



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
COMMANDING GENERAL, UNITED STATES ARMY ACCESSIONS COMMAND/  
DEPUTY COMMANDING GENERAL FOR INITIAL MILITARY TRAINING  
90 INGALLS ROAD, BUILDING 100  
FORT MONROE, VIRGINIA 23651-1065

0 1 JAN 2009

ATJA

**MEMORANDUM FOR Lieutenant General Eric B. Schoomaker, The Surgeon General /  
Commander, US Army Medical Command, 5109 Leesburg Pike, Suite 675, Falls Church,  
VA 22041**

**SUBJECT: Results of AR 15-6 Investigation -- Command Climate within the Houston  
Recruiting Battalion**

**1. On 14 October 2008, I appointed my deputy CG, BG Frank ("Del") Turner, to conduct an AR 15-6 investigation into the command climate in the Houston Recruiting Battalion and the circumstances surrounding the suicides of four Soldiers in that battalion since 2005. I appointed the investigation to examine all four suicides comprehensively and to look for relationships and patterns among them that may not have been visible in individual cases. The investigation was to assess the command climate, and among other things, to make specific findings and recommendations with regard to any systemic solutions that should be implemented by USAREC, USAAC, or at HQDA.**

**2. I recently received the results of the AR 15-6 investigation and because BG Turner made recommendations that are pertinent to your mission, I am forwarding the relevant recommendations to you for consideration. BG Turner noted the support he received in his investigation from two members of your staff, BG Timothy Adams and (b)(6). (b)(6) I am grateful for your willingness to provide these subject matter experts in support of this very important investigation.**

**a. In order to improve the screening of prospective candidates for recruiting duty, review and revise, as necessary, the methods and instrument used to evaluate the mental health of prospective recruiters. Consider the development of a standard instrument to be used for mental evaluation.**

**b. Consider actions to improve the provision of care for Soldiers requiring mental health care:**

- Implement a system that establishes positive control over any Soldier that screens as a "provider concern" during the Post Deployment Health Reassessment (PDHRA) or mental evaluation used for recruiter screening. Ensure "screened" Soldiers conduct face-to-face appointment with mental health care professional before departing the unit. Ensure health care providers record consult in AHLTA and unit personnel make appropriate entries in MEDPROS.**
- Investigate and implement policies to provide for continuity of care while protecting the Soldier's right to confidential medical care. Once diagnosed with medical condition requiring extended care, MEDCOM should facilitate the provision of care for the Soldier either at a military installation or TRICARE provider.**

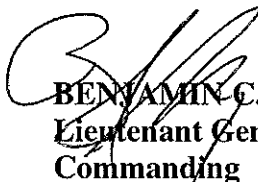
**ATJA**

**SUBJECT: Results of AR 15-6 Investigation into Four Suicides and Command Climate in the Houston Recruiting Battalion**

c. **Review Suicide Prevention Training to ensure the proper balance of training focused on identification of suicide risk factors in others / intervention and training focused on building resiliency by providing each Soldier the skills required to cope with the myriad stressors they may experience. "Coping skills" training aimed at improving Soldiers' resiliency in managing stressors should be developmental throughout a Soldier's career ... included in certain professional schools and unit training and focused on the typical personal and professional stressors (medical, financial, relationships, parenting, mental health, job-specific, etc) an individual typically faces.**

**3. In addition to BG Turner's recommendations, the evidence of record presents an additional consideration regarding a potential seam in medical/mental health care as it relates to the prescription drug, Lexapro, especially for recruiters who are seen outside a Military Treatment Facility (MTF). The issue goes to the safety label for Lexapro, which advises that caregivers should be advised of the need for close observation and communication with the prescriber because of the chance for clinical worsening in early stages of use (that may enhance suicidal thinking). The concern is that for a single soldier recruiter who receives this medication from a civilian provider, the issue of who is the "caregiver" to be advised to watch for changes in behavior appears unresolved. The Soldier's commander may have no visibility on the issue. If treated through the MTF, the commander would have an absolute need to know under HIPAA and would be told to watch the Soldier during the early course of treatment. The seam is created when the Soldier is seen by civilian healthcare providers, who have no obligation or ability to inform the commander without a HIPAA waiver.**

**4. BG Turner made these recommendations after his comprehensive investigation and consideration of all evidence. He is intimately familiar with the facts and circumstances surrounding the investigation, and for this reason, I am happy to make him available to assist with any questions or concerns you might have about the factual basis for his recommendations.**

  
**BENJAMIN C. FREAKLEY**  
**Lieutenant General, US Army**  
**Commanding**