THE MILITARY HEALTH SYSTEM

PREPARED STATEMENT

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Mr. Chairman, distinguished members of this committee, thank you for the opportunity to discuss the fact that psychological health care is a major issue for our Service members, and their families, who make great sacrifices in the Global War on Terrorism. Thank you also for the tremendous support you have provided to military medicine and the people we serve. Today, I will give you a snapshot of where the Military Health System stands on a number of psychological health initiatives for Service members and their families. The following is a snapshot of how we will try to improve.

The Department of Defense (DoD) has a broad range of programs designed to sustain the health and well-being of each and every military and family member in the total military community. All Service members must meet the particular standards of their Service branch upon entry. These include rigorous requirements for such career fields as aviation or other special operations. The Services enhance a member's preparedness for operational challenges by continuous, realistic specialized training in each career field. Detailed, rigorous training within an organizational unit engenders resilience, creates confidence and fosters esprit de corps that ultimately serve as protective factors against the multiple stressors Service members encounter in the course of combat and military operations. The organizational culture, military values and traditions, effective leadership, peer and commander support, competence that comes from training, and confidence in military equipment and weaponry provide a foundation of overall well-being on which community and health care support rests.

During a Service member's career – and particularly before, during, and after a deployment – the Military Health System provides a wide array of programs to active and Reserve component Service members and their families. The Military Health System continuum of care encompasses the following: 1) prevention and community support services; 2) early intervention and prevention to reduce the incidence and chronicity of potential health concerns; 3) Service-specific deployment-related preventive and clinical care before, during and after deployment; 4) sustained, high-quality, readily available clinical care, along with specialized rehabilitative care for severe injuries or chronic illness, and transition of care for veterans to and from the VA system of care; and 5) a strong foundation of epidemiological, clinical and field research.

DoD also provides a broad array of support systems and services to the military community. Services available at military installations include health and wellness programs, stress management, family readiness and community support centers, family readiness groups, ombudsmen, volunteer programs, legal and educational programs, and chaplains of diverse faiths, among many other community programs.

Early intervention and prevention programs include pre-deployment education and training, suicide prevention training, Military OneSource, the Mental Health Self Assessment Program, National Depression and Alcohol Day Screening, and health fairs. To increase the awareness of DoD's outreach and prevention programs available to the Reserve component members, DoD formed a strong partnership with the VA and other federal agencies as well as professional advocacy groups.

The Military Health System repeatedly assesses medical conditions that may limit or disqualify deployed Service members, while offering screening, assessment and educational programs across the entire deployment cycle. A spectrum of prevention, stress control, and psychological health care is available in theater. In November 2006, we clarified deployment limitations for psychological health conditions and limitations for those prescribed psychotropic medications to ensure consistent standards across all branches of Service.

We initiate a post-deployment health assessment (PDHA) and education process upon a Service member's return from deployment to identify health concerns that might have arisen since deployment. We perform a post-deployment health re-assessment (PDHRA) with additional education 90 to 180 days after deployment to identify any issues that might arise in that time frame. In addition, we conduct periodic health assessments (PHA) annually to identify any health issues a person might have.

A Web-based Mental Health Self-Assessment is available 24/7 as an additional tool for family members and Service members. This program is not intended to take the place of traditional health care services nor is it a replacement for any of our existing extensive health assessment programs. It is designed solely to benefit the individual military member or family member in better understanding psychological health concerns. The program's greatest value is in education – taking the stigma out of psychological health.

The screening is absolutely anonymous. We do not identify individuals or monitor the individual use of these screening tools. Because we care about the psychological health of our military community, individuals can feel confident that this information is provided to assist them in maintaining and improving their health and well-being.

While other Web sites provide general information, this site lets users enter individual experiences and then provides feedback. If their concerns do not reach a level that would indicate the need for professional evaluation and treatment, then they have the peace of mind of knowing that. If they have mild symptoms, the program suggests that counseling might be helpful. If the symptoms are more significant, then it suggests that psychological health treatment may be warranted.

Each Service has specific combat stress and deployment psychological health support programs available before, during, and after the deployment cycle. These provide support tailored to the Service's mission and risk factors their personnel might face. In addition, cross-functional planning teams bring together subject matter experts from across the Services, the Joint Staff, and DoD.

The Military Health System is second to none in its ability to deliver timely, quality psychological health and behavioral health care. We offer the following: behavioral health in primary care; psychological health specialty care; clinical practice guidelines; and ready access to high-quality, occupationally relevant primary care, with model and demonstration programs designed to continuously improve the system of care delivery. Walk-in appointments are available in virtually all military psychological health clinics around the world.

Because no two individuals are exactly alike, we provide multiple avenues of care to our military community to create a broad safety net that meets the needs of the individual. We do not rely on one single method or program to care for our military members and families. Military treatment facilities deliver rehabilitative care and specialty care. DoD partners with VA to provide state-of-the-art polytrauma centers, traumatic brain injury (TBI) research and treatment, and transition assistance programs. Reserve component members may use a range of extended TRICARE health benefits.

