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Statement of

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of the

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Subject:

Update on Navy Medicine's Efforts in Support for Wounded, Ill and Injured Service Members

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Thank you Chairwoman Davis, Ranking Member McHugh, and distinguished members of the committee. Your unwavering support of our service members -- especially those who have been wounded during Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) – is deeply appreciated. As the former Commander of the National Naval Medical Center (NNMC) in Bethesda, I witnessed first hand your tireless dedication and work on behalf of our wounded service members and their families.

In the last year or so the interest and concern about the care and support being provided to our service members when they return from combat has increased dramatically. From those with severe injuries, to others whose significant injuries may not be visible to the naked eye, our nation is providing care to a generation of veterans unlike those from previous conflicts. Our advances in battlefield medicine have improved survivability rates so the majority of the wounded we are caring for today will reach our CONUS facilities; this was not so during past conflicts. These advances, leveraged together with our current concept of care, provides Navy Medicine with the opportunities to effectively care for these outstanding heroes and their families.

Continuum of Care

The Military Healthcare System is one of the greatest and most valued benefits our great nation provides to service members and their families. Each of the services is committed and determined to providing our wounded, ill and injured with the absolute highest quality, state-of-the art medical care from the war zone to the home front. For Navy Medicine the progress a patient makes from definitive care to rehabilitation, and in the support of life-long medical requirements is the driver of where a patient is clinically located in the continuum of care and how that patient is cared for. Where a particular patient is in the continuum of care is driven by

the medical care needed instead of the administrative and personnel issues or demands. Medical and administrative processes are tailored to meet the needs of the individual patient and their family--whatever they may be! For the overwhelming majority of our patients, their priority is to locate their care as close to their homes as possible. We learned early on that families displaced for their normal environment and dealing with a multitude of stressors, are not as effective in supporting the patient and his or her recovery. Our focus is to get the family back to "normal" as soon as possible; allowing the patient and their family to return home and heal.

One of the cornerstones of Navy Medicine's concept of care is to capitalize on our longstanding and effective partnership with the Marine Corps in caring for injured and ill Marines. The Marine Corps has always maintained a presence at our MTFs in the form of a Marine Corps Liaison Office staffed with Marine Corps personnel and administration experts. At the onset of OIF, the Marine Corps quadrupled the size of their Marine Corps Liaison offices at key casualty receipt locations anticipating the increased volume and unique needs of this patient population and their families. Since the beginning of OEF/OIF, the Navy and Marine Corps team embraced the similarities and differences in their cultures. Working side by side with Navy Medicine providers, the recently established Wounded Warrior Regiment (April 2007) provided Marine liaisons immediately available to the patient, their family, and the clinical care teams from the moment of admission to an MTF through discharge. Navy Medicine takes care of the patient's clinical needs, and the Wounded Warrior Regiment becomes an optimizing adjunct to the patient care plan. The Wounded Warrior Regiment facilitates the development of a family readiness plan ensuring smooth transitions for the service members and those dedicated to their long term care. Based on a concept of care of "Marines taking care of Marines" the

Wounded Warrior Regiment has ensured that the care provided to our wounded, ill and injured is not just a process, but a relationship that will endure over a lifetime.

Like the Wounded Warrior Regiment, Navy established the Safe Harbor program in 2005 to meet the needs of severely injured Sailors from OEF/OIF. It is expected that approximately 250 Sailors each year will need the services provided by this program which will include non-clinical case management for the Sailors and their families. Safe Harbor case managers are actively collecting feedback from program participants to closely monitor the program's successes and where improvements are still needed.

In Navy Medicine we have established a dedicated trauma service as well a comprehensive multi-disciplinary team which works to maximize interface with all of the partners involved in the continuum of care. To move patients closer to home requires a great deal of planning, interaction and coordination with providers, case workers, and other related players to ensure nothing falls through the cracks. We work together from the day of admission to help the patient and the family know that we are planning to get them closer to home as soon as their medical needs allow the move. The patient's needs will dictate where they are, not the system's needs.

Our single trauma service admits all OEF/OIF patients with one physician service as the point of contact for the patient and their family. Other providers, such as orthopedic surgery, oral-maxillofacial surgery, neurosurgery and psychiatry, among others, serve as consultants all of whom work on a single communications plan. In addition to providers, other key team members of the multi-disciplinary team include the service liaisons at the military treatment facility, the Department of Veterans Affairs (VA) health care advisor and military services coordinator.

Another key component of the care approach by Navy Medicine takes into consideration family dynamics from the beginning. Families are looked as part of the care team and we integrate their needs into the planning process. They are provided with emotional support by encouraging the sharing of experiences among other families (family-to-family support) and mental health services are also made available. Also, families receive assistance dealing with administrative issues when necessary through the Marine Casualty Services Branch.

Concurrent with the establishment of the Wounded Warrior Regiment, the Wounded Warrior Barracks, Marine for Life, and other initiatives, we continue to coordinate with the Marine Corps to evaluate and expand where necessary USMC Liaison Offices at our major medical centers for the purpose of coordinating and supporting the needs of the Marines and Sailors, and their families. We have expanded our nurse case management capabilities, increasing the number of case managers from 85 in 2006 to 148 funded positions today. In addition, VA has established Liaison Offices at Navy MTFs for the purpose of coordinating follow-on care requirements and providing education on VA benefits and the newly created Federal Recovery Coordinators are also located at the NNMC and the Naval Medical Center San Diego (NMCSD).

