



The Veteran Affairs Appropriation Act on Reducing The Veteran PTSD Care Dilemma

Benson Phan

AP Seminar at Weymouth High School

Submitted 24 May 2024

Abstract

The prevalence of Post-Traumatic Stress Disorder (PTSD) remains a significant issue for returning U.S. veterans as they face severe psychological repercussions in everyday life. Despite this, veterans are unable to receive proper treatment for their conditions and would suffer from worsening symptoms. This begs the question: How can mental health programs for veterans be improved to ensure timely access to effective treatment for PTSD? In this paper, internalized stigma is seen to directly contribute to the undertreatment of PTSD as veterans are reluctant to seek treatment given their lack of awareness of their symptoms. Despite the rising costs of available PTSD treatments, the effectiveness of it remains inadequate as patients saw poor results in mitigating symptoms during and after treatment. However, targeted allocation of the Veteran Affairs (VA) Appropriations Act could address these issues with its potential to expand research, access to specialized care, and comprehensive support services.

Keywords: mental health, PTSD, stigma, treatment, veteran affairs (VA), VA Appropriations Act

Introduction

With worsening mental health becoming common, many carry immense psychological and emotional burdens throughout their lives. Consider Simone Biles, a world-class gymnast who withdrew from the Tokyo Olympics, expressing that she was “fighting all those demons” due to her diminishing mental well-being (Thompson 42). However, research reveals that predator-induced fear creates “enduring effects on the brain and behavior” in animals, suggesting that Post Traumatic Stress Disorder (PTSD) is only natural and crucial for their “fecundity and survival” (Zannete et. al 31-32). But this is not the case for humans, especially U.S. veterans. Alexandra Sifferlin, a TIME reporter for health-related topics, notes that approximately 200,000 Vietnam War veterans and 13% of War on Terror veterans still suffer from PTSD, with a 400% increase in diagnoses among

deployed troops from 2004 to 2012 (Sifferlin). Leighton Kille, a researcher for Journalist’s Resource, emphasizes that currently, countless veterans wait months to receive proper PTSD treatment (Kille). As a result, Lawrence Korb, a senior fellow at American Progress, notes that the past decade, roughly 20 veterans daily commit suicide, amounting to over 60,000 deaths (3). Currently costing \$134.3 billion, veterans’ medical and disability care may grow to \$990.4 billion by 2053, potentially causing a major federal deficit (Killie; Korb 2). This raises the question: How can mental health programs for veterans be improved to ensure timely access to effective treatment for PTSD? After examining internalized stigma of PTSD, the costs of treatment, and its effectiveness, targeted allocation through the Veteran Affairs (VA) Appropriations Act offers the most viable option as it allows for expanded research,

greater access to specialized care, and comprehensive support services.

Internalized Stigma on PTSD

Experts explore the pivotal role of internalized stigma on PTSD in U.S. veterans and how it hinders them from seeking treatment. Luther Elliott, a behavioral addictions anthropologist for the National Disease Research Interchange, defines internalized stigma as “barriers to the formation of supportive social and therapeutic relationships”, emphasizing how veterans often feel alienated and misunderstood by those ignorant about their conditions (782-788). Amy Drapalski, a psychology specialist at Baltimore’s VA Medical Center, builds onto Elliott’s sentiment, illustrating how “internalized stigma [of PTSD] has been associated with negative outcomes” such as depression and social isolation (69). This deters veterans from “pursuing and achieving personal recovery and life goals” due to societal misconceptions about mental health ruining their own image (Drapalski 69). Similarly, Lori Davis, a psychiatry professor at the University of Alabama Health System, agrees, stating that “PTSD is underdiagnosed” and “will often go untreated” as veterans “may be reluctant to seek or accept treatment” due to their lack of awareness about its severity (7). Experts concur that internalized stigma poses a major issue for veterans, who fall under the false impression of society’s adverse assumptions of PTSD. Elliott focuses on veterans feeling misunderstood, whereas Drapalski discusses societal labels on PTSD preventing veterans from seeking treatment. With this, Davis agrees and emphasizes that this stigma contributes to the underdiagnosis of PTSD and treatment ineffectiveness.

