

110TH CONGRESS
1ST SESSION

S. 1196

To improve mental health care for wounded members of the Armed Forces,
and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 24, 2007

Mr. LIEBERMAN (for himself, Mrs. BOXER, Mr. KENNEDY, Mr. KERRY, Mr. HARKIN, and Mr. CHAMBLISS) introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To improve mental health care for wounded members of
the Armed Forces, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mental Health Care
5 for Our Wounded Warriors Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) An estimated one in six members of the
9 Armed Forces returning from service in Iraq or Af-

1 ghanistan has a diagnosable condition of post-trau-
2 matic stress disorder (PTSD).

3 (2) One in ten members of the Armed Forces
4 who have served in Iraq or Afghanistan may suffer
5 from a traumatic brain injury (TBI).

6 (3) Since 2001, approximately 1,500,000 mem-
7 bers of the Armed Forces have been deployed in sup-
8 port of the conflicts in Iraq and Afghanistan, of
9 whom approximately one-third have served at least
10 two tours of duty, 70,000 have served three tours of
11 duty, and 20,000 have served at least five tours of
12 duty.

13 (4) Currently, there are 700,000 children in the
14 United States with at least one parent deployed to
15 support ongoing military operations in Iraq and Af-
16 ghanistan.

17 (5) The Department of Defense is facing a
18 shortage of mental health professionals. The Depart-
19 ment has had as many as 450 psychologists on ac-
20 tive duty in the Armed Forces in past years. How-
21 ever, the Department currently has only 350 psy-
22 chologists on active duty in the Armed Forces in
23 support of combat operations.

24 (6) The demands placed on the Department of
25 Defense mental health system exceed its capacity to

1 provide services in a timely manner to all those in
2 need.

3 (7) The long-term costs of treating members of
4 the Armed Forces returning from Iraq and Afghani-
5 stan could ultimately reach \$700,000,000,000, with
6 post-traumatic stress disorder projected to be one of
7 the most expensive conditions to treat.

8 (8) Women now constitute 16 percent of the
9 members of the Armed Forces and are assigned to
10 90 percent all military occupations. As a result,
11 there is a need for research on whether or not
12 women in combat roles have unique mental health
13 needs that should be addressed by the mental health
14 system of the Department of Defense.

15 (9) More than 25 percent of the members of
16 the Armed Forces deployed in support combat oper-
17 ations in Iraq and Afghanistan are ethnic minorities.
18 There is a need for research on whether or not mi-
19 norities have unique mental health needs that should
20 be addressed by the mental health system of the De-
21 partment of Defense.

22 (10) Three out of every five deployed members
23 of the Armed Forces have a spouse, child, or both.
24 However, there is a paucity of research on the men-

1 tal health needs of members of the Armed Forces
2 and their families.

(12) The long-term needs associated with mental health conditions and brain injuries will require a robust mental health professional workforce.

11 SEC. 3. SENSE OF CONGRESS ON MENTAL HEALTH OF THE
12 MEMBERS OF THE ARMED FORCES.

13 It is the sense of Congress that—

14 (1) members of the Armed Forces deserve the
15 best possible treatment for injuries sustained while
16 in service to the United States;

20 (3) members of the Armed Forces should have
21 access to mental health providers to facilitate their
22 treatment for mental illness sustained during com-
23 bat;

24 (4) mental health disorders, such as post-trau-
25 matic stress disorder (PTSD), incurred by members

1 of the Armed Forces in combat should be treated
2 with an urgency similar to physical ailments in-
3 curred by such members in combat;

4 (5) there is a need to train, recruit, and retain
5 more psychologists, social workers, psychiatrists,
6 neurologists, and other health care professionals to
7 diagnose and provide short-term and long-term care
8 for members of the Armed Forces with mental
9 health conditions, including traumatic brain injuries
10 (TBIs), sustained in combat; and

11 (6) there is a continued need for—

12 (A) basic science research on post-trau-
13 matic stress disorder, traumatic brain injury,
14 and other combat-related conditions;

15 (B) the development of new treatments for
16 post-traumatic stress disorder, traumatic brain
17 injury, and other combat-related conditions;

18 (C) the dissemination of best practices for
19 treating and managing post-traumatic stress
20 disorder, traumatic brain injury, and other
21 combat-related conditions; and

