PTSD and Veterans' Benefits in the United States

A Historical Backgrounder



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That war and psychological trauma go together has always been known but not always well understood or popularly accepted. More accepted, at least in US history, has been the notion that military veterans should be thanked for their service on a long-term basis, with a system of benefits that has historically included some combination of compensation, pensions, and health care. How, though, has the veterans' benefits system dealt with veterans who suffer from war-induced psychological trauma—some version of what is today called post-traumatic stress disorder (PTSD)—over time? This report provides a brief overview of the history of how the US military and veterans' benefits programs have approached war-induced psychological trauma, with the aim of raising questions about both the causes and the consequences of these changes.

PTSD is a well-known illness today, thanks in part to the work of veterans' groups, military medical practitioners, and the Department of Veterans Affairs (VA). The VA's National Center for PTSD offers the following definition: "PTSD (posttraumatic stress disorder) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault." The diagnostic criteria for PTSD listed in the most recent version of the American Psychiatric Association's primary reference text, the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5), include "the exposure to actual or threatened death, serious injury, or sexual violence"; the presence of "distressing memories," "dreams," or "flashbacks" associated with exposure to traumatic events; "avoidance of stimuli" associated with the traumatic events; "negative alterations in cognitions or mood associated with the traumatic event(s)"; and behavioral changes such as unprovoked "angry outbursts" or "hypervigiliance." 2

Today's military medical community has developed standardized practices for treating PTSD among active-duty personnel. Organizationally, treatment includes embedding mental health-care specialists in brigades and intensive outpatient treatment programs such as the Army Warrior Resilience Center; medically, treatment includes therapy, meditation, and acupuncture, as well as pharmacology. And upon separating from the military today, a new veteran diagnosed with PTSD would qualify for at least 10 percent, and possibly up to 100 percent, disability. The financial costs of PTSD for the VA have been on the rise, with a nearly 80 percent increase in veterans receiving benefits for PTSD from 1994 to 2004.³ But it was not always the case that soldiers returning home disabled by psychological trauma were treated as suffering from legitimate injuries. The remainder of this report offers a brief overview of the medical history of war-induced psychological trauma and the related history of associated veterans' benefits.

¹ "What Is PTSD?," US Department of Veterans Affairs, last updated September 15, 2017, https://www.ptsd.va.gov/public/ptsd-overview/basics/what-is-ptsd.asp.

² Diagnostic and Statistical Manual of Mental Disorders, 5th ed., online (Washington, DC: American Psychiatric Association, 2013), s.v. "Posttraumatic Stress Disorder."

³ Institute of Medicine and National Research Council, *PTSD Compensation and Military Service* (Washington, DC: National Academies Press, 2007), 2, https://doi.org/10.17226/11870.

War-Induced Psychological Trauma in US History

While it is impossible to diagnose from a distance of decades, we know that war-induced psychological trauma is as old as war itself.⁴ Homer describes Achilles's transformation in *The Iliad*, from giving quarter to brutal slaughter, from determination to despondence, and from respect for his enemy to comparing him to a wild animal.⁵ Civil War surgeons found that many of their patients suffered from "soldier's heart," the symptoms of which were rapid pulse, anxiety, and trouble breathing.⁶ Soldiers with this diagnosis were also often deemed to be suffering from "nostalgia" and were shamed for symptoms such as homesickness, sleep disturbances, and sadness.⁷ In World War I, soldiers were famously designated as "shell-shocked." British psychiatrist Charles Myers spent years trying to persuade his colleagues of the validity of this diagnosis but was often met with skepticism.⁸ Indeed, a 1920 *Journal of the American Medical Association* article was entitled "The Prevention of So-Called 'Shell Shock." The vernacular of psychological trauma changed to "battle fatigue" during World War II. This change in vocabulary was a strategic one. While the shell-shocked soldiers of World War I were often viewed as malingerers, diagnosing someone with battle fatigue meant that he could be returned to duty after a period of care and rest.

After the Second World War, the medical community began to take war-induced psychological trauma more seriously. "Gross stress reaction"—which was described as a transient condition afflicting "normal personalities" exposed to severe trauma, including war—was included in DSM-I in 1952 but then removed from DSM-II in 1968 (it was replaced with "adjustment reaction to adult life," which was not necessarily associated with war trauma). ¹⁰ It was not until nearly thirty years later, in 1980, that the term "post-traumatic stress disorder" was included and defined in DSM-III. In between these two editions, the Vietnam War had

⁴ For analyses of how the medical community, and society at large, have viewed war-induced psychological trauma over time, see Edgar Jones et al., "Post-Combat Syndroms from the Boer War to the Gulf War: A Cluster Analysis of their Nature and Attribution," British Medical Journal 324, no. 7333 (2002): 321–24; Kenneth C. Hyams, Stephen Wignall, and Robert Roswell, "War Syndromes and Their Evaluation: From the US Civil War to the Persian Gulf War," *Annals of Internal Medicine* 125, no. 5 (1996): 398–405.