Improvements and Enhancements to the Continuum of Care

Prompt and comprehensive medical treatment is a priority for service members suffering an illness or injury. As a result, the lessons learned at NNMC -- the facility that has treated most returning casualties -- have been exported to other facilities, both in and out of the military, involved in casualty care. The development of these lessons was a collaborative efforts to improve processes and outcomes. Currently, weekly tele-conferences between the MTF and the VA Polytrauma Rehabilitation Centers is ongoing to ensure continuity of care. One key issue for

patients requiring care at another facility is the physical transition of leaving the protective environment of an acute care facility and moving to a rehabilitative environment. When a patient is headed to a VA facility, there is significant coordination between the military, the VA liaison and the transferring Navy Medicine MTF. Before a transfer is imminent, direct communication occurs between the medical staff, including the caseworker, the patient and/or family members and the treatment team at the VA Polytrauma Rehabilitation Center. Also, electronic copies of medical records are transferred to the receiving facilities.

Psychological Health and Traumatic Brain Injury (TBI)

Beginning in 2006, Navy Medicine established Deployment Health Centers (DHCs) to serve as non-stigmatizing portals of entry in high fleet and Marine Corps concentration areas and augment primary care services offered at the military treatment facilities or in garrison. Staffed by primary care providers and mental health teams, the centers are designed to provide care for Marines and Sailors who self-identify mental health concerns on the Post Deployment Health Assessment and Reassessment. The centers provide treatment for other service members, as well. We now have 17 such clinics, up from 14 since last year. From 2006 through January 2008, DHCs had over 46,400 visits, 28 percent of which were for mental health issues.

Delays in seeking mental health services increase the risks of developing mental illness and exacerbating physiological symptoms. These delays can have a negative impact on a service member's career. As a result, we remain committed to reducing stigma as a barrier to ensuring service members receive full and timely treatment following their return from deployment. Of particular interest is the recognition and treatment of mental health conditions such as PTSD and other related disorders. At the Navy's Bureau of Medicine and Surgery we established the position for a "Combat and Operational Stress Control Consultant" (COSC). This individual,

who reported on December 2006, is a combat experienced psychiatrist and preventive medicine/operational medicine specialist. Dedicated to addressing mental health stigma, training for combat stress control, and the development of non-stigmatizing care for returning deployers and support services for Navy caregivers, this individual also serves as the Director of Deployment Health. He and his staff oversee Post Deployment Reassessment (inclusive of Deployment Health Centers), Substance Abuse Prevention and Treatment, Traumatic Brain Injury, and a newly created position for Psychological Health Outreach for Reserve Component Sailors.

As you know, in June 2007 Secretary Gates received the recommendations from the congressionally-mandated Department of Defense (DoD) Mental Health Task Force. Additionally, the Department's work on identifying key gaps in our understanding and treatment of TBI gained greater light and both DoD and VA began implementing measures to fill those gaps. A synergy resulted between the task force's recommendations, the Department of Defense's work on TBI, and the additional funding from Congress. This collaboration provided an opportunity for the services to better focus and expand their capabilities in identifying and treating these two conditions.

Recently Navy Medicine received funding for creation of a Navy/Marine Corps Combat and Operational Stress Control (COSC) Center at Naval Medical Center San Diego (NMCSD). The concept of operations for this first-of-its-kind capability is underway, as is the selection of a dedicated, executive staff to lead the Center. The primary role of this Center is to identify best COSC practices, develop combat stress training and resiliency programs specifically geared to the broad and diverse power projection platforms and Naval Type Commands, establish provider "Caring for the Caregiver" initiatives, and coordinate collaboration with other academic, clinical,

and research activities. As the concept for a DOD Center of Excellence develops, we will integrate, as appropriate, the work of this center. The program also hopes to reflect recent advancements in the prevention and treatment of stress reactions, injuries, and disorders.

We continue to make significant strides towards meeting the needs of military personnel with psychological health needs and TBI- related diagnoses, their families and their caregivers. We are committed in these efforts to improve the detection of mild to moderate TBI, especially those forms of TBI in personnel who are exposed to blast but do not suffer other demonstrable physical injuries. Service members who return from deployment and have suffered such injuries may later manifest symptoms that do not have a readily identifiable cause, with potential negative effect on their military careers and quality of life.

Our goal is to establish comprehensive and effective psychological health services throughout the Navy and Marine Corps. This effort requires seamless programmatic coordination across the existing line functions (e.g., Wounded Warrior Regiment, Safe Harbor) while working numerous fiscal, contracting and hiring issues. Your patience and persistence are deeply appreciated as we work to achieve long-term solutions to provide the necessary care.

Chairwoman Davis, Ranking Member McHugh, distinguished members of the committee, I again want to thank you for holding this hearing and continuing to shed light on these important issues. Also, it has been my pleasure to testify before you today and I look forward to answering any of your questions.