CENTER FOR
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CONGRESSIONAL DIALOGUE:
MENTAL HEALTH IN OUR MILITARY

WELCOME:
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LT. GEN. (RET.) THEODORE STROUP: Well, good morning, everybody. My name is Ted Stroup and I'm privileged to substitute for John Hamre and my boss, Gordon Sullivan, from our two organizations. I think they can hear me in the back, but I know you're paid to do that, so. (Laughter.)

This morning, it's going to be a very interesting, intellectually stimulating session with two bipartisan leaders who, in their freshman year, have introduced some significant legislation. But I want to talk about the national treasure first. National treasure that we have today is 1.2-(1).4 million soldiers, sailors, airmen and Marines on active duty and in the National Guard and in the different reserve components of the three defense services, not counting the Coast Guard Reserve.

These young men and women, as the military has always been in America today, are truly national treasure. They have gone over there on a higher frequency basis than you have seen our military do in its 230-some-odd-year history. You can reflect back on your parents, your grandparents or your relatives who have been in the military and they – some of them have gone for the long haul and not come home until the war was over. Others went on a one-year basis if it was during the Vietnam conflict and then further things, Haiti, the first time, Bosnia and that.

And then you saw, over the last 20 years or so, an expansion of the utilization of the young men and women and their leaders and the reserve components. So the national treasure is one of the things that these two congressmen will be talking about this morning along with Secretary Murdock. But another thing you need to focus on is that besides that national treasure, young men and women in uniform, your nation has always had young men and women in uniform, probably more young men than women, if you go back more than two decades or so.

America as a nation first started dealing and recognizing the problem of mental health on the battlefield after the Battle of Antietam right up the road here. History will tell you that particularly on the Union side – pardon me for using that word – there was great concern in the uniformed leadership of the Union Army after bloody Antietam about the impact of this horrendous combat experience on the soldiers.

And then you had three types of soldiers: You had the federal soldiers; you had the soldiers from the states; and then you had the privately raised militia regiments. The impact of that battle on the Union Army was so bad that people were being discharged because they had, what then, was not called combat stress.

If you look into the historical records of those regiments, you'll find that you had people that were discharged for wounds. There was another category of soldiers that were discharged for stomach problems or heart problems. Historical research has – and not mine – has demonstrated that those soldiers from that bloody battle were really as a result of combat shock.

We fast forward through a number of other wars that our military has been in and we come to World War I. And it was in World War I that the United States and Great Britain sort of led the diagnosis of the battlefield and realized that you could save soldiers to get them back into the battle by giving them rest and respite and some type of counseling, although that was absolutely minimal.

It really wasn't until World War II where the American army – and I'm bragging now because it was not a foreign army – recognized that combat stress really was a major factor in decimating the ranks. World War I had shellshock and malingerers. World War II had its own acronym. Vietnam had its acronym.

And now, we've come up to the eight-plus years of war that our young people have been in. Psychiatry, in particular, has advanced since World War I and the focus of psychiatry on battle shock, posttraumatic stress disorder and also the impact which goes back, again, to World War I, the characterization of shellshock.

Shellshock was a description of World War I from the trench warfare of the impact that the tremendous explosions that came from the very large shells fired on both sides had when they hit in the trench area. And soldiers would lose their orientation. They'd have – they'd lose their eyesight for a period of time. They'd lose their hearing, they'd lose their balance – and this was without any blood injuries whatsoever.

And we had a number of soldiers – quite a few, in fact, for that large army of Gen. Pershing's that were discharged overseas and sent home for a further discharge because of shellshock. We had treatment centers and hospital centers in France and in England that were dealing with that. And then we move, fast forward, to World War II.

So American psychiatry, particularly American military psychiatry and psychology really led the world on recognizing that. Now we come to these eight years of war. The signature wound for some of our wars has been the arrow, has been the rifle shot, has been the landmine. The Army surgeon general does not like to hear me talk about the signature wound for this war that we're in now.

But clearly, in our mind and in the public's mind, the signature wound is that injury that occurs within the cranium, either to the psychological makeup of the soldier or the brain injury that occurs from the explosion. So you can have young men and women that would be absolutely wounded from the standpoint of posttraumatic stress disorder which may not occur until after they've been discharged or can occur on the battlefield.

