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Resolved: The United States Federal Government should substantially reform the provision of mental health services to the chronically mentally ill.

Contention 1 is the Background:

The mental state of our army is pathetic. Mental illness related discharges, such as PTSD, increased by 64% from 2005 to 2009 and currently accounts for 1 out of 9 discharges.

Gregg Zoroya, USA TODAY, 07/23/2010

"Mental illness costing military soldiers" http://www.usatoday.com/news/military/2010-07-23-1Amentaldischarge23_ST_N.htm

The number of soldiers forced to leave the Army solely because of a mental disorder has increased by 64% from 2005 to 2009 and accounts for one in nine medical discharges, according to Army statistics. Last year, 1,224 soldiers with a mental illness, such as post-traumatic stress disorder, received a medical discharge. That was an increase from 745 soldiers in 2005 or about 7% of medical discharges that year, according to personnel statistics provided to USA TODAY. The trend matches other recent indicators that show a growing emotional toll on a military that has been fighting for seven years in Iraq and nine years in Afghanistan, the Army and veterans advocates say. "These numbers really just validate the mental health communities' concern about multiple deployments," says Adrian Atizado, who specializes in health issues as assistant national legislative director for Disabled American Veterans. "Mind and body are both taking a beating." Soldiers discharged for having both a mental and a physical disability increased 174% during the past five years from 1,397 in 2005 to 3,831 in 2009, according to the statistics. Army Lt. Col. Rebecca Porter, an Army behavioral health official, says research shows "a clear relationship between multiple deployments and increased symptoms of anxiety, depression and PTSD." Aggressive efforts to identify and treat mental illnesses by medical officials, Porter says, are also why more soldiers are being discharged. But veterans groups argue that the failure of early detection and treatment allow mental illnesses to fester into problems so severe that a soldier must be discharged from the service. "The military is excellent at treating visible wounds," says Joe Davis, a spokesman for Veterans of Foreign Wars. "The military and entire medical community at large still have a long way to go to effectively and reliably screen and treat wounds to the head and mind. Before discharging troops for behavioral reasons, it is absolutely imperative that commanders first ask 'What caused this?'" A Pentagon analysis in May reported that in 2009, for the first time in 15 years, mental health disorders caused more hospitalizations among U.S. troops than any other medical condition, including battle wounds.

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Contention 2 is the Harm: Military Suicides

1. **The military is inadequate at meeting the mental health needs of its active duty soldiers where only a little over half of the 360,000 PTSD patients are being treated.**

DAVID TARRANT, The Dallas Morning News, 08/22/2010

"Some veterans get mental health help, but needs are far from being met" http://www.dallasnews.com/sharedcontent/dws/news/localnews/stories/DN-dfwvetprograms_22ent.ART.State.Edition1.359c7bb.html

The military still says it falls short of meeting the mental health needs of all active-duty soldiers and veterans who need help. Even Fort Hood, the country's largest base with 50,000 soldiers, is scrambling to meet the demand for services. Though Fort Hood offers a broad range of mental health services, it still must rely on local hospitals in Central Texas, such as Scott & White Healthcare, as well as independent therapists, to meet the needs of its military community, which includes more than 100,000 family members. "We are not able to serve the entire population. So we are relying on our partners in the community to help provide some of that care," says Dr. Adam Borah, chief of Fort Hood's Resiliency and Restoration Center, which provides on-base outpatient mental health services. "We're lucky we have a relatively speaking robust network of community providers we can rely upon." Nearly 20 percent of all combat veterans from the Iraq and Afghanistan wars – about 360,000 in all – report symptoms of PTSD and depression. Yet only a little over half of those have sought treatment, according to a study by Rand Corp.

2. **Poor mental health has led to a doubling of suicides in the military. Every 36 hours, a US soldier somewhere in the world succumbs to stress and voluntarily ends his life.**

HOUSTON CHRONICLE, 10/05/2010

"Death watch: As soldier suicides increase, Pentagon must intensify its prevention efforts" <http://www.chron.com/dispatch/story.mpl/editorial/7233391.html>

A recently published study, mandated last year by Congress, reported that from 2005 to 2009, the suicide rate in the Army and the Marines more than doubled. It cited the "unprecedented" physical and psychological demands placed on soldiers since 2002, with multiple deployments in two wars, noting that in those five years, more than 1,100 Armed Forces members committed suicide, an average of one every 36 hours.

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Contention 3 is the Inherent Barrier: Mental Shortage.

There is a substantial shortage of therapists and psychiatrists in the army in the status quo.

Mark Thompson, TIME Magazine, 08/22/2010

"Invisible Wounds: Mental Health and the Military" <http://www.time.com/time/magazine/article/0,9171,2008886,00.html>

Army Lieut. General Eric Schoomaker, the surgeon general who oversees the mental and physical well-being of the nation's soldiers, concedes he doesn't have the doctors and therapists he needs. "We're in uncharted territory in respect to the strain on the force," Schoomaker said recently. Translation: he needs help. According to the Army's estimates of its needs, 414 psychiatrists are 20% fewer than Schoomaker should have. A study released by the Army on July 29 concluded that "numerous critical shortages of care providers including behavioral health" personnel are hurting its efforts to curb suicides. "The Army has been criminally negligent," says Captain Peter Linnerooth, an Army psychologist for nearly five years until 2008, who notes that the service has had a difficult time finding psychiatrists to care for combat vets, which puts even more pressure--"and way too much burnout"--on those who stay.

Thus the plan:

The USFG should substantially reform the provision of mental health services to the chronically mentally ill by expanding the responsibility of military primary care providers to include PTSD diagnosis and treatment for current soldiers and veterans.

