



# WASHINGTON UPDATE

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**Chairman calls for quick Hill action on spending requests.** The chairman of the Joint Chiefs of Staff told the House Appropriations Defense Subcommittee “there’s a real sense of urgency” in passing the Defense Department’s budget request for Fiscal Year 2011 and its requests for emergency spending to pay for military operations in Afghanistan and Iraq this fiscal year and the next. The total requests are \$700 billion.

Testifying March 24, Adm. Michael Mullen said 190,000 American forces are deployed to Afghanistan and Iraq and another 150,000 are “meeting our security commitments around the globe.”

Turning to Afghanistan, he said “Right now, the Taliban still believe they’re winning. Eighteen months from now, if we’ve executed our strategy, we’ll know they can’t—we’ll know they aren’t, and they will know that they can’t.

“Getting there will demand discipline and hard work. It will require ever more cooperation with Pakistan, with whose leaders we are meeting this week. ... And it will most assuredly demand more sacrifice and more bloodshed. But the stakes are too high for failure.”

Adding, operations in Afghanistan are “not a mission of mercy,” but the place from which the United States was attacked on 9/11 and a place where al Qaeda “still plots and plans.”

Defense Secretary Robert Gates praised the strides made by the Afghan National Army. “The police are a challenge. We are increasing the number of trainers for the police. I think that the local situation will be a combination of local security forces that are put together in the communities themselves as well as the police.”

When asked about talks between the Afghan government and some Taliban leaders, he was cautious about possible success and differentiated between reconciliation and reintegration.

“One is reconciliation, which is kind of at the top level, if you will, the senior Taliban. And the other is reintegration. We believe that a significant number—we don’t know exactly how—what percentage, but a significant number of the foot soldiers of the Taliban fight for the Taliban either because they get paid and it provides a way for them to support their families or because they and their families have been intimidated.”

**McHugh, Casey note progress in restoring balance.** “After nearly nine years of warfare your Army is tired. It is stressed; it is feeling the effects of multiple deployments, too many times in the theater and too little time back at home to recoup and to recover. We’re making progress, trying to do the best in the way ahead to address some of those challenges, but they do continue,” the secretary of the Army told a key congressional panel March 24.

John McHugh added in his testimony before the House Appropriations Defense Subcommittee, “I think you should be aware that, in spite of those challenges, this Army remains resilient; it remains determined, and it is extraordinarily effective.”

Gen. George W. Casey Jr., Army chief of staff, said, “I want to tell you that this ‘11 budget provides the resources that, with the Iraq drawdown, that provides us the time to put us back in balance here as we suggested we could do in ‘11.”

That led to the creation of three force pools, one deployed, second in training and third recovering from deployment. In the active force, the model calls for one year available for deployment and a year each in training and recovery.

Looking at the Army National Guard and Army Reserve, he said, “Half of the guard and reserve are combat veterans today. I mean, that’s fundamentally different than it was when I came in the Army. And what I hear from them is, give us some predictability, get us to one-to-four or one-to-five even, and we can sustain this.”

Adding “Now I think it’s a conversation that we all need to have as we go down the road, and as demands come down in Iraq. Because we have 70,000 to 80,000 guardsmen and reservists mobilized on a given day and have had for some time. And I’m not sure how long folks are willing—can accept that. But that’s for a few years from now. But I think it’s a conversation that we probably need to have.”

Casey told the subcommittee the Army has pulled some important elements forward from the cancelled Future Combat System manned ground vehicle program. “The network is what gives us the ability to operate in any environment. And not to be overly simplistic, but in any environment a soldier goes into, they need to know where they are, they need to know where their buddies are, they need to know where the enemy is. And when they shoot at them, they need to hit them.”

**Increased use of prescription drugs draws congressional attention.** The increased use of prescription medicines, particularly those used to treat pain and stress, among active duty service members drew House and Senate committee attention in late March.

