The Honorable David R. Obey  
Chairman, Committee on Appropriations  
U. S. House of Representatives  
Washington, DC  20515–6015

Dear Mr. Chairman:

This letter responds to a request in House Report 109-95 that the Department of Veterans Affairs (VA) and the Department of Defense (DoD) jointly study mental health disorders (traumatic stress-related, panic, and bipolar), sharing military health records, and 90-day post-deployment reassessments.

The first request was for “the Department of Veterans Affairs and Department of Defense to jointly study mental healthcare, the onset and nature of post-traumatic stress disorder, panic disorder, and bipolar disorder.” DoD and VA have never more actively collaborated to identify and address the research gaps involving deployment-related psychopathology. In May 2006, VA Office of Research and Development, the National Institute of Mental Health, DoD, and other university subject matter experts were convened by the executive agent of the congressionally-directed Medical Research Program (U.S. Army Medical Research and Materiel Command) for a two-day, “Mapping the Landscape of Deployment Related Adjustment and Mental Disorders” workgroup. The workgroup formally identified the most pressing needs in combat stress-related research in their final report. These research gaps were further prioritized during a formal two-day meeting of relevant researchers from Military, Government, and academic domains, June 11–12, 2007.

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A Department of Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury has been established to actively coordinate mental health and brain trauma initiatives with both VA and DoD subject matter experts. DCoE will provide mechanisms for continuously assessing best practices and disseminating them through training and publication. It will also examine long-term outcomes relative to preventive, diagnostic and treatment protocols, and inform policies as a result of evolving knowledge.

We are most grateful for the generous support from Congress, which is enabling the Department to increase initiatives across the continuum of areas recommended for improvement by DoD Task Force on Mental Health and other commissions and workgroups. Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

Enclosures:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member
The Honorable John P. Murtha  
Chairman, Subcommittee on Defense  
Committee on Appropriations  
U. S. House of Representatives  
Washington, DC 20515-6018

Dear Mr. Chairman:

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As stated

cc:
The Honorable C. W. Bill Young
Ranking Member
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S. Ward Casscells, MD

Enclosures:
As stated

cc:
The Honorable John McCain
Ranking Member
The Honorable Ben Nelson  
Chairman, Subcommittee on Personnel  
Committee on Armed Services  
United States Senate  
Washington, DC 20510–6050  

Dear Mr. Chairman:

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Enclosures:
As stated

cc: The Honorable Lindsey O. Graham
Ranking Member
The Honorable Ike Skeleton  
Chairman, Committee on Armed Services  
U. S. House of Representatives  
Washington, DC 20515–6035

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cc:
The Honorable Duncan Hunter
Ranking Member
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S. Ward Casscells, MD

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As stated

cc:
The Honorable John M. McHugh
Ranking Member
The Honorable Robert C. Byrd  
Chairman, Committee on Appropriations  
United States Senate  
Washington, DC 20510–6025

Dear Mr. Chairman:

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[Signature]

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cc:
The Honorable Thad Cochran
Ranking Member
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As stated

cc:
The Honorable Ted Stevens
Ranking Member
## FY07 Post-Traumatic Stress Disorder and Traumatic Brain Injury (PTSD/TBI) Research Program

### Overview of FY07 PTSD/TBI Research Program Award Mechanisms
- Adobe PDF - provides a brief description and key elements for all award mechanisms.

### Post-Traumatic Stress Disorder Traumatic Brain Injury Program Announcements

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<th>Program Announcement</th>
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<td>PTSD/TBI Clinical Consortium-Coordinating Center Award</td>
<td>August 2, 2007</td>
<td>Pre-Application (Pre-Proposal): October 4, 2007; Submit a Pre-Proposal</td>
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<td>PTSD/TBI Clinical Consortium-Study Site</td>
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<td>PTSD Advanced Technology Therapeutic Development Award</td>
<td>July 24, 2007</td>
<td>Pre-Application (Preproposal): September 12, 2007; Proposal: November 13, 2007; PreProposal deadline has passed.</td>
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<td>PTSD Investigator-Initiated Research Award</td>
<td>July 16, 2007</td>
<td>Pre-Application (LOI): September 4, 2007; Proposal: October 18, 2007; LOI deadline has passed.</td>
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<td>PTSD Multidisciplinary Research Consortium Award</td>
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<td>Pre-Application (Preproposal): September 5, 2007; Proposal: November 13, 2007; PreProposal deadline has passed.</td>
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<tr>
<td>PTSD New Investigator Award</td>
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MENTAL HEALTH DEPLOYMENT STUDIES

Mental Health Deployment-Related

Ongoing Research Projects:

2003-2004 Active Duty Epidemiological Study*
This research will compare short-term health outcomes in troops deployed to Operation Iraqi Freedom (OIF) versus non-deployed troops, including post-traumatic stress disorder (PTSD), neuropsychological symptoms, and health-related quality of life.