⁵ Jonathan Shay, Achilles in Vietnam: Combat Trauma and the Undoing of Character (New York: Scribner, 1994).

⁶ Matthew J. Friedman, "History of PTSD in Veterans: Civil War to DSM-5," US Department of Veterans Affairs, last updated May 31, 2017, https://www.ptsd.va.gov/public/PTSD-overview/basics/history-of-ptsd-vets.asp.

⁷ George Worthington Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War* (Baton Rouge: Louisiana State Press, 1952), 228.

⁸ Ben Shepherd, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge, MA: Harvard University Press, 2001), 27.

⁹ Morton Prince, "The Prevention of So-Called 'Shell Shock,'" *Journal of the American Medical Association* 69, no. 9 (1917): 726–27.

¹⁰ John P. Wilson, "The Historical Evolution of PTSD Diagnostic Criteria: From Freud to DSM-IV," *Journal of Traumatic Stress* 7, no. 4 (1994): 688–89.

ended. Vietnam veterans, along with a group of psychiatrists, lobbied for the (re)inclusion of war-induced trauma in the new version of the DSM.¹¹ Following their success, attention to PTSD increased dramatically. A 1990 congressionally commissioned report found that at least 480,000 Vietnam veterans (approximately 15 percent of those who had served) were still suffering from PTSD and that an even larger percentage of Vietnam veterans had suffered from the illness at at least some point.¹² Additional reports suggest that over 250,000 Vietnam War veterans likely still suffer from PTSD today.¹³ But Vietnam veterans originally returned home to a public frequently unsympathetic to their service as well as to this specific illness, a combination that may have made getting benefits for PTSD more difficult.¹⁴ By contrast, today the validity of a PTSD diagnosis is widely accepted.

Ongoing research continues to delve into various dimensions of war-induced psychological trauma. The diagnostic criteria for PTSD have been clarified and changed from DSM-III to DSM-III-R, DSM-IV, and, most recently, DSM-5.15 Another recent development is the introduction of the concept of moral injury, the notion that "psychological injury can result from transgressions of deeply held moral and ethical beliefs." Researchers continue to investigate the possible relationship between moral injury and PTSD, especially in light of the United States' recent counterinsurgency campaigns, where military personnel may confront especially morally hazardous situations when presented with the challenge of distinguishing civilians from combatants. 17

Benefits for War-Induced Trauma over Time

Changing attitudes toward war-induced psychological trauma are reflected in the history of the United States' veterans' benefits system. The primary initial benefit to (Union) Civil War veterans came in the form of disability

¹¹ Wilbur J. Scott, "PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease," Social Problems 37, no. 3 (1990): 294–310.

¹² Shepherd, War of Nerves, 40.

¹³ Brian Handwerk, "Over a Quarter-Million Vietnam War Veterans Still Have PTSD," Smithsonian, July 22, 2015.

¹⁴ Jonathan Shay, *Odysseus in America: Combat Trauma and the Trials of Homecoming* (New York: Scribner, 2002); Sar A. Levitan and Karen Cleary, *Old Wars Remain Unfinished: The Veteran Benefits System* (Baltimore, MD: Johns Hopkins University Press, 1973), 106.

¹⁵ For descriptions of these changes, see Wilson, "Historical Evolution of PTSD Diagnostic Criteria"; Anushka Pai, Alina M. Suris, and Carol S. North, "Posttraumatic Stress Disorder in the *DSM-5*: Controversy, Change, and Conceptual Considerations," *Behavioral Sciences* 7, no. 1 (2017).

¹⁶ William P. Nash et al., "Psychometric Evaluation of the Moral Injury Events Scale," *Military Medicine* 178, no. 6 (2013): 646.

¹⁷ Brett T. Litz et al., "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," *Clinical Psychology Review* 29 (2009): 696. Also see Traci Pedersen, "Guerrilla Tactics Tied to Great PTSD Risk for Vets," *Psych Central*, last updated December 30, 2015, https://psychcentral.com/news/2015/12/30/guerilla-warfare-linked-to-greater-risk-for-ptsd-in-veterans/96960.html.

