



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JAN 23 2008

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.

As a result of supplemental funds designated for research for fiscal year (FY) 2007 and FY 2008, program announcements for post-traumatic stress disorder (PTSD) research were made in August 2007, including those specifically for DoD and VA (Enclosure 1). A current list of representative mental health-related military research is also provided (Enclosure 2). Mental health conditions (anxiety disorders including PTSD) are of greatest concern during continuous wartime operations. While bipolar disorder is a serious condition, DoD neither accesses individuals with known bipolar disorder nor retains those who are diagnosed with this disorder after accession, significantly limiting patient availability for such research. However, research on bipolar disorders is robust in the civilian sector and its treatment is a skill set required of all psychiatrists.

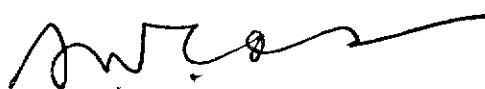
Regarding the sharing of medical records between VA and DoD, the Bidirectional Health Information Exchange provides both VA and DoD visibility of narrative medical records, to include records of mental health encounters captured in AHLTA, the DoD electronic medical record. Such visibility will be of great assistance for following all medical conditions of patients seen in both Departments, and will augment information already jointly visible such as medication allergies, pharmacy and laboratory data.

Post-deployment health reassessments (PDHRAs), 90–180 days after returning home from operational deployments, were initiated in 2005. This is a collaborative process with VA, and is actively tracked by the Force Health Protection and Readiness Programs section of Health Affairs. Information from both post-deployment health assessments and PDHRAs are visible electronically to health care providers in DoD and VA.

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,

A handwritten signature in black ink, appearing to read 'S. Ward Casscells', with a long horizontal flourish extending to the right.

S. Ward Casscells, MD

Enclosures:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JAN 23 2008

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U. S. House of Representatives
Washington, DC 20515-6018

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.

As a result of supplemental funds designated for research for fiscal year (FY) 2007 and FY 2008, program announcements for post-traumatic stress disorder (PTSD) research were made in August 2007, including those specifically for DoD and VA (Enclosure 1). A current list of representative mental health-related military research is also provided (Enclosure 2). Mental health conditions (anxiety disorders including PTSD) are of greatest concern during continuous wartime operations. While bipolar disorder is a serious condition, DoD neither accesses individuals with known bipolar disorder nor retains those who are diagnosed with this disorder after accession, significantly limiting patient availability for such research. However, research on bipolar disorders is robust in the civilian sector and its treatment is a skill set required of all psychiatrists.

Regarding the sharing of medical records between VA and DoD, the Bidirectional Health Information Exchange provides both VA and DoD visibility of narrative medical records, to include records of mental health encounters captured in AHLTA, the DoD electronic medical record. Such visibility will be of great assistance for following all medical conditions of patients seen in both Departments, and will augment information already jointly visible such as medication allergies, pharmacy and laboratory data.

Post-deployment health reassessments (PDHRAs), 90–180 days after returning home from operational deployments, were initiated in 2005. This is a collaborative process with VA, and is actively tracked by the Force Health Protection and Readiness Programs section of Health Affairs. Information from both post-deployment health assessments and PDHRAs are visible electronically to health care providers in DoD and VA.

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.

*Sir,
we have much more to
do in research, and in
disseminating recent
advances, but we do have
the stigma of seeking help is
decreasing, and we
are having psych team
& training buddies care
for best
ward*

Sincerely,

S. Ward Casscells, MD

Enclosures:

As stated

cc:

The Honorable C. W. Bill Young
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JAN 23 2008

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

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.

As a result of supplemental funds designated for research for fiscal year (FY) 2007 and FY 2008, program announcements for post-traumatic stress disorder (PTSD) research were made in August 2007, including those specifically for DoD and VA (Enclosure 1). A current list of representative mental health-related military research is also provided (Enclosure 2). Mental health conditions (anxiety disorders including PTSD) are of greatest concern during continuous wartime operations. While bipolar disorder is a serious condition, DoD neither accesses individuals with known bipolar disorder nor retains those who are diagnosed with this disorder after accession, significantly limiting patient availability for such research. However, research on bipolar disorders is robust in the civilian sector and its treatment is a skill set required of all psychiatrists.

Regarding the sharing of medical records between VA and DoD, the Bidirectional Health Information Exchange provides both VA and DoD visibility of narrative medical records, to include records of mental health encounters captured in AHLTA, the DoD electronic medical record. Such visibility will be of great assistance for following all medical conditions of patients seen in both Departments, and will augment information already jointly visible such as medication allergies, pharmacy and laboratory data.

Post-deployment health reassessments (PDHRAs), 90–180 days after returning home from operational deployments, were initiated in 2005. This is a collaborative process with VA, and is actively tracked by the Force Health Protection and Readiness Programs section of Health Affairs. Information from both post-deployment health assessments and PDHRAs are visible electronically to health care providers in DoD and VA.

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.

*S: Making headway.
more to do!
Thanks*

Sincerely,



S. Ward Casscells, MD

Enclosures:
As stated

cc:
The Honorable John McCain
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JAN 23 2008

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510-6050

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.

As a result of supplemental funds designated for research for fiscal year (FY) 2007 and FY 2008, program announcements for post-traumatic stress disorder (PTSD) research were made in August 2007, including those specifically for DoD and VA (Enclosure 1). A current list of representative mental health-related military research is also provided (Enclosure 2). Mental health conditions (anxiety disorders including PTSD) are of greatest concern during continuous wartime operations. While bipolar disorder is a serious condition, DoD neither accesses individuals with known bipolar disorder nor retains those who are diagnosed with this disorder after accession, significantly limiting patient availability for such research. However, research on bipolar disorders is robust in the civilian sector and its treatment is a skill set required of all psychiatrists.

Regarding the sharing of medical records between VA and DoD, the Bidirectional Health Information Exchange provides both VA and DoD visibility of narrative medical records, to include records of mental health encounters captured in AHLTA, the DoD electronic medical record. Such visibility will be of great assistance for following all medical conditions of patients seen in both Departments, and will augment information already jointly visible such as medication allergies, pharmacy and laboratory data.

Post-deployment health reassessments (PDHRAs), 90–180 days after returning home from operational deployments, were initiated in 2005. This is a collaborative process with VA, and is actively tracked by the Force Health Protection and Readiness Programs section of Health Affairs. Information from both post-deployment health assessments and PDHRAs are visible electronically to health care providers in DoD and VA.

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 Lindsey O. Graham
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JAN 23 2008

The Honorable Ike Skeleton
Chairman, Committee on Armed Services
U. S. House of Representatives
Washington, DC 20515-6035

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.

As a result of supplemental funds designated for research for fiscal year (FY) 2007 and FY 2008, program announcements for post-traumatic stress disorder (PTSD) research were made in August 2007, including those specifically for DoD and VA (Enclosure 1). A current list of representative mental health-related military research is also provided (Enclosure 2). Mental health conditions (anxiety disorders including PTSD) are of greatest concern during continuous wartime operations. While bipolar disorder is a serious condition, DoD neither accesses individuals with known bipolar disorder nor retains those who are diagnosed with this disorder after accession, significantly limiting patient availability for such research. However, research on bipolar disorders is robust in the civilian sector and its treatment is a skill set required of all psychiatrists.

Regarding the sharing of medical records between VA and DoD, the Bidirectional Health Information Exchange provides both VA and DoD visibility of narrative medical records, to include records of mental health encounters captured in AHLTA, the DoD electronic medical record. Such visibility will be of great assistance for following all medical conditions of patients seen in both Departments, and will augment information already jointly visible such as medication allergies, pharmacy and laboratory data.

Post-deployment health reassessments (PDHRAs), 90–180 days after returning home from operational deployments, were initiated in 2005. This is a collaborative process with VA, and is actively tracked by the Force Health Protection and Readiness Programs section of Health Affairs. Information from both post-deployment health assessments and PDHRAs are visible electronically to health care providers in DoD and VA.

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 Duncan Hunter
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JAN 23 2008

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U. S. House of Representatives
Washington, DC 20515-6035

Dear Madam Chairwoman:

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.