So it's been the vision of our two guest speakers from Congress this morning that we needed to get on with it. Now, Clark and I have been together in the Pentagon, off and on, and as I have worked with the Congress and experienced time with the Congress, over the years, I've reached the conclusion that sometimes, the bureaucracy in the Pentagon or any administration just can't get it.

And it takes the energy and the power and the wisdom of elected members of Congress to tell the military – and that's also the Department of Defense – how to get things right. Some of you in the audience may not have liked Goldwater-Nichols. That's where we met. You may not have liked some of the acquisition reform legislation that's come, but it takes a long time for the government to change and to get things right.

H.R. 1305, which you'll hear about from the two co-sponsors, is one of those changes that's going to have a major positive impact on the care of our soldiers – and soldiers is Air Force, Army, Marine Corps, Coast Guardsmen and their families – that heretofore was not available simply because of bureaucracy within any administration just couldn't deliver.

Before I turn the thing over to Clark, I will tell you, also, that there are soldiers that some of us in the room know that fought with us in Vietnam that are just now experiencing posttraumatic stress disorder. That's remarkable. Gen. Riggs is in the back. He knows who I'm talking about – retired brigadier general – unbelievable.

So on an upbeat note, what you're going to hear this morning from two members of Congress on both sides of the aisle and on both sides of the Mason-Dixon Line is really a great experience of how they worked together as freshmen to develop this piece of legislation, H.R. 1305. So Clark, over to you. I'm fading into the back.

CLARK MURDOCK: My name is Clark Murdock. I'm the senior advisor here, specialize in defense issues. I'm really here, actually, though, as a father. My two sons were in the Marine Reserves. My youngest son suffered from bipolar disorder, killed himself soon after he left the Marines.

This is a cause whose time has come and I greatly appreciate the efforts that first of all, Mr. Rooney – Tom Rooney, you know, first-term Republican congressman from Central Florida has made and Michael McMahon, first-time Democratic representative from Staten Island, New York state – state where I grew up. Mr. Rooney is en route and we'll begin with Mr. McMahon. Thank you.

REP. MICHAEL E. MCMAHON (D-NY): Thank you, Clark and thank you for sharing your personal experiences with us as well. It's a privilege and an honor for me to be here. I want to thank our host, Mr. John Hamre, of course, Clark and Gen. Stroup, also for that great introduction and also Cecily Hastings and Louis Lauter for inviting me here with you today.

I also want to thank Tom Rooney who I've worked with together and we know he's en route. We hope that he'll get here soon – and of course all of you for coming today because this is clearly an issue of extreme importance for us as a nation.

You know, many people – you'll follow politics and I'm sure you do – all the time and this notion of partisanship and the inability of people to work together. Well, one thing that I think that Tom and I have shown that there are some issues that clearly transcend partisanship and caring our warriors who come back from battle and those who are in the service is something that you know, if we ever let partisanship get in the way of that, then we have failed – and have

not heeded what President Lincoln told us in his second inaugural, that it is our duty as civilians to care for him who has borne the battle and for his widow and orphan as well.

And that's something that I know is emblazoned on every V.A. facility, including the one in my district. But it's also, I think, a message that should be emblazoned in every American's heart because we would not be where we are today – in any way, shape or form – without the sacrifice of generations of men and women who put on the uniform of our nation and went to battle abroad or here at home and kept us safe.

And politically I know that quite often, politicians get wrapped up in what we should have done or shouldn't have done, what wars we should have fought and should fight. And those are decisions that we can chew over and discuss whether they were right or wrong. But anytime an American puts on the uniform of our armed services, that is the right decision and it is one that we have to do everything we can to support as civilians.

Tom and I kind of met – it was part of a freshman class and through orientations, we had met and when we came down and immediately were very concerned about the high rate of suicides amongst our armed services and our warriors returning from home, I met with my staff and figured out, is there anything that we could do about it?

I sit inside the Green Room and I say it so much that my staff gets a little tired of hearing about it, but you know, a year-and-a-half ago, I was a city councilman in New York City. Really my main concern at that point was how does the city of New York deal with its garbage? I was the chairman of the Committee on Sanitation and Solid Waste Management.

If you know the history of Staten Island, with at one time, the largest landfill in the history of the world. It was an important issue. But prior to that, I had served on the staff of a great assemblywoman, Elizabeth Connelly who was the champion in New York state for changing the way that New York state dealt with those with mental health issues or developmental disabilities.

