

Approved: 02/01/10
Date

MINUTES OF THE HOUSE VETERANS, MILITARY AND HOMELAND SECURITY COMMITTEE

The meeting was called to order by Chairman Don Myers at 1:30 p.m. on January 26, 2010, in Room 785 of the Docking State Office Building.

All members were except:

Representative Lee Tapanelli - excused
Representative Pat George - excused

Committee staff present:

Art Griggs, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Corey Carnahan, Kansas Legislative Research Department
Lauren Douglass, Kansas Legislative Research Department
Barbara Lewerenz, Committee Assistant

Conferees appearing before the Committee:

Representative Melanie Meier, Veterans, Military & Homeland Security Committee Member
Captain Joshua Mantz, 1st ID, HQ, US Army, Ft Riley, KS
SFC Floyd Stevenson, 1st Battalion, 63rd Armor Regiment, Ft. Riley, KS

Others attending:

See attached list.

Moved by Representative Seiwert and seconded by Representative Gatewood for approval of minutes of the House Committee on Veterans, Military and Homeland Security, held January 21, 2010. Motion Carried.

There were no bill introductions.

The Chairman recognized Representative Melanie Meier who presented a power-point program and video, "2009 Was a Year of Change in Iraq." (Attachment 1) Representative Meier said that virtually every U. S. Soldier's mission in Iraq changed in 2009 due to the new security agreement that went into effect in June.. Her unit was the Expeditionary Sustainment Command. Morale among soldiers was generally good. The Army has developed many procedures and programs during the last seven years to assist the Reservist and Guardsmen, but the reality is that they often still arrive home unprepared for the transition.

Chairman Myers introduced Captain Joshua Mantz and SFC Floyd Stevenson, who presented, "The War on Terrorism from a Soldier's Perspective." (Attachment 2) Captain Mantz spoke about his experience of being severely wounded by an enemy sniper and the high quality of care he received from the military medical personnel in the field and at Walter Reed Hospital. He redeployed to Iraq four and one-half months following his injury at his own request. He said that Ft. Riley and several other units have established Warrior Transition Battalions that are based on the Walter Reed Program to give soldiers and families the assistance they need in recovery. SFC Stevenson served in the initial invasion of Iraq when the mission was to invade and destroy. That has now changed to focusing on rebuilding the country and training the forces of Iraq to take over. Questions and answers followed.

The next meeting is January 28 in Room 230 in the Docking State Office Building. This will be a briefing by Kansas Department of Revenue Officials. The Chairman thanked Representative Meier for her presentation and Representative Craft for arranging the guest speakers from Ft. Riley.

Meeting adjourned at 3:15 P.M.



Testimony to the House Committee on Veterans, Military Affairs and Homeland Security

26 Jan 2010

Representative Melanie Meier

Now that I am home from Iraq people ask me all kinds of questions about my experiences in the past year. As I have reflected, I have realized that 2009 was a year of changes in Iraq, changes for the better. The following are my view and account of personal experience of the current situation for soldiers in Iraq.

In June, the new security agreement went into effect. Virtually every US Soldier's mission changed, as well as the relationship between the United States and Iraq. The security agreement especially effected my unit, the Expeditionary Sustainment Command, who's mission it is to sustain the force with supplies and maintenance of equipment.

Starting in June, US convoys were to no longer travel during the day and they were to avoid towns and cities as much as possible. This policy was to decrease the visibility of the US military presence and to lessen tensions of Iraqi citizens traveling on roads and in the cities. The sight of the huge US up-armored and mine resistant ambush protected vehicles are definitely intimidating. Imagine being stuck in traffic on an Iraqi highway in your sedan with an MRAP bearing down on you, blaring orders to clear the way. MRAPs are the new vehicles with the boat shaped bodies that directs blasts and shrapnel away from the soldiers inside. The incidents of children throwing rocks and civilians approaching the US vehicles despite warnings to stay back had been growing to this point.