As a result of supplemental funds designated for research for fiscal year (FY) 2007 and FY 2008, program announcements for post-traumatic stress disorder (PTSD) research were made in August 2007, including those specifically for DoD and VA (Enclosure 1). A current list of representative mental health-related military research is also provided (Enclosure 2). Mental health conditions (anxiety disorders including PTSD) are of greatest concern during continuous wartime operations. While bipolar disorder is a serious condition, DoD neither accesses individuals with known bipolar disorder nor retains those who are diagnosed with this disorder after accession, significantly limiting patient availability for such research. However, research on bipolar disorders is robust in the civilian sector and its treatment is a skill set required of all psychiatrists.

Regarding the sharing of medical records between VA and DoD, the Bidirectional Health Information Exchange provides both VA and DoD visibility of narrative medical records, to include records of mental health encounters captured in AHLTA, the DoD electronic medical record. Such visibility will be of great assistance for following all medical conditions of patients seen in both Departments, and will augment information already jointly visible such as medication allergies, pharmacy and laboratory data.

Post-deployment health reassessments (PDHRAs), 90–180 days after returning home from operational deployments, were initiated in 2005. This is a collaborative process with VA, and is actively tracked by the Force Health Protection and Readiness Programs section of Health Affairs. Information from both post-deployment health assessments and PDHRAs are visible electronically to health care providers in DoD and VA.

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.

A great ^{of to you}
Sincerely,
Ward

S. Ward Casscells, MD

Enclosures:
As stated

cc:
The Honorable John M. McHugh
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JAN 23 2008

The Honorable Robert C. Byrd
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510-6025

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.

As a result of supplemental funds designated for research for fiscal year (FY) 2007 and FY 2008, program announcements for post-traumatic stress disorder (PTSD) research were made in August 2007, including those specifically for DoD and VA (Enclosure 1). A current list of representative mental health-related military research is also provided (Enclosure 2). Mental health conditions (anxiety disorders including PTSD) are of greatest concern during continuous wartime operations. While bipolar disorder is a serious condition, DoD neither accesses individuals with known bipolar disorder nor retains those who are diagnosed with this disorder after accession, significantly limiting patient availability for such research. However, research on bipolar disorders is robust in the civilian sector and its treatment is a skill set required of all psychiatrists.

Regarding the sharing of medical records between VA and DoD, the Bidirectional Health Information Exchange provides both VA and DoD visibility of narrative medical records, to include records of mental health encounters captured in AHLTA, the DoD electronic medical record. Such visibility will be of great assistance for following all medical conditions of patients seen in both Departments, and will augment information already jointly visible such as medication allergies, pharmacy and laboratory data.

Post-deployment health reassessments (PDHRAs), 90–180 days after returning home from operational deployments, were initiated in 2005. This is a collaborative process with VA, and is actively tracked by the Force Health Protection and Readiness Programs section of Health Affairs. Information from both post-deployment health assessments and PDHRAs are visible electronically to health care providers in DoD and VA.

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,

A handwritten signature in black ink, appearing to read 'S. Ward Casscells', with a long, sweeping horizontal line extending to the right.

S. Ward Casscells, MD

Enclosures:
As stated

cc:
The Honorable Thad Cochran
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JAN 23 2008

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510-6028

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.

As a result of supplemental funds designated for research for fiscal year (FY) 2007 and FY 2008, program announcements for post-traumatic stress disorder (PTSD) research were made in August 2007, including those specifically for DoD and VA (Enclosure 1). A current list of representative mental health-related military research is also provided (Enclosure 2). Mental health conditions (anxiety disorders including PTSD) are of greatest concern during continuous wartime operations. While bipolar disorder is a serious condition, DoD neither accesses individuals with known bipolar disorder nor retains those who are diagnosed with this disorder after accession, significantly limiting patient availability for such research. However, research on bipolar disorders is robust in the civilian sector and its treatment is a skill set required of all psychiatrists.

Regarding the sharing of medical records between VA and DoD, the Bidirectional Health Information Exchange provides both VA and DoD visibility of narrative medical records, to include records of mental health encounters captured in AHLTA, the DoD electronic medical record. Such visibility will be of great assistance for following all medical conditions of patients seen in both Departments, and will augment information already jointly visible such as medication allergies, pharmacy and laboratory data.

Post-deployment health reassessments (PDHRAs), 90-180 days after returning home from operational deployments, were initiated in 2005. This is a collaborative process with VA, and is actively tracked by the Force Health Protection and Readiness Programs section of Health Affairs. Information from both post-deployment health assessments and PDHRAs are visible electronically to health care providers in DoD and VA.

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.

Sir
Hope you can
make the 1/30
 dinner for Dr Michael DeSobey
+ Jim Peaker!
S. Ward Casscells, MD
Ward

Enclosures:
As stated

cc:
The Honorable Ted Stevens
Ranking Member

ENCLOSURE 1

FY07 Post-Traumatic Stress Disorder and Traumatic Brain Injury (PTSD/TBI) Research Program

[Synopsis 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

Program Announcement	Release Date	Submission Deadline
PTSD/TBI Clinical Consortium- Coordinating Center Award	MS Word Adobe PDF August 2, 2007	Pre-Application (PreProposal): October 4, 2007 Proposal: November 13, 2007 Submit a PreProposal
PTSD/TBI Clinical Consortium- Study Site	MS Word Adobe PDF August 2, 2007	Pre-Application (PreProposal): October 4, 2007 Proposal: November 15, 2007 Submit a PreProposal

Post-Traumatic Stress Disorder Program Announcements

Program Announcement	Release Date	Submission Deadline
PTSD Advanced Technology- Therapeutic Development Award	MS Word Adobe PDF July 24, 2007	Pre-Application (Preproposal): September 12, 2007 Proposal: November 13, 2007 PreProposal deadline has passed.
PTSD Investigator-Initiated Research Award	MS Word Adobe PDF July 18, 2007	Pre-Application (LOI): September 4, 2007 Proposal: October 18, 2007 LOI deadline has passed.
PTSD Multidisciplinary Research Consortium Award	MS Word Adobe PDF July 24, 2007	Pre-Application (Preproposal): September 6, 2007 Proposal: November 13, 2007 PreProposal deadline has passed.
PTSD New Investigator Award	MS Word Adobe PDF July 24, 2007	Pre-Application (LOI) September 13, 2007 Proposal: October 18, 2007 LOI deadline has passed.

ENCLOSURE 2

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 at 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 rats 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.

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

1. Reyes, V.A., and Hicklin, T.A. Anger in the combat zone. *Military Medicine* 2005 June; 170(6):483–487. **(Funded by DoD)**
2. Champion, B.H., Hacker Hughes, J.G., Devon, M., and Fear, N.T. Psychological morbidity during the 2002 deployment to Afghanistan. *Journal of Royal Army Medical Corps* 2006 June; 152(2):91–93. **(Funded by UK Ministry of Defence)**

Articles Related to Both Operation Enduring Freedom and Operation Iraqi Freedom

2001 to 2004

1. Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I., and Koffman, R.L. Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine* 2004 July 1; 351(1):13–22. **(Funded by Army Medical Research and Materiel Command)**
2. Friedman, M.J. Acknowledging the psychiatric cost of war. *New England Journal of Medicine* 2004 July 1; 351(1):75–77. **(Commentary)**

3. Gross, R, and Neria, Y. Combat duty in Iraq and Afghanistan and mental health problems. *New England Journal of Medicine* 2004 October 21; 351(17):1798–1800. **(Letter to editor on Hoge, et al.)**
4. Lamberg, L. Military psychiatrists strive to quell soldiers' nightmares of war. *Journal of American Medical Association* 2004 October 6; 292(13):1539–1540. **(News article)**