Staten Island was not only the home to the largest landfill in the world, but it was also home to the Willowbrook State School, which – many of you are too young to remember – but Robert Kennedy and Geraldo Rivera did some great exposés on that facility. I think if you remember that, Clark, and what it exposed was that we, as a nation, did not deal with those who have mental health issues or developmental disabilities properly.

And so I worked on her staff and so therefore, I tell you that just to tell you that I came to Washington very concerned about mental health issues and also, like Clark, have incidences of mental health or mental illness in my family as well. And so it's something that's always been near and dear to me.

And when we saw what's going on with our soldiers, we wanted to see what we could do. So we introduced our bill and as we were preparing it, one day, Tom just kind of showed up on my door and said, hey, my staff hears from your staff that you guys are working on a screening and assessments act. Can I get involved?

And he just, you know, imagine, you know, things like that – you don't think that happens when you hear about the tenor in Washington. So Tom showed up and we joined on that bill. And we introduced it. And you know, we know, you guys know better than I do the statistics that are just sobering to us all and remind us that something has to be done.

In 2009, no fewer than 349 service members committed suicide. Just less than a month ago, a young man in Nassau County who had done two tours of duty, a ranger who was back home visiting his family before going back to service and took the family car and went to a mall in a neighborhood and sat in his car and took his own life.

And so we're very concerned about that. We're also very concerned about those who come back with the physical traumatic injury. A young man from Staten Island by the name of Brendan Marrocco who was just at the Capitol yesterday, Easter Sunday last year, was hit by an IED in Iraq and lost all four of his limbs to that event and just now is starting to recover a little bit.

But you know the physical injuries are clearly manifested but we have to be concerned and make sure, as the general said, when you think about the Vietnam history, perhaps the war furthest in our time but one where still, there are clear manifestations of concern and injury, that what will happen to Brendan, we take care of his physical wounds, but will we be taking care of his psychological wounds as well?

And they must clearly be there, although his courage and his stamina and his upbeat personality is unbelievable. There were some – one or two senators came by to meet him yesterday and, you know, saw him and said things to him to the effect, you know, don't let it get you down, hang in there. And if you knew this young man, he must have been thinking, you know, are you kidding me? This hasn't gotten me down. Don't let it get you down, but he was gracious and kind in everything he said.

So we know that the numbers are sobering. We know that the V.A. recently announced that suicide rates among 18- to 20-year-old male veterans increased 26 percent. So it's not only something we see in one year, but we see a trend over four years. That's of great concern to us. And so we also know that we have a national shortage of mental health providers in this country to begin with. And that's a problem that somewhat bedevils the armed services as well.

So we introduced our bill, but at the same time, we went into the budget appropriation process last year and wrote a letter to the appropriators in our side of the House and to the Senate as well and ask them to increase the money for mental health treatment in the V.A. and in the armed services. And we got an increase of $500 million in last year's budget to deal with that.

Secretary Gates, of course, was very forceful in his support of that initiative as well in his testimony. So I can't take all the credit for it by myself or with Tom. But what we can say is that it was a joint effort to do that. The problem is, is that the money went into the budget and they even adopt some of the language out of 1308, which is our bill, which basically said we're going to follow the language, which mandates screenings, both before the warriors come home

and after; one-on-one settings because as you know, with any mental health issue, stigma is always a problem. Embarrassment is always a problem.

And so you have to encourage people to get treatment, to ask questions about themselves and what they're feeling and what they're thinking and experiencing, but also in a discrete way because we know certainly, in everyday world, but I would think – not having been – but in the military world, someone's courage or strength or ability to be a warrior could be questioned if they raised their hand in a group setting and said, I think I'd like to talk to somebody. So we want to make sure that that can be done discretely.

What happened in the appropriation language, unfortunately, was – as it was adopted – was that it said we'll follow 1308, the McMahon-Rooney bill, but unless we don't have the staff to do it or unless we think we can't get it done. So they didn't adopt the mandate, if you will. And that's what we have to continue to fight for, first and foremost, is to have the mandate in the law that says that there have to be screenings and there has to be support. And it has to be done in a way that will be successful and remove the stigma.

