D E P A R T M E N T O F T H E A I R F O R C E

PRESENTATION TO THE COMMITTEE ON ARMED SERVICES

SUBCOMMITTEE ON MILITARY PERSONNEL

UNITED STATES HOUSE OF REPRESENTATIVES

SUBJECT: Mental Health

STATEMENT OF: Lieutenant General (Dr.) James G. Roudebush
Air Force Surgeon General

March 14, 2008

NOT FOR PUBLICATION UNTIL RELEASED
BY THE COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES

BIOGRAPHY

UNITED STATES AIR FORCE

LIEUTENANT GENERAL (DR.) JAMES G. ROUDEBUSH

Lt. Gen. (Dr.) James G. Roudebush is the Surgeon General of the Air Force, Headquarters U.S. Air Force, Washington, D.C. General Roudebush serves as functional manager of the U.S. Air Force Medical Service. In this capacity, he advises the Secretary of the Air Force and Air Force Chief of Staff, as well as the Assistant Secretary of Defense for Health Affairs on matters pertaining to the medical aspects of the air expeditionary force and the health of Air Force people. General Roudebush has authority to commit resources worldwide for the Air Force Medical Service, to make decisions affecting the delivery of medical services, and to develop plans, programs and procedures to support worldwide medical service missions. He exercises direction, guidance and technical management of more than 43,131 people assigned to 75 medical facilities worldwide.

The general entered the Air Force in 1975 after receiving a Bachelor of Medicine degree from the University of Nebraska at Lincoln, and a Doctor of Medicine degree from the University of Nebraska College of Medicine. He completed residency training in family practice at the Wright-Patterson Air Force Medical Center, Ohio, in 1978, and aerospace medicine at Brooks Air Force Base, Texas, in 1984. The general commanded a wing clinic and wing hospital before becoming Deputy Commander of the Air Force Materiel Command Human Systems Center. He has served as Command Surgeon for U.S. Central Command, Pacific Air Forces, U.S. Transportation Command and Headquarters Air Mobility Command. Prior to his selection as the 19th Surgeon General, he served as the Deputy Surgeon General of the U.S. Air Force.

EDUCATION

1971 Bachelor of Medicine degree, University of Nebraska at Lincoln
1975 Doctor of Medicine degree, University of Nebraska College of Medicine
1978 Residency training in family practice, Wright-Patterson USAF Medical Center, Wright-Patterson AFB, Ohio
1980 Aerospace Medicine Primary Course, Brooks AFB, Texas
1981 Tri-Service Combat Casualty Care Course, Fort Sam Houston, Texas
1983 Master's degree in public health, University of Texas School of Public Health, San Antonio
1984 Residency in aerospace medicine, Brooks AFB, Texas
1988 Air War College, by seminar

1978 Residency training in family practice, Wright-Patterson USAF Medical Center, Wright-Patterson AFB, Ohio
1980 Aerospace Medicine Primary Course, Brooks AFB, Texas
1981 Tri-Service Combat Casualty Care Course, Fort Sam Houston, Texas
1983 Master's degree in public health, University of Texas School of Public Health, San Antonio
1984 Residency in aerospace medicine, Brooks AFB, Texas
1988 Air War College, by seminar
1989 Institute for Federal Health Care Executives, George Washington University, Washington, D.C.
1992 National War College, Fort Lesley J. McNair, Washington, D.C.
1993 Executive Management Course, Defense Systems Management College, Fort Belvoir, Va.

ASSIGNMENTS
1. July 1975 - July 1978, resident in family practice, Wright-Patterson USAF Medical Center, Wright-Patterson AFB, Ohio
2. July 1978 - September 1982, physician in family practice and flight surgeon, USAF Hospital, Francis E. Warren AFB, Wyo.
3. October 1982 - July 1984, resident in aerospace medicine, USAF School of Aerospace Medicine, Brooks AFB, Texas
4. August 1984 - September 1986, Chief of Aerospace Medicine, 81st Tactical Fighter Wing, Royal Air Force Bentwaters, England
5. September 1986 - July 1988, Commander, USAF Clinic, 81st Tactical Fighter Wing, Royal Air Force Bentwaters, England
6. August 1988 - June 1991, Commander, 36th Tactical Fighter Wing Hospital, Bitburg Air Base, Germany
7. August 1991 - July 1992, student, National War College, Fort Lesley J. McNair, Washington, D.C.
8. August 1992 - March 1994, Vice Commander, Human Systems Center, Brooks AFB, Texas
9. March 1994 - January 1997, Command Surgeon, U.S. Central Command, MacDill AFB, Fla.
10. February 1997 - June 1998, Command Surgeon, Pacific Air Forces, Hickam AFB, Hawaii
11. July 1998 - July 2000, Commander, 89th Medical Group, Andrews AFB, Md.
12. July 2000 - June 2001, Command Surgeon, U.S. Transportation Command and Headquarters Air Mobility Command, Scott AFB, Ill.
13. July 2001 - July 2006, Deputy Surgeon General, Headquarters U.S. Air Force, Bolling AFB, Washington, D.C.
14. August 2006 - present, Surgeon General, Headquarters U.S. Air Force, Washington, D.C.