2005

1. Friedman, M.J. Veterans' mental health in the wake of war. *New England Journal of Medicine* 2005 March 31; 352(13):1287–1290. **(Commentary)**
2. Kang, H.K., and Hyams, K.C. Mental health care needs among recent war veterans. *New England Journal of Medicine* 2005 March 31; 352(13):1289. **(Funded by VA)**
3. Stetz, M.C., McDonald, J.J., Lukey, B.J., and Gifford, R.K. Psychiatric diagnoses as a cause of medical evacuation. *Aviation, Space, and Environmental Medicine* 2005 July; 76 (7 Supplement):C15–C20. **(Funded by DoD)**
4. Wain, H., Bradley, J., Nam, J., Waldrep, D., and Cozza, S. Psychiatric interventions with returning soldiers at Walter Reed. *Psychiatric Quarterly* 2005 Winter; 76(4):351–360. **(Review)**
5. Doyle, M.E., and Peterson, K.A. Re-entry and reintegration: .Returning home after combat. *Psychiatric Quarterly* 2005 Winter; 76(4):361–370. **(Review)**
6. Ramaswamy, S., Madaan, V., Qadri, F., Heaney, C.J., North, T.C., Padala, P.R., Sattar, S.P., and Petty, F. A primary care perspective of posttraumatic stress disorder for the Department of Veterans. *Primary Care Companion to the Journal of Clinical Psychiatry* 2005; 7(4):180–187. **(Review)**
7. Reeves, R.R., Parker, J.D., and Konkle-Parker, D.J. War-related mental health problems of today's veterans: New clinical awareness. *Journal of Psychosocial Nursing and Mental Health Services* 2005 July; 43(7):18–28. **(Review)**
8. Sammons, M.T. Psychology in the public sector: Addressing the psychological effects of combat in the U.S. Navy. *American Psychologist* 2005 November; 60(8):899–909. **(Review)**
9. Ursano, R.J. On healing and prevention. *Psychiatric Times* 2005 April; 22(4):1–6. **(Review)**

10. Kaplan, A. Virtually possible: Treating and preventing psychiatric wounds of war. *Psychiatric Times* 2005 April; 22(4):1–6. **(News article)**
11. Levin, A. Professional psychiatrists may soon see more combat veterans. *Psychiatric News* 2005 November 4; 40(21):1. **(News article)**

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)**
3. Levin, A. Military blamed for inadequate referrals for PTSD assessment. *Psychiatric News* 2006 June 16; 41(12):5. **(News article)**
4. Levin, A. Vets' PTSD claims trigger study of diagnostic criteria. *Psychiatric News* 2006 April 7; 41(7):13. **(News article)**
5. Levin, A. VA to keep using *DSM* to diagnose PTSD in vets. *Psychiatric News* 2006 July 21; 41(14):1. **(News article)**
6. Stambor, Z. War's invisible wounds: Volunteer psychologists and other providers are helping relatives of National Guard and Army Reserve troops in Afghanistan and Iraq to cope with the wars' effects. *Monitor on Psychology* 2006 January; 37(1):48. **(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)**
3. Miller, G. Mental health: Widening the attack on combat-related mental health problems. *Science* 2006 August 18; 313(5789):908–909. **(News article on Hoge study)**

4. Larson, G.E., Booth-Kewley, S., and Highfill-McRoy, R.M. Mental health after deployment to Iraq or Afghanistan. *Journal of the American Medical Association* 2006 August 2; 296(5):514–5. **(Letter to Editor on Hoge, et al.)**
5. Filien D.A., Saxon, A., and Renner, J.A., Jr. Mental health after deployment to Iraq or Afghanistan. *Journal of the American Medical Association* 2006 August 2; 296(5):515. **(Letter to Editor on Hoge, et al.)**
6. Hoge, C.W., Auchterlonie, J.L., and Milliken, C.S. Mental health after deployment to Iraq or Afghanistan. *Journal of the American Medical Association* 2006 August 2; 296(5):516. **(Author reply)**
7. Stevens, L.M., Lynn, C., and Glass, R.M. JAMA patient page: Posttraumatic stress disorder. *Journal of the American Medical Association* 2006 August 2; 296(5):614. **(Patient fact sheet)**
8. Grieger, T.A., Cozza, S.J., Ursano, R.J., Hoge, C., Martinez, P.E., Engel, C.C., and Wain, H.J. Posttraumatic stress disorder and depression in battle-injured soldiers. *American Journal of Psychiatry* 2006 October; 163(10): 1777–1783. **(Funded by DoD)**
9. Levin, A. Injured soldiers' symptoms may worsen over time. *Psychiatric News* 2006 October 6; 41(19):22. **(News article on Grieger article)**
10. Friedman, M.J. Posttraumatic stress disorder among military returnees from Afghanistan and Iraq. *American Journal of Psychiatry* 2006 April 1; 163(4):586–593. **(Review)**
11. Ritchie, E.C., Benedek, D., Malone, R., and Carr-Malone, R. Psychiatry and the military: An update. *Psychiatric Clinics of North America* 2006 September; 29(3):695–707. **(Review)**
12. Hutchison, J., and Banks-Williams, L. Clinical issues and treatment considerations for new veterans: Soldiers of the wars in Iraq and Afghanistan. *Primary Psychiatry* 2006 March; 13(3):66–71. **(Review)**
13. Regan, J., Hagwood, T.W., Hamer, G., and Wright, A. Posttraumatic stress disorder following military deployment in Iraq and Afghanistan. *Tennessee Medicine* 2006 February; 99(2):40, 43. **(Review)**
14. Lineberry, T.W., Bostwick, J.M., and Rundell, J.R. US troops returning home: Are you prepared? *Current Psychiatry* 2006 January; 5(1):13–22. **(Review)**

15. Lineberry, T.W., Ramaswamy, S., Bostwick, J.M., and Rundell, J.R. Traumatized troops: How to treat combat-related PTSD. *Current Psychiatry* 2006 May; 5(5): 39–52. **(Review)**
16. Lineberry, T.W., Ramaswamy, S., Bostwick, J.M., and Rundell, J.R. Military sexual trauma: How to identify and treat a unique form of PTSD. *Current Psychiatry* 2006 May; 5(5):53–54. **(Review)**
17. Kiser, K. Tailhook's legacy. *Minnesota Medicine* 2006 February; 89(2):10, 12. **(News article)**
18. Kaplan, A. Hidden combat wounds: Extensive, deadly, costly. *Psychiatric Times* 2006 January; 23(1). **(News article)**
19. Pomerantz, J.M. Can posttraumatic stress disorder be prevented? *Psychiatric Times* 2006 April; 23(4). **(Review)**
20. Daly, R. Military hopes to do better job of meeting troops' mental health needs. *Psychiatric News* 2006 June 2; 41(11):1. **(News article)**

2007: Psychiatric Screening, Diagnosis and Risk Factors

1. Chartrand M.M., Siegel B. At War in Iraq and Afghanistan: Children in US Military Families. *Ambulatory Pediatrics* 2007 Jan-Feb;7(1):1–2. **(Letter from Editor)**

Articles Related to Operation Iraqi Freedom Only

2003–2005: United States

1. U.S. Army Surgeon General and Headquarters Department of the Army. *Operation Iraqi Freedom (OIF) Mental Health Advisory Team (MHAT) Report*. 16 December 2003. Accessible at: www.armymedicine.army.mil/news/mhat/MHAT_Report.pdf
2. U.S. Army Surgeon General. *Operation Iraqi Freedom (OIF-II) Mental Health Advisory Team (MHAT-II) Report*. 30 January 2005. Accessible at: www.armymedicine.army.mil/news/mhat_ii/OIF-II_REPORT.pdf
3. Nelson, R. Suicide rates rise among soldiers in Iraq. *Lancet* 2004 January 24; 363(9405):300. **(News article)**
4. Forsten, R., and Schneider, B. Treatment of the stress casualty during Operation Iraqi Freedom One. *Psychiatric Quarterly* 2005 Winter; 76(4):343–350. **(Review)**
5. Cozza S.J., Chun R.S., Polo J.A. Military families and children during Operation Iraqi Freedom. *Psychiatric Quarterly* 2005 Winter;76(4):371–8. **(Review)**
6. McNulty, P.A. Reported stressors and health care needs of active-duty Navy personnel during three phases of deployment in support of the War in Iraq. *Military Medicine* 2005 June; 170(6):530-535. **(Funded by DoD)**
7. Daly, C.M., Doyle, M.E., Raskind, M., Raskind, E., and Daniels, C. Clinical case series: The use of prazosin for combat-related recurrent nightmares among Operation Iraqi Freedom combat veterans. *Military Medicine* 2005 June; 170(6):513–515. **(Funded by DoD)**