Then Tom but in a bill himself later in the year, which I was a prime co-sponsor of, which seeks to provide the staff and personnel to the military, to the armed services and to the Veterans Affairs so that they can get the job done because that's the excuse they use. I was also talking to Clark beforehand. He talked about a great initiative – One Hour?

MR. MURDOCK: It's Give an Hour.

REP. MCMAHON: Give an Hour a week because I also know back in my district, mental health professionals, drug counselors, alcohol counselors have said to me, gee, we would love to help in any way we can. Is there a way to do that? So maybe we have to somehow bring about some volunteer efforts as well. If the military cannot staff the slots that are needed, maybe there has to be some sort of a public-private partnership that makes sure that we get that done.

You know, suicide may not always be preventable but certainly any of those who have faced it in their families or know – we know as leaders in this country, that quite often, perhaps we can. And intervention is certainly the way to do it, and counseling and treatment. And so that's what we will continue to fight for as we go forward.

We know that the V.A. is on the verge of increasing its mental health staff but we need to get it to move more expeditiously. The Obama administration has done, I think, a commendable, laudable job in providing resources to the V.A.

As I said, I have a major facility in my district. And even amongst the men and women who go there, they feel that, for the first time in a long time, they are getting the treatment and attention they need and deserve. But we have to do more, and certainly in this area.

We will continue to work together, Tom and I, and I hope he can get here soon, but his experience both as a veteran and from a different part of the country and a different party affiliation, I think, makes our case even stronger, and we are working on the Senate side, as well.

So basically, I thank you all for coming and look forward to your questions, and we'll try to answer them the best we can.

MR. MURDOCK: Thank you. Mr. Rooney hopes to get here by the end. I think we'll start the question period now so that we can have an exchange with the audience before Mr. Rooney comes, and perhaps he can make some comments at the very end of the session, as well.

First of all, as I said, I really applaud the effort that you and Mr. Rooney are making in this area. I wonder, do you have some sense that if you make TRICARE – if as a result of your legislation, TRICARE becomes as open as some private insurances for the provision of mental health services, what impact that will have upon TRICARE's budget, for example?

REP. MCMAHON: You know, I think that the budget issues are something that, you know, are more easily resolvable than the reticence on behalf of the DOD and the V.A. to follow mandated procedures or to recognize fully the scope of the problem and to find, really, actions that are effective in bringing about solutions because we easily last year were able to – we actually asked this – we asked for $300 million and we were able to get $500 million in the budget for one year to deal with mental health screenings and mental health treatments.

As you move into TRICARE, we face the same problem that you face in health care in general, and that is quite often the parity issue of not treating mental health and mental illness on the same level as we do physical health and wellness. And that's a concern that we have both in the civilian and the military side of life in this country. And who knows, maybe this effort will help on the other side, as well.

Whatever your position is on health care, one of the good things that's coming out of it is that there is more of a discussion about parity. And that's an issue that, as I said, looms large on both the civilian and military side of our country.

MR. MURDOCK: There's no question about that.

Let's open it up for questions, now. Sir? If you could state your name and affiliation, and the microphone is coming your way.

Q: Yes, my name is Sherod Williams. I'm with the Defense Intelligence Agency. I'm a psychologist there and head the (deployed ?) branch, and so we have a lot of interaction with individuals who are going overseas to the CENTCOM area, to the combat area. And this is an area of concern we have strong – very big concern about.

However, one of the issues that I've been pressing in talking with both the military within DOD and also within our own agency is the issue of civilians who also accompany these military officials. And we really think it's important to incorporate the mandate – a mandate that applies both to the military servicemen but also the civilians who are working with them side by side. That's both the federal employees and contractors who work there because they are exposed to the same stressors.

Many of these are former military people who work now in civilian jobs and they are exposed to the same dangers, particularly in Afghanistan with IEDs, blast effects, so you have both the TBI issue and the PTSD issue. And I'm just wondering if you're supportive of that, and does that bill address that as a mandate? Because I know in talking with the Joint Chiefs of Staff that one of their concerns is that that be incorporated within any statutes that address a mandate for these kinds of concerns.

REP. MCMAHON: No, and I really appreciate that insight and bringing that to my attention, and would be very supportive of that. And I'm going to actually – one of my staff members will come and give you her card and we can maybe follow up and talk about it. It's also very important because anyone who goes on behalf of our nation into the theater of war, in uniform or in civilian clothes, in support of the military or even in the State Department or in the national security agencies across the board should have that same support.

