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Nominee for secretary has few illusions about challenges Army faces. John McHugh, nominated to be the next secretary of the Army, said at his confirmation hearing he had few illusions about the challenges the service—“fatigued by eight years of constant conflict”—faces in the years ahead.

Testifying July 30 before the Senate Armed Services Committee, the 16-year congressman whose district includes Fort Drum, N.Y., said “far too often” soldiers return home “to a support mechanism ... that falls short.” Adding, “It all comes back to people.”

In talking to wounded warriors, he said they often asked: “What else can I do to serve? That will be the key motivation when I wake every day,” if confirmed.

McHugh said he planned to review the range of support programs the Army offers soldiers and families to ensure they are known, understood and effective. He said, “I think the Army is moving in the right direction” on mental health and suicide prevention, “but we have a long way to go.”

He said the five-year study the Army is undertaking with the National Institute of Mental Health was important, but “we can’t wait five years” to help soldiers now.

McHugh said stigma of seeking mental health counseling remains so soldiers do not feel “when I’m troubled, it’s OK to seek help.” He noted that after two years the Army is about half way to meeting its goal of adding 200 mental health professionals to its clinics and hospitals.

Included in his review would be the uniformity in the expected behavior of soldiers in the Wounded Warrior program, he said. “The paperwork is just the first start,” he said about Congress’ passing a law establishing the program.

Joseph Westphal, nominated to be under secretary of the Army, said, scientists are only now beginning to understand the impact of neurological damage on behavior. “There are a lot of unknowns out there.”

McHugh said that adding 22,000 soldiers over the next three years will help fill units and over time begin to increase the dwell time for soldiers at home.

Demand increases for senior officers, NCOs as Iraq winds down. “The demand [for soldiers] continues to increase,” the commanding general of the Army’s Human Relations Command said, citing the need for senior advisers from lieutenant colonel to senior noncommissioned officers to serve as advisers to the Iraqi army.

Maj. Gen. Sean Byrne said, “These teams are rich in mid-level to senior officers and noncommissioned officers.”

At the same time, there is a continuing shortage of about 4,000 captains and majors that is attributable to the downsizing of the active army from about 780,000 in the early 1990s to 485,000.

“We cut the accessions off. All those lieutenants we did not bring in would be majors now.” The Army was extremely concerned about retaining captains two years ago as it moved to the modular formation requiring more leaders as a company was added to each battalion in the brigade combat team and the impact of repeated deployments upon these company commanders.

Byrne said the Army began offering them choices of graduate school, a bonus or choice of assignment to retain them for two more years. “We stemmed what we thought would be a high rate of attrition. We don’t have the bonus money now.”

The shortage of majors is expected to continue, but he said the Army is expecting to meet its goal of commissioning 5,500 lieutenants a year, if retention remains steady.

He added that Defense Secretary Robert Gates’ recent announcement that the Army will grow by another 22,000 soldiers over three years was to ensure that deploying units went to Afghanistan and Iraq with the proper number of trained soldiers. The plan is to add 5,000 soldiers in this fiscal year and 9,000 in each of the next two fiscal years.

The increase in active-duty end strength offsets the end of stop-loss and the rise in the percentage of soldiers who are non-deployable. “I have to fill [deploying units] at 109 percent to get them to 100 percent when they go out the door.” In the past, Human Resources Command filled the unit at 104 percent.

Army to unveil comprehensive fitness program. “I want to tell you about a major program that we’re going to roll out around the first of October. And, it’s a program that we have been working on for over a year,” the Army chief of staff said in an address to over 2,100 medical personnel from the U.S. Army Medical Command July 23.

Called Comprehensive Soldier Fitness, this new program will focus on “mental fitness across the Army.”

Speaking at the AUSA Institute of Land Warfare Army Medical Symposium and Exposition in San Antonio, Casey told the audience that heretofore the Army had mental fitness assessment programs, some educational programs on mental illness and treatment programs for soldiers who had been identified with the problem—usually during a post-deployment cycle.

“But,” Casey said, “as we looked at all these programs, we saw that they were heavily weighted toward treating soldiers or assisting soldiers after the fact.”

Noting that mental health problems, to include suicides, are on the rise, and realizing the Army had to do something new to prevent mental health challenges, the service turned to doctors at the University of Pennsylvania who had been working these issues—to teach people to be more resilient—for many years.

This resulted in developing what Casey called “the most important element”—the Global Assessment Tool that is an online individual, confidential survey that a soldier can take to evaluate his or her strengths in five areas: physical, emotional, social, family and spiritual.

Following the survey, the program will then direct the soldier to self-help modules to rebuild their strength in any one or more of the areas.

“It will be absolutely confidential. We are trying to get rid of the [mental illness] stigma. It’s a personal thing the soldier will take,” Casey said. The Comprehensive Soldier Fitness program will be fully implemented by the Army, including the National Guard and U.S. Army Reserve, in 2010.

