

The Honorable Senator Barbara Boxer  
Statement before the Senate Armed Services Subcommittee on Personnel  
March 5, 2008

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Mr. Chairman, with the gracious help of this committee, I was able to include language establishing the Mental Health Task Force in the Fiscal Year 2006 Department of Defense Authorization bill.

At that time, we were roughly two years into the Iraq war and beginning to hear countless stories that showed we did not have an adequate mental health care system in place.

Over a one year period, the Task Force took a comprehensive and thoughtful look at the state of mental health care and services for our servicemen and women and their families. And what they found was not good.

In particular, the Task Force found that “significant gaps in the continuum of care for psychological health” exist, and that the “Military Health System lacks the fiscal resources and the fully-trained personnel to fulfill its mission to support psychological health.”

In response to their findings, the Task Force developed a series of 95 comprehensive recommendations to dramatically improve the way that the Department of Defense both views psychological health in general, and provides treatment and care for those who need it.

I am tremendously proud of their work, and particularly the outstanding leadership of the two Co-Chairs who will testify next, Vice Admiral Donald Arthur and Dr. Shelley MacDermid.

It is my understanding that the Department of Defense elected to adopt all but one of the Task Force recommendations.

I am here today to both commend the work of the Task Force and to ask that you—as the Senate Committee charged with overseeing military health care—provide the Department of Defense with all of the resources and support necessary to implement these far-reaching changes.

I am sure that you all agree that we have a big problem on our hands that is only going to get worse if we don't do something big now.

According to a study published in the Journal of the American Medical Association on November 14, 2007, 20 percent (or 1 in 5) of all active duty Army soldiers and 42 % of all reserve component soldiers, including Army Reserve and Army National Guard, who served in Iraq are reporting that they need mental health treatment for a range of problems.

This means that tens of thousands of men and women need and deserve the best mental health care that we can provide.

We can and must do better.

Too many service members have been discharged for pre-existing personality disorders when they actually had mental health problems from their combat experience.

Too many service members have turned to drugs and alcohol, and the number of DUIs has risen at bases across the nation.

And too many service men and women have attempted or committed suicide. In 2007 alone, 121 soldiers committed suicide and another 2,100 attempted suicide, a six-fold increase since 2002. This is tragic.

If we don't act soon, we will see more devastating consequences of these wounds play out in the years to come – homelessness and substance abuse; violence and divorce. That is why we can and must do more to confront these challenges today.

I am proud of the work I have been able to do so far, much of it with my colleague Senator Lieberman. We have successfully passed legislation to establish a Center of Excellence for Military Mental Health and Traumatic Brain Injury (TBI). We have helped to set standards for deployment for service members with diagnosed mental health conditions, and to examine issues involving women and combat stress.

But there is more to be done.

That is why I am continuing to work on legislation with Senator Lieberman to address mental health workforce shortages and to address the issue of suicide within the armed forces.

We also need to shatter the stigma associated with seeking mental health care that says a soldier, sailor, airman, or marine is weak if he or she wants to talk with a mental health professional about experiences in Iraq or Afghanistan.

We need to ensure that we have adequate numbers of uniformed mental health providers who can train and deploy with our troops and be there when they are needed.

And we must give our service members the tools they need to be able to cope with the stress of combat and the experiences that many of them face each and every day.

And that is why it is so important that this subcommittee fully support the recommendations of the Department of Defense Mental Health Task Force.

I know that there are different views about the war in Iraq on this Committee and in the Senate. But all of us agree that we should honor the service of the brave men and women of our military. We can and must come together to serve them as well as they have served us.

I look forward to continuing to work with you on this most important issue.