A Placebo-Controlled Trial of Prazosin vs. Paroxetine in Combat Stress-Induced PTSD Nightmares and Sleep Disturbance [CDMRP]
This study will evaluate the efficacy and tolerability of prazosin in OIF and Operation Enduring Freedom combat-exposed returnees with nightmares and disrupted sleep in the context of PTSD.

A Randomized Clinical Trial of Cognitive-Behavioral Treatment for PTSD in Women
Ad Lib Smoking in PTSD: A Naturalistic Study

Adrenergic Mechanisms and Treatment of PTSD and Secondary Drug Abuse

Attitudes and Well-Being of Fathers During and After Deployment*

Barriers and Facilitators to PTSD Treatment Seeking

Cognitive-Behavioral Treatments for PTSD Sleep Disturbance

Context and the Hippocampus in Unremitting Posttraumatic Stress Disorder

Coping Interventions for Children of Deployed Parents*

Demonstrating the Efficacy of Scenario-Based Virtual Reality Tools for Treatment of Acute PTSD in Non-Combat Arms Personnel
The purpose of this research is to demonstrate the efficacy of using virtual reality (VR) psychotherapeutic tools compared to the current standard of treatment of acute PTSD which includes a combination of medications and cognitive behavior therapy (CBT).

Deployment Reactions Survey*
CSF & Plasma Pro-inflammatory Cytokines: Relationship to Combat Exposure, PTSD and Health Status*

Early Intervention Research Program to Enhance Soldier Resilience
This study will compare the effectiveness of various types of early intervention (debriefing, information, cognitive-behavioral) following a potentially traumatizing event, in order to develop valid methods to improve soldier resilience after such events.

EEG Asymmetry and Autonomic Response to Threat in PTSD

Effect of Perceived Stress, Coping Behavior, Previous Deployment Separation, and Defined Health Promoting Behaviors on General Well-Being in Females*

Effects of Stress on Memory: Brain Circuits, Mechanisms and Therapeutics

Effectiveness of Screening and Treatment for PTSD in Substance Use Disorder Patients

Efficacy of an Integrated CBT Approach to Treating Chronic Pain and PTSD

Efficacy of Adjunct Sleep Interventions for PTSD (EASI-PTSD) [CDMRP]
This study will investigate the efficacy and durability of two very different interventions for sleep disturbances associated with PTSD in men and women veterans.

Emotional Stress and Cardiac Myocyte Dysfunction

Factors Associated with Psychological Symptoms After Combat Deployment*

Genetic Studies of Anxiety Disorders and Related Phenotypes

Holistic Assessment of Quality of Life in Deployed Navy Personnel*

Identification of Risk Factors for Chronic PTSD
This research will examine the early course of PTSD symptoms in Military personnel reporting symptoms of PTSD after their return from Iraq or Afghanistan and test several hypotheses regarding early symptomatic course and risk factors for a chronic course of PTSD.

Integrated CBT for Substance Use and Depressive Disorders

Integrating Smoking Cessation into Mental Health Care for Veterans with PTSD

Interventions to Enhance Psychological Resilience and Prevent Psychiatric Casualties*
This research will examine existing health care databases, evaluate new cognitive assessment technologies and collect data during operational deployments to develop a knowledge base and interventions to prevent behavioral dysfunction and psychiatric casualties.
Iraq Scenario-based Virtual Reality to Treat Posttraumatic Stress Disorder in Polish Troops
This two-part study will examine the effectiveness of Graded VR Therapy in Polish Military personnel who are experiencing symptoms of acute combat stress or PTSD.

Learned Helplessness Model of Stress

Magnetic Resonance and Spectroscopy of the Human Brain in Gulf War Illnesses
This study will interview and examine groups of Gulf War veterans with and without unexplained illnesses, in order to determine whether abnormalities in the brain imaging of ill Gulf War veterans (by magnetic resonance spectroscopy), occur independently of posttraumatic stress disorder, alcohol dependence, and depression.