Once the program is implemented for the uniformed force, a variation of the program will be available for Army families and civilian employees. “This is not a short-term quick fix. This is about changing the culture of the Army, and about building resilient soldiers and families for a period of persistent conflict and high operating tempo.” Casey said.

Chief sees resilient, but stretched Army. “About two years ago I started saying that we were out of balance as an Army, because I was hearing ‘broken,’ ‘hollow,’ ‘not ready,’ and we were none of these,” the Army chief of staff told over 2,100 attendees at the Association of the United States Army’s Institute of Land Warfare Army Medical Symposium and Exposition in San Antonio’s Henry B. Gonzales Convention Center July 23.

Gen. George W. Casey Jr. added, “This is the most resilient, professional, combat-seasoned force that I’ve been associated with in thirty-nine years [of service].”

However, he emphasized that the Army is deploying at a fast pace, and soldiers and their families are stretched.

“We are seeing” Casey said, “the cumulative impacts of eight years of war. So we are out of balance . . . and we are so weighed down by our current commitments that we can’t do the things that we know we need to do to sustain the soldiers and families of this great volunteer force.

Casey said he initiated a plan that encompasses four imperatives that directly deal with the out-of-balance issues facing the Army.

- The most important is to sustain soldiers and families—“the heart and soul of our Army.”
- Prepare soldiers for success in the current conflicts by ensuring that, before going into harm’s way, they have “the best manning, training and equipment they could possibly have to have an edge on the enemy.”
- Reset the soldiers, the units and equipment when they return from a deployment.
- Continue to transform the Army “for an uncertain future.”

Addressing the Army’s current manning levels, Casey said, “I know we are going to have some additional forces deployed to Afghanistan before we start coming down in Iraq . . . and Secretary [of Defense Robert] Gates has announced that the president approved” a temporary increase of 22,000 soldiers for the Army.

This increase, Casey said, “is a huge bridge to get us through the next 18 to 24 months.”

The most important element to get the Army back in balance, according to Casey and a point he continuously stresses, is to increase the time the soldier spends at home before called upon to deploy again—dwell time.

Army moves to bolster public support for modernization. “This is not the time to look to the Army for resources” to cover other parts of the federal budget in time of economic crisis, one of its senior resource officers told 200 attendees at the Association of the United States Army’s Institute of Land Warfare Breakfast in suburban Washington.

Lt. Gen. Stephen Speakes, deputy chief of staff, G-8, asked for help in “strengthening public support” over the long term for Army modernization programs in the wake of the cancellation of the manned ground vehicle portion of the Future Combat Systems.

He told reporters following his July 16 remarks that an Army Blue Ribbon Panel chaired by the vice chief of staff is reaching out now to solicit insights from academics to platoon sergeants that will then be analyzed and submitted to the Office of the Secretary of Defense in September on how to proceed with a manned ground vehicle program.

“We became more insulated” in developing FCS. “That is not a position of strength. We want to become more inclusive” in addressing his concerns—focusing on the current operating environment and balancing deployability and survivability—expressed April 6 by Defense Secretary Robert Gates in announcing the cancellation.

Those concerns raise a host of issues including what kind of vehicles—scout, command and control, etc.; the mix of heavy, medium and light; developing them in synchronization or serially—are needed for a fleet numbering 16,000 combat vehicles now, he said.

“We’re confident we’ll get [Gates’ support] by addressing his concerns, and that funds will be there in the Fiscal Year 2011 budget request going to Congress in February.

“The goal is simple: We have it right and have the implicit support of OSD” in going to Congress for the funds.

“We’re going to bring that vehicle in five to seven years,” Speakes said in his address.

He said challenges in the future include sustaining the All Volunteer Force [“our people come first”], restoring depth, integrating Quadrennial Defense Review decisions and taking on a “fossilized” acquisition system.

Turning to current issues, Speakes said the Army plans to move the Mine Resistant Ambush Protected vehicle program [from maintenance to providing them to the training base to placing in prepositioned stocks] into the modular force and put the cost in the base budget.

Experimental task force to remain. The new mission statement of the Army Experimental Task Force “moves past FCS and will look more broadly at Army modernization,” the outgoing director of its parent organization said July 24. In short, “it will open the job wider” because it can examine other programs outside of the Future Combat Systems and adapt those for the Army’s infantry, Stryker and heavy formations.

Speaking with reporters at the Pentagon, Maj. Gen. James Terry, of the Future Force Integration Directorate at Fort Bliss, Texas, said that includes looking at force design, lessons learned from Afghanistan and Iraq and into the future through “the eyes of the Training and Doctrine Intelligence folks.”

The idea is to identify risk, but also keep it within “what is fiscally possible.”

“What are the risk areas? What are the solutions?” What is discovered through this process is the possibility the Army “might have to develop new programs,” Terry said.

This also means looking at equipment developed by the Rapid Equipping Force and now paid for out of supplemental appropriations being moved into the base budget. “Do we need to make it a program of record” with its own budget line, he asked.

