



National Veterans Affairs and Rehabilitation Commission

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**STATEMENT OF  
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VETERANS AFFAIRS AND REHABILITATION COMMISSION  
THE AMERICAN LEGION  
TO THE  
SUBCOMMITTEE ON HEALTH  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES  
ON  
POST TRAUMATIC STRESS DISORDER (PTSD) TREATMENT AND RESEARCH:  
MOVING AHEAD TOWARD RECOVERY**

**APRIL 1, 2008**

Mr. Chairman and Members of the Subcommittee:

Thank you for this opportunity to submit The American Legion's views on Post Traumatic Stress Disorder (PTSD) Treatment and Research. While the Department of Veterans Affairs (VA) continuously treats those who suffer from PTSD, more resources are required to ensure that the growing numbers of veterans and patients are evaluated and accommodated respectively.

**VA Research**

According to research from the National Center for PTSD, Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) combat veterans are at higher risk for PTSD. The VA has reported that approximately 25 percent of the 300,000 separated veterans have received a diagnosis of a probable mental health disorder.

VA states that due to the enhancement of body armor and exceptional medical care on the battlefield, many soldiers are surviving major blast-related injuries and will require long-term,

specialized care; For those new veterans readjusting to civilian life, mental health challenges, such as PTSD, may be their most critical issue.

Currently, VA researchers are working to improve mental health care by developing screening methods for mental problems; it has been proven that early recognition and treatment results in better patient outcomes. VA is also leading the way in conducting studies on both drug and psychosocial/behavioral therapies; and studying treatment for women veterans, who may experience trauma differently than male veterans.

VA also reports that many soldiers diagnosed with PTSD respond well to standard treatments, while others do not; it is based on individual needs. The American Legion applauds VA on making strides through current research and for establishing new programs; however, the aforementioned suggests that every veteran isn't receiving adequate care to accommodate his or her needs. While effective treatment is being utilized, the overall results also warrant more research, to include the funding to support PTSD research.

Usually, there are questions that prompt studies and research. Currently, one question includes, "Can VA identify biological markers that might help guide psychological evaluation, treatment selection, and outcomes?" To assist with answering this type question, VA researchers are testing whether a computer-simulated "virtual reality" can be used to deliver a controlled type of exposure (to combat) therapy.

VA is also developing various ways to provide care to veterans residing in rural areas, to include videoconferencing, delivery of health information and services by telephone, and Internet. Lastly VA is attempting to ensure evidence-based, state-of-the-art care is available to all veterans with PTSD by rapidly transferring scientific breakthroughs from the laboratory into patient care.

The rapid integration of scientific breakthroughs into patient care is extremely critical because it may interrupt the deterioration of the patient's mental health, as well as halt other issues that arise within the veterans' community, such as family problems.

### **Specialized PTSD Services**

VA recently extended health care services to OEF/OIF veterans through its health care system from two years to five years following the veteran's discharge or release from active duty. According to VA, there are veterans whose condition cannot be maintained in a primary care or in a general mental health setting and therefore are managed within a specialized environment by clinicians who have concentrated their clinical work in the area of PTSD treatment.

These specialized programs are outpatient treatment programs, to include a PTSD clinical team, substance use and PTSD team, Women's Stress Disorder Treatment Team/Military Sexual Trauma Team, and PTSD Day Hospital. There are also inpatient treatment programs, to include an Evaluation and Brief Treatment Unit, Specialized Inpatient PTSD Unit, PTSD Residential Rehabilitation Program, Women's Trauma Recovery Program, and PTSD Domiciliary.

Although these programs are located throughout the nation at various VA medical facilities, The American Legion suggests that adequate funding must be provided to ensure these programs are consistently in place throughout the entire VA system. This will ensure a more proactive approach as more veterans seek treatment upon their return from combat.

### **National Institute of Mental Health**

The National Institute of Mental Health (NIMH), over the years, has gradually strengthened its connection to VA and Department of Defense (DoD) to obtain more knowledge regarding the extent and nature of mental health needs related to war related trauma, and to accelerate the discovery of fundamental knowledge needed to improve treatment, and to ensure that all veterans who may benefit from treatment such as PTSD actually receive it. The American Legion supports the collaboration between these organizations and urges Congress to provide adequate funding to ensure such research efforts continue.