pensions. 18 Until 1890, eligibility for pensions was determined by physicians. The vast majority of qualifying disabilities fell into categories such as "gunshot and shell wounds," "chronic diarrhea," and "incised and contused wounds and other injuries." 19 While a small percentage of Civil War veterans received pensions for diseases of the nervous system, there is no specific mention of "soldier's heart" or "nostalgia" in the most comprehensive available studies of veterans' benefits.²⁰ Following the First World War, the veterans' benefits system shifted from pensions to rehabilitation.²¹ But while a center for specialized treatment of war neuroses was set up at an Army hospital in Plattsburgh, New York, in 1918, this center was closed one year later.²² Veterans diagnosed with psychiatric illnesses were then transferred to civilian facilities, often over their objections.²³ What is more, their benefits were more likely to come in the form of hospitalization and care only, rather than any additional financial remuneration.²⁴ This was despite—or perhaps because of—the scale of the problem of dealing with war-induced psychiatric trauma in the United States, with tens of thousands of World War I veterans suffering from "shell shock" or similar illnesses.²⁵ With the passage of the GI Bill in 1944, veterans' health benefits were not specifically increased, although the VA's medical system was significantly expanded.²⁶ But skepticism regarding war-induced stress remained, as evidenced by comments by General Patton—who equated psychological trauma with cowardice—among others.²⁷ In sum, veterans with warinduced psychological trauma were technically eligible for benefits from the Civil War onward. But the stigmatization of psychological trauma and mental illness, doctors' reluctance and inability to confer an

¹⁸ Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge, MA: Harvard University Press, 1992), chap. 2.

¹⁹ William H. Glasson, *Federal Military Pensions in the United States* (New York: Oxford University Press, 1918), 138.

²⁰ Peter Blanck, "Civil War Pensions and Disability," *Ohio State Law Journal* 62 (2001): 71; see also Glasson, *Federal Military Pensions in the United States*. Note, though, that it is possible that these conditions could have been filed under "diseases of the heart" or "miscellaneous."

²¹ Beth Linker, War's Waste: Rehabilitation in World War I America (Chicago: University of Chicago Press, 2011).

²² "PTSD Compensation and Military Service," chap. 4 in *The Medical Department of the United States Army in the World War*, ed. Charles Lynch, Frank W. Weed, and Loy McAfee, 15 vols. (Washington, DC: Government Printing Office, 1923–29), vol. 5, sec. 5.27, p. 587.

²³ Jessica Adler, *Burdens of War: Creating the United States Veterans Health System* (Baltimore, MD: Johns Hopkins University Press, 2017), 94.

²⁴ John Kinder, *Paying with Their Bodies: American War and the Problem of the Disabled Veteran* (Chicago: University of Chicago Press, 2015), 25.

²⁵ Ibid., 64, 112. Indeed, the number of cases of "shell shock" were likely undercounted.

²⁶ Glenn C. Altschuler and Stuart M. Blumin, *The GI Bill: A New Deal for Veterans* (New York: Oxford University Press, 2009), 9.

²⁷ "PTSD—Past, Present, and Future," Fight 4 Vets, March 2, 2016. https://www.fight4vets.com/ptsd-past-present-and-future/; Adam Montgomery, *The Invisible Injured: Psychological Trauma in the Canadian Military from the First World War to Afghanistan* (Montréal: McGill-Queens University Press, 2017), 13.

appropriate diagnosis, and the difficulty of ascertaining the relationship between any psychologically traumatic illness and wartime service combined to keep the numbers of veterans successfully claiming compensation based on this category of diagnosis low.

With the entrance of PTSD into the DSM-III and, certainly, by the 1990s, however, PTSD had become a qualifying disability. And as stated above, today treatment for military personnel diagnosed with PTSD as well as benefits for veterans with PTSD have become regularized. The following section introduces several possible explanations for this dramatic change in the relationship between war-induced psychological trauma and veterans' benefits.

Acceptance of PTSD in Military and Society

Several trends in military medicine have likely combined to shift popular views regarding war-induced psychological trauma. First, the professionalization of medicine and the development of psychiatry as a field enabled new understandings of mental illness to emerge and be subjected to systematic scrutiny and debate. Second, and related, dramatic improvements in military medicine have radically increased the survival rate of US military personnel in war; this means that there are more people returning home—including many with war-induced psychological trauma—than in the past.²⁸ Third, the "biological turn" in psychiatry opened the way for studies demonstrating the physiological causes and effects of PTSD.²⁹ Historically, the military was more sympathetic to injuries that were visible and/or clearly caused by an external physical event, such as the nearby explosion of a shell.³⁰ Being able to point to MRI results to diagnose PTSD as well as traumatic brain injury (TBI)³¹ has likely helped increase acceptance of this illness, including and perhaps especially in the military.

