



Quality of Life in the Military

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The Bush administration has broken its social compact with the troops. Hundreds of thousands of brave men and women have answered the call to duty since 2001 and endured multiple lengthy deployments in war zones in Iraq and Afghanistan. Yet the Bush administration has not adequately reciprocated service members' resolve and commitment to our country.

After repeatedly assuring the armed services that help was on the way during the 2000 presidential campaign, the Bush administration has committed our nation to two costly wars and failed to provide our service members with the equipment they need to keep them safe in the war zone, or with the policies and programs that would ensure a high quality of life for them and their families. As a result, some of the most challenging battles that our soldiers fight are the ones that they confront upon returning home.

It is not surprising that only 29 percent of active duty troops, veterans, and their families believe the Bush administration is doing a good job handling their needs.¹ The American people owe the thousands of brave men and women who have fought and risked life and limb for our country the ability to transition home comfortably. Yet quality of life is in danger. What should be a stable transition holds obstacles that are more demanding than service members and their families have seen in decades.

Financial Strains

Military Pay and Benefits

Earlier this year, the president rejected the House Armed Services Committee's proposal to increase military pay by 3.5 percent for 2008, instead requesting that it be reduced by 3 percent. The president also rejected an increase in spending for 2009 through 2012 that would make military pay 0.5 percent greater than private-sector pay raises despite the fact that military pay remains nearly 4 percent lower than average civilian pay.² This follows efforts by former Defense Secretary Donald Rumsfeld to reduce combat pay and family separation pay for deployed troops.

President Bush has also opposed expanding eligibility for Combat-Related Special Compensation to service members forced by combat disabilities to retire short of 20 years and lowering the age by which reservists can receive retirement pay and benefits by three months for every 90 days he or she is mobilized.

Bonus Repayments

The Pentagon has begun offering unprecedented enlistment bonuses in order to meet the military's demands in Iraq and Afghanistan while simultaneously augmenting ground forces by 92,000 troops. Yet with some 36,000 service men and women returning home due to combat related injuries, the Pentagon has ordered some of these troops to pay some of that money back because they could not complete their required service.

According to a study released in 2006 by the Government Accountability Office, the Army has ordered nearly 1,300 battle-wounded soldiers or deceased soldiers families to repay their service bonuses. After being killed or injured, the administration claims soldiers are not entitled to extra compensation for combat pay, hardship duty, and family separation compensation.

The government did finally forgive the overpayment debts owed by the families of deceased soldiers, but the GAO found that nearly 1,000 of these soldiers wounded in battle had accrued \$1.2 million in debt from overpayments, and hundreds of them have been subjected to harassment by collections agents or bad credit reports and foresee future income tax hassles.

The military has stated that the extent of these debts may be greater due to incomplete reporting. Nonetheless, a random sample of 19 battle-injured case studies showed that:

Collection action on military debts resulted in significant hardships to these soldiers and their families. For example, 16 of the 19 soldiers were unable to pay their basic household expenses; 4 soldiers were unable

to obtain loans to purchase a car or house or meet other needs; and 8 soldiers' debts were offset against their income tax refunds. In addition, 16 of the 19 case study soldiers had their debts reported to credit bureaus and 9 soldiers were contacted by private collection agencies.³

Homelessness

The Department of Veterans Affairs has begun to brace itself for a new spike in homeless veterans in the coming years. Although it normally takes several years after leaving the military for veterans' problems to accumulate enough to push them into the streets, the VA has already located over 1,500 Iraq and Afghanistan veterans in shelters, soup kitchens, and parks around the country.⁴

These problems are obviously not confined to recent veterans of Iraq and Afghanistan. The National Alliance to End Homelessness recently estimated that nearly one in every four—194,000 of nearly 744,313—homeless persons on any given day are veterans, even though veterans only make up 11 percent of the civilian population 18 years and older.⁵ Moreover, nearly 45 percent of participants in the VA's homeless programs have a diagnosable mental illness and more than three out of four have a substance abuse problem; 35 percent have both.⁶

According to NAEH, a lack of affordable housing is the primary cause of veteran homelessness. Among the over one million veterans who served since September 11th, 72,000 are paying more than half their incomes for rent, leaving them highly vulnerable. Overall, nearly 470,000 veterans are paying more than 50 percent of their income on housing.

Deployment Cycle

The Pentagon's decision to extend tours in Iraq and Afghanistan to 15 months from 12 months in order to support the ill-conceived surge has resulted in the longest Army combat tours since World War II. This is just the latest example of the Pentagon breaking its own policies in order to keep sufficient numbers of troops in the field.

According to the Department of Defense's own guidelines, active duty soldiers should get two years between one-year deployments, and reserves should not be activated more than one year out of six. Yet by the end of this year 12 of the active Army's 43 brigades will have served three tours in either Iraq or Afghanistan since 2001, and five brigades will have served four tours.

