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Statement of

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Chairwoman Davis, Representative McHugh, distinguished members of the committee, I appreciate the opportunity to share with you Navy Medicine's efforts in preventing, diagnosing, and treating psychological health issues affecting our active duty and Reserve Sailors and Marines, and their families.

As the provider of medical services for both the Navy and the Marine Corps, we have to be prepared to meet the needs of these similar, and yet unique military populations. Sailors and Marines often serve side-by-side, and they also serve under very different conditions – aboard ships, as boots on the ground, or as individual augmentees (IAs). As a result, these service members face different physical and mental stressors and challenges during deployments. At the same time, their families may be also impacted by the unique stresses and demands of military life in slightly different ways. Navy Medicine is continuously adapting to meet the short and long term psychological health needs of service members and their families before, during and after deployments.

We are well aware of the fact that the number and length of deployments have the potential to impact the mental health of service members, as well as the well-being of their families. The Navy and Marine Corps operational tempo in support of the Global War on Terror (GWOT) is unprecedented. At the same time, Navy Medicine is playing an increasing role in Humanitarian Assistance and Disaster Relief missions. We need to remain vigilant of the potential long term impact our mission requirements – past, present and future -- will have on the physical and mental health of our Sailors and Marines.

Continuum of Care

Navy Medicine ensures a continuum of psychological health care is available to service members throughout the deployment cycle -- pre-deployment, during deployment, and post-

deployment. We are also making more mental health services available to eligible family members who may be affected by the psychological consequences of combat and deployment.

To accomplish this continuum of care, Navy Medicine engages at several levels -- from Commanding Officers, to small unit leaders, to individual service members, and of course, with their families. Our goal is that necessary psychological health services will be available to all who need them -- when they need them.

Prevention and Stigma Reduction

The same way physical conditioning prepares Sailors and Marines for the rigors and challenges of high tempo operational deployments, we are working to psychologically prepare service members and their leaders to build resiliency, which will help Sailors and Marines manage the physical and psychological stresses of battle and deployments. Preventive education programs introduced at each career training point help educate service members on the importance of psychological health in an effort to decrease the stigma often associated with being given a mental health diagnosis and receiving psychiatric care.

Command involvement, together with dedicated stress management teams comprised of health care providers and other professionals, are critical in helping Sailors and Marines become comfortable with the concept of building resiliency and seeking mental health support and care when necessary. Our experiences in previous conflicts, most notably Vietnam, suggest that delays in seeking mental health services increase the risks of developing mental illness and may exacerbate physiological symptoms. These delays can have a negative effect on the health of the service member, jeopardize a service member's career and permanently alter their family situation. That is why we are attacking the stigma associated with getting help for mental health

and stress-related conditions in a variety of ways to ensure service members receive full and timely treatment – before deployment, in theater or after returning from deployment.

The reduction of stigma to seeking mental health services is a critical component in our efforts to decrease the number of suicides among Sailors and Marines. Although suicide rates in the Navy and Marine Corps have not significantly fluctuated in recent years, our efforts to improve leadership's understanding and acceptance of the importance of treating psychiatric conditions is as important as preparing service members to deal with the stresses of military life. Both the Navy and the Marine Corps have published Leaders Guides for Managing Marines/Sailors in Distress. These products are available in various formats and are part of a greater effort to ensure frontline supervisors, including junior leaders, are able to identify when others in their unit may need help.

The Marine Corps created the Marine Operational Stress Surveillance & Training Program (MOSST), which includes briefings, health assessments, and tools to deal with combat and operational stress. The MOSST program includes warrior preparation, warrior sustainment, warrior transition (which happens immediately before Marines return home), and warrior resetting. Warrior resetting, the final phase of the program includes medical screenings and briefings about the prevention of drug and alcohol abuse, anger management, and handling financial difficulties.

Before Deployment

Navy Medicine, in coordination with line leaders in the Navy and the Marine Corps, is building on current training programs for leaders and our own caregivers. The curriculum focuses on combat stress identification and developing coping skills. From the Navy's "A" Schools, to the Marine Corps Sergeant's course, and in officer indoctrination programs, we are

ensuring that dealing with combat stress becomes as comfortable as dealing with any other medical issue.

