

STATEMENT OF  
MICHAEL L. DOMINGUEZ  
PRINCIPAL DEPUTY UNDER SECRETARY OF DEFENSE  
FOR PERSONNEL AND READINESS

BEFORE THE  
HOUSE COMMITTEE ON VETERANS AFFAIRS

ON  
IMPLEMENTING THE WOUNDED WARRIOR PROVISIONS OF  
THE NDAA FY 2008

ON  
JUNE 11, 2008

NOT FOR PUBLICATION UNTIL  
RELEASED BY THE COMMITTEE

Chairman Filner, Congressman Buyer, Members of the House Committee on Veterans' Affairs, we appreciate your support of our military and welcome the opportunity to appear here today to discuss improvements implemented and planned for the care, management, and transition of wounded, ill, and injured Servicemembers. We are pleased to report that while much work remains to be completed, meaningful progress has been made.

The Administration has worked diligently - commissioning independent review groups, task forces, and a Presidential Commission to assess the situation and make recommendations. We established a close partnership between the Department of Defense (DoD) and the Department of Veterans Affairs (VA), punctuated by formation of the Senior Oversight Committee (SOC) on May 8, 2007, to identify immediate corrective actions and to review and implement recommendations of the external reviews. The SOC continues work to streamline, deconflict, and expedite the two Departments' efforts to improve support of wounded, ill, and injured Servicemembers' recovery, rehabilitation, and reintegration.

Many of the specific initiatives we have implemented are described in the remainder of this testimony. These initiatives fit within a context of four fundamental changes we have made over the last year. First, DoD and VA are collaborating on more issues to deliver a world class continuum of care for our wounded, ill and injured. Second, we've completely overhauled our approach to command and control of recovering Servicemembers and now provide for people in long-term outpatient status, the same military leadership structure found in our maneuver units. Third, we have revamped our approach to care and case management and we have fully embraced "customer"-centered processes. Finally, we recognize psychological fitness is as important to the warrior's mission as is physical fitness, and we can both prepare warriors for the stress of combat and help them regain their psychological fitness after enduring the combat

experience. The initiatives I will describe to you will help us make permanent these big changes in direction.

The critical clarification and simplification in the fundamental responsibilities of the DoD and VA, however, remain one of the most significant recommendations from the many task forces and commissions yet to be implemented. This shift in the fundamental responsibilities would take the DoD out of the disability rating business. Creating this clear line between the responsibilities of the two Departments, as specifically recommended by the Dole/Shalala Commission, would allow DoD to focus on the fit or unfit determination and streamline the transition from Servicemember to veteran.

### **Senior Oversight Committee**

The driving principle guiding SOC efforts is the establishment of a world-class *continuum of care* that is efficient and effective in meeting the needs of our wounded, ill, and injured Servicemembers, veterans, and their families. The body is composed of senior DoD and VA representatives and co-chaired by the Deputy Secretary of Defense and Deputy Secretary of Veterans Affairs. The SOC brings together, on a regular basis, the most senior decision makers to ensure wholly informed, timely action.

Supporting the SOC decision-making process is an Overarching Integrated Product Team (OIPT), co-chaired by the Principal Deputy Under Secretary of Defense for Personnel and Readiness and the Department of Veterans Affairs' Under Secretary for Benefits, and composed of senior officials from both DoD and VA. The OIPT reports to the SOC and coordinates, integrates, and synchronizes work and recommends resource decisions.

## **Major Initiatives and Improvements**

The two Departments are in the process of implementing recommendations of five major studies, as well as implementing the Wounded Warrior and Veterans titles of the National Defense Authorization Act (NDAA) for Fiscal Year 2008. We continue to implement recommended changes through the use of policy and existing authorities. Described below are some of the major SOC initiatives now underway.

### **Disability Evaluation System**

The fundamental goal is to improve the continuum of care from the point-of-injury to reintegration. To that end, in November of last year, a Disability Evaluation System (DES) Pilot test was implemented for disability cases originating at the three major military medical treatment facilities (MTFs) in the National Capital Region (Walter Reed Army Medical Center, National Naval Medical Center Bethesda, and Malcolm Grow Medical Center). The pilot is a Servicemember-centric initiative designed to eliminate the often-confusing elements of the two current disability processes of our Departments. Key features include both a single medical examination and single disability rating for use by both Departments. A primary goal is to reduce by half the time required to transition a member to veteran status and receipt of VA benefits and compensation. Its specific objectives are to improve timeliness, effectiveness, transparency, and resource utilization by integrating DoD and VA processes, eliminating duplication, and improving case management practices. To ensure a continuum of care for our wounded, ill, or injured from the care, benefits, and services of DoD to VA's system, the pilot is testing enhanced case management methods and identifying opportunities to improve the flow of information and identification of additional resources to the Servicemember and family.