FLIGHT INFORMATION
Rating: Chief flight surgeon
Flight hours: More than 1,100
Aircraft flown: C-5, C-9, C-21, C-130, EC-135, F-15, F-16, H-53, KC-135, KC-10, T-37, T-38, UH-1 and UH-60

BADGES
Chief Physician Badge
Chief Flight Surgeon Badge

MAJOR AWARDS AND DECORATIONS
Defense Superior Service Medal with oak leaf cluster
Legion of Merit with oak leaf cluster
Meritorious Service Medal with two oak leaf clusters
Air Force Commendation Medal
Joint Meritorious Unit Award
Air Force Outstanding Unit Award with oak leaf cluster
National Defense Service Medal with bronze star
Southwest Asia Service Medal with bronze star
Air Force Overseas Long Tour Ribbon with oak leaf cluster
Air Force Longevity Service Award with silver oak leaf cluster

Small Arms Expert Marksmanship Ribbon
Air Force Training Ribbon

PROFESSIONAL MEMBERSHIPS AND ASSOCIATIONS
Society of USAF Flight Surgeons
Aerospace Medical Association
International Association of Military Flight Surgeon Pilots
Association of Military Surgeons of the United States
Air Force Association
American College of Preventive Medicine
American College of Physician Executives
American Medical Association

EFFECTIVE DATES OF PROMOTION
Second Lieutenant May 15, 1972
First Lieutenant May 15, 1974
Captain May 15, 1975
Major Dec. 8, 1979
Lieutenant Colonel Dec. 8, 1985
Colonel Jan. 31, 1991
Brigadier General July 1, 1998
Major General May 24, 2001
Lieutenant General Aug. 4, 2006

(Current as of January 2008)

Madam Chairwoman and esteemed members of the Committee, it is my honor and privilege to be here today to talk with you about the Air Force Medical Service. The Air Force Medical Service exists and operates within the Air Force culture of accountability wherein medics work directly for the line of the Air Force. Within this framework we support the expeditionary Air Force both at home and deployed. We align with the Air Force's top priorities: Win Today's Fight, Take Care of our People, and Prepare for Tomorrow's Challenges. We are the Nation's Guardian—America's force of first and last resort. We get there quickly and we bring everyone home. That's our pledge to our military and their families.

Win Today's Fight

It is important to understand that every Air Force Base is an operational platform and Air Force medicine supports the war fighting capabilities at each one of our bases. Our home station military treatment facilities form the foundation from which the Air Force provides combatant commanders a fit and healthy force, capable of withstanding the physical and mental rigors associated with combat and other military missions. Our emphasis on fitness, disease prevention and surveillance has led to the **lowest disease and non-battle injury rate in history.**

Unmistakably, it is the daily delivery of health care which allows us to maintain critical skills that guarantee our readiness capability and success. The superior care delivered daily by Air Force medics builds the competency and currency necessary to fulfill our deployed mission. Our care is the product of preeminent medical training programs, groundbreaking research, and a culture of personal and professional accountability fostered by the Air Force's core values.

The Air Force Medical Service is central to the most effective joint casualty care and management system in military history. The effectiveness of forward stabilization followed by

rapid Air Force aeromedical evacuation has been repeatedly proven. We have safely and rapidly transferred more than 48,000 patients from overseas theaters to stateside hospitals during Operations ENDURING FREEDOM and IRAQI FREEDOM. Today, the average patient arrives from the battlefield to stateside care in three days. This is remarkable given the severity and complexity of the wounds our forces are sustaining. It certainly contributes to the **lowest died of wounds rate in history**.

Take Care of Our People

We are in the midst of a long war and continually assess and improve health services we provide to Airmen, their families, and our joint brothers and sisters. We ensure high standards are met and sustained. Our Air Force chain of command fully understands their accountability for the health and welfare of our Airmen and their families. When our warfighters are ill or injured, we provide a wrap-around system of medical care and support for them and their families – always with an eye towards rehabilitation and continued service.