Soldiers that are on their second, third or even fourth tours, can tell you that they are in a different Iraq now. The US is no longer kicking down doors to apprehend insurgents or take out IED factories. They now stay in the background as Iraqi troops and police conduct the assaults. In my command, there are fewer and fewer US soldiers actually driving long haul trucks any more. The semi's are now driven by third country and Iraqi contractors and US soldiers only provide security. The planning at the highest echelons is now focused on getting the US troops and equipment out of Iraq.

My unit will be getting busier and busier as the draw down progresses. We conducted inspections this fall to prepare the Sustainment Brigades for the new mission. We combed all the Brigades looking for excess equipment and supplies that need to be turned in and shipped home. We looked at shipping container management to determine how many containers are available and where they are. Soon the roads will be full of convoys headed south to Kuwait, hauling the containers full of equipment out of the country.

Despite the new business, Sustainment Command will be shrinking along with everyone else. Two of its Brigades were already sent home early and eventually there will only be one Brigade in the north and one in the south. Forward operating bases are being turned over to the Iraqis as US troops

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are consolidating into five enduring bases. Enduring bases are the locations that the US plans to keep for the long term to support the new Iraqi government as needed.

COB Adder, where I was stationed, is one of these enduring bases. COB is short for Contingency Operating Base. It used to be known as a Combined Operating Base but there are no other countries represented there anymore. When I arrived in March, the Romanians were there and the Australians had just moved out. In June, the Romanians headed home.

COB Adder is the first stop for vehicles coming into Iraq from Kuwait to refuel and the last stop before crossing back into Kuwait. COB Adder also has an airfield called Ali Airbase that was once an Iraqi air base. Unused and decaying Iraqi aircraft bunkers line the airfield next to our temporary tents and trailers. The US operates out of old Iraqi buildings or temporary structures: trailers and tents. The theory is that once the US troops are gone that we will leave Iraq as we found it or better.

As part of the plan to reduce our presence and equipment, each commander is authorized to give a specified dollar amount worth of equipment to Iraqi officials in their operating areas.

The morale of the soldiers in Iraq is generally good. There are soldiers that feel some frustration because they know the mission is shrinking and there are always the soldiers that stay too focused on what they are missing at home and never give their new environment a chance. I saw the same thing when I was stationed in Korea. They are the soldiers that go to work and go to their cot and that is it. There are many activities in Iraq designed to keep the soldier happy and healthy. Every day there is some kind of activity ranging from karaoke to country dancing to poetry readings to bingo (my personal favorite) to running a 5K race. Comedians and bands visit and even professional wrestlers. A flag football league started shortly before I left and I found myself yelling almost as loud as when I was home in Kansas at a KU game.

Speaking of Kansas, I was extremely lucky to be stationed at the same location as the 287th Sustainment Brigade. They are a Kansas National Guard Brigade that was assigned to the Sustainment Command. They are a great bunch of troops who took me in and treated me like one of their own. They showed individual initiative and were working to do their part individually, as well as a unit, for their fellow man. The 287th visited schools to deliver donated supplies, clothing and toys. They built furniture for an orphanage that had none. They visited with the local sheiks and organized cultural tours of the City of Ur and Ziggurat.

Again, these are my views on the current operational situation for the soldier in Iraq. As a Reservist or National Guardsman deployed to Iraq, there are also some specific concerns that the Kansas legislature can impact.

The Army has developed many procedures and programs during the last seven years to assist the Reservist and Guardsman but the reality is that they often still arrive home unprepared. Naturally, as the length of the deployment gets shorter, the focus is more on getting home and back to civilian life. While the active duty soldier arrives home, gets a few days off and then the unit goes through re-deployment together, reservists like myself, are on their own.