Sen. James Webb, D-Va., chairman of the Senate Armed Services Personnel Subcommittee, said, "The data are stunning." Adding, "We really do need to understand the dynamic ... of what is actually happening when they are deployed." Testifying before the subcommittee, Sen. Ben Cardin, D-Md., said, "There are a lot of dots, and we haven't connected the dots."

He said use of anti-depressants has risen from 4,000 service members four years ago to 19,000. He added, 12 percent of the service members in Iraq used sleeping pills and 17 percent in Afghanistan.

Dr. Charles Rice, acting as the assistant secretary of defense for health affairs, said some of the increase could be attributed to a better tracking of the status of the person filling the prescription.

At the same time, the use of psychotropic medicines in the general populations has risen as well, he said. "It's difficult to turn on the television without being convinced that you're bipolar or have some other problem for which there is a drug ready-made for you."

In addition, Rice said military health care providers have been instructed to "recognize pain and treat it appropriately."

Lt. Gen. Eric Schoomaker, Army surgeon general, said his service surveys show 3 to 6 percent of deployed soldiers are being treated for stress or mental health issues. "Prescription drugs have been increasingly used in social settings," he said.

Army Secretary John McHugh told the House Appropriations Defense Subcommittee the Army is keeping an eye on possible abuse of prescription medicines, particularly in Warrior Transition Units.

"That is ... where the most profoundly wounded arrive and where the need for pain management is most keenly felt. And we have established a program whereby all prescriptions within the WTU's go through a single point source, so that we have that opportunity to make sure that multiple prescriptions designed to do the same thing are not finding themselves into a particular patient."

Gen. George W. Casey Jr., chief of staff, added, "And, it is part of the cumulative effects of eight-and-a-half years at war. And, it's something, it's not a pretty thing, but it's something that we just have to get on the table and deal with."

**Congressmen join forces to address reducing rising suicide rates.** A freshman congressman from New York explained to several hundred attendees at a program on mental health in the military how he joined hands with another freshman from Florida to introduce legislation providing for follow-up counseling and other services to help reduce the number of suicides in the armed forces.

Rep. Michael McMahon, D-N.Y., said Rep. Thomas Rooney, R-Fla., approached him about co-sponsoring bills to assist in that effort. "There are some issues that transcend partisanship. [We] were very concerned about the high rate of suicide in the military."

Speaking March 11 at the Center for Strategic and International Studies in Washington, he said, "The statistics are just sobering." The Department of Defense reported 349 suicides in 2009. McMahon said that suicide statistics kept by the Department of Veterans Affairs show an increase over the last four years of 28 percent.

"Stigma is always a problem," which is one reason one of the bills calls for mandatory screening of all service members returning from Afghanistan and Iraq. He said that congressional appropriators with the strong backing of Defense Secretary Robert Gates set aside \$500 million to begin the screening and provide the support for follow-on treatment.

The problem in the appropriation bill's language was not requiring the screening and support if DoD said it did not have enough mental health professionals for the program at the start. The department is short several hundred professionals in the behavioral science fields.

He suggested that the Defense Department partner with civilian organizations such as Give an Hour (featured in the January 2010 AUSA NEWS) to fill the gap.

"Suicide may not always be preventable [but] intervention is a way to do it, with counseling."

McMahon said that he would be taking back to Capitol Hill ideas on how to broaden the screening and counseling programs to service members' families, to government employees and contractors who have served in Afghanistan and Iraq.

Drawing on his constituent's experiences following the terrorist attacks upon the United States on Sept. 11, 2001, he said, "We're still fighting to get mental health services for those involved," but who were not necessarily first responders. "It's a parallel to what we have in the military."

Clark Murdoch, senior adviser in the center's International Security Program, said, "The cultural issue is much broader than in the military."

**Gates announces some changes in ‘Don’t Ask; Don’t Tell’ policy.** Defense Secretary Robert Gates said effective March 25th armed services will limit third-party accusations when investigating possible homosexual behavior and raise to the level of a one-star general or admiral the authority to open inquiries or decide whether a discharge is warranted.