The 2005 National Defense Authorization Act made permanent the 180-day TRICARE Transitional Health Care Benefit coverage. This will help ease the transition for military members separating from active duty, removing a potential barrier for returning veterans and their families needing psychological health care.

In addition to having access to many of the same support and psychological health programs available to the Service members, their families have available eight separate self-referred psychological health outpatient visits through their TRICARE benefit. This means that for whatever reason and without a physician referral they can make covered appointments with psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage/family therapists.

Our medical contract partners are assisting us in developing creative solutions. For example, one of our TRICARE Regional Offices (TROs) and HealthNet, established a new behavioral health clinic at Fort Drum, New York, which can serve as a model for other installations. Due to the limitations in the community, a Health Net Field Team partnered with the Fort Drum military treatment facility and the Fort Drum Regional Health Planning Organization to recruit behavioral health providers from outside the Fort Drum Prime Service Area. The Mountain Community TRICARE Behavioral Health Clinic opened on June 11, 2007. This behavioral health clinic is a TRICARE network facility that treats TRICARE beneficiaries exclusively, with a focus on 10th Mountain Division families. The clinic offers family resiliency training and other services to address stress, anxiety, grief and marital issues. These services will enable family member of active duty Service members to cope with the challenges that may accompany serving our nation.

In addition to TRICARE, Military OneSource offers 24/7 information and resources and can provide a referral to in-person counseling. When there is a need, a consultant can refer a Service member or eligible family member to a licensed professional counselor in the local community for six sessions per issue at no cost to the military or family member. The face-to-face counseling benefit addresses short-term concerns and is limited to six sessions per issue. It is not designed to address long-term issues such as child and spouse abuse, thoughts of suicide, and mental illness. People in need of long- term treatment are referred to a medical treatment facility and/or TRICARE for services. Using Military OneSource for 6 sessions does not limit the ability to access psychological health treatment under TRICARE.

We maintain quality of care through active quality assurance and national quality-management programs. Our deployment health program evaluation process provides further validation of effective practices and programs.

We perform psychological health deployment-related research at local, Service, and interagency collaborative levels to maintain quality care in an environment of expanding knowledge. At the present time, DoD, VA, Health and Human Services and other federal and academic organizations are conducting 67 deployment-related psychological health research projects. Of the 67 projects, 32 are focused on post-traumatic stress disorder. Since 1992, we initiated and completed an additional 57 psychological health research projects related to deployment health. During the past 14 years, DoD and our partners have published more than 120 articles in peer-reviewed medical and scientific journals on psychological health deployment-related research.

Mental Health Task Force

Section 723 of the National Defense Authorization Act (NDAA) for FY 2006 directed the Secretary of Defense to "establish within the Department of Defense a task force to examine matters relating to psychological health and the Armed Forces." The DoD Mental Health Task Force, established on May 15, 2006, was charged to "submit to the Secretary a report containing an assessment of, and recommendations for improving, the efficacy of psychological health services provided to members of the Armed Forces by the Department of Defense." In accordance with Congressional direction from Section 723, the DoD established the task force with 14 members: seven from the DoD and seven non-DoD, with expertise in a variety of fields relating to psychological health care, teaching, research, and support of military families.

The task force was a subcommittee of the Defense Health Board, a Federal Advisory Committee that advises the Secretary of Defense on a wide range of issues relating to the health of military personnel. Sixteen items of concern to Congress, as enumerated in Section 723 of the NDAA for FY 06, guided the task force's assessment. The scope of these elements was broad, and the scope of the task force's assessment was equally broad. The task force had one year to complete its assessment and deliver its findings and recommendations in a report to the Secretary of Defense.

The task force gathered information for its assessment in four ways: 1) direct observation via site visits at 38 military installations of all four Armed Services, engaging military commanders, Service members and their families, and military and civilian psychological health care providers and holding open town-hall format meetings at which members of the public were invited to make statements; 2) informational briefings from subject-matter experts on topics of concern to the task force; 3) reviews of the scientific and other literature; and 4) requests for data from the TRICARE Management Activity and the Services to support an assessment of the current level of psychological health care demand and supply within the direct and purchased psychological health care system.

The task force delivered its report, entitled *An Achievable Vision*, to the Deputy Secretary of Defense on June 12, 2007. The Secretary of Defense forwarded the report to Congress. At a press conference on June 21, 2007, Secretary Gates stated that the military psychological health system "can, must and will get fixed," adding that Service members "have done their duty; we must do ours." Noting that he has "no intention of waiting" the full six

months allotted by Congress for the development of a corrective action plan, Secretary Gates stated that he had ordered the completion of a plan to address problems with the military psychological health system within 60 to 90 days.

Implementation may require DoD to change laws, regulations, policies, doctrine, training, logistics, manpower, and resource allocation. Some changes DoD can make immediately – others will take time. Because of the breadth of the task force's purview, some issues will require further in-depth assessment before changes can be made we will work within the Administration and with the Congress to continue to tackle this critical issue.