Economic Costs of Treatment

With internalized stigma at hand, experts delve into the economic standpoint of this issue, examining the costs of treatment and its fiscal burden on the U.S. government. James McDonald, a psychologist and clinical researcher for PTSD recovery, highlights that military health-care spending soared from \$19 billion in 2000 to over \$50 billion by 2010 (11). He believes that “continued care for PTSD is not sustainable” as it accounts for 46% of the VA’s budget, exceeding \$900 million annually, with costs rising as symptoms worsen (11). Davis agrees, claiming that PTSD creates “a substantial economic burden” with frequently

overlooked uncovered psychotherapy costs, as well as unemployment and productivity loss, contributing for roughly 35% of PTSD’s “excess economic burden” (1-7). Elliot concurs, expressing concerns that PTSD costs estimate between \$4.0 to \$6.2 billion for 1.6 million returning veterans in their first 2 years of civilian life, with these concerns intensifying due to a “more inclusive diagnostic criteria” becoming an issue for researchers and policymakers (779). Collectively, experts argue that PTSD treatments are costly and pose a severe economic burden. While McDonald focuses on the growing treatment costs from worsening symptoms, Davis points out these costs are neglected with real-world factors influencing its rise. Elliot concludes by highlighting the high costs of PTSD treatment over two years, heightening from a broader diagnosis criteria.

Evaluation of Treatment Effectiveness

After examining the high costs of PTSD treatment, experts evaluate its effectiveness through a medical perspective, exposing the inadequacies given the high expenses. Robert Holmes, a clinical social worker from Liberty University, finds that therapeutic treatments, such as rational or cognitive behavioral therapy, are ineffective due to prolonged treatment and worsening symptoms even after treatment (6). He believes that there are often “false positives and false negatives”, causing “unnecessary delay in treatment and pain to the veteran” (10). Ofir Levi, head of Tel Aviv University’s psychodynamic psychotherapy program, adds to Holmes’ idea, stating that treatment effectiveness for veterans with PTSD is limited in real-world settings with intrusion symptoms, like flashbacks, showing low remission rates of 39.4% (693-698). On the other hand, McDonald complicates Levi’s viewpoint as he believes that PTSD treatment is ineffective because military programs do not address the root causes of PTSD, focusing only on symptoms (12-13). Despite high costs for treatments, experts collectively agree that various therapeutic treatments are not effective for treating PTSD. Holmes highlights how veterans undergoing PTSD treatment will still experience symptoms with Levi showing the little impact it has on intrusive symptoms. Alternatively, McDonald argues that the absence of military PTSD training has resulted in lack of treatment efficiency.

Solution

In 2023, Senator Patty Murray proposed the Veteran Affairs Appropriation Act, a bill investing \$299.5 billion to the VA department as a way to ensure proper health services for over 9.1 million veterans (Murray 1). However, the bill has not been officially passed through the legislative branch and considering how the VA department lacks sufficient treatment for PTSD, strategic allocation of their budget towards specific services is crucial for further development and research to mitigate this issue. Targeted Allocation of the VA Appropriations Act offers the most promising results for addressing inadequate PTSD treatment as it provides enhanced research, augmented access to specialized care, and comprehensive support services.