2003-2005: United Kingdom

1. McAllister, P.D., Blair, S.P., and Philpott, S. Op Telic—A field mental health team in the general support medical setting. *Journal of Royal Army Medical Corps* 2004 June; 150(2):10–7112. **(Funded by UK Ministry of Defence)**
2. Turner, M.A., Kiernan, M.D., McKechnie, A.G., Finch, P.J., McManus, F.B., and Neal, L.A. Acute military psychiatric casualties from the war in Iraq. *British Journal of Psychiatry* 2005 June 1; 186(6):476–479. **(Funded by UK Ministry of Defence)**
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)**

4. Lepping, P. Going to war always hurts (response to Hacker-Hughes, et al.). *British Journal of Psychiatry* 2006 January 1; 188(1):83. **(Letter to editor)**
5. Hacker-Hughes, J., Wessely, S., Cameron, F., Eldridge, R., and Devon, M. Authors' reply (to P. Lepping). *British Journal of Psychiatry* 2006 January 1; 188(1):83. **(Reply to Lepping letter)**
6. Jhingan, H.P. War and psychological health (response to Hacker-Hughes, et al.). *British Journal of Psychiatry* 2006 March; 188(3):290. **(Letter to Editor)**
7. Hacker-Hughes, J.G., Cameron, F., Eldridge, R., Devon, M., Greenberg, N., and Wessely, S. Authors' reply (to Jhingan). *British Journal of Psychiatry* 2006 March; 188(3):290–291. **(Reply to Jhingan letter)**

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

1. Office of the Surgeon, Multinational Force-Iraq and Office of the Surgeon General U.S. Army Medical Command. *Mental Health Advisory Team (MHAT-III) Operation Iraqi Freedom 04-06 Report*. 20 May 2006. Accessible at: www.armymedicine.army.mil/news/mhat/mhat_iii/mhat-iii.cfm
2. Killgore, W.D., Stetz, M.C., Castro, C.A., and Hoge, C.W. The effects of prior combat experience on the expression of somatic and affective symptoms in deploying soldiers. *Journal of Psychosomatic Research* 2006 April; 60(4):379–385. **(Funded by DoD)**
3. Eaton, K.M., Messer, S.C., Garvey-Wilson, A.L., and Hoge, C.W. Strengthening the validity of population-based suicide rate comparisons: An illustration using US military and civilian data. *Suicide and Life-Threatening Behavior* 2006 April; 36(2):182–191. **(Funded by DoD)**
4. Reger, G.M. Combat operational stress control in Iraq: Lessons learned during Operation Iraqi Freedom. *Military Psychology* 2006; 18(4):297–307. **(Review)**
5. Hoyt, G.B. Integrated mental health within operational units: Opportunities and challenges. *Military Psychology* 2006; 18(4):309–320. **(Review)**
6. Gutierrez, C.A., Blume, A.W., Schmaling, K.B., Stoeber, C.J., Fonseca, C., and Russell, M.L. Predictors of aversive alcohol consequences in a military sample. *Military Medicine* 2006 September; 171(9):870–874. **(Funded by DoD)**

7. Romanoff, M.R. Assessing military veterans for posttraumatic stress disorder: A guide for primary care clinicians. *Journal of American Academy of Nurse Practitioners* 2006 September; 18(9):409–413. **(Review)**
8. Kimerling, R., Ouimette, P., Prins, A., Nisco, P., Lawler, C., Cronkite, R., and Moos, R.H. Brief Report: Utility of a short screening scale for DSM-IV PTSD in primary care. *Journal of General Internal Medicine* 2006 January; 21(1):65–67. **(Funded by VA)**
9. Kimerling, R., Trafton, J.A., and Nguyen, B. Validation of a brief screen for post-traumatic stress disorder with substance use disorder patients. *Addictive Behaviors* 2006 November; 31(11):2074–2079. **(Funded by VA)**
10. Gaylord, K.M. The psychosocial effects of combat: The frequently unseen injury. *Critical Care Nursing Clinics of North America* 2006 September; 18(3):349–357. **(Review)**
11. Munsey, C. Soldier support: Psychologists help troops handle the stresses of combat in Iraq and the anxieties of coming home. *Monitor on Psychology* 2006 April; 37(4):36. **(News article)**
12. Dobie, D.J., Maynard, C., Kivlahan, D.R., Johnson, K.M., Simpson, T., David, A.C., and Bradley, K. Posttraumatic stress disorder screening status is associated with increased VA medical and surgical utilization in women. *Journal of General Internal Medicine* 2006 March; 21(Supplement 3):S58–S64. **(Funded by VA)**
13. Yaeger, D., Himmelfarb, N., Cammack, A., and Mintz, J. DSM-IV diagnosed posttraumatic stress disorder in women veterans with and without military sexual trauma. *Journal of General Internal Medicine* 2006 March; 21(Supplement 3):S65–S69. **(Funded by VA)**
14. Goldzweig, C.L., Balekian, T.M., Rolon, C., Yano, E.M., and Shekelle, P.G. The state of women veterans' health research: The results of a systematic literature review. *Journal of General Internal Medicine* 2006 March; 21(Supplement 3):S82–S92. **(Funded by VA)**
15. Merrill, L.L., Stander, V.A., Thomsen, C.J., Crouch, J.L., and Milner, J.S. Premilitary intimate partner violence and attrition from the U.S. Navy. *Military Medicine* 2006 December; 171(12):1206–1210. **(Funded by DoD)**
16. Gielen, A.C., Campbell, J., Garza, M.A., Campo, P.O., Dienemann, J., Kub, J., Jones, A.S., and Lloyd, D.W. Domestic violence in the military: Women's policy preferences and beliefs concerning routine screening and mandatory reporting. *Military Medicine* 2006 August; 171(8):729–735. **(Funded by DoD)**

17. Schultz, J.R., Bell, K.M., Naugle, A.E., and Polusny, M.A. Child sexual abuse and adulthood sexual assault among military veterans and civilian women. *Military Medicine* 2006 August; 171(8):723–728. **(Funded by VA)**

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

1. Hotopf, M., Hull, L., Fear, N.T., Browne, T., Horn, O., Iversen, A., Jones, M., Murphy, D., Bland, D., Earnshaw, M., Greenberg, N., Hacker-Hughes, J., Tate, A.R., Dandeker, C., Rona, R., and Wessely, S. The health of UK military personnel who deployed to the 2003 Iraq War: A cohort study. *Lancet* 2006 May 27; 367(9524):1731–1741. **(Funded by UK Ministry of Defence)**
2. Horn, O., Hull, L., Jones, J., Murphy, D., Browne, T., Fear, N.T., Hotopf, M., Rona, R.J., and Wessely, S. Is there an Iraq War Syndrome? Comparison of the health of UK service personnel after the Gulf and Iraq wars. *Lancet* 2006 May 27; 367(9524):1742–1746. **(Funded by UK Ministry of Defence)**
3. Axelrod, B.N. Interpreting symptoms in military personnel after combat. *Lancet* 2006 May 27; 367(9524):1709–1710. **(Commentary)**
4. Hoge, C.W., and Castro, C.A. Posttraumatic stress disorder in UK and U.S. forces deployed to Iraq. *Lancet* 2006 September 2; 368(9538):837. **(Letter to editor on Hotopf, et al.)**
5. Hotopf, M., Fear, N., Hull, L., Rona, R., and Wessely, S. Posttraumatic stress disorder in UK and U.S. forces deployed to Iraq-Author's reply. *Lancet* 2006 September 2; 368(9538):837. **(Reply to letter of Hoge)**
6. Holdstock, D. Is there an Iraq war syndrome? *Lancet* 2006 September 2; 368(9538):83–7838. **(Letter to editor on Horn, et al.)**
7. Jones, R. Interpreting symptoms in military personnel after combat. *Lancet* 2006 September 2; 368(9538):838. **(Letter to editor on Horn, et al.)**
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)**
9. Rona, R.J., Hooper, R., Jones, M., Hull, L., Browne, T., Horn, O., Murphy, D., Hotopf, M., and Wessely, S. Mental health screening in Armed Forces before the Iraq War and prevention of subsequent psychological morbidity: Follow-up study. *British Medical Journal* 2006 November 11; 333(7576):991–995. **(Funded by UK Ministry of Defence)**

