Chairman Daniel K. Akaka

Hearing on Mental Health

Welcome to today's hearing. This morning we meet to discuss VA's commitment to PTSD - both in terms of treatment and compensation. Recent events at the Temple VA Medical Center have raised concerns about the Department's dedication to the mental health needs of our returning servicemembers.

I stress, however, that this hearing is not simply about one facility or one clinician. This hearing is part of the Committee's ongoing oversight of VA activities, including VA mental health care.

Last month, we learned that a VA official sent an email that appeared to deliberately conceal data on suicides. Now, we have another VA employee who appears to have linked the increase in veterans seeking compensation for PTSD with a desire to assign a lesser diagnosis of adjustment disorder, an action that alarmed many veterans and others. One question that was raised repeatedly about this email was, "Why would a clinician be so concerned about the compensation rolls?"

As an oversight body, we must know whether the actions of these VA employees point to a systemic indifference to invisible wounds.

The Committee must understand how VA is dealing with PTSD and other mental health concerns relating to war zone service, including how VA balances treatment and compensation issues.

We must ensure that veterans receive compensation for diseases or conditions related to their military service. Indeed, compensation is the gateway to many critical VA benefits, such as health care and vocational rehabilitation.

We must also ensure that veterans receive the proper medical attention and treatment for those conditions. As Dr. Perez's email points out, there may be resource issues at a VA facility if

mental health examiners do not have the appropriate amount of time to devote to accurately diagnose a mental health condition.

From the testimony submitted for today's hearing, it appears that VA takes the position that "adjustment disorder" is a rational differential diagnosis to give to a veteran, while clinicians take the time to determine if PTSD is involved. VA indicates that at Temple, whether a veteran has PTSD or not, the treatment is the same. This suggests to me that the diagnosis is meaningless if everyone gets the same treatment. It is my understanding that the reason a clinician makes a diagnoses is to inform treatment.

Today's hearing should provide the Committee with a better understanding of how VA responds to veterans seeking help for mental health concerns related to their service. In addition, we must learn how VA balances care and compensation matters. We must also learn how the Department is ensuring that best practices for dealing with PTSD, both in VHA and VBA, are in place throughout VA. To the extent that there are issues or problems that exist regarding PTSD or other psychological problems related to service, the Committee must know what it can do to help ensure that veterans receive accurate diagnoses from VA, proper care, and appropriate benefits.

The number of troops suffering from PTSD continues to mount. The numbers are staggering. A recent RAND study said that nearly one in five Iraq and Afghanistan veterans are exhibiting symptoms of PTSD or major depression. The Army also recently released statistics indicating that the number of troops with new cases of PTSD increased by nearly 50 percent in 2007. In addition, 14,000 new cases of PTSD were discovered across the different branches of the Armed Services in 2007. With so many troops returning from multiple tours with various mental health issues, VA must have the credibility, resources, and commitment to ensure that veterans are properly treated and compensated appropriately.