

**NOT FOR PUBLICATION UNTIL RELEASED BY
THE HOUSE ARMED SERVICES COMMITTEE**

**STATEMENT OF
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AND
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(MANPOWER & PERSONNEL)
BEFORE THE
MILITARY PERSONNEL SUBCOMMITTEE
OF THE
HOUSE ARMED SERVICES COMMITTEE
ON
CARE OF INJURED AND WOUNDED SERVICE MEMBERS
3 MARCH 2005**

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Introduction

Mr. Chairman, and distinguished members of this committee, thank you for this opportunity to discuss Navy's programs and processes for providing care for our wounded, or otherwise injured, sailors. The men and women of the United States Navy appreciate your exceptional and sustained support and efforts in this area. Your commitment to ensuring that we have the programs and resources in place to take care of our sailors and Marines, and the needs of their families, when any member is wounded or injured is vital to morale and their ability to carry out a most difficult mission in the Global War on Terror.

Today, I wish to convey that we remain equally committed to fulfilling the needs of sailors confronted with such tragedies and the families supporting them on the home front and that we have an array of effective programs to see to their needs. As our nation's fighting forces continue prosecution of the war, sailors are proudly and impressively accomplishing the many tasks set before them alongside their comrades in arms the other uniformed services. It is an honor, and our duty, to provide the maximum support possible to sailors and Marines who make such sacrifices and are confronted with the many challenges associated with recovery and reentry into the mainstream.

Quality, long-term health care provided

Navy has a well-coordinated and tailored response for caring for service members returning from Iraq, Afghanistan and other areas of conflict, after suffering debilitating injuries. Most of these sailors and their families face difficult, long-term challenges. The Navy and Marine Corps team provides a coordinated and unified approach to assisting them in their recovery, adjustment and reintegration to the maximum extent possible.

Our patients, and their families, deserve and receive outstanding health care. Severely wounded sailors and Marines are typically transferred for follow-on care from field overseas locations to Landstuhl, Germany, and on to the closest Military Treatment Facility (MTF) in the continental United States (CONUS). Upon arrival at the CONUS MTF, hospital representatives meet with incoming medical evacuation patients and family members. Patients are admitted and surgical and medical teams make further medical assessments and establish the best course of treatment.

Planning for post-hospital care begins almost immediately upon arrival at the closest CONUS MTF. Because family support is essential to the recovery of injured service members, Navy takes full advantage of all available resources in developing the most appropriate care plan for their recovery and rehabilitation. Depending on the specific needs of the sailor or Marine, care plans may include transfer to another Military Treatment Facility, Veterans' Medical Center or, in some cases, specialized civilian facility.

Some examples of our integrated health care delivery team include coordination between the medical evacuation (MedEvac) team, multi-disciplinary trauma team (doctors, nurses, corpsman, discharge planner, social workers, case managers, counselors from the Department of Veterans Affairs, and the Marine Corps Liaison Office. Representatives from these organizations interact with patients and family members throughout the course of treatment. They serve as educators for their respective programs and advocates for the needs of the patient and their families.

Our goal is to return every patient to active duty. Injured members are either placed in a limited duty status, if an active component member, or in a medical hold (MEDHOLD) status, if a mobilized reservist, and go on to receive appropriate specialized medical care and services including through the Department of Veterans Affairs. Navy Medicine closely monitors active and reserve component service members who remain on active duty. Other sailors or Marines, who have fully recovered, but sustained permanent injuries, may seek waiver status to remain on active duty, and continue to receive care at Military Treatment Facilities. Unfortunately, some service members sustain injuries that preclude their remaining on active duty. In such cases, the patient and family are supported to the maximum extent as they transition to veteran's status under the Department of Veterans Affairs.

As a seriously injured sailor or Marine migrates through a myriad of medical treatments, convalescent leave, possibly limited duty, Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) processes and, in some cases, subsequent medical discharge or disability retirement, every effort is made to maintain smooth transition from one phase to the next without further adverse impact to the member. Accordingly, the Secretary of Defense recently opened a Military Severely Injured Joint Support Operations Center to provide:

- seamless long-term care for members and their families, across all agencies,
- a single point of contact, should they have a question, a problem or require assistance with an issue that remains unresolved, and
- a support system that ensures no one falls through the cracks.

