

PTSD-1-95 POST-TRAUMATIC STRESS DISORDER

Issue: The Department of Veterans Affairs (DVA) still has not sufficiently taken the lead in many important aspects of the effects of Post-traumatic Stress Disorder among veterans.

Background: It has only been a few years since the DVA, military departments, and the criminal justice system have begun to understand the significance of delayed stress in the lives of many veterans. It is undisputed that creative treatment could rehabilitate tens of thousands of veterans, particularly those with bad discharges and criminal convictions. Many veterans languish in jails convicted and sentenced by courts that were never informed of the true psychiatric picture of the offender. The resources of the government should be used to inventory these cases.

An inquiry into the role PTSD and substance abuse may have played in a person's criminal acts are not an attempt to escape from responsibility; this inquiry is a reasonable examination into treatment and prevention of future antisocial acts.

The DVA handling of PTSD and substance-abuse compensation claims, while improving, still reflects part of the traditional attitude that such conditions only occur to those who were "predisposed." Partially, as a result, the process merely becomes a search for an objective stressor.

The DVA still sometimes very narrowly interprets whether a veteran was prevented from using educational benefits for purposes of extending a delimiting date. A very traditional view of medically disabling conditions is used. PTSD and often-attendant substance-abuse problems are usually not considered as medically disabling.

Resolved, That: Vietnam Veterans of America urges that:

1. The DVA establish a diagnostic and forensic unit or have available referral resources, which, upon request from a veteran or his/her counsel, will provide an evaluation of the role, if any, PTSD may have played in a criminal act. This requirement should apply at all stages of a criminal proceeding -- even at the parole or other post-conviction relief stage. The federal government should take the lead in establishing a program to assist the states in screening its incarcerated veteran population for legitimate PTSD cases for purposes of treatment and sentence and/or parole reevaluation and assist in the education of law-enforcement personnel who make the initial decisions concerning a veteran-arrestee.
2. The DVA act and seek legislation, if necessary, to extend the Vet Center outreach activities to incarcerated veterans. Adequate funding should be provided to meet this mandate.
3. The Veterans Benefits Administration (VBA) act decisively to revise all directives and regulations which guide the rating board's adjudication of PTSD claims. Too much emphasis is placed on combat and the objective proof of a stressor. As a result, the wrong claims may be granted purely after finding evidence of combat service, and proper claims are often denied for failure to conduct an in-depth inquiry into the true nature of the stressor. The DVA should be obligated to conduct the

often-necessary unit records search to augment frequently incomplete military personnel records. Additionally, DVA Central Office policy should be changed and enforced requiring the use of current mental-health standards regarding diagnosis of PTSD as set forth in the current edition of the Diagnostic and Statistical Manual, as published by the American Psychiatric Association.

4. The DVA amend its regulations specifically to recognize that a delimiting date for educational benefits can be extended if it can reasonably be shown that the veteran could not take meaningful advantage of these benefits because of PTSD, even if drugs, alcohol, and/or incarceration were part of the symptoms.

PTSD-2-95

SUPPORT FOR READJUSTMENT COUNSELING SERVICE PROGRAMS

Issue: Treatment of veterans' psychological needs via community-based Readjustment Counseling Service Vet Centers.

Background: The Vet Center program has proved to be a popular and effective treatment modality. Periodically, proposals have been made to cut funding, reconfigure the services offered, or relocate Vet Center staff to locations at DVA Medical Centers (VAMCs). Veterans who use the Vet Center program prefer that these centers continue to be located in local areas and choose not to use similar services available at VAMCs because of the bureaucratic environment.

Resolved, That: Vietnam Veterans of America, strongly recommends that Readjustment Counseling Service continue with its present line-authority and funding configuration as a community-based service provider with locations separate from VAMCs and VISNs. That legislation authorizing and funding a general expansion of the Vet Center and Contract Care Provider Program be actively pursued. Both programs must include outreach to incarcerated veterans, homeless veterans, and the families and significant others of veterans diagnosed with PTSD and Substance Abuse. These programs should be an entitlement for all veterans.