Medical Deployment Resilience Study*

Mental Health of Troops while Deployed in Iraq*
This research will identify key mental health concerns, low morale, and significant barriers to care throughout Iraq.

Military Family Responses to Deployment*

Military Personnel’s Perceptions of Deployment*

Mood-Stabilizing Medications and the Inositol Signaling System

Neural Substrates Underlying Behavioral Organization

Neurobiological Mediators of Symptom Development in Animal Model of PTSD

Neurobiology of Severe Psychological Trauma in Women

Neuroendocrine Correlates of PTSD Before and After Treatment
This study will examine longitudinally, biological and psychological alterations and their interactions, in veterans of OEF/OIF with PTSD randomized to either prolonged exposure or to a wait list condition.

New Onset of Tobacco Use During Deployment*

Ovarian Hormone Regulation of Behavior Following Traumatic Stress
Perceptions of the Compensation and Pensions Process for PTSD: Symptoms and Service Utilization*
This study will evaluate veterans who have new compensation claims for PTSD.
Prazosin Treatment for Combat Trauma PTSD Nightmares and Sleep Disturbance

Predictive Tools for PTSD*
This research will develop criteria to identify vulnerable soldiers returning from operational deployments.

Prefrontal Cortical Function in PTSD: A Proton Magnetic Resonance Spectroscopy (MRS)
Prospective Assessment of Neurocognition in Future Gulf-deployed and Gulf-nondeployed Military Personnel: A Pilot Study
This study will compare pre and post-deployment health status of Military personnel deployed to the Middle East. (See also VA-88)

Psychological Interventions*
This research will evaluate potential group-level and individual-level interventions designed to improve soldier resiliency following exposure to potentially traumatic events.

Psychological Screening*
This research will develop a short validated psychological screening procedures to match soldiers with behavioral health care.

PTSD, Anger, Cognition, and Partner Violence Among Combat Veterans

PTSD, Sleep Disordered Breathing and APOE Genotype: Effects on Cognition
Quantitative Trait Genes Controlling Circadian and Sleep Behaviors
This animal study will look at mouse genes to determine which ones are responsible for how the internal clock controls sleep.

Retrospective Records Review to Determine Effectiveness of Prazosin in Reducing Nightmares in Recent Combat Veterans*

Role of Thyrotropin-Releasing Hormone (TRH) in Antidepressant Treatment

Serotonin and Dopamine Transporter Genetics: A Factor in PTSD Risk?

Sexual Assault Prevalence among Male PTSD Disabled Gulf War Veterans

Stress and Coping Aboard USNS Comfort*

Telemedicine and Anger Management Groups for PTSD Veterans in the Hawaiian Islands

Telephone Case Monitoring for Veterans with PTSD
The Efficacy of Virtual Reality in Treating Post-Traumatic Stress Disorder in US Warfighters Returning from Iraq and Afghanistan Combat Theaters
This study will focus on the development and refinement of psychotherapy procedures and the development of virtual environments to obtain the effectiveness of early treatment interventions using traditional virtual reality (VR) toolsets and high-end VR equipment.

The Role of Neuropeptide (NPY) in Uncontrolled Alcohol Drinking and Relapse Behavior Resulting from Exposure to Stressful Events
This research will test the hypothesis that normal brain signaling protects against uncontrolled alcohol self-administration and relapse caused by exposure to stressful events.

The Role of the Serotonin 2C Receptor mRNA Editing and Alternative Splicing in Suicidal Behavior

Treatment of PTSD-related Anger in Troops Returning from Hazardous Deployments
This study will test the efficacy and benefits of an existing evidenced-based cognitive-behavioral anger intervention for the secondary prevention of PTSD-related anger problems.

Use of Virtual Reality Warfighter Scenarios with Returning Gulf War and Afghanistan Combatants Experiencing Symptoms of Acute Stress Response and PTSD
This research is aimed at developing game-based virtual reality (VR) scenarios to demonstrate the efficacy of VR therapy for treating acute PTSD and combat stress in Active Duty Military Members.

Women Veterans Project: Operation Iraqi Freedom*
This research will determine the effects of deployment experiences, work stress and family stress on mental and physical health in current and former active-duty and Reserve Air Force personnel who deployed during the period of OIF to Iraq or elsewhere.

Work, Family, and Stress: Deployment Resilience and Retention*
This study will determine the effects of deployment experiences, work stress and family stress on mental health and well being in male and female Air Force personnel who served during OEF and OIF.

