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Wounded Vets Also Economic Casualties

By **JEFF DONN** and **KIMBERLY HEFLING** – 2 days ago

TEMECULA, Calif. (AP) — He was one of America's first defenders on Sept. 11, 2001, a Marine who pulled burned bodies from the ruins of the Pentagon. He saw more horrors in Kuwait and Iraq.

Today, he can't keep a job, pay his bills, or chase thoughts of suicide from his tortured brain. In a few weeks, he may lose his house, too.

Gamal Awad, the American son of a Sudanese immigrant, exemplifies an emerging group of war veterans: the economic casualties.

More than in past wars, many wounded troops are coming home alive from the Middle East. That's a triumph for military medicine. But they often return hobbled by prolonged physical and mental injuries from homemade bombs and the unremitting anxiety of fighting a hidden enemy along blurred battle lines. Treatment, recovery and retraining often can't be assured quickly or cheaply.

These troops are just starting to seek help in large numbers, more than 185,000 so far. But the cost of their benefits is already testing resources set aside by government and threatening the future of these wounded veterans for decades to come, say economists and veterans' groups.

"The wounded and their families no longer trust that the government will take care of them the way they thought they'd be taken care of," says veterans advocate Mary Ellen Salzano.

How does a war veteran expect to be treated? "As a hero," she says.

Every morning, Awad needs to think of a reason not to kill himself.

He can't even look at the framed photograph that shows him accepting a Marine heroism medal for his recovery work at the Pentagon after the terrorist attack.

It might remind him of a burned woman whose skin peeled off in his hands when he tried to comfort her.

He tries not to hear the shrieking rockets of Iraq either, smell the burning fuel, or relive the blast that blew him right out of bed.

The memories come steamrolling back anyway.

"Nothing can turn off those things," he says, voice choked and eyes glistening.

He stewes alternately over suicide and finances, his \$43,000 in credit card debt, his \$4,330 in federal checks each month — the government's compensation for his total disability from post-traumatic stress disorder. His flashbacks, thoughts of suicide, and anxiety over imagined threats — all documented for six years in his military record — keep him from working.

The disability payments don't cover the \$5,700-a-month cost of his adjustable home mortgage and equity loans. He owes more on his house than its market value, so he can't sell it — but he may soon lose it to the bank.

"I love this house. It makes me feel safe," he says.

Awad could once afford it. He used to earn \$100,000 a year as a 16-year veteran major with a master's degree in management who excelled at logistics. Now, at age 38, he can't even manage his own life.

There's another twist. This dedicated Marine was given a "general" discharge 15 months ago

for an extramarital affair with a woman, also a Marine. That's even though his military therapists blamed this impulsive conduct on post-traumatic stress aggravated by his Middle East tours.

Luckily, his discharge, though not unqualifiedly honorable, left intact his rights to medical care and disability payments — or he'd be in sadder shape.

Divorced since developing PTSD, Awad has two daughters who live elsewhere. He spends much of his days hoisting weights and thwacking a punching bag in the dimness of his garage. He passes nights largely sleepless, a zombie shuffling through the bare rooms of his home in sunny California wine country.

Few anticipated the high price of caring for Awad and other veterans with deep, slow-healing wounds.

Afghanistan seemed quiet and Saddam Hussein still ruled Iraq one year after the Sept. 11 attacks. That's when the U.S. Department of Veterans Affairs guaranteed two years of free care to returning combat veterans for virtually any medical condition with a possible service link.

Later, few predicted such a protracted war in Iraq. "A lot of people based their planning on low numbers of casualties in a very short war," says Paul Rieckhoff, an Army combat veteran who founded Iraq and Afghanistan Veterans of America.

Also, Iraqi insurgents have relied on disfiguring bombs and bombardment as chief tactics. At the same time, better armor and field medicine have kept U.S. soldiers alive at the highest rate ever, leaving 16 wounded for every fatality, according to one study based on government data. The ratio was fewer than 3-to-1 for Korea and Vietnam.

On the flip side, many are returning with multiple amputations or other disabling injuries not completely fixed even by fancy prosthetics, methodical rehabilitation, and job retraining. The Pentagon counts more than 29,000 combat wounded in the Middle East since the terrorist attacks on New York and Washington. Tens of thousands more were hurt outside of combat or in ways that show up later.

