



## STATEMENT ON THE HELPING THOSE WHO SERVE ACT

Madam Speaker, I don't have to remind anyone about the serious need to address service and treatment gaps that our men and women in uniform are experiencing regarding Post Traumatic Stress Disorder.

My colleagues also know—either through efforts to help their own constituents who have served or from media reports—of the numerous barriers to access encountered by soldiers in need of services to deal with PTSD.

The RAND Corporation's *Invisible Wounds of War* report found that, despite the efforts of the Defense Department and Department of Veterans Affairs, a “**substantial** unmet need for treatment of PTSD and major depression” exists among our soldiers.

As many as 300,000 of the 1.64 million men and women who have served in Iraq or Afghanistan currently suffer from PTSD, depression, or other conditions.

The American Psychiatric Association reported this year that while 6 in 10 soldiers said their deployment in a war zone caused them to suffer from negative experiences associated with stress, only 10% had sought treatment.

60% said they avoided seeking help because they fear doing so would impact negatively on their career.

I am concerned that without continued active leadership and the willingness to try new approaches to meet escalating needs and make improvements to help our soldiers receive care when they need it, we will be committing a great disservice to the men and women of our Armed Services and their families. We would be, in effect, turning our backs on them.

The bill I am introducing today would attempt to attack a commonly identified barrier to seeking care for PTSD among members of our military: stigma.

Too many servicemembers are reluctant to seek counseling and other services for fear of negative career repercussions. Our soldiers are worried that seeking treatment for PTSD won't be confidential and will affect future job assignments and military-career advancement.

According to the Defense Department's Mental Health Task Force's July 2007 report, “Evidence of stigma in the military is overwhelming.”

These experts have called on the Defense Department to consider changing its policies to ensure that there are no perceived or real adverse career consequences for those who may seek treatment.

Defense Secretary Gates recognized this problem earlier this summer when he made changes to the Department's security clearance process to ensure that the act of simply seeing a counselor does not become a black mark against those seeking a security clearance or advancing into a position in which such a clearance is needed.

As a result of this common sense move, military members and civilian defense employees will no longer have to identify that they received mental health services when they fill out security clearance forms, unless the treatment was court-ordered or involved violence.

While this is a welcomed step, the Defense Department can go further to help reduce perceived fears that seeking mental health treatment will negatively affect one's career.

It is time that DoD policies reflect the reality that receiving treatment is not itself a sign of dysfunction or poor job performance and may have no impact on a person's ability to do their job or deploy with their units.

My bill would require the DoD to go further to address other policies that intentionally or unintentionally promote fears that seeking health care will damage career prospects.

It would require DoD to set up a demonstration project at multiple sites to explore options to ensure members can have access to DoD-funded off-the-record, off-base counseling services which protect the confidentiality of those receiving treatment.

The bill would also establish a special working group, heading by the Assistant Secretary of Defense for Health Affairs, to review all current and relevant DoD policies regarding disclosure of mental health visits by service members whether on their military records or to commanders and to identify changes that would help protect member confidentiality.

It would also include an evaluation component to allow us to see whether these changes are effective in increasing access, increasing quality of care, and reducing stigma while not compromising the ability of military commanders to be aware of the deployability of their soldiers.

The goal is simple: to promote early intervention and access to health care for those who, because of fears about how such visits are perceived by the military, would otherwise not seek care.

Increasing access to confidential treatment has the potential to increase the use of mental health services and to increase total-force readiness by encouraging individuals to seek needed health care before problems deteriorate to a critical level.

This demonstration project would help us to show, whether with the right policy flexibility, we can help to break down more of the institutional barriers that act to promote stigma. It leaves it up to the DoD to try and find that right balance within established guidelines.

As Army Lt. Colonel. Thomas Languirand, the head of the Army's efforts to combat a rising suicide rates, recently noted, "one key thing that will help soldiers seek the care they need is changing the stigma associated with seeking behavioral health care. It is critical for soldiers, family members, and Army civilians to know that seeking help during times of stress is a sign of strength, not weakness."

We know that effective treatment is available, that soldiers are in need and the need is growing. This amendment simply attempts to try and remove barriers to care —while providing important safeguards—that have been identified.

Our military mental health care system must transform from one where “If we build it, they may come...” or “If we build it, they should come...” to one where “If we build it, our servicemembers feel welcomed.”

Madame Speaker, we need a system that makes members of our Armed Services feel welcomed and we can begin today by supporting this legislation. While providing important safeguards, this bill simply attempts to try and remove barriers to care that have been identified.