* (Asterisk) - Indicates the research information was obtained from a data call conducted by the office of Force Health Protection and Readiness in March 2005. All of this research is considered to be “ongoing” at this time until a new data call can be initiated.

Completed Research Projects:
A Comparison of PTSD Symptomatology among Three Army Medical Units Involved in ODS
This study tested individuals from reserve units involved in Operation Desert Storm for symptoms related to post-traumatic stress disorder.

Antidepressant Mechanisms of Vagus Nerve Stimulation

A Placebo-Controlled Trial of Adjunctive Quetiapine for Refractory PTSD

A Randomized Clinical Trial for Cognitive-Behavioral Treatment for PTSD in Women
(See DoD-125)
This study compared the ability of two types of treatment for mental and emotional disorders for women with Military-related posttraumatic stress disorder.

A Randomized Clinical Trial of Cognitive-Behavioral Treatment for PTSD in Women
(See VA-74)
This study reviewed two different types of treatment for women with Military-related posttraumatic stress disorder (PTSD).

A Randomized, Multi-Center, Controlled Trial of Multi-Model Therapy in Veterans with Gulf War Illness (EBT) (See also DoD-115; formerly VA/DoD 1V)
This project studied Gulf War veterans who had unexplained chronic medical symptoms such as pain, fatigue, and/or cognitive difficulties.

A Randomized, Multi-Center, Controlled Trial of Multi-Model Therapy in Veterans with Gulf War Illnesses (CBT) (See also VA-62; formerly VA/DoD 1D)
This study looked at whether or not cognitive behavioral therapy (CBT) and aerobic exercise, alone or in combination, are better than regular care for Gulf War veterans with chronic unexplained symptoms.

Acute and Long-Term Impact of Deployment to Southwest Asia on the Physical and Mental Health of Soldiers and their Families
This study looked at the short-and long-term impact of deployment to Southwest Asia on the physical and mental health of soldiers and their families.

Clinical Relevance of Novel Immunological Markers in PTSD
This study looked at the possible relationship between a certain protein and posttraumatic stress disorder (PTSD) in Vietnam War veterans.

CRF1 Receptor, GRKs, Arrestins: Stress Sensitization and Mood Disorders

Demonstrating the Efficacy of Scenario-Based Virtual Reality Tools for Assessment and Treatment of Acute PTSD and Acute Stress Response in Combat Arms Personnel
The current effort was aimed at developing game-based virtual reality scenarios to
demonstrate efficacy of VR therapy for treating acute PTSD and combat stress in Active Duty Military Member.

Desert Storm Reunion Survey
This project examined patterns of readjustment of Gulf War veterans following their return from the Gulf region.

Does PTSD Service Connection Affect Disease Course and Family?

Epidemiologic Studies of Morbidity Among Gulf War Veterans: A Search for Etiologic Agents and Risk Factors; A Study of Symptoms Among 1500 Seabees
This study compared post-war symptoms and diseases of Gulf War-era deployed veterans to non-deployed veterans.

Epidemiologic Studies of Morbidity Among Gulf War Veterans: A Search for Etiologic Agents and Risk Factors; Study 5: Seabee Health Study
This study compared symptoms and illnesses between Gulf War veterans and other veterans.

Epidemiological Studies Persian Gulf War Illnesses. PG Women’s Health Linkage Study
This study compared the general health of Gulf War era women who deployed to those who did not deploy.

Evaluation of Cognitive Functioning of Persian Gulf Veterans
This project reviewed self-reported health complaints and environmental exposures in the Persian Gulf region.

Family Study of Fibromyalgia
The primary goal of this study was to examine the relationship between fibromyalgia and mental disorders within families.

Feasibility of Developing a Registry of PTSD Affected Veteran Sib Pairs
This study examined the possibility of developing a database of veteran sibling pairs to look at possible genetic associations with PTSD.

Follow-Up Investigation of Troops Exposed to Nerve Agents at Aberdeen Proving Ground (Pilot Study) (See also VA-63A; formerly VA/DoD-2DA)
This pilot study surveyed individuals exposed to chemical agents for common neurological and mental health disorders to determine whether or not a full study of health effects on exposed individuals can be done.