In addition, “Certain categories of confidential information will no longer be used in support of discharges including information provided to lawyers, clergy and psychotherapists; information provided to a medical professional, in furtherance of medical treatment, or a public-health official, in the course of a public-health inquiry; information provided in the course of seeking professional assistance, for domestic or physical abuse, and information obtained in the course of security clearance investigations, in accordance with existing Department of Defense policies,” he said.

Gates also added the services will have 30 days to “conform their regulations to these changes.”

Later in answer to a question, he said, “Every case that is currently still open will be dealt with under these new regulations. So they will be reinitiated by a flag rank officer. A person who is in the process can opt out of that, can in effect say, ‘I want to be—I want to have the proceedings carried forward under the new regulations in terms of what kind of information can be allowed, but I don’t want to start the whole process over.’”

About 13,000 service members have been discharged under the law barring open homosexual behavior in the armed forces. There were 428 discharges under the law last year. The law was enacted in 1994.

Speaking at the Pentagon with Adm. Michael Mullen, chairman of the Joint Chiefs of Staff, Gates said the changes in regulations will give “a greater measure of common sense and common decency.”

Earlier this month, he named Gen. Carter Ham and Jeh Johnson, the department’s legal counsel, to review how the armed forces would implement changes in regulations and practices if the “Don’t Ask, Don’t Tell” law was repealed by Congress.

They are to report back to Gates by December. President Barack Obama called for the repeal in his State of the Union address in January.

“I do not recommend a change in the law before we have completed our study. There is a great deal we don’t know about this in terms of the views of our service members, in terms of the views of their families and influencers.”

“IEDs remain number 1 battlefield killer. “It’s a weapon of choice, and is the number one killer on the battlefield,” Col. Omer Lavoie of the Canadian Forces said about improvised explosive devices at a special symposium sponsored by the Canadian Embassy.

“At a tactical level [the Taliban] can’t beat us, but they are trying to achieve a strategic goal,” he said, such as having a nation decide that it no longer wants to be engaged in a protracted fight with an insurgency or foreign fighters in operating in another country.

Gary Doer, Canadian ambassador to the United States, said that of “the 140 Canadians who have died in Afghanistan; two-thirds have died from IEDs.” Lavoie’s command sergeant major was killed by an IED.

The threat caused Canada to re-examine its commitment to explosive ordnance disposal and to seek ways to counter the increasingly deadly IED.

While technological advances help in countering these devices, Jim Hewitt, who works on a number of counter IED programs for the Canadian government, said, “Training and preparing the force is where the heavy lifting has to be done.”

“Training is the greatest return on investment in the counter IED fight,” Lt. Gen. Michael Oates, director of the Joint Improvised Device Defeat Organization, said. “We need more work in simulation capability” for maneuver forces.

Adding, “You can’t duplicate a combat environment, but you can replicate it.”

“Detection is the hardest piece,” Jeffrey Wight from Canada’s MREL Defense and Security Products said. It is a particular problem now in Afghanistan and Colombia where the explosives have few if any metal parts. “It’s the age-old problem [the Americans] were facing in Vietnam” with booby traps and roadside explosives.

Lavoie and others said that they would expect these kinds of explosives to be used in future conflicts—from stability operations to high-end combat.

In his experience in Afghanistan, Lavoie said the Taliban “moved from direct confrontation to IEDs” because “it gives them their biggest bang for the buck. There is no panacea” in countering IEDS.

Brig. Phil Winter of the Australian army said terrorists, insurgents and even motorcycle gangs have used IEDs to kill tourists in Bali, Indonesia and southern Thailand and each other and police forces in Australia.

