

# Response To 'Mentally Unfit, Forced To Fight'

## U.S. Military Overextended

**A**s America readies to celebrate Memorial Day, I would like to praise The Courant for its four-part investigative series "Mentally Unfit, Forced to Fight" [May 14-17]. Images of surprise roadside attacks and exploding IEDs are dramatic scenes frequently played on the nightly news. However, the American public is less familiar with many troublesome issues about the state of mental health care in the armed services. Although the deadly tactics of our enemies are difficult to avoid on the battlefield, Congress has the power to mandate effective changes in how the military addresses mental health issues with its soldiers.

Fewer than one in 300 service members see a mental health professional before deployment. Once in the field, only 6.5 percent of troops who indicated a mental health problem were referred for evaluation. After leaving the field, troops who have been diagnosed with post-traumatic stress disorder are sent back to the battlefield for a second or third time. Since 2003, 59 service members have committed suicide in Iraq.

These disturbing facts are partly the result of the stigma attached to mental illness that persists within the military. The



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Department of Defense has taken the following steps to improve this situation: The Army has deployed combat stress teams in theater to assist troops, and a congressionally mandated Department of Defense Task Force on Mental Health is examining current military mental health services and practices and identifying measures for improvement. However, more needs to be done.

I support the efforts of Democrats in Congress who have offered legislation to address pre- and post-deployment mental health care. Rep. Rosa DeLauro has introduced the Military Health Services Improvement Act to require the secretary of defense to provide a pre- and post-deployment mental health screening by a qualified mental health professional for every service member deployed abroad. The act would also implement programs to address the stigma of seeking mental health care in the military.

Rep. Lane Evans, D-Ill., has introduced the Comprehensive Assistance for Veterans Exposed to Traumatic Stressors Act to improve programs for identification and treatment of post-deployment mental health conditions in veterans and members of the armed services. One promising solution is to shorten each deployment for up to six months.

Recently, Rep. John Tanner, D-Tenn., offered an amendment to the Fiscal Year 2007 Defense Authorization Act that will require the secretary of the Army to conduct a study on the effect of six-month tours on the morale and retention of individual soldiers.

I have also forwarded The Courant's series to the House Armed Services Subcommittee on Military Personnel and the House Veterans Affairs Committee for their consideration and have requested proper hearings and investigations.

The mental health issues straining our men and women in uniform are symptomatic of a larger issue: the overextension of the military. To date, more than 300,000 members of our active Army, Guard and Reserve forces have been deployed to Iraq, often for multiple deployments.

The National Guard is especially being stretched thin. Currently, about 23 percent of the 130,000 U.S. troops deployed in Iraq are members of the Guard and Reserve. Many of them have been deployed more than once. They are overstretched, overburdened and underequipped. Yet the president has just proposed sending 6,000 members of the National Guard to secure our border with Mexico.

It is time for the president and the secretary of defense to level with the troops and their families about our mission, its length and real cost. The strategic redeployment of troops at the earliest practicable time and removal of troops from stressful combat zones would only assist the military in addressing their mental health care.

**JOHN B. LARSON**  
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East Hartford

LETTERS TO THE EDITOR

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