

STATEMENT OF
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BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

WITH RESPECT TO
PTSD TREATMENT AND RESEARCH

WASHINGTON, DC

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MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the 2.3 million men and women of the Veterans of Foreign Wars of the U.S. and our Auxiliaries, I thank you for the opportunity to present our views on this most important topic. It is clear that the mental health care of our returning servicemen and women is of utmost importance.

The battles may end when the last bullet is fired, but for the hundreds of thousands of men and women who have separated from the military after having served in Iraq and Afghanistan, the impact of the war continues. It is an impact that is felt not just by the veteran, but also his or her loved ones, and it is an impact that affects each individual differently. Some are able to pick up their lives and move on. Others have great difficulty dealing with the emotions and reactions they have. This grateful nation must see to it that every one of these brave men and women has the services they need – the helping hand – to overcome these difficulties, easing the transition into civilian life and becoming as whole as possible. No veteran should suffer untreated for what happened to him or her while serving this nation.

The mental health issue that has received the greatest attention – and the subject of today's hearing – is posttraumatic stress disorder, PTSD. PTSD is an anxiety disorder that sometimes develops following stressful and traumatic events. For veterans serving in a war zone, surrounded by death and destruction, traumatic events are difficult to avoid.

Nobody goes into a war zone and returns the same. Everyone is affected to some degree. Some service men and women return to normal after a short time. Others have problems that linger. Still others have problems that get worse. This is important because a one-size approach to mental health care is likely not going to work. We need an emphasis on approaches to treatment that are tailored for an individual's needs and what will work best for him or her.

Therein lays one of the bigger problems with PTSD. There is still much we do not know about its causes and optimal treatments for its conditions. The VFW urges more research into these important issues so that past and present generations of veterans can have the care they need to become whole, but also so that future generations will not have to suffer from its effects.

We know that exposure to stresses and traumas can lead to PTSD, but we do not know why some suffer from it more than others. Are there groups of veterans that are more susceptible? Are certain ages or sexes more likely to suffer? What background factors, if any, contribute to the illness? The more information we have about its causes, the better treatment options should be. Better information about those veterans more inclined to have PTSD could lead to earlier treatment and better screening, vastly improving the military's and VA's outreach efforts.

We need to study the conditions such as depression and substance abuse that are often co-morbid with PTSD. How are they related? Will treating the one condition improve the others? What else must health-care practitioners be aware of?

The questions yet to be answered also include treatment options. There is still no consensus on what treatment options provide the best chance for improvement. An October 2007 Institute of Medicine report, "Treatment of PTSD: An Assessment of the Evidence," showed that there is inadequate evidence to assess the efficacy of most PTSD treatments, including many antidepressant pharmaceuticals, group therapies or coping skills training. The report did find that exposure therapy – one of the courses of treatment that VA uses – is effective.

The report laid out eight key recommendations for future study on which it believes VA and other research organizations must concentrate. These include the need for research into interventions, settings, and lengths of treatment; studies of the effects of treatment in subpopulations of veterans with PTSD, especially those with traumatic brain injury, major depression, other anxiety disorders, or substance abuse, as well as ethnic and cultural minorities, women, and older individuals; and, research into the optimal length and duration of treatment, especially over the long-term.

The key with this report is that it did not find that these other forms of treatments are ineffective, just that the current research is not sufficient to determine this one way or another. Accordingly, we strongly urge VA to continue using all treatment methods, as well as attempting to innovate by finding new solutions that may work just as, if not more, effectively.

We also strongly believe that more needs to be done to remove the stigma of mental illness. PTSD can affect anyone, and it is not a sign of weakness to seek treatment. Too many service men and women have reported fears of losing standing among their peers or potential for career advancement as barriers to care.

We also must have improvements to the mental-health screening programs. In some cases, especially among returning National Guard members, there is a strong disincentive to seek treatment in that self-identifying would delay their separation as they are treated for their condition.

To combat this, we believe that mental health screenings should be included as part of a routine health care examination, especially among those groups – such as separating service members – more at risk

of PTSD and other mental health issues. By screening everyone, no individual is isolated or made to feel weak, and all can then have further access to treatment for any problems identified.

There are a few other areas of concern we all need to be mindful of.

First, we need to ensure that the growing number of women veterans is being served by VA. Female veterans of OEF/OIF are experiencing conflict and situations that no other previous generations of women veterans have faced. They are involved in a conflict with no true frontline and in a high-stress situation with almost no relent. Since these situations are so new, VA must actively monitor and assess the level and types of treatment women veterans need and VA must conduct proper outreach so that they understand the benefits and services VA provides.

Second, we need to see continued improvement in mental health care options for families. We need new models of support that help OEF/OIF veterans overcome these mental health challenges. Families are an essential component of recovery, providing a support network, but also serving as eyes and ears for veterans who are truly in crisis and need more help.

The difficulties many veterans have dealing with these issues are putting an extreme strain on families, eroding this crucial base of support. Divorce rates are growing and the number of veterans reporting difficulties or strains with their families has increased too.

DOD needs to do a better job educating families on what to expect from a returning service member, and also give them tools to care for their loved ones when dealing with the difficult transition out of a combat zone. We need both DOD and VA to provide meaningful family and marital counseling, too. Ensuring the stability of the family and support structure can only help the service member improve.

As part of those efforts, we have been pleased to see VA expand the number of Vet Centers throughout the system. We are strongly supportive of Vet Centers, feeling that the relaxed, less formal, drop-in approach is conducive to encouraging veterans to seek the care they need. As part of their mandate, Vet Centers provide family counseling, which can be of great aid to our veterans. We have heard many compliments about the types and quality of service Vet Centers provide, but our concern remains with the staffing levels. Most Vet Centers have handled the increased demand for care relatively well, but with the number of OEF/OIF veterans returning and reporting some degree of mental health issue, the demand is sure to dramatically increase. Accordingly, we need VA to ensure that the centers are fully staffed, and we need Congress to use its oversight power to ensure that VA is meeting the demand for care and services.

Mr. Chairman, this concludes my testimony. I thank you for the opportunity to present the VFW's views, and I would be happy to answer any questions that you or the committee may have.