Into the near future, he specifically cited advances in non-line-of-sight launch systems—“rockets in a box”—for their precision and small unmanned aerial vehicles for their ability to perform long-term information engagement as being particularly useful in Afghanistan and Iraq. “Much of what we do in Iraq and Afghanistan is securing the population.”

In the wake of the Defense Secretary Robert Gates’ April 6 announcement of the cancellation of the manned ground vehicle portion of FCS [about \$90 billion of the \$160 billion program], Terry looked back over this two years as integration director at Bliss and saw positives in the program.

“Armor enhancements came out of the FCS program” and “long-range active protection radar” to cite two examples. “We can’t discount what it has done.”

Adding, “When you take out manned ground vehicles, you don’t have future brigade combat teams.”

These combat vehicles will have to “have the right balance of protection and deployability.” They also have to have the “lessons learned that we have to look at mobility and lethality,” Gates’ directive. Terry also said the design must be flexible enough to put on future enhancements, look at the power requirements down the road and interior space as improvements will be made.

DoD awards new TRICARE contracts.

Department of Defense officials have announced the selection of new TRICARE managed care support contractors for the North, South and West TRICARE regions in the United States.

The third generation, or T-3, contracts are worth an estimated \$55.5 billion over the base and five options periods. Transition from the current contracts is scheduled to begin immediately, with the start of health care delivery under the new contracts anticipated to be April 1, 2010. The transition will occur during the base period and health care delivery will begin with the first option.

The TRICARE West region retains its current contractor, TriWest Healthcare Alliance Corp. The selected contractors in both North and South are new.

Aetna Government Health Plans of Hartford, Conn., is selected for the North region where Health Net Federal Services is the current contractor. UnitedHealth Military & Veterans Services of Minnetonka, Minn., is selected for the South region where Humana Military Healthcare Services is the current contractor.

“We expect all of our managed care support contractors to provide top quality health care and the highest possible customer satisfaction,” said Ellen Embrey, acting director of TMA. “Delivering quality health care to our nation’s heroes and their families is our number one priority—with a special emphasis on our wounded warriors.”

Ms. Embrey is also performing the duties of the assistant secretary of defense for health affairs.

“Our military hospitals and clinics continue to be at the center of our health care delivery system,” said Rear Adm. Christine Hunter, TMA deputy director. “At TRICARE we are fully committed to augmenting that system with high-quality care for all beneficiaries.”

Although two new contractors have been selected, the three-region structure in the United States and all of the TRICARE benefit options offered under the current contracts remain the same.

The T-3 contracts feature financial incentives to encourage exceptional customer service; high-quality care; detection of fraud, waste and abuse; increased electronic claims processing; better program management; improved preventive care and cost savings. To apply these incentives fairly, TRICARE has improved methods to measure and assess network provider, beneficiary, and military treatment facility commander satisfaction.

‘Toxic mix’ of factors involved in Fort Carson violence cases.

“A toxic mix” of combat stress and associated mental health problems plus drug and alcohol abuse, individual and unit turmoil—all “predisposing factors”—led 10 soldiers in the Fourth Brigade Combat Team to commit murder and attempted murder between 2005 and 2009 at Fort Carson, Colo., a comprehensive Army study reported.

Speaking to reporters in a telephone press conference July 16, Lt. Gen. Eric Schoomaker, the Army surgeon general, said the Army can identify “no single factor or grouping of factors” to explain the crimes committed by 14 soldiers at Carson that was part of the epidemiological study leading to the 126-page report. The other four soldiers came from different units but were assigned to Carson.

Maj. Gen. Mark Graham, commander of Fort Carson, commissioned the study to determine any linking risk factors in these cases that could help “identify at-risk soldiers” who might “take his life or take another’s life.”

Schoomaker said the number and length of deployments, enlistment waivers, alcohol and drug abuse, intensity of the combat experience, individual and unit turmoil, leadership at lower and higher levels and the environment at home, in the unit and while deployed were factors included in the study.

In cases of “soldiers who return early for marital problems, follow-up was an issue on how they re-integrate,” he said. They were “very young soldiers, E-1 to E-4s.”

The study also looked at the stigma of seeking mental health care by an individual and within the unit. “Stigma can come from your peers” when an individual’s name is called out while standing in formation reminding the soldiers of a behavior health clinic appointment, Graham said.

“The Army’s new message is that it is a sign of strength, not weakness, to reach out for help for yourself or to escort your battle buddy to care,” he added.

“A sister unit [at Carson] did not have the same clustering crisis,” Schoomaker said, although the Fourth BCT was deployed to Iraq longer and did suffer more combat deaths.

Lt. Gen. Michael Rochelle, G-1, said in the telephone conference the Carson study’s findings were largely consistent with those in an ongoing Army-wide review of violent crime.

The review found “2,726 soldiers out of a population of more than 1.1 million were involved in crimes. Waivers were not a disproportionate factor. Deployments were not a disproportionate factor. Deployments were not a disproportionate factor. Sixty-five percent never deployed.”