Prepared Statement

of

The Honorable Michael Dominguez
Principal Deputy Under Secretary of Defense
Personnel and Readiness

Before the

House Committee on Oversight and Government Reform
Subcommittee on National Security and Foreign Affairs

Topic
"Third Walter Reed Oversight Hearing: Keeping the Nation's Promise to Our Wounded Soldiers"

September 26, 2007

Not for publication until released by the committee

INTRODUCTION

SEAMLESS CONTINUUM OF SERVICES IN RECOVERY, REHABILITATION, AND REINTEGRATION OF WOUNDED, ILL, AND INJURED SERVICE MEMBERS

Mr. Chairman and distinguished members of this Subcommittee, thank you for inviting me to be here today. Last February, deficiencies at Walter Reed exposed systemic flaws in services to wounded, ill, and injured Service members and their families, and provided the impetus for us to take a comprehensive look at the full life cycle of treatment for wounded veterans returning from the battlefield. I am pleased to have an opportunity today to discuss the Department's progress improving the recovery, rehabilitation, and reintegration of our wounded, ill, and injured Service members.

When I last testified before this Committee in April, I indicated a number of review groups and task forces had been established, we were studying their work and recommendations, and we were on a fast track to develop and implement improvements. I am here today to tell you that much has been accomplished since then.

On May 3, 2007, the Departments of Defense (DoD) and Veterans Affairs (VA) jointly established the Wounded, Ill, and Injured Senior Oversight Committee (SOC). The SOC was established to ensure the recommendations of the various task forces and committees were properly reviewed, coordinated, implemented, and resourced. Under cognizance of the SOC, our two Departments have studied the issues, and are designing and implementing changes to our policies and programs. We have accepted and are working on all the recommendations from the Task Force to the President on Returning Global War of Terror Heroes and from the President's Commission on Care for

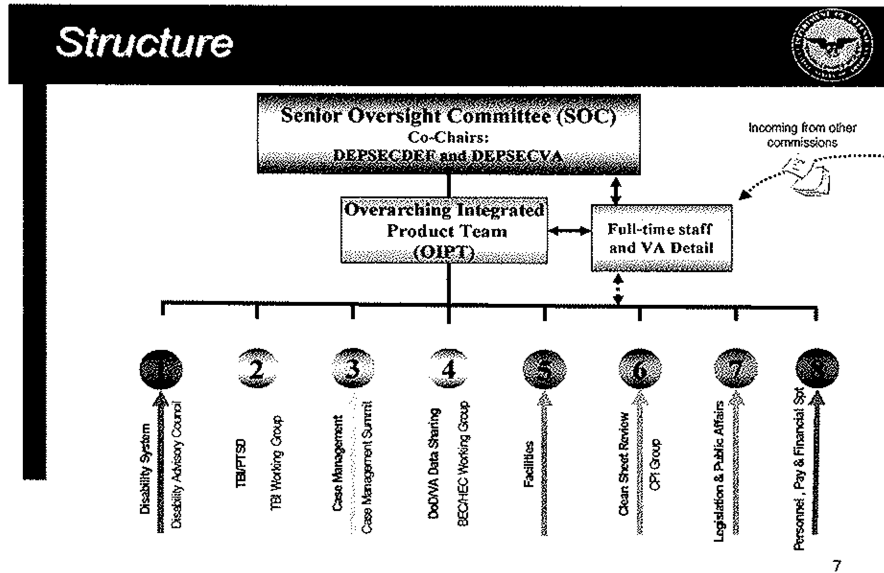
America's Returning Wounded Warriors. We also have accepted and are working on all but three recommendations from the Independent Review Group on Rehabilitative Care Administrative Processes at Walter Reed Army Medical Center and National Naval Medical Center, and all but one recommendation from the DoD Task Force on Mental Health. The four recommendations and reasons for their rejection are in Table 1, enclosed with this testimony.

Our work continues, however, and the SOC, co-chaired by the Deputy Secretary of Defense and Deputy Secretary of Veterans Affairs, continues to meet weekly to streamline, de-conflict, and expedite the two Departments' efforts to improve support of injured Service members' recovery, rehabilitation, and reintegration.