Developing the Plan

The DoD convened a two-day Mental Health Summit on June 21–22, 2007. The Services selected psychological health, resource management, and personnel management representatives to attend, and their Office of the Secretary of Defense counterparts also attended. The VA member of the DoD Task Force on Mental Health represented the VA at the Summit. The Summit representatives reviewed the 95 recommendations of the DoD Task Force on Mental Health and initiated the process of formulating specific initiatives to address the recommendations.

- Summit participants developed a plan using the following:
  - A red cell made up of DoD and VA experts in psychological health
  - Collaborative "summits" of stakeholders, to be convened as needed
  - An office of primary responsibility for each initiative

Follow-up

The immediate action for each recommendation involves in-depth assessment and planning by the red cell. My office will make arrangements for the next summit, tentatively scheduled for the week of August 13, 2007. The red cell team will provide the draft White Paper to DoD senior leaders no later than September 12, 2007.

Conclusion

The DoD Task Force on Mental Health has made numerous and far-reaching recommendations for improvements in the care that the DoD provides for the psychological health of Service members and their families. Defense leadership has demonstrated a clear commitment to making necessary changes to ensure these improvements are implemented. . As such, the task facing the Department is now to conduct the in-depth assessments for specific recommendations and to formulate the plans for enacting changes. This is truly a once-in-a-lifetime opportunity to improve the lives of soldiers, sailors, airmen, Marines and their families.

A red cell of both active duty and Reserve component subject matter experts in psychological health and traumatic brain injury was convened two-and-one-half weeks ago. Red cell members are assigned full-time to analyze the practical implications of the task force recommendations and to formulate policy and program options to respond effectively to them. They will deliver a detailed plan to enhance the psychological health of our Service and family members, and the military community as a whole, to meet the suspense established by the

Secretary of Defense within 60 to 90 days.

Top priorities include maximizing the availability of psychological health providers to our military community by adequately incentivizing recruitment and retention of our uniformed providers; contracting for or hiring government civilians to provide care in our military treatment facilities where appropriate; and ensuring our TRICARE provider network is robust and available for those seen off-post and off-base.

We will work closely with the VA to standardize our accession standards for psychological health care; ensure availability of medical records; ensure continuity of medical care; disseminate evidence-based methods of treatment; and together maintain up-to-date clinical practice guidelines for a variety of psychological health and post-deployment conditions.

We will build upon the solid foundation of research already engaged by DoD with the federal and academic community in both post-traumatic stress disorder and traumatic brain injury. We will continue the intensive pattern of deployment cycle assessments and update them as new medical information indicates. We will make further efforts to longitudinally follow our Service members long after they have left military service. And, we will intensify our efforts to both study the particular needs of our Service members and their families and provide to them the psychological health support they need to bear the burden of the challenges of sustained global operations.

In particular, we are reaching out to experts at the National Institutes of Health and the Institute of Medicine to help us study the mental health needs of Service members and their families. I have personally asked leaders in psychological health within DoD, the Services and the combatant commands to be as innovative as possible and consider all the ways we can empower patients through education and providing choices, maximizing confidentiality, including the impact on the family and balancing this with our obligations to our military missions.

Secretary of Defense Robert Gates has charged DoD to minimize the stigma that is still attached to seeking help and to specifically examine the psychological health criteria for security clearances. I have asked those who designed the PDHA to make it clear that an answer signifying stress will not delay a Service member's return from theater.

Because some Service members do not fill out the PDHRA at 90 – 180 days, I have asked our caregivers and chaplains to find ways to contact them, perhaps via a network of retired counselors and chaplains to make sure they are okay and to ask them to participate in the important PDHRA survey.

Finally, we must credit the line leaders and caregivers in theater with the lower-than-expected rates of domestic abuse and divorce, judicial violations, homicide and suicide, given the intensity and duration of current operations. Suicide rates exceeded the national average in the 1970s and 1980s. However, with the institution of programs by the Air Force and Army, suicide rates declined in the 1990s, and to this day remain below the 1970's and 1980's rates. The Army

emphasizes the duty of persuading a stressed battle buddy to get help by likening it to our ethic "no soldier left behind."

For my part in speaking with line commanders, combatant surgeons and deployed Service members, I emphasize that overcoming a problem, including a psychological challenge, is an important sign of leadership and potential for advancement.

Thank you again for this opportunity to discuss what I believe is my number one obligation at this time, namely, safeguarding and even strengthening the psychological well-being of our Service members and their families.

Many people in many places have very high expectations for this country's military health system. Our responsibility in the coming year and for years to come is to exceed these expectations.

On behalf of the Military Health System, I am grateful for the resources and encouragement you provide to all who serve, and I look forward to working with you in the coming year, as we formulate plans based on our in-depth assessments of our psychological health programs and initiatives.