

The Battle of Iraq's Wounded

The US is poorly equipped to care for the tens of thousands of soldiers injured in Iraq.

Linda Bilmes

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THE NEW YEAR brought with it the 3,000th American death in Iraq. But what's equally alarming - and far less well known - is that for every fatality in Iraq, there are 16 injuries. That's an unprecedented casualty level. In the Vietnam and Korean Wars, by contrast, there were fewer than three people wounded for each fatality. In World Wars I and II, there were less than two.

That means we now have more than 50,000 wounded Iraq war soldiers. In one sense, this reflects positive change: better medical care and stronger body armor are enabling many more soldiers to survive injuries that might have led, in earlier generations, to death. But like so much else about this war, the Bush administration failed to foresee what it would mean, failed to plan for the growing tide of veterans who would be in urgent need of medical and disability care. The result is that as the Iraq war approaches its fourth anniversary, the Department of Veterans Affairs is buckling under a growing volume of disability claims and rising demand for medical attention.

So far, more than 200,000 veterans from Iraq and Afghanistan have been treated at VA medical facilities - three times what the VA projected, according to a Government Accountability Office analysis. More than one-third of them have been diagnosed with mental health conditions, including post-traumatic stress disorder, acute depression and substance abuse. Thousands more have crippling disabilities such as brain or spinal injuries. In each of the last two years, the VA has underestimated the number of veterans who would seek help and the cost of treating them - forcing it to go cap in hand to Congress for billions of dollars in emergency funding.

The VA system has a reputation for high-quality care, but waiting lists to see a doctor at some facilities now run as long as several months. Shortages are particularly acute in mental health care. Dr. Frances Murphy, the VA's deputy undersecretary for health, recently wrote that some VA clinics do not provide mental health or substance abuse care, or if they do, "waiting lists render that care virtually inaccessible."

The VA also runs Vet Centers - 207 walk-in neighborhood help centers that provide counseling to veterans and their families. These popular, low-cost centers have already treated 144,000 new veterans. But they are so understaffed that nearly half are sending veterans who need individual therapy into group sessions or placing them on waiting lists, according to a recent report by the House Veterans' Affairs Committee.

At the same time, wounded veterans trying to obtain disability checks are being tied up in a bureaucratic nightmare. The Veterans Benefits Administration has a backlog of 400,000 pending claims - and rising. Veterans must wait from six months to two years to begin receiving the money that is due to them while the agency plods through paperwork. The staff eventually helps veterans secure 88% of the benefits they ask for - but in the interim, thousands of veterans with disabilities are left to fend for themselves.

Table 1: Projected Increase in Disability Claims (moderate scenario)

Disability Benefits	2006	2007	2008	2009	2010	2011	2012
Discharged <i>cumulative</i>		118,758 118,758	118,758 237,517	118,758 356,275	118,758 475,034	118,758 593,792	118,758 712,551
Eligible claimants							
Existing discharged non-claimants	526,355	526,355	526,355	526,355	526,355	526,355	526,355
Newly discharged	--	118,758	237,517	356,275	475,034	593,792	712,551
Total potential claimants		645,113	763,872	882,630	1,001,389	1,120,147	1,238,906
Claim rate	22%	22%	27%	33%	38%	44%	44%
New claims	--	140,312	207,678	287,958	381,154	487,264	538,924
Current beneficiaries	104,819	104,819	104,819	104,819	104,819	104,819	104,819
Total claims (number)	104,819	245,131	312,497	392,777	485,973	592,083	643,743
Total Claims \$bn	0.93	2.27	2.89	3.63	4.49	5.47	5.95

The situation is about to go from bad to worse. Of the 1.4 million service members involved in the war effort from the beginning, 900,000 are still deployed on active duty. Once they are discharged, the demands for medical care and counseling will skyrocket, as will the number of benefit claims. The Veterans for America organization projects that VA medical centers may need to treat up to 750,000 more returning Iraq and Afghan war veterans and that half a million veterans may visit the Vet Centers.

And then there is the cost. After the Persian Gulf War in 1991, half of all veterans sought VA medical care, and 44% filed disability claims. Assuming that this pattern is repeated, the lifetime cost of providing disability payments and healthcare to Iraq and Afghan War veterans will likely cost US taxpayers between \$300 billion and \$600 billion, depending on how long the war lasts.

