

Post-Traumatic Stress Disorder (PTSD) Disadvantage

Table of Contents

Uniqueness: Dept. of Defense PTSD Budget Good Now.....	2
Link: Removing Troops ↑ Spending for PTSD	3
Link: Troops in Iraq	4
Brink: Military PTSD Spending High Now	5
Brink: Military PTSD Spending High Now (2)	5
Impact 1a: Spending	6
Impact 1b: ↑ Health Spending → Bad Economy.....	6
Impact 2: Unemployment	7
Impact 3a: PTSD Worsens.....	8
Impact 3b: PTSD Worsens (2).....	8
Answer To: No link	9

Uniqueness: Dept. of Defense PTSD Budget Good Now

Spending from the DoD is currently adequate for the amount of troops coming home.

“DoD Budget Proposal Up 3.4% Over Last Year,” [USMedicine.com](http://www.usmedicine.com), March 2010, <http://www.usmedicine.com/articles/dod-budget-proposal-up-34-percent-over-last-year.html>

WASHINGTON, DC—The president’s FY 2011 DoD proposal includes \$549 billion for the base budget, which is up 3.4% over last year. In addition, the department is requesting \$159 billion in FY 2011 to support overseas contingency operations, primarily in Afghanistan and Iraq, and \$33 billion to implement the president’s new approach in Afghanistan.

In support of military health costs, the budget request includes \$50.7 billion for the Unified Medical Budget to go towards supporting the Military Health System (MHS), which provides care for 9.5 million eligible beneficiaries.

The budget request includes funding for programs for the wounded, ill, and injured. According to the administration, key initiatives include: achieving a seamless transition for servicemembers leaving DoD and entering the VA system, ensuring a high standard at facilities caring for wounded warriors, enhancing case management of individuals transitioning to civilian life, establishing a better Disability Evaluation System, and working with the VA to create Virtual Lifetime Electronic Records.

Proposed funding will also go towards the treatment, care, and research of TBI and psychological health injuries, and issues such as the development of tools to detect and treat PTSD and enhancements to suicide prevention measures

Link: Removing Troops ↑ Spending for PTSD

Removing troops from their foreign placements makes the USFG spend more for coping with veteran's PTSD.

“Obama Bringing Troops Home: We Ready to Welcome Them?” Paul **Rieckhoff**, Exec Director of Iraq and Afghanistan Veterans of America (IAVA), Huffington Post, February 27, 2009, http://www.huffingtonpost.com/paul-rieckhoff/obama-says-troops-are-com_b_170526.html

President Obama traveled to Camp Lejeune today to announce the eventual drawdown of combat troops in Iraq. There's sure to be a lot of discussion about the details of the timeline, and a lot of politics getting in the way of any coherent military analysis.

But whether it is 16 months or 19 months or 23 months, whether the residual force is 10,000 or 50,000 troops, the president's new plan will create a surge of new veterans coming home in 2009 and 2010. We need to be ready.

Our duty to these brave men and women doesn't end when they leave the battlefield. Military families have borne a tremendous strain through more than eight years of conflict, and our troops are returning to the worst economy we've seen in decades. No veteran's 'welcome home' should come in the form of an unemployment check.

There are some concrete steps that must be taken. The new GI Bill must be properly implemented, so veterans can go back to school and train for civilian careers. Mental health resources must be expanded, so veterans suffering from Post Traumatic Stress Disorder can get the care they need. And we must ensure that the network of veterans' hospitals and clinics nationwide have all the funding they need to cope with the influx of wounded troops.

Link: Troops in Iraq

Studies show that troops in Iraq are highly susceptible to PTSD.

“Soldiers face obstacles to mental health services,” NPR, December 2006,
<http://www.npr.org/templates/story/story.php?storyId=6575431>

Army studies show that at least 20 percent to 25 percent of the soldiers who have served in Iraq display symptoms of serious mental-health problems, including depression, substance abuse and post-traumatic stress disorder (PTSD). Administration officials say there are extensive programs to heal soldiers both at home and in Iraq. But an NPR investigation at Colorado's Ft. Carson has found that even those who feel desperate can have trouble getting the help they need. In fact, evidence suggests that officers at Ft. Carson punish soldiers who need help, and even kick them out of the Army.