PTSD-3-95

POST-TRAUMATIC STRESS DISORDER AND SUBSTANCE ABUSE

Issue: Hundreds of thousands of veterans and their families suffer severe psychological and emotional difficulties related to the veteran's military service. However, there remains a serious lack of Department of Veterans Affairs (DVA) and government commitment to providing realistic treatment, treatment facilities, trained personnel, adequate budgeting, or compensation for this tragic problem. There also is a need for more understanding and attention to the elevated PTSD and substance abuse rates among 500,000 minority veterans.

Further, the Convention notes that DVA is NOT in compliance with the provision of the Veterans Eligibility Reform Act of 1996 that requires DVA to maintain at least the capacity and level of resources that existed in Fiscal Year 1996.

Background: PTSD and substance abuse is a legitimate mental-health disorder recognized worldwide by mental-health professionals, and it is clearly defined by criteria set forth in the current Diagnostic and Statistic Manual of the American Psychiatric Association.

Problems related to PTSD and substance abuse include chemical dependency, incarceration, homelessness, unemployment and underemployment, as well as many other mental-health problems. In the face of these scientific facts, the government continues to respond in cavalier and disinterested ways which only serve to exacerbate and intensify the problem. The DVA failure to address the problem of PTSD and substance abuse among Vietnam veterans results in a deplorable waste of human lives and resources on a daily basis and serves to compound the endemic mistrust of the federal government by Vietnam-era veterans. Resources and the effective commitment to deal with the neuro-psychiatric wounds of war should be made available and be adequately distributed in all the areas mentioned in order to meet the need reported by the NVVRS study.

Resolved, That: Vietnam Veterans of America, finds the response to date of the DVA as well as the United States Congress in the area of providing adequate treatment for veterans afflicted with symptoms of PTSD and Substance Abuse to be woefully inadequate. In order to address this issue in a manner consistent with the DVA's obligation to afford treatment for disabilities directly related to military service, VVA advocates:

That the Congress takes all necessary steps to ensure that the organizational capacity of the DVA to address the neuro-psychiatric wounds of war, particularly post traumatic stress and concomitant substance-abuse is restored to AT LEAST the level of effort that existed in FY 1996 and seek to increase, designated targeted funding.

Legislation authorizing and funding fellowships and other educational programs to foster training of mental-health professionals in the field of PTSD and Substance Abuse treatment must be approved and enacted.

Legislation compelling all DVA practitioners and other personnel to take detailed military histories of all veterans.

Legislation establishing a presumption of service connection for PTSD and Substance Abuse upon a diagnosis of PTSD and Substance Abuse by a mental-health clinician qualified in the diagnosis of PTSD and Substance Abuse must be approved and enacted.

Educate compensation and pension examiners and service representatives about the importance of recognizing physiological diseases such as heart problems and chronic depression as secondary conditions of PTSD. DVA Adjudication Manual M21-1, Paragraph 50.40a(1) confirms that substance abuse will be deemed service-connected--rather than the anachronistic characterization of substance abuse as "willful misconduct"--if it is secondary to a service-connected neuropsychiatric disability.

A DVA Central Office policy change and enforcement to require the use of current mental health standards regarding diagnosis of PTSD and substance abuse as set forth in the current edition of the Diagnostic and Statistical Manual, as published by the American Psychiatric Association.

PTSD-4-99 PTSD COUNSELING FOR FAMILY MEMBERS

Issue: Currently only a few Vet Centers do not provide regular and effective counseling to family members relative to PTSD even though the Vet Centers are the only part of DVA that are legally authorized and mandated to do so by law.

Background: This has been amply demonstrated in that the spouse and children are affected by a veteran's PTSD. The veteran is counseled at the DVA for the PTSD, and sooner or later that veteran goes back to the family. More often than not such care is provided strictly on an outpatient basis, regardless of the fact that a period of inpatient care may be clinically indicated. Therefore a need exists education of spouse as well as counseling for children. Many families suffer from secondary PTSD. They do not realize that the symptoms are "normal" It would be to the veteran's benefit that extensive education and counseling be given to his or her family, for otherwise the veteran's recover will be limited or otherwise significantly impaired.

Resolved, That: Vietnam Veterans of America, seek to expanded legal authority and funding for all VHA to provide counseling to a veteran's family or family member when it is clinically indicated to be in the best interest of the veteran. Further, the delegates mandate that VVA take an assertive role in assisting the DVA to develop an excellent counseling program for the families and individual family member of Veterans who suffer from PTSD.