Again, it speaks to – you know, this is not a new problem, in many ways, as the general said in his opening statement. But because of the nature of the war and the fact that you have so many survivors or you have – you know, it's just a different – you know, as the veterans – as the warriors come home and as the civilians come home, they seem to have gone through different experiences.

But it also speaks to that larger problem that I think I mentioned as well, is that we as a nation, for both those who go abroad and those who are home in everyday life, have to look at mental health as a very important issue for us all. So I'll have someone talk to you and we'd love to follow up and see that we can incorporate that into our bill or do it by a separate initiative. But thank you.

MR. MURDOCK: I wonder if I could follow that up with another question. What you're really getting at to some extent is the burden that's placed upon the all-volunteer force, whether it's men and women in uniform or men and women in civilian clothes who have volunteered to be part of an organization that have been deployed there. And it means that we're relying upon a very small segment of society because there's no question that there is some relationship.

How large the relationship is between the repeated tours of duty and the psychological pressure that comes from them, in that we're relying upon a fairly small force, where dwell time at home has been shortened and shortened just because of the exigencies of the operation. And so it's a real challenge for the all-volunteer force. That's another thing that makes it quite unusual.

REP. MCMAHON: I think it's an excellent point. And you know, even in the case of the young man out in Long Island recently, who knows exactly, but as a casual observer it certainly appeared that the stress of having to go back again may – certainly, I'm not a psychiatrist or psychologist, so I can't diagnose but it certainly would seem to the casual observer to add to the stress that that young man was feeling and his family members as well.

So there's no question that that – not only the nature of the combat itself and what happens there, but the fact that there are these reoccurring tours and that stress born by a very small segment of society adds to it. I agree.

Q: Doug Johnston with the International Center for Religion & Diplomacy. I would like to thank you and congratulate you on this effort. I think this is so sorely need. It has always grieved me that in times past, when our soldiers, Marines would come back with either Agent Orange symptoms or Gulf War, rather than embracing them and trying to do what we can to thank them for their service, we go into a state of denial, typically. And this represents, I think, a great departure, long overdue, and I deeply appreciate it.

One thing the general said at the introduction, though, that was very news to me was the delayed response time in terms of when this can kick in. And I just wondered how realistically one can deal with that aspect of it. I don't know what percentage of the whole that represents, but you know, the here and now of an interview just before they come home, and once they get here, what about beyond that?

REP. MCMAHON: And we try to establish a framework for that in our bill to have follow-up examinations, evaluations, treatment and interviews through the time of military service, and then also to make sure that we have follow-up through TRICARE, as well. So it's something that we're looking at throughout the system, if you will, of delivering services to our warriors and it's something that we have to address.

You know, I keep bringing this back to civilian situations, as well, because I think it's important to realize that it's a broader issue. But even – I come from New York City where we had the horror of 9/11; we're still fighting to get medical and financial mental-health services to many of the people who were involved in that situation, as well.

Those who responded immediately in the emergency terms, they were sort of – it was resolved at the immediate time of the bombing and the aftermath. But now those who are having physical and psychological manifestations nine years later are having a hard time getting the resources and the treatment they need. I think it's a parallel to what we face with the military.

And I have a young – not a young – someone just a little older than me – gentleman who works in my district office back home, he was a veteran from the Vietnam War and now is – you know, has some illnesses that we think are related to Agent Orange. And because of some bureaucratic thing that happened way back when, he can't get his benefits, and it's being fought. And that's wrong. I think that we as a nation have to say, look, this guy put on our uniform, went to battle and should be taken care of, and that's a problem we have across the board.

But thank you for your comments. And I don't – you know, I don't do it – this is not done for that expression of gratitude, just like when you see a soldier and you say, thank you for your service, and they say, well, it's my duty, sir. And I feel the same way. This is something that is my duty to do.

MR. MURDOCK: I think one of the things that's most important about your bill in terms of overcoming the denial that you're talking about is the one-on-one experience with a counselor that can overcome denial. Denial ain't just a river in Egypt. I mean, it's a kind of thing that's very strong in these kinds of things. And I can speak from personal experience.

There was a question right back there? You had your hand up? Yes.

Q: Hi, I'm Barbara Cohoon with the National Military Family Association. Thank you for introducing this particular bill, as far as looking at suicides and our service members. Our association has been looking at the impact of the war on the families.

