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STATEMENT BY

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Senator Murray, thank you for providing me the opportunity to participate in this important discussion. I am Brigadier General Sheila Baxter, Commanding General of the Western

Regional Medical Command and Madigan Army Medical Center. Madigan has a proud history of innovative health care and a dedicated staff of first-rate health care professionals. I am eager to talk about the terrific relationship between Madigan and our VA partners and I am excited about the progress we are making toward providing comprehensive, seamless care for our Warriors and their Families. I am particularly proud of our ongoing initiatives to reach out and support the psychological health of our Service Members, Veterans, and their Family Members.

Six months ago, a series of stories published in the Washington Post caused those of us in the Army Medical Department to take an in-depth look at our outpatient processes. Additionally, the Acting Surgeon General of the Army dispatched a multi-disciplinary Tiger Team to assess the provision of health care services at eleven installations across the country, including here at Fort Lewis. We found many areas where we could improve performance. We also found some areas at Fort Lewis that were identified as "best practices" to be emulated across the Army. In March of this year, Army leadership established the Army Medical Action Plan (AMAP) Team to examine problem areas-be they leadership issues, facility concerns, bureaucratic processes, or administrative delays--and generate achievable solutions. Ultimately, the AMAP team produced an Army Operation Order, signed by the Vice Chief of Staff of the Army, which directed the accomplishment of over 135 tasks. At Madigan, we are working hard to implement all of these actions. The biggest step was the establishment of the Warrior Transition Unit on 13 July. This new organizational structure provides every Warrior in Transition with a triad of support, which includes a squad leader, nurse case manager, and physician. The mission of the triad is to support the needs of the Warriors and their Families through the complexities of the healing and, if needed, medical board process.

An important element of the Army Medical Action Plan is the transition from the military health system to the Veterans Health Administration. We are focusing extra attention on the hand-off from DoD to DVA. For the past two years, we have had two VA social workers placed at Madigan to facilitate the transition of Warriors from the DoD healthcare system to the DVA healthcare system. For many of our Warriors, this is a scary, uncertain time, but we are taking steps to eliminate the uncertainty and to make the transition not only seamless but a less-challenging experience.

Our actions must consistently honor the service of our Warriors. We are committed to providing the best quality health care to our Service Members with physical injuries resulting from War. We are equally committed to saving and improving lives where the injuries are not so visible. Although robust behavioral health care services were available to our beneficiaries before the Global War on Terror began, they have steadily improved over the last five years as the needs of our population changed. The Army and the Department of Defense have made significant advances in the provision of behavioral health services since the attacks on 9-11.

I would like to briefly summarize some of the areas the Army has participated in to improve our behavioral health services. In 2003 we revised the Post-Deployment Health Assessment, originally developed in 1998. That same year we launched the first Mental Health Advisory Team (MHAT) into theater. Never before had the mental health of combatants been studied in a systematic manner during conflict. The psychologist on that team was, at that time, the Chief of Psychology at Madigan (Colonel Bruce Crow). This and subsequent MHATs have influenced

our policies and procedures not only in theater but before and after deployment as well. In 2005, the Army rolled out the Post Deployment Health Re-Assessment (PDHRA). The PDHRA provides Warriors with the opportunity to identify any new physical or behavioral health concerns they may be experiencing that may not have been present immediately after their redeployment. Madigan Army Medical Center expanded on this basic program with a program I will speak to further in a minute.

In 2006 the Army Medical Department AMEDD piloted a program at Fort Bragg, North Carolina intended to reduce the stigma associated with seeking mental health care. The Respect-Mil pilot program integrates behavioral healthcare into the primary care setting, providing education, screening tools, and treatment guidelines to primary care providers. It is now in the process of being implemented at fifteen other sites across the Army. Here at Ft Lewis, we have programs for primary care psychology support within our Soldier Family Medicine Clinics. Also in 2006, the Army incorporated into the Deployment Cycle Support program a new training program called "BATTLEMIND" training. It is a strengths-based approach that highlights the skills that helped Warriors survive in combat instead of focusing on the negative effects of combat.

The Army's efforts to address behavioral health continued in 2007 as we expanded BATTLEMIND training with modules for pre-deployment training and for spouses; our Behavioral Health web site went live in March; our Behavioral Health Proponency Office and AMEDD Suicide Prevention Office both stood up in March; our new PTSD training course started in June; and recommendations from the Department of Defense's Mental Health Task Force were released in June. We are participating with our sister Services and Health Affairs to review the Mental Health Task Force recommendations, the Traumatic Brain Injury Task Force recommendations, the recommendations from the President's Commission on Care for the Wounded Warrior, and other recent thoughtful reviews to implement a coordinated program.

Congress provided tremendous financial support to allow us to better understand and treat both PTSD and TBI. The funds provided in the Fiscal Year 2007 Emergency Supplemental will significantly jump start our improvements in behavioral health care.

Shifting back to some of the key programs that we have here in Washington State, I would like to mention first our expanded version of the PDHRA program. Consistent with our approach of reaching out to all of our population, not just those who come into our clinical settings, we have created a program called the Soldier Wellness Assessment Pilot Program (SWAPP) that extends the basic PDHRA program to include a comprehensive physical and mental health screening and provides the opportunity for a face-to-face session with a credentialed behavioral health provider for all Warriors. This program has been recognized within the Medical Command as a Best Practice and continues to provide first-class care to Ft. Lewis Warriors both prior to and as they return from deployment. We are utilizing new technologies in multiple exciting ways, as we develop online programs for postdeployment care and explore the expanded use of Virtual Reality treatments for PTSD.

Senator Murray, thank you for the opportunity to participate in this important discussion with you and the members of this Committee. The Army and the Army Medical Department are committed to providing a level of care-physical, emotional, spiritual-that is equal to the quality of service provided by these great warriors. We recognize our challenges and are striving daily

to continue improving the quality care we provide to our Warriors and family members. Our Wounded Warriors and their Families deserve the best we have to offer and we in the Army Medical Command are honored to care for them. I look forward to your questions.