PTSD-5-95 SUBSTANCE ABUSE TREATMENT

Issue: Alcohol and other drugs, including prescription drugs, have had a serious impact on the quality of life of veterans and their families, particularly those veterans with PTSD. The treatment of substance abuse by qualified staff must be made available on a more global basis.

Background: The VA has allowed substance abuse treatment programs to be severely truncated or virtually eliminated altogether in many areas of the country in the past five years, even though approximately half of all VA patient have a disease condition that is caused or exacerbated by substance abuse, and that such reduction in capacity are illegal pursuant to the Veterans Eligibility Reform Act of 1996.

Resolved, That: Vietnam Veterans of America, is committed to a comprehensive treatment program for veterans with substance-abuse disorders as well as support programs for the family members. The following areas are identified as paramount and VVA strongly urges:

That Congress provide designated targeted funding and take steps to ensure that VA uses such funds to offer effective inpatient and outpatient treatment of substance abuse in every area of the United States and ensure there is adequate continuing care/aftercare provided by VHA facilities, vet centers, or other community-based resources.

That DVA shall provide qualified personnel with a minimum credential of Certified Drug and Alcohol Counselor to provide these services.

That DVA shall establish intervention and referral services for veterans and their families, including Children at Vet Centers or other community resources.

That all state councils shall establish a liaison who will coordinate information with the VVA National Office as well as with the National PTSD/Substance Abuse Committee.

PTSD-7-01 PTSD AND MENTAL HEALTH RESOURCES

Issue: The importance and necessity for the development of mental health resources for PTSD.

Background: Since PTSD was established by the Diagnostic and Statistical Manual (DSM-III) in 1980. Many organizations and individuals have explored its implications for veterans, non-veterans, and society as a whole. Of the 800,000 veterans estimated by the 1986 Readjustment Study to suffer moderate to severe symptoms of PTSD, only about one-quarter of that number have been diagnosed and treated by the VA. Meanwhile, much work on the subject is accumulating in the private sector that has and may further benefit veterans. It is important and necessary to form mutually advantageous relationships with those whose work can benefit the mental health and wellness of veterans and their families. Vietnam Veterans of America has been a leader in the effort to promote acceptance treatment of PTSD, and should continue to expand its role in this field.

Resolved, That: Vietnam Veterans of America is committed to investigate and develop contacts with mental health practitioners, organizations, and professional associations such as but not limited to National Institute for Mental Health (NIMH), National Alliance for the Mentally Ill (NAMI), International Society for the Study of Dissociation (ISSD), International Society for Traumatic Stress Studies (ISTSS) and Mentally Ill/Chemically Affected (MICA), thus facilitating alliances and a coalition approach, to keep abreast of developing medical science regarding PTSD. This would

promote benefits to the severely chronically mentally ill veterans, their families and society.

PTSD-8-05 POST TRAUMATIC STRESS DISORDER COMPENSATION CLAIMS

Issue: The Department of Veterans Affairs (DVA) still has not sufficiently taken the lead in many important aspects of the effects of Post-traumatic Stress Disorder among veterans.

Background: The DVA handling of PTSD and substance abuse compensation claims, while improving, still reflects part of the traditional attitude that such conditions only occur to those who were predisposed. Partially, as a result, the process merely becomes a search for an objective stressor. The DVA still sometimes very narrowly interprets whether a veteran was prevented from using educational benefits for purposes of extending a delimiting date. A very traditional view of medically disabling conditions is used. PTSD and often-attendant substance-abuse problems are usually not considered as medically disabling.

Resolved, That: Vietnam Veterans of America urges that:

1. The Veterans Benefits Administration (VBA) act decisively to revise all directives and regulations which guide the rating board's adjudication of PTSD claims. Too much emphasis is placed on combat and the objective proof of a stressor. As a result, the wrong claims may be granted purely after finding evidence of combat service, and proper claims are often denied for failure to conduct an in-depth inquiry into the true nature of the stressor. The DVA should be obligated to conduct the often-necessary unit records search to augment frequently incomplete military personnel records. Additionally, DVA Central Office policy should be changed and enforced requiring the use of current mental-health standards regarding diagnosis of PTSD as set forth in the current edition of the Diagnostic and Statistical Manual, as published by the American Psychiatric Association.
2. The DVA amend its regulations specifically to recognize that a delimiting date for educational benefits can be extended if it can reasonably be shown that the veteran could not take meaningful advantage of these benefits because of PTSD, even if drugs, alcohol, and/or incarceration were part of the symptoms.
3. In addition, through the leadership of its duly elected officers, Board of Directors, Conference of State Council Presidents and membership, VVA must continue to direct its strongest advocacy effort to educate federal and state officials about such inconsistencies using appropriate information resources developed by VVA national office staff for such purposes.