10. Hyams, K.C. Mental health screening before troop deployment is not supported by current evidence. *British Medical Journal* 2006 November 11; 333(7576):979–980. **(Editorial)**
11. Utku, F., and Checinski, K. Predicting mental illness in soldiers: Pre-deployment screening for vulnerability to post-traumatic stress disorder. *British Medical Journal* 2006 November 25; 333(7578):1123. **(Letter to Editor on Rona)**
12. Newton Ede M.P., and Goh, S.W. Predicting mental illness in soldiers: Too broad a conclusion. *British Medical Journal* 2006 November 25; 333(7578): 1123. **(Letter to Editor on Rona)**
13. Rona, R.J., Hooper, R., Greenberg, N., Jones, M., and Wessely, S. Medical downgrading, self-perception of health, and psychological symptoms in the British Armed Forces. *Occupational and Environmental Medicine* 2006 April; 63(4):250–254. **(Funded by UK Ministry of Defence)**
14. Rona, R.J., Hooper, R., French, C., Jones, M., and Wessely, S. The meaning of self-perception of health in the UK Armed Forces. *British Journal of Health Psychology* 2006 November; 11(4):703–715. **(Funded by UK Ministry of Defence)**
15. Jones, M., Rona, R.J., Hooper, R., and Wessely, S. The burden of psychological symptoms in the UK Armed Forces. *Occupational Medicine* 2006 August; 56(5):322–328. **(Funded by UK Ministry of Defence)**

2006: Psychiatric Treatment and Prevention

1. Rowan, A.B., and Campise, R.L. A multisite study of Air Force outpatient behavioral health treatment-seeking patterns and career impact. *Military Medicine* 2006 November; 171(11):1123–1127. **(Funded by DoD)**
2. Hill, J.V., Johnson, R.C., and Barton, R.A. Suicidal and homicidal soldiers in deployment environments. *Military Medicine* 2006 March; 171(3):228–232. **(Funded by DoD)**
3. Moore, B.A., and Reger, G.M. Clinician to frontline soldier: A look at the roles and challenges of Army clinical psychologists in Iraq. *Journal of Clinical Psychology* 2006 March; 62(3):395–403. **(Review)**
4. Lambert, M.T. Aripiprazole in the management of posttraumatic stress disorder symptoms in returning Global War on Terrorism veterans. *International Clinical Psychopharmacology* 2006 May; 21(3):185–187. **(Funded by VA)**

5. Zilke, T.M., Morrison, R.S., Kirby, A., and Martin, T.S. Development of an interdisciplinary case management program for combat veterans. *Lippincott's Case Management: Managing the Process of Patient Care* 2006 September/October; 11(5):265–270. **(Funded by VA)**
6. Cooper, J.A., Creamer, M.C., and Forbes, D. Mental health initiatives for veterans and serving personnel. *Medical Journal of Australia* 2006 October 16; 185(8):453. **(Review)**

2007: Psychiatric Screening, Diagnosis, and Risk Factors

1. Riddle, J.R., Smith, T.C., Smith, B., Corbeil, T.E., Engel, C.C., Wells, T.S., Hoge, C.W., Adkins, J., Zamorski, M., Blazer, D.; for the Millennium Cohort Study Team. Millennium Cohort: The 2001–2003 baseline prevalence of mental disorders in the U.S. military. *J Clin Epidemiol.* 2007 Feb;60(2):192–201. **(Funded by DoD)**
2. Hoge, C.W., Terhakopian, A., Castro, C.A., Messer, S.C., Engel, C.C. Association of posttraumatic stress disorder with somatic symptoms, health care visits, and absenteeism among Iraq war veterans. *Am J Psychiatry.* 2007 Jan;164(1):150–3. **(Funded by DoD)**
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)**
4. Britt, T.W., Greene-Shortridge, T.M., and Castro, C.A. The stigma of mental health problems in the military. *Military Medicine* 2007 Feb;172(2):157-161. **(Funded by DoD)**
5. Gahm, G.A., Lucenko, B.A., Retzlaff, P., Fukuda, S. Relative impact of adverse events and screened symptoms of posttraumatic stress disorder and depression among Active Duty soldiers seeking mental health care. *J Clin Psychol.* 2007 Mar;63(3):199-211. **(Funded by DoD)**
6. Crawford, E.F., Calhoun, P.S., Braxton, L.E., Beckham, J.C. Validity of the Personality Assessment Inventory Aggression Scales and Violence Potential Index in Veterans With PTSD. *J Pers Assess.* 2007 Feb;88(1):90–8. **(Funded by VA)**
7. Stein, D.J., Seedat, S., Iversen, A., Wessely, S. Post-traumatic stress disorder: medicine and politics. *Lancet.* 2007 Jan 13;369(9556):139–44. **(Review)**

2007: Psychiatric Treatment and Prevention

Bisson, J.I., Ehlers, A., Matthews, R., Pilling, S., Richards, D., Turner, S. Psychological treatments for chronic posttraumatic stress disorder: Systematic review and meta-analysis. *Br J Psychiatry*. 2007 Feb;190:97–104. **(Review)**

Additional studies

2006

Black, D.W., Blum, N., Letuchy, E., Doebbeling, C. C., Forman-Hoffman, V.L., Doebbeling, B.N. Borderline personality disorder and traits in veterans: psychiatric comorbidity, healthcare utilization, and quality of life along a continuum of severity. *CNS Spectr*. 2006;11:680–9; quiz 719.

Dolan, C.A., Adler, A.B.. Military hardiness as a buffer of psychological health on return from deployment. *Mil Med*. 2006;171:93–8.

Fiedler, N. , Ozakinci, G. , Hallman, W.K., Wartenberg, D. , Brewer, N.T., Barrett, D.H., Kipen, H.M. Military deployment to the Gulf War as a risk factor for psychiatric illness among U.S. troops. *Br J Psychiatry*. 2006;188:453–9.

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

Geraciotti, T.D., Carpenter, L.L., Owens, M.J., Baker, D.G., Ekhtator, N.N., Horn, P.S., Strawn, J.R., Sanacora, G., Kinkead, B., Price, L.H., Nemeroff, C.B. Elevated cerebrospinal fluid substance p concentrations in posttraumatic stress disorder and major depression. *Am J Psychiatry*. 2006;163:637–43.

Geraciotti, T.D., Carpenter, L.L., Owens, M.J., Baker, D.G., Ekhtator, N.N., Horn, P.S., Strawn, J.R., Sanacora, G., Kinkead, B., Price, L.H., Nemeroff, C.B. Elevated cerebrospinal fluid substance p concentrations in posttraumatic stress disorder and major depression. *Am J Psychiatry*. 2006;163:637–43.

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

Hotopf, M., Wessely, S.. Neuropsychological changes following military service in Iraq: case proven, but what is the significance? *Journal of the American Medical Association*. 2006;296:574–5.

Kuzma, J.M., Black, D.W.. Chronic widespread pain and psychiatric disorders in veterans of the first Gulf War. *Curr Pain Headache Rep*. 2006;10:85–9.

Maguen, S., Litz, B.T. Predictors of barriers to mental health treatment for Kosovo and Bosnia peacekeepers: a preliminary report. *Mil Med.* 2006;5:454–8.

Phan, K.L., Britton, J.C., Taylor, S.F., Fig. L.M., Liberzon, I. Corticolimbic blood flow during nontraumatic emotional processing in posttraumatic stress disorder. *Arch Gen Psychiatry.* 2006;63:184–92.

