



Statement of Jason W. Forrester

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Before the House Committee on Veterans' Affairs

**Hearing on "PTSD and Personality Disorder:
Challenges for the VA"**

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Chairman Filner, Ranking Member Buyer, Members of the Committee:

It is an honor to be here today.

Veterans for America – formerly the Vietnam Veterans of America Foundation – focuses solely on meeting the needs of America’s newest generation of service members, and veterans. We work very closely with the Department of Defense, Members of Congress, the media, active-duty troops and veterans to identify the unique challenges facing today’s military.

Much of our work is investigative. Members of VFA have visited every major demobilization site in the United States and abroad. Specifically, our work at Ft. Carson, Colorado – where we first met Specialist Town – and our current work at Camp Pendleton, California, has prompted considerable media attention and congressional action, and has helped identify trends and areas where our country is failing our service members.

We also work closely with veterans trying to navigate the mammoth VA bureaucracy. However, given the distressing disconnect between VA and the DoD, the greatest service that VFA can provide here today is to highlight the trends we have identified and are working to correct within DoD and to offer some ideas regarding how the VA can help in the process of ensuring that those who have served in Iraq and Afghanistan get the assistance they deserve.

It is important for VA to understand the unique situations and experiences of the nearly one million service members from Iraq and Afghanistan who are still on active duty – and who will be in the VA system sooner or later.

It is our hope that once the VA has a greater understanding of the specific needs of today's military and a greater understanding of the deficiencies within DoD that the VA can help those who were failed before they became veterans.

The DoD's Mental Health Task Force's report found that 49% of Guard members, 38% of Soldiers, and 31% of Marines are experiencing some mental health issues after serving in Iraq and Afghanistan. The Task Force recognized that programs within DoD did not adequately reflect the increasing demand. These shortcomings are caused partly by a lack of resources. In addition, stigma is a significant hurdle blocking treatment. In the Task Force report, DoD characterized PTSD as a "signature" wound of wars in Iraq and Afghanistan.

Our investigative work supports these findings and demonstrates the immense challenge of implementing solutions across the military.

At Ft. Carson, we found Soldiers who had been diagnosed with chronic PTSD who were only receiving one hour of individual therapy a month. Often, these Soldiers saw a new therapist each visit. In an attempt to compensate for this deficiency, many Soldiers were prescribed medicines to help them deal with their PTSD. It was not uncommon for us to meet Soldiers on over 15-20 different medications at once.

At Ft. Carson, we worked with Soldiers who, having clearly indicated on their Post-Deployment Health Reassessment (PDHRA) that they were having difficulty readjusting to life post-deployment, were not receiving the treatment they need. In some cases, these Soldiers have been redeployed only to have their wounds compounded by further exposure to conflict. In other cases, undiagnosed and untreated PTSD led Soldiers to turn to drugs and alcohol.

The civilian medical community has long recognized that alcohol and drug use is a symptom of PTSD, and, fortunately, many in the military also recognize this. That said, this reality poses a significant challenge for our military and has had unfortunate consequences for our service members. The maintenance of discipline is the top priority for the military and the pressure to bring together units to be deployed is immense. The combination of these two factors have inhibited adequate treatment of the behavioral manifestations of PTSD.

At Ft. Carson, many Soldiers addicted to alcohol and drugs have been referred to the Army Substance Abuse Program (known as ASAP), as Army regulations dictate. While this program can be very beneficial to Soldiers who have only drug and/or alcohol addictions, it does not help Soldiers with service-connected PTSD. It is policy within DoD not to treat Soldiers with drug and/or alcohol addictions for their PTSD until their addictions have been addressed. There are no dual-track PTSD and substance abuse programs within the DoD. We have worked with several Soldiers who have suffered

greatly from this deficiency and, in some cases, we have managed to get them help within VA facilities that offer dual-track care.

We also have seen many cases other where Soldiers with PTSD have been other-than-honorably discharged -- losing any hope of treatment for their service-connected injuries.

Many of the same issues are found at Camp Pendleton. The Marine Corps still has not identified adequate approaches for dealing with behavioral issues associated with mental health challenges. As a result of our work, VFA believes that the stigma associated with mental health is greater in the Marine Corps than in the Army. The Marine Corps often confines Marines with behavioral issues to the brig. In the brig, Marines are still given their medications, if they were lucky enough to have received a diagnosis. However, they receive no therapy and are left to deal with the consequences of their service-connected injuries alone.