Expanded Research and Development

Many U.S. veterans are not able to undergo effective treatment for their PTSD. Miriam Reisman, a freelance medical writer in Philadelphia, believes that researching the causes of PTSD is crucial for developing effective treatment before symptoms worsen (632). While cognitive behavioral therapy is widely accepted, improved pharmacological approaches are urgent for those who are unresponsive to traditional treatments (Reisman 632). The VA Appropriations Act allocating funding to these efforts provides greater work incentives with higher salaries and could also speed up identification of effective treatments by allowing more researchers to be hired. Compared to on-site VA care, rural veterans under remote treatment had greater PTSD score reductions at six months and one year (Reisman 627). With this bill portioning the VA's budget, similar research on the effectiveness of treatments can arise. According to Wilfredo López-Ojeda, a neuroscientist for the Veteran Affairs, the Extended Reality (VR) Platform is an upcoming alternative to traditional psychological interventions by using virtual reality to deliver and study mental health treatments (1). This treatment evokes "multisensorial neural stimulation", which increases trauma memory activation and helps soldiers overcome them, resulting in significant reductions in PTSD symptoms among those who underwent this therapy (López-Ojeda & Hurley 3). By reallocating the budget to fund research, opportunities for effective treatment

will arise as researchers gain access to the necessary technology for their studies. Similar to the studies on animal's predator-induced fear, targeted funding of the VA Appropriation Act can allow researchers to explore the "enduring effects" PTSD poses to the brain and understand its causes, leading to improved treatments (Zanette et. al 32). Evidently, the targeted allocation of the VA Appropriations Act creates greater opportunities to improve PTSD treatment research, providing veterans with more effective options.

Greater Access to Specialized Care

U.S. veterans are limited with treatment opportunities, however, targeted allocation of the VA Appropriations Act can offer broader options to specialized care. For example, The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, established for veteran reparations, has made over 5 million veterans eligible for greater services, including expanded access to healthcare and disability compensation benefits (White House 1). This act prioritizes VA healthcare by allocating \$121 billion for discretionary medical care, with \$17 billion for cost-effective mental health services and suicide prevention, as well as other programs to enhance VA healthcare quality and delivery (White House 1). Directing a portion of the VA's budget to similar bills will expand veterans's opportunities to healthcare, ensuring facilities will have adequate resources to serve proper care for PTSD to all veterans. Reisman stresses that the largest barrier to timely care is the lack of provider appointment availability, which, along with shortages of VA professionals and the growing demand for PTSD treatment, leads to months-long wait times (627). Rural veterans face limited access to mental health services compared to urban areas due to fewer healthcare facilities in their areas and more professionals working in urban settings (Reisman 627). However, reallocating funding from the VA Appropriations Act will allow the construction of more mental health services in rural areas, staffed by skilled professionals to ensure timely care for U.S. veterans. Clearly, redirected funding from the VA Appropriations Act has the capacity to expand healthcare access and improve mental health services for U.S. veterans, particularly those in rural areas.

Comprehensive Support Services

Additional funding can provide comprehensive support services for veterans, reducing loneliness in the mental adversities they face. The Institute of Medicine, a non-profit organization providing impartial guidance, highlights that peer counselors, being veterans themselves, can reduce stigma around veteran PTSD care by emphasizing available treatment options (167). Peer support groups also provide a long-term resource for veterans post-treatment as 46% of VA Health Facilities visits show benefits for staffing and veteran care (IOM 167). Funding peer support programs is vital as they can empathize with veterans, reducing their isolated feelings. Jean-Michel Mercier, a senior research partnerships associate at the Atlas Institute for Veterans and Families, shows that peer support has been associated with life skills, including healthy habits, self-efficacy, coping skills, and more (10). This shows mental health benefits of peer support programs for veterans, which can be implemented through budget reallocation from the VA Appropriations Act. One example is the Buddy-to-Buddy program to which John Greden, a neuroscience professor for the University of Michigan, describes it as a way to “counteract stigma” as more than 20% were “referred to formal treatment by their Buddy” (94). Targeted funding to these programs from the VA Appropriations Act will encourage peer support groups, reducing healthcare stigma while ensuring comfort. Simone Biles, the gymnast who withdrew from the Tokyo Olympics, “knew [that] her decision would be met with derision”, but she chose to openly discuss how her poor mental well-being was the cause of it (Thompson 43). Veterans should learn from her and realize that despite the stigma, it is vital to speak out about their mental struggles to prevent further repercussions. This can be achieved by reallocating funding from the VA Appropriations Act to veteran support services as it reduces mental stigma, encouraging veterans to share their experiences. Frankly, categorizing funding from the VA Appropriations Act to provide peer support

References

- Davis, Lori L et al. “The Economic Burden of Posttraumatic Stress Disorder in the United States From a Societal Perspective.” *The Journal of clinical psychiatry* vol. 83,3 21m14116.

programs will reduce internalized stigma and improve mental health outcomes as they become more open.