The Air Force is in lock-step with our sister services and federal agencies to implement the recommendations from the President's Commission on the Care for America's Returning Wounded Warriors. The AFMS will deliver on all provisions set forth in the 2008 National Defense Authorization Act (NDAA) and provide our warfighters and their families help in getting through the challenges they face. As we will discuss today, the AFMS is committed to meeting the mental health needs of all our Airmen, whether deployed or at home, and we are very grateful for your support in these areas.

Psychological Health

Psychological health means much more than just the delivery of traditional mental health care. It is a broad concept that covers the entire spectrum of well-being, prevention, treatment, health maintenance and resilience training. To that end, I have made it a priority to ensure that the AFMS focus on the psychological needs of our Airmen and identify the effects of operational stress.

Prevention

The Air Force has enhanced mental health assessment programs and services for Airmen. We identify mental health effects of operational stress and other mental health conditions, before, during and following deployments through periodic health assessments. We begin with the annual Periodic Health Assessment (PHA) of all personnel to identify and manage overall personnel readiness and health, including assessment for PTSD and TBI.

Before deployment, our Airmen receive a pre-deployment health assessment. This survey includes questions to determine whether individuals sought assistance or received care for mental health problems in the last year. It also documents any current questions or concerns about their health as they prepare to deploy. The responses to these questions are combined with a review of military medical records to identify individuals who may not be medically appropriate to deploy.

The Post-deployment Health Assessment (PDHA) and Post-deployment Health Reassessment (PDHRA) contain questions to identify symptoms of possible mental health conditions, including depression, PTSD, or alcohol abuse. Each individual is asked if he or she would like to speak with a health care provider, counselor, or chaplain to discuss stress,

emotional, alcohol, or relationship issues and concerns. New questions were added to the PDHA and PDHRA to screen for traumatic brain injury (TBI). Quality assurance and programs evaluations are conducted to assess implementation effectiveness and program success. Treatment and follow-up are arranged to ensure continuity of care by building on DoD and VA partnerships.

The Air Force integrates these prevention services through the Integrated Delivery System (IDS). The IDS is a multidisciplinary team that identifies and corrects gaps in the community safety net. Leaders from the chapel programs, mental health services, family support centers, child and youth programs, family advocacy and health and wellness center are involved at each installation. They promote spiritual growth, mental, and physical health, and strong individuals, families, and communities.

Post Traumatic Stress Disorder (PTSD)

The incidence of Post Traumatic Stress Disorder is low in the AF, diagnosed in less than 1 percent of our deployers (at 6 month post-deployment). For every Airman affected, we provide the most current, effective, and empirically validated treatment for PTSD. We have trained our behavioral health personnel to recognize and treat PTSD in accordance with the VA/DoD PTSD Clinical Practice Guidelines. Using nationally recognized civilian and military experts, we trained more than 200 psychiatrists, psychologists, and social workers to equip every behavioral health provider with the latest research, assessment modalities, and treatment techniques. We hired an additional 32 mental health professionals for the locations with the highest operational tempo to ensure we had the personnel in place to care for our Airmen and their families.

Traumatic Brain Injury

We recognize that Traumatic Brain Injury (TBI) may be the "signature injury" of the Iraq war and is becoming more prevalent among service members. Research in TBI prevention, assessment, and treatment is ongoing and the AF is an active partner with the Defense and Veterans Brain Injury Center (DVBIC), the VA, the CDC, industry and universities. The AF has very low positive screening for TBI —approximately 1 percent from OPERATION IRAQI FREEDOM and OPERATION ENDURING FREEDOM.

Screening for TBI occurs locally in theater, before transport of wounded service members stateside, and again at stateside hospitals as indicated. The Military Acute Concussive Evaluation (MACE) tool is administered in accordance with the Joint Theater Trauma System (JTTS) TBI Clinical Practice Guideline. U.S. Transportation Command (USTRANSCOM) policy dictates that all service members be screened for the signs and symptoms of TBI prior to transportation out of theater at either Landstuhl Regional Medical Center or at U.S. Air Forces Europe Aeromedical Staging Facilities. Follow up care for those with positive screens is conducted at US military treatment facilities and/or DVBIC's. The 59th Medical Group, Lackland AFB, Texas, is one of three DoD DVBIC Regional Centers that cares for TBI patients.

