STATEMENT OF
CATHLEEN C. WIBLEMO, DEPUTY DIRECTOR
VETERANS AFFAIRS AND REHABILITATION DIVISION COMMISSION
THE AMERICAN LEGION
TO THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
POST-TRAUMATIC STRESS DISORDER AND TRAUMATIC BRAIN INJURY

SEPTEMBER 28, 2006

Mr. Chairman and Members of the Subcommittee:

Thank you for affording The American Legion the opportunity to submit testimony on these very important issues. A majority of the servicemembers who suffer from injuries such as Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD) will require lifelong care, not just from a clinical standpoint, but from the social aspect as well. Family members, too, must not be forgotten. They are inextricably intertwined in the ongoing rehabilitative process of these injured servicemembers and will themselves need training, counseling and care.

Post Traumatic Stress Disorder (PTSD)

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) defines PTSD as:

PTSD always follows a traumatic event that causes intense fear and/or helplessness in an individual. Typically the symptoms develop shortly after the event, but may take years. The duration for symptoms is at least one month for this diagnosis.

Symptoms include re-experiencing the trauma through nightmares, obsessive thoughts, and flashbacks (feeling as if you are actually in the traumatic situation again). There is an avoidance component as well, where the individual avoids situations, people, and/or objects that remind him or her about the traumatic event (e.g., a person experiencing PTSD after a serious car accident might avoid driving or being a passenger in a car). Finally, there is increased anxiety in general, possibly with a heightened startle response (e.g., very jumpy, startle easy by noises).

Psychological treatment is considered the most effective means to recovery from PTSD, although some medications (such as antianxiety meds) can help alleviate some symptoms during the treatment process.

Prognosis ranges from moderate to very good. Those with the best prognosis include situations where the traumatic event was acute or occurred only one time (e.g., car accident) rather than chronic, or on-going trauma (e.g., ongoing sexual abuse, war).
Servicemembers from past wars have long suffered the mental stresses of combat. From shell shock, to battle fatigue to PTSD, veterans returning home have struggled through the process of readjusting back to civilian life. What has changed over the ensuing years is the acknowledgement and treatment of traumatic stress.

Current research shows that the returning veterans from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) suffer from a high percentage of mental health stresses to include PTSD.

The all-volunteer operations in Iraq and Afghanistan differ form previous conflicts in that the Reserve and National Guard make-up a higher percentage of those deployed; more women are deployed and experiencing combat conditions; and more troops are married. These differences present problems that heretofore were not addressed on the scale they present today. Reserve and National Guard personnel return home and attempt to reintegrate back into their communities without the direct assistance of the military support system that they have relied on for many months. This dynamic presents a considerable challenge to the Department of Veterans Affairs (VA).

National Guard and Reserve members are often lost in the transition from active duty to civilian status. Of the veterans that have come home from OEF/OIF only about 30 percent have sought care at VA. The remaining 70 percent may not realize that they are eligible for VA care and as a result seek care somewhere else. VA must keep track of these veterans and provide effective outreach to these troops upon their transition from the active duty ranks.

Providing Care

VA health care is highly regarded in the medical community and is considered the leader in treatment of PTSD. Through myriad programs, both inpatient and outpatient, veterans receive high quality mental health services.

VA's outpatient services include mental health clinics' day hospitals and day treatment centers. These settings often times negate the need for extended inpatient care or intensive case management. VA's specialized PTSD programs exist in all 21 Veterans Integrated Services Networks (VISNs) as well as PTSD Coordinators who not only facilitate PTSD services across their respective VISN but also act as a liaison with the Mental Health Strategic Health Care Group located in VA Central Office.

In December 2005, VA designated three new centers of excellence in Waco, San Diego, and Canandaigua that are devoted to advancing the understanding and care of mental health illness. Additionally, the VA's budget request for Fiscal Year (FY) 2007 included nearly $3.2 billion for mental health services. Part of these funds will be used to help VA continue their ongoing efforts to implement the Mental Health Strategic Plan. The American Legion would like to

emphasize the importance VA must place on the tracking of the mental health dollars. VA must conduct vigilant oversight to ensure that these dollars reach the intended programs.

