

DENIS K. LANE, JR.
ATTORNEY AT LAW
1912 W. Colorado Avenue
Mailing address: P.O. Box 6476
Colorado Springs, CO 80934-6476
E-mail: dklaneatty@qwest.net
Telephone: (719) 636-1017
Facsimile: (719) 635-4571

May 23, 2006

The Honorable Donald H. Rumsfeld
Secretary of Defense
Office of the Secretary of Defense
1000 Defense Pentagon
Washington, D.C. 20301-1000

Re: TRICARE Regulations and Practice

Dear Secretary Rumsfeld:

Currently TRICARE and DOD policies require that when mental health professionals are providing treatment to active duty service members, the client's Commanding Officer is notified of the services being given and the reasons for it. We all agree that we need to promote the physical and mental health of the members of the armed forces. The stronger they are, the safer our nation is.

As the U.S. Supreme Court ruled in *Jaffee v. Redmond*, confidentiality is essential for effective mental health treatment. So it makes no sense for TRICARE and DOD to require that service member's Commanding Officer be notified of their mental health problems and of the treatment being provided. Reporting such problems to unit commanders does not encourage military members to seek the help that they need.

If a service member is a danger to self, to the unit or to the national security, therapists will report these risks. But in the absence of such dangers, a soldier's need for help should be treated in a way that protects privacy and respects confidentiality.

Studies of troops returning from Iraq conducted by Walter Reed Army Medical Center have shown that 30% who need treatment for combat-related problems do not seek it because of perceived fears that their unit commander will see them as weak or will lose confidence and respect for them. Charles W. Hoge, M.D., Carl A. Castro, Ph.D., et al., "Combat Duty in Iraq and Afghanistan, Mental Health Problems and Barriers to Care," *New England Journal of Medicine*, Vol. 351, No.1. If treatment were confidential, these perceived barriers would no longer exist, and post-deployment behavioral problems could be resolved more readily, strengthening the individuals concerned and their units.

The armed forces would not be jeopardized by allowing service members to seek counseling through a confidential process. The Post-Deployment Health Assessment (PDHA) forms currently in use already identify for unit commanders those who are experiencing combat-related problems. In training exercises that simulate combat operations, commanders can see if an individual breaks down and is unfit for combat duty.

The PDHA's currently in use have enabled commands to understand that post-deployment problems are a natural and a normal result of combat. Current protocols for treatment of PTSD, depression and anxiety have demonstrated success. Therefore, DOD policy changes should be made so that post-deployment treatment of service members' problems can be provided through a process that protects privacy, thereby assuring that more people receive the help they need and which they are now reluctant to seek. These changes in policy may result in the military retaining more of the highly trained and experienced individuals who have served in combat.

Such a policy change will only serve to strengthen those who are in the front lines of the war on terror. Veterans returning from combat need support. Their families do, too. We owe them our support and gratitude. Mental health problems and stress normal for the situation needs to be treated in privacy, not reported to unit commanders.

Very truly yours,

Denis K. Lane, Jr.

DKL/ig

Encl.