

United States Senate

WASHINGTON, DC 20510

April 19, 2007

The Honorable David M. Walker
Comptroller General
Government Accountability Office (GAO)
441 G Street, NW, Room 7125
Washington, DC 20548

Dear Mr. Walker:

We are writing to request that the Government Accountability Office (GAO) undertake a review of Department of Defense (DOD) screenings, diagnoses, referrals and treatment of service members who may have Post Traumatic Stress Disorder (PTSD) and other mental health conditions related to their service in Iraq and Afghanistan. Several of us previously wrote the DOD requesting an examination of command practices and reports of biases and misdiagnoses in the treatment of mental health-related injuries such as PTSD and other deployment-related health problems, including Traumatic Brain Injury (TBI), but have not yet received a response.

The stigmas associated with PTSD and other mental health needs are no less potent within the military than in the civilian world. Indeed, reports from soldiers suffering from PTSD suggest that the stigma is worse, with some military commanders appearing to minimize the significance of PTSD and other mental health needs; or suggesting that a service member is malingering to avoid redeployment. There are allegations of commanders at Fort Carson, Colorado denying soldiers access to mental health care and instead ordering them redeployed for additional tours in Iraq. We have also heard of cases in which service members with PTSD are diagnosed as having "personality disorders" that the Army considers "pre-existing," thus depriving otherwise eligible combat veterans of disability benefits and much-needed mental healthcare. Because the stakes for our service members' and their health are so high, we must move quickly to investigate and correct any deficiencies.

We have come to learn about a number of upsetting allegations at Fort Carson. Therefore, for the purposes of an expedited review, we request to be briefed initially by GAO on these immediate cases. We ask that you subsequently focus your inquiry not only on Fort Carson but on system-wide mental health deficiencies within the DOD.

With the significant burdens already being placed on our service members and their families with multiple extended deployments, we must ensure that they are not further burdened with any humiliation, stigmatization or other minimization of genuine mental health needs. Our service members are risking their lives for our nation's security; it is our moral obligation to care for them. We therefore ask the GAO to assess:

David M. Walker
April 19, 2007

- 1) Known cases of improper discharges or misdiagnoses and patterns of systematic stigmatization employed by military commanders regarding the mental health needs of service members throughout the chain-of-command at Fort Carson and across DOD departments;
- 2) The growing number of discharges for personality disorders, and whether or not such discharges are being improperly used when service members should in fact be given a mental health diagnosis that DOD does not consider preexisting;
- 3) The overall number of misdiagnosed cases of PTSD, other mental health conditions, and TBIs (at Fort Carson and force-wide);
- 4) DOD progress in implementing previous mandates to develop force-wide criteria and procedures for screening, diagnosing and referring mental health cases for follow-up treatment;
- 5) The efficacy of the DOD's current mental health safety net and treatment capabilities: for example, what current mechanisms are available to service members in the event of misdiagnosis?;
- 6) The steps and resources required to implement one-on-one, face-to-face mental health screenings for all returning service members;
- 7) The number of service members, men and women, reporting mental health concerns related to sexual assault during deployment; and whether current DOD personnel training and diagnostic guidance is sufficiently responsive to the needs of both men and women.

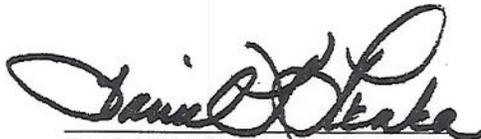
We seek to ensure that the DOD has the resources necessary to diagnose and treat service-connected injuries that impact the mental health of U.S. service personnel. It is vital that the U.S. military ensures it is treating the mental health needs of our forces with the same priority and resource investments it is devoting to physical injuries. If you would like to discuss this request, please contact Mark Linton with Senator Obama at 202-224-2854 or James Pitchford with Senator Bond at 202-224-5721.

Thank you for your assistance in this matter.

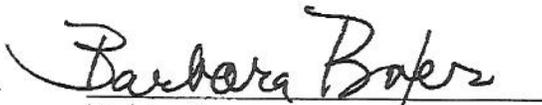
Sincerely,



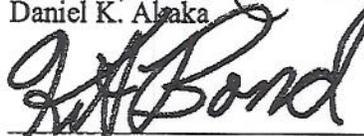
Barack Obama



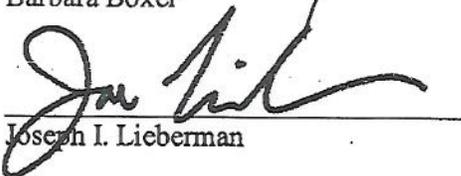
Daniel K. Akaka



Barbara Boxer



Christopher S. Bond

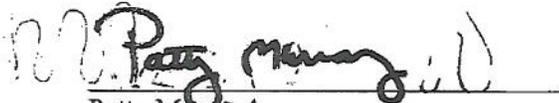


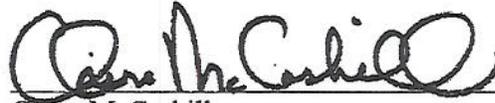
Joseph I. Lieberman



Tom Harkin

David M. Walker
April 19, 2007


Patty Murray


Claire McCaskill


Bernard Sanders

Cc: Gordon England
Deputy Secretary of Defense

Pete Geren
Acting Secretary of the Army