Limitations and Implications

Although targeted funding from the VA Appropriations Act poses promising results, the effectiveness remains uncertain as there may be an unstrategic use of these funds. In 2019, the United States Office of Special Counsel reported that the VA Department wasted over \$223 million on transportation services, creating major delays in veterans’ medical bills and jeopardizing their health care (OSC). Sharon Silas, director of Government Accountability Office’s Health Care team, highlights that financial mismanagement could cause difficulties in recruiting and retaining community care schedulers due low salaries, resulting in staff shortages for medical facilities (7). However, the implications of the VA Appropriations Act outweigh the limitations. This bill can help reduce veteran suicide rates by funding suicide prevention programs and support peers, as well as increasing access to effective treatments (Greden et. al 95). Targeting funding to the VA’s mental health services provides PTSD treatment resources. Recent studies found that prolonged exposure therapy is effective for 60% of veterans with PTSD (Reisman 625-626). Directed budget from the VA Appropriations Act allows for resources of successful treatment studies, thus carrying more benefits than drawbacks.

Conclusion

Inadequacy and the lack of treatment given to veterans with PTSD is a concerning issue as they face symptoms devastating to their mental health. Targeted allocation for the VA Appropriations Act poses the most promising solution, expanding research, healthcare access, and support programs to tackle stigma. Congress must amend this bill to categorize its fundings towards specific programs for timely and quality health care for their veterans.

25 Apr. 2022,
doi:10.4088/JCP.21m14116

- Drapalski, Amy L., et al. “The Ending Self-Stigma for Posttraumatic Stress Disorder (ESS-P) Program: Results of a Pilot Randomized Trial.” *Journal of Traumatic Stress*, vol. 34, no. 1, Feb. 2021, pp. 69–80. EBSCOhost,

