

**LYING WITH WAR STATISTICS:
HOW THE DoD AND VA MASK THE TRUE COSTS OF WAR**

by Paul Sullivan and Gordon P. Erspamer

Five decades ago, Darrell Huff's bestseller *How to Lie With Statistics* showed how valid numbers can be manipulated to generate inaccurate or biased conclusions. In that vein, the wars in Iraq and Afghanistan have created opportunities for imaginative and experienced prevaricators at the Department of Defense ("DoD") and Department of Veterans Affairs ("VA") to manipulate numbers to mask the true costs of these wars. But even more important are the statistics not kept, or kept but not revealed.

Foremost are casualties, the most acute cause of public distress with our extended conflicts. The DoD publicly reports total "casualties" of approximately 30,000. Yet DoD provided casualty figures exceeding 65,000 — more than twice as high — in responding to FOIA requests. How does the same agency provide such wildly disparate numbers? The answer is simple — it subtracts the injured and ill components of the casualty figure for public consumption.

Of course, bigger war numbers lead to some of the more gargantuan lies. President Bush's top economic advisor, Lawrence Lindsey, was fired in late 2002 for having the temerity to suggest to the *Wall Street Journal* that the upper limit of the cost of the Iraq War might approach \$100-200 billion. Yet the CBO calculates the cost to date as \$415 billion, mounting to as high as \$2.4 trillion. .

Smaller but still significant are the numbers in the doctored VA budgets, which yielded deficits of almost \$1.7 billion for fiscal years 2005 and 2006. How could the VA be so far off? As a

government audit later found, the budgets assumed phantom cost savings and were based on *pre-war* data concerning the number of expected disabled veterans and the cost of caring for them.

More recently, press reports have focused on a rash of suicides by our troops on active duty. Yet the DoD and VA claim that they have no count on the number of suicides among veterans. This illustrates one of the most effective ways of controlling statistics — simply don't keep track of those likely to be unfavorable or deny that you do so.

Similarly, the VA has repeatedly assures the public that it is scrupulously providing for our wounded veterans. Yet, the VA has not quantified the true incidence of PTSD among veterans. Why keep track of PTSD cases when they might bolster the conclusion that the VA health care system is inundated with veterans it lacks the capacity to serve. VA's responses to recent FOIA requests by VCS show that only a third — 19,015 out of 53,275 — of OIF/OEF veterans seen by the VA for treatment or evaluation of PTSD receive at least some level of disability compensation by the VA.

The true health care numbers the VA is facing are staggering: The United States has deployed 1.7 million troops to Iraq and Afghanistan war zones, about 900,000 of which remain in the military and are not yet eligible for VA benefits. Applying a conservative 20 percent PTSD rate to the 1.7 million service members sent to war, the VA can conservatively expect approximately 340,000 veteran patients with PTSD, and over 600,000 mental health patients.

And despite the fact that most of our soldiers have yet to become veterans, the VA adjudication system is choking on an unprecedented number of claims. It now takes an average of 8-10 years for a veteran to exhaust all appeals after a VA denial. The backlog at the VA regional offices, where claims are initially decided, has already risen from approximately 325,000 in 2002 to over

600,000 claims in 2006, and is expected to swell to about 950,000 claims by 2008. Over 40,000 appeals to the Board of Veterans Appeals are pending, where it now takes an average of almost 1,000 days to decide an appeal. And the delays at the Court of Veterans Appeals are even more protracted. It reports its highest backlog ever — 6,000 appeals — and now takes an average of over 1,225 days to decide an appeal. These backlogs and delays will inevitably swell as more soldiers return from the wars.

And there are ominous signs that the DoD and VA have devised a plan to deal with the looming flood of returning veterans. Unfortunately, that plan is to find ways to deny health care and disability benefits to veterans with PTSD. Since 2001, the DoD has discharged over 22,000 veterans exhibiting signs of PTSD based on pre-existing “personality disorders,” including combat veterans, victims of sexual assault, and soldiers with no history of mental disease. A “personality disorder” discharge makes it difficult or impossible for the veteran to obtain VA health care and benefits, and is listed on the veteran’s DD-2214 form, which stigmatizes the veteran and makes it difficult to obtain employment.

It doesn’t require a statistician or a math expert to conclude that we stand on a precipice. Will we continue to tolerate public servants that hide the ball and try to placate citizens with meaningless numbers, or will we insist that they sacrifice whatever is necessary to insure that the motto of the VA — “For him that hath borne the battle, and his widow and his orphan” — does not become just a hollow echo?

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Gordon P. Erspamer, a litigation partner in Morrison & Foerster’s Walnut Creek, Calif., office, recently filed on a pro-bono basis a groundbreaking class action in California, on behalf of

veterans from the Iraq and Afghanistan actions now suffering from post-traumatic stress disorder. Paul Sullivan is a Gulf War veteran and Executive Director of Veterans for Common Sense – the organization that is one of the lead plaintiffs in the case.