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THE HOUSE ARMED SERVICES COMMITTEE**

**Testimony of  
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**Before the  
House Armed Services Committee  
Military Personnel Subcommittee**

**Subject:  
Care of Injured and Wounded Service Members  
3 March 2005, 10:00 a.m.**

Mr. Chairman, and distinguished members of the subcommittee, I appreciate the opportunity to share with you how Navy Medicine is caring for our wounded Sailors and Marines, and their families.

Allow me to provide you with a snapshot of how a Sailor or Marine goes from being injured on the battlefield, to recovering at one of our facilities or at home, and how the service member transitions to a Veterans' Affairs facility for follow-up care. In addition, I will share with you how we ensure families are integrated into the recovery process and provided support as they deal with this life-changing event.

Also with regard to our injured Sailors and Marines, I will discuss their options after recuperating from injury, and Navy Medicine's role in that process.

### **Wounded Sailors and Marines**

In the operational theater, Navy Medicine has significantly advanced medical capabilities with the care provided by first responders and improved surgical access during the critical "golden hour." If an injured service member survives to present at a forward surgical care facility (Level II care); he or she has a very good chance of survival. The types of weapons being used in theater and the increased rates of resuscitation have resulted in severe and debilitating injuries.

The care provided to our wounded Sailors and Marines, and their families, requires complex planning and coordination. From the time the service member arrives via med-evac, through the discharge process, and ongoing rehabilitation

and convalescence, Navy Medicine is committed to ensuring individual and family needs are met.

The majority of wounded Sailors and Marines return to the United States via the med-evac system and arrive at the National Naval Medical Center in Bethesda, Maryland. Because Bethesda has extensive experience treating and coordinating care for this population, I will focus my comments on the extraordinary care being provided there.

#### How Care is Provided

Since the conflict began, continuous advances, initiatives and programs to expand coordination of care and family support have been operationalized. In Navy Medicine, we approach the care of an injured Sailor or Marine as part of a continuum of care. This process follows the individual and the families from injury, through rehabilitation, providing continuous care and support throughout their recovery.

At the Military Treatment Facility level, we established multi-disciplinary teams to enhance communication and coordination among all clinical, nursing and ancillary services caring for the wounded. Marine Corps Casualty Services personnel and a Veterans' Affairs Seamless Transition Coordinator are also integrated into the treatment process. From the start, the care is coordinated based upon the individual patient's recovery and the ongoing requirements for reconstructive surgery and/or rehabilitation.

Using lessons learned at Bethesda, the medical team established standards of care by pursuing specific follow-up assessments – including Mental

Health -- for all injured patients. In addition, a two week post-discharge follow-up appointment with the patient, family and mental health professionals is scheduled to assess the patient's re-integration. To date, over 1500 wounded have been treated at Bethesda alone.

#### Care after National Naval Medical Center

The National Naval Medical Center provides injured Sailors and Marines with acute rehabilitation services in the areas of: Physical Therapy, Physical Medicine Rehabilitation, Speech Therapy, Occupational Therapy, and Cognitive Therapy Rehabilitation. To address specific patient needs outside of Bethesda's acute services, clinical experts external to the medical center are immediately integrated into the treatment team. These entities include the Veterans' Affairs Vision Integrated Screening Team from Baltimore; the Traumatic Brain Injury Unit and Prosthetic Rehabilitation Services at Walter Reed Army Medical Center, among others. In addition, programmatic rehabilitation centers such as Traumatic Brain Injury, blind programs, and prosthetics are currently offered through the VA system and are coordinated so that the medical center does not duplicate these highly specialized services.

Bethesda initiates transfer to the appropriate rehabilitation site in conjunction with the patient's individual needs and the wishes of the patient and the family. These site selection efforts are undertaken to ensure transfer to the appropriate facility and the establishment of long-term patient-provider relationships.

Discharge planning and on-going case management are handled collaboratively by National Naval Medical Center's Social Work Department and Case Managers. At Bethesda most case managers are Registered Nurses. Intensive assessment and outreach is continued for both the patient and family to create a workable discharge plan that most effectively addresses the continuity of the patient's care, the most optimal rehabilitation regime, and the family's needs to the greatest extent possible. While the VA setting affords access to top rehabilitation services and support from fellow service members experiencing similar challenges, arrangements can be made, when appropriate, for service members to use other Military Treatment Facilities or TRICARE network providers closer to home.

Sailors and Marines are case-managed by the National Naval Medical Center until they are discharged from the medical center and returned to their parent command; or are discharged and on 30 days of Convalescent Leave; or are transferred to another facility for programmatic rehabilitation in conjunction with Convalescent Leave (up to 120 days).

#### Sailors and Marines at VA Facilities

The care for Sailors and Marines who transfer to and receive care from a VA facility while convalescing is coordinated through the VA Seamless Transition Coordinator. There is a full time VA staff member co-located at National Naval Medical Center. This person interacts with Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Points of Contact at each VA Medical Center so a direct transfer for inpatient and outpatient care is

coordinated. The Seamless Transition Program was created by Veterans' Affairs Secretary Principi specifically to address the logistical and administrative barriers for active duty service members transitioning from military to VA-centered care.