- <https://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=148788466&site=ehost-live>.
- Elliott, Luther, et al. "Competing Constructivisms: The Negotiation of PTSD and Related Stigma Among Post-9/11 Veterans in New York City." *Culture, Medicine & Psychiatry*, vol. 42, no. 4, Dec. 2018, pp. 778–99. EBSCOhost, <https://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=134037681&site=ehost-live>.
 - Greden, John F., et al. "Buddy-to-Buddy, a Citizen Soldier Peer Support Program to Counteract Stigma, PTSD, Depression, and Suicide" *Annals of the New York Academy of Sciences*, vol. 1208, no. 1, Oct. 2010, pp. 90–97. EBSCOhost, <https://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=54478183&site=ehost-live>
 - Holmes, Robert, and Ian Snape. "Effectiveness of Treatment of Veterans with PTSD: A Critical Review." *Journal of Experiential Psychotherapy / Revista de PsiHOTerapie Experientiala*, vol. 22, no. 2, June 2019, pp. 3–14. EBSCOhost, <https://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=140256507&site=ehost-live>.
 - Institute of Medicine, Committee on the Assessment of Ongoing Efforts in the Treatment of Posttraumatic Stress Disorder, et al. *Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment*. National Academies Press (US), 17 June 2014. doi:10.17226/18724
 - Kille, Leighton Walter. "The U.S. Veterans Affairs Department and challenges to providing care for service members: Research roundup." *The Journalist's Resource*, 10 November 2015, <https://journalistsresource.org/criminal-justice/veterans-affairs-department-health-care-hospitals/>. Accessed 30 January 2024.
 - Korb, Lawrence J. "The Challenges Facing the Department of Veterans Affairs in 2021." *Center for American Progress*, 17 May 2021, <https://www.americanprogress.org/article/challenges-facing-department-veterans-affairs-2021/>. Accessed 30 January 2024.
 - Levi, Ofir, et al. "A Sobering Look at Treatment Effectiveness of Military-Related Posttraumatic Stress Disorder." *Clinical Psychological Science*, vol. 10, no. 4, 25 Oct. 2021, pp. 690–699, <https://doi.org/10.1177/21677026211051314>.
 - López-Ojeda, Wilfredo, and Robin A Hurley. "Extended Reality Technologies: Expanding Therapeutic Approaches for PTSD." *The Journal of neuropsychiatry and clinical neurosciences* vol. 34,1 (2022): A4-5. doi:10.1176/appi.neuropsych.21100244
 - McDonald, James E. "Implementation of Resiliency Training." *Fiscal and Operational Impacts of Standardizing US Military Resiliency Programs to Minimize Post-Traumatic Stress Disorder*, Air University Press, 2016, pp. 7–11. JSTOR, <http://www.jstor.org/stable/resrep13842>. Accessed 2 Feb. 2024.
 - Mercier, Jean-Michel et al. "Peer Support Activities for Veterans, Serving Members, and Their Families: Results of a Scoping Review." *International journal of environmental research and public health* vol. 20,4 3628. 18 Feb. 2023, doi:10.3390/ijerph20043628
 - Murray, Patty. "Bill Summary: Military Construction, Veterans Affairs, and Related Agencies Fiscal Year 2024 Appropriations Bill: United States Senate Committee on Appropriations." *BILL SUMMARY: Military Construction, Veterans Affairs, and Related Agencies Fiscal Year 2024 Appropriations Bill, United States Senate Committee on Appropriations*, 3 Mar. 2024, www.appropriations.senate.gov/newsroom/majority/bill-summary-military-construction-veterans-affairs-and-related-agencies-fiscal-year-2024-appropriations-bill.
 - Reisman, Miriam. "PTSD Treatment for Veterans: What's Working, What's New, and What's Next." *P & T : a peer-reviewed journal for formulary management* vol. 41,10 (2016): 623-634.

- Sifferlin, Alexandra. "How Effective Are PTSD Treatments for Veterans?" Time, 4 August 2015, <https://time.com/3982440/ptsd-veterans/>. Accessed 30 January 2024.
 - Silas, Sharon. "United States Government Accountability Office." U.S. Government Accountability Office, 16 May 2023, <https://www.gao.gov/assets/gao-23-106836.pdf>.
 - The White House. "Fact Sheet: President Biden's Budget Honors Our Nation's Sacred Commitment to Veterans and Military Families." The White House, The United States Government, 13 Mar. 2023, www.whitehouse.gov/omb/briefing-room/2023/03/09/fact-sheet-president-bidens-budget-honors-our-nations-sacred-commitment-to-veterans-and-military-families/.
 - Thompson II, Marcus. "Thompson: Simone Biles and the most human meaning of courage." AP Seminar Performance Task 2: Individual Research-Based Essay and Presentation, compiled by College Board, 2024, pp. 41-44. Originally published in The Athletic, 28 July 2021.
 - U.S. Office of Special Counsel. "VA Wasted \$223 Million on Transport Services, Failed to Pay Veterans' Medical Bills Resulting in Denied Care." Osc.gov, U.S. Office of Special Counsel, 13 Dec. 2019, osc.gov/News/Pages/20-07-VA-Wasted-223-Million.aspx#:~:text=in%20Denied%20Care-.
 - Zanette, Liana Y., et al. "Predator-induced fear causes PTSD-like changes in the brains and behaviour of wild animals." AP Seminar Performance Task 2: Individual Research-Based Essay and Presentation, compiled by College Board, 2024, pp. 31-40. Originally published in Scientific Reports (Nature), 2019.
-