Congress of the United States
Washington, DC 20510

May 22, 2007

The Honorable Pete Geren
Acting Secretary
Department of the Army
101 Army Pentagon
Washington, DC 20310-0101

Dear Secretary Geren:

We are writing to follow-up on a recent congressional staff delegation visit that the Army hosted at Fort Carson. The purpose of the visit was to examine issues of Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injuries (TBI) for returning service members of the Iraq and Afghanistan conflicts, and how the installation handles their screenings, diagnoses, referrals and treatment after the fact.

We would first like to extend our appreciation to the Army for unfettered access to the healthcare professionals, caseworkers, and leadership at Fort Carson who are no doubt committed to providing the best possible care to their soldiers. We echo their commitment to these men and women returning from overseas, and want nothing but the finest medical care for them.

During the visit, it was clear to the staff delegation that Fort Carson has taken several positive steps to address the mental health care challenges that returning service members are facing. However, the delegation also found evidence of a health care system under strain, with a need for national policy adjustments and for additional resources to meet the needs of soldiers and their families.

During the visit, the delegation had the opportunity to meet with a handful of soldiers and family members who shared their frustrations with aspects of their mental health treatment. We appreciate the Army and Fort Carson's commitment to examining each case and to ensuring that every soldier is treated fairly, in line with Army policies. We also believe the Congressional inquiry process to be essential to making sure that no service member "falls through the cracks." We ask for your assistance in continuing to strengthen this process, so that it provides timely and accurate results when we make inquiries on behalf of our constituents.

The staff delegation also found indications that high-stress multiple deployments are straining mental health resources at Army installations like Fort Carson. The visit revealed a need for additional mental health providers and case managers, particularly at times when large numbers of soldiers are being deployed or returning from duty. We are encouraged by Fort Carson's recent addition of caseworkers, but additional personnel

may be necessary. If more soldiers and family members become aware of the resources available, which we hope they will through more aggressive outreach, the demands on the military's mental health resources will continue to grow.

We are encouraged by Fort Carson's implementation of a "no tolerance" policy against those who discourage soldiers from seeking treatment for PTSD. We have been informed that Fort Carson has begun to provide training for junior and senior non-commissioned officers on mental health issues. We believe this to be a positive step, and further training, at all ranks, should be implemented. The Mental Health Advisory Team (MHAT) IV also recently recommended that all soldiers who are being deployed to Iraq or Afghanistan be required to attend small-group Battlemind Training before and after deployment. This would improve awareness of how to handle stressors in combat zones, of how to identify symptoms of mental health problems, and of what resources are available.

While not specific to Fort Carson, another issue that was raised was the transitioning of soldiers from active duty into the VA. As was evident at recent congressional hearings on seamless transition, these are national policy questions that stretch beyond Fort Carson, but which are vital that we resolve. One suggestion which our staffs heard would involve the expanded role of medical board units to house soldiers who are waiting for a decision by a medical board. This would reduce the drain on units preparing for deployment and assist soldiers requiring care not afforded by the training requirements of a deployable unit.

Finally, we realize that continuity of care is difficult, as reported by soldiers, who were not able to see the same mental health provider at every appointment. We believe that this challenge could be eased with an increase in mental health resources, because additional providers could focus more intently on each individual soldier.

While the visit did reveal areas in which mental health services can be improved across all branches of the military, there were also several steps that Fort Carson has taken that are positive and may be replicated at other installations. Fort Carson is to be commended for adding counselors and caseworkers to treat soldiers after their return. Clearly, the rise of multiple deployments within the Army has led to higher percentages of soldiers returning with PTSD and/or TBI, and additional healthcare professionals are an absolute necessity.

Additionally, we were pleased to see that Fort Carson is providing improved assessment and treatment of returning soldiers for TBI. Two years ago, the command initiated a program to screen all service members coming back from Iraq or Afghanistan for TBI and, just a few weeks ago, the post acquired a new scanning device that will examine soldiers for brain injuries. These are novel initiatives that we should consider replicating at other installations.

Finally, Fort Carson is to be commended for providing our staffs unfettered access to the soldiers, families, healthcare professionals, and leadership at the installation. Having an

accurate picture of what is working and what needs improvement is essential to improving the policies that guide healthcare for our men and women in uniform. What our congressional delegation found is in fact consistent with several of the observations made in the MHAT IV and in the congressionally-mandated Mental Health Task Force Draft Findings and Recommendations, which is yet to be finalized. These are important documents that provide a useful roadmap for improving healthcare for service members.

We want to again extend our appreciation for the hospitality and access provided to our staffs on the visit. We also reiterate our strong desire to help provide any assistance you may need to improve to mental health treatment for our men and women in uniform.

Thank you in advance for your response, and we look forward to continue working with you in the future.

Sincerely,

Wayne Allard
United States Senator

Ken Salazar
United States Senator

Mark Udall
United States Representative

John Salazar
United States Representative

Doug Lamborn
United States Representative

Ed Perlmutter
United States Representative

cc: The Honorable Robert M. Gates
Secretary of Defense

Major General Robert W. Mixon, Jr.
Commanding General
Division West, First Army and Fort Carson

Major General Jeffery W. Hammond
Commanding General
4th Infantry Division