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THE HOUSE ARMED SERVICES COMMITTEE

Testimony of

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Mr. Chairman, and distinguished members of the subcommittee, I appreciate that you have called this hearing to bring attention to the mental health needs of deploying and returning service members.

Earlier this year, this Subcommittee held a hearing on how the services were treating combat injured Sailors and Marines. I want to tell you today that I am equally concerned about our heroes with less visible, but equally consequential psychological wounds. Each service member deployed to a combat environment is affected to some degree – some more than others, some immediately, while others may be affected at a later date. The conditions in Iraq and Afghanistan of intense urban warfare, harassment from an invisible enemy, as well as longer and multiple deployments, are creating extremely stressful conditions for Sailors and Marines. Navy Medicine's goal is to provide comprehensive mental health services for these individuals and their families.

Navy Medicine wants to ensure a continuum of mental health care and case management throughout the deployment cycle -- pre-deployment, during deployment, and post-deployment. These services must be available to all deployed and returning Marines, Sailors, and also extended to family members and other beneficiaries who may be affected by the psychological consequences of combat and deployment. To accomplish this, Navy Medicine engages at several levels -- from Commanding Officers, to small unit leaders, to individual service members, and of course with families – with the goal that necessary services will be made available to all who need them.

Prevention of Combat Stress

Since the beginning of OEF/OIF Navy Medicine has been assessing the health of Marines and Sailors before and after deployments. Pre-deployment Health Assessments for Marines are performed prior to deployment, typically within 30 days. For Sailors aboard a ship, health assessments are conducted as leadership becomes aware of a shore-based deployment. The timing of assessments is important. Health assessments performed too far in advance of deployment might not detect acute changes in a Sailor or Marine's medical condition that could affect deployability, while assessments performed very late in the pre-deployment cycle would make it difficult to replace someone deemed non-deployable.

Most combatants are likely to be affected in some way by their experiences and there is much that can be done to lessen this impact. In the same way that physical conditioning prepares Sailors and Marines for the rigors of the field, psychological preparation builds resiliency that helps them manage the stresses of battle. Universal preventive education programs help avoid the stigma often associated with being given a psychiatric diagnosis and receiving psychiatric care. Command involvement, together with a dedicated stress management team comprised of health care providers and other professionals, is critical in helping Sailors and Marines become increasingly comfortable with the notion of building resiliency and seeking help when necessary.

As Navy Medicine champions multi-disciplinary efforts in preventing, identifying, and managing stress, we collaborate with a variety of community

resources such as Navy Chaplains, the Navy Fleet and Family Support Centers and Marine Corps Community Services.

In 1999, the Department of Defense directed the establishment of Combat Stress 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. During large-scale deployments medical battalions relied upon the use of mental health augmentees with limited orientation and connections to the units they were called upon to support.

In 2000, the 2nd Marine Division in Camp Lejeune, North Carolina, designed and implemented an organic Operational Stress Control and Readiness (OSCAR) program which expanded the stress management footprint. OSCAR provides early intervention and prevention support throughout all of the phases of deployment. The OSCAR program is now available at all three active Marine divisions.

Each OSCAR team consists of two psychiatrists and one psychologist, one psychiatric technician, one or more Marine Non-Commissioned Officers, and will soon include a Navy Chaplain. These teams provide education and consultation to commanders, entire units, and individual Marines. At the 2nd

Marine Expeditionary Force (II MEF), the Division Psychiatrist briefed every battalion commander and their Marines prior to their recent OIF deployment.

Early Stress Management Intervention in the Field

Another important component in the prevention of combat stress is focus on recognizing and identifying warning signs. Marine commanders on the battlefield are trained to identify these signs and are made aware of all of the services available in theater at all of the echelons of care.

One benefit of the OSCAR program is that the same team providing care in garrison also deploys with the units. Based on the needs of the deployed forces, 2nd Marine Division sent two psychiatrists, one psychiatric technician, and one Marine Staff Non-Commissioned Officer with their current deployment. In addition, Navy Medicine supports two Combat Stress Control (CSC) Platoons deployed with each of the 2nd Force Service Support Groups (FSSGs) surgical companies. In situations where a unit suffers significant casualties, OSCAR and CSC platoon members provide battlefield care and individual support to those affected.