Rona, R.J., Fear, N.T., Hull, L., Wessely, S. Women in novel occupational roles: mental health trends in the UK Armed Forces. *Int J Epidemiol.* 2006; Epub ahead of print

Thomas, S., Dandeker, C., Greenberg, N., Kelly, V., Wessely, S.. Serving in Bosnia made me appreciate living in Bristol: stressful experiences, attitudes, and psychological needs of members of the United Kingdom Armed Forces. *Mil Med.* 2006;5:376-80.

Vasterling, J.J., Proctor, S.P., Amoroso P., Kane R., Heeren, T., White R.F. Neuropsychological outcomes of army personnel following deployment to the Iraq war. *Journal of the American Medical Association.* 2006;296:519–29.

Vasterling J.J., Proctor S.P., Amoroso P.L., Kane R.L., Gackstetter G.D., Ryan M.A., Friedman M.J.. The Neurocognition Deployment Health Study: a prospective cohort study of Army soldiers. *Mil Med.* 2006;171:253–60.

West A.N., Weeks W.B.. Mental distress among younger veterans before, during, and after the invasion of Iraq. *Psychiatr Serv.* 2006;57:244–8.

Wood, D.P., Walker, E., Moses K., Gilleran, L. Treatment of psychiatric disorders onboard an aircraft carrier assisted with psychotropic medication: a retrospective review describing one aspect of Navy Force health protection. *Mil Med.* 2006;171:316–20.

Woodward, S.H., Kaloupek, D.G., Streeter, C.C., Kimble, M.O., Reiss, A.L., Eliez, S., Wald, L. L., Renshaw, P.F., Frederick, B.B., Lane, B., Sheikh J.I., Stegman W.K., Kutter, C.J., Stewart, L. P., Prestel, R. S., Arsenault N.J.. Hippocampal volume, PTSD, and alcoholism in combat veterans. *Am J Psychiatry.* 2006;163:674–81.

Woodward, S.H., Kaloupek, D.G., Streeter, C.C., Martinez, C., Schaer, M., Eliez, S. Decreased anterior cingulate volume in combat-related PTSD. *Biol Psychiatry.* 2006;59:582–7.

Yehuda, R., Golier, J., Tischler, L., Harvey, P.D., Newmark, R., Yang, R.K., Buchsbaum, M.S. Hippocampal volume in aging combat veterans with and without post-traumatic stress disorder: Relation to risk and resilience factors. *J Psychiatr Res.* 2006; Epub ahead of print

2005

Axelrod, S.R., Morgan C.A., Southwick, S.M. Symptoms of posttraumatic stress disorder and borderline personality disorder in veterans of Operation Desert Storm. *Am J Psychiatry.* 2005;162:270–5.

Axelrod, S.R., Morgan, C.A., Southwick, S.M.. Symptoms of posttraumatic stress disorder and borderline personality disorder in veterans of Operation Desert Storm. *Am J Psychiatry.* 2005;162:270-5.

Forman-Hoffman, V.L., Carney, C.P., Sampson, T.R., Peloso, P.M., Woolson, R.F., Black, D. W., Doebbeling, B.N. Mental health comorbidity patterns and impact on quality of life among veterans serving during the first Gulf War. *Qual Life Res.* 2005;14:2303–14.

Hilsenroth, M., Aresenault, L., Sloan, P. Assessment of combat-related stress and physical symptoms of Gulf War veterans: criterion validity of selected hand test variables. *J Pers Assess.* 2005;84:155–62.

Ippolito J., Adler, A.B., Thomas, J.L., Litz, B.T., Holzl, R. Extending and applying the demand-control model: the role of soldier's coping on a peacekeeping deployment. *J Occup Health Psychol.* 2005;10:452–64.

Kang, H.K., Dalager, N.A., Mahan, C.M., Ishii, E. The role of sexual assault on the risk of PTSD among Gulf War veterans. *Ann Epidemiol.* 2005;15:191–5.

Rona, R.J., Hyams, K.C., Wessely, S. Screening for psychological illness in military personnel. *Journal of the American Medical Association.* 2005;293:1257–60.

Stein, A.L., Tran, G.Q., Lund, L.M., Haji, U., Dashevsky, B.A., Baker, D.G. Correlates for posttraumatic stress disorder in Gulf War veterans: a retrospective study of main and moderating effects. *J Anxiety Disord.* 2005;19:861–76.

Vogt, D., Pless, A.P., King, L. A., King, D.W. Deployment stressors, gender, and mental health outcomes among Gulf War I veterans. *J Trauma Stress.* 2005;18:115–27.

Vythilingam, M., Luckenbaugh, D.A., Lam, T., Morgan, C.A., Lipschitz, D., Charney, D.S., Bremner, J.D., Southwick, S.M. Smaller head of the hippocampus in Gulf War-related posttraumatic stress disorder. *Psychiatry Res.* 2005;139:89–99.

Yehuda, R., Golier, J., Tischler, L., Stavitsky, K., Harvey, P.D. Learning and memory in aging combat veterans with PTSD. *J Clin Exp Neuropsychol.* 2005;27:504–15.

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

Black, D.W., Carney, C.P., Forman-Hoffman, V.L., Letuchy, E., Pelson, P., Woolson, R.F., Doebbeling, B.N. Depression in veterans of the first Gulf War and comparable military controls. *Ann Clin Psychiatry*. 2004;16:53–61.

Black, D.W., Carney, C.P., Peloso, P.M., Woolson, R.F., Schwartz, D.A., Voelker, M.D., Barrett, D.H., Doebbeling, B.N. Gulf War veterans with anxiety: prevalence, comorbidity, and risk factors. *Epidemiology*. 2004;15:135–42

Fujita, M., Southwick, S.M., Denucci, C.C., Zoghbi, S.S., Dillon, M.S., Baldwin, R.M., Bozkurt, A., Kugaya, A., Verhoeff, N.P., Seibyl, J.P., Innis, R.B. Central type benzodiazepine receptors in Gulf War veterans with posttraumatic stress disorder. *Biol Psychiatry*. 2004;56:95–100

Miller, M.W., Litz, B.T. Emotional-processing in posttraumatic stress disorder II: Startle reflex modulation during picture processing. *J Abnorm Psychol*. 2004;113:451–463.

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

Orcutt, H.K., Erickson, D.J., Wolfe, J. The course of PTSD symptoms among Gulf War veterans: a growth mixture modeling approach. *J Trauma Stress*. 2004;17:195–202.

Thompson, K.E., Vasterling, J.J., Benotsch, E.G., Brailey, K., Constans, J.I., Uddo, M., Sutker, P.B. Early symptom predictors of chronic distress in Gulf War veterans. *J Nerv Ment Dis*. 2004;192:146–52

Thompson, K.E., Vasterling, J.J., Benotsch, E.G., Brailey, K., Constans, J.I., Uddo, M., Sutker, P.B. Early symptom predictors of chronic distress in Gulf War veterans. *J Nerv Ment Dis*. 2004;192:146–52

2003

Dobscha, S., Gerrity, M.S., Corson, K., Bahr, A., Cuilwik, N.M. Measuring adherence to depression treatment guidelines in a VA primary care clinic. *Gen Hosp Psychiatry*. 2003;25:230–7.

Donta, S.T., Clauw, D.J., Engel, C.C., Guarino, P., Peduzzi, P., Williams, D., Skinner, J. S., Barkhuizen, A., Taylor, T., Kazis, L.E., Sogg, S., Hunt, S., Dougherty, C., Richardson, R.D., Kunkel, C., Rodriguez, W., Alicea, E., Chiliade, P., Ryan, M.A., Gray G.C., Lutwick, L., Norwood, D., Smith, S., Everson, M.P., Blackburn, W.D., Martin, W., Griffiss, M., Cooper, R., Renner, E., Schmitt, J., McMurtry, C., Thakore, M., Mori, D., Kerns, R., Park, M., Pullman-Mooar, S., Bernstein, J., Hershberger, P., Salisbury, D., Feussner, J.R. Cognitive behavioral therapy and aerobic exercise for Gulf War veterans' illnesses. A randomized controlled trial. *Journal of the American Medical Association*. 2003;289:1396–1404.