**House approves legislation to protect TRICARE.** House Armed Services Committee Chairman Ike Skelton, D-Mo., introduced legislation on March 19 which explicitly states that TRICARE and nonappropriated fund (NAF) health plans meet all of the health care requirements for individual health insurance. This technical correction will ensure TRICARE beneficiaries don't suffer any inadvertent penalties under the language of national health care reform legislation passed by the House March 21.

While beneficiaries of these programs will already meet the minimum requirements for individual health insurance and will not be required to purchase additional coverage, H.R. 4887, The TRICARE Affirmation Act, would provide clarification by changing the tax code to state it in law. The bill was approved in the House by a vote of 403 to 0.

At the bill's introduction, Skelton said, "It is a commonly known fact that I oppose the health care reform bill as it exists currently and will vote against it tomorrow. But, my duty as the chairman of the Armed Services Committee compels me to ensure that the health care of our brave service men and women, our military retirees, and all of their family members is protected if the bill does indeed pass.

"In the health care bill currently under consideration in Congress, TRICARE and the Non-Appropriated Fund health plans, the programs that provide health care for these individuals, will meet the minimum requirements for individual health insurance coverage, and no TRICARE or NAF health plan beneficiary will be required to purchase additional coverage beyond what they already have.

"However, to reassure our military service members and their families and make it perfectly clear that they will not be negatively affected by this legislation, my bill, H.R. 4887, explicitly states in law that these health plans meet the minimum requirements for individual health insurance.

"Our brave men and women in uniform provide us with first-class protection, and it is our obligation to provide them—and their families—with first-class health care in return. Every day, our troops risk their lives to stand up for us on the battlefield, and I now ask my colleagues—no matter what your position may be on health care reform itself—to join me in standing up for our service members and their families.

"We must affirm for our military service members and their families that even if the health reform bill passes, the coverage provided by TRICARE and the Non-Appropriated Fund health plans will be properly defined in law as meeting the minimum requirements for individual health insurance."

**National Guard chief describes budget challenge.** The chief of the National Guard Bureau told the Senate Appropriations Defense Subcommittee that in building a budget it is difficult "to convince the Air Force and the Army of our needs. I especially have found, since I've become the chief of the National Guard Bureau, that many of our domestic requirements fall below the lines, quite frankly, on many of our active duty budgets simply because there's not enough investment capital to take care of both the home game and away."

Testifying with other reserve component chiefs at the March 24 hearing, Gen. Craig McKinley, USAF, added, "If it gets tighter, which everybody forecasts it to be over the next three to five years, with budgetary pressure, I'm afraid that both my colleagues on left and right are going to find it more difficult to equip the units in the fashion that they need to sustain the capability of both Army and Air Guard units. ... We will run into a budgetary crisis in re-equipping the National Guard as soon as the budgetary pressure starts to set in."

Maj. Gen. Raymond Carpenter, director of the Army National Guard, said in answer to a question: "The issue here is going to be pressure on the budget. And as those pressures come to bear, those POM dollars, those projected programs, are likely to change, and our concern, obviously, is that it's a proportional change between the Army Guard and the Army. And I guess that's something yet to be seen."

Looking at the same issue, Lt. Gen. Jack Stultz, chief of the Army Reserve, said, "The problem is our budget and our funding is based on the Army Reserve you came into, one weekend a month, two weeks in the summertime. It's not based on this operational model."

Adding, "Everything that we're funding today ... is based on overseas contingency operation dollars or supplement dollars that we've gotten. What we have to do is we've got to get those dollars identified and put them into the base budget of the Army and the Army Reserve as requirements for the future."

By doing that, Stultz said training would improve. "They want that piece of equipment that they've just been in theater operating, not coming back home and looking at that 30-year-old truck that they're saying, 'We don't use that anymore.' So that's the challenge."

On recruiting, Carpenter said the Army National Guard has been very successful because it changed its approach to the mission. "The people we recruit into our formations now, as was mentioned, are expecting to deploy. It's not if they're going to deploy. It is when they're going to deploy, and they have come to grips with that idea."