The AF is involved in several cutting edge research initiatives involving TBI. One in particular is the collaboration between the Air Force Research Laboratory and the University of Florida's Brain Institute. This research is focusing on the presence of biochemical markers in spinal fluid that is associated with TBI. Another is the Brain Acoustic Monitor, which detects mild TBI injuries and replaces invasive pressure monitors used to measure brain pressure for severe TBI cases.

Traumatic brain injury is an expanding area of study requiring close cooperation among the Services, the Department of Veterans Affairs, academic institutions and industry. It is vital that we better understand this disorder and clarify the long-term implications for our Airmen, Soldiers, Sailors, and Marines.

Suicide Prevention

The AF suicide prevention program is a commander's program. It has received a great deal of national acclaim and has achieved a 28 percent decrease in AF suicides since the program's inception in 1996. We continue to aggressively work our 11 suicide prevention initiatives using a community approach, and this year released Frontline Supervisor's Course. The course further educates those with the most contact and greatest opportunity to intervene when Airmen are under stress. We conducted suicide risk assessment training for mental health providers at 45 Air Force installations throughout 2007 to ensure Air Force mental health providers are highly proficient in evaluating and managing suicide risk.

Air Force prevention efforts are centered on effective detection and treatment. Recurring suicide prevention training for all Airmen is a central component of this risk recognition. As part of our Chief of Staff's and Secretary's new Total Force Awareness Training initiative, we recently released revamped computer-based training. This effort incorporates suicide prevention education into the CSAF's core training priorities, ensuring suicide prevention will continue to receive the appropriate priority and attention.

In 2008, the AF Suicide Prevention Program will monitor the Frontline Supervisors Training and the new computer-based suicide prevention training to ensure these initiatives effectively meet the training needs of Airmen. Every Air Force suicide will be studied for

lessons learned to prevent future suicides. These lessons will be shared in the annual Air Force Suicide Lessons Learned Report that is distributed Air Force-wide.

The best approach to preventing Air Force suicides is continued emphasis on the data-proven AF Suicide Prevention Program. Each of the 11 initiatives in the Air Force Suicide Prevention Program represents an important tool for commanders. These initiatives focus on leadership involvement; suicide prevention in professional military education; community preventive services; community education and training; Critical Incident Stress Management and others. Since September 2006, every base commander must ensure all 11 initiatives are fully implemented on their installation using the annual AF Suicide Prevention Program Assessment Process and Checklist. There is no single, easy solution to preventing suicide. It requires a total community effort using the full range of tools.

The AF Suicide Prevention Program was added to the National Registry of Evidence-based Programs and Practices (NREPP) in 2007, and is currently one of only 10 suicide prevention programs listed on the registry. NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. Operated by the Substance Abuse and Mental Health Services Administration, NREPP was developed to help people, agencies, and organizations implement effective mental health programs and practices in their communities. This listing demonstrates the military's ongoing pivotal leadership role in suicide prevention within the United States and around the world.

Prepare for Tomorrow's Challenges

We're looking forward to the FY 09 deployment of our Tele-mental Health Project, which will provide video teleconference (VTC) units at every Mental Health clinic for live

patient consultation. This will allow increased access to, and use of, mental health treatment to our beneficiary population. Virtual Reality (VR) equipment will also be installed at six Air Force sites as a pilot project to help treat patients with post traumatic stress disorder. Using this equipment will facilitate desensitization therapy by recreating sight, sound and smell in a controlled environment. We are excited about these initiatives, not only for our returning deployers, but for all of our service members and their families.

In the months ahead, we will continue to implement enhanced AFMS psychological health and TBI programs made possible by FY 07 supplemental funding. These programs promote greater focus on access to care, quality of care, resilience, and surveillance. The funding will allow us to hire 97 additional mental health specialists over the next several months. We are indebted to the Congress for your support.

We will continue to work closely with OSD and our sister services to implement the recommendations of the DoD Mental Health Task Force and the Wounded, Ill and Injured provisions of the FY 08 NDAA.

Conclusion

In closing, Madam Chairwoman, I am intensely proud of the daily accomplishments of the men and women of the United States Air Force Medical Service. Our future strategic environment is extremely complex, dynamic and uncertain, and therefore we will not rest on our success. We are committed to staying on the leading edge and anticipating the future. With your help and the help of the committee, the Air Force Medical Service will continue to improve the health of our service members and their families. We will win today's fight, and be ready for tomorrow's challenges. Thank you for your enduring support.