

United States Senate
WASHINGTON, DC 20510

September 1, 2020

The Honorable Mark Esper
Secretary of Defense
1000 Pentagon Defense
Washington, DC 20301

Dear Secretary Esper,

I write today with deepening concern for the health and welfare of our men and women in uniform. This April, I led my colleagues in writing to you to express our worry that the response measures to mitigate COVID-19, although necessary, could worsen the environmental conditions in which symptoms of suicide, depression, and other mental disorders thrive.¹ We also wrote in response to the Quarterly Suicide Report, which showed an increase in suicides among the Active Component.² Since then, the Department of Defense Inspector General (DoDIG) released a report evaluating access to outpatient mental health care. The results are significant, detailing the extent to which our Armed Forces men, women, and their families are underserved by the military health system (MHS).

The findings of the DoDIG report, *Evaluation of Access to Mental Health Care in the Department of Defense*, state clearly that over half of the assessed military medical treatment facilities (MTFs), and the supporting TRICARE networks, did not meet access to care standards prescribed by law and DoD's own policies.³ During the evaluated period, DoDIG also found that an average of 53% of all active duty and their families referred to civilian providers never received care, and "the MHS did not know why."⁴ Further, DoDIG found that 9 of 13 MTFs considered were unable to provide adequate evidence-based treatments and were incapable of monitoring the treatments that were prescribed, leaving servicemembers with delayed provider follow-up, or no response whatsoever.

Delays in access to mental health care threatens the safety of those at-risk. DoDIG was given several examples during its evaluation in which access barriers may have contributed to "second suicide attempts and hospitalization."⁵ There seems to be little point in messaging on the stigma of seeking help, if one is not afforded access to this urgent assistance.

The DoDIG identified that the Department failed to consistently meet outpatient mental health care access, in part, because the Defense Health Agency (DHA) does not have a MHS-wide mental health staffing model, despite the DoD Task Force on Mental Health making this

¹ Letter from Senator Blackburn, et al to Secretary Mark Esper (April 13, 2020), <https://www.blackburn.senate.gov/2020/4/blackburn-colleagues-urge-esper-address-mental-health-servicemembers-during-social-distancing>

² U.S. Department of Defense, "Quarterly Suicide Report (QSR), 4th Quarter, CY 2019" (March 2020), https://www.dspo.mil/Portals/113/Documents/QSR_CY2019_Q4.pdf

³ U.S. Department of Defense Inspector General, "Evaluation of Access to Mental Health Care in the Department of Defense" (August 10, 2020), https://media.defense.gov/2020/Aug/12/2002475605/-1/-1/1/DODIG-2020-112_REDACTED.PDF

⁴ Ibid.


⁵ Ibid.

recommendation in 2007.⁶ Additionally, this report found that DHA “published inconsistent and unclear policies” for outpatient mental health care. For example, there is no common agreement among MTFs nor a single authoritative policy that defines what the initial behavioral health assessment looks like, or who may perform it.

There is a human cost to service that is not always evident by losses on the battlefield. DoD Instruction 6490.07 recognizes the degree to which impaired mental fitness degrades force readiness, but the DoD must go further than acknowledgement. Our nation has an obligation to deliver the best possible mental health support to our servicemembers during their service – before they are discharged to communities or stand at the end of the long line of veterans who restart their quest for care from the Department of Veterans Affairs. Last week, Chief of Staff of the Air Force, General Brown, expressed his concern for the unchanging suicide rate, which is trending to be “as bad as last year.”⁷ His willingness to speak candidly and with compassion on this challenge is commendable.

Mental health, to include dependents’ mental health, is a critical element of servicemember readiness. The DoD must take ownership to improve mental, spiritual, and emotional wellbeing for the future of the military enterprise. I welcome a long-term open dialogue with the Pentagon on prioritization of the health of our service men, women, and their families. In the near-term, I look forward to a detailed response that addresses each of the unresolved DoDIG recommendations. Thank you for your attention.

Sincerely,


Marsha Blackburn
United States Senator

⁶ U.S. Department of Defense, “Report to Congress: Plan to Achieve the Vision of the DoD Task for on Mental Health” (September 2007), <https://health.mil/Reference-Center/Reports/2007/09/19/DoD-Task-Force-on-Mental-Health>

⁷ General Charles Q. Brown, Jr., Air Force Sergeants Association Virtual Professional Airmen’s Conference (August 26, 2020), <https://vimeo.com/452182127/7c6819e512>