President Bush is now talking about spending more money on recruiting in order to boost the size of the Army and deploy more troops to Iraq. But what about taking care of those soldiers when they return home? The VA's solution is to hire an additional 1,000 claims adjudicators to cut the backlog.

A better idea would be to stop examining each application and instead automatically accept all disability claims, then audit a sample (like the IRS does for tax filings) to weed out fraud. Or at a minimum, simple claims should be fast-tracked and settled within 60 days. We should also place more counselors and more claims experts in the Vet Centers and harmonize recordkeeping so veterans can move seamlessly from the Army's payroll into VA hospitals and outpatient care.

One of the first votes facing the new Democratic-controlled Congress will be another "supplemental" budget request for \$100 billion-plus to keep the war going. The last Congress approved a dozen such requests with barely a peep, afraid of "not supporting our troops." If the new Congress really wants to support our troops, it should start by spending a few more pennies on the ones who have already fought and come home.

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with Joseph Stiglitz, of the report, "*The Economic Cost of the Iraq War: An Appraisal.*"

This article was originally printed in the *Los Angeles Times Op-Ed* section, January 5, 2007 and is reprinted here with kind permission from the author. For presentation at the 2007 ASSA meeting, Ms. Bilmes prepared a paper, entitled "*Soldiers Returning From Iraq and Afghanistan: The Long-term Costs of Providing Veterans Medical Care and Disability Benefits.*" [see below for a link to this paper].

Editor's note:

Linda Bilmes' paper, "Soldiers Returning from Iraq and Afghanistan: The Long-term Costs of Providing Veterans Medical Care and Disability Benefits," has attracted not only media attention, but also that of the Department of Defense and the Senate Veterans' Affairs committee.

The Pentagon has protested the number of casualties stated by Bilmes, which was taken from the DOD website: 50,508 "non-mortal wounded." Instead, the Pentagon wants to consider only the 22,500 wounded by enemy fire, excluding soldiers wounded from crashes in the field during training exercises, injured due to flying debris, secondary crashes, reactions to Anthrax vaccine, and disabilities associated with Post Traumatic Stress Disorder. The purpose of Ms. Bilmes' paper was to estimate the total cost to the VA of providing medical care for veterans, regardless of the cause of injury.

In an interview with Amy Goodman of Democracy Now! ("*Hidden Costs of War: Long-Term Price of Providing Veterans Medical Care Could Reach \$660 B*" by Democracy Now! Wednesday February 07, 2007 at 09:08 AM), Bilmes said: "When I was doing my study, I was trying to understand what the cost would be to the Veterans Administration of providing disability and medical care. And obviously, if a soldier is wounded, whether he is wounded in a training situation, in a friendly fire situation or in a combat situation, he is eligible to receive disability pay and medical care from the Veterans Administration in any of those cases... [A]fter my paper was published, I received a phone call from the Assistant Secretary for Health at the Department of Defense asking me where I had found these numbers. So I faxed him the material that came from his own website, and then the next thing I knew, I was informed by a number of the veterans organizations that the Pentagon had actually reduced the number on the veterans in its own website so that the more mild injuries that didn't require actual medical airlifting out of the region were no longer included."

This issue has also drawn the attention of Senator Barack Obama, who has introduced legislation requiring that all casualties be counted. In his statements about the bill he has said, "The Pentagon and VA need to come clean on the true costs of the Iraq war on our troops... It doesn't make a difference whether you were hit by enemy fire, or injured because your vehicle crashed, or got sick because of serving in a war zone. The effects on the soldiers and their families are the same. And the impact in terms of the current fighting force and future demands on the VA are also the same... Taking care of our Iraq veterans is one thing we can get right about this war."

To read the text of Senator Obama's bill, go to <http://thomas.loc.gov/> and search for Bill number S117.

For the full text of Ms. Bilmes' report, please visit: http://ksghome.harvard.edu/~lbilmes/paper/Bilmes_vacostwar_010707.pdf

To read the Democracy Now! Interview with Amy Goodman, to: <http://melbourne.indymedia.org/news/2007/02/138972.php>

Economists for Peace and Security
<http://www.epsusa.org>