Medical determinations and boards

When an active component or reserve component member is injured, a Service physician determines the anticipated duration of required care and if the member is likely to return to full duty. If so, and if an active component member, the member will be placed in a limited duty (LIMDU) status throughout treatment. A similarly situated reserve component member, on the other hand, would be placed on Medical Hold (MEDHOLD). If the injury is expected to require a prolonged period of recovery, or to impact the member's ability to serve in the future, the physician will make a fitness for duty determination once maximum medical improvement has occurred. The physician dictates an MEB in which the injured member's medical history and current condition is evaluated. The MEB is reviewed by the hospital convening authority, where a member may be found fit and returned to duty. Alternatively, if found unfit, the MEB and its

findings are sent to the PEB for a determination of fitness for duty. The PEB reviews the MEB findings, a non-medical assessment is made by the member's Commanding Officer, a current physical examination is evaluated, and the entire medical record is reviewed in detail. The PEB determines whether the service member is fit for continued service or disabled to the point of unfitness for duty, in which case the PEB will assess the percentage of disability. The PEB process is a performance-based system, which considers the impact of existing medical diagnoses upon the member's ability to perform their military duties. With disability ratings of 30 percent or higher, the member may be eligible for disability retirement benefits.

In accordance with Title 10, United State Code, the military services' disability evaluation system compensates for medical conditions resulting in a member being found unfit for duty, but which did not exist prior to entry, or was a result of misconduct. Ultimately, the President of the PEB determines the findings based upon the information and recommendations provided in the MEB, the member's command, and the detailed analysis of the case by PEB members – a board composed of both a senior active duty Navy physician and two active and/or reserve component line officers. A service member being evaluated by an MEB and the PEB has the right to review and appeal decisions made during several steps of the process. Additionally, after a determination has been made by the PEB, a member may be counseled by a PEB liaison officer at the treatment facility and, if found unfit, afforded a right to personally appear before a formal PEB with personal legal representation.

The elapsed time from initial diagnosis to completion of the PEB may vary greatly depending upon many factors, including, response to medical treatment, the need for medical consultations, command and member reviews and preparation and presentation of reports. The elapsed time from a physician determining that an MEB and PEB are appropriate, until the final PEB findings are rendered is typically an average of 70 days. From that point on, the time required to render a final determination depends on whether the sailor accepts or appeals the initial findings.

I am pleased to report that we have implemented process improvements over the past two years, resulting in noticeable improvements in quality and timeliness. Annual training and assist visits conducted by PEB team members at Military Treatment Facilities with medical providers, administrators and Navy community representatives, have contributed to improvements in the quality of information presented to the PEB, resulting in fewer rejections or suspensions. Additionally, consolidating formal hearing site processes has resulted in administrative efficiencies. Our team diligently seeks to implement improvements wherever possible. Presently, there are 465 sailors and 260 Marines being processed in the PEB system, a significant improvement from two years ago when there were approximately 2,100 cases before the PEB. There have been 26 cases directly attributed to OEF and OIF. I am confident that this multi-layered appeal and detailed evaluation process affords our sailors every opportunity for a fair and impartial medical review.

Retaining disabled service members on active duty

At the conclusion of the disability evaluation process, a disabled sailor may request retention on active duty, by means of a Permanent Limited Duty (PLD) personnel action administered by Navy Personnel Command (NPC), in Millington, Tennessee. Department of the Navy policy stipulates that PLD status be for a specific period of time to meet shortages against authorized strength in an enlisted skill, competitive category, designator or specialty, or a military occupational field or specialty. Requests for PLD will only be considered in cases in which continued service would not further jeopardize the member's health or the health of others. The needs of both the Navy and the individual are carefully considered. The member must be able to perform the duties of their office, grade, rank or rating.

