MAJOR GENERAL TIMOTHY LOWENBERG THE ADJUTANT GENERAL - WASHINGTON NATIONAL GUARD AND DIRECTOR, WASHINGTON MILITARY DEPARTMENT

UNCLASSIFIED

FOR RECORD

STATEMENT BY

MAJOR GENERAL TIMOTHY LOWENBERG
THE ADJUTANT GENERAL - WASHINGTON NATIONAL GUARD
AND
DIRECTOR, WASHINGTON MILITARY DEPARTMENT

BEFORE THE

SENATE VETERANS AFFAIRS COMMITTEE

ON

MILITARY MENTAL HEALTHCARE SYSTEM ISSUES
WASHINGTON NATIONAL GUARD
IMPACTS AND RECOMMENDATIONS

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MAJOR GENERAL TIMOTHY J. LOWENBERG
ADJUTANT GENERAL, STATE OF WASHINGTON

Thank you for the opportunity to appear before you today. Although I am a federally recognized, U.S. Senate-confirmed Air Force General Officer, I want to emphasize at the outset that I am testifying on behalf of the State of Washington and I am doing so as a state official in state status and at state expense. Unlike other military officers who typically appear before your committee, nothing I say has been reviewed, edited or otherwise approved by anyone in the Department of Defense. My formal testimony, oral statement and responses to your questions should therefore be understood to be the independent "field" input of a senior reserve component commander.

Importance of Full Spectrum Care for All Military Service Components

I am grateful for Congress' attention to Guard and Reserve matters in recent National Defense authorization bills, in support for the National Guard Yellow Ribbon Reintegration Program, and in studies to address the needs of National Guard soldiers and airmen following overseas combat tours.

National Guard soldiers and airmen are serving in combat environments that put them at risk for trauma from blasts and debilitating and life-threatening physical injuries. The constant stress, fear, and vigilance required to survive in these conditions can create long-lasting consequences that later manifest as Post Traumatic Stress Disorder (PTSD). Repeated exposure to these stress conditions and repeated and extended combat tours exacerbate these problems. Guard men and women, like other combatants, are subjected to blasts from improvised explosive devices (IED's) and other high yield explosives. Civilian studies of Traumatic Brain Injury (TBI) are instructive in dealing with brain trauma patients, but these studies are typically based on patients who have experienced a single traumatic blast exposure. Military personnel, on the other hand, especially ground forces, experience several TBIs in the course of a single combat tour and many Guard soldiers and airmen have served more than one combat tour or have had their tours of duty extended for up to a year and a half or longer at a time.

Because extended tours and recurring combat tours are a recent phenomenon, we do not know what the long term effects will be on the mental health of Guard and Reserve combatants. Until recently, there was no routine screening for TBI upon completion of a Guard member's combat tour. Without proper screening, many mental health conditions are masked and go untreated. I urge you to require and fund a system that assures mental health screening takes place upon completion of each combat tour and at periodic intervals thereafter.

Mindful of these soldier and airmen needs, the Washington National Guard has developed independent, State-specific networks of transitional support for returning service members and their families. We have partnered with numerous state and federal agencies, including the Washington Department of Veterans Affairs (WDVA) and the federal Veterans Administration (VA), and private non-profit organizations to develop a model reintegration program and we have extended the program's services to all military Reserve components.

The State of Washington was also the first state in the nation to establish a state-funded Post Traumatic Stress Disorder (PTSD) and War Trauma Treatment Program (HB 2095). This law, enacted in 1991, allows the Washington Department of Veterans Affairs to offer readjustment

counseling services to war-era veterans and their family members. These services include grief and counseling support for eligible state residents and family members, including National Guard and Reserve members who serve in times of conflict. The program's licensed mental health professionals offer a wide-range of specialized treatment as well as referrals to a variety of other services. That being said, there is still more that can and should be done to assist National Guard members by expanding and funding medical coverage, particularly mental health coverage, to a full spectrum of care.

National Guard and Reserves - Unique Considerations

The on-going Global War on Terrorism has transformed National Guard and Reserve components from a strategic reserve to a fully capable, combat-ready operational reserve. This shift has occurred as much from necessity as from conscious policy objective. The simple fact is that we can no longer project or sustain American military power or influence anywhere in the world without relying upon and fully integrating National Guard and Reserve personnel into all aspects of Defense Department operations. DoD and VA benefits programs, however, especially those that address physical and mental health coverage, are still too often tied to the 20th century strategic reserve paradigm and fail to recognize or accommodate the unique needs of 21st century National Guard and Reserve members.

The capabilities and operational integration of Guard and Reserve forces mask the fact that they are fundamentally different than active duty forces. Among these differences is the home-station environment from which our members deploy and to which they return at the conclusion of their combat tours. Another fundamental difference is the degree to which our members have access to physical and mental health care while in training status and upon completion of their active duty tours.

When active duty personnel return from overseas combat tours, they are generally retained in their unit for a minimum of six-months. During the first 30-days after return to home-station, they are given a half-day work schedule to allow them to decompress and gradually reintegrate with their family and friends. Active duty members and their families also typically live on or near their home-station and are therefore surrounded by a community that fully understands and shares their personal and professional experiences. Soldiers and airmen who experienced trauma together overseas still see each other every day and have an opportunity to individually and collectively "normalize" what they experienced in the combat zone. Military treatment facilities, physicians and other health care professionals are also readily available at home-station to address their medical needs.

