

111TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To establish a commission on veterans and members of the Armed Forces with post traumatic stress disorder, traumatic brain injury, or other mental health disorders, to enhance the capacity of mental health care providers to assist such veterans and members, to ensure such veterans are not discriminated against, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

Mr. WYDEN introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To establish a commission on veterans and members of the Armed Forces with post traumatic stress disorder, traumatic brain injury, or other mental health disorders, to enhance the capacity of mental health care providers to assist such veterans and members, to ensure such veterans are not discriminated against, 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 “Servicemembers Men-  
5 tal Health Care Commission Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Since October 2001, approximately  
4 1,640,000 members of the Armed Forces have been  
5 deployed as part of Operation Enduring Freedom or  
6 Operation Iraqi Freedom.

7 (2) 300,000 members of the Armed Forces are  
8 suffering from major depression or post traumatic  
9 stress because of service in Operation Enduring  
10 Freedom or Operation Iraqi Freedom.

11 (3) 320,000 of the members of the Armed  
12 Forces who served in Operation Enduring Freedom  
13 or Operation Iraqi Freedom, or 19 percent of such  
14 members, have received brain injuries from such  
15 service.

16 (4) Only 43 percent of members of the Armed  
17 Forces with a probable traumatic brain injury have  
18 reported receiving a medical evaluation for their  
19 head injury.

20 (5) Records of the Department of Veterans Af-  
21 fairs show that 120,000 members of the Armed  
22 Forces who are no longer on active duty have been  
23 diagnosed with mental health problems, approxi-  
24 mately half of whom suffer from post traumatic  
25 stress disorder (PTSD).

1           (6) In the last year, only 53 percent of those  
2 members of the Armed Forces with post traumatic  
3 stress disorder or depression have sought profes-  
4 sional help from a mental health care provider.

5           (7) Rates of post traumatic stress disorder and  
6 depression are highest among members of the  
7 Armed Forces who are women or members of the  
8 Reserves.

9           (8) Efforts to improve access to quality mental  
10 health care are integral to supporting and treating  
11 both active duty members of the Armed Forces and  
12 veterans.

13           (9) Without quality mental health care, mem-  
14 bers of the Armed Forces and veterans may experi-  
15 ence lower work productivity, which negatively af-  
16 fects their physical health, mental health, and family  
17 and social relationships.

18           (10) Cultural and personal stigmas are factors  
19 that contribute to low rates of veterans of Operation  
20 Enduring Freedom and Operation Iraqi Freedom  
21 who seek mental health care from qualified mental  
22 health care providers.

23           (11) The capacity of mental health care pro-  
24 viders and access to such providers must be im-  
25 proved to meet the needs of members of the Armed

1 Forces who are returning from deployment in Oper-  
2 ation Enduring Freedom or Operation Iraqi Free-  
3 dom.

4 (12) Community-based providers of mental  
5 health care are invaluable assets in addressing the  
6 needs of such members and should not be over-  
7 looked.

8 (13) Coordination of care among government  
9 agencies as well as nongovernmental agencies is inte-  
10 gral to the successful treatment of members of the  
11 Armed Forces returning from deployment.

12 **SEC. 3. COMMISSION ON VETERANS AND MEMBERS OF THE**  
13 **ARMED FORCES WITH POST TRAUMATIC**  
14 **STRESS DISORDER, TRAUMATIC BRAIN IN-**  
15 **JURY, OR OTHER MENTAL HEALTH DIS-**  
16 **ORDERS CAUSED BY SERVICE IN THE ARMED**  
17 **FORCES.**

18 (a) ESTABLISHMENT OF COMMISSION.—There is es-  
19 tablished a commission on veterans and members of the  
20 Armed Forces with post traumatic stress disorder, trau-  
21 matic brain injury, or other mental health disorders  
22 caused by service in the Armed Forces.

23 (b) MEMBERSHIP.—

24 (1) IN GENERAL.—The commission shall be  
25 composed of a chair and 11 other members who

1 shall be appointed jointly by the Secretary of Vet-  
2 erans Affairs and the Secretary of Defense.

3 (2) MEMBERSHIP.—The membership of the  
4 commission under paragraph (1) shall include at  
5 least one of each of the following:

6 (A) Members of the Armed Forces on ac-  
7 tive duty.

8 (B) Veterans who are retired from the  
9 Armed Forces.

10 (C) Employees of the Department of Vet-  
11 erans Affairs.

12 (D) Employees of the Department of De-  
13 fense.

14 (E) Recognized medical or scientific au-  
15 thorities in fields relevant to the commission,  
16 including psychiatry and medical care.