Support for families of wounded service members during medical treatment and recovery

When a sailor is Very Seriously Ill/Injured (VSI) or Seriously Ill/Injured (SI), the parent command transmits an electronic personnel casualty report to NPC. VSI indicates that the sailor's condition is grave and death may be imminent; SI means the condition is severe enough to cause immediate concern but death is not imminent. The Casualty Assistance Division, at NPC, working through Regional Casualty Coordinators, communicates initial notification to the next of kin. Navy coordinates travel to the bedside of seriously wounded service members for up to three family members. In certain circumstances additional travelers may be authorized. By law, Navy provides travel, per diem, and transportation costs.

Family members are asked if they have any special needs, such as unique dietary requirements, the need for handicapped access or support, or the need for foreign language interpreters, so that accommodations may be promptly arranged. In rare circumstances, the family may need emergency financial assistance. If so, emergency loans/grants may be arranged through the Navy and Marine Corps Relief Society (NMCRS). A courtesy Casualty Assistance Calls Officer (CACO) is assigned to assist the family at the point of departure, at points in between if required and at the final destination point, to assist with ground transportation arrangements. In some circumstances, particularly with overseas travel, we will intentionally work in layovers at major metropolitan locations at which family members may obtain passports and, if required, visas. In such cases, a courtesy CACO awaits their arrival at the airport, transports them to a local passport office and returns them to the airport for continuation of their flight.

Courtesy CACOs are often members of the wounded sailor's command who serve as the primary command representative and a constant source of support to family members. When a command is deployed, or is not in the local area where the sailor is being treated, a courtesy CACO is assigned in the geographic area of the Medical Treatment Facility (MTF). Assigning a courtesy CACO is prudent, particularly when the sailor's death is imminent, because it allows the CACO to become acquainted

with the family and to better understand their needs should death occur. If the member's command is in the local area where the sailor is being treated, many others from the command become involved in supporting the family. Dedicated CACOs make almost daily contact with the families during their stay, assisting them with local travel, completing required paperwork and liquidating travel claims, buying groceries, escorting them to American Red Cross or NMCRS offices, or offering other required assistance.

While the family is at the bedside, Navy Casualty case managers contact Patient Liaison Officers to remain abreast of the sailor's condition and discuss plans for partial liquidation of travel claims if the sailor requires a prolonged period of care resulting in the family's need for financial support. Once the family members conclude their visit and return home, case managers liquidate their travel claims.

Demobilization of injured reservists

While there are some minor programmatic differences, the quality of care and commitment to wounded or injured members of our reserve component, and their families, is as steadfast and consistent as for active duty sailors and their families.

Over the past year, Navy has continued proactively building upon programs and initiatives that support the care of injured and wounded Navy reservists. We have centralized processing of injured reservists requiring extensive care at the two major Navy Mobilization Processing Sites (NMPS), in Norfolk and San Diego, as we assist them in transitioning from military health care to the civilian health care system, and with arrangements for medical services while on active duty or after being returned to a reserve status for re-affiliation. In unique circumstances, other NMPS locations may be used as long as they are equipped to meet required standards of care and accomplish all necessary processing.

Since September 11, 2001, Navy has mobilized 26,786 reservists. In some cases, we have authorized delays in demobilizing injured or wounded members by placing them in a MEDHOLD status to ensure they receive all required medical care prior to demobilization. As of January 2005, of those reservists demobilized since the September 11th attacks, benefiting from the insightful comments and recommendations from this committee, and through our continuing efforts to improve Navy's level of care and efficiency, we have reduced the number of reservists in a MEDHOLD status at any one time from approximately 120 one year ago to the 51 being processed today. Overall, about 1.3 percent of reservists on active duty are on a MEDHOLD status.