PTSD-9-05 ACCESS TO VA MENTAL HEALTH SERVICES

Issue: Access to appropriate Department of Veterans Affairs' mental health services and treatment for returning National Guard members, Reserve troops and their families.

Background: There can be no doubt that the combat experiences of veterans can and often do cause mental health injuries just as debilitating as physical wounds. If left untreated, Post-Traumatic Stress Disorder and other psychological traumas can affect combat veterans to the point that, over time, even their daily functions become seriously impaired. This places them at higher risk for self-medication and abuse with alcohol and drugs, domestic violence, unemployment, homelessness, and even suicide. No one really knows how many of our troops, including National Guard members and Reserve troops, in Iraq and Afghanistan have been or will be affected by their wartime experiences. Despite the early intervention by psychological personnel, no one really knows how serious their emotional and mental problems will become. VVA has no reason to believe that the rate of veterans of the wars in Afghanistan and Iraq having their lives significantly disrupted at some point in their lifetime by PTSD, will be any less than the 37 percent estimated for Vietnam veterans by the National Vietnam Veterans Readjustment Study (NVVRS) conducted almost 20 years ago.

Evidence overwhelmingly supports the need for early intervention and treatment of PTSD and related mental health disorders not only for active duty troops and veterans, but for their families as well. Communities, too, need to understand this, particularly in the case of returning members of the National Guard and the Reserves. Not only will many of these men and women be denied the same access to VA healthcare upon their deactivation, but also they cannot be expected to reintegrate into their communities without access to appropriate mental health support services akin to the support afforded to active duty troops at military facilities. The Vet Centers, operated by the VA Readjustment Counseling Service (RCS), can obviously be a key player in this response, as only the Vet Centers have the legal authority to serve the families of veterans.

Resolved, That: Vietnam Veterans of America strongly recommends that the key players, namely the Department of Defense, the Department of Veterans Affairs, and the states' governors must cooperate together to better coordinate the provision of appropriate mental health programs and services for returning National Guard members and Reserve troops and their families; and that the United States Congress must appropriate the necessary funding to ensure the implementation of such coordinated effort.

PTSD-10-07 POST TRAUMATIC STRESS DISORDER (PTSD) AMONG AMERICA'S MILITARY WOMEN VETERANS

Issue: The Veterans Healthcare Administration has not yet taken sufficient action to address the effects of combat-related Post Traumatic Stress Disorder (PTSD) among America's women military veterans.

Background: The nature of the combat in Iraq and Afghanistan is putting service members at an increased risk for PTSD compared to those of past wars. Service members are serving multiple tours, and the intensity of the conflict is strong and

constant. And in these wars without fronts, “combat support troops” are just as likely to be affected by the same traumas as traditional “combat arms” personnel. This has particularly important implications for our female soldiers, who now constitute about 16 percent of our active duty fighting force. Studies on women serving in combat zones in prior conflicts have found that women who experience sexual trauma had significantly higher rates of PTSD than woman who had not experienced sexual trauma. Therefore, many of the women serving in Iraq and Afghanistan face dual causes of PTSD. Studies conducted at the Durham, North Carolina VAMC Comprehensive Women’s Health Center have demonstrated higher rates of suicidal tendencies among women veterans suffering depression with co-morbid PTSD.

Because of the number of women veterans who are now de facto combat veterans and because of the nature of the nature of conflicts in both Afghanistan and particularly Iraq, women veterans have entered a whole new world of need.

Proposed Position: VVA shall seek to ensure that the VA has both the ability and the capacity to provide gender-specific in-patient and out-patient care and treatment for both combat and sexual trauma related PTSD, and that psychosocial services are fully integrated into the primary care provided to women veterans.