Follow-Up Investigation of troops exposed to nerve agents at Aberdeen Proving Ground (Pilot Study) (See also DoD-116A; formerly VA/DoD-2VA/2DA)
This study was done to determine if it was possible to follow up on soldiers exposed to chemical agents.
Follow-up of Psychological and Neurocognitive Gulf War Outcome: Relation to Stress
The purpose of this study was to continue to examine mental illness and brain function in Gulf War veterans with and without PTSD.

HPA Axis Alterations in PTSD: A Comparison of Gulf War and Vietnam Veterans

HPA Axis Reactivity in Men and Women with Chronic PTSD
This study was designed to evaluate the brain functions in men and women with chronic post-traumatic stress disorder.

Illness Among Persian Gulf War Veterans: Case Validation Studies
This study compared confirmed illnesses of Gulf War veterans to veterans who did not deploy to the Gulf.

Improving Outcomes of Depression in Primary Care
This study reviewed the impact of a low-intensity care management program on outcomes of patients with major depression.

Interactions of Subsymptomatic Doses of Sarin with Pyridostigmine: Neurochemical, Behavioral, and Physiological Effects
This animal study tested the effects of low level exposure of sarin and pyridostigmine bromide (PB) on the brain and nervous system functions of rats.

Longitudinal Health Study of Gulf War Veterans
This study assessed the health status of Gulf War veterans and non-Gulf War veterans to determine if the Gulf War veterans health status are better, worse or the same as non-Gulf War veterans ten or more years after the war.

Measurement and Validation of Psychosocial Risk and Resilience Factors Accounting for Physical and Mental Health and Health-Related Quality of Life among PGWVs
This study compared self-reported symptoms and health-related quality of life among Gulf War veterans to determine if these factors could be associated with deployment.

Memory and Attention in PTSD
This project compared two groups of PTSD sufferers (one Vietnam-era, one Gulf War era) to a group of veterans with no PTSD symptoms.

Neural Correlates of PTSD Prevention with Mindfulness Based Stress Reduction (MBSR) in Iraqi Veterans

Neurobiology of Severe Psychological Trauma in Women
This study reviewed the effects of mental trauma on normal brain functioning in women with post-traumatic stress disorder.
Neurological and Circadian Substrates of PTSD-like Behaviors
This study was designed to determine if the development of post-traumatic stress disorder requires both a traumatic event and a genetic increased risk.

Neuroplasticity and Calcium Signaling in Stressed Rat Amygdala
This animal study looked at the ability of rat brains to recover function after being exposed to stress.

Neuropsychological Functioning in Persian Gulf Era Veterans
This study evaluated the brain function and mental health of some Gulf War veterans who sought treatment.

Neuropsychological Functioning in Veterans
This project compared learning, memory, and attention performances in groups of Gulf War returnees with and without PTSD diagnosis.

Physical, Mental, Social, and Family Health Outcomes of Gulf War Veterans
This study compared the physical, social, mental, and family health of Gulf War veterans to military personnel who deployed and did not deploy to other regions of the world.

Physiologic Effects of Stress in Gulf War Veterans
This study looked at the association between Persian Gulf War illness and stress among women who served in the Persian Gulf War.

Physiological Responding in Posttraumatic Stress Disorder
This study examined combat veterans from the Vietnam and Persian Gulf Wars with and without posttraumatic stress disorder.

Predicting Chronic PTSD in Individuals Exposed to Trauma

Psychobiologic Alterations in Persian Gulf War Veterans with and without PTSD
This study compared brain functions of Vietnam veterans to Gulf War veterans.

Psychobiological Assessment of Desert Storm Veterans
This study was designed to evaluate the relationship between posttraumatic stress disorder and physical symptoms in Gulf War veterans.

Psychological Adjustment in Operation Desert Shield/Storm Veterans
This study looked at the mental health effects of Military service in Operations Desert Shield/Desert Storm.

Psychological Assessment of Operation Desert Storm Returnees
This study compared post-war mental health symptoms between a group of Gulf War returnees to a group of troops from the same units who did not deploy.
Psychological Health Screening: Methods and Metrics for Deployed Forces
This study was designed to develop and test a mental health screening tool for soldiers throughout their deployment cycle.

Psychological Screening Tools for Reduced Attrition
This research developed instruments to identify individuals likely to attrite based on their psychological (vice physical) attributes.

Psychological Test Data of Gulf War Veterans Over Time
This project was designed to learn more about mental stress and physical symptoms experienced by Gulf War veterans.

Psychological and Neurobiological Consequences of the Gulf War Experience
This study looked at the effects of stress from war-related trauma on Gulf War veterans over time.