We are continuously working to educate Naval Medical Center staffs on follow-up medical care available to reservists upon returning home to ensure an uninterrupted continuum of care. We have established a liaison with the Operational Support Officer (OSO) at each MTF as the subject matter expert and liaison between the individual reservist, the MTF, and Navy Mobilization Processing Site (NMPS). We document follow-on plans at each NMPS to ensure appropriate medical care after the reservist returns home. We have developed and implemented a comprehensive demobilization

medical checklist, which is reviewed with the reservist to provide them with a better understanding of how to access medical care. Line of Duty (LOD) entitlement documentation is now completed prior to demobilization, ensuring expert one-on-one counseling prior to demobilizing. Transition Assistance Management Program (TAMP) ID cards are issued for all demobilizing personnel to expedite TRICARE enrollment in their home region. Finally, appointments are made for demobilizing reservists with TRICARE healthcare providers in their home area contributing to their continuity of care. With increased Reserve mobilization and recalls associated with the Global War on Terror, Navy Reserve medical treatment and health care programs are evolving to meet emerging requirements.

We have recently consolidated Navy MEDHOLD and LOD programs from four organizations down to one, bringing case management oversight under a sole umbrella to provide the optimum blend of personnel policy oversight, synergy, and access to key medical assets. We have already realized a positive return on that investment.

An LOD is an entitlement authorizing benefits provided by law for any condition incurred or aggravated by a reservist on inactive or active duty service requiring medical/dental care extending beyond the end of the member's duty. The LOD program was initially established to cover medical conditions incurred by a reservist in an inactive duty status Individual Duty Training (IDT) or active duty Annual Training (AT), Active Duty for Training (ADT), or Active Duty for Special Work (ADSW). The LOD program was expanded in 2002 to include all reservists in a duty status. An LOD offers a continuum of care and may permit demobilization and subsequent care should it be in the best interests of the member and the Navy. Additionally, an LOD permits incapacitation pay benefits, authorized under Title 37, United States Code §204, to cover lost wages if, upon demobilization, the reservist is unable to return to work. While responsibility for managing the LOD program was previously divided and dependent upon the status of the reservist and the number of days the member was on duty, responsibility for all LOD decisions is now consolidated within my staff.

To further ensure reservists are guaranteed appropriate continuity of care, we have assigned a senior unrestricted line officer as the Medical Status Review Officer (MSRO). The MSRO is conversant with the governing instructions, and acts as case manager for all mobilized reservists injured on active duty. This role expanded in late 2004, to include the additional responsibilities of management oversight of both the MEDHOLD and LOD Programs. The MSRO is in constant communication with the Bureau of Naval Personnel (BUPERS) Senior Medical Officer (SMO), NMPS and supporting commands, to ensure that every Navy reservist receives the medical treatment they require and that each medical hold case is resolved correctly. The MSRO interfaces with Congressional staffs, naval hospitals, regional commands, supporting commands and individual reservists, to clarify how Navy implements the medical hold program.

Navy will retain mobilized reservists on active duty if they incur a service related injury. However, those reservists may be released from active duty once the BUPERS

SMO determines them to be “fit for duty”. In doing so, the BUPERS SMO employs the same definition found in the Disability Evaluation Manual and used by the PEB in making a similar determination. The BUPERS SMO exercises his authority after careful consideration of the facts of each case and after consultation with the reservist’s attending physicians, and a board-certified senior physician assigned to the staff of the BUPERS SMO.

Our Navy reservists are receiving excellent medical care through extensions of Navy medical programs, which ensure they are given the medical attention and treatment needed prior to their release from active duty. Cases in which reservists have been demobilized but then later determined to be unfit due to a medical condition that manifested into a terminal illness not evident prior to demobilization, were brought back to active duty and retained until fit, or processed through the disability evaluation system. Those with continued concerns have multiple avenues to address those concerns and will receive continued care within the scope of the robust program I have outlined.

Conclusion

The dedicated men and women of the United States Navy continue to contribute in stellar fashion to our Nation’s forward presence in the Global War on Terrorism. We share an inherent obligation to provide them the very best support that technology and money can buy, particularly when they become ill or injured. We are, and will continue, evaluating all aspects of our health care and medical review processes to ensure a continuum of care through return to duty, or demobilization or separation from the Navy and transition into the VA and civilian health care systems. These brave men and women have earned the very best we can give to them, and their families, and we must continue to do all we can to ensure their needs are met.