There was no mistaking the wounds of Cambodian-American Sgt. Pisey Tan. Eight months into his second tour in Iraq, a makeshift bomb blasted his armored vehicle and took both his legs.

Still, Tan has needed to rely on private donations and family, as well as the government. The government treated him and paid for his artificial legs.

But his brother, Dada, left college to live with him at a military hospital for almost a year. Later, his brother carried him piggyback up and down the stairs at home as Tan got used to his prosthetics.

"That's how our family is," says the Woodlyn, Pa., veteran. "We always take care of our own."

The government says it does too, and with some truth. Of 1.4 million U.S. forces deployed for Iraq and Afghanistan, more than 185,000 have sought care from the VA — a number that could easily top 700,000 eventually, predicts one academic analysis. The VA has already treated more than 52,000 for PTSD symptoms alone, a presidential commission finds.

Veteran John Waltz, of Hebron, Ky., blames his post-traumatic stress disorder on his rescue work at a plane crash aboard a carrier bound for an Iraqi tour. While his condition and disability claim were evaluated, he ran up about \$12,000 worth of medical bills, he says. Despite Social Security and his wife's work, the couple's yearly income was cut in half to \$30,000.

"We have to be really frugal, as far as what groceries we buy," Waltz says. "I think we're down to just a couple dollars now, until the next time we get paid."

On a national scale, the costs of caring for the wounded certainly won't crush the \$13 trillion annual American economy. It probably won't bankrupt the VA, which already treats more than 5.5 million patients each year. But the price tag will challenge budgets of governments and service agencies, adding another hungry mouth within their nests.

Economic forecasts vary widely for the federal costs of caring for injured veterans returning

from the Middle East, but they range as high as \$700 billion for the VA. That would rival the cost of fighting the Iraq war. In recent years, the VA has repeatedly run out of money to care for sick veterans and has had to ask for billions more before the next budget.

"I wouldn't be surprised if these costs per person are higher than any war previously," says Scott Wallsten, of the conservative think tank Progress and Freedom Foundation.

The costs often fall on veterans and their families. Ted Wade, of Chapel Hill, N.C., can't drive or keep his memories straight since a bomb tore off an arm, hurt his foot, and wracked his brain in an attack on his Humvee in Iraq. He and his wife have had to lower their living standard and accept house payments from parents.

"I can't work because he can't be up here by himself," says his wife, Sarah. "It's my volunteer work, is what it really comes down to."

Yet federal officials say the cost of this wounded influx isn't hurting the quality of care promised to veterans.

At a recent ribbon cutting, the Army's vice chief of staff, Gen. Richard Cody, trumpeted a new rehab center for amputees as "proof that when it comes to making good on such an important promise, there is no bottom line."

Since President Bush took office, medical spending for veterans has risen by 83 percent, says White House budget spokesman Sean Kevelighan. However, that includes the increased numbers of all veterans treated — not just the wave returning from the Middle East.

"The president has made his dedication very clear to troops in the field and after," the spokesman said.

The VA didn't respond to several requests for comment. Recently, though, outgoing chief Jim Nicholson acknowledged trouble keeping up with the pace of disability claims.

But earlier this year, he also insisted that veterans "will invariably tell you they are really getting good care from the VA."

Not invariably.

The VA takes the lead in treating wounds and paying for disabilities of veterans. And it usually does a good job of handling major, known wounds, especially in the early months, by many accounts. The military, Social Security Administration, Labor Department and other agencies add important federal benefits.

However, many veterans and families say the VA often restricts rehabilitation or cuts it off too quickly.

Former Army Ranger Jeremy Feldbusch, of Blairsville, Pa., was blinded and brain-injured by artillery shrapnel in Iraq, but he and his mother decided to get some care outside the VA. His mother, Charlene, says some specialists, especially brain experts, are better in the private sector.

Insurance for major injuries is available at low cost to service members. It pays out up to \$100,000 to help cover costs of rehabilitation. But many think it isn't enough.

In Odessa, Fla., the family of John Barnes decided to save most of his \$100,000 payout.