Psychosocial, Neuropsychological and Neurobehavioral Assessment (Project I)
This study was designed to determine if veterans had developed neurobehavioral or mental health effects from service in the Gulf War.

Relationships of Stress Exposures to Health in Gulf War Veterans
This study addressed gaps and enhanced the understanding of the undefined Gulf War Illness due to stress and stress exposures encountered by Gulf War veterans.

SPECT Benzodiazepine Receptor and MR Imaging in PTSD
This study was designed to use an imaging technique to compare brain functions between Vietnam and Gulf War veterans with post-traumatic stress disorder.

Stress, Pro-Inflammatory Cytokines, and Coping Behavior

Stress Symptoms and Their Causal Attribution in Desert Storm Veterans
This study tested individuals from Reserve units for symptoms related to posttraumatic stress disorder.

Suppression of PTSD-Related Information-Processing Biases

The General Well-Being of Gulf War Era Service Personnel from the States of Pennsylvania and Hawaii: A Survey
This study reviewed the effects of the Gulf War on the mental health and adjustment of military personnel in Hawaii and Pennsylvania who either deployed or did not deploy.

Traumatic Experiences Persistently Enhance Cue-dependent Learning: Toward an Animal Model of Chronic Stress and Posttraumatic Stress Disorder
This animal study looked at the relationship between repeated exposures to stressful events and the development of stress-related mental illness.

**Troops Exposed to Nerve Agents at Aberdeen Proving Ground: Follow-Up**
This was a follow-up study reporting on the health of U.S. Army soldiers who were exposed to chemical warfare and other agents between 1955 and 1975.

**Medical Research Publications**
**Mental Health (includes PTSD) Deployment-Related**

The following is a listing of articles from peer-reviewed medical and scientific journals. The articles are listed alphabetical by the first author’s last name beginning with the current year.

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**2001 to 2007 Medical Articles Related to Mental Health of Veterans of Operation Enduring Freedom and Operation Iraqi Freedom (February 10, 2007)**

**Articles Related to Operation Enduring Freedom Only**

**2001 to 2007**


**Articles Related to Both Operation Enduring Freedom and Operation Iraqi Freedom**

**2001 to 2004**


2005


2006: Psychiatric Screening, Diagnosis and Risk Factors

1. Rundell, J.R. Demographics of and diagnoses in Operation Enduring Freedom and Operation Iraqi Freedom personnel who were psychiatrically evacuated from the theater of operations. *General Hospital Psychiatry* 2006 July-August; 28(4):352-356. (Funded by DoD)

2. Sherer, R.A. Adequacy of mental health screening and care in the military is questioned. *Psychiatric Times* 2006 July; 23(8). (News article)


2006: Psychiatric Treatment and Prevention

1. Hoge, C.W., Auchterlonie, J.L., and Milliken, C.S. Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq and Afghanistan. *Journal of the American Medical Association* 2006 March 1; 295(9):1023–1032. (Funded by DoD)

2. Levin, A. Nearly 10 percent of Iraq vets screen positive for PTSD. *Psychiatric News* 2006 April 7; 41(7):1. (News article on Hoge study)


2007: Psychiatric Screening, Diagnosis and Risk Factors

Articles Related to Operation Iraqi Freedom Only

2003–2005: United States


2003–2005: United Kingdom


3. Hacker-Hughes, J., Cameron, F., Eldridge, R., Devon, M., Wessely, S., and Greenberg, N. Going to war does not have to hurt: Preliminary findings from the British deployment to Iraq. *British Journal of Psychiatry* 2005 June 1; 186(6):536–537. (Funded by UK Ministry of Defence)


2006: United States: Psychiatric Screening, Diagnosis, and Risk Factors


2006: United Kingdom: Psychiatric Screening, Diagnosis, and Risk Factors


8. Horn, O., and Wessely, S. Is there an Iraq war syndrome?-Author’s reply. Lancet 2006 September 2; 368(9538):838. (Reply to letter of Holdstock)


2006: Psychiatric Treatment and Prevention


2007: Psychiatric Screening, Diagnosis, and Risk Factors


3. Levin, A. Multiple physical illnesses common in Iraq war veterans with PTSD. *Psychiatric News* 2007 January 19; 42(2):4. *(News article about Hoge study)*


