Deficiencies in Care for US Veterans

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Recently, significant numbers of older Veterans (those over the age of 50) are taking their lives by suicide, yet they receive the least attention. Several of us who are well over the age
of 50 have also deployed multiple times to the combat theater of operations since 2001. Sadly, Korean, Vietnam, and Gulf War Veterans are very often overlooked with respect to mental health and VA legislation, as if they already fail to exist, providing only for service entitlements for Iraq and Afghanistan war Veterans.

This is far more than a pathetic oversight. Hordes of Vietnam Veterans, unwelcomed, assaulted, abused upon their return, pelted with feces and other bodily fluids at airports from coast to coast, and frequently referred to as just crazy old homeless fools that live under the overpass, are those often most desperately in need of medical and mental health services.

The percentages of Vietnam Veterans suffering from post-war PTSD is estimated to be at 30 percent, as opposed to the 20 percent figure granted to Operation Iraqi Freedom and Operation Enduring Freedom Veterans. Both estimates are likely to be very seriously submerged, as many of these Veterans never interface with the system charged with service provision for them or seek intervention; oftentimes because they are unaware it exists or they avoid mental health and medical services through the VA at all costs.

The numbers of suicides in this age group is twice that for those 50 and older among their non-veteran counterparts. This is due in part to the stigma of obtaining mental health services so desperately needed, which continues to be an obstacle of a momentous magnitude. Add to this, as with the aging population in general, deteriorating health, the onset of chronic and intractable pain as a result of war injuries and any number of other progressive medical conditions, the increasing loss of mobility, as well as the rising numbers of losses all of us experience with the passage of years, and we have a formula for loneliness, abandonment, and further isolation, says Jordain Carney of National Journal.

As a nation, our stunted attention span allows us to quickly forget the sacrifices made by all war Veterans and to ignore a problem of such enormity, that is unlikely to change for Iraq and Afghanistan war Veterans over time. They will ultimately inherit the very same problems.
As far back as 2001 when our nation began to gear up for the Global War on Terrorism, the VA should have known better than not to do the same. The failures of the system are incalculable and infinite, the stuff of enormous numbers of investigative reports. This is not fake news: the VA has failed to track veterans upon their departure from the military and there is no system in place to make this happen to the best of my knowledge. In fact, it is standard operating procedure and commonplace for military personnel not to receive information about the multiplicity of VA services for which they are entitled decades after leaving military service.

This is a problem that cannot be resolved simply by increasing VA funding and programming or by hiring 9000 more mental health professionals, many of whom have never served in the military themselves. The problems inherent in VA care too often involve a problem of access to it, but this is only a minuscule part the problem.

In my experience and in that of the Veterans I treat, there is also a huge disconnect between care provided by those who have served and those who have never worn the uniform. Primary among them is the absence of trust in those who have never served and a rapport that can never be established for that very reason. There is little basis for trust in providers whose experience does not include marching through the same trenches. If one has never been to war, there can be no understanding of the experiences and burdens that Veterans carry home; it is just that simple.