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 APPROPRIATIONS

SUBCOMMITTEE ON DEFENSE

UNITED STATES HOUSE OF REPRESENTATIVES

SUBJECT: Post Traumatic Stress Disorder and Traumatic Brain Injury

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

February 7, 2008

NOT FOR PUBLICATION UNTIL RELEASED
BY THE COMMITTEE ON APPROPRIATIONS
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)

Mr. Chairman and esteemed members of the Committee, as the Air Force Surgeon General, it is a pleasure and honor to be here today to tell you what the Air Force Medical Service (AFMS) is doing to Win Today's Fight, Take Care of our Airmen, and Prepare the AFMS for Tomorrow's Challenges. We are committed to meeting the mental health needs of our Airmen to include Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) and are very grateful for your support in these areas.

Fiscal year 2007 supplemental funding enhanced AFMS psychological health and TBI programs allowing greater focus on access to care, quality of care, resilience, and surveillance. This funding has also improved the transition and coordination of care for TBI patients. We continue to fine-tune these programs and thank you for your support. It has been instrumental to our success.

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. 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 prevention services through its Integrated Delivery System (IDS) to ensure that any gaps in the community safety net are corrected. The IDS is a multidisciplinary team of helping professionals collaborating to provide synergistic preventive services to the Air Force community. They promote spiritual growth, mental, and physical health, and strong individuals, families, and communities.

PTSD and Suicide Prevention

As of January 2007, these preventive programs (PHA, PD-HRA, PDHA, and our Integrated Delivery System) have shown less than 0.5 percent of active duty AF members who have deployed receive a diagnosis of PTSD. An analysis of 41,712 returning deployers who were in theater after January 1, 2004, and departed theater by March 31, 2006, showed that only 7 percent of returning deployers were diagnosed with a new mental health concern. Of these,

1.6 percent of returning deployers were diagnosed with an anxiety diagnosis and only 0.3 percent of returning deployers were newly diagnosed with PTSD. We have focused on identifying needs by hiring 32 mental health professionals for the locations with the highest operational tempo. We also provide additional training by national experts on treatment of PTSD to 211 of our mental health professionals.

Suicide prevention is a top Air Force priority. We have achieved a 28 percent decrease in Air Force suicides since the program's inception in 1996. Despite our overall improvement, we recognized that even a single suicide is one too many. We continue to aggressively work our 11 suicide prevention initiatives, and this year released Frontline Supervisor's training to further educate those with the most contact and greatest opportunity to intervene with Airmen under stress.

Suicide risk assessment training for mental health providers was ongoing throughout 2007 to ensure Air Force mental health providers are highly proficient in this area. The Air Force Suicide Prevention Program was recently added to the 2007 National Registry of Evidence-based Programs and Practices, and is the first suicide prevention program to be listed.

Traumatic Brain Injury

The AFMS is actively working initiatives with multiple associates in clinical care, clinical research, and education in line with Health Affairs Defense and the Veterans Brain Injury Center (DVBIC). The DVBIC is our focal point for data collection with approximately two percent of Air Force members in the database. The Air Force continues to have very low positive screening—approximately 1 percent for TBIs from Operation IRAQI FREEDOM and Operation ENDURING FREEDOM. The screening for acutely injured Airmen involves

assessment using the Military Acute Concussive Evaluation tool with management care administered in accordance with the Joint Theater Trauma System TBI Clinical Practice Guideline . Follow up care for those with positive screens is conducted at U.S. military treatment facilities and/or DVBIC's. Wilford Hall Medical Center is one of three DoD DVBIC Regional Centers that handles mildly symptomatic TBI patients.

The Air Force currently has specialists heavily involved in these areas: 1) with the Army's TBI study group; 2) Lt Col Michael Jaffee is DVBIC National Director, on the Health Affairs TBI Task Force, and Air Force members will participate with the Center of Excellence (COE) for psychological health and TBI. U.S. Transportation Command's policy dictates that all service members who are evacuated out of theater by air are screened at Landsthul Regional Medical Center for inpatient care or by U.S. Air Forces in Europe personnel in aeromedical staging facilities during transport.

The AFMS currently is working on several TBI initiatives. This includes the HeadMinders mild TBI cognitive assessment tool, which is the first ever Institutional Review Board – approved prospective study in a combat zone. It uses as internet based cognitive assessment to optimize return to duty decisions in warfighters suffering concussion. Head and helmet modeling technology is also being developed to measure accelerations in the field for TBI risk identification and injury modeling.

The Brain Acoustic Monitor (BAM) is in final demonstration stages and undergoing ruggedization for in-theater use. The device is used to detect mild TBI injuries and to replace invasive pressure monitors used to measure brain pressure for severe TBI cases. The BAM is being used at the 311th Human Systems Wing at Brooks City base in San Antonio, Texas, and

also the Center for Sustainment of Trauma and Readiness Skills program at the University of Maryland in Baltimore. Eighty-five patients are enrolled in this monitoring to date.

One other TBI initiative that I would like to highlight is the collaboration between the Air Force Research Laboratory and the University of Florida's Brain Institute on the use of biochemical markers associated with TBI. Ultimately, the goal of this research is to develop biological tests to detect post traumatic fluid changes characteristics of brain injuries associated with TBI.

Traumatic brain injury is relatively new area of study requiring close cooperation among the Services, DoD, and the VA. We are working closely with our counterparts to better understand this diagnosis and clarify health implications for our Soldiers, Sailors, Airmen, and Marines. I believe our work will continue to advance the sciences of medicine.

Conclusion

Mr. Chairman and members of the Committee, with your help, we continue to focus on the health of our warfighters, including mental health needs. We will win today's fight, and to be ready for tomorrow's challenges in Air, Space, and Cyberspace. I thank you for your outstanding support.