

PREPARED STATEMENT

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Mr. Chairman, Members of the Committee, thank you for the opportunity to bring you up to date on what the Department of Defense (DoD) is doing to improve the quality of care for our wounded warriors with psychological health needs and traumatic brain injury (TBI). We are pleased to be here.

Apart from ensuring our nation's safety and security, the DoD has no higher priority than to provide the highest quality care and support to our wounded, ill, and injured warriors and their families.

We are committed to ensuring that every wounded warrior, especially those with psychological health needs or traumatic brain injuries, receives consistently excellent care across the entire medical continuum. For TBI, this continuum includes diagnostic categories from mild TBI (also known as concussion) to moderate, severe, and penetrating TBI, including those with the most severe injuries. For both psychological health issues and TBI, it includes prevention, protection, diagnosis, treatment, recovery, and transition from the DoD to the Department of Veterans Affairs (VA).

In 2007, the Department embarked upon a comprehensive plan to transform our system of care for psychological health and TBI.

The plan was based on seven strategic goals:

- Building a strong culture of health leadership and advocacy;
- Improving the quality and consistency of care, across the country and around the world;
- Creating easy and timely access to care, regardless of patient location;
- Strengthening individual and family health, wellness, and resilience;
- Ensuring early identification and intervention for individual conditions and concerns;

- Eliminating gaps in care for patients in transition; and
- Building a network in which to leverage and/or direct medical and cross-functional research, including new and innovative treatments, technologies, and alternative medicine techniques.

Throughout 2008, we made significant progress toward achieving those goals, and we would like to tell you, briefly, where we are on each of them, and approximately how much was obligated for each in Fiscal Year (FY) 2008.

Leadership and Advocacy

First, leadership and advocacy. In November 2007, we established the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). In partnership with VA, academia, and others, the DCoE will lead the effort to develop excellence in prevention, diagnosis, practice standards, training, outreach, and direct care for those with TBI and psychological health conditions, and provide the nexus for research planning and monitoring.

Since its inception, the DCoE has focused its efforts on the development and continuous improvement of a patient-centered network dedicated to all issues related to psychological health and TBI.

Approximately \$58.2 million was obligated for these efforts in FY 2008.

Improving the Quality of Care

To improve the quality and consistency of mental health care, the DoD and VA continue their partnership in a long-standing effort to develop and update clinical standards and guidelines, which incorporated lessons learned and best practices, and establish

evidence-based care as the enterprise standard for acute stress disorder, post traumatic stress disorder (PTSD), depression, and substance use disorders. Over the past year, the Clinical Practice Guideline for depression has entered into the final stages of revision, and we began revising the Guideline on PTSD.

The DoD introduced a new evaluation tool, the Military Acute Concussion Evaluation tool, to assess the likelihood of mild TBI, and published clinical guidelines for its management in operational settings. We initiated a certification process for TBI programs in medical treatment facilities, and worked with the United States Central Command (CENTCOM) to standardize the decision process for returning a Service member to full duty or to the United States for further treatment.

The Department also joined with VA to implement a standardized training curriculum on evidence-based psychotherapy for PTSD. We implemented training for medical providers on treatment of TBI. Altogether, we have trained more than 2,700 providers in evidenced-based treatments for PTSD and TBI.

To recognize the challenging diagnoses, and unique requirements, that can accompany psychological health and TBI wounds, the DCoE worked with the Intrepid Fallen Heroes Foundation to support their design of a new facility, the National Intrepid Center of Excellence (NICoE).

The new Center will provide an interdisciplinary team of clinicians and scientists dedicated to a holistic evaluation and treatment approach for service members with mental health and TBI conditions, and provide advanced diagnostics and comprehensive treatment planning for those whose mental health conditions or traumatic brain injuries are not responding to traditional methods. When the new Center is complete, we expect that there will be no finer care available in the country, or perhaps the world, for wounded warriors with these conditions.