Before a unit deploys, there are several opportunities for Sailors, Marines and their families to become acquainted with the types of resources available to help them cope with the stresses of deployment. Pre-deployment briefs include information about everything from legal services, pay fluctuations, chaplain services, as well as family support assets available in the military community organizations, and the medical facilities at the base. Representatives from each of these organizations detail when and how to access these services. Pre-deployment training for Marines also increasingly includes skills for stress first aid – both self- and buddy-aid, recognizing that fellow Marines may identify the signs of stress injury first.

For the service member, the Pre Deployment Health Assessment is one way to become aware of potential psychological health needs and the healthcare services available. The symptoms of a mental health condition may not necessarily make an individual non-deployable, but this assessment helps emphasize the importance of psychological health as part of physical health and may decrease any delay in seeking treatment.

Because IAs do not deploy as part of a larger unit, providing them with information presents unique challenges for Navy Medicine. There is an increasing number of Sailors who are serving as IAs and the Navy Expeditionary Combat Readiness Center's (ECRC) IA Family Readiness Program has been a step in the right direction in reaching out to these service members and their families. These centers have proven to be a critical asset in assessing the health of returning IAs, as well as in coordinating their transition for additional care at the Department of Veterans Affairs (VA), or out into the community. Reserve Component and IAs

also receive debriefings, medical assessments, and information on access to care as they mobilize and de-mobilize through the Navy Mobilization Processing Sites.

During Deployment -- Aboard ships and In-Theater

In 1999, the Department of Defense directed the establishment of Combat Stress Operational Control programs within the services and the combatant commands to ensure appropriate management of combat and operational stress and to preserve mission effectiveness and war fighting capabilities.

Before 1999, the Marines relied upon Chaplains and a very small organic mental health footprint for prevention and early intervention of operational stress with more definitive care provided by the nearest Navy Medical Treatment Facilities. Hospital medical services were not always well coordinated with commands and during large-scale deployments medical battalions relied upon the use of mental health augmentees who had limited orientation and connections to the units they were called upon to support.

Since the late 1990s Navy Medicine has embedded mental health professionals with operational components of the Navy and the Marine Corps. Since 1998, clinical psychologists have been regularly embarked aboard all of our aircraft carriers and have become a valuable member of ship's company. Not only have mental health assets helped crews deal with the stresses associated with living in isolated and unique conditions, but medevacs and administrative discharges for conditions typically managed by mental health personnel (e.g., Personality Disorders), fell precipitously. Tight quarters, long work hours, and the fact that many of the staff may be away from home for the first time, present a situation where the stresses of "daily" Navy life aboard ship may prove detrimental to a Sailor's ability to cope. Having a mental health professional who is easily accessible and going through many of the

same challenges has increased operational and battle readiness aboard these floating platforms, saving lives as well as hundreds of thousands of dollars in operational costs.

For the Marines, Navy Medicine division psychiatrists stationed with Marines developed OSCAR Teams (Operational Stress Control and Readiness) which embed mental health professional teams as organic assets in operational units. OSCAR teams provide early intervention and prevention support through all of the phases of deployment. The same team providing care in garrison also deploys with the units, which improves cohesion and helps to minimize stigma. These teams provide education and consultation to commanders, entire units and individual Marines. Battlefield briefings address the topic of combat and operational stress and provide units and individual service members with the skills to recognize and cope with the unique stressors of combat. Types of stress-related injuries are discussed, as well as how these injuries may manifest physically and mentally. The briefings also provide an opportunity to prevent combat stress situations from deteriorating into disabling conditions. Since the beginning of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF), mental health related medical evacuations for Marines have been significantly lower among units supported by OSCAR and currently, there is strong support for making these programs permanent and ensuring they are resourced with the right staff and funding.