Senior Defense and Veterans Affairs officials serve on the SOC. This includes the Service Secretaries, the Chairman of the Joint Chiefs of Staff, the Service Chiefs, the VA Under Secretary for Health, the VA Under Secretary for Benefits, the VA Assistant Secretary for Policy and Planning, and the VA Deputy Assistant Secretary for Information and Technology. The driving principle guiding the SOC's efforts is the establishment of a *seamless continuum* that is efficient and effective in meeting the needs of our wounded, ill, and injured Service members/veterans and their families.

Supporting the SOC decision-making process is an Overarching Integrated Product Team (OIPT), composed of the Assistant Secretaries of Defense, the Military Department Assistant Secretaries for Manpower and Reserve Affairs, and other senior officials from DoD and VA. The OIPT reports to the SOC and coordinates, integrates, and synchronizes the work of eight Lines of Action and recommends sourcing solutions for resource needs.

The diagram below depicts the structure supporting the SOC. The Lines of Action, which have Senior Executive Service Co-Leads from both Departments, establish plans, set and track milestone, and identify and enact early, short-term solutions.



The Lines of Action and their goals are:

- **LoA #1: Redesign the Disability Evaluation System**

  Goal: *To develop a single, supportive, and transparent disability evaluation system.*

- **LoA #2: Address Traumatic Brain Injury/Psychological Health**

  Goal: *To provide Service members with lifelong standardized and comprehensive screening, diagnosis, and care for all levels of TBI and PTSD, in conjunction with education for patient and family members.*

- **LoA #3: Fix Case Management**

  Goal: *To coordinate health care, rehabilitation, and benefits, delivery of services and support that will effectively guide and facilitate Service members and their families through necessary processes.*

- **LoA #4: Expedite Data Sharing**

***Goal**: To ensure appropriate beneficiary and medical information is visible, accessible, and understandable through secure and interoperable information management systems.*

- **LoA #5: Facilities**

  ***Goal**: To provide Service members and families with the best possible facilities for care and recovery.*

- **LoA #6: "Clean Sheet" End-to-End Review**

  ***Goal:** To honor our Service members by providing wounded, ill, and injured personnel and their families the best quality care and a compassionate, fair, timely, and non-adversarial disability adjudication process – enabling Service members to return to the fullest, most productive and complete quality of life possible.*

- **LoA #7: Comprehensive Legislation and Public Affairs**

  Goal: *To coordinate the development of comprehensive legislation that will provide the best possible care and treatment for injured Service members and families. Additionally, to keep the public informed of significant accomplishments and events.*

- **LoA #8: Personnel, Pay, and Financial Benefits**

  Goal: *To provide compassionate, timely, accurate and standardized personnel, pay, and financial support practices for Wounded, Injured and to ensure appropriate data sharing, quality control, and support benefits.*

FEBRUARY IS LONG PAST

Facilities

I am pleased to report the living conditions disclosed last February at Walter Reed Army Medical Center's Building 18 are remedied and the outpatient housing conditions of our Wounded Warriors throughout the Department are improving every day. To ensure sub-standard facilities are identified and actions are taken to remedy them, a few weeks ago, the SOC approved new DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

These new approved Housing Inspection Standards require the Military Services to assign Medical Hold and Holdover Personnel to housing that meets or exceeds applicable quality standards and is appropriate for their medical condition, expected duration of treatment, dependency status (including non-medical attendants, if authorized), and paygrade.

The particular housing and associated amenities and services provided will be an integral part of a Service member's medical treatment plan. In addition, the chain of command will be responsible, in consultation with patients and their medical support team and case managers, to validate that every Medical Hold and Holdover Person is adequately housed in accordance with these new standards. If these standards cannot be met for a particular individual, installation commanders must notify their Service Headquarters. To ensure our facilities are maintained at this quality standard, periodic inspections will be conducted at least annually. In the event a deficiency is identified, the commander of the facility will submit to the Secretary of the Military Department a detailed plan to correct the deficiency, and the commander will re-inspect the facility until the deficiency is corrected. And, finally, the Military Services will implement periodic and comprehensive follow-up programs using surveys, one-on-one interviews, focus groups, and town-hall meetings to learn how to improve Medical Hold and Holdover personnel housing and related amenities and services. We have implemented these new standards and are currently conducting inspections. In December, our inspection report on all DoD medical treatment and Medical Hold and Holdover facilities will be sent to Congress.

