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Statement of

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Surgeon General of the Navy

Before the

Subcommittee on Defense

of the

House Appropriations Committee

Subject:
Post Traumatic Stress Disorder and Traumatic Brain Injury Care

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Thank you Chairman Murtha, Ranking Member Young, 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 injuries may not be visible to the naked eye, our nation is inheriting a generation of veterans unlike those from previous conflicts. Our advances in battlefield medicine have improved survivability rates so that many of the wounded we are caring for today would not have reached our facilities in the past. These advances leveraged with our current concept of care, that is 'Patient and Family Centered Care', has provided Navy Medicine with the best opportunities to effectively care for these heroes and their families.

The Military Healthcare System is one of the greatest and most valued benefits our great nation provides to our service members and their families. We are deeply 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 home front. We have concentrated our efforts in identifying, diagnosing, treating and researching Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) to areas impacted most by recent and repeated deployments.

Your committee has played a vital role by providing military medicine with additional resources to support treatment and care for these two conditions. 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 the Department of Veterans Affairs began implementing measures to fill those gaps. A synergy resulted between the task force's recommendations, the Department'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.

The mental health task force's recommendations were aimed at accomplishing the following four major tasks:

a. Build a culture of support for psychological health.
b. Ensure a full continuum of excellent care for service members and their families.
c. Provide sufficient resources for mental health services and allocate them according to requirements, and
d. Empower leadership to establish advocacy for a culture of psychological health.

Navy Medicine has taken significant steps to address the task force's recommendations and our ability to do so has been accelerated by the additional funds that were appropriated as part of the fiscal year 2007 appropriations bill.

Beginning in 2006, Navy Medicine established Deployment Health Clinics (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, they are designed to provide care for Marines and Sailors who identify mental health concerns on the Post Deployment Health Assessment and Reassessment but also provide treatment for other service members. We now have 17 such

clinics, up from 14 since last year. Through January 2008, DHCs had more than 46,431 visits, approximately 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". This individual, a combat experienced psychiatrist and preventive medicine/operational medicine specialist, reported in December 2006. 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.

Two weeks ago Navy Medicine received from Health Affairs $7 million in GWOT 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 joint DOD/VA Center of Excellence develops, we will integrate, as appropriate, the work of this center. In addition, new DoN COSC Programs, funded with the fiscal year 2007 supplemental funds require monthly tracking and reporting of outcome metrics, ensuring program effectiveness monitoring. The program also hopes to reflect recent advancements in the prevention and treatment of stress reactions, injuries, and disorders.

As of January 18, 2008, Navy Medicine has received $110.9 million dollars from GWOT Supplemental Funds to address Psychological Health (PH) and TBI to increase the number of mental health providers; increase PH and TBI training opportunities to Navy care-givers; and expand TBI treatment services at NNMC.

Concurrent with the establishment of 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, the DVA has established Liaison Offices at Navy MTFs for the purpose of coordinating follow-on care requirements and providing education on DVA benefits and the newly created Recovery Coordinators are also located at the NNMC and the NMCSD.

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 must remain committed in our 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.

We must also address 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 92.4% percent manning, our clinical psychology community is at only 78.5% percent manning. The Navy uniformed social work community is currently fully manned, but was slated for complete civilianization by FY 2010; National Defense Authorization Act for fiscal year 2008 has reversed that action. Uniformed mental health providers, including psychiatrists, psychologists, advanced practice mental health nurses, and social workers are vital in our efforts to provide preventive and clinical services to deployed Marines and Sailors. We must continue to develop mechanisms, including consideration of accession and retention bonuses and special pays, to ensure an adequate complement of uniformed mental health providers.

To augment our uniformed providers and meet the psychological health needs of returning service members and their families, we are using funds from the supplemental appropriations to hire civilian providers including psychiatrists, psychologists, social workers, and substance abuse counselors, among others. We are facing some challenges in hiring these providers because of shortages in mental health and allied health personnel across the nation. Also, we are facing significant competition from the other services and the private sector in some specific geographic areas where need may be greatest.

As you know, there are many challenges associated with executing these supplemental funds. 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 regiments) while working numerous fiscal, contracting and hiring issues. Your patience and persistence are deeply appreciated as we work to achieve long-term solutions that will provide the necessary care. Mr. Chairman, Ranking Member Young, 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.