## **Psychological Health and TBI**

Improvements have been made in addressing issues concerning psychological health (PH) and traumatic brain injury (TBI). The focus of these efforts has been to create and ensure a comprehensive, effective, and individually focused program dedicated to prevention, protection, identification, diagnosis, treatment, recovery, and rehabilitation for our Servicemembers and to support their families who deal with these challenging health conditions.

To facilitate the evaluation and management of TBI cases, DoD is about to expand a program to collect baseline neuro-cognitive information on all Active and Reserve personnel before their deployment to combat theaters. The Army has incorporated neuro-cognitive assessments as part of its Soldier Readiness Processing in select locations. Select Air Force units are assessed in Kuwait before going into Iraq.

To ensure all Servicemembers are appropriately screened for PTSD, questions have been added to the Post-Deployment Health Assessment and the Post-Deployment Health Reassessments. That same information is shared with VA clinicians for patients who seek care with the VA as part of an effort to facilitate the continuity of care for the veteran or Service member.

To ensure appropriate staffing levels for PH, a comprehensive staffing plan for PH services has been developed based on a risk-adjusted, population-based model and the Services have received resources to staff that model. In addition, DoD has partnered with the Department of Health and Human Services (HHS) to provide uniformed Public Health Service (PHS) officers in medical treatment facilities (MTFs) to increase available mental health providers for DoD. The two Departments recently signed a Memorandum of Agreement and have begun hiring PHS officers. DoD program expansions, documented in an updated report to Congress submitted in February 2007, include:

- Addition of telephone-based screening for those who do not have access to the Internet including a direct referral to Military OneSource for individuals identified at significant risk;
- Availability of locally tailored, installation-level referral sources via the online screening;
- Introduction of the evidence-based Suicide Prevention Program for Department of Defense Education Activity schools to ensure education of children and parents of children who are affected by their sponsor's deployment;
- Addition of a Spanish language version for all screening tools, expanded educational materials, and integration with the newly developed pilot program on web-based self-paced care for post traumatic stress disorder and depression; and
- Enhancement of the web based Mental Health Self Assessment Program.

In November 2007, the Department of Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury was established as a national Center of Excellence for PH and TBI. It includes VA and HHS liaisons, as well as an external advisory panel organized under the Defense Health Board, to provide the best advisors across the country to the military health system. The center facilitates coordination and collaboration for PH and TBI related services among the Military Services and VA, promoting and informing best practice development, research, education, and training. The DCoE is designed to lead clinical efforts toward developing excellence in practice standards, training, outreach, and direct care for our military community with PH and TBI concerns. It also serves as a nexus for research planning and monitoring the research in this important area of knowledge. Functionally, the DCoE is engaged in several focus areas, including:

- Mounting a pro-resiliency campaign (Army's Mental Health Advisory Team V survey shows that stigma and fears of seeking help are being reduced, but more to do);
- Establishing effective outreach and educational initiatives;

- Promulgating a telehealth network for care, monitoring, support, and follow-up;
- Coordinating an overarching program of research including all DoD assets, academia and industry, focusing on near-term advances in protection, prevention, diagnosis, and treatment;
- Providing training programs aimed at providers, line leaders, families, and community leaders; and
- Designing and planning for the National Intrepid Center of Excellence (anticipated completion in fall 2009), a building that will be located on the Bethesda campus adjacent to the new Walter Reed National Military Medical Center.

The FY 2007 Supplemental Appropriation provided DoD \$900 million in additional funds to make improvements to our PH and TBI systems of care and research. These funds are important to support, expand, improve, and transform our system and are being used to leverage change through optimal planning and execution. The funds have been allocated and distributed in three phases to the Services for execution based on an overall strategic plan created by representatives from DoD and the Services with VA input.

The Department is in close collaboration with VA to plan for and establish a center of excellence that would build and operate the Military Eye Injury Registry. Planning for the registry is underway by working groups comprised of military and VA subject matter experts. These specialty leaders recognize the value and contribution such a registry will make towards improved care and rehabilitation of their patients. Our initial plan will co-locate the Eye Center of Excellence with the Defense Center of Excellence for TBI/PTSD at Bethesda with treatment facilities at Brooke Army Medical Center, Madigan, Balboa and Bethesda.

