

## REMARKS OF CONGRESSWOMAN GWEN MOORE ON THE FY 2009 DEFENSE AUTHORIZATION

Mr. Speaker, I appreciate the Gentleman yielding to me so I can talk about an important topic relevant to this legislation.

It's distressing that a rising number of our brave servicemen and women are coming back from the conflicts in Afghanistan and Iraq suffering from the "signature injuries of these conflicts"—Post Traumatic Stress Disorder and Traumatic Brain Injury.

I believe that PTSD is a critically important issue and as a Congress we need to continue to do all we can to get our military leaders, commanders, and medical professionals to focus on this problem for our newest generation of veterans.

In the past few years and even weeks, a number of studies have pointed out the gaps in our military health care systems into which maybe falling a growing number of our servicemembers who may be suffering from PTSD.

I am sure that my colleagues are very aware of the recent RAND report that up to 300,000 Iraq and Afghanistan veterans may be suffering from PTSD and/or depression.

This issue was brought to my attention most vividly by a constituent who served 10 months in Iraq. After he came home, he began to self-medicate—as a number of soldiers who may be suffering from this deadly disease do—using alcohol and engaging in misconduct that ultimately got him discharged from the service.

Unfortunately, this discharge not only prevented him from continuing to receive needed mental health care from the DOD but also from going to the VA to get treated for PTSD.

My constituent ultimately took his life and left many, including his family, to wonder if he had been able to get needed help after his return from Iraq, or if he could have accessed the number of mental health services that are available from the VA, whether the outcome could have been different.

What is clear from the DoD's mental health task force and other reports is that the outcome can be different for the thousands of our soldiers who may be suffering.

I am pleased by the hard work and focus on this issue that the Armed Services Committee has taken in the past few years. I commend the Chairman, the Ranking Member, and others who have worked and continue to do so to ensure that the "signature injuries" of our ongoing conflicts receive the highest level of attention from this Congress.

I also want to commend the Services on the changes and improvements they've made thus far. However, let's be clear: more can be done. I offered three amendments to this bill to highlight the need to continue to try and make those improvements.

The amendment made in order today would ensure that recommendations that have been put forward to close identified gaps are actually implemented and that our servicemembers see actual improvements in terms of their ability to receive help when they need it.

That is the purpose of the amendment which the Chairman has graciously included in this En Bloc package that would require the GAO to assess the DoD's progress in implementing the June 2007 recommendations of the Congressionally created DoD Mental Health Task Force.

It is my expectation that the GAO will examine and assess the implementation of all the recommendations with a focus on those related to:

- Developing a comprehensive public education campaign to reduce the stigma associated with mental health problems;
- Changing Department of Defense policies to "Guarantee a Thorough Assessment of Behavioral Symptoms When Evaluating Combat Veterans for Administrative/Legal Dismissal from the Military" including "carefully assessing a soldier's history of exposure to conditions that could cause PTSD, or traumatic brain injury, or related diagnoses for those facing administrative or medical discharge";
- Appointment of a psychological director of health in each military department, military treatment facility, the National Guard, and the Reserves;
- Enhancing TRICARE benefits and care for mental health problems;

Implementing an annual psychological health assessment addressing cognition, psychological functioning, and overall psychological readiness for each member of the Armed Forces, including members of the National Guard and reserve components;  
Developing a model for allocating resources to military mental health facilities, and services embedded in line units, based on an assessment of the needs of and risks faced by the populations served by such facilities and services;  
Maintaining adequate family support programs for families of deployed members of the Armed Forces;

It is my desire that GAO report on the dates on which recommendations are expected to be fully implemented and progress on implementing the recommendations throughout the year covered by the report, including barriers.

We must never lose sight of the fact that the goal is not just for DoD to have a plan, although that is helpful, but to actually make these changes and do it in a timely way.

I thank the Chairman for his support of this simple amendment and look forward to working with him in the future to ascertain what additional steps, if any, that are needed and which can be taken to help our servicemembers who may be suffering from PTSD.

Again, I thank you for your efforts and yield back the balance of my time.