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The following are some of the common questions I have received so far:

1. Were you in danger? I would have to answer yes. While I was never under direct fire from a rifle that I know of, we had regular mortar and rocket attacks and IEDs on the roads. I was in the sparsely populated southern region of Iraq, so the frequency of attacks was much lower than in the central areas of Baghdad and Balad. Sniper and IED attacks in and around Baghdad were quite frequent, as well as the suicide and vehicle bombs in the city itself. Balad is affectionately known as "mortaritaville" by its residents because of the frequency of indirect fire attacks there.
2. Did you have to leave the base? My job kept me on the FOB most of the time, but our soldiers were out on the roads everyday. They were the convoy escort teams that provide security for the contractor and military convoys that travel the roads everyday. I travelled occasionally to other FOBs to visit with soldiers or to conduct inspections or investigations, but was usually stuck at my desk.
3. Was it hot? Yes, definitely yes. I arrived in Iraq at the end of their rainy season and was able to gradually warm up with the country to the 130+ degrees in August. In the winter, it is usually in the 60s during the day and dips into the 40s at night. It does dip down past freezing, but rarely. The winter is wet and muddy in southern Iraq, the rest of the year is hot and dusty. The dust there is like a brown talcum powder, very fine and gets into everything. And when it gets wet, it is like sticky paste that will not come off.
4. Were there a lot of casualties? In the sparsely populated southern Iraq, the combat deaths were rare while I was there. Vehicle rollovers and suicides were the most common cause of death. There were several soldiers killed by a rocket attack in Basrah, which is a twenty minute helicopter ride from Tallil and there were soldiers killed by IED attacks while their convoy escort teams were in the Baghdad area.
5. What was your scariest moment? Although the two times that rockets actually hit the compound near my office were nerve wracking, I would have to say my last ride along on a convoy through Baghdad was the scariest. The soldiers in the up-armored HMMWV with me made sure I knew that we were entering the "Widow Maker" before they accelerated rapidly. The "widow maker" is a stretch of highway that is a spaghetti bowl of concrete and is where many IED attacks have occurred. The soldiers and the convoy speed through it as fast as they can to avoid being a target because it is impossible to see around the curves and there are many good ambush and observation sites. So in addition to knowing that this was a deadly site, we zoomed through there so fast that I thought the vehicle would roll and I would have to put my rollover training to use!

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One of the new programs the Army now requires is the Post Deployment Health Assessment. It is required for every soldier within 30 days prior to arriving home. This is a great idea with the goal to identify any medical issues or concerns while the soldier is still on active duty. As a reservist, and an individual cross leveled into a unit across the country, I returned home with only a short time left on active duty. During my post deployment health assessment, several health issues were identified but not treated. The doctors gave me a choice of staying at Fort Lewis Washington as long as it takes to assess the issues, but told me that they would still eventually send me to the Veteran's Administration for treatment.

The Mobilization sites are focused on getting you out of there as soon as possible. They give you general briefings on benefits shortly after you get off the plane from a trip home that takes multiple days. Even as a LTC and an Inspector General, I feel challenged to identify and obtain my benefits. For example, I attempted to take care of a dental problem that was identified before my active duty days ran out but there was just not enough time. Now I have to get to the VA to obtain my one time dental treatment benefit.

Just the other day, I learned of special benefits for women veterans as I visited the Veteran's lounge at KU while waiting for my husband who was getting his grades. The Veterans Administration is adjusting to the growing number of woman veterans, but the subject had not made it to the briefings given at the Mobilization site yet.

Ensuring our Kansas veterans are informed of their benefits and assisting them in obtaining them is an area in which I feel the legislature can have a positive impact.

**SPEECH TO KANSAS VETERANS, MILITARY, AND HOMELAND SECURITY
COMMITTEE**

CPT JOSHUA MANTZ

Mr. Chairman...Congressmen and Women of the Kansas Veterans, Military and Homeland Security Committee...Thank you for giving us the opportunity to speak to you today.