Farrin, L., Hull, L., Unwin, C., Wykes, T., David, A. Effects of depressed mood on objective and subjective measures of attention. *J Neuropsychiatry Clin Neurosci.* 2003;15:98–104.

Grossman, R., Yehuda, R., New, A., Schmeidler, J., Silverman, J., Mitropoulo, V., Sta Maria, N., Golier, J., Siever, L. Dexamethasone suppression test findings in subjects with personality disorders: associations with posttraumatic stress disorder and major depression. *Am J Psychiatry.* 2003;160:1291–8.

Hull, L., Farrin, L., Unwin, C., Everitt, B., Wykes, T., David, A. Anger, psychopathology, and cognitive inhibition: a study of UK servicemen. *Pers Individ Dif.* 2003;35:1211–26.

Jones, E., Vermaas, R.H., McCartney, H., Beech, C., Palmer, I., Hyams, K.C., Wessely, S. Flashbacks and post-traumatic stress disorder: the genesis of a 20th-century diagnosis. *Br J Psychiatry.* 2003;182:158–163.

Kang, H.K., Natelson, B.H., Mahan, C.M., Lee, K.Y., Murphy, F.M. Post-traumatic stress disorder and chronic fatigue syndrome-like illness among Gulf War veterans: a population-based survey of 30,000 veterans. *Am J Epidemiol.* 2003;157:141–8.

Lindem, K., Heeren, T., White, R.F., Proctor, S.P., Krenzel, M., Vasterling, J.J., Sutker, P.B., Wolfe, J., Keane, T.M. Neuropsychological performance in Gulf War era veterans: traumatic stress symptomatology and exposure to chemical-biological warfare agents. *J Psychopathol Behav Assess.* 2003;25:105–19

Peckerman, A., Dahl, K., Chemitiganti, R., LaManca, J.J., Ottenweller, J.E., Natelson, B. H. Effects of posttraumatic stress disorder on cardiovascular stress responses in Gulf War veterans with fatiguing illness. *Auton Neurosci.* 2003;108:63–72

Sullivan, K., Krenzel, M., Proctor, S.P., Devine, S., Heeren, T., White, R.F. Cognitive functioning in treatment-seeking Gulf War veterans: pyridostigmine bromide use and PTSD. *J Psychopathol Behav Assess.* 2003;25:95–103.

Sullivan, K., Krenzel, M., Proctor, S.P., Devine, S., Heeren, T., White, R.F. Cognitive functioning in treatment-seeking Gulf War veterans: pyridostigmine bromide use and PTSD. *J Psychopathol Behav Assess.* 2003;25:95–103.

2002

Barrett, D.H., Doebbeling, C.C., Schwartz, D.A., Voelker, M.D., Falter, K.H., Woolson, R.F., Doebbeling, B.N. Post-traumatic stress disorder and self-reported physical health status among U.S. military personnel serving during the Gulf War period: a population-

based study. *Psychosomatics*. 2002;43:195–205.

Fennema-Nostestine, C., Stein, M.B., Kennedy, C.M., Archibald, S.L., Jernigan, T.L. Brain morphometry in female victims of intimate partner violence with and without posttraumatic stress disorder. *Biol Psychiatry*. 2002;52:1089–101.

Ismail, K., Kent, K., Brugha, T., Hotopf, M., Hull, L., Seed, P., Palmer, I., Reid, S., Unwin, C., David, A., Wessely, S. The mental health of UK Gulf war veterans: phase 2 of a two phase cohort study. *BMJ*. 2002;325:576–81.

Lang, A.J., Kennedy, C.M., Stein, M.B. Anxiety sensitivity and PTSD among female victims of intimate partner violence. *Depress Anxiety*. 2002;16:77–83.

Mason, J.W., Wang, S., Yehuda, R., Lubin, H., Johnson, D., Bremner, J.D., Charney, D. S., Southwick, S.M. Marked lability in urinary cortisol levels in subgroups of combat veterans with posttraumatic stress disorder during an intensive exposure treatment program. *Psychosom Med*. 2002;64:238–46.

Orcutt, H.K., Erickson, D.J., Wolfe, J. A prospective analysis of trauma exposure: the mediating role of PTSD symptomatology. *J Trauma Stress*. 2002;15:259–66.

Schnurr, P.P., Friedman, M.J., Bernardy, N.C. Research on posttraumatic stress disorder: epidemiology, pathophysiology, and assessment. *J Clin Psychol*. 2002;58:877–89.

Stein, M.B., Jang, K.L., Taylor, S.F. Genetic and environmental influences on trauma exposure and posttraumatic stress disorder symptoms: a twin study. *Am J Psychiatry*. 2002;159:1675–81.

Vasterling, J.J., Duke, L.M., Brailey, K., Constans, J.I., Allain, A.N., Sutker, P.B. Attention, learning, and memory performances and intellectual resources in Vietnam veterans: PTSD and no disorder comparisons. *Neuropsychology*. 2002;16:5–14.

Wright, K.M., Huffman, A.H., Adler, A.B., Castro, C.A. Psychological screening program overview. *Mil Med*. 2002;167:853–61.

Yehuda, R., Halligan, S.L., Grossman, R., Golier, J., Wong, C. The cortisol and glucocorticoid receptor response to low dose dexamethasone administration in aging combat veterans and holocaust survivors with and without posttraumatic stress disorder. *Biol Psychiatry*. 2002;52:393–403.

2001

Baker, D.G., Ekhtor, N.N., Kasckow, J.W., Hill, K., Zoumakis, E., Dashevsky, B.A., Chrousos, G.P., Geraciotti, T.D. Plasma and cerebrospinal fluid interleukin-6 concentrations in posttraumatic stress disorder. *Neuroimmunomodulation*. 2001;9:209–17.

Britt, T.W., Adler, A.B., Bartone, P.T. Deriving benefits from stressful events: the role of engagement in meaningful work and hardiness. *J Occup Health Psychol.* 2001;6:53–63.

Erickson, D.J., Wolfe, J., King, D.W., Kin, L.A., Sharkansky, E.J. Posttraumatic stress disorder and depression symptomatology in a sample of Gulf War veterans: a prospective analysis. *J Consult Clin Psychol.* 2001;69:41–9.

Geraciotti, T.D., Baker, D.G., Ekhtor, N.N., West, S.A., Hill, K., Bruce, A.B., Schmidt, D., Rounds-Kugler, B., Yehuda, R., Keck, P.E., Kasckow, J.W. CSF norepinephrine concentrations in posttraumatic stress disorder. *Am J Psychiatry.* 2001;158:1227–30.

Guarino, G., Peduzzi, P., Donta, S.T., Engel, C.C., Clauw, D.J., Williams, D., Skinner, J.S., Barkhauzen, A., Kazis, L., Feussner, J.R. A multicenter two by two factorial trial of cognitive behavioral therapy and aerobic exercise for Gulf War veterans' illnesses: design of a veterans affairs cooperative study (CSP #470). *Control Clin Trials.* 2001;22:310–32.

Jex, S.M., Bliese, P.D., Buzzell, S., Primeau, J. The impact of self-efficacy on stressor-strain relations: coping style as an explanatory mechanism. *J Appl Psychol.* 2001;86:401–9.

Jones, E., Wessely, S. Psychiatric battle casualties: an intra and inter-war comparison. *Br J Psychiatry.* 2001;178:242–7.

Schuff, N., Neylan, T.C., Lenoci, M.A., Du, A.T., Weiss, D.S., Marmar, C.R., Weiner, M. W. Decreased hippocampal N-acetylaspartate in the absence of atrophy in posttraumatic stress disorder. *Biol Psychiatry.* 2001;50:952–9.

2000

Benotsch, E.G., Brailey, K., Vasterling, J.J., Uddo, M., Constans, J.I., Sutker, P.B. War zone stress, personal and environmental resources, and PTSD symptoms in Gulf War veterans: a longitudinal perspective. *J Abnorm Psychol.* 2000;109:205–13.