17 (F) Mental health professionals who are  
18 not physicians.

19 (G) Veterans who have undergone treat-  
20 ment for post traumatic stress disorder, trau-  
21 matic brain injury, or other mental health dis-  
22 orders.

23 (3) CONSIDERATION OF RECOMMENDATIONS.—

24 In appointing members of the commission, the Sec-  
25 retary of Veterans Affairs and the Secretary of De-

1 fense shall consult with nongovernmental organiza-  
2 tions that represent veterans, members of the Armed  
3 Forces, and families of such veterans and members.

4 (c) DUTIES.—

5 (1) IN GENERAL.—The commission shall—

6 (A) oversee the monitoring and treatment  
7 of veterans and members of the Armed Forces  
8 with post traumatic stress disorder, traumatic  
9 brain injury, and other mental health disorders  
10 caused by service in the Armed Forces; and

11 (B) conduct a thorough study of all mat-  
12 ters relating to the long-term adverse con-  
13 sequences of such disorders for such veterans  
14 and members, including an analysis of—

15 (i) the information gathered from re-  
16 screening data obtained from post deploy-  
17 ment interviews;

18 (ii) treatments that have been shown  
19 to be effective in the treatment of post  
20 traumatic stress disorder, traumatic brain  
21 injury, or other mental health disorders  
22 caused by service in the Armed Forces;

23 (iii) the effects on the military career  
24 of members of the Armed Forces of seek-  
25 ing mental health counseling or care, in-

1 cluding effects on duty assignments and  
2 promotion potential; and

3 (iv) the continuity and effectiveness of  
4 mental health care provided individuals  
5 during their transition from receipt of care  
6 and services through the Department of  
7 Defense to receipt of care and services  
8 through the Department of Veterans Af-  
9 fairs.

10 (2) RECOMMENDATIONS.—The commission  
11 shall develop recommendations on the development  
12 of initiatives—

13 (A) to mitigate the adverse consequences  
14 studied under paragraph (1)(B); and

15 (B) to reduce cultural and professional  
16 stigmas associated with treatment of post trau-  
17 matic stress disorder, traumatic brain injury, or  
18 other mental health disorders of veterans and  
19 members of the Armed Forces.

20 (3) ANNUAL REPORTS.—Not later than Sep-  
21 tember 30 each year, the commission shall submit to  
22 the appropriate committees of Congress a report  
23 containing the following:

1           (A) A detailed statement of the findings  
2           and conclusions of the commission as a result  
3           of its activities under paragraph (1).

4           (B) The recommendations of the commis-  
5           sion developed under paragraph (2).

6           (d) POWERS OF THE COMMISSION.—

7           (1) SITE VISITS.—The commission may visit lo-  
8           cations where veterans and members of the Armed  
9           Forces with post traumatic stress disorder, trau-  
10          matic brain injury, or other mental health disorders  
11          caused by service in the Armed Forces receive treat-  
12          ment for such disorders to carry out the oversight  
13          and monitoring required by subsection (e)(1)(A).

14          (2) INFORMATION FROM FEDERAL AGENCIES.—  
15          The commission may secure directly from any Fed-  
16          eral department or agency such information as the  
17          commission considers necessary to carry out the pro-  
18          visions of this Act. Upon request of the chair of the  
19          commission, the head of such department or agency  
20          shall furnish such information to the commission.

21          (3) SOLICITATION OF TESTIMONY.—The com-  
22          mission may request testimony from members of the  
23          Armed Forces, veterans, caregivers, and other  
24          sources in a manner intended not to interfere with

1 the career development of the individual providing  
2 such testimony.

3 (e) TERMINATION.—The commission shall be termi-  
4 nated jointly by the Secretary of Veterans Affairs and the  
5 Secretary of Defense, at the joint discretion of the Secre-  
6 taries.

7 (f) AUTHORIZATION OF APPROPRIATIONS.—

8 (1) FISCAL YEAR 2010.—There is authorized to  
9 be appropriated for fiscal year 2010 to carry out  
10 this section, \$1,000,000.

11 (2) SUBSEQUENT FISCAL YEARS.—There is au-  
12 thorized to be appropriated for each fiscal year after  
13 fiscal year 2010 such sums as may be necessary to  
14 carry out this section in such fiscal year.

15 (g) APPROPRIATE COMMITTEES OF CONGRESS DE-  
16 FINED.—In this section, the term “appropriate commit-  
17 tees of Congress” means—

18 (1) the Committee on Armed Services and the  
19 Committee on Veterans’ Affairs of the Senate; and

20 (2) the Committee on Armed Services and the  
21 Committee on Veterans’ Affairs of the House of  
22 Representatives.