According to NIMH, their investment in overall PTSD research went from \$15 million in Fiscal Year (FY) 1997 to approximately \$45 million in FY 2006. During FY 2006, NIMH and VA awarded approximately \$1.2 million to support new projects targeting mental health needs of Active Duty, Guard and Reserve personnel returning from Iraq or Afghanistan. New initiatives proposed by NIMH for FY 2008 include projects to advance the prevention of post-deployment mental health problems among members of high-risk occupations who regularly encounter traumatic situations, to include those who suffer from combat related trauma and military sexual trauma (MST).

The American Legion supports these proactive initiatives proposed by the NIMH. We also believe such proposals may enable veterans to recover more effectively from conditions that trigger PTSD. We therefore urge Congress to ensure such initiatives remain a priority in researching for the advancement of PTSD treatment.

These new initiatives include exploration of new treatments, to include new medications that appear to selectively affect the encoding of traumatic memories. In partnership with VA and DoD, NIMH is actively attempting to create effective psychosocial treatments, such as cognitive behavioral therapy; making them more widely available along with Internet-based self-help therapy and telephone assisted therapy. Other research by NIMH is attempting to enhance cognitive, personality, and social protective factors, as well as minimize factors that ward off full-blown PTSD after trauma.

The American Legion applauds all efforts made on behalf of organizations and their researchers to administer treatment to prevent PTSD and maintain research into this vital issue among America's veterans. However, we also must remain mindful to ensure veterans from every era are not subject to undue stress such as unreasonable frequent evaluations that call for veterans to report to facilities periodically within the month.

## **Institute Of Medicine (IOM)**

The IOM's Committee on Treatment of PTSD, in its charge from the VA, recently undertook a systematic review of PTSD literature and subsequently recommended that Congress require and ensure that resources are available for VA and other relevant Federal agencies to fund quality research on the treatment of PTSD in veteran populations and to ensure that all stakeholders are included in research plans. The American Legion supports the call for funding of quality research on treatment of PTSD in veteran populations. We also ask that an equal emphasis be placed on veterans residing in rural communities throughout the nation.

Upon reviewing the issue of PTSD interventions, which as previously stated, has not systematically and comprehensively addressed the needs of veterans with respect to effectiveness of treatment and the comparative efficacy of treatments in clinical use, the Committee recommended that VA take an active leadership role in identifying research priorities for addressing the most important gaps in evidence in clinical efficiency and comparative effectiveness.

The Committee also pointed out possible areas for future research, to include, comparisons of the use of psychotherapy and medication, evaluation of individual and group formats for psychotherapy modalities, and evaluations of the effectiveness of combined use of psychotherapy and medication; the effectiveness of the aforementioned were tested within individual and group environments.

According to the VA, available research continues to leave significant gaps in assessing the effectiveness of interventions within subpopulations of veterans who suffer from PTSD, as well as ethnic and cultural minorities, women, and older individuals. In response to this issue, the Committee recommended that VA assist clinicians and researchers in identifying the most important subpopulations of veterans with PTSD and designing specific research studies of interventions tailored to these subpopulations.

## **Conclusion**

Mr. Chairman, The American Legion agrees that gaps continue to remain in PTSD treatment of the veteran population. During The American Legion's System Worth Saving Task Force site visits to Vet Centers in 2007, management stated that the uppermost form of outreach was a mere conversation among veterans (word-of-mouth). The American Legion believes relying on veteran to veteran word-of-mouth outreach is inadequate. VA must promote its readjustment and mental health programs more effectively in order to help the veteran move ahead toward their recovery.

While there are various effective outreach tools in place, to include Global War on Terrorism Counselors or GWOTs, the concern also remains that research findings are not being expedited to clinical mediums within the VA. We support the continuous efforts of VA research to treat and/or accommodate this nation's veteran. Therefore, we urge that every measure be taken to

ensure these advances are communicated and implemented within the most rural corners of this nation to ensure all veterans receive timely, adequate, and up to date mental health care.

Mr. Chairman and members of the Subcommittee, The American Legion sincerely appreciates the opportunity to submit testimony and looks forward to working with you and your colleagues to continue to ensure all veterans are informed, evaluated, and/or receives the best quality treatment for PTSD. Thank you.