My name is CPT Joshua Mantz. I graduated from West Point in 2005 with a degree in Arabic. After graduation, I attended 12 months of Infantry school at Fort Benning, GA. Upon the completion of Infantry School, I was assigned to Fort Hood, TX, where I took charge of a Mechanized Infantry Platoon. 4 months later, in October of 2006, we deployed to Iraq and began operations in East Baghdad on the Border of Sadr City.

APRIL 21st, 2007: My scout platoon was conducting a dismounted patrol when we were engaged by an enemy sniper. The type of bullet he used was similar to a .50 caliber round. It was armor piercing, and probably Iranian-made. The bullet ripped through the left arm of one of my Non-Commissioned Officers and exited through his chest, killing him almost instantly, and fused to his SAPI plate as it exited. A chunk of metal, about the size of my fist, ricocheted from SSG Marlon Harpers chest into my upper right thigh, severing my femoral artery.

Before I realized I was hit, I drug SSG Harper out of the way and began to perform medical aid on him while simultaneously calling for my medic. When my medic arrived no more than 15 seconds later, I briefly passed out. My men drug me into the nearest Bradley Fighting Vehicle and began the MEDEVAC to FOB Loyalty. During the 10 minute ride to the FOB, my medic cinched-up a tourniquet and helped me stay conscious. But I had to fight for every breath that I took. Once I arrived at FOB Loyalty, I held on for a few more minutes, and then died.

I remember with distinct detail what it feels like to die:

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Attachment 2

I woke up later in the Green Zone to learn that I had flat-lined for 15 minutes. That's 15 minutes with no breathing, and no pulse. I also learned that the vascular surgeon in the Green Zone administered 30 units of blood to me during the initial surgery to save my life. I don't know what possessed the Brigade Surgeon to keep working on a dead soldier for 15 minutes – most doctors will call it after 6 minutes because that's the point when serious brain damage sets in – but the medical team never quit. Part of this success was due, in part, to a 265 pound Private First Class from Texas named Tipton who pumped away on me for 15 minutes while doing CPR on a live victim for the first time. He later apologized for cracking a few of my ribs in the process, but I told him not to worry about it.

Please allow me to emphasize that every step of the MEDEVAC process was executed to absolute perfection on every level. From the medic on the ground to the Surgeons at Walter Reed, the Military Medical Care has no equal.

Our Military Surgeons are GODS in their profession. With the proper resources, they can – and DO- bring Soldiers back to life against IMPOSSIBLE odds.

This process was so efficient, that I redeployed to Iraq only 4 ½ months after the injury. Let me clarify that I was NOT forced to go back to Iraq. In fact, the Surgeons and Doctors at Walter Reed initially laughed at me when I told them I was going to redeploy and rejoin my unit. But I worked tirelessly at Walter Reed, and eventually got myself in to the physical condition necessary to redeploy. Naturally, I had to convince my Vascular Surgeon that this was a good idea. His initial answer was an emphatic “no.” But once I conveyed my reason to him, he understood the importance of allowing me to redeploy.

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Attachment 2 (2-5)

I wanted to redeploy for 2 reasons. The first reason was for my men. The sniper round that hit us on 21 April took out the Platoon Leader and the Senior Scout of the platoon on the same day. One month later, the Platoon Sergeant was struck by an IED and was MEDEVACED out of theater. This left a bunch of junior Staff Sergeants to run our sector in an extremely complex and sensitive counter-insurgency environment. The men needed a moral boost, and more importantly, needed leadership.

The second reason I wanted to redeploy was for myself. I needed to know that I could get back in a truck, leave the "wire", and be mentally capable of performing my job, in sector, as an infantry officer. You can say that you "fine" back in the states all that you want, but the true test happens when you have to perform. I needed to know that I wouldn't freeze up. As it turns out, I was scared to death on my first patrol after the injury to the point where I could barely move. Fortunately, I was fine during the following patrol and every patrol thereafter.