Brink: Military PTSD Spending High Now

The DoD is already spending billions on PTSD for the military.

“The War Within: Overcoming trauma, veterans find strength in meditation and yoga,” Samantha **Michaels**, Northwestern University student & researcher, *Medill on the Hill* (Northwestern University undergraduate school of journalism publication), **March 5, 2010**, <http://kenchawkin.wordpress.com/2010/03/19/tm-brings-relief-to-veterans-suffering-from-post-traumatic-stress-disorder-ptsd/>

In January, the Department of Defense announced it would allocate **\$1 billion of its 2011 budget** to research and care for traumatic brain injuries like PTSD. As the number of PTSD cases skyrockets and **the military devotes more funds to treating them**, George’s story provides a glimpse into the promise of alternative therapies like meditation and yoga.

Brink: Military PTSD Spending High Now (2)

“VA Eyes \$125B Budget for 2011,” Bryan **Jordan**, writer, Military.com, February 2, **2010**, <http://www.military.com/news/article/va-eyes-125b-budget-for-2011.html>

The Veterans Administration is pushing for expanded rural health care for veterans, increased funding and attention to female veterans' health needs and ending veterans' homelessness as part of a **\$125 billion budget** proposed by the White House for fiscal 2011...

...One of the biggest items in the budget is \$4.2 billion to eliminate and help reduce homelessness among veterans. The figure includes \$3.4 billion for core medical services and \$799 million for specific homeless programs and expanded medical care, according to the VA, which says that 131,000 vets are homeless on a typical night.

In addition, the proposed 2011 budget includes \$5.2 billion for mental health care and suicide prevention, a \$410 million increase over the current year's appropriation that would be used to expand inpatient, residential and outpatient mental health services. The plan also calls for making mental health services part of primary care and specialty care. **The VA said in a statement that the money will permit the continued expansion of programs for post-traumatic stress disorder and traumatic brain injury, and for diagnosing and treating mental health problems and preventing suicides.**

Impact 1a: Spending

Giving the adequate amount of PTSD treatment – even if we accept it as suitable – will cost billions of dollars of spending.

“Dangerous Drugs for Combat Soldiers: Zombies on the Attack,” Dr. Phil **Leveque**, forensic toxicologist and Univ. of London professor of pharmacology, Salem-News.com, **March 28, 2010**, <http://www.salem-news.com/articles/march282010/zombie-attack-pl.php>

I am not guessing about this stuff. I have frontline combat induced PTSD myself and I have been given these drugs by the VA doctors. The adverse effects are AWFUL. In addition, I have taken medical care of about 1000 PTSD Veterans from all wars since WWII. They not only have rejected VA prescribed anti-depressants but have taken up alcohol which though ultimately more dangerous at least is more preferable to them than the hated, repulsive anti-depressants. I am not saying that these drugs do not work for all patients. For low level combat stress and low level PTSD they may help some. The VA's treatment for PTSD is a disgrace and will end up costing billions in mental disability pensions. I may be one of the few physicians who have treated as many as 1000 PTSD Victim Veterans successfully.

Impact 1b: ↑ Health Spending → Bad Economy

The government will have to spend billions on PTSD and mental health treatments, hurting employment and the dollar and the economy in general.

“Effects of Health Care Spending on the US Economy,” U.S. Department of Human and Health Services, February 25, 2005, <http://aspe.hhs.gov/health/costgrowth/>

Some economists believe that rapidly rising health care spending lowers GDP and overall employment, while raising inflation. The effects of health care spending on interest rates and the relative impact on economic performance across industries depend upon the source of financing for federal health care spending. The results of one study using econometric models indicated that deficit financing disproportionately harms export and capital goods industries, and payroll tax financing disproportionately harms consumer service industries.

Impact 2: Unemployment

Veterans who have PTSD must show they cannot work in order to get compensated – leading to thousands being unemployed, living off low compensation and getting inadequate PTSD treatment.

“VA Benefits System for PTSD is Criticized,” Shankar Vedantam, staff writer for *Washington Post*, *Washington Post*, May 9, 2007, <http://www.washingtonpost.com/wp-dyn/content/article/2007/05/08/AR2007050801746.html>

The government's methods for deciding compensation for emotionally disturbed veterans have little basis in science, are applied unevenly and may even create disincentives for veterans to get better, an influential scientific advisory group said yesterday.