Another Bush administration "solution" to keep troop levels up has been to implement a back-door draft. The "stop-loss" policy requires service members to remain in the military beyond their contract separation date—sometimes as long as two years. Approximately 70,000 enlisted soldiers have already been deployed due to this policy.⁷ The number of those being kept on beyond their commitment is now about 9,000, compared to about 7,000 before the troop escalation began in late January.⁸ The Army has also called back 15,000 former active duty or reserve personnel from the Individual Ready Reserves since September 11, 2001.

These moves reinforce the physical and psychological maladies currently plaguing an already overextended force. A recent Army survey revealed that soldiers serving repeated deployments are 50 percent more likely than those serving one

tour to have acute combat stress, which significantly raises their risk of suffering post-traumatic stress disorder.⁹ The reason: Many soldiers are being redeployed to Iraq with unresolved acute stress and combat stress symptoms from previous tours. Overall, up to 30 percent of troops deployed to Iraq suffer from depression, anxiety, or PTSD.¹⁰

The fact that PTSD symptoms normally take months if not years to develop indicates that this will be a long-term issue. Only 4 to 5 percent of soldiers were referred to mental health care upon their first Post-Deployment Health Assessment, but at the second assessment conducted three to six months later the figure jumped to 20.3 percent for active duty soldiers and a staggering 42.4 percent for reserve component soldiers.¹¹ In the second assessment, symptoms for PTSD jumped 40 percent from 11.8 percent to 16.7 percent; clinical depression more than doubled from 4.7 percent to 10.3 percent; issues relating to interpersonal conflict experienced a four-fold increase from 3.5 percent to 14.0 percent; and overall mental health issues increased by 60 percent from 17.0 percent to 27.1 percent.¹²

Despite these detrimental effects of repeated deployments, the Pentagon has signaled that they will continue until at least late fall of next year.¹³

Medical Care

The most fundamental responsibility that a country owes its returning service men and women is the right to first-class medical care. Yet military health care has become one of the most visible signs of the Bush administration's neglect and incompetence.

Military health care was thrust into public consciousness earlier this year when the Walter Reed scandal broke. Walter Reed Army Hospital, once the “crown jewel” of military medicine, has treated one in every four injured Iraq and Afghanistan veterans. Before the scandal broke earlier this year, wounded soldiers outnumbered the room availability at Walter Reed by a staggering 17 to one. Patients outnumbered caregivers to such an extent that less severely wounded soldiers were ordered to take care of the more critically injured. And some patients and their families were forced to stay in nearby hotels and apartment buildings, including service members suffering from severed arms and legs, brain injuries, and psychological issues.

Bureaucratic roadblocks, incompatible information systems, and insufficient manpower have brought the normally sluggish outpatient process to a standstill. The typical soldier is required to file 22 documents with eight different commands—most of them off-post—in order to enter and exit the military’s medical system. Once filed, the Army places the soldier in one of three personnel databases. These databases are unable to share data and cannot interact with the separate pay system or the medical record-keeping databases.¹⁴ Primary care managers and case managers who are supposed to guide outpatients through the complicated military health system have been, until recently, grossly outnumbered by their patients; the ratio has been 1200 to one in some major Army facilities.¹⁵

The Army finally recognized these problems and initiated the Army Medical Action Plan this fall, which is designed to eliminate bureaucratic barriers for troops in transition. Despite some success, primary care managers continue to

be outnumbered by soldiers 200 to one in some facilities and paperwork and red tape continue to plague wounded soldiers and their families, exacerbating stress and impairing the healing process.

Military Mental Health

Mental health is at the forefront of health care needs for U.S. troops who are fighting prolonged and repeated tours overseas. The issue came to national attention when the Pentagon’s Mental Health Advisory Team acknowledged earlier this year that the frequency and length of time in a combat zone is the determining factor of a service member’s mental health status.¹⁶

Despite the Department of Defense’s renewed focus on mental health issues, the Pentagon’s own Task Force on Mental Health has stated recently that, “the Military Health System lacks the fiscal resources and the fully-trained personnel to fulfill its mission to support psychological health in peacetime or fulfill the enhanced requirements imposed during times of conflict.”¹⁷

An overall increase in mental illness in the services, particularly post-traumatic stress disorder, is bound to overload already under-resourced veterans’ hospitals. One in five troops returning from Iraq and Afghanistan show signs and symptoms of post-traumatic stress.¹⁸ In FY 2006 the VA treated over 345,000 veterans with a clinical diagnosis of PTSD. This represents an increase of 27,099 individuals over FY 2005. Of those treated in FY06, 70 percent had a primary diagnosis of PTSD.¹⁹

Despite the military’s heightened awareness of mental health problems, the stigma attached to psychiatric care remains

pervasive and often prevents service members from seeking help. A revealing mental health study released earlier this year found that only 25 percent of active service members and veterans seek mental health treatment at VA health care facilities. Of those treated, 56 percent had two or more distinct mental health diagnoses, and younger veterans—ages 18-24—showed the greatest susceptibility to post-traumatic stress disorder.²⁰

There has been recent action on this issue. Congress provided a boost of \$600 million for PTSD treatment and traumatic brain injury in the 2007 supplemental war funding bill, and the new Secretary of the VA, Gordon Mansfield, has pledged to make mental health initiatives a priority in the coming year. But with hundreds of thousands more service members transitioning home in the next few years, military mental health will continue to be a critical issue, and the federal government should remain vigilant.