This example highlights the importance of the resiliency of our Soldiers. I was mentally able to continue my duty in combat after a devastating and horrific incident. My ability to do this stemmed from the treatment and care that I received while in recovery at Walter Reed. Walter Reed is a utopia for soldier resilience. Here, Soldiers receive constant psychological counseling, 24-hour chaplain support, excellent medical care, top-notch physical fitness centers, one of the best Soldier-Family assistance centers in the military, and numerous other functions and classes that allow our soldiers to increase their levels of comprehensive fitness, such as teaching kayaking classes to wounded soldiers.

The problem occurs when our soldiers are released from the "utopia" at Walter Reed and are injected back into the "real-world" where they are assigned to their units. In the past, the support network barely existed outside of Walter Reed, and soldiers had difficulty adjusting to their surroundings. In an effort to bridge this gap, several units, including Fort Riley, have established Warrior Transition Battalions that are based off of the Walter Reed program. Soldiers assigned to the WTB have the same assets available to them at Fort Riley as they would have

a Walter Reed. The WTB program at Fort Riley is effective, and still growing in its capability.

But yet another problem exists. A very small percentage of our soldiers are assigned to the WTB. And all of the soldiers that are assigned there were either combat wounded or have another medical condition that requires the support of the WTB.

So what about the soldiers who were NOT combat wounded and are NOT assigned to the WTB and have NEVER been exposed to the WTB assets, but still suffer from the mental challenges of war. I'm talking about Soldiers like my medic on the ground the day we were shot who, at 19 years of age, had to treat two catastrophic injuries and make the decision to save me, or save SSG Harper. What an incredibly hard decision for a young Soldier to make? Surely he may have some difficulties in dealing with this experience. I'm also talking about the Soldiers in the Scout Platoon that day who witnessed the graphic death of their biggest role model, SSG Harper, and were back on patrol in sector within a few hours of the incident. How can we help soldiers like this, their families, and the hundreds of others who may have difficulties dealing with the war?

The answer is the establishment of the new Resiliency Campus on Fort Riley as outlined in the Commanding General's 2015 Campaign Plan. This world-class facility will be established to support the Comprehensive Fitness of the Soldiers, Family Members, and Civilians on Fort Riley, and will offer facilities and services that support each of the 5-Pillars of strength: Spiritual, Social, Family, Physical, and Emotional strength. This campus will be a one-stop epicenter, available to everyone, that offers spiritual counseling, worship services, Strong Bonds retreats. Soldiers will be able to reflect on their past experiences at the Reflection Garden and study their experiences at the Library. They'll be able to enjoy a variety of fitness classes, like aerobics and yoga, Tai Chi and CrossFit, that husband and wife can do together while their children are being watched at the in-house child care facility. Technology will be incorporated to provide biometric feedback to Soldiers that allows them to train their mind to stay calm and cool under stressful situations, and professional counseling will be readily available and easily.....

accessible to Soldiers and their Families. This campus is an absolute necessity in this time of extended warfare and will eventually create a Comprehensive Fitness "utopia" at Fort Riley, just as it exists at Walter Reed.

Lastly, my story is just one of hundreds that are similar to mine. Just take a trip to the WTB at Fort Riley or take a walk around the 6th floor at Walter Reed and you'll see that I'm not unique.

It's simple for me to describe what it feels like to die, and I can easily tell you how to conduct a proper Combat Patrol with an Infantry Platoon, but it is difficult to place into words what it feels like to be part of an organization like the US Army. I've never been more proud of a group of men that I was on April 21st, 2007, when I saw a group of young Soldiers perform at their absolute best in a horrific situation. They performed with brilliance....their performance that day wasn't flawed, not even slightly, and they were back out on patrol again in 6 hours taking control of a sector in a complex environment.

Thank you, once more, for allowing me to address the Committee. We at Fort Riley sincerely appreciate the support that you, and the State of Kansas, provide to our Soldiers. And never forget that we take our Division motto seriously....No Mission to Difficult, No Sacrifice to Great, Duty First!