THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

APR 27 2009

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This is in response to the H.R. 2638, Department of Defense (DoD) Appropriations for Fiscal Year (FY) 2009, Joint Explanatory Statement, which requests a report to the Congressional Defense Committees on how the Department has incorporated within the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury and its entities a web-based clinical mental health services program.

We share the concerns expressed by Congress that Service members and their families who reside in medically underserved areas should have adequate access to mental health services. In fact, one of DCoE's priorities is to develop innovative telehealth programs to support clinical care, outreach, advocacy, surveillance, treatment, education, and research initiatives. Establishing a network supporting these needs is a core function of DCoE's various component programs. Our Centers are in the process of evaluating services, evidence-based practices, platforms and outcomes.

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Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

cc:
The Honorable John M. McHugh
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

APR 27 2009

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This is in response to the H.R. 2638, Department of Defense (DoD) Appropriations for Fiscal Year (FY) 2009, Joint Explanatory Statement, which requests a report to the Congressional Defense Committees on how the Department has incorporated within the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury and its entities a web-based clinical mental health services program.

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Sincerely,

S. Ward Casscells, MD

cc:
The Honorable Thad Cochran
Vice Chairman

THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

APR 27 2009

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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Sincerely,

S. Ward Casscells, MD

cc:
The Honorable John McCain
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

APR 27 2009

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

This is in response to the H.R. 2638, Department of Defense (DoD) Appropriations for Fiscal Year (FY) 2009, Joint Explanatory Statement, which requests a report to the Congressional Defense Committees on how the Department has incorporated within the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury and its entities a web-based clinical mental health services program.

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Thank you for your continued support of the Military Health System.

Getting There!

Sincerely,

Ward

S. Ward Casscells, MD

cc:
The Honorable John McCain
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

APR 27 2009

The Honorable John P. Murtha
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Thank you for your continued support of the Military Health System.

Sir you have supported this effort for a dozen years, before it hit the news.

Gratefully, Ward

Sincerely,

S. Ward Casscells, MD

cc:
The Honorable Joe Wilson
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

APR 27 2009

The Honorable Daniel K. Inouye
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

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cc:
The Honorable Lindsey O. Graham
Ranking Member

STRATEGIC COMMUNICATIONS

In 2007, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) and the Military Health System (MHS) established an office for MHS Strategic Communications to address and respond to the various issues related to wounded warrior and the MHS. According to the Department of Defense, this new office was created to coordinate with the communications offices within the MHS and the services to serve as a hub for the MHS to respond to questions and interviews from the press, to manage and maintain the MHS web site, and to develop communication products and messages. In addition to creating and staffing this new office, the Department recently awarded a $3,900,000 contract to provide contracted personnel and to advise the Director, MHS Strategic Communications office in the execution of the MHS Strategic Communications Plan. There is great concern that the services provided through this contract are duplicative to the roles and responsibilities of the staff employed in this office. Therefore, the Assistant Secretary of Defense for Health Affairs and the Under Secretary of Defense for Personnel and Readiness are directed to provide a report to the congressional defense committees, not later than March 6, 2009, that details the roles, responsibilities, staffing, and resources of the strategic communications office and a detailed justification of this contract. The Department is further restricted from extending this contract without the approval of the defense subcommittees of the Committees on Appropriations of the House and the Senate.

TRAUMATIC BRAIN INJURY AND PSYCHOLOGICAL HEALTH

Traumatic brain injury (TBI) and psychological health issues have emerged as a significant cause of death to the war fighters in Iraq and Afghanistan. Whether mild, moderate or severe brain injury, the level of assessment and standard of care provided to the war fighter is in need of enhancement. Diagnosis, treatment, and rehabilitation must be at a level to ensure the best possible outcome. To this end, the bill includes $300,000,000 above the budget request to address all levels of brain injury and psychological health issues that servicemembers and their families have experienced during the Global War on Terror. The Department is expected to request any additional resources for these requirements in the upcoming supplemental request for fiscal year 2009.

The Department continues to work diligently to establish a center of excellence to provide specialized treatment and rehabilitation for brain injured troops, but much more is needed and the Department is expected to continue to provide the necessary care and treatment to servicemembers and their families. The vast majority of disabled troops will ultimately return to their home communities, which may be far removed from specialized centers. Therefore, the identification of local services is crucial to an appropriate rehabilitation plan and the Department of Veterans Affairs and military centers should coordinate with civilian centers to guarantee that optimal treatments and assistance are available throughout the country.

The Department is aware of gaps within TBI and psychological treatment methods that need to be addressed. The Department is

expected to continue working with the Department of Veterans Affairs, Department of Health and Human Services, academia and industry to focus on the research and treatment necessary to address the gaps that have been identified.

