Statement of

# Todd Bowers

## Director of Government Affairs

# Iraq and Afghanistan Veterans of America

before the

# Subcommittee on Military Personnel

# Committee on Armed Services

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IRAQ AND AFGHANISTAN VETERANS OF AMERICA

**HOUSE ARMED SERVICES SUBCOMMITTEE ON MILITARY PERSONNEL**
**HEARING ON BENEFICIARY ADVOCACY**
**TESTIMONY OF TODD BOWERS, DIRECTOR OF GOVERNMENT AFFAIRS**

Mr. Chairman, ranking member and distinguished members of the committee, on behalf of Iraq and Afghanistan Veterans of America, and our thousands of members nationwide, I thank you for the opportunity to testify today regarding military personnel policies and programs.

As the war in Iraq continues into its fifth year, this generation of troops faces new and unique problems. Today, IAVA is releasing our annual Legislative Agenda. Our Legislative Agenda covers the entire warfighting cycle – before, during and after deployment – and outlines practical solutions to the most pressing problems facing Iraq and Afghanistan veterans.

In my ten year career as a Marine reservist I have had the honor of serving in Iraq twice. During these tours it became clear to me that taking care of the individual on your left and right is paramount to accomplish your mission. Only when I returned home did I understand that taking care of the people you served with once you get home is just as important. This is not only a moral issue, it is a national security concern. A rifle is only as strong as the mind controlling it.

Our 2008 Legislative Agenda is now available at IAVA's website, www.iava.org, along with reports on the main issues facing today's veterans. I have brought copies of our Legislative Agenda and reports with me today for your convenience.

In the interest of brevity, today I limit my testimony to our key proposals regarding mental health.

Rates of psychological injuries among new veterans are high and rising. At least 30 to 40% of Iraq veterans, or about half a million people, will face a serious psychological injury, including depression, anxiety, or PTSD. Multiple tours and inadequate time at home between deployments increase rates of combat stress by 50%.

The ramifications of psychological injuries are clear. Untreated mental health problems can and do lead to unemployment, domestic violence, substance abuse,

homelessness and suicide. Twenty percent of married troops in Iraq say they are planning a divorce. At least 40,000 Iraq and Afghanistan veterans have been treated at a VA hospital for substance abuse. The current Army suicide rate is the highest it has been in 26 years. Reports released just last week found 20% increase in the number of suicide attempts in the Army alone.

The first step to coping effectively with the mental health crisis is addressing the stigma attached to receiving mental health treatment. More than half of soldiers and Marines in Iraq who test positive for a mental health injury are concerned that they will be seen as weak by their fellow service members. One in three of these troops worry about the effect of a mental health diagnosis on their career. As a result, many troops who need care do not seek treatment

IAVA supports efforts already underway to reduce mental health stigma. The Air Force, for instance, has seen a 30% drop in suicide rates since the institution of a comprehensive suicide-prevention campaign. IAVA recommends creating a DOD-wide initiative to share "best practices" for mental health treatment, including outreach and education regarding mental health for both for troops and for their families, and an emphasis on education for military leaders in the service and leadership academies.

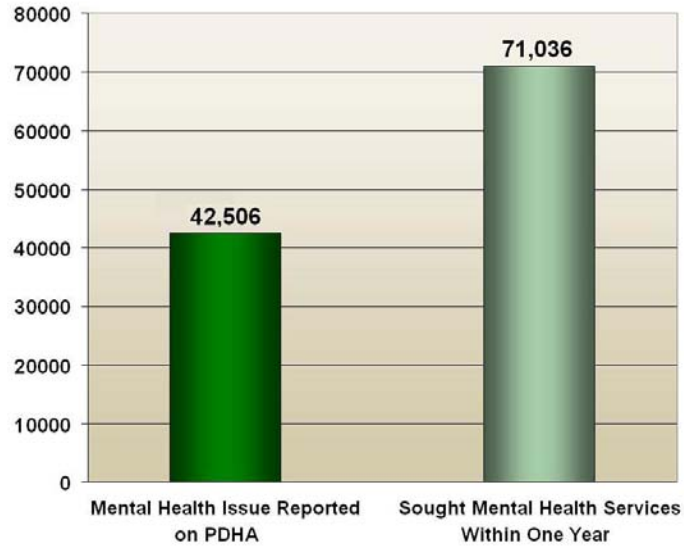
In addition, servicemembers suffering from service-connected mental health issues should not be improperly penalized for their injuries. IAVA recommends imposing an immediate moratorium on military discharges for personality disorders until an audit of past personality discharges is completed. Moreover, troops should be able to seek voluntary alcohol and substance-abuse counseling and treatment without the requirement of command notification. Such notification should be at the discretion of the treating mental health professional. Finally, IAVA supports amending the UCMJ to establish a preference for mental health treatment over criminal prosecution for military suicide attempts.

I am proud to announce that IAVA has partnered with the Ad Council on a very important project that will have a nationwide impact on the stigma that is often associated with members of our military who seek mental health treatment. Over the next three years, IAVA will be working with the Ad Council on a massive media campaign aimed at informing the American public and our nation's military that seeking help is a sign of strength rather than weakness. We hope that the outcome of our efforts will be an American public that is more understanding of the difficulties that veterans face when they reintegrate into society.

But in addition to addressing stigma, the DOD must do a better job of screening troops for mental health problems. The current system of paperwork evaluations (the PDHA and PDHRA) is ineffective. A 2006 study led by Army Col. Charles Hoge, MD, at the Walter Reed Army Institute of Research, looked at the results of Iraq veterans' PDHAs.

Only 19% of troops returning from Iraq self-reported a mental health problem. But 35% of those troops actually sought mental health care in the year following deployment.

**PDHA Fails to Detects Vets' Mental Health Needs**




*About 42,000 troops self-reported a mental health injury on their PDHA mental health assessment, but more than 71,000 troops actually sought services in the following year. Source: Hoge 2006.*

If the PDHA is intended to correctly identify troops who will need mental health care, it simply does not work. A follow-up study in 2007, also published in the *Journal of the American Medical Association*, concluded: "Surveys taken immediately on return from deployment substantially underestimate the mental health burden."

Although the PDHRA, which troops fill out six months after deployment, is more likely to identify mental health injuries, its overall effectiveness is also dubious. Troops may not be filling out their forms accurately, troops needing counseling are not consistently getting referrals, and those with referrals do not always get treatment.

IAVA therefore supports mandatory and confidential mental health and TBI screening by a mental health professional for all troops, both before and at least 90 days after a combat tour.

After stigma and inadequate screening, the final barrier to mental health care is lack of access. The number of licensed psychologists in the military has dropped by more than 20% in recent years. Less than 40% of troops with psychological wounds are getting treated.

Funding within the Department of Defense must be focused on current shortages of mental health professionals. IAVA recommends a study of reasons for attrition among military mental health professionals, and the creation of new recruitment and retention incentives for mental health care providers such as scholarships or college-loan forgiveness. Military families with TRICARE should have improved access to mental health services, and active-duty families should be given unlimited access to mental health care and family and marital counseling on military bases.

I thank you for providing me the opportunity to testify before you this afternoon. I hope that the information I have provided will help to lay the ground work for the committee to eliminate the obstacles that our nation's newest veterans are facing. It would be my pleasure to answer any question you may have for me at this time.

Respectfully submitted,

Todd Bowers
Director of Governmental Affairs
Iraq and Afghanistan Veterans of America