22 (D) a long-term strategy for education,
23 training, recruitment, and retention for the
24 mental health workforce of the Department of

1 Defense in order to expand and improve that
2 workforce.

3 **SEC. 4. CENTERS OF EXCELLENCE IN MILITARY MENTAL**
4 **HEALTH.**

5 (a) ESTABLISHMENT.—

6 (1) IN GENERAL.—Chapter 55 of title 10,
7 United States Code, is amended by inserting after
8 section 1105 the following new section:

9 **“§ 1105a. Centers of Excellence in Military Mental**
10 **Health**

11 “(a) IN GENERAL.—The Secretary of Defense shall
12 establish within the Department of Defense at least two
13 centers of excellence in military mental health to carry out
14 the responsibilities specified in subsection (c). Each such
15 center shall be known as a ‘Center of Excellence in Mili-
16 tary Mental Health’.

17 “(b) PARTNERSHIPS.—The Secretary shall authorize
18 each Center of Excellence in Military Mental Health to
19 enter into such partnerships, agreements, or other ar-
20 rangements as the Secretary considers appropriate with
21 institutions of higher education and other appropriate
22 public and private entities to carry out the responsibilities
23 specified in subsection (c).

1 “(c) RESPONSIBILITIES.—Each Center of Excellence
2 in Military Mental Health shall have responsibilities as fol-
3 lows:

4 “(1) To direct and oversee, based on expert re-
5 search, the development and implementation of a
6 long-term, comprehensive plan and strategy for the
7 Department of Defense for the prevention, identi-
8 fication, and treatment of combat-related mental
9 health conditions and brain injuries, with an empha-
10 sis on post-traumatic stress disorder (PTSD) and
11 traumatic brain injury (TBI).

12 “(2) To provide for the development, testing,
13 and dissemination within the Department of best
14 practices for the treatment of combat-related mental
15 health conditions and brain injuries, including post-
16 traumatic stress disorder, traumatic brain injury,
17 acute depression, and substance abuse.

18 “(3) To provide guidance for the mental health
19 system of the Department in determining the mental
20 health and neurological health personnel required to
21 provide quality mental health care for members of
22 the armed forces.

23 “(4) To establish, implement, and oversee a
24 comprehensive program to train mental health and
25 neurological health professionals of the Department

1 in the treatment of combat-related mental health
2 conditions and brain injuries.

3 “(5) To facilitate advancements in the study of
4 the short-term and long-term psychological effects of
5 traumatic brain injury.

6 “(6) To disseminate within the military medical
7 treatment facilities of the Department best practices
8 for training mental health professionals, including
9 neurological health professionals.

10 “(7) To develop a strategic plan to reduce the
11 stigma among members of the armed forces regard-
12 ing the presence of mental illness or other mental
13 health conditions in such members.

14 “(8) To conduct basic science and translational
15 research on combat-related mental health conditions
16 and brain injuries for the purposes of understanding
17 the etiology of such conditions and injuries and de-
18 veloping preventive interventions and new treat-
19 ments.

20 “(9) To develop outreach strategies and treat-
21 ments for families of members of the armed forces
22 with combat-related mental health conditions or
23 brain injuries in order to mitigate the negative im-
24 pacts of such conditions and injuries on such family

1 members and to support the recovery of such mem-
2 bers from such conditions and injuries.

3 “(10) To conduct research on the unique men-
4 tal health needs of women members of the armed
5 forces who serve in combat zones and develop treat-
6 ments to meet any needs identified through such re-
7 search.

8 “(11) To conduct research on the unique men-
9 tal health needs of ethnic minority members of the
10 armed forces who serve in combat and develop treat-
11 ments to meet any needs identified through such re-
12 search.

13 “(12) To conduct research on the mental health
14 needs of families of members of the armed forces
15 who are deployed to combat zones and develop treat-
16 ments to meet any needs identified through such re-
17 search.

18 “(13) To develop and oversee a long-term plan
19 to increase the number of mental health and neuro-
20 logical health professionals within the Department in
21 order to facilitate the meeting by the Department of
22 the long-term needs of members of the armed forces
23 with combat-related mental health conditions or
24 brain injuries.