An area of particular interest is the provision of appropriate and accessible counseling to servicemembers and their families who live in locations that are not close to military treatment facilities, other Military Health System health facilities or TRICARE providers. Web-based delivery of counseling has significant potential to offer counseling to personnel who otherwise might not be able to access it. Therefore, the Department is directed to establish and use a web-based Clinical Mental Health Services Program as a way to deliver critical clinical mental health services to servicemembers and their families in rural areas. Further, the Department is directed to report to the congressional defense committees on how they have incorporated a web-based program within the Defense Center of Excellence (DCoE) and its entities by March 16, 2009.

Funding provided in this bill is also to be used for the development and operation of the DCoE and the various centers, programs and initiatives that fall within its purview and resources to support the service medical departments as they continue to build and expand their TBI and psychological health capacity through initiatives and many supportive programs. Other initiatives, such as telehealth, clinical standards supporting TBI and psychological health, and training and education outreach should also be included.

Funding has also been provided to continue medical research and development on TBI and psychological health. The following research topics are recommended for consideration under this program: studies of mental health disorders and Post Traumatic Stress Disorder (PTSD) to include neuropsychiatric studies, biochemical mechanisms that underlie human emotional reactions to combat stress and resulting clinical disorders, metrics for mental health assessment and methods to evaluate and improve PTSD rehabilitation efforts; studies of Traumatic Brain Injury (TBI) including basic research on neural injury treatments, cell replacement and regrowth strategies, specific therapies to prevent and reverse spinal cord and other neuro-traumatic damage, pharmaceutical interventions to stimulate neural circuits, "activity-based" physical therapy, and extended rehabilitation focused on impairments in vision and cognitive functioning; clinical research of blast-related cell damage and the resulting effects on neurological response; 3D models of IED blast waves to develop equipment to mitigate injury to service members; a fully automated, self contained, disposable chip to diagnose TBI at the point of onset; DA–EEG assessment and MRI quantization to allow an accurate assessment of TBI; computational approaches to integrate global transcriptomics and proteomics information to indentify the biological networks altered following TBI; studies of PTSD and/or TBI including basic research in neurorehabilitation, the integration of informatics, and advanced computational research to analyze brain tissue and activities, the use of advanced neuroimaging, behavioral and genetic information to develop biomarkers, diagnostics, and treatments for semi-acute and chronic injury stages. Funding provided for research and devel-

opment shall incorporate all aspects of research in the areas of TBI and psychological health by conducting basic science and translational research for the purposes of understanding the etiology and developing preventive interventions and new treatments and evaluating the outcomes to arrive at best-practice solutions. This requirement includes incorporating training, combat theater operations, and post deployment evidence-based preventive and early intervention measures, practices, or procedures to reduce the likelihood that personnel in combat will develop PTSD or other stress-related conditions or sustain traumatic brain injuries.

INCREASING THE AVAILABILITY AND ACCESS TO MENTAL HEALTH SERVICES

There is continued concern with the Department of Defense regarding mental health care for servicemembers returning from Operation Enduring Freedom and Operation Iraqi Freedom. Reports outlining gaps in coverage and poor access to care, especially in large rural and urban areas that support a large population of returning servicemembers are troubling. In addition to the negative impact on servicemembers and their families, the failure to appropriately provide the services places a heavy financial and infrastructure burden on communities and local governments.

Therefore, the Department of Defense is directed to make funds available for projects and programs throughout the United States that (1) serve a high population of returning servicemembers; (2) encompass both large rural and urban areas; and (3) have an existing infrastructure that utilizes a combination of local mental health associations, community support networks, private sector mental health care provider networks, and universities for the purpose of enhancing the local access, delivery, education and outreach of mental health services for servicemembers and their families.

DIABETES RESEARCH

The growth of type I and type II diabetes in the United States, specifically the growing number of children, teens and young adults is of concern. The health care expenditures associated with treatment of this disease are drastically increasing. Without proper medical care, monitoring and patient education, diabetes results in health consequences and eventually death. Nutrition, early detection, diagnosis and treatment are essential to alleviate this trend.

The bill provides $15,500,000 for the Air Force Diabetes Program. Of the funds provided, $4,000,000 shall be for type I diabetes and $11,500,000 shall be for type II diabetes. Within the $11,500,000 provided for type II diabetes, $8,500,000 shall not be obligated until a new strategic plan, including a full estimate of the program by year has been submitted to and approved by the Air Force Surgeon General.

The Air Force Surgeon General is directed to review the Diabetes Program on a monthly basis to ensure that all goals and milestones are reached prior to obligation of funding provided in fiscal year 2009. Prior to obligating funds within the limitation specified above, the Air Force Surgeon General shall submit a report to the