2007: Psychiatric Treatment and Prevention

Additional studies

2006


Gamez, W., Watson, D., Doebbeling, B.N. Abnormal personality and the mood and anxiety disorders: Implications for structural models of anxiety and depression. J Anxiety Disord. 2006;Epub ahead of print


Golier, J., Schmeidler, J., Legge, J., Yehuda, R. Enhanced cortisol suppression to dexamethasone associated with Gulf War deployment. Psychoneuroendocrinology. 2006;Epub ahead of print


Yehuda, R., Yang, R., Buchsbaum, M.S., Golier, J. Alterations in cortisol negative feedback inhibition as examined using the ACTH response to cortisol administration in PTSD. *Psychoneuroendocrinology.* 2005;31:447-51.
2004


Natelson, B.H. Stress, hormones and disease. Physiol Behav. 2004;82:139–43


2003


2002


2001


2000


King, D.W., King, L.A., Erickson, D.J., Huang, M.T., Sharkansky, E.J., Wolfe, J.


1999


1998


1997

Stuart, A., Halverson, R.R. The psychological status of U.S. Army soldiers during recent


1996


1995

1993

**Deployment Health Reports**
**Mental Health (includes PTSD) Deployment-Related**

The following reports represent work done by, or sponsored by, the U.S. Government. The documents are grouped according to the originating organizations with the most recent reports first.

2006

2001
Marlowe D.H. *Psychological and Psychosocial Consequences of Combat and
Deployment with Special Emphasis on the Gulf War 118 2001.

1999
Post Traumatic Stress Disorder.—There has been a great deal of concern that current military operations in Iraq and Afghanistan will result in a large number of service members returning with psychological problems and that there is a lack of care available. The Committee believes that hardships resulting from U.S. troop deployments to Iraq and Afghanistan make it imperative for the VA and DOD to offer thorough and wide-ranging mental health services for active duty and reserve members deployed to combat theaters as well as for their families. The Committee is concerned that sufficient mental health services are lacking to treat combat and mental illnesses that affect our soldiers and veterans. Additionally, there is a concern that the stresses of deployment are having an adverse effect on the families of deployed service members and that mental health services will not be available to them.

According to the Department of Defense, across all programs, mental health support is available to individual service members before, during and after deployment. Post Traumatic Stress Disorder (PTSD) was added to the manual of mental health diagnoses primarily as a result of the long-term experience of veterans of the Vietnam War. Treatment for PTSD involves a combination of medication, psychotherapy, and group therapy.

Military personnel returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) are given education on depression and PTSD prior to redeployment and are screened during redeployment, using the Post-Deployment Health Assessment process. The Department of Defense is making use of the Internet to provide improved access to information and mental health care in order to reduce the stigma with seeking mental health services.

The Committee directs the Department of Veterans Affairs and Department of Defense to jointly study mental healthcare, the onset and nature of PTSD, panic disorder, and bipolar disorder. Also, to improve mental health testing, tracking of returning combat duty servicemen, to include the Reserve Component for a period of at least 10 years. In addition, the Departments of Defense and Veterans Affairs are encouraged to establish a classification for psychiatric nurses, and increase hires of individuals with those capabilities.

The Committee notes that more than 20 years ago, the Congress established a Department of Veterans Affairs Special Committee on Post Traumatic Stress Disorder to determine the Department's capacity to provide assessment and treatment for PTSD and to guide the Department's educational, research, and benefits activities with regard to PTSD. The Special Committee has provided the Department of Veterans Affairs and the Congress with annual reports that contain recommendations for improving PTSD programs and some progress has been made. But it is also clear from the most recent report, dated October, 2004, that much more needs to be done so that this issue is given its proper attention.

First and foremost, the VA must prepare to meet the needs of a new generation of combat veterans, many of whom are still in uniform. This requires, according to the report, a prospective approach including the earliest possible identification and treatment of post traumatic readjustment problems and the prevention of chronic
PTSD. Since many post combat individuals remain on active duty, the Departments of Defense and Veterans Affairs must work together to identify at-risk individuals early on and coordinate treatment options and benefits at the on-set to minimize long-term consequences. During demobilization, every returning service member completes the Post Deployment Evaluation Screen (Form 2796). Although Post Deployment Evaluation Screen results include essential information about stressors and about signs of post traumatic responses, they are not currently being made available for VA planners or clinicians. The Special Committee believes this must change in order for the VA to have important information should an individual present to the VA for treatment. The Committee directs the DOD and VA to report on the obstacles to providing such information to the VA and possible remedies.