Data Sharing Between Defense and Veterans Affairs

We also have been making good progress on our information technology efforts to share medical information between the DoD and VA. We are committed to developing a seamless health information system for use within our Department and with DVA. Our long-term goal is to ensure appropriate beneficiary and medical information is visible, accessible, and understandable through secure and interoperable information management systems. Our short-term goal is to accelerate and improve data sharing among our two Departments. The SOC has approved initiatives to ensure health and administrative data are made available and are viewable by both agencies. For example, all DoD and VA sites are now able to view outpatient prescription data, outpatient and inpatient laboratory and radiology reports, and allergy information on patients treated by either Department. The Bi-Directional aspect of the system also allows for VA health data on Service members now to be viewed through the Armed Forces Health Longitudinal Technology Application (AHLTA) by DoD providers. Importantly, plans for a single Web portal to support the information needs of the Wounded, Ill or Injured Service members and their families should be ready in December 2007. This Web portal will allow users to access user-specific information about relevant programs, benefits and services available to them in both the private and public sector. Table 2 provides a summary of our progress sharing health data.

Care Management

We have received numerous recommendations from the various committees that have studied wounded warrior clinical and non-clinical care management issues, and we are committed to providing world class programs and services that improve significantly the delivery of quality and timely medical care to severely wounded Service

members/veterans and their families. We also are committed to eliminating bureaucratic hurdles and red tape, and creating a streamlined, efficient continuum of care. In particular, DoD, in partnership with the VA, is working to reduce the complexities of traversing our two care management systems through the creation of an integrated continuum of case management model.

Psychological Health and TBI

The DoD, in a collaborative effort with VA, has made great strides in addressing issues surrounding psychological health (PH) and traumatic brain injury (TBI) concerns across the full continuum of care. The focus of these efforts has been to create and ensure a comprehensive, effective, and individually focused program dedicated to prevention, protection, identification, diagnosis, treatment, recovery, and rehabilitation for our military members, veterans, and families who deal with these important health conditions.

Since June 2007, a collaborative team of DoD and VA experts known as the "Red Cell" has worked to (1) create an integrated, comprehensive Department of Defense/Veterans Affairs program to identify, treat, document, and follow-up those who experience TBI or PH conditions while either deployed or in garrison; and (2) determine how to build resilience, both in people and in organizations, to prevent issues from developing and to reduce their impact if they do occur. In July, we received the report of the Mental Health Task Force, whose recommendations cover this same domain. Our report to the Congress addressing the recommendations of that Task Force has just been released, and is enclosed at the end of this testimony.

We have significant TBI and PH achievements. Using best practice guidance, behavioral health professionals are being integrated into the primary care setting for early identification of TBI and PH issues. Psychological health governance structures and trusted advisors to our commanders and senior leaders are being built at all levels, including embedding psychological health professionals into line units.

DoD and VA have partnered to develop clinical practice guidelines (CPG) for Post-Traumatic Stress Disorder (PTSD), Major Depressive Disorder, Acute Psychosis, and Substance Use Disorders. These guidelines help practitioners determine the best available and most appropriate care for PH conditions. In an effort to ensure that providers are trained in best practices, DoD also has been collaborating with VA in providing training in evidence-based treatment for PTSD.

To ensure Service members are appropriately screened for TBI, questions have been added to Post Deployment Health Assessment and Post Deployment Health Reassessment. Also, Post Deployment Health Assessment and Post Deployment Health Assessment Reassessment information is being shared between DoD and VA clinicians as part of an effort to facilitate the continuity of care for the veteran or Service member. Finally, identification and treatment for TBI have been enhanced through world-renowned TBI training to over 800 of our clinicians.

To ensure that there are appropriate staffing levels for PH, a comprehensive staffing plan for psychological health services has been developed based on a risk-adjusted, population-based model. In addition, to support and ensure appropriate staffing levels, DoD has partnered with the Department of Health and Human Services (DHHS) to provide uniformed Public Health Service officers in Military Treatment Facilities to

rapidly increase available mental health providers for DoD. Finally, we are programming over $900 million dollars to support PH and TBI prevention, treatment, and research to ensure that our services achieve and maintain excellence across the complete system of care.

To assist our children, we have expanded our Mental Health Self Assessment Program to include mental health education and suicide prevention training for children, parents and teachers in the DoD schools. We are also expanding the Emmy-nominated Sesame Street Workshop to help young children understand and manage the stress associated with having a deployed parent.

Our Senior Oversight Committee also has approved a national Center of Excellence for PH and TBI. It will include liaisons from both VA and DHHS, as well as an external advisory panel organized under the Defense Health Board to provide the best advisors across the country to the military health system. This center will facilitate coordination and collaboration for PH and TBI related services among the Military Services and VA, promoting and informing best practice development, research, education and training.