Suicide Rates

The Bush administration's demands on the military have trumped what is in our soldiers' best interests. After returning from his first tour in Iraq, Sgt. Brian Jason Rand filled out a military mental health survey and stated that he was suffering from combat-related nightmares, mood swings, and depression. Instead of receiving treatment, Sgt. Rand was ordered to report for his second deployment. A few days later, Sgt. Rand committed suicide.

In August of this year the Army released its annual Suicide Event Report, which found the highest suicide rate in the Army in 26 years. The report concluded that "there was a significant relationship between suicide attempts

and number of days deployed" in either Iraq or Afghanistan.

Of the 99 cases of Army suicide that occurred in 2006, 25 occurred while soldiers were on active duty in Iraq, and three occurred while soldiers were on active duty in Afghanistan. While only 28 of the soldiers who committed suicide were in either theatre at the time, 54 of the soldiers—55 percent of the cases last year—were serving or had served at some point over the preceding five years in at least one of the two war zones.

The Army's suicide rate has nearly doubled since 2001, increasing from 9.1 per 100,000 soldiers in 2001 to 17.3 per 100,000 in 2006. The numbers mark an unmistakable trend that has seen suicides in the service increase 13 percent since 2005 (88), 33 percent since 2004 (67), and 40 percent since 2003 (60). Equally alarming is the fact that twice as many women serving in Iraq and Afghanistan committed suicide than women who did not serve in a combat zone. These trends have continued as of the study's conclusion in the middle of 2007 when 17 of the 44 cases of suicide were confirmed to have been in a war zone.²¹

Divorce in the Military

Multiple tours and extended deployments have wreaked havoc on the personal lives of those in uniform and their families. In 2005 Pentagon officials announced a significant spike in military divorce rates, noting that cases doubled from 5,658 to 10,477 between 2001 and 2004 among active-duty Army officers and enlisted personnel.

The finding sparked a comprehensive investigation by the RAND Corporation

into the effect that multiple deployments in Iraq and Afghanistan had on military personnel and their families. Although the study concluded that divorce rates rose only modestly from 2.5 percent of military marriages in 2001 to 3 percent in late 2005, it was released a day before the Pentagon announced that it had extended deployments from 12 to 15 months earlier this year.²²

In a sign of trouble ahead, a recent poll of returning service members found that many had severe problems settling back into family life. Forty-two percent said they felt like “a guest in their own home.” The study also found a link between family problems and PTSD, with the two reinforcing each other in a vicious spiral.²³

The resulting anxiety, depression, and psychological trauma from prolonged and repeated exposure to combat is bound to take a significant toll on service members and their relationships. These factors are shown to contribute to drinking problems, drug use, and domestic violence in the long-term, indicating that the effects of prolonged tours in Iraq and Afghanistan will be around for years to come.²⁴

Conclusion

We have no greater duty than to ensure that the soldiers, sailors, airmen, Coast Guardsmen, and Marines who volunteer to defend our country receive not only the best equipment and medical care we can provide, but are supported with programs and policies that improve their quality of life—before, during, and after deployments.

It is clear that this administration has failed to fulfill this promise. Rather, by failing on multiple fronts, it has compounded the problem. In its remaining time in office, this administration must make people, not hardware, its highest priority.

Recent House approval for military tax credits and guaranteed enlistment bonuses regardless of injury are steps in the right direction. However, fully six years after the beginning of combat operations in Afghanistan and nearly five years after Iraq, this is too little too late for the hundreds of thousands of men and women in uniform.

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Administration failing our military in these areas:



FINANCES

- President rejected proposal to increase military pay by 3.5% and blocked effort to increase combat and family separation pay
- 1,300 battle-wounded or deceased soldiers required to repay service bonuses
- VA has located 1,500+ homeless Iraq, Afghanistan veterans; 1 in 4 homeless persons are veterans



DEPLOYMENTS *since 2001*

- 15 month tours in Iraq and Afghanistan longest combat tours for the Army since WWII
- 13 of the Army's 43 brigades serving third tour in either Iraq or Afghanistan, and 5 brigades serving fourth tour in either theater since 2001



MEDICAL CARE *36,000 wounded troops since 2001*

- 30% of Iraq troops battle with depression, anxiety, or PTSD; soldiers with repeated deployments are 50% more likely to suffer from PTSD
- 2006 marked the highest suicide rate in the Army in 26 years; since 2001, the Army's suicide rate has nearly doubled
- Until recently, primary care managers have out numbered patients 1200 to 1 In some major facilities. Current ratio near 200:1



FAMILY LIFE

- Divorce rates in the military nearly doubled between 2001 and 2004 and rose steadily afterward
- 42% of service members said they felt like "a guest in their own home"
- Army surveys find that family problems and PTSD reinforce each other

Life in the Military

Dangerous Trends

29% of active duty troops, veterans, and their families believe the Bush administration is doing a good job handling their needs.

—Bloomberg News, 12/08/07

MILITARY QUALITY OF LIFE



Center for American Progress



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