## Care Management

To improve the continuity of care management and transitions across our two Departments, new programs and processes are being put into place like the Federal Recovery Coordination Program, which will identify and integrate care and services for the severely wounded, ill, and injured Servicemembers, veterans, and their families through the phases of recovery, rehabilitation, and reintegration.

This Dole/Shalala recommended program will be linked to additional efforts in response to the National Defense Authorization Act 2008 regarding recovering Servicemembers. Progress is being made toward an integrated continuity of quality care and service delivery through inter-Service, interagency, intergovernmental, public, and private collaboration. Our joint DoD and VA efforts include important reforms such as uniform training for medical and non-medical care/case managers and recovery coordinators, and a single tracking system and a comprehensive recovery plan for the seriously and severely injured or ill.

The joint Program, coordinated by VA, trains and assigns Federal Recovery Coordinators (FRCs) to work closely with medical and non-medical care/case managers in the care, management, and transition of severely ill, and injured Servicemembers, veterans, and their families. The Program will develop and implement two significant web-based tools: including a Servicemember/veteran/family focused Federal Individualized Recovery Plan (FIRP) to identify goals and needs across time and a National Resource Directory for use by all care providers and the general public to identify and deliver the full range of medical and non-medical services and resources identified in the plan.

The Departments have:

- Hired, trained, and placed eight FRCs at three of our busiest medical treatment facilities as recommended by the Dole/Shalala Commission. Currently, there are

four FRCs located at Walter Reed Army Medical Center, National Naval Medical Center in Bethesda, and Brooke Army Medical Center. As of July 1, there will be an additional FRC at Brooke Army Medical Center and National Naval Medical Center, and one FRC at Naval Medical Center Balboa.

- Developed a prototype of the Federal Individual Recovery Plan (FIRP) as recommended by the Dole/Shalala Commission; and
- Produced educational/informational materials for FRCs, Multi-Disciplinary Teams, and Servicemembers, veterans, families, and caregivers.

We have also:

- Developed a prototype of the National Resource Directory in partnership with Federal, State, and local governments and the private/voluntary sector, with public launch this summer;
- Produced a Family Handbook in partnership with relevant DoD/VA offices; and Identified a process to review workloads for Medical Case/Care Managers, Non-medical Care Managers, and Recovery Coordinators.

### **Data Sharing Between Defense and Veterans Affairs**

Steps have been taken to improve the sharing of medical information between our Departments to develop a seamless health information system. Our long-term goal is to ensure appropriate beneficiary and medical information is visible, accessible, and understandable through secure and interoperable information technology. The SOC has approved initiatives to ensure health and administrative data are made available and are viewable by both agencies. DoD and VA are securely sharing more electronic health information than at any time in the past. In addition to the outpatient prescription data, outpatient and inpatient laboratory and radiology reports, allergy information, access to provider/clinical notes, problem lists, and theater health data have recently been added. In December 2007, DoD began making inpatient discharge summary data from Landstuhl Regional Medical Center immediately available to VA facilities. The plan

for information technology support of a FIRP for use by Federal Recovery Coordinators was approved in November 2007. A single Web portal to support the needs of wounded, ill, or injured Servicemembers, commonly referred to as the eBenefits Web Portal, is planned based on VA's successful My HealtheVet website. The Veterans Tracking Application (VTA) is a data management tool utilized by both Veterans Benefits Administration and Veterans Health Administration staff to track very severely injured veterans, and assist in case management and prioritizing care for all Operation Enduring Freedom and Operation Iraqi Freedom veterans.

### **Medical Facilities Inspection Standards**

Progress has been made to ensure our wounded warriors are properly housed in appropriate facilities. Using the comprehensive Inspection Standards, all 475 military MTFs were inspected and found to be in compliance although deferred maintenance and upgrades were cited. The Services are inspecting MTFs on a semi-annual basis to ensure continued compliance, identify maintenance requirements, and sustain a world-class environment for medical care. In the event a deficiency is identified, the commander of the facility will take immediate action to mitigate the condition. The commander will submit to the Secretary of the Military Department a detailed plan to correct the deficiency, and the commander will periodically re-inspect the facility until the deficiency is corrected. All housing units for our wounded warriors have also been inspected and determined to meet applicable quality standards. The Services recognize that existing temporary medical hold housing is an interim solution and have submitted FY 2008 military construction budgets to start building appropriate housing complexes adjacent to MTFs. They will also implement periodic and comprehensive follow-up programs using surveys, interviews, focus groups, and town-hall meetings to learn how to improve housing and related amenities and services.

