

TESTIMONY OF
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NEW HAMPSHIRE ARMY NATIONAL GUARD
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
U. S. HOUSE OF REPRESENTATIVES

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Mr. Chairman and Members of the Subcommittee: My name is Command Sergeant Major Michael Rice, State Command Sergeant Major with the New Hampshire Army National Guard, and I am honored to be here today to discuss the New Hampshire National Guard's "Reunion and Reentry" from combat program. I will be addressing the program from the Senior Enlisted perspective and the cultural aspects of the program.

From all that we had heard and read on the varying condition in which our soldiers might return home from theatre, a number of months before their scheduled return we started to look at what we could do to properly take care of them upon arrival, to give them as many tools as possible to assist them in settling back into civilian life.

Two areas of great concern were Post Traumatic Stress Disorder (PTSD) and suicide. As these are not issues the Reserve components normally deal with, we set out to first educate all those involved. This included the soldier, family and employer. To that end, we held mandatory training for those full-time employees who were not deployed, and many of the Unit Command element that also did not deploy. In addition, briefings were conducted at the various unit Family Readiness meetings. The soldiers started to receive briefs while still in theatre. They again received information at their

mobilization stations as they processed off of Active Duty. While recognizing that these soldiers would be more interested in getting home than listening to briefs, but also appreciating that repetition assists in the learning process, we felt we had to have something for each soldier as he/she processed out back here in New Hampshire.

During their out processing here in New Hampshire, each soldier received assistance during two different sessions. On what we called Day 2 of the process, soldiers attended presentations on PTSD from the Vet Center. They were briefed on what to watch for as far as suicide, and also met in group sessions to discuss the advantages/disadvantages of being deployed. The largest nugget in this whole process occurred on Day 3 of the process. Each soldier met one-on-one with a counselor from the Vet Center. These meetings served as a way for soldiers to get information on issues they might face, along with a Point of Contact (POC) they could reach out to if needed. It also provided them with an outlet to express some of their feelings at that time, and to set up a follow on appointment. This piece was so crucial that I personally briefed each group of soldiers at their morning brief about the importance of making sure even the smallest incident that occurred during the deployment was recorded in their medical records to help protect both them and their family in the future. On the mental health side, I informed the soldiers that they would be meeting with a representative from the Vet Center. I acknowledged the fact that many, if not most, probably felt that they were fine and didn't have any issues. They were told that if nothing else, they would come away with a POC--a phone number and some basic information--so that if at some point down the road, a month, a year or whenever, if they wake up some morning and realize that they have some issues and need to get some help, they will know where to go, they

will have had at least an eye-ball-to-eye-ball contact with a counselor so that they would not be dealing with a total stranger. I guaranteed them that this process was 100% confidential, that neither their leadership nor the state would receive any report regarding their dealings with the Center. They were told that all we would receive were statistics as to how many were interviewed and how many requested immediate appointments or follow up, but nothing else. I did add that if during the interview they indicated they were thinking of hurting themselves or someone else, that the counselor was required by law to report that to the proper authorities, but not to us.

I spoke with soldiers about today's culture, how, unlike a few short years ago, the stigma once associated with a person who seeks counseling or is put on some sort of anti-depressant is no longer there. I told them that I was quite sure that some sitting there had young children who may be seeing or have seen a counselor, and that it was more and more common for a doctor to prescribe medication as part of treatment than it ever was. I further explained that even the military had eased their entrance requirements over the last couple years. At one time, any history of counseling/mental health issues would disqualify a person from joining the military, whereas today, it is on a case by case basis depending upon the severity of the problem, its current status or how long it has been since a person has dealt with an issue.

We were very fortunate that during the time of this re-deployment there were few other states in the area that were welcoming returning soldiers home, as we had to get counselors from all the New England states to accomplish the mission. Since then, the small group of counselors at the Manchester Vet Center have definitely been tasked to the max, as well as those in White River Junction, Vermont.

It was a combination of a strong desire to care for our soldiers and the importance of the readjustment piece that made me want to personally get involved in this process. You hear what the Vietnam vets went through and how they were treated when they returned from service. There was a TAC officer who had gone to Vietnam; 15 years later on the parade field at Fort Edwards, he dropped to the ground after a canon was fired. He knew it was coming and he still dropped automatically. It comes down to really caring about the soldiers and doing what we can to help them continue with a full life like they had before they went to war.

One of the most difficult challenges we now face is getting counselors to the area of the New Hampshire where there are none. If a soldier is on the fence trying to decide whether or not to ask for help, the proximity of the facility and availability of a counselor could make the difference between him/her getting or not getting help.

I truly believe that what we have done for our soldiers is the right thing to do and the least that should be done for all military personnel returning from combat situations. The sooner we can get these tools and services to soldiers, the less time they and their families and employers might spend suffering. We must all do what we can to make sure no warrior is left behind.