And we recently partnered with RAND and did a study looking at the impact of the war on caregivers and their children. And there was a direct correlation between the caregiver's mental health and the well-being of children. And this was recently at a hearing on – I believe it was Monday – that RAND actually presented our study looking at that particular piece. So our association would like to work with you on ways in which maybe we can add that particular piece

Recently, there was a conference held looking at suicide DOD and V.A. And our association became aware at that particular point that the military really isn't tracking the increase or decrease of suicide in our family members.

What I was told by the Army – by Col. Ritchie – was that they are seeing an increase in attempts but they can only track what's happening at the MTFs and have not been able to track as far as looking in the network. And I was told later on that the Navy is actually looking at this particular piece, too.

So as we're looking at the impact on the war, we need to be also looking at – because we've been at this for eight years – as far as the impact on our families, as far as mental health, and are we seeing an increase in suicide attempts or suicides within our family members as well.

REP. MCMAHON: Yeah, again, a great point, and I'll ask my staff member – she's in the back now – to give you her card, as well. And we'd love to follow up with you and see whether we can somehow address that situation, as well. And we hear more and more about it, but it's more anecdotal; we don't have the statistics, as you say. And we'd like to work on that as well. Maybe we can mandate the tracking of that.

Q: And our study is longitudinal, so more pieces will be coming out. So we'd love to come in and brief you on the study.

REP. MCMAHON: Okay, yep, we'll make that happen. Thank you.

MR. MURDOCK: In the second row right here?

Q: Hello, sir. My name is Lt. Col. Wieman. I'm a family practice physician in the Army. I was the division surgeon for Baghdad during the surge operation, as well. And I want to congratulate you on what you're doing. It's extremely necessary.

We were literally overwhelmed with the requirement to do this when we came back. The 1st Cavalry Division redeployed after the surge with about 17,000 soldiers, each requiring a one-on-one sit-down with a provider, in which about 30 percent of them gave some indication of a need for follow-up care. So approximately 5,000 soldiers with a need for higher-level mental care were literally dumped into the system with a very short demand.

Assuming it was all things that needed close attention on a short-term basis, the medical system simply doesn't have that capability. So what you were talking about before, with the resourcing – that's what we were lacking on. We were identifying soldiers that needed care and then didn't have the ability to follow up on it.

That almost made the situation worse because the soldier, now, in his mind, has brought this, now, to somebody's attention, that he needs help, and, literally, just by the sheer numbers of it, it was almost impossible to provide it in a timely fashion. And that didn't even count the family members as well, that are almost an unknown variable in that equation.

REP. MCMAHON: Okay. And thank you, of course, for your service, Lieutenant Colonel. And it's a great point, and it's really why we have the two bills that we have. Mine mandates the service and the treatment and the follow up and the one-on-one screenings and the treatment, and then Congressman Rooney's bill lays the groundwork for providing that team, if you will, to get the professionals in there working with the military to get that done.

And I was talking with Clark – we've got to find a way to partner better with the civilian world to bring in that service as well, because, certainly, in that situation, in a practical sense – who knows what's possible bureaucratically – but I'm sure that there are many mental health professionals out there who, had they heard the call, would have come and spent some time and volunteered and at least gotten through the numbers that were coming back so quickly that no system, probably, could handle, because it's an unusual circumstance. But you should be able to partner with the civilian side to have that done. And so we'll look at that as well.

MR. MURDOCK: Next question over here.

Q: Hi, yeah. My name is Julie Clement (sp). I'm with the American Mental Health Counselors Association. And we've been looking at, kind of, the personnel situation and we've been working with Representatives Rooney and McMahon on a bill that has to do with that. Basically, for example, we've been having issues both within the DOD and the V.A. The V.A. – there was a law that passed in 2006 that President Bush, Jr. signed into law so that licensed mental health counselors and licensed marriage and family therapists would be able to be part of the veterans' health administration and see people for mental health services.

We are three years later, after December, 2006. This law has not yet been implemented. We have spoken with Assistant Secretary Sepulveda at the V.A., and he has been working on it.