## **Transition Issues/Pay and Benefits**

Servicemembers transitioning from military to civilian life can benefit from collaborative efforts between DoD and the Department of Labor (DOL). The DoD Pre-Separation Guide, which informs Servicemembers and their families of available transition assistance services and benefits, is now available at <http://www.TurboTAP.org> and was developed in collaboration with DOL. Additionally, DoD and DOL are working to assure needed employment services are provided to Servicemembers. DOL has been an active participant in many of the SOC activities.

DoD and VA have shared information concerning the traumatic injury protection benefit under Servicemembers' Group Life Insurance (TSGLI) and implemented plans replicating best practices. The Army is now placing subject-matter experts at MTFs to provide direct support of the TSGLI application process and improve processing time and TSGLI payment rates. Upon receipt of a completed claim form, the claim is adjudicated by the Services and paid within three weeks. VA's insurance provider's payment time, upon receipt of a certified claim from the branch of Service, averages between two and four days.

DoD has been successful using Congressional authority from the NDAA allowing continuation of deployment related pays for those recovering in the hospital after injury or illness in the combat zone. This ensures no reduction in deployment pays while the Servicemember is recovering.

## **Wounded Warrior Resource Center**

In accordance with the FY 2008 NDAA, we are establishing a Wounded Warrior Resource Center to provide wounded warriors, their families, and their primary care givers with a single point of contact for assistance through a 24-hour/seven day a week, 1-800 number.

The Wounded Warrior Resource Center will operate under the universally known Military OneSource call center and take hotline calls, track all calls and responses, refer the issue for remediation and follow up with the caller. To ensure the calls are handled appropriately, we are developing a comprehensive contact list for health issues, facility concerns and benefit information. We have established a working group with the Services to integrate the comprehensive programs and services provided by the individual Services and FRCs.

## **Conclusion**

The SOC and its OIPT continue to work diligently to resolve the many outstanding issues while aggressively implementing Dole/Shalala, the NDAA, and the various aforementioned task forces and commissions. These efforts will expand in the future to include the recommendations of the DoD Inspector General's Report on DoD/VA Interagency Care Transition, which is due shortly.

As previously stated, one of the most significant recommendations from the task forces and commissions is the shift in the fundamental responsibilities of the Departments of Defense and Veterans Affairs. The core recommendation of the Dole/Shalala Commission centers on the concept of taking the Department of Defense out of the disability rating business so that DoD can focus on the fit or unfit determination, streamlining the transition from Servicemember to veteran.

We have made four fundamental changes in our support and care for wounded warriors:

- Increased VA and DoD collaboration on more projects related to improved care coordination for returning veterans and Servicemembers.
- Identified new approaches to support outpatients (e.g., Warrior Transition Units and Americans with Disabilities Act compliant barracks).

- Developed new approaches to address PH and TBI.
- Revolutionized customer care.

We envision five major changes that need to be addressed:

- Create and deploy an effective performance management structure that will be functional when handed off to the Joint Executive Council. The structure will be a sensor suite or pulse point to ensure the system is operating as intended.
- Rationalize DoD/VA roles and responsibilities in accordance with Dole/Shalala.
- Define a solution for the Reserve Component.
- Define the path toward an interoperable information environment.
- Drive home the changed approach to psychological and customer care.

While we are pleased with the quality of effort and progress made, we fully understand that there is much more to do. We also believe that the greatest improvement to the long-term care and support of America's wounded warriors and veterans will come from enactment of the Administration's proposed bill to implement the recommendations of the Dole/Shalala Commission. We have, thus, positioned ourselves to implement these provisions and continue our progress in providing world-class support to our warriors and veterans while allowing our two Departments to focus on our respective core missions. Our dedicated, selfless Servicemembers, veterans, and their families deserve the very best, and we pledge to give our very best during their recovery, rehabilitation, and return to the society they defend.

Chairman Filner, Congressman Buyer, and Members of the Committee, thank you again for your generous support of our wounded, ill, and injured Servicemembers, veterans, and their families. I look forward to your questions.