Kaufman, M., Kimble, M.O., Kaloupek, D., McTeague, L.M., Bachrach, P., Forti, A., Keane, T.M. Peritraumatic dissociation and physiological response to trauma-relevant stimuli in Vietnam combat veterans with posttraumatic stress disorder. *J Nerv Ment Dis.* 2000;190:167–74.

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

Posttraumatic stress disorder and retrospectively reported stressor exposure: A longitudinal prediction model. *J Abnorm Psychol.* 2000;109:624–33.

Sadler, A.G., Booth, B.M., Nielson, D., Doebbeling, B.N. Health-related Consequences of Physical and Sexual Violence: Women in the Military. *Obstet Gynecol.* 2000;96:473–80.

Southwick, S., Morgan, C.A., Rosenberg, R. Social sharing of Gulf War experiences: association with trauma-related psychological symptoms. *J Nerv Ment Dis.* 2000;188:695–700.

Storzbach, D., Campbell K.A., Binder, L.M., McCauley, L.A., Anger, W.K., Rohlman, D. S., Kovera, C.A. Psychological differences between veterans with and without Gulf War unexplained symptoms. *Portland Environmental Hazards Research Center. Psychosom Med.* 2000;62:726–35.

Wagner, A.W., Wolfe, J., Rotnitsky, A., Proctor, S.P., Erickson, D.J. An investigation of the impact of post-traumatic stress disorder on physical health. *J Trauma Stress.* 2000;13:41–55.

1999

Binder, L.M., Storzbach, D., Anger, W.K., Campbell, K.A., Rohlman, D.S. Subjective cognitive complaints, affective distress, and objective cognitive performance in Persian Gulf War veterans. *Arch Clin Neuropsychol.* 1999;14:531–6.

Campbell, K.A., Rohlman, D.S., Storzbach, D., Binder, L.M., Anger, W.K., Kovera, C.A., Davis, K.L., Grossmann, S. Test-retest reliability of psychological and neurobehavioral tests self-administered by computer. *Assessment.* 1999;6:21–32.

Dlugosz, L.J., Hocter, W.J., Kaiser, K.S., Knoke, J.D., Heller, J.M., Hamid, N.A., Reed, R.J., Kendler, K.S., Gray, G.C. Risk factors for mental disorder hospitalization after the Persian Gulf War: US Armed Forces, June 1, 1991-September 30, 1993. *J Clin Epidemiol.* 1999;52: 1267–78.

Everson, M.P., Kotler, S., Blackburn, W.D. Stress and immune dysfunction in Gulf War veterans. *Ann N Y Acad Sci.* 1999;876:413–8.

Gray, G.C., Kaiser, K.S., Hawksworth, A.W., Hall, F.W., Barrett-Conner E. Increased postwar symptoms and psychological morbidity among U.S. Navy Gulf War veterans. *Am J Trop Med Hyg.* 1999;60:758–66.

Lange.G., Tiersky, L., DeLuca, J., Peckerman, A., Pollet, C., Policastro, T., Scharer, J., Ottenweller, J.E., Fiedler, N., Natelson, B.H. Psychiatric diagnoses in Gulf War veterans with fatiguing illness. *Psychiatry Res.* 1999;89:39–48.

Morgan, C.A., Hill, S., Fox, P., Kingham, P., Southwick, S. Anniversary reactions in Gulf War veterans: a follow-up inquiry 6 years after the war. *Am J Psychiatry*. 1999;156:1075–9.

Vinokur, A., Pierce, P., Buck, C. Work-family conflicts of women in the Air Force: their influence on mental health and functioning. *J Organizational Behav*. 1999;20:865–78.

Wolfe, J., Erickson, D.J., Sharkansky, E.J., King, L.A., King, D.W. Course and predictors of posttraumatic stress disorder among Gulf War veterans: a prospective analysis. *J Consult Clin Psychol*. 1999;67:520–8.

Wolfe, J., Proctor, S.P., Erickson, D.J., Heeren, T., Friedman, M.J., Huang, M.T., Sutker, P.B., Vasterling, J., White, R.F. Relationship of psychiatric status to Gulf War veterans' health problems. *Psychosom Med*. 1999;61:532–40.

1998

Golier, J., Yehuda, R. Neuroendocrine activity and memory-related impairments in posttraumatic stress disorder. *Dev Psychopathol*. 1998;10:857–69.

Sloan, P., Aresenault, L., Hilsenroth, M. A longitudinal evaluation of the Mississippi Scale for Combat-Related PTSD in detecting war-related stress symptomatology. *J Clin Psychol*. 1998;8:1085–90.

Stuart J.A., Bliese, P.D. The long term effects of Operation Desert Storm on the psychological well-being of US Army Reserve and National Guard veterans. *J Appl Soc Psychol*. 1998;28:1–22.

Vasterling, J.J., Brailey, K., Constans, J.I., Sutker, P.B. Attention and memory dysfunction in post-traumatic stress disorder. *Neuropsychology*. 1998;12:125–33.

Wolfe, J., Sharkansky, E.J., Read, J., Dawson, R., Martin, J.A., Ouimette, P.C. Sexual harassment and assault as predictors of PTSD symptomatology among U.S. Persian Gulf War personnel. *J Interpers Violence*. 1998;13:40–57.

Yokoyama, K., Araki, S., Murata, K., Nishkitani, M., Okumura, T., Ishimatsu, S., Yakasu, N., White, R.F. Chronic neurobehavioral effects of Tokyo subway sarin poisoning in relation to Posttraumatic Stress Disorder. *Arch Environ Health*. 1998;53:249–56.

1997

Baker, D.G., Mendenhall, C.L., Simbartl, L.A., Magan, L.K., Steinberg, J.L. Relationship between posttraumatic stress disorder and self-reported physical symptoms in Persian Gulf War veterans. *Arch Intern Med*. 1997;157:2076–78,

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

military operations. *Mil Med*. 1997;162: 737–43.

Vasterling, J.J., Brailey, K., Constans, J.I., Borges, A., Sutker, P.B. Assessment of intellectual resources in Gulf War veterans: relationship of PTSD. *Assessment*. 1997;4:51–9.

1996

Sloan, P., Aresenault, L., Hilsenroth, M., Harvill, L. Assessment of non-combat, war-related post-traumatic stress symptomatology: validity of the PK, PS, and IES Scales. *Assessment*. 1996;3:37–41.

Sloan, P., Aresenault, L., Hilsenroth, M., Harvill, L., Handler, L. Rorschach measures of post-traumatic stress in Persian Gulf War veterans: A 3-year follow-up study. *J Pers Assess*. 1996;66:54–64.

Stretch, R.H., Bliese, P.D., Marlowe, D.H., Wright, K.M., Knudson, K.H., Hoover, C.H. Psychological health of Gulf War-era military personnel. *Mil Med*. 1996;161:257–61.

Stretch, R.H., Marlowe, D.H., Wright, K.M., Bliese, P.D., Knudson, K.H., Hoover, C.H. Post-traumatic stress disorder symptoms among Gulf War veterans. *Mil Med*. 1996;161:407–10.

1995

Sloan, P., Aresenault, L., Hilsenroth, M., Harvill, L., Handler, L. Rorschach measures of posttraumatic stress in Persian Gulf War veterans. *J Pers Assess*. 1995;64:397–414.

1993

Wolfe, J., Brown, P., Kelley, J.M. Reassessing war stress: exposure and the Gulf War. *J Soc Issues*. 1993;49:15–31.

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

Subcommittee on Posttraumatic Stress Disorder of the Committee on Gulf War and Health: Physiologic, Psychologic, and Psychosocial Effects of Deployment-Related Stress Posttraumatic Stress Disorder: Diagnosis and Assessment 168 June 16, 2006.

2001

Marlowe D.H. Psychological and Psychosocial Consequences of Combat and

Deployment with Special Emphasis on the Gulf War 118 2001 .

1999

Marshall, G.N., Davis, L.N., Sherbourne, C.D. A Review of the Scientific Literature As It Pertains to Gulf War Illnesses. Volume 4: Stress 119 1999 .

ITEMS OF INTEREST

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 not less than 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-running 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.