We have many more plans underway to continue the tradition of excellence that has characterized our military and veteran health system for decades. We are putting into place systems that will monitor quality and rapidly institutionalize new innovations and best practices as the science and practice of health promotion and clinical practice continues to advance. Our commitment to a consistent system of excellence will grow with time and experience, and our dedication to the fighting force and their families will not falter.

Disability Evaluation System

The Departments of Defense and Veterans Affairs are working closely to redesign and establish one Disability Evaluation System (DES) for use by Service members. A pilot program was explored via a "tabletop" exercise to ensure that no Service member would be disadvantaged by this new system, and that the Service member receives the high quality medical care, and appropriate compensation and benefits for the residuals of his or her disabilities incurred or aggravated by military service. An operational pilot program and schedule was just briefed to the SOC. If it is as successful as we plan, this pilot program will be expanded beyond the Washington Capital Region to become the DES system, worldwide.

The proposed new system is a much more efficient and due process friendly one. It will produce more consistent outcomes and, with DoD and VA working together as a team, the new system is a seamless, single process for users. We envision it cutting in half the time it takes for a Service member to go through the DES, from the time the member is referred for a Medical Evaluation Board (MEB), to the time the member is discharged from active military service and receives his or her first payment from VA.

An important improvement in this new system is that the Service member will only be required to have one medical examination to meet the requirements of both DoD and VA. Currently, a Service-specific medical examination is required for the purpose of determining a Service member's ability to continue on active military service based on the residual unfitting disability and the Service member's rank, rating, or military occupational skills, and a VA medical examination is also required for the purpose of evaluating the residual of the disability under the VA Schedule for Rating Disability, so a

percentage evaluation can be assigned to the disability. Under the current system, if Service members are found unfit and are separated or retired, they must complete the second VA exam to determine whether the claimed medical conditions are service-connected and represent impediments to full employment capability.

Under the proposed new system, the one medical examination collects information required by both Departments. Under this system, when the Service member transitions to civilian life, the VA already will have the information needed to immediately start paying the (new) veteran the appropriate amount of compensation for the residuals of his or her disability incurred or aggravated by military service.

This new DES will also allow the Services to ensure they have control over who is fit or unfit for further military service, and we would have a "one-stop shop" for the seamless transition of our wounded warriors from Solider, Airman, Sailor, or Marine to civilian life.

Financial and TRICARE Assistance

Another area where we have made great strides is offering a new premium-based health care plan called TRICARE Reserve Select (TRS). Beginning October 1st, our Reserve and National Guard members may enroll in this comprehensive plan which allows these members freedom to manage their own health care. TRS coverage is similar to TRICARE Standard and TRICARE Extra, but covered members and family members may access care from any TRICARE-authorized provider, hospital, or pharmacy – whether in the TRICARE network or not. TRS covered members may also access care at military treatment facilities on a space-available basis. They pay the same TRICARE cost-share and deductible as active duty family members.

The DoD has increased staffing levels for finance and other personnel at specific medical treatment facilities to ensure full support of the fiscal health of the Wounded Warrior. The Army and Navy have efforts underway to develop and implement methods to ensure appropriate staffing levels remain in place at both Walter Reed Army Medical Center and the Navy's facility at Bethesda throughout the upcoming Base Realignment and Closure (BRAC) 2005. These efforts include combined civilian hiring panels, standardized job classification/grades and DoD directives to maximize civilian medical professional recruitment and retention incentives.

Service members transitioning from military to civilian life can benefit from a collaborative effort between DoD and the Department of Labor (DoL). DoD recently uploaded the DoL Pre-Separation Guide which informs Service members and families of available transition assistance services and benefits at the click of a mouse. (http:\www.TurboTAP.org).

Another resource tool available to our transitioning Service members is the expansion of the PatriotExpress Loan program. The PatriotExpress Loan offers a lower interest rate and an accelerated processing time. Loans are available for up to $500,000 and can be used by Wounded Warriors for most business purposes.

Additionally, DoD expanded Wounded Warrior Pay Entitlement information on the Defense Finance and Accounting Service (DFAS) website and other organizations have linked to the website, and in July 2007, the DFAS posted an easily understood decision matrix on eligibility for Combat-Related Injury Rehabilitation Pay (CIP) which allows Wounded Warriors to determine their eligibility for CIP on the website.

