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## Congress of the United States

July 13, 2010

Chair  
Select Intelligence Oversight Panel  
Committee on Appropriations

Committee on Education  
and Labor

Permanent Select Committee  
on Intelligence

Committee on Natural Resources

The Honorable Robert M. Gates  
Secretary of Defense  
1000 Defense Pentagon, Room 3E880  
Washington, DC 20301

The Honorable Eric K. Shinseki  
Secretary of Veterans Affairs  
810 Vermont Ave., NW  
Washington, DC 20420

Dear Secretaries Gates and Shinseki,

I am writing to you to ask for your help in closing a serious gap in our military suicide prevention efforts, a gap that needlessly cost the life of one young constituent of mine in September 2008 and is likely costing other lives.

Sergeant Coleman Bean of East Brunswick, New Jersey did two combat tours in Iraq. In between and after those tours, he sought treatment for post-traumatic stress disorder (PTSD). Because Sgt. Bean was a member of the Individual Ready Reserve (IRR)—a pool of Reserve soldiers not assigned to any unit but available for mobilization if needed—he could not get treatment for his condition because the Departments of Defense and Veterans Affairs failed to properly coordinate Sgt. Bean's care. As Sgt. Bean's father wrote in a Veterans Day 2008 tribute to Coleman published in the *Atlanticville* newspaper:

*"He fell through the cracks. He had no advocate, no Army machinery to help him find his way through the system. He felt he was literally on his own. He made appointments with the VA to have an ulcer treated and to obtain treatment for post-traumatic stress disorder. Those appointments were postponed. He was still waiting when he took his own life Sept. 6."*

A few weeks after Coleman took his life, the VA called to confirm his next appointment.

As these IRR members remain under Department of Defense control while in inactive status, I believe it is necessary for DoD to take additional measures on an urgent basis to ensure that no other IRR members suffer the same fate as Sgt. Bean. Additionally, it is imperative that both departments ensure a smooth hand off of IRR members from DoD to VA control for continuity of care. Moreover, these additional measure should encompass all reserve members not assigned to regularly drilling units—IRR members, Individual Mobilization Augmentees (IMA), and inactive National Guard (ING) members.

I ask that DoD immediately implement an outreach program—either by telephone or in person—that ensures that reservists in the categories noted above who have served at least one tour in either Iraq or Afghanistan will receive a counseling call from properly trained personnel not less than once every 90 days so long as the servicemember remains a member of the IRR, and IMA, or in the ING. Personnel conducting this call should be required to determine the emotional, psychological, medical, and career needs and concerns of the servicemember. Any servicemember identified as being at risk of harming his or her self should be immediately referred to the nearest emergency room for immediate evaluation and treatment by a qualified mental health care provider, and in those cases the Undersecretary for Health Affairs should be required to confirm that the at-risk servicemember has in fact received the evaluation, and if necessary treatment.

Once this program is implemented, I ask that DoD report to me and other interested members of Congress regularly on the number of IRR, IMA, or ING members not assigned to units who have been referred for

counseling or mental health treatment, as well as the health and career status of said servicemembers. I ask that in the same report, VA report on the number of such servicemembers who have been handed off by DoD and enrolled in the VA medical system.

As you may know, this very proposal was contained in legislative language that passed the House on a voice vote the past two years as an amendment to the Fiscal Year 2010 and Fiscal Year 2011 National Defense Authorization Act. Unfortunately, the Senate has yet to take action on the Fiscal Year 2011 NDAA, and this is an urgent servicemember care issue that cannot wait. I commend the VA for its recent administrative action to ease the PTSD claims process for all veterans, and I am asking that both of you use your existing authorities to the fullest to perform the necessary suicide prevention outreach and follow up for IRR, IMA, and ING servicemembers.

I know that you share my commitment to preventing suicides among our servicemembers and veterans. While suicide prevention programs for active duty and Guard and Reserve members assigned to units have made progress in this area, members of the IRR, IMA, and ING remain effectively outside of the reach of such programs. I ask that you implement the idea I have brought forward to you, and I will work with you to ensure that such a suicide prevention program receives the resources it needs to reach these citizen-soldiers.

Additionally, I ask that you seek out and make available to all servicemembers the contact information for nonprofit organizations that offer psychological counseling services to servicemembers. It is my understanding that several such organizations offer these kinds of services, and if their providers meet the certification standards used by TRICARE, servicemembers should be made aware that these providers are available to help them if they do not live near a military treatment facility that can provide quick access to counseling services.

Finally, the Bean family informs me that they have repeatedly received conflicting information about the true number of IRR personnel who have committed suicide. They correctly point out that if our military does not know how many of these suicides have involved IRR, IMA, or ING soldiers, it calls into question whether our current suicide prevention policies are actually targeting the right groups of at-risk servicemembers. If the majority of suicides involve IRR members—as some officials have suggested to the Bean family—then it would require DoD and VA to take a fundamentally different approach to the problem. I ask that you provide me with precise figures on the number of military suicides since March 2003, to include whether or not the servicemember was a member of the IRR, IMA, or ING at the time of their death.

Thank you for your service to our nation and your decisive, effective leadership of your departments.

Sincerely,

A handwritten signature in black ink that reads "Rush Holt". The signature is written in a cursive, flowing style.

RUSH HOLT  
Member of Congress