In urgent or extraordinary situations, Navy Medicine meets the psychological needs of Sailors, Marines and their communities by deploying Special Psychiatric Rapid Response Teams (SPRINT). These expeditionary teams, which have been in existence for over 15 years, provide short-term mental health and emotional support immediately after a disaster with the goal of preventing long-term psychiatric dysfunction or disability. The teams, which are organized much like OSCAR Teams, may provide educational and consultative services to local supporting

agencies for long-term problem resolution. They are staffed with psychiatrists, psychologists, chaplains and enlisted personnel. SPRINTs are located throughout CONUS and OCONUS and are ready to respond to both GWOT and HA/DR missions. SPRINTs have been deployed to East Africa after the bombings on U.S. Embassies; to Yemen following the attack on the USS Cole; and to the Southern U.S. after Hurricane Katrina in 2005.

After Deployment

Before returning from the operational theater, Sailors and Marines are typically provided a series of briefings that familiarize them with issues related to combat stress, as well as how to manage their expectations about returning home. The presentations focus on whatever experiences the Sailors and Marines have encountered while in theater and how these may affect their daily lives post deployment. In addition, since 2001, Navy Medicine has been providing Post Deployment Health Assessments to measure the health status of returning service members. This global screening must be completed within 30 days before or after redeployment. The criteria for a Post Deployment Health Assessment vary and depend on where an individual deployed and for how long. Current guidance states that a Post Deployment Health Assessment is required if the service member was involved in land based operations for 30 continuous days to overseas locations without a fixed Military Treatment Facility (MTF) or by Command decision based on health risk. Navy and Marine Corps Post Deployment Health Assessments are being accomplished in theatre, during Warrior Transition, and at Navy Mobilization Processing Sites. Warrior Transition, initiated during OIF and expanded each year, has now become an inherent part of a Sailor's redeployment process home. Recognizing that truly the hardest part of going to war is reconciling the experience—inclusive of one's losses—mental health professionals and chaplains located in Kuwait assist service members to reflect, recall and

reconcile the enormity of their deployment before returning home. Warrior Transition accomplishes this by providing three days of facilitated decompressing; This preparation being the psychological equivalent of the "long boat ride home". Warrior Transition is now mandatory for all Seabees, IAs, and soon SEALs.

Of the Post Deployment Health Assessments completed in the Navy, there is an overall referral rate for additional health care services of 10 percent, with a 2 percent referral rate for mental health issues. The rate is currently the same for Active or Reserve Component (AC/RC) Sailors. For the Marines, the overall referral rate following the assessment is 16 percent, with a mental health referral rate of 3 percent. This rate is also the same among Active and Reserve Component Marines.

Since 2005, Navy Medicine has been administering the Post Deployment Health Reassessment (PDHRA) as directed by the Office of the Assistant Secretary of Defense for Health Affairs (ASD(HA)). Implementing this program was a joint effort between the Navy's Bureau of Medicine and Surgery (BUMED), the Bureau of Naval Personnel (BUPERS), Headquarters Marine Corps (Health Services), and the Deputy Commandant of the Marine Corps for Manpower and Reserve Affairs (USMC (M&RA)). The PDHRA extends the continuum of care, targeting service members for screening at three to six months post-deployment.

Currently, BUMED provides PDHRA program management and oversight and management of GWOT funds. In addition, in consultation with ASD(HA), BUMED develops directives, procedures and protocols for supporting program implementation. Navy Medicine also serves as the liaison with the Navy and Marine Corps Public Health Center to provide technology and training for the electronic completion, storing and reporting of PDHRA data.

Navy Medicine played a critical role from the program's inception to sustainment and coordinated implementation in line units.

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 to augment primary care services offered at the MTFs 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.

The Navy and Marine Corps are working to improve their PDHRA completion rates. To date, for Sailors who have completed their PDHRAs, the follow-on medical care referral rate is 26 percent (AC 21 percent, RC 34 percent). Of the 26 percent of referrals, six percent are for mental health issues. For the Marines, of the PDHRAs completed, the overall Marine Corps referral rate is 28 percent (AC 24 percent, RC 48 percent) with a seven percent referral rate for mental health (AC 6 percent, RC 9 percent).