These trends in military medicine have combined with broader societal trends in the United States to increase acceptance of PTSD diagnoses and subsequent benefits. At the same time that Vietnam veterans were famously unwelcomed home, the prevalence of war-induced trauma among this same population of veterans forced the public to grapple with this issue. Another factor that may have led to the increased acceptance of PTSD in the public, military, and VA health system is the shift to the all-volunteer force. Given the challenges of recruitment, today's military personnel and veterans are in a position to demand better health care and benefits to cover an array of service-associated conditions. Reinforcing this shift is the fact that the military is

²⁸ Tanisha M. Fazal, "Dead Wrong? Battle Deaths, Military Medicine, and the Exaggerated Reports of War's Demise," *International Security* 39, no. 1 (2014): 95–125.

²⁹ Montgomery, *Invisible Injured*, 100–101. Interestingly, this turn was supported by insurance companies, who were demanding physical proof of injury. Shepherd, *War of Nerves*, 364.

³⁰ Montgomery, *Invisible Injured*.

³¹ Hamid Reza Saeidiborojeni et al., "Better Evaluation of PTSD by MRI," *Injury and Violence* 4, suppl. (2012).

the most trusted institution in the United States today.³² As such, veterans' benefits as a whole have been increasing, and this includes treatment and benefits for PTSD.

PTSD Today: Perceptions, Benefits, and Questions

While PTSD is much more accepted today, the diagnosis remains somewhat bureaucratically and politically fraught. On one hand, veterans are sometimes accused of taking advantage of the current VA benefits system by "chasing" a PTSD diagnosis. Indeed, a simple Google search of "ptsd qualifying benefit for va benefits" generates a large number of hits, principally for organizations offering to coach veterans on how to present, for example, "a strong VA PTSD claim." On the other hand, some veterans have expressed concern that the civilian population views all veterans as suffering from PTSD, especially following the release of films such as *Thank You for Your Service*. Active-duty personnel confront a slightly different set of issues. There is a common belief that a diagnosis of PTSD or another mental illness might mean denial of promotion or even dismissal from the military. Alternatively, treatment for PTSD could mean the extension of deployments. But there are also incentives to receive a PTSD diagnosis while serving in the military; being diagnosed with PTSD prior to separating from the military makes qualifying for PTSD-based disability much easier upon separation. How service members, veterans, health-care providers, and policy makers ought to weigh these costs and benefits is unclear, as it is inherently difficult for researchers to gather reliable data on these phenomena.

War-induced psychological trauma and stress are rightly recognized today as medically evident and diagnosable conditions. But the politics around these conditions raise important questions for policy and discussion:

- Treatability of PTSD. Psychiatrists disagree over whether PTSD can be "cured." Resolving this debate
 is crucial to designing both effective treatment and policy and has clear implications for the designation
 of veterans' benefits for veterans diagnosed with PTSD.
- 2. Expression of PTSD in conventional versus counterinsurgency wars. Different types of war may produce different types of post-traumatic stress. The trench warfare of World War I likely induced different reactions among soldiers compared to the fear of being attacked by—and attacking—those who appear to be civilians in the United States' more recent conflicts. The introduction of the concept of moral injury suggests that the sources of trauma—and in particular, exposure to morally harrowing events as victims, bystanders, and/or perpetrators—require models for treating war-induced psychological stress that reflect the varying circumstances that induce PTSD and related illnesses.

³² "Confidence in Institutions," Gallup News, 2018, http://news.gallup.com/poll/1597/confidence-institutions.aspx

³³ Anne Linscott, "3 Steps to Presenting a Strong VA PTSD Claim," Hill and Ponton, July 2, 2015, https://www.hillandponton.com/3-steps-to-presenting-a-strong-va-ptsd-claim/

3. Promoting a fair model for assigning benefits for PTSD. A 2016 report from the Center for a New American Security outlined a series of financial pressures on nonprofits focused on veterans' issues that has produced significant competition among these groups.³⁴ One concern raised by the medical and veteran communities is that these groups may be helping veterans to qualify for PTSD disability when, in fact, they were rejected for a PTSD diagnosis by the VA. Reconciling diagnostic criteria to ensure that veterans suffering PTSD receive the support they need while also guarding against fraudulent claims is an issue that remains to be resolved.

Psychological trauma is a fact of war. And while its purview is largely clinical, understanding how it has been treated also requires an understanding of the politics around military medicine and veterans' benefits historically. Perhaps unexpectedly, improved medicine—including psychology and psychiatry—has increased the long-term, downstream costs of war by better identifying and treating conditions that had previously been treated quite dismissively. While the idealistic solution to mitigating these increasing costs of war would be to avoid the costs by avoiding war, the presence and increased visibility of military personnel and veterans suffering from war-induced psychological trauma suggests the more immediate strategy of continuing to train attention and research on this topic to increase the odds that those who need help will receive it.

³⁴ Philip Carter and Katherine Kidder, Charting the Sea of Goodwill (Washington, DC: Center for a New American Security, 2015).