The Seamless Transition Program establishes Case Managers for the patients. This approach is a change of practice for the VA. Our wounded Sailors and Marines differ from the VA's traditional rehabilitation patient in age and extent or complexity of injury. In the past, patients were admitted to the VA's rehabilitation service with multiple clinical services addressing individual requirements. To enhance continuity, clinical outcomes, and improved family support, National Naval Medical Center physicians now remain as the Case Managers through the transition process. Currently, weekly teleconferences to review Bethesda transfer patients are conducted with primary transfer sites, such as the VA Medical Center in Tampa, Florida. In addition to site visits and teleconferences, Navy Medicine will continue to coordinate with other facilities, forge relationships, share best practices, and enhance care delivery to all of our patients.

#### Returning to Active Duty after Injury

There are procedures in place to determine if a severely injured service member should remain on active duty or be medically retired. When a medical diagnosis involving a potential disability condition calls into question a Sailor's or Marine's "continued fitness for Naval Service," Navy Medicine is required to refer the case for adjudication to the Department of the Navy's Physical Evaluation Board (PEB). Navy Medicine is responsible for providing clinical information and

the status of the service member's injury. The PEB process is under the purview of the Assistant Secretary of the Navy for Manpower & Reserve Affairs. The disposition of the injured service members' status lies with the PEB.

Presently, service members referred for PEB evaluations often required longer periods of recovery, prior to referral due to the extent and severity of injuries suffered. Unlike previous conflicts, much of the extended pre-PEB referral time is now focused on complex medical treatment and recovery. There have been instances where service members with severe injuries have been allowed to remain on active duty. Personal determination on the part of the individual service member plays a critical role in remaining on active duty after being injured.

### **Reserve Injured/Demobilization**

Since December 2003, the process for demobilizing Navy and Marine Reservists who were injured has undergone several notable improvements. Navy Medicine recognized communication problems with key organizations responsible for demobilizing Navy Reservists. We found that there was a perception that Navy desired to rapidly demobilize Reservists. This perception was due to Navy's efforts to expedite return of personnel to their homes as quickly as possible. It was determined the following were issues of concern:

- Health care providers at the Naval Medical Centers were not familiar with procedures for demobilizing Navy Reservists with pending medical issues.

- Medical staff at Naval Mobilization Processing Station San Diego and Naval Medical Center San Diego did not have effective communications regarding dispositions for some Reserve Component personnel.
- Incomplete documentation or misunderstanding of the Reservist's follow-on plan for care.
- Some Reserve members did not fully understand how to access their health care benefit once they were demobilized.

During 2004, Navy Medicine, in partnership with Chief of Naval Personnel, and Chief Naval Reserve Force implemented the following improvements to enhance the process of demobilizing Reserve Component personnel with medical issues:

- Medical holdover Reserve Component personnel are directed primarily towards Navy Mobilization Processing Station (NMPS) San Diego or NMPS Norfolk. Supporting Navy Medicine facilities are Naval Medical Center San Diego and Naval Medical Center Portsmouth. Other NMPS sites are used due to unique circumstances such as return of equipment or mission-related requirements; personnel remain at this location until follow-on treatment is determined. Other NMPS sites are used to provide humanitarian comfort to our severely injured reservists.
- Health care providers at Naval Medical Centers San Diego and Portsmouth familiar with policies for demobilizing Reserve Component



personnel with medical issues are assigned as Primary Care Managers (PCM) for this special population.

- Procedures have been established at Naval Medical Centers to ensure demobilizing Reserve Component personnel with medical issues have complete and accurate medical records and understand their care plan.
- Demobilizing Reserve Component personnel receive a tailored TRICARE briefing outlining their benefits. A Benefits Counselor facilitates the identification of a TRICARE provider in the Reservist's home area.
- Navy Medicine has updated its Manual for the Medical Department (Chapter 18) enhancing the Medical Evaluation Board (MEB) process.
- Collaboration in development/implementation of Navy-wide support systems for separating/retiring Sailors and Marines between multi-disciplinary entities within Navy Medicine and Chief of Naval Personnel.
- Increased interaction between Navy Medicine and the PEB in conferences and briefings.

We have made great strides in partnership with the Navy Reserve and Navy Personnel Command to coordinate and make substantial improvements to the demobilizing process for our Reserve Component Sailors. In light of the new benefits for Reservists in the Ronald Reagan National Defense Authorization Act of Fiscal Year 2005, Navy Medicine is committed to providing access to health

care, education, and information. Navy Medicine is one team. We must seamlessly integrate the talents and strengths of our entire workforce to accomplish our mission of force health protection.

Mr. Chairman, it is an honor to care for these brave Sailors and Marines who have given so much in the service of our nation. I am extremely proud of the officers, Sailors and civilians of Navy Medicine and the incredible job they do each and every day providing superb quality health care to the men and women of our military and their families. We take this responsibility with great care, pride and devotion. For those Members of the Subcommittee who have visited Bethesda or any of our facilities here in the United States or overseas, you have seen first hand what an incredible, professional, and highly dedicated force Navy Medicine is.

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