We're hoping to be able to collaborate in that effort and be able to get those people hired to offer these services by September of 2010. We have many members of our organization that always step up to the plate. They are participants. And given our – when the call came in 9/11, they were some of the first people – if a call is made to come out and help – and we're trying to also, with the help of Rooney and Rep. McMahon, be able to have our folks practice independently within TRICARE so that more people can be seen and seen in a more efficient manner.

REP. MCMAHON: Yeah, thank you for that effort. And I know you're talking with our office and we appreciate that very much. And in my notes they gave me to say exactly what you just said, and it means a lot more when you say it – it's a lot more credible – but we are working on that and we'll keep trying because it's – you know, it is – it's marriage counseling, it's substance-abuse counseling, it's all the things that make up someone's mental health. And it's their relationships with other human beings. It's their individual proclivities. It's what they've been through and experienced.

So we understand that. Again, it goes to my point that I bring from my work in city and state government, that it's something that exists in society already, but here we're seeing it so acutely. And we've got to cut through the bureaucratic delays and get the services there because we really can make a difference.

MR. MURDOCK: Bill Taylor.

Q: Good morning. I'm Bill Taylor from CSIS and retired Army. Thanks for the education. I had no idea how complex this whole situation is. I'm hearing about two different bills, now. I assume that the bills do not cover civilians, that you bring up. And then my mind starts going to who should be covered. We're talking about our warriors. You know, wait a second.

We've got such things as provincial reconstruction – PRTs. And these are soldiers and civilians. They're both on the ground. They're both getting hit by IEDs, et cetera. Do the two bills cover anything beyond what is clearly defined military, or is this going to take new studies to see how the bills would cover military and civilian together or separately?

REP. MCMAHON: I don't think it would need new studies to see the need for that coverage. The bills, as they're drafted now, really pertain only to the military personnel. But we will, you know, based on the comments here, certainly go back and look at that as well. But your' right, when you really start to think it through, the complexity of it, the ramifications of it.

But in every case, you're talking about a human life – someone who sacrificed for their country in uniform or in civilian clothes. And now, if we don't take the steps that we need to take rather quickly, you know, they could become casualties of the war, post-deployment, back here at home. And that's unacceptable. That's just something that we – if we allow that to happen, then we missed the charge of President Lincoln's words.

Q: Thank you.

Q: Sir, Tim Mutchma (sp). I'm a former soldier, currently work for the Army. But this is personal, not anything related to my job. First of all, thanks for your support on this bill. Since 2001, Army suicides have more than tripled. The Army continues to deploy at 12 months. Other services – Marines deploy at 7 months at a time – Air Force and Navy, less than that. The time between deployments, as Secretary Murdock pointed out, is frequently not enough.

Psychiatrists have recently told the Army that you need at least two years between these deployments – preferably 30 to 36 months between these deployments – and the duration of these deployments is directly attributable to the severity and the quantity of PTSD cases. The Army does not appear to have the ability to say, no, to the combatant commanders on what can be provided. It may be time for Congress to step up and say that deployments will not exceed some threshold – probably about nine months – and that the time between deployments will not be less than some threshold – something between two and three years.

Because, left to its own devices, the Army will continue to spin as fast as it can, mechanically, institutionally, to meet the demands of the combatant commanders. The price for that is the tripling of suicides, the divorce rate, the drug and alcohol rate, the very high PTSD rate, et cetera, et cetera. Perhaps Congress has to step in and establish some minimums or maximums to say, this is how we're going to size our forces. We just cannot allow the Army, in particular, to spin at an institutional rate. It needs to consider some other factors that I just don't think are being considered today.

REP. MCMAHON: Okay. That's, again, a great point, and we'll go back and look at that. And if Tom doesn't make it, we'll talk with him as well and see if there's something that we can do on that side, as well. But then they would have to increase their personnel, because they're doing more with less, I guess, is the issue, here, right?

Q: Sir, you'd have to tell the combatant commanders that they will get fewer troops or you would have to increase the size of some portions of the force, or some combination of the two.

REP. MCMAHON: But that goes back to the secretary's point, that these are wars, the burden of which is borne by a smaller and smaller population.

MR. MURDOCK: At some point, the issue of the all-volunteer force has to be visited. I haven't heard many people talking about reinstating the draft, but that's what we did when we had a long-rotation conflict like the World Wars and Vietnam. Question over here?

