowed professorship in disaster mental health and trauma at Tulane*

University. He is co-editor of "Combat Stress Injury: Theory, Research, and Management."

I have watched with frustration over the years as those who are injured in battle attempt to get help when claims are denied. These changes will correct many of the problems combat veterans with P.T.S.D. and traumatic brain injuries experience in getting the help they need as soon as possible. Benefits delayed are benefits denied.

While the new rules will require additional expense, we owe our veterans financial and medical support while they struggle to recover. These rule changes are needed because research shows that P.T.S.D. can be caused by any number of stressors that are difficult to determine. Also, the extent of the trauma may go unnoticed for weeks or months before the effects become apparent.

The very system that is supposed to help veterans with P.T.S.D. often makes their depression worse.

For too long war veterans seeking medical benefits have been met with the antiquated V.A. medical claims system. They are put through unconscionable red tape. The consequences of the V.A.'s failure to provide prompt treatment for P.T.S.D. and traumatic brain injury and benefits are sobering. The bureaucratic delays can often worsen depression, which in turns makes it more difficult for the veteran to connect with family members, find employment, regain economic viability and avoid further crises like substance abuse.

[Continue Reading](#)

The Added Stress for Female Vets

Anuradha K. Bhagwati, a former captain in the Marine Corps, is the executive director of the Service Women's Action Network, a nonprofit advocacy organization that advances the rights of military women.

The new federal regulations making it easier for combat veterans with post-traumatic stress disorder to receive compensation is great news for the more than 250,000 women who have served and sacrificed in Iraq or Afghanistan. Adding to the challenges of readjusting to society after combat, many of these women face additional trauma, by having to prove their combat status to V.A. medical staff and claims officers who don't know or believe that women are being exposed to the same horrors of war as their male counterparts.

Part of this ignorance results from male bias, but the rest is due to the Combat Exclusion Rule that precludes women from direct ground combat — even though commanders are knowingly violating this policy overseas. It's a policy that needs to be revised immediately, in part because it's too easy for a claims officer from Veterans Affairs to assume a woman is presenting a fraudulent claim for a combat-related wound or injury.

Military sexual trauma, claims of which are consistently denied, is the primary causal factor of P.T.S.D. for women.

Unfortunately, despite the improvements, the new regulations fail to address the majority of P.T.S.D. claims filed by women veterans: military sexual trauma (including sexual harassment and sexual assault).

[Continue Reading](#)

Don't Treat Them Like Invalids

B. Christopher Frueh is a professor of psychology and director of the Division of Social Sciences at

the University of Hawaii.

The Department of Veteran's Affairs's well-intentioned core policies for psychiatric disability for post-traumatic stress disorder are counter-therapeutic and not grounded in the current scientific evidence-base. The new policy changes only make things worse. As I and my colleagues noted in a 2007 article in the American Journal of Public Health:

- Epidemiological data show most survivors of combat or rape never develop P.T.S.D. and rates of the illness drop sharply (more than 50 percent) over time. Yet V.A. rates are rapidly expanding.
- Many seeking treatment at V.A. hospitals (more than 50 percent) show signs of malingering on forensic tests and/or misrepresent the extent of their combat service. Yet, the V.A. discourages evaluation of malingering and now does not even require verification of alleged military trauma.
- Veterans with P.T.S.D. benefit far less from evidence-based treatments compared to others with P.T.S.D. (for example, rape victims) who are not receiving disability payments. One meta-analysis found that 67 percent of patients were essentially cured through treatment, yet there is little evidence, research or administrative data, of such efficacy among veterans. Why is this so?

Veterans deserve appropriate psychiatric treatment services and benefits necessary to readjust to civilian life.

[Continue Reading](#)

Defining What Is Combat for Women

Meg McLagan and Daria Sommers are filmmakers whose most recent project "*Lioness*" tells the story of a group of Army women who served on the frontlines in Iraq.

The V.A.'s decision to relax its rules governing service connection for post-traumatic stress disorder resulting from combat exposure is a welcome one.

Up until now, veterans have suffered from what is essentially an adversarial process of filing for and obtaining V.A. disability benefits. Establishing service connection for combat-related P.T.S.D. has required proof of having "engaged in combat with the enemy," though the definition of precisely what constitutes engagement in combat has been resolved on a case by case basis. Such proof can be hard to come by, especially for veterans from combat support units who have participated in operations outside their military occupational specialties.

NYT_VideoPlayerStart({playerType:"blog",videoId:"1194832614436",adxPageName:"roomfordebate.blogs.nytimes.com/video"});

This is particularly true for women who, despite the Department of Defense's Combat Exclusion Policy, are recruited for special missions in Iraq and Afghanistan that involve going out with all male combat units to interact with local women and children. Service in these ad hoc programs such as the Lioness program in Iraq and Female Engagement Teams in Afghanistan has led to women engaging in direct ground combat on occasion, but such service is not recorded.

[Continue Reading](#)