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TESTIMONY OF
MAJOR CYNTHIA M. RASMUSSEN RN, MSN, CANP
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88TH REGIONAL READINESS COMMAND
BEFORE
COMMITTEE ON VETERANS' AFFAIRS
THE UNITED STATES SENATE

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My Testimony today reflects my personal views and does not necessarily reflect the views of the Army, the Department of the Army, the Department of Defense or the Administration.

INTRODUCTION
Chairman Akaka, Senator Burr, and Distinguished Members of this Committee, and all others attending, thank you for the opportunity to talk today on behalf of Service members, Veterans and their families who are experiencing Reintegration, or, coming home from Deployment. I welcome any questions from this panel to fully detail what we offer.

I have been mobilized for 3 years as a member of the Combat Stress Control Team at the 88th Regional Readiness Command (RRC). Following the end of my tour, I will return to my civilian position at the Minneapolis Veterans' Administration facility. The 88th is the Army Reserve Command for Service Members in six Midwestern states (Minnesota, Wisconsin, Michigan, Ohio, Indiana, and Illinois).
Shortly after 9/11, the RRC mobilized LTC Susan Whiteaker, a Licensed Clinical Social Worker (LICSW) and LTC Mary Erickson, Occupational Therapist (OT). They organized this team to care for the mental health needs of the Service Members and Families in the region during the entire deployment cycle to include Reintegration. Our comprehensive program has served thousands of Service Members, Commanders, Family members, Employers and Communities through education, support, crisis intervention, and referrals.

The 88th RRC Surgeon's Office Combat Operational Stress Control (COSC) Team provides a comprehensive program of education, assessment, brief intervention and referral to meet the behavioral health needs of Soldiers, Families, and the community.
Mild Traumatic Brain Injury (mTBI)/Post Traumatic Stress Disorder (PTSD) are the signature injuries of the campaigns in Iraq and Afghanistan. Most programs, while well constructed and resourced, are passive in nature. This requires the injured Service Member, or his/her Family, to not only recognize the problem, but also to figure out where to seek help, and to gain the knowledge to fight through the red tape to get the help they need. Since 2003, the 88th RRC has a very effective program in place that helps its units, Soldiers, and Families, removing a good

portion of the administrative, medical, and financial burden these injuries can cause.
Education begins before a Soldier is deployed, with a variety of briefings that establish rapport between the command and the Soldiers' families. It is critical they know there is a place they can go to for assistance, answers, and counseling. The education and support network continue throughout the mobilization processing, the actual deployment, and following deployment.
The period following deployment is critical. The majority of Reserve Component (RC) Soldiers just want to go home. They are not thinking too much about what occurred in the previous twelve to fifteen months, they think they can 'forget it'. That is what makes the Post Deployment Health Assessment (within six months of their return) invaluable.

Our various programs have made leaps and strides in terms of delivery of care and resources. In 2005 alone, grief seminars for families were initiated and conducted. We received a $10,000 Health Promotions Programs
Incorporated (HPPI) grant from the U.S Army Center for Health Promotion and Preventive Medicine (CHPPM) for Soldier/Family Wellness Programs throughout the Command. We reached out to our National Guard partners to assist in Anger Management classes and other training for redeploying units, to name just a few accomplishments.
Our successes continued into 2008 including providing numerous Mental Health First Responder courses, our continuing to provide reintegration education and support for Veterans' Affairs staff throughout the country, and received numerous awards for our various programs and efforts.
There are several recommendations resulting from our work. Customer care must be a number one priority. Success depends on inter-service, joint programming across all government and civilian organizations that have a stake in the health of the Service Members and Families. All of us need to enhance the whole Family system, ensuring the entire Soldier Family is taken care of and heard. Staffs across the medical spectrum who work with Service Members and Veterans must be culturally competent. They need to understand the Warrior mindset and how that translates into Warriors as civilians and consumers and be able to design care based on their unique needs. From this, it should be understood that the same personnel in the spectrum must be held accountable for abuse and/or inappropriate behavior towards a Service Member or Veteran.

We recognize the need to work hand in hand with the Department of Defense to provide "seamless transition" care for all Service Members/ Veterans and Families, not just those who are seriously wounded. Medical providers must be able to recognize, articulate and care for the Service Member with Combat Operational Stress Reaction before the sequences of events results in serious life-altering consequences. Veterans have multiple and complex issues. Our legacy systems of "stovepipe care" are out-dated and ineffective. If the Service Members are Reserve Soldiers or Guard Members, include their commands and battle buddies, wingmen, shipmates, and so on, in their care. All of us need to recognize that reintegration issues are a part of the challenge of caring for Veterans and Families.
Again, I thank this committee for the opportunity to explain, in part, what we're doing at the "Blue Devils" Command, the 88th RRC, and our efforts at reaching across component and service lines to ensure no one is "lost" because of negligence or inattention.