Battlefield debriefings address the topic of combat and operational stress and provide units and individual service members with skills to recognize and cope with these unique stressors. Types of stress-related injuries are discussed, as well as how they may manifest physically and mentally.

In the period from February to December 2004, the three OSCAR teams treated over 6,600 individual Marines and provided 741 unit stress management briefings. Since the beginning of OEF/OIF, mental health related medical

evacuations for Marines have been significantly lower among units supported by OSCAR. We are currently evaluating further expansion of this program beyond its current availability.

In addition to providing assistance to Marines who deploy to combat areas, since 1998 Navy psychologists deploy with all aircraft carriers. This highly successful ship-based program has resulted in an 87 percent reduction in the rate of psychiatric medical evaluations from carrier battle groups and has reduced the number of administrative separations for mental health conditions by over 90 percent during deployments. Currently, behavioral health specialists are being deployed in support of Expeditionary Strike Groups as well.

In addition to OSCAR and psychologists at sea, Navy Medicine also relies on Hospital Corpsmen, battalion medical officers and other health care providers, as well as Navy Chaplains, to be readily available and proactive in recognizing and addressing the early signs and symptoms of operational stress.

The Navy Environmental Health Center (NEHC) is working on the Leader's Guide to Personnel in Distress – an online tool providing guidance for military leaders facing potential mental health issues among their subordinates. Navy Medicine will also be providing educational materials for health care providers and deploying mental health personnel to augment knowledge of combat stress control for providers while giving them additional tools to intervene in the field and respond effectively when called upon.

Post Deployment Mental Health Efforts

The Post Deployment Health Assessment program (PDHA), which began in 1996, allowed military medicine to measure the health status of a service member returning from deployment. This Department of Defense program uses a survey tool for all of the services. A recent Office of the Assistant Secretary of Defense for Health Affairs survey confirms that 98.7 percent of deployed Sailors received pre- and post- deployment health assessments. The average for Marine Corps personnel is about 90 percent; and the goal is to achieve 100 percent using an electronic assessment system which is almost ready to be deployed.

Before returning from the operational theater, Sailors and Marines are provided a series of briefings that familiarize them with issues related to combat stress, as well as help to shape their expectations about returning home and what to expect. The presentations focus on experiences while in theater and how these experiences may manifest in their daily lives after return. The presentations are done in collaboration with Navy Chaplains. One significant opportunity for psychological decompression is during ocean transit from theater back to homeport. Navy Medicine took advantage of this opportunity with the 31st Marine Expeditionary Unit as they transited back with the Essex Amphibious Ready Group from Kuwait to Okinawa.

Recent guidance from the Office of the Assistant Secretary of Defense for Health Affairs mandated that service members returning from Operation Iraqi Freedom (OIF) / Operation Enduring Freedom (OEF) deployments will be re-

evaluated through an additional Post Deployment Health Reassessment (PDHRA) at specific time intervals. Navy Medicine is the first to implement this program. Medical personnel within the First Marine Expeditionary Force (I MEF), in conjunction with Navy Hospital Camp Pendleton, CA, are currently rescreening all of their post-deployment Marines. In addition, the Force Medical Officer for Naval Construction Forces Command has begun screening active duty and reservist Seabees. Navy Medicine will track referral rates from this initial implementation, augment our service providers accordingly, and roll out PDHRA across the Navy and the U.S. Marine Corps in September 2005.

Implementing this program is a joint effort between the Bureau of Navy Medicine, Headquarters Marine Corps (Health Services), the Bureau of Naval Personnel (BUPERS) and the Deputy Commandant of the Marine Corps for Manpower and Reserve Affairs (USMC (M&RA)). The Defense Manpower Data Center, through BUPERS and USMC (M&RA) will be responsible for identifying members requiring the PDHRA. Service members who deployed prior to March 2004 will be contacted and notified of the availability of PDHRA screening. Participation will be elective. For personnel deployed since March 20, 2004, unit commanders will obtain lists of identified personnel under their purview and work with supporting medical personnel to ensure these personnel complete the screening.