By contrast, National Guard members report to duty from, and return to, communities scattered throughout the state. The unit to which they are assigned for training is often geographically removed from the community in which they live and work. When called to active duty, they either mobilize as a member of the unit to which they commute for monthly training or as a replacement "filler" to "round out" another deploying unit from their state or some other state. Under past mobilization models, National Guard soldiers have spent 3 to 4 months preparing for combat, 12 to 18 months in the overseas theater of operations, and then a mere 5 to 10 days demobilizing at an active duty installation, followed by 5 days at their home town Readiness Center. Under the new model for mobilization, the goal is for National Guard soldiers to spend 1

to 1 ½ months preparing for combat, 10 months in the overseas theater, and then 5 days demobilizing at an active duty installation and 5 days as their home town Readiness Center.

Upon release from active duty, National Guard soldiers return to their families and civilian work schedules with no opportunity to decompress or normalize their experiences. Their immediate family, which typically has no comparable combat experience, is their only sounding board. Their friends and neighbors in the surrounding community, unlike the friends and neighbors of most active duty personnel, also lack a common background or shared understanding of the Guard members' experiences. Under current policies, Guard members are also excused from participating in unit training for 90 days post-demobilization and therefore have an extended break in contact with the other solders with whom they served overseas.

National Guard and Reserve members also have far less access to medical care because of their dispersion in communities far from DoD and VA treatment facilities. TRICARE benefits end far too soon after release from active duty. Mental health issues, in particular, are not easily diagnosed and often surface long after the service member's six-month post-deployment coverage and eligibility for health care ends. This results in Guard and Reserve personnel with PTSD and TBI needs having no access to military health care. Without approval and funding to seek civilian care through the TRICARE network they must wait until the overstressed Veterans Administration mental health care program can provide assistance.

Our members' post-deployment separation from fellow unit members and from access to medical care can cause small PTSD or TBI disorders to blossom into intractable patterns of unemployment, substance abuse, family separation and divorce. Even when these problems come to our attention, National Guard units have no organic military mental health providers nor are we authorization to provide direct medical care for our soldiers and airmen. Once demobilized, Guard members have virtually no access to health care unless a formal Line-of-Duty has been completed for the specific medical condition. Since mental health issues often fail to surface until long after the Guard member is released from active duty, such LOD's are difficult to initiate, investigate and adequately document. Moreover, Guard members, unlike active duty soldiers and airmen, are often reluctant to seek help because of concern about the impact on their civilian employment. This is particularly true for law enforcement and other public safety employees. National Guard soldiers and airmen also tell us they don't report problems because of fear of being denied remote care (i.e. care near their place of employment or residence) and being required to leave their families to get care at a distant active duty installation.

Recommendations for Enhancing Support for National Guard Soldiers and Airmen

We owe National Guard and Reserve soldiers and airmen fully resourced, full spectrum care that is responsive to the unique medical, psychological, and family support needs of the Guard and Reserve force. One size does not fit all. Upon demobilization, members of the National Guard and Reserves transition back to a fundamentally different environment and have significantly different needs than their active duty counterparts. It is particularly important that we provide geographically dispersed health care where it can most readily be accessed by our combat veterans and their families.

Although beyond the jurisdiction of this Committee, Congress should review the policy of excusing returning Guard members from attendance at unit training assemblies for the first 90 days post-demobilization. It would be better to fund unit assemblies during this period in which National Guard soldiers and airmen can reconnect with their colleagues and "normalize" in the company of their peers. It would also be desirable to have parallel meetings for the members' spouses and family members. This would somewhat replicate the support system provided for active duty personnel and help National Guard soldiers and airmen internalize their experiences and more effectively reintegrate into their home communities.

The number of transition assistance advisors in each state also needs to be increased. Our advisors do an excellent job identifying the support needs of returning soldiers and airmen but we simply don't have enough advisors to handle all the demands placed upon them.

National Guard members require and deserve greater access to health care at military and Veterans Administration facilities and these facilities themselves must be better staffed and funded. The National Guard and Reserves are now an integral part of America's combat forces and must have a commensurate level of access to health care. Mental health care, in particular, is dependent on access and on the availability of trained providers. Mental health staffing should include, to the maximum extent possible, providers with direct combat experience. National Guard units should also be staffed with clinical psychologists and social workers to provide care to Guard members on par with what is provided to active duty members before, during and after deployments. Such enhancements would go a long way toward ameliorating misdiagnosis and "failure to treat" problems. Full medical coverage, and especially mental health coverage, should continue for at least a year following a Guard member's release from active duty and a regime of subsequent periodic screening should also be authorized and adequately resourced.

Conclusion

National Guard and Reserve units are an integral part of America's 21st Century fighting force. Current and future operations will therefore continue to expose Guard and Reserve forces to unprecedented trauma in protracted and recurring life-threatening situations. It must be recognized that while the exposure to trauma is the same throughout the force, members of the Guard and Reserves come from decidedly different environments than their active duty counterparts and they return to military programs and civilian communities that have far fewer resources and support systems than those enjoyed by active duty members returning to federal military installations. These differences must be recognized and accommodated by designing, implementing and resourcing physical and mental health care for members of the Guard and Reserve that is equal to that received by active duty personnel.

Thank you for considering the recommendations I have made for redressing current system deficiencies. I look forward to your questions.