While there has been much attention on the treatment of PTSD, other mental health conditions such as depressive disorder, acute reaction to stress and abuse of drugs or alcohol can be just as devastating.

The American Legion has heard from some veterans on the difficulty of accessing VA mental health services. While the Community Based Outpatient Clinics (CBOCs) are supposed to be providing mental health services, many of these CBOCs are full and can no longer take new patients. The American Legion is concerned that VA does not possess the capacity to handle the new generation of veterans and the older veterans who still choose to receive their care at VA.

Outreach

The importance of a vigorous outreach program cannot be over emphasized. Effective outreach is critical to ensuring needed mental health services are accessed in a timely manner. Outreach conducted by VA and the Department of Defense (DoD) has improved considerably over the last few years and The American Legion supports the continued focus on effective outreach. Current outreach activities include:

- Transition Assistance Programs and Military Briefings (TAP)
- Reserve and Guard Briefings at the unit
- Veterans Assistance at Discharge (VADS)
- Letters to service members by the Secretary of VA
- Letters to Adjutant General by Secretary of VA
- Remote areas services and outreach
- Mental Health Screening at unit

Vet Centers

Vet Centers are an invaluable resource to veterans and VA. Given the protracted nature of current combat operations, the repeated deployments, and the importance of retaining experienced combat service men and women in an all volunteer military, it is essential to promote the readjustment of service men and women and their families. The mission of the Vet Centers is to serve veterans and their families including professional readjustment counseling, community education, outreach to special populations, work with community organizations, and is a key link between the veteran and other services available within VA. Vet Centers are located in the community and there are 209 throughout the country. 65% of the staff are veterans, and of those, over 40% are combat veterans.

Vet Center staff assists thousands of veterans and family members through demobilization sites and TAP briefings. The American Legion continues to be an unwavering advocate for the Vet Centers and their most important mission. We believe the Vet Centers are central to the mission of VA. The "veteran helping veteran" theme is a uniqueness of the Vet Center that has proven to

be a very effective and successful model for returning combat veterans in need of mental health services.

Early intervention such as that with the outreach efforts of the Vet Centers may help to mitigate the more debilitating onset of chronic PTSD and will help in the transition process from active duty to veteran status and ultimately reintegration into the community.

Traumatic Brain Injury

Traumatic brain injury (TBI) is generally defined by the medical community as a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from "mild," i.e., a brief change in mental status or consciousness to "severe," i.e., an extended period of unconsciousness or amnesia after the injury.

TBI is considered to be a "signature wound" of the current war. TBI veterans face many problems, similar to that of PTSD veterans. TBI is not easily diagnosed or identified in many and can be missed because there are often no physical signs like those suffering from gunshot wounds, amputations, etc. The American Legion has heard many stories of these veterans "falling through the cracks" as a result of their "hidden wounds".

TBI patients need special attention and may first present to psychiatry or a primary care clinic. Proper screening of all veterans concerning their veteran status and exposure to blasts will possibly help to identify a TBI patient earlier and get them the proper treatment. VA providers must be sensitive to the military history of all the patients they see. It is what makes VA and its health care so unique.

To address the growing needs of service members suffering from TBI and other blast trauma injuries, VA has established various mechanisms designed to provide seamless transition from the military's system of care to the VA's system of care for the service member and to provide relief for family members who must assist the injured service member through rehabilitation.

VHA established four Polytrauma Centers in June 2005 to treat those with multiple severe injuries. Each center has a social worker case manager and admission and follow-up Clinical Case Managers. Each OEF/OIF combat veteran seeking care at a VA medical facility is assigned a facility OEF/OIF case manager responsible for coordination of Veterans Health Administration (VHA) services, Veterans Benefits Administration (VBA) services and education for the service members and their families. A recent VA directive mandates that each facility select a point of contact to receive and expedite referrals and transfers of care for active duty personnel who were injured in a combat theater, as well as ensuring receipt of copies of military medical records from the referring military treatment facility.