Since February 2007, Command Navy Reserve Forces (COMNAVRESFOR) assumed responsibility for overseeing implementation of the PDHRA program in the Navy Reserve Component. With strong leadership support they are actively engaged in program execution, as reflected in their high compliance rate. For the AC, BUMED is still working with line leadership on the transition of program oversight and execution to the appropriate line organizations. In addition, we are advocating on behalf of a single integrated database and reporting system for identification, notification and documentation of compliance by eligible members.

Since April 2007, USMC, M&RA assumed management oversight for program execution for the Marines. With BUMED support, USMC M&RA developed and implemented an aggressive plan to contract $4.5 million for mobile surge teams to complete 50,000 PDHRAs.

Accessing Mental Health Services

Whether a service member is identified as needing mental health services through a health assessment tool or through self-referral, our personnel at Navy MTFs are prepared to provide high quality mental health services. In addition, Sailors, Marines and eligible beneficiaries seeking services can access a wider range of providers to meet their needs through various organizations such as Military OneSource, Navy's Family Support Centers, Marines' Corps Community Services, and the Navy's Chaplains Corps. All of these of entry points allow beneficiaries to select the type of mental health services they feel most comfortable to help them deal with their situation.

While Navy Medicine is making a concerted effort to ensure psychological health care for active duty members is available in the direct care system whenever possible, personnel shortages in psychological specialties make that a challenge. TRICARE network resources may be available; however, there is some concern that those providers may be less familiar with the unique demands placed upon active duty members.

There are significant shortfalls in our Active Duty mental health community. Navy uniformed psychiatry and psychology communities continue to experience manning shortfalls. Our psychiatry community is at 90 percent manning, our clinical psychology community is at only 77.5 percent manning. The roles of the Navy social work community are being expanded and increases in the Psychiatric Nurse Practitioner community are also being explored to meet the growing needs for mental health services, both in theater and in garrison. Uniformed mental

health providers are critical in our efforts to provide preventive and clinical services to Marines and Sailors. We must continue to develop mechanisms, including changes to accession and retention bonuses and special pays, to ensure an adequate complement of uniformed mental health providers.

Providing services to Reserve Sailors and Marines is a continuous challenge as mental health problems may not emerge until the end of their benefit period. Furthermore, other problems, such as substance abuse, family discord or vocational dysfunction, may not present until after their benefits expire. Another challenge in meeting the needs of Reservists is that many of them, unlike the active duty forces, do not reside in large fleet or military concentration areas and return from deployments to sites where they lack access to medical services or support networks. We will continue to strengthen our partnership with the Department of Veterans Affairs so that these service members will be able to access psychological health services as close to their homes and families as possible.

Coordination of care is being provided by a myriad of agencies and our commitment to ensure quality health care for reservists and their families remain in the forefront. The demands of providing services to these veterans, particularly in high fleet and Marine Corps concentration areas, is closely monitored to ensure sufficient capacity is available in our system. 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), and we are working to achieve long-term solutions to provide the necessary care.

Navy Medicine is also paying particular attention to de-stigmatizing psychological health services, the continuity of care between episodes and the hand-off between the direct care system

and the private sector. We are developing a process to continuously assess our patient and their families perspectives so that we can make improvements when and where necessary.

Continuing Efforts to Meet the Mental Health Needs of Sailors and Marines

In order to evaluate and provide recommendations on the needs of deployed Sailors and Marines, Navy Medicine has developed the Behavioral Health Needs Assessment Survey (BHNAS). BHNAS was adopted from the Army's series of Mental Health Advisory Team (MHAT) surveys, which started in 2003, of land warfighters.

Preliminary results of the BHNAS show Navy's contributions to the GWOT are diverse and substantial. The impact of OIF-related deployments appears to vary according to type of assignment and degree of exposure to direct combat. Sailors who had seen the most combat were more likely to screen for a mental health problem. As a matter of fact, Navy Corpsmen showed the highest incidence of mental health problems among Navy personnel surveyed. Sailors reporting a strong sense of unit cohesion and leadership were half as likely to report mental health issues as those in less-stable command environments. These findings highlight an additional burden on the IA population because IAs do not enjoy the same level of command integrity, ethos and camaraderie. Phase II analysis of our BHNAS data, which includes IAs, is near completion.