These problems within the DoD have created considerable challenges for the VA. VA needs to recognize this challenge by creating new programs designed for this generation of service members. Since PTSD is so prevalent – and dual-track treatment options within DoD for mental health issues and substance abuse are absent – VA must increase the number of dual-track alcohol/substance and PTSD programs. VA must also create new programs for Iraq and Afghanistan veterans with unique needs – such as women and Guard and Reserve members.

VA can help greatly with the issue of stigma by increasing its outreach to service members and their families on bases and within military medical facilities. Today's service members need to know that PTSD is an injury and that they deserve every opportunity to recover. PTSD is not a sign of weakness. It is a proven medical reality of sustained exposure to combat.

Finally, another distressing trend that we identified at Ft. Carson was the prevalence of pre-existing personality disorder discharges for Soldiers with service-connected mental health problems. From 2001-2006, the Army discharged over 5,600 Soldiers for pre-existing personality disorders; over 22,500 have been discharged for this reason across all the services. A personality disorder diagnosis often requires service members to repay their re-enlistment bonuses and denies them their combat-related disability pay.

Some within the Army's personnel system have argued that personality disorder discharges are an easy way out for the Army and, unfortunately, for soldiers who are tired of reprimands and suffering. That said, the consequences of such a dismissal are severe, including denial of VA benefits due to the disorder's "pre-existing" nature.

At Ft. Carson, we met numerous Soldiers who had been diagnosed with a pre-existing personality disorder discharge – often in under an hour – regardless of the fact that they were deemed fit when they entered the service and regardless of the fact that they had been diagnosed with PTSD post-deployment to Iraq and/or Afghanistan.

Pre-existing personality disorder discharges remove the burden from our society to help the service member deal with their service-connected injuries. It is unacceptable to ask an American to sacrifice for this country and not treat and recognize the consequences of their service.

In May of this year, as a result of our work at Ft. Carson, a congressional staff-delegation returned to Ft. Carson where they met with the Soldiers and family members who we have been helping. This visit prompted a GAO investigation into mental health treatment in the military, and it led to 31 senators sending a letter to Secretary Gates calling for a moratorium on pre-existing personality disorder discharges.

While we are hopeful that this moratorium will come into effect immediately, it still would not address the problem of those who have already been inappropriately discharged.

This problem presents a great opportunity for VA leadership.

The VA has no obligation to treat a veteran with a pre-existing personality disorder discharge since the discharge implies that their injuries are not service-connected. That said, these veterans can still visit Vet Centers. However, they do not have immediate access to adequate medical care. This being the case, the VA should create a streamlined process for face-to-face medical evaluations for those with pre-existing personality disorder discharges.

We owe these veterans a second chance to get much needed help for their service-connected injuries.

This concludes my prepared statement. I would be pleased to answer any questions.

Jason W. Forrester

Jason W. Forrester is the Director of Policy at Veterans for America. He helps direct VFA's work addressing the unmet needs of those who have served in Iraq and Afghanistan. (VFA is successor to the Vietnam Veterans of America Foundation, the co-founder and manager of the Nobel Prize-winning Campaign to Ban Landmines.) From 2001-2003, Jason served as Research Director for the Nuclear Threat Reduction Campaign, a VVAF program.

Jason is also Visiting Fellow in the International Security Program at the Center for Strategic and International Studies (CSIS), where his research has focused on nuclear terrorism prevention and Asian security.

In the fall of 2006, Jason served as the Director of The Carter Center's 2006 Elections Observation Presence in Guyana. In this role, he represented The Carter Center and President and Mrs. Carter for the pre-elections and post-elections periods. Jason also was a member of the 2001 Carter Center Elections Observation Mission in Guyana.

Earlier in his career, Jason served as Legislative Assistant for Foreign Affairs and Defense to Senator John (Jay) D. Rockefeller IV (D-WV). Immediately prior to this, he was coordinator of all Kerry-Edwards national security policy teams and a consultant to the Carnegie Endowment for International Peace.

Jason has also served as Deputy Foreign Policy Adviser on General Wesley Clark's presidential campaign and has worked for the Brookings Institution, the Gore-Lieberman national security team, and the Carnegie Commission on Preventing Deadly Conflict.

Jason is a member of the International Institute of Strategic Studies and a term member of the Council on Foreign Relations. During his undergraduate years, he was awarded a Thomas J. Watson Foundation Fellowship, an NCAA postgraduate scholarship, and named a National Football Foundation & College Football Hall of Fame Scholar Athlete.

He received an M.A.L.D. from the Fletcher School of Law and Diplomacy at Tufts University and was graduated *Phi Beta Kappa* with a B.A. in political science (comparative politics) from the University of the South in Sewanee, Tennessee. Jason, who was born and raised near Columbia, Alabama, has a son, Sanjay Forrester.