The Department has established better tracking capability and improved staffing for the DFAS Casualty Travel Pay Section. The travel voucher payment turn-around time has improved to an average of three processing days after receipt, down from a reported processing time in March 2007 of as much as 15 days.

The DoD and the VA have coordinated and are now sharing patient administrative data for active duty military personnel receiving care as inpatients in Veterans Affairs facilities. The two Departments continue to work toward a long-term solution of automatic data sharing between VA and DoD, which will ensure timely notification of patient status and ensure appropriate pay support.

The DoD and VA have shared information concerning Traumatic Injury Service members Group Life Insurance (TSGLI) and have implemented plans replicating best practices after the first year of this program. The Army is now placing subject matter experts at MTFs to provide direct support of the TSGLI application process and improve processing time and TSGLI payment rates. The VA Insurance provider's payment time, upon receipt of an approved package, averages between 2 to 4 days. We have been successful using Congressional authority from the NDAA FY07 allowing continuation of deployment related pays for those recovering in the hospital after injury or illness in the combat zone. This ensures no reduction in deployment pays while the Service member is recovering.

WAY AHEAD

The work of the Senior Oversight Committee and its Overarching Integrated Product Team will continue. Both the SOC and OIPT are meeting weekly to review, coordinate, resource, and implement the recommendations of the various review groups

and task forces, and to integrate further the work being conducted by the OIPT lines of action. This work will expand to include the recommendations of both the DoD Inspector General's report on DoD/VA Interagency Care Transition, and the Veterans Disability Benefits Commission report, which are both due to present their findings and recommendations this next month.

The Departments of Defense and Veterans Administration also are solving problems through the use of policy and existing authorities. For example, our Deputy Secretary of Defense in August directed the Secretaries of the Military Departments to use all existing authorities (e.g., special pays, critical wartime accession bonuses) to recruit and retain military and civilian personnel to the limits authorized in current manning documents, required for care of our seriously injured warriors. These changes provide immediate improvement to the continuum of care for our wounded, ill, and injured Service members, and can be implemented by the Departments without the requirement for additional legislation.

As we continue to work through this complex system, we are learning and forming judgments as to what statutory changes will be necessary to improve the seamless continuum of recovery, rehabilitation, and reintegration of our wounded, ill, and injured Service members. We look forward to communicating these to Congress at the appropriate time, and working with Congress in pursuit of these legislative changes.

Thank you for this opportunity to provide information on the considerable progress we are making on improving the recovery, rehabilitation, and reintegration of our wounded, ill, and injured Service members.

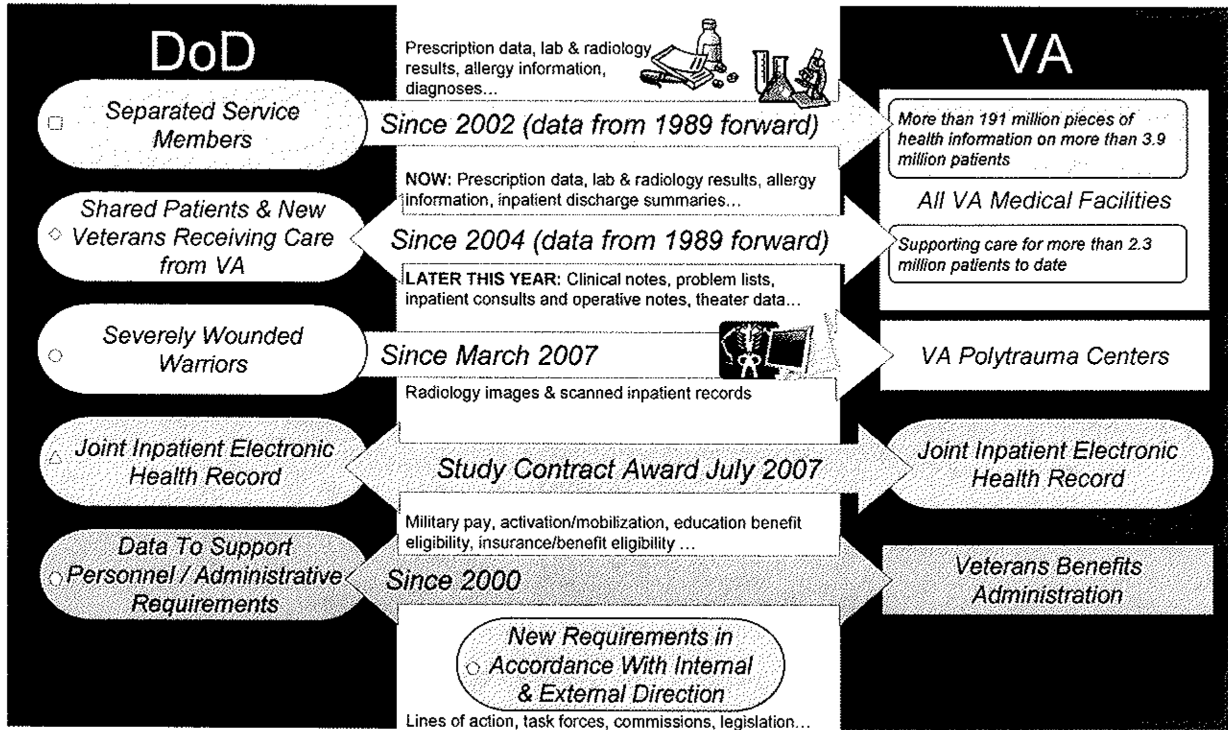
Table 1:

RECOMMENDATION(S)	DOD AND VA JOINT ASSESSMENT, RECOMMENDATION AND DETERMINATION
Independent Review Group (IRG)	
1. Conduct quality assurance review of all military services decisions of 0-20% disability and existed prior to military service (EPTS) cases since October, 7, 2001, to ensure fairness, consistency, and compliance with applicable regulations.	**1. Not Accepted.** The existing Board for Correction of Military Records (BCMR) process is fully responsive to this issue. The DoD Office of General Counsel process requires affected individuals to initiate the BCMR process. Joint Disability Review Board (JDEB) could review "selected" cases if needed for quality control.
2. Review Traumatic Serviceman's Group Life Insurance (TSGLI) to ensure coverage is expanded to include Post traumatic Stress Disorder (PTSD) to TSGLI	**2. Not Accepted.** PTSD is adequately covered through TSGLI's description of the loss of ability to perform activities of daily living resulting from specifically described physical and psychiatric conditions through which PTSD manifests itself.TSGLI standards are dictated by law. The VA completed a one-year review of TSGLI and does not support addition of PTSD to TSGLI.
3. The Secretary of Defense and all military service Secretaries should establish a program that returns previously deployed Reserve Component Service members back to an active duty status for Post-Deployment Reassessment and evaluation by medical professional, six months post demobilization.	**3. Not Accepted.** Several programs are now underway to determine the most appropriate way to meet reintegration needs of demobilized Guard & Reserve, including one program that authorizes involuntary recall, and another that brings the needed services to the member's hometown.There are alternative approaches to construct the post-deployment health reassessment for Reservists, including battle drills, targeted command emails, and leadership phone calls; all of which are less disruptive to our Reserve forces than being placed on mandatory active duty status, are as effective in obtaining the required information, and are already being conducted by the Services.
Mental Health Task Force (MHTF)	
1. DoD should ensure that covered TRICARE mental health services include V-codes related to partner relational problems, physical/sexual abuse,	**1. No action required**. Coverage for situational problems is currently available across the system through the fully funded *Military OneSource* program and other family