Recently Navy Medicine received funding for creation of a Navy/Marine Corps Center for the Study of Combat Stress to be located at the Naval Medical Center San Diego (NMCSD). This Center is strategically located to work closely with our new Comprehensive Combat Casualty Care Center (C5). The concept of operations for this first-of-its-kind capability is underway, as is the selection of an 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.

Never before has the mental health and well-being of Sailors and Marines deployed to a war zone been as intensely studied. The Navy and Marine Corps' partnership with the Department of Veterans Affairs' National Center for Post Traumatic Stress Disorder, and civilian academic experts in psychological health are collaborating on developing evidence-based tools for combat and operational stress first aid. Our work with the University of California-Los Angeles and the National Child Traumatic Stress Network to pilot a program of resilience training for children and families affected by operational stress shows great promise. In addition, in collaboration with the Veterans Affairs Medical Centers in San Diego and Boston we will be developing an unprecedented prospective, longitudinal study of the factors that predict risk and resilience of ground combat Marines. We expect to begin this study in April 2008.

To better understand the impact upon Navy and Marine Corps families, I have commissioned the Center for Naval Analysis to conduct a sweeping study of Combat and Operational Stress Control impact and attitudes. This survey, unlike the anonymous BHNAS, will target over 15,000 randomly selected families and provide the most comprehensive determination as to the cumulative effect of GWOT. Navy Medicine will continue to build upon and expand our efforts of assessing their mental health needs as a result of their service. Among the recommendations by the first BHNAS are to: continue developing stress resiliency programs;

adopt a consistent "Caring for the Caregiver" program; fully implement the Psychological First Aid (self-aid and buddy-aid); and assess differential COSC burden on RC and IAs and their families.

Implementing the recommendations of the BHNAS is the responsibility of Navy Medicine's Combat and Operational Stress Consultants (COSC), who are 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. The COSC serves as the Director of Deployment Health, and he and his staff oversee Pre and Post Deployment Health Assessments, as well as the Post Deployment Health Reassessment. The COSC also oversees Substance Abuse Prevention and Treatment, Traumatic Brain Injury diagnosis and treatment, and a newly created position for Psychological Health Outreach for Reserve Component Sailors. Navy Medicine is also establishing psychological outreach programs at the Navy Operational Support Centers (NOSC) throughout FY08 and FY09. These programs will provide outreach to reserve service members and their families for psychological health, including high risk concerns such as PTSD and TBI, as well as post deployment re-integration issues. Psychological Outreach Coordinators will work directly with reserve service members and their families as a liaison to the NOSCs and Military Treatment Facilities, the Department of Veterans Affairs, and other service organizations.

As Navy Medicine champions multi-disciplinary efforts in preventing, identifying, and managing stress, we continue to expand and strengthen our collaboration with a variety of community resources such as Navy Chaplains, the Navy Fleet and Family Support Centers and Marine Corps Community Services. Another example of strategy to create solutions for pressing problems is the implementation of Project FOCUS (Families Overcoming and Coping

Under Stress). Project FOCUS is a prevention / very early intervention program consisting of 10 to 12 sessions with a team of specially trained counselors. This service—which can be arranged by direct contact from the family at risk--will positively impact 1200 families and is expected to launch Spring 2008.

Reinforcing a culture which values psychological health will require an enduring commitment to the mental health needs of service members, their families, and those who provide their care. It requires a commitment to: ensuring psychological health services are available and accessible in the operational environment; expanding surveillance and detection capabilities; equipping our providers with the best possible training, and minimizing the stigma associated with seeking treatment. We will underscore a culture that recognizes and embraces the value of enhancing our resilience to deal with the increasing stressors of military life, and understands that in the end, it may be less a question for medical science than a challenge for every leader to accept.

Chairwoman Davis, Representative McHugh, distinguished members of the committee, Navy Medicine continues to rise to the challenge of meeting the psychological health needs or our brave Sailors and Marines, and their families. I thank you for your support to Navy Medicine and look forward to answering your questions.