

Congress of the United States
Washington, DC 20515

May 10, 2004

The Honorable Donald H. Rumsfeld
Secretary
Department of Defense
The Pentagon
Washington, D.C. 20301

Dear Secretary Rumsfeld:

We are writing to express our concerns regarding the delivery of mental health services to active-duty, Reserve, and National Guard personnel and their families. We are particularly troubled by a recent report documenting the rise of suicides among troops stationed in Iraq, and have heard accounts of effective policies not being fully or properly implemented. We note that returning troops may face behavioral, emotional, and psychological difficulties re-adjusting to civilian life.

We recognize that the Department of Defense and the respective service branches have made progress in recognizing the need to identify and treat the psychological wounds of combat, as mandated by Public Law 105-85. However, testimony before the House Government Reform Subcommittee on National Security on March 30, 2004 and testimony before the House Armed Services Total Force Subcommittee in January 2004 indicates there are deficiencies in the pre-deployment, intra-deployment, and post-deployment mental and physical health services of service members.

- We would like to know what specific steps the Defense Department and the respective service branches are taking to ensure thorough and accurate health and mental assessments, as required by Public Law 105-85.

In July 2003, Army Surgeon General James Peake ordered a Mental Health Advisory Team deployed to Iraq to monitor mental health support in Iraq. As you know, it found that forward-deployed behavioral health units (Combat Stress Control Units) reduced the stigma attached with seeking help, while increasing the likelihood of recovery and return to duty. We recognize the Army's efforts as noted in the Army Surgeon General's report, but are concerned that the report also found that troops in Iraq still faced significant difficulties in seeking help for depression and emotional problems.

- We would like to know what specific steps the Defense Department and the Army are taking to insure that there are enough forward-deployed behavioral health units to provide our troops with full access to mental healthcare.
- We urge the Defense Department and all the individual military service branches to devote all the necessary resources needed to provide our service members with full access to mental healthcare while in forward areas.

Even the most effective programs could prove useless unless service members feel that they can advantage of them without adverse consequence to themselves or their careers. Indeed, in his testimony before the House Armed Services Total Force Subcommittee, Army Surgeon General Peake testified, "soldiers and

family members perceive a stigma to accessing mental healthcare.” Army Sergeant Major Kenneth Preston testified that, “some soldiers have a perceived stigma that getting help is a sign of weakness.”

- We would like to know what specific steps will be taken to actively encourage troops to take advantage of mental health services, to inform them that treatment and counseling for stress and psychological problems can be beneficial and not a sign of weakness, and to assure them that seeking help is not by itself damaging to their careers.

We are concerned about the availability of post-deployment mental health services to returning active-duty, Reserve, and National Guard personnel and their families. The success of mental health services rests upon both the access and continuity of care. The Army’s One Source Program, while commendable, only provides for 6 hours of counseling. This issue is especially important for Reserve and National Guard personnel who are often quickly demobilized after returning from a deployment and do not have the same support structure that is available to their active-duty counterparts. A seamless transition of care from the Department of Defense to the Department of Veterans’ Affairs is crucial to avoiding any gap in post-deployment mental health coverage.

- We would like to know what specific steps will be taken to ensure that all the necessary resources will be available for follow-up psychological and psychiatric support for active-duty military, Reservists, and National Guard after their return from deployment.

More than 50 percent of today’s volunteer military is married, many with dependent children. While the Department of Defense has experience treating the mental illnesses of war, we are concerned about the families who must adjust to service members returning with the psychological and emotional scars of war. Reserve component and National Guard members and their families, in particular, often live far from the support services offered on military facilities. As you know, many mental health experts state that some post-deployment mental health problems may not surface until several months after the service members’ return, when the TRICARE eligibility for some military families may have expired. Although these military families may be eligible for transitional health benefits, and service members for Department of Veterans’ Affairs benefits, we are concerned about what may happen to these military families when their military benefits run out, but deployment-related stresses still affect them.

- We would like to be kept informed on what specific steps the Defense Department and the respective service branches are taking to provide accurate and timely information to military families on options for obtaining and maintaining mental health and other return and reunion services.

We await your earliest possible response to our concerns. Thank you for your time and attention.

Sincerely,





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