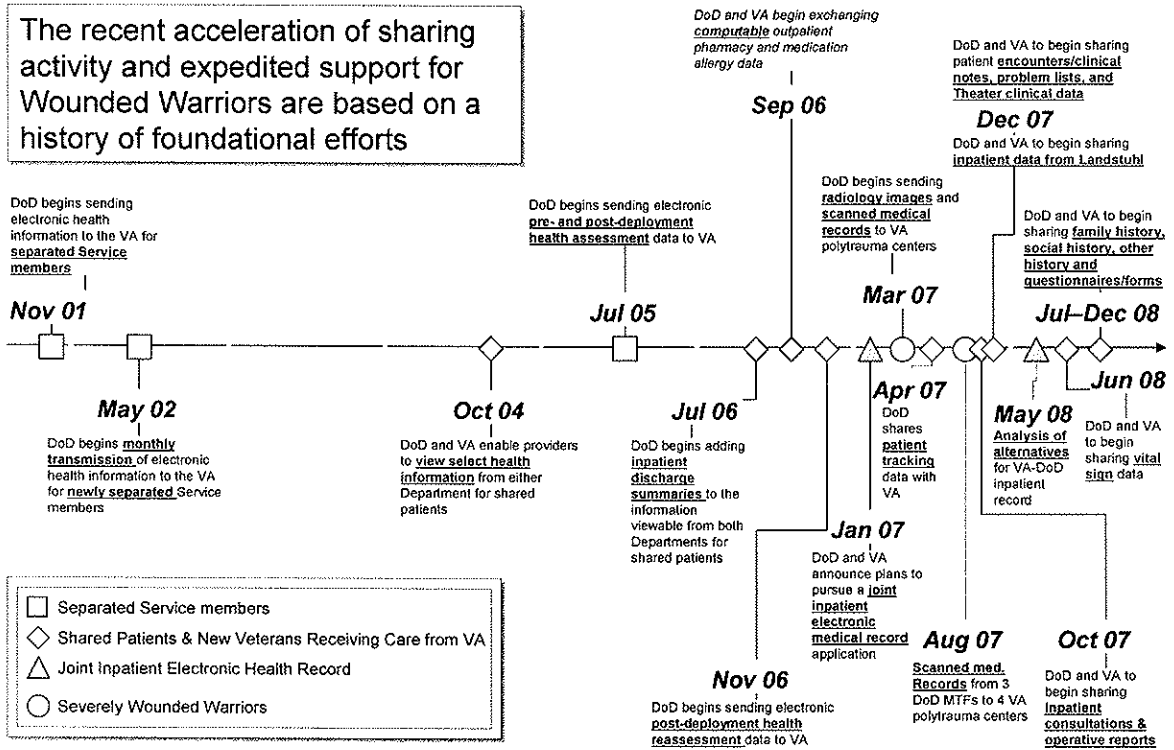
bereavement, parent-child relation problems, and other appropriate services.	support programs. Expanding TRICARE benefits would duplicate existing programs.

Table 2:

DoD/VA Electronic Information Sharing Focus Areas



DoD/VA Data Sharing – Milestones & Plans (Health)