For those individuals who serve in Guard and Reserve components, who return to civilian life after deployment and thus don't have a "support community" at hand, special efforts must be made to identify potential problems once individuals have settled in to their former lives. This is the most vexing challenge for the VA, but it is not insurmountable. As the report of the Special Committee notes, Guard and Reserve troops have 90 days of leave before they report again for weekend duty following deployment. After this 90 days, according to the report, would be an ideal time to adopt as the standard period after which the post deployment mental health intervention would be made, using mental health professionals leading small group discussions of the experiences the troops faced. The Committee believes this recommendation deserves serious consideration and directs the DOD and VA to report on their plans for establishing such a procedure.

With regard to VA capabilities, the Special Committee has had a long-standing recommendation that every VA Medical Center have a PTSD Clinical Team (PCT), yet two decades after the recommendation was first put forth, only 86 of 163 VA medical centers have PCTs. Coupled with this fact is the VA's growing reliance on Community Based Outpatient Clinics and the lack of PTSD service at those locations. The Committee notes that the Department estimates it will spend at least $2,200,000,000 on specialty mental health programs in fiscal year 2006, and the entirety of health care supporting veterans with mental illness will approach $10,000,000,000. By way of illustration, during fiscal year 2002, a total of 202,862 veterans had a clinical visit in which PTSD was a focus of treatment, but only 29 percent of these veterans received treatment in a specialized PTSD program. VA's primary care program is a de facto mental health system for the majority of those seeking VA care. But the VA must ensure that PTSD services are provided in Primary Care settings by design, not by default. To provide the true continuum of care necessary to treat PTSD effectively, the Primary Care services need to be fully integrated with general mental health and specialty PTSD services. The VA has a long road to travel before this becomes the actual practice, but effective PCTs at the VA Medical Centers will provide the basis to travel down that road. The Committee is very concerned about this lack of responsiveness to the Special Committee recommendation in this regard and directs the VA to develop a plan for implementa-
tion of effective PCTs at each VA Medical Center and identify any resource shortfalls which would impede implementation.

*Seamless Transition from Active Duty to Veterans Affairs.*—Healthcare is a great concern for our active duty and reserve components, their dependents as well as our retirees. Placing the military health care system and the veterans health care system in one bill has allowed the committee to explore coordinated efforts and efficiencies within the two systems. The Committee believes this will enable a comprehensive health care system to meet the needs of our soldiers and their dependents as well as retirees.

An over arching concern of this Committee as well as for Congress, is the seamless transition from active duty to veteran and what medical services are available for soldiers and their families. Today the age of the retiree is much more prevalent as parents are talking on behalf of their children as they transition to retiree status. The VA established an Office of Seamless Transition in 2003. This office is to improve coordination between the Veterans Health Administration, the Veterans Benefits Administration, and the Department of Defense to ensure that appropriate veterans affairs policies and procedures are in place to enhance the continuity of care as the soldiers' transition to the various health care and disability services available within both Departments. The Committee understands that DOD is coordinating with this office on many programs, but believes more could be done.

Also established in 2003 was a joint DOD/VA Seamless Transition Program at Walter Reed Army Medical Center (WRAMC) to provide case management for combat veterans. This program has expanded to the National Naval Medical Center and to the Brooke, Eisenhower, Fort Hood, Madigan and Evans Army Medical Centers.

To further improve the transition, in April 2004 the Army and the VA announced the Disabled Soldier Support System (DS3) designed to assist severely disabled soldiers and their families during transition from military service to civilian life. The DS3 provides personal outreach to disabled soldiers to ensure accessibility and responsiveness of DOD, VA and civilian services, including medical care, family services, and other support services. Soldiers will be followed for five years after retirement to ensure they receive the TRICARE and VA benefits for which they are eligible.

In February 2005, DOD announced the Military Severely Injured Joint Support Operations Center, designed to ensure that service members with severe injuries have accessibility to all available resources. The Center will act as a core resource for injured service members and their families and as a supplement to service-specific programs. It ties together DOD and other government programs such as those run by the VA and the Department of Labor. The Center is intended to coordinate several existing programs such as DS3 and Marine for Life, but not replace them.

Additional programs for all service members and their families include Military One Source, DOD Deployment Health Clinical Center, Cooperative Separation Physical Examination Process for DOD and VA with 51 locations in the United States and the Family Assistant Centers at 419 locations in the United States established by the National Guard.