

SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS,
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Statement of Rep. Christopher Shays March 30, 2004

When Reservists and National Guard members join their active duty counterparts to form what is called the Total Force, they bring unique health needs to the battlefield. Long deployments and separation from family can have an especially negative impact on Guard and Reserve morale and performance. cursory pre-deployment physical and mental health assessments might miss ailments and conditions that would be diagnosed and treated in the more closely monitored regular forces. Accessing care during and after mobilization is too often a dispiriting struggle against a bureaucracy prone to minimize or disparage their wounds, literally adding insult to injury.

So today we ask: Do current deployment health programs meet the specific health care needs of the citizen-soldiers who make up a vital and growing part of the force structure?

In the course of our oversight of 1991 Gulf War veterans' illnesses, we learned that weaknesses in force health protections exposed U.S. forces to avoidable risks. Pesticides were widely dispersed without adequate warning or safeguards. Use of experimental drugs was not properly monitored. Poor medical record keeping shifted the burden of proof to the service members to prove the extent and source of their exposures and injuries. A macho, warrior culture tended to punish or stigmatize health complaints.

After the first Gulf War, Congress mandated improvements to force health protections including pre- and post-deployment medical examinations, mental health assessments and serum samples to better establish baseline health data. Record keeping was to be centralized, more accurate and more timely. The Department of Defense (DOD) has incorporated those requirements into a broader force health protection strategy that has enhanced both the quality and quantity of health care for service members and their families.

But recent reports suggest that for some “military medicine” is still a contradiction in terms, an oxymoron describing the victory of quantity over quality in the rush to front. Processing and treatment facilities have been overwhelmed by patients with conditions that should have prevented their being deployed at all. Injured Guardsmen and Reservists have languished in medical limbo awaiting care only to be told they’re suddenly ineligible because the paperwork extending their active duty status took too long. Record keeping is still inconsistent or lacking altogether. A recent survey of troops in Iraq found sufficient incidence of mental health stressors - anxiety, depression and traumatic stress – that suicide prevention efforts are being strengthened.

Our first panel of witnesses will describe their personal experiences with the deployment health system. We are grateful for their service, their continued courage and their willingness to be here today. DOD witnesses will then describe their ongoing efforts to improve health protections and the standard of care for deployed forces. We look forward to their testimony.

This hearing is part of a sustained examination of issues effecting Reserve and National Guard units. Last year, Government Reform Committee Chairman Tom Davis and I exposed serious problems in Army Guard pay systems. Next month, the full committee will convene a hearing on National Guard transformation. And in May, this Subcommittee will hear testimony on equipment and training shortfalls.