



**HOUSE ARMED SERVICES SUBCOMMITTEE ON MILITARY PERSONNEL
JOHN McHUGH, NEW YORK
CHAIRMAN**

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Statement of Chairman John M. McHugh
Hearing on Mental Health

WASHINGTON, D.C. – Today the Subcommittee will hear testimony regarding the mental health services that are available for our military personnel and their families. We are particularly interested in the mental health programs and policies that support our troops and their families before, during, and after deployment to Iraq and Afghanistan.

Among our witnesses are two soldiers who have served with distinction in Iraq and continue to serve today in the active Army and the Army National Guard. These incredible soldiers answered the call to battle and have witnessed the horrors of combat as they carried out America's commitment to freedom for the Iraqi people. Both have also fought another battle: Dealing with the emotional trauma of combat. Their perspectives on that battle will be especially instructive.

We will also hear from another witness who serves our nation with distinction – a military spouse. Military spouses must have the same commitment that these brave soldiers have displayed. And, as we will learn today, spouses share or must deal with many of the same stresses as the soldiers to whom they are married. The courage of all of these individuals is an inspiration. We owe them a debt of gratitude and I sincerely thank them for their service and their willingness to come before us and tell their stories.

Another reason for this hearing was highlighted last year when the *New England Journal of Medicine* reported the results of a study by Colonel Charles Hoge and his colleagues. That study found that 16 percent of troops returning from Iraq and Afghanistan are experiencing mental health problems, including post traumatic stress disorder, major depression, and anxiety.

The study also included the disturbing revelation that most of the troops who reported having mental health problems also reported that they did not seek or did not receive care for their problems. There were a variety of reason cited for this, but the most common were the perception of being stigmatized for admitting to needing help and not having help available when it was needed.

The Subcommittee is very interested to hear from our medical leadership what actions have been taken to not only prevent the mental health problems our troops are experiencing, but to remove the barriers to care, wherever or whatever they may be.

Last week, the Army published the results of the second Mental Health Assessment Team for Operation Iraqi Freedom. I would first like to commend the Army and Lieutenant General Kiley for sending this team to Iraq two years in a row, to look at the mental health system in theater and ensure that it is meeting the needs of the troops. The report clearly shows that there is overall improvement in the mental health care system in theater – but there is more work to be done.

I understand that the Mental Health Assessment Team was also in Afghanistan. The Subcommittee is anxious to see the results from this assessment and I trust the Army will be releasing its report soon. I encourage the other Services and the Department to conduct similar assessments of the mental health care provided to their troops in theater.

With regard to the availability of mental health services here in the U.S., we want to make sure that the Department of Defense and the Department of Veterans Affairs have the types and number of programs needed by our service members and veterans and that they are easily accessible. I understand that the two departments are working in partnership to provide these services and to make the transition from one to the other seamless for our troops, but we are not there yet. We want to hear from the leadership how this work is progressing.

The Subcommittee is particularly concerned about the availability of mental health care for returning reserve component personnel and their families. These incredibly dedicated and brave citizen soldiers go back to their hometowns, to their jobs, and to their families and we understand that they often have difficulty adjusting to being home. They must rely on TRICARE and the Veterans Administration for their mental health care. We expect to hear how both TRICARE and the Veterans Administration are providing the services and eliminating any barriers to our reservists and their families receiving care.

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