

Congress of the United States
Washington, DC 20515

September 15, 2020

The Honorable Adam Smith
Chairman
House Armed Services Committee
2216 Rayburn Office Building
Washington, D.C. 20515

The Honorable Mac Thornberry
Ranking Member
House Armed Services Committee
2216 Rayburn Office Building
Washington, D.C. 20515

The Honorable Jim Inhofe
Chairman
Senate Armed Services Committee
205 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Jack Reed
Ranking Member
Senate Armed Services Committee
228 Russell Senate Office Building
Washington, D.C. 20510

Dear Chairman Smith, Ranking Member Thornberry, Chairman Inhofe, and Ranking Member Reed:

Thank you for your leadership as you work to conference the House and Senate-passed bills for the Fiscal Year 2021 National Defense Authorization Act (FY 2021 NDAA).

We write to urge you to retain the following provisions to address the high suicide rate in the military and improve mental health services in the final conference agreement. As you know, our servicemembers are dying by suicide at increasingly higher rates each year. It is clear that more needs to be done to prevent our men and women in uniform who sacrifice so much from taking their own lives.

When it comes to mental health treatment, we know all too well that stigma poses a barrier to seeking help for many servicemembers who may need it. The House-passed NDAA (H.R. 6395) includes provisions that would expand mental health assessments without compromising confidentiality. It is imperative to learn more about the root causes of these traumatic events in order to issue better preventative measures.

The following sections of H.R. 6395 are critical to overcoming the mental-health-stigma barrier and advancing information-sharing solutions to prevent suicides among our troops:

Multidisciplinary Board to Evaluate Suicide Events — Please retain H.R. 6395, Section 540, which would create a multidisciplinary board composed of a unit-level commander, medical & mental health professionals, and representatives from military criminal investigative organizations (NCIS, CID, OIS) to gather necessary data to make a comprehensive suicide event report after each suicide incident. This information-sharing process would enhance the Department of Defense's ability to better understand, analyze, and report suicide trends so it can make informed policy solutions to prevent future servicemember suicides.

Reports on Suicide among Members of the Armed Forces and Suicide Prevention

Programs and Activities of the Department of Defense — We support H.R. 6395, Section 732, which requires DoD’s Annual Suicide Report to include data indicating the number of suicides that occurred within 1 year of deployment, as well as the number of suicides where the servicemember was prescribed a medication to treat a mental health or behavioral health diagnosis during the 1-year period preceding the death. This section also would add a new requirement to describe programs carried out by the military departments to reduce the stigma associated with seeking assistance for mental health or suicidal thoughts.

Expansion of Mental Health Assessments for Members of the Armed Forces —

We support inclusion of H.R. 6395, Section 701, which would require the Secretary of Defense to provide regular, person-to-person mental health assessments to servicemembers who participated in warfighting activities that had a direct and immediate impact on a combat operation or other military operation. These mental health assessments would be conducted at a frequency and schedule similar to assessments required for servicemembers deployed in support of a contingency operation, who receive regular mental health assessments before, during, and after the deployment.

Mandatory Referral for Mental Health Evaluation — We support inclusion of H.R. 6395, Section 702, also known as the Brandon Act, which would require the Secretary of Defense to prescribe regulations to establish a code phrase, such as “Brandon Act,” that enables members of the Armed Forces to self-refer for a mental health evaluation. This section would require a commanding officer or supervisor to make such referral as soon as practicable following disclosure by the member to the commanding officer or supervisor of the code phrase.

We applaud the bipartisan and bicameral advances in mental health resources made available in the military health care system and look forward to supporting continued efforts to provide the best possible care and support to our servicemembers and their families. While there is much more to be done, we believe that these provisions are important advances. As you reconcile the differences between the House and Senate bills, we ask that you retain these potentially life-saving provisions in the final FY 2021 NDAA. Thank you for your attention to this request.

Sincerely,



Lori Trahan
Member of Congress



Seth Moulton
Member of Congress



Jackie Speier
Member of Congress

Gilbert R. Cisneros, Jr.
Member of Congress

Chrissy Houlahan
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