1 “(14) Such other responsibilities as the Sec-
2 retary shall specify.”.

3 (2) CLERICAL AMENDMENT.—The table of sec-
4 tions at the beginning of chapter 55 of such title is
5 amended by inserting after the item relating to sec-
6 tion 1105 the following new item:

“1105a. Centers of Excellence in Military Mental Health.”.

7 (3) REPORT ON ESTABLISHMENT.—Not later
8 than 180 days after the date of the enactment of
9 this Act, the Secretary of Defense shall submit to
10 Congress a report on the establishment of Centers of
11 Excellence in Military Mental Health under section
12 1105a of title 10, United States Code (as added by
13 paragraph (1)). The report shall—

14 (A) set forth the number and location of
15 the Centers of Excellence in Military Mental
16 Health so established;

17 (B) for each Center so established, de-
18 scribe in detail the activities and proposed ac-
19 tivities of such Center; and

20 (C) assess the general progress of the Cen-
21 ters in discharging the responsibilities set forth
22 in that section.

23 (b) OVERSIGHT.—

24 (1) BOARD OF OVERSIGHT.—The Secretary of
25 Defense shall establish a board to oversee the activi-

1 ties of the Centers of Excellence in Military Mental
2 Health of the Department of Defense established
3 under section 1105a of title 10, United States Code
4 (as added by subsection (a)). The board shall be
5 known as the “Board of Oversight of Excellence in
6 Military Mental Health” (in this subsection referred
7 to as the “Board”).

8 (2) MEMBERSHIP.—

9 (A) REQUIRED MEMBERS.—The members
10 of the Board shall include the following:

11 (i) The director of each Center of Ex-
12 cellence in Military Mental Health.

13 (ii) The commanding officer of Walter
14 Reed Army Medical Center, District of Co-
15 lumbia.

16 (iii) The Surgeon General of the
17 Army, the Surgeon General of the Navy,
18 and the Surgeon General of the Air Force.

19 (iv) The Assistant Secretary of De-
20 fense for Health Affairs.

21 (B) AUTHORIZED MEMBERS.—With the
22 joint approval of the Secretary of Defense and
23 the Secretary of Veterans Affairs, the members
24 of the Board may include any of the following:

1 (i) The Under Secretary of Veterans
2 Affairs for Health.

3 (ii) Any director of a polytrauma cen-
4 ter of the Department of Veterans Affairs.

13 (B) To develop mechanisms for the dis-
14 semination and implementation of recommenda-
15 tions and best practices on military mental
16 health developed by the Centers of Excellence in
17 Military Mental Health.

18 (C) Such other responsibilities as the Sec-
19 retary shall establish for purposes of this sec-
20 tion.

21 SEC. 5. PERSONNEL SHORTAGES IN MENTAL HEALTH
22 WORKFORCE OF THE DEPARTMENT OF DE-
23 FENSE.

24 (a) RECOMMENDATIONS ON MEANS OF ADDRESSING
25 SHORTAGES.—

1 (1) REPORT.—Not later than 45 days after the
2 date of the enactment of this Act, the Secretary of
3 Defense shall submit to the Committees on Armed
4 Services of the Senate and the House of Representa-
5 tives a report setting forth the recommendations of
6 the Secretary for such legislative or administrative
7 actions as the Secretary considers appropriate to ad-
8 dress current personnel shortages in the mental
9 health workforce of the Department of Defense.

10 (2) ELEMENTS.—The report required by para-
11 graph (1) may include recommendations on the fol-
12 lowing:

13 (A) Enhancements or improvements of fi-
14 nancial incentives for personnel in the mental
15 health workforce of the Department of Defense
16 in order to enhance the recruitment and reten-
17 tion of such personnel, including recruitment,
18 accession, or retention bonuses and scholarship,
19 tuition, and other financial assistance.

20 (B) Modifications of service obligations of
21 personnel in the mental health workforce.

22 (C) Such other matters as the Secretary
23 considers appropriate.

24 (b) RECRUITMENT.—Commencing not later than 180
25 days after the date of the enactment of this Act, the Sec-

1 retary of Defense shall implement programs to recruit
2 qualified individuals in mental health fields to service in
3 the Armed Forces as mental health personnel of the
4 Armed Forces.

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