

## Veteran Services

We stop what we are doing as the names and ages of those U.S. service members killed in Iraq or Afghanistan roll down the television screen. Over 1,300 in Afghanistan and over 4,400 in Iraq. Increasingly in Afghanistan, IEDs (Individual Explosive Devices) are the cause of death – now accounting for 60% of the fatalities.

At least 8 service members are wounded for every one killed. However, reports of those wounded often do not include brain injuries (TBI), which some estimates place at over 300,000. The stepped-up use of the high impact explosive force of IEDs rather than targeted ammunition is dramatically increasing brain injury in those surrounding the blast.

At the same time, repeated deployments are leading to increased levels of debilitating PTSD (Post Traumatic Stress Disorder) as America's combat personnel are completing the 8<sup>th</sup> year in Iraq and over a decade in Afghanistan. In 2008, the Army reported 27% of non-commissioned officers on their 3rd or 4th deployment had post-traumatic stress disorder or depression compared to only 12% on their 1st deployment.

Finally, suicide rates in the military traditionally were half the civilian rate but, as of 2009, they've doubled to equal the civilian rate. Some reports show them higher. Nearly as many American troops at home and abroad committed suicide in 2010 as the number killed in combat in Afghanistan.

What does all this mean in my role as a member of the Virginia state legislature? As a member of the Department of Veteran Services Advisory Board, I know large Veteran Administration hospitals cannot provide the range of crucial mental health services needed.

The unprecedented use of Guard and Reserve in Iraq and Afghanistan means that, more than ever, services must be accessible throughout the state for these citizen soldiers as well as for veterans. In addition, mental illness often affects all those around the service member. The earlier that families coping with depression, substance abuse, and violence can seek and get help, the more chance there is of successfully dealing with underlying causes before they become a life-debilitating or life-taking.

As a member of the House of Delegates, I know how tight money is for you and for all state agencies whose budgets have been cut repeatedly and are now at 2006 levels. We will not be able to do all that we should for the wide range of longstanding and new community mental health service needs, but we must try. This is not discretionary spending.