In a similar manner, the DCoE, the National Institutes of Health (NIH) Office of Research on Women's Health (ORWH), and VA, cosponsored a meeting, in October 2008, to identify and explore the existing science on trauma spectrum disorders (such as PTSD and TBI) related to military deployment and, for the first time, addressed the question of how personal differences may impact an individual's response to treatment.

In January 2009, also for the first time, the DoD and VA cosponsored a conference on suicide prevention entitled, "Building Community Connections: Suicide Prevention for the 21st Century," to foster partnerships between suicide prevention experts in government, medicine, and communities. The conference, which featured a wide range of speakers, including psychological health experts, not-for-profit organizations, community leaders, survivors, mental health specialists, and chaplains, focused on four tracks: Clinical Intervention, A Multi-Disciplinary Approach, Practical Applications and Tools, and Research and Academics.

Approximately \$32.6 million was obligated to improve the quality and consistency of mental health and TBI care in FY 2008.

Improving Access to Care

To improve access to mental health care, regardless of location, we funded additional mental health and other specialty providers, and implemented a policy that requires first appointment access within seven days for mental health concerns.

The DCoE initiated a telehealth network for clinical care, medication monitoring, support and follow-up for individuals with TBI or stable mental health conditions, including a number of Web-based applications that deliver real-time mental health services, and

telehealth-delivered services – especially important to those in rural and underserved locations – to improve and augment access for those concerned about stigma.

Approximately, \$227 million was obligated to improve access to mental health and TBI care in FY 2008.

Strengthening Resilience and Reducing Stigma

To strengthen resilience to psychological stress and traumatic events, the Department is implementing solid prevention and health protection policies, including removing or mitigating organizational risk factors, bolstering resilience characteristics in our Service personnel, and strengthening family wellness.

To reduce the stigma associated with mental health issues, we mounted a pro-resilience and anti-stigma campaign, and established a number of effective outreach and educational initiatives. For example, we gained leadership support for the effort to increase “psychological fitness” through resilience building programs. We also eliminated the requirement to divulge combat-related mental health history on security clearance forms.

In November, 2008, with the assistance of the Service Vice Chiefs, DCoE began development of the *"Real Warriors, Real Battles, Real Strength"* campaign, which stresses the impact of war on Service personnel, and emphasizes that seeking help for psychological concerns is a sign of strength. Supporting initiatives have been implemented across the Services to target their individual cultures.

The DCoE also helped develop educational tools, including a project with the non-profit organization behind “Sesame Street,” to produce more than 700,000 DVDs to help families, especially children, cope with deployed parents or loved ones. To date, more than 350,000 of these DVDs have been distributed.

One exciting initiative in this area is “SimCoach,” a program currently under development that will allow warriors and families to electronically query top experts in psychological health and TBI, and discuss their injuries with their peers.

Specifically targeted to the Armed Forces younger population, SimCoach will combine the best of simulation, advanced gaming technology, artificial intelligence, and avatar-based computer interaction to encourage warriors and their families to initiate treatment or access educational resources, and to reduce the stigma associated with seeking psychological health care.

In FY 2008, approximately \$32.2 million was obligated to strengthen resilience to psychological stress and traumatic events, and to reduce the stigma associated with mental health issues.

Caring for Patients in Transition

The DoD is working with its federal and private sector partners to eliminate gaps in care as patients transition through the various health systems, or to different duty locations.

For example, we recently established an assisted living pilot program in Johnstown, Pennsylvania to improve functionality and independent living after TBI. This program will provide valuable insight for replication in other areas where appropriate.

We also provided significant support to DoD/VA efforts to establish the Federal Care Coordination program and stood up a TBI care coordination system to integrate Federal, State and local resources.

Approximately \$6.1 million was obligated to help eliminate transitional gaps in care in FY 2008.

Screening and Surveillance

To ensure early identification and intervention of mental health and TBI issues, the Department has enhanced post-deployment assessments and reassessments. Additionally, in July 2008, the Department began conducting baseline neuro-cognitive assessments on Active and Reserve personnel prior to deployment.

To facilitate the continuity of care for veterans and service members, we implemented a common DoD/VA post-deployment TBI assessment protocol, which will allow clinicians, across the enterprise, to collect and access the same information.