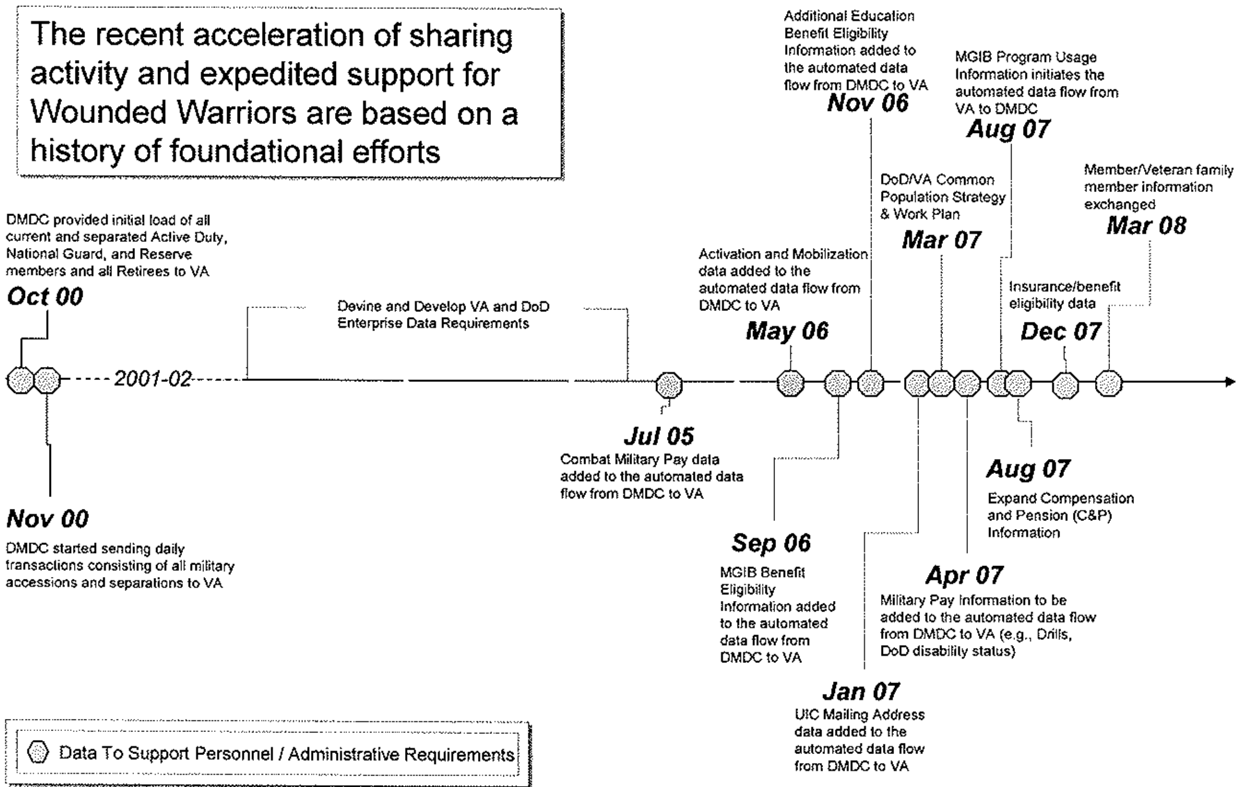
Electronic Health Data Sharing

Current Health Data Sharing	Available	Responds To
One-way push of data upon separation *	2002 - 2006	IRG, GWOT, PCCWW
Bidirectional, real-time view of pharmacy and allergy data, laboratory results, and radiology reports	2007	IRG, GWOT, PCCWW
Bidirectional, real-time view of discharge summaries	2007 – 11 DoD sites 2006 – all VA sites	IRG, GWOT, PCCWW
Bidirectional, real-time computable pharmacy and allergy data	2007 – 7 sites All DoD by Dec 2007	IRG, GWOT, PCCWW
One-way transfer of digital radiology images	3 DoD sites to 4 VA Polytrauma Centers	IRG, GWOT, PCCWW
Future Health Data Sharing	**Target**	**Responds To**
Theater clinical data	Dec 2007	IRG, GWOT, PCCWW
Bidirectional, real-time view of provider notes, procedures, and problem lists	Dec 2007	IRG, GWOT, PCCWW
Bidirectional, real-time view of vital signs	June 2008	IRG, GWOT, PCCWW
Bidirectional, real-time view of family history, social history, other history, questionnaires, and forms	Sept 2008	IRG, GWOT, PCCWW

* Pharmacy, laboratory, and radiology reports, allergy data, discharge summaries (from CHCS), consult reports, standard ambulatory data encounter, Pre- and Post-Deployment Health Assessment and Post-Deployment Health Reassessment

IRG Independent Review Group
GWOT Global War on Terror Heroes Report
PCCWW President's Commission on Care for America's Wounded Warriors

DoD/VA Data Sharing – Milestones & Plans (Personnel / Administrative)



DoD/VA Data Sharing – Information Exchanges (Personnel / Administrative)

Personnel / Administrative Information	***2007***	***2008***
Initial Load of Current and Separated Active Duty, National Guard, Reserve, Retirees	√ (2000)	√
Daily Transactions of Military Accessions and Separations	√ (2000)	√
Combat Military Pay Data	√ (2005)	√
Activation and Mobilization Data	√ (2006)	√
MGIB Benefit Eligibility Data	√ (2006)	√
Education Benefit Eligibility	√ (2006)	√
UIC Mailing Address Data	√ (2007)	√
Expanded Military Pay Information	√ (2007)	√
Insurance/Benefit Eligibility Data	√	√
Member/Veteran Family Member Data		√

Appendix 1

DoD Response to Task Force on Mental Health Report

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

ACTION MEMO

FOR: DEPUTY SECRETARY OF DEFENSE

FROM: David S. C. Chu, Under Secretary of Defense (Personnel & Readiness)
David S. C. Chu 14Sep07

SUBJECT: Department of Defense Task Force on Mental Health Report

- The letters at TAB A inform Congress that the Department of Defense has formulated a plan to address the issues identified by the Task Force on Mental Health. TAB B contains the Department of Defense plan for improving the efficacy of mental health services for Service members and their families; it will be an enclosure to each of the letters to Congress.

- In response to Section 723 of the National Defense Authorization Act for Fiscal Year 2006, the Task Force delivered its report on June 12. Following completion of the report, the Department of Defense had six months to provide to Congress a plan for implementing the recommendations.

RECOMMENDATION: That the Deputy Secretary of Defense sign the letters at TAB A.

COORDINATION: TAB C

Attachments:
As stated

Prepared by: S. Ward Casscells, MD, ASD (Health Affairs), (703) 697-2111, SEP 14 2007
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