They could easily have spent more of it. His mother, Valerie Wallace, estimates her expenses at more than \$35,000 to help care for him while he deals with a brain injury and paralysis from a mortar attack on a base outside Baghdad. She took time off from her nursing job, paid \$17 an hour for a home health aide, and transported her son to countless rounds of therapy.

Still, she wanted to preserve his insurance money. "John's going to need that money down the road," she says. Instead, she stopped saving, closed out investments, and borrowed against her own insurance.

Disability payments supply monthly income to the wounded, but the VA focuses on replacing lost earnings. A presidential commission has recommended broader compensation for lost

quality of life — a concept in line with civilian law. Co-chair Donna Shalala, a former U.S. secretary of Health and Human Services, estimates that the committee's package of recommendations would cost at least several hundred million dollars.

In Oceanside, Calif., Joshua Elmore, says his \$1,200-a-month disability payments aren't "even coming close" to replacing what he's lost. A rocket attack on a Marine base in Iraq shattered his arm bones and left other injuries.

He can still do yard work, odd jobs, and go to culinary school. But Elmore, who has two little girls, complains that he can't run and sometimes limps when he walks.

Some wounded veterans turn to private health insurance and other programs outside the federal government, swelling costs for states and towns. Sean Lunde, an Iraq veteran at the Massachusetts Department of Veterans' Services, says his agency rushes emergency funds to some wounded veterans.

Service nonprofits also pay for emergency shelter, housing, job training, food, clothing and transportation for wounded veterans who risk slipping into coverage gaps.

T.J. Cantwell, of Rebuilding Together, says his group puts an average of \$20,000 — plus donated supplies and labor — into houses it modifies for injured soldiers from Iraq and Afghanistan.

In Rosedale, Md., the group added handrails, new light switches and door knobs, a garage door opener, and other improvements to the home of Army Sgt. 1st Class Juanita Wilson. The 33-year-old mother of two lost part of her arm in a homemade bomb blast in Iraq, but she remains on active duty to preserve her retirement.

Meanwhile, she says of the remodeling job, "If I had to pay for it, probably very little would be done."

Despite all this help, many families drop tens of thousands of dollars on travel to hospitals, stays in hotel rooms, extra therapies, and on making their homes and vehicles accessible to the disabled. Intent on the best care, parents sometimes quit jobs and lose their own health insurance.

Denise Mettie, of Selah, Wash., and her husband have been living "paycheck to paycheck" while she helps in the recovery of her son, Evan. A car bomb in Iraq propelled shrapnel into his brain, and he can no longer walk or talk. His mother gave up her \$30,000-a-year bank job and had to buy health insurance for herself and her two daughters, just to watch over her son's hospital treatment, she says.

"What the VA has to offer is insufficient economically to take care of the impact of what happens," says psychologist Michael Wagner, founder of the nonprofit U.S. Welcome Home Foundation and a retired Army medical officer.

Veterans groups finally sued the VA a few months ago, seeking quicker medical care and disability payments for those with PTSD. They claim that the crush of shattered troops has sent the agency into a "virtual meltdown."

Last week, the VA challenged the lawsuit on technical grounds. Its lawyers also argued that even though VA rules commit to two years of free care, that depends upon Congress setting aside enough money.

Upset by his visits with wounded veterans, defense hawk Rep. John Murtha, D-Pa., who chairs a defense spending subcommittee, dropped his support for the Iraq war in 2005.

Speaking of the wounded, he now says federal officials are "not taking care of the things they should and ... we're trying to change the direction."

Many recommendations have come from veterans, federal advisers and others. Some involve quicker and heftier disability benefits. And nearly everyone begs for more VA money and staff for medical treatment, though few specify where they'd find extra resources.

Rep. Chris Carney, D-Pa., a military reservist, is promoting a bill to set mandatory annual spending levels for veterans' health care. Prospects are unclear.

Either way, it may be too late for veterans like Awad, who nervously awaits the approach of

imagined enemies around what was once his castle.

EDITOR'S NOTE: Jeff Donn reported from Temicula, Calif. Kimberly Hefling reported from Woodlyn, Pa.; Harrington, Del.; and Washington, D.C.

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