The critique by the Institute of Medicine, which provides advice to the federal government on medical science issues, comes at a time of sharp increases in cases of post-traumatic stress disorder (PTSD) among veterans and skyrocketing costs for disability compensation. The study was undertaken at the request of the Department of Veterans Affairs amid fears that troops returning from the wars in Iraq and Afghanistan will produce a tidal wave of new PTSD cases.

Between 1999 and 2004, benefit payments for PTSD increased nearly 150 percent, from \$1.72 billion to \$4.28 billion, the report noted. Compensation payments for disorders related to psychological trauma account for an outsize portion of VA's budget -- 8.7 percent of all claims, but 20.5 percent of compensation payments.

VA officials said they welcomed the report. "VA is studying the findings, conclusions and recommendations of the report to determine actions that can be taken to further enhance the services we provide," spokesman Matt Burns said in a statement.

The report suggested changes to VA policies, but the panel could not say whether those changes would result in more or fewer PTSD diagnoses, or in greater or lesser expense for taxpayers. "PTSD has become a very serious public health problem for the veterans of current conflicts and past conflicts," said psychiatrist Nancy Andreasen of the University of Iowa, who chaired the panel. Noting the shortcomings of the VA system, Andreasen added that "a comprehensive revision of the disability determination criteria are needed."

She said the current VA system, in which PTSD compensation is limited to those who are unable to hold a job, places many veterans in a Catch-22.

"You can't get a disability payment if you get a job -- that's not a logical way to proceed in terms of providing an incentive to become healthier and a more productive member of society," she said.

The practice is especially wrong, she added, because it is at odds with VA policies for other kinds of injuries. To determine the compensation a wounded veteran should get, the government assigns one a disability score. Veterans who are quadriplegic, for example, can be assigned a disability level of 100 percent even if they hold a job, whereas veterans with PTSD must show they are unable to work to get compensation.

Andreasen said the policies are "problematic, in the sense that they require the person given compensation to be unemployed. This is a disincentive for full or even partial recovery."

Impact 3a: PTSD Worsens

The pharmaceutical drugs for PTSD given out by the military do not solve PTSD but make it doubly worse.

"Dangerous Drugs for Combat Soldiers: Zombies on the Attack," Dr. Phil Leveque, forensic toxicologist and Univ. of London professor of pharmacology, Salem-News.com, **March 28, 2010**, <http://www.salem-news.com/articles/march282010/zombie-attack-pl.php>

I see by the ABC News program that this must be what is occurring with our frontline troops today. The Shrinkologists are psychologically wrecking these troops. Suicides and severe PTSD are wrecking a whole generation of our fighting troops. These anti-depressant drugs are doubly dangerous. Most of them cause a severe drug hangover which is far worse than alcohol. Their adverse side effects are possibly/probably causing or worsening PTSD.

Impact 3b: PTSD Worsens (2)

Bringing troops home without an adequate solution for PTSD will have dangerous effects psychologically.

"Dangerous Drugs for Combat Soldiers: Zombies on the Attack," Dr. Phil Leveque, forensic toxicologist and Univ. of London professor of pharmacology, Salem-News.com, **March 28, 2010**, <http://www.salem-news.com/articles/march282010/zombie-attack-pl.php>

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Answer To: No link

High rates of PTSD occur in military combat. The 1AC must either link or be untropical under “substantially reduce” if they do not remove enough troops for the impacts to occur.

“Rates of PTSD in Veterans,” Matthew Tull, PhD, About.com, July 2009, <http://ptsd.about.com/od/prevalence/a/MilitaryPTSD.htm>

The conflicts in Iraq and Afghanistan are ongoing. That's why the full the impact the war has had on the mental health of soldiers in Iraq in not yet known. One study looked at members of four United States combat infantry units (3 Army and 1 Marine) who had served in Iraq and Afghanistan. The majority of soldiers were exposed to some kind of traumatic, combat-related situations, such as being attacked or ambushed (92%), seeking dead bodies (94.5%), being shot at (95%), and/or knowing someone who was seriously injured or killed (86.5%). After deployment, approximately 12.5% had PTSD, a rate greater than that found among these soldiers before deployment. Regardless of the war, soldiers involved in a war consistently show high rates of PTSD.