Q: Hi, Shane Barker (sp) with the Air Force Association. My question is, kind of, are we giving due diligence to the military member vis-à-vis their psychological and mental health upon their entrance into the military? I hear a lot of lamentations, a lot of utterances, a lot of talk about the fact that we don't have, always, a good baseline by which to judge changes that happen over the course of their military career. I know it would be particularly important in certain career fields. But I'm just wondering if this is as much of an issue as I'm hearing it is, and what are your views on that?

REP. MCMAHON: Yeah, I think, again, an excellent point. We do try to, sort of, look at the whole picture, to include screenings, even before deployment. But it's not mandated, as the post-deployment are. But it's also an excellent point. Again, a point that would be moot, if you would, if we, as a society – and certainly a society with a mandate to support our military, our warriors – would look at mental health as, as important an issue as physical health is. But an excellent point, and we'll try to include that on the front end as well, if you will.

MR. MURDOCK: There's a question over here.

Q: Yes, sir. Bill Collins, speaker's office. First, I want to thank you, Mr. Rooney, for the two pieces of legislation. They're well-needed and greatly appreciated. My background is, I'm a retired Marine. And so your statement, sir, about the all-volunteer force vice a draft and so forth, our service today thrive on being professionals as an all-volunteer force. And within that, there's this – and I don't meant this disparagingly, because as a Marine leader, I want my Marines to think they're invincible supermen, but there's this lack of tolerance for what's perceived as weakness.

And in that, going back to your legislation, you can legislate anything, but how do you get the paradigm shift in culture to accept mental health issues as something that's not a weakness, but something that can be dealt with and addressed within the unit? By example, in my position, I've had a chance to talk to several Marines, soldiers, and so forth, with their experiences. And one soldier shared his experience that, their unit – in military units, you have to get a chip to go to medical.

The chip for mental health was taped to a three-foot teddy bear. So basically, if you wanted to go to the mental health, you had to carry this three-foot teddy bear across the base. They didn't deny you the access to the mental health, but there was a stigma was created and the culture within the unit that was not legislated. I mean, if you look down and check the policy, you'd say, yeah, you know, we let our folks access it. But when you get to the rubber-meets-the-road application of it and the culture of that, how do we effect the change so that it's not just a matter of black-letter policy but national culture shift in how we address this?

REP. MCMAHON: Thank you so much, and thank you for your service, not only to the country, but also to the speaker, now. And we've spoken with this, and my office has, as well. And it is true. We have to change the culture, the thought within the command structure, as well, because you want everyone, from the general with the most stars down the specialists, to say that this is an important issue for our armed forces, for our military. And that has to come from the civilian side and from within the armed services as well.

I believe that if you have it as more of a matter of course that, basically, everyone is a going through the screening and, you know, that's how you get away from that stigma. But it is true that, that stigma is a major concern. And even when you look at individual cases in civilian life or in the military side, of suicides, quite often, the person who took his or her life did have an opportunity, or did start some therapy and rejected it, or felt that stigma was too great. And that added to the situation and made it worse. So that's very much a part of it.

I also want to thank you, as well – with his help, we've started, within the Congress, the invisible wounds caucus, so that we are – you know, together with Congressman Rooney and Harry Teague and a few other members as well, so that members of Congress can look at this issue and make it part of their advocacy, as well. And so we thank you for that, as well. But it is – you speak to a very important issue, because if you provide the resources and you don't work on changing the culture, then we're not going to succeed.

MR. MURDOCK: But the cultural issue is – I'll just follow on with that and then make a few concluding remarks – the cultural issue, as you indicate, is a much broader one than just within the military itself. I have seen statements from Adm. Mullen and from Gen. Casey on this issue that are quite remarkable. You would not have seen them a decade ago. But the society as a whole is far behind the military on this one.

Most of us here are – many of you are too young to remember what happened with Vice President Candidate for the Democratic Party Eagleton, when he essentially had to give up the nomination, when he had been nominated, because of his treatment for mental health. You know, for a politician, it is even, I would argue, even more verboten than it is for a military officer to have admitted to psychological problems. So this is a stigma that's a society-wide problem right now, at this time.

Rep. Rooney, as you can tell, was not able to make it and get out of his meeting in time. We are going to interview him on this issue and post that interview, along with the video of this hearing – I mean, this event itself. But I would like to take this opportunity to thank Mr. McMahon for everything he's doing.

REP. MCMAHON: Thank you, sir. (Applause.)

(END)