To ensure rapid and seamless implementation, Navy Medicine is deploying the PDHRA using three sequential processes, each an improvement over the previous. The first wave of rescreenings will be conducted using

"bubble sheets" which can be subsequently scanned and transmitted for central storage and referral. This process will be superseded later this year with an extension of the electronic process just being implemented for Pre- and Post-Deployment Health Assessments. The third, and most comprehensive process, will focus on using centralized online tools being developed by Office of the Assistant Secretary of Defense for Health Affairs.

Navy Medicine will establish teams to work directly with DoD HA and the other involved agencies to ensure: rapid implementation of the PDHRA program; coordinate with responsible line commanders; identify and commit manpower and resources; and ensure appropriate contracting and coordination of Memoranda of Agreement with the VA to provide service delivery to the reserve components. We anticipate hiring, by the end of this month, four mental health providers, and two program managers to support the PDHRA program.

Pending the establishment of Memoranda of Agreement with other federal agencies by the Office of the Assistant Secretary of Defense for Health Affairs, a mechanism for PDHRA completion for all reserve members not in an active duty status will be established. Reservists identifying issues on the PDHRA screening may require further evaluation to establish a diagnosis and possible eligibility for Line of Duty care and pay/benefits. Such members may be processed through the Disability Evaluation System.

Sailors and Marines who are at the end of their obligated service and leave the military, or are reservists who after demobilizing return to their civilian lives and occupations pose a special challenge. Reserve Component Marines

have been mobilized in support of OEF/OIF and levels of psychological distress among returning reservist may be higher than originally anticipated.

Treatment of Mental Health Conditions

Too often there is a focus solely on Post Traumatic Stress Disorder (PTSD). It is imperative, however, that other psychological consequences of deployment not be ignored. Depression, substance abuse, and domestic discord can be just as debilitating to the service member's well-being and readiness, and have a detrimental impact on family functioning.

Whether a service member is identified for mental health services through a health assessment tool or through self-referral, our Navy Military Treatment Facilities (MTFs) will provide high quality mental health services. Case managers will be engaged at the responsible MTFs to ensure the coordination of care for complex cases.

Navy Medicine is making a concerted effort to ensure care for active duty members is in the direct care system whenever possible. Although TRICARE network resources may be available, those providers may be less familiar with the unique demands placed upon active duty members and prescribe medications or treatments that could inadvertently impact the Sailor or Marine's readiness status.

Providing services to Reserve Sailors and Marines is a continuous challenge as mental health problems may not emerge until the latter part of the 180 day Transitional Assistance Medical Program (TAMP) benefit period. Other

problems, such as substance abuse, family discord or vocational dysfunction, may occur later still.

Many returning reservists, unlike the active duty forces, do not reside in large fleet or military concentration areas and therefore return from deployments to sites where there are relatively few medical services or support networks available. The lack of robust TRICARE behavioral health services in remote areas (particularly in the areas of child/family mental health) can be a limiting factor for reservists seeking comprehensive mental health care.

The vast majority of Sailors and Marines receiving care are motivated to resume their service to our country as soon as possible. Navy Medicine shares this goal with them, emphasizing solution-focused therapies for mental health conditions. For those whose conditions prevent them from returning to duty, Navy Medicine is committed to ensuring transition to the Veterans Administration (VA).

The overall transition for service members from Navy Medicine to the VA Health Care System continues to improve with the dedicated efforts of the individual health care teams and business process improvements currently underway. But we have challenges to face before the transition between military medicine and the VA is truly seamless.

The proximity of VA facilities to a patient's home and family, as well as the variety of services available, can create problems with regards to access to care. Not all patients live within a reasonable driving distance of a VA facility and not all VA facilities provide all of the specialty care that a patient may require.

Coordination of care being provided by a myriad of agencies, as well as our concerns 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, must be closely monitored in order to ensure sufficient capacity, exists in our system.

Mr. Chairman, Navy Medicine is rising to the challenge of providing a comprehensive range of services to manage the mental health concerns of our brave Sailors and Marines, and their families, who have given so much in the service of our nation.

I thank you for your tremendous support to Navy Medicine and look forward to our shared concern of providing the finest health services in the world to America's heroes and their families – those currently serving, those who have served, and the family members who support them.