**The Agent will be the United States Federal Government.
Funding and Enforcement will be through normal means.**

NFALD is a one-person, persuasive, policy debate on traditional stock issues. Thus a stock issues paradigm should be preferred in this round for purposes of fairness and education.

Contention 4 is Solvency: Expanding responsibilities for primary care providers solves for the shortage of psychiatrists by lessening the load and attracting additional psychiatrists.

Stephen M. Stahl, MD, PhD, professor of psychiatry in the Department of Psychiatry at the University of California at San Diego, December 2009

"Crisis in Army Psychopharmacology and Mental Health Care at Fort Hood" http://www.cnsspectrums.com/UserDocs/ArticleImages/179/1209CNS_Stahl.pdf

Our suggestion instead is for the army to make mental health staff multipliers out of primary care providers and nurses. Such a redeployment of primary care and medical nurses to much greater roles and responsibilities in mental health care for the army in general and for Ft. Hood in particular, accompanied by high quality mental health care training would immediately take some of the load off current psychiatrists and mental health workers. This could have the additional benefit of increasing the attractiveness of serving as a mental health care practitioner for the army and thus aid in the recruitment of additional mental health staff to fill the large number of vacancies.

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Contention 5 is the advantage: Military readiness.

1. **Rising suicide rates is a precursor to PTSD's adverse impact on military readiness. Good mental health is absolutely critical to military readiness.**

THOMAS C. HALL, Chair of the PTSD/Substance Abuse Committee of the Vietnam Veterans of America, 01/24/2010

"PTSD and Force Readiness" <http://www.veteranstoday.com/2010/01/24/ptsd-and-force-readiness/>

Force Readiness requires maintenance. Consider the maintenance of all the components sent to the battlefield: Tanks, rifles, battleships, and planes **are operated by humans**, either remotely or in the theater of operation. The need for operational responsiveness requires that all human and mechanical components be in tip-top shape. **Mental health also is mission critical, especially in this era of multiple deployments.** Our young men and women are dying for want of knowing. **Consider the rising suicide rate among our soldiers as the "canary in the coal mine"—a warning of imminent disaster.** Data from the Army suggest that the most sophisticated assets on the field (our soldiers) find themselves compelled to kill themselves to stop a pain they don't understand, either while deployed or upon returning home. There were 177 reported active-duty Army suicides from January 1-September 30, 2009. Of these, 116 have been confirmed, and 61 are pending determination of manner of death. For all of 2008, there were 129 confirmed suicides.

2. **The US military readiness is essential to deter potential adversaries and protect vital US interests.**

William J Perry, Former Secretary of Defense and Senior Fellow at the Hoover Institution, January 2006

"The US Military: Under Strain and at Risk" http://www.globalsecurity.org/military/library/report/2006/us-military_nsag-report_01252006.htm

The absence of a credible strategic reserve in our ground forces increases the risk that potential adversaries will be tempted to challenge the United States. Since the end of World War II, a core element of U.S. strategy has been maintaining a military capable of deterring and, if necessary, defeating aggression in more than one theater at a time. As a global power with global interests, the United States must be able to deal with challenges to its interests in multiple regions of the world simultaneously.

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3. We isolate the Senkaku islands dispute as our impact. Absent US deterrence, Chinese aggression over the Senkaku islands would quickly escalate into a US-China war.

Globalsecurity.org, 2010

"Senkaku / Diaoyutai Islands" <http://www.globalsecurity.org/military/world/war/senkaku.htm>

Beijing is attempting to build a navy able to operate effectively in Asia, where China's most vital maritime interests lie. These include sovereignty claims, including the land features and associated water areas of the Diaoyu Tai (or Senkaku Islands). A major China-Japan military conflict seems improbable. In 2003 bilateral trade between China and Japan reached an all-time high of \$120 billion. However, with continued robust growth in China's economy and resultant energy requirements, the discovery of greater oil reserves than previously thought in the Senkaku (Diaoyu) Islands could enflame the century-old dispute with Japan over sovereignty of these territories. Conservative politics in Japan and a rising nationalist tide in China could further polarize the parties. Both China and Japan would probably realize that their best interests lay in avoiding military conflict, so this should be a limiting factor to a violent resolution. However, Ian Bremmer, President of the Eurasia Group and a senior fellow at the World Policy Institute, notes the politics of escalation on both sides [International Herald Tribune, May 20, 2005]. "Last year, there were reportedly some 47,000 demonstrations in China. Nearly all took place outside Shanghai and Beijing and were aimed at local - not central - authorities. China's provincial officials therefore have good reason to capitalize on anti-Japanese sentiment and to channel growing social discontent toward Tokyo. ... Local officials are now competing against one another to over-supply China with nationalist fury at Japan. "The faction within the ruling Liberal Democratic Party loyal to the party's secretary general, Shinzo Abe, is positioning itself for a post-Koizumi era in Japanese politics. They've discovered that reinvigorating Japanese nationalism at China's expense is an effective way of containing the growing popularity of the opposition Democratic Party of Japan and a lot easier than tackling economic reform. "China-bashing is simply a winning formula in Japanese domestic politics. That's part of why Japan has now expressed a clear interest in Taiwan's security, pushed the envelope on territorial disputes with Beijing, and aligned its position on North Korea's nuclear program more closely with Washington's." A China-Japan conflict could disrupt the balance of alliances in Northeast Asia. Korea and Taiwan, might side with China in a conflict, while Japan would look to the United States. The US might be called on to defend not only its staunch ally but also the interests of Western oil companies. Thus far the relative calm of the Senkaku dispute -- in contrast to the Spratlys -- may be attributed in part to the presence of US forces nearby.