We designed and implemented the Mental Health Self Assessment Program, which offers Service personnel and their families the opportunity to identify their own symptoms and access assistance before a problem becomes serious. The self-assessments address PTSD, depression, generalized anxiety disorder, alcohol use, and bipolar disorder, and may be taken anonymously online, over the phone, or at special events held at installations. After completing a self-assessment, individuals receive referral information that includes services provided by TRICARE, Military OneSource, and VA Vet Centers.

Approximately \$59.9 million was obligated for early identification and intervention of mental health issues in FY 2008.

Medical and Cross-Functional Research

Lastly, the Department is building a network in which to leverage and/or direct medical and cross-functional research that will enhance prevention, detection, diagnosis, and treatment of combat-related psychological health and TBI issues.

For example, at the direction of the Service Vice Chiefs of Staff and the Surgeons General, DCoE is preparing to sponsor an expedited, intramural (DoD facilities), multi-center randomized clinical trial of hyperbaric oxygen (HB02) therapy in chronic and mild-to-moderate TBI.

The study, which is in the advanced development phase, will answer important questions regarding efficacy in this population, including whether HBO2 therapy should be provided to service members when indicated. Currently, the study is awaiting Investigational New Drug (IND) registration by the Food and Drug Administration (FDA). Once FDA approval is obtained, we expect the study to be completed in about one year.

The DCoE also participated in blast mitigation studies through and with the United States Army Medical Research and Materiel Command, and is working with external groups, such research universities as the Massachusetts Institute of Technology and Virginia Tech, and the National Football League to explore new ways to mitigate the effect of blast and blunt trauma on our populations.

Together with ongoing research activities supported by the Joint Improvised Explosive Device Defeat Organization, and the Institute of Soldier Nanotechnology, we have learned a great deal about how to keep our service members safe before, during, and after physically traumatic events.

In addition, we initiated numerous research projects to enhance the diagnosis and treatment of TBI and psychological health conditions. Indeed, the DoD is now one of the world's leading sponsors of such research.

In FY 2007 to 2008, the Department executed more than \$446.5 million in Research Development, Testing, and Evaluations appropriations to further science in the areas of TBI and psychological health, including:

- Basic research directed toward gaining greater understanding of the brain and how it works;
- Applied research to provide more in-depth knowledge of TBI and psychological health prevention, treatment, diagnosis, and recovery techniques;
- Advanced technology development to create new tools, technologies, pharmaceuticals and devices, and treatment protocols to improve prevention, diagnosis, treatment and recovery;
- Clinical trials to demonstrate the safety, toxicity, and efficacy of candidate pharmaceuticals, prototype medical devices, or protocols benefiting patients diagnosed with TBI or mental health conditions; and
- Complementary and alternative medicine approaches to the treatment of PTSD and TBI, such as yoga or acupuncture.

Mr. Chairman, the inspirational author Ralph Marston, tells us that “Excellence is not a skill. It is an attitude.” Throughout the DoD, we have adopted an “excellence attitude” about psychological health and TBI and, as a result, we have made remarkable progress in advancing critical solutions to the problems they present for individuals and families.

Mr. Marston also reminds us that “It takes a long time to bring excellence to maturity.” And, in that regard, he is also right – which means that, despite the progress, much work remains to be done.

We will continue to work to meet the needs of our Reserve forces, especially those in rural or underserved areas. We will continue to work with our private sector care partners to ensure the quality and consistency of care. We will continue to do more at the

policy level to adapt lessons learned and eliminate gaps in care for those in transition. And we will continue to aggressively seek new ways to expand our knowledge and improve our ability to care for individuals with these conditions.

The DoD greatly appreciates the Committee's strong support of America's Armed Forces, and the concern you have shown for their health and well being. We have made great progress thus far in meeting the challenges posed by psychological health problems and TBI, and with the Committee's continued help and support, we will do even more.

Thank you for the opportunity to bring you up to date. We look forward to your questions.

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