To enhance knowledge of those who treat patients with TBI, VHA created educational tools to include a web-based module, regional training conferences facilitated by the War-Related Illness and Injury Study Centers, informational letters, and the web-based Veterans Health Initiative independent study course on TBI.

Other initiatives planned to promote seamless transition include: designating all VA medical facilities TRICARE network providers; making additional funds available for Polytrauma VISN sites to expand existing or establish new rehabilitation programs; establishment of a Quality Enhancement Research Initiative for implementing best practices in polytrauma and blast injuries; activation of a polytrauma call center (February 2006) to answer questions about rehabilitation, follow-up care and benefits. The VHA also plans to develop a polytrauma patient and family tool kit, and initiate a comprehensive polytrauma network to connect the four Lead Centers with each other and their respective VISN sites to improve access to care closer to home for the combat wounded veteran.

Since 2003, VA has gone through some growing pains with the transition process, the polytrauma centers and coordination of information with DoD. They have also made great strides in those areas over the last three years.

TBI Patients and Their Families

Families impacted by traumatic brain injury of a service member encounter overwhelming obstacles. The TBI patient needs constant care physically and providing this care can cause financial strain on the family. Because the patient may exhibit altered behavior as a result of the injury, family members may have difficulty relating to the change in personality that may result. Some TBI patients have no family to assist them through rehabilitation or recovery.

Even more tragic, while having to deal with all of the internal ramifications of the situation, some families still struggle with obtaining proper coordination of services for the patient. As highlighted in the July 12, 2006 report entitled *Health Status of Services for Operation Enduring Freedom/Operation Iraqi Freedom Veterans after Traumatic Brain Injury Rehabilitation* prepared by the VA Office of Inspector General, some problems experienced by patients and families include inadequate or no communication with the case manager, lack of follow-up care, and being forced to pay out of pocket for necessary treatment and medication

Family Involvement Through Outreach and Education

The American Legion believes VA must try to incorporate the family into the patients care more aggressively. VA listed family involvement as one of its top challenges in the transition process.

We also believe that intense outreach to both the servicemember and the family can be a very effective tool in helping to mitigate long-term mental health consequences for veterans. The less stressful the transition process is, the easier the adjustment period will be for both the family and the veteran.

In July 2006, The American Legion, along with DoD, launched the "Heroes to Hometown" program. At the national level, The American Legion signed a Memorandum of Understanding (MOU) with DoD and established a presence at the Military Severely Injured Center at the Pentagon. This office acts as a liaison to help those who are transitioning from the service to link up with their local Legion post that will then assist them in their process. We believe that

The American Legion post should be looked upon as a safe haven for the servicemember and their family – a place of comrades who care.

Through this program many resources are brought together with the help of the post Hero Transition Team (HTT). The HTT will facilitate the transition of the family and veteran back into the community. Examples of resources available are the Family Readiness Groups (FRG) contact list, VA claims and appointments, veterans' benefits, home loans and more. Assistance will be given in shopping, babysitting, transportation and other identified needs.

Additionally, the Washington State Department of Veterans Affairs, in conjunction with The American Legion Department of Washington and the Auxiliary, is kicking off a training conference called: **Building the Veterans Community from the Inside Out***: A Pathway toward Developing Community Resources for Veterans and Their Families.* This training is designed especially for Veteran Service Organization (VSO) Auxiliary members. During the conference training will be conducted on a variety of topics that include veterans' benefits, homeless services, new programs available for recently separated veterans, PTSD and Operation Military Kids. This is an intense training and outreach event to try and educate the community about veterans' issues.

The American Legion would suggest that this type of training be expanded to include community leaders such as mayors, Chamber of Commerce, the civilian medical community, law enforcement and civilian mental health providers. Communities should be made aware of the issues facing the veteran and his or her family and the impact of the returning veteran on a community.

The care of these servicemembers does not stop once they return home. The American Legion is taking an active role in helping to ease the burden for these servicemembers struggling to adjust back into the community.

Again, thank you for this opportunity and we look forward to working with the Subcommittee on these very important issues.