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May 7, 2008

The Honorable Ike Skelton
Chairman
House Armed Services Committee
2120 Rayburn House Office Building
Washington, D.C. 20515



Congress of the United States House of Representatives

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The Honorable Duncan Hunter
Ranking Member
House Armed Services Committee
2340 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Skelton and Ranking Member Hunter,

As you begin to put together the FY 2009 Defense Authorization bill, I wanted to again share with you my support for initiatives to aggressively respond to the troubling incidence and prevalence of post traumatic stress disorder (PTSD) among our soldiers. I know how hard you have worked on this and would again urge that these ongoing needs should continue to be a priority as you put together this legislation.

I know that you share my concerns about ensuring that all soldiers and veterans including those who have served in Iraq and Afghanistan receive needed treatment for PTSD or other conditions they may be experiencing. As you are aware, a number of reports, including a recent extensive study by the RAND Corporation, continue to highlight this problem as well as the costs to our country and military of not aggressively tackling identified barriers to care.

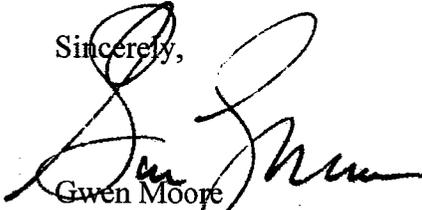
I urge you as you begin work on the FY 2009 Defense Authorization bill to continue the Committee's strong commitment and record when it comes to combatting PTSD. Specifically, I urge you to address the following barriers:

- **Stigma:** DoD's mental health task force reported in 2007 that "stigma in the military remains pervasive and often prevents service members from seeking needed care" and that "individuals exhibiting the greatest need were the most hesitant to seek care." A recent RAND study again found that "soldiers who need care are reluctant to seek it because of fear of negative career repercussions. Servicemembers and veterans need ways to obtain confidential services without fear of adverse consequences."
- **Fully Staffed and Trained Health Care Providers:** As more and more of our soldiers deploy and return, the need for fully trained professionals will only increase. Adequate resources are needed to increase the number of competent and fully trained mental health professionals available to provide the best treatment to our soldiers when they need it.
 - The Army has indicated that it is currently using \$44 million in FY 2008 funds to hire over 200 new professionals. While this is a good step, more is needed.
 - The Rand study found that 18.5% of soldiers (or really 1 in 5) are returning home with either PTSD, depression, or both. That would mean 300,000 returned soldiers so far.

- The desperate need for a more robust mental health provider network is also underscored by the RAND finding that of those returning soldiers who had PTSD or depression and who sought treatment, only slightly over half received at least minimally adequate treatment¹.
- **Inappropriate discharges:** There have been numerous reports of soldiers being discharged for misconduct or personality disorders for actions that may actually stem from or be connected to untreated or undiagnosed PTSD.
 - The RAND report found that those who had separated from the service had “significantly higher risk for mental health problems.”
 - The Army recently informed me that it was developing a policy to require PTSD and TBI screening for all soldiers who are being discharged for misconduct.
 - Please ensure that that sufficient resources and direction are provided in FY 2009 that makes clear that the implementation of such a policy is a priority and should be fully and fairly implemented to protect our soldiers who are in need of mental health services.
- **Strong oversight of PTSD efforts:** Over the last year, a number of task forces, commissions, and others have looked at PTSD and the mental health needs of our soldiers.
 - I hope the committee would include a mechanism— whether regular reviews by the Department’s Inspector General or regular reports to the Committee— to ensure that the DoD and the Services are implementing these recommendations in a timely and thorough manner.

We have to do better for our young men and women fighting in Iraq and Afghanistan. I know you and the Committee share my desire to ensure that our soldiers receive the appropriate care at the appropriate time. I thank you for your dedication to this issue.

Sincerely,



Gwen Moore
MEMBER OF CONGRESS

CC:

Congresswoman Susan Davis, Chairwomen, Military Personnel Subcommittee
Congressman John McHugh, Ranking Member, Military Personnel Subcommittee

¹ Minimally adequate treatment as defined in RAND Corporation’s *Invisible Wounds: Mental Health and Cognitive Care Needs of America’s Returning Veterans (2008)*, is defined as taking a prescribed medication as long as the doctor wanted and having at least 4 visits with a doctor or therapist in the past 12 months or having had at least